Integrated Performance Monitoring Report

May 2024

Paper Number: SET/57/24
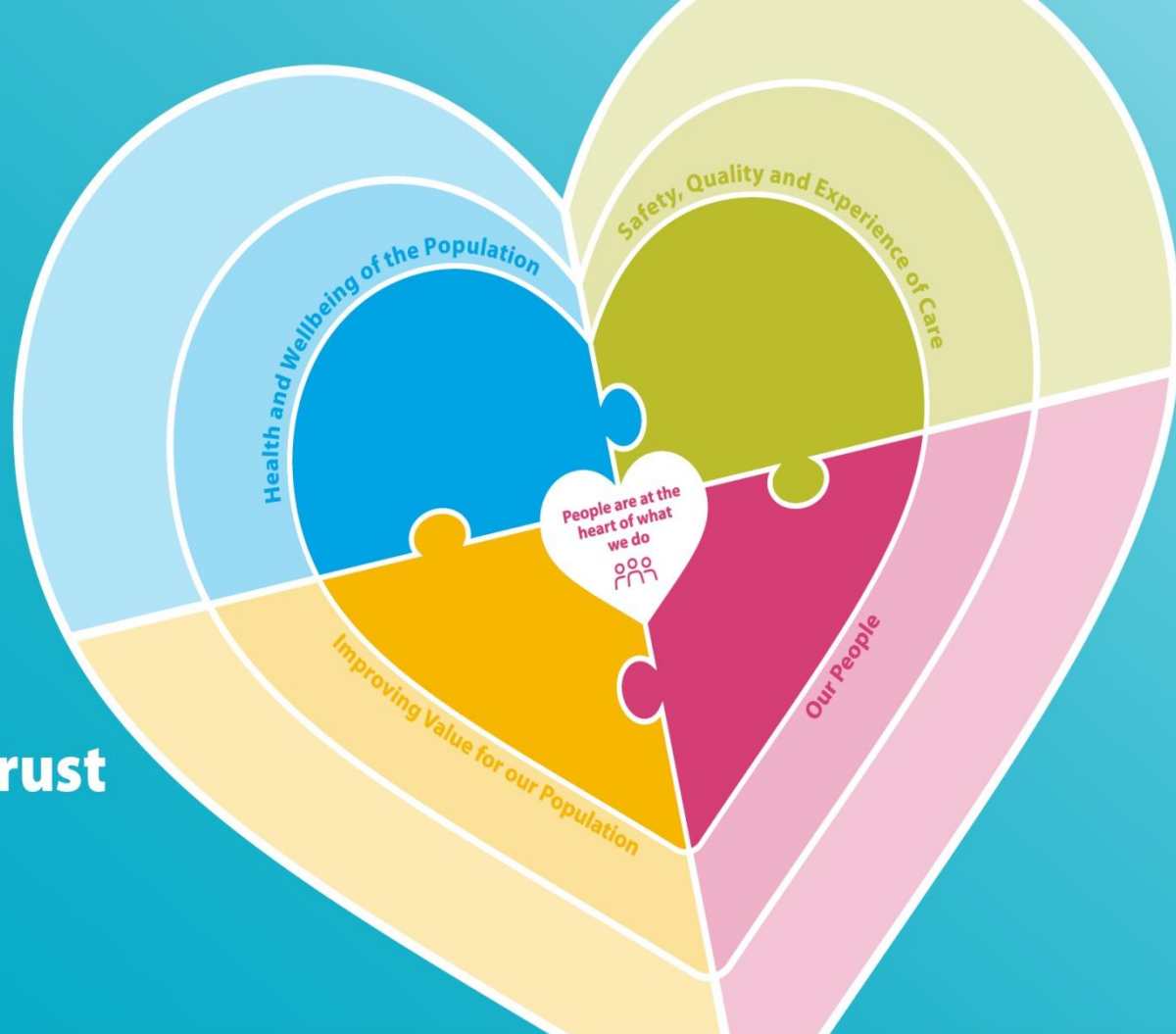
HSC South Eastern Health and Social Care Trust

South Eastern Health and Social Care Trust

Quality 4 All

South Eastern HSC Trust Quality Strategy 2021-2026

Health and Wellbeing of the Population

Safety, Quality and Experience of Care

People are at the heart of what we do

Improving Value for our Population

Our People

A great place to *Live*   A great place to *Work*   A great place for *Care & Support*

Glossary of Terms

AH	Ards Hospital	IP&C	Infection Prevention & Control
AHP	Allied Health Professional	KPI	Key Performance Indicator
ASD	Autistic Spectrum Disorder	KSF	Key Skills Framework
BH	Bangor Hospital	LVH	Lagan Valley Hospital
BHSCT	Belfast Trust	MPD	Monitored Patient Days
C Diff	Clostridium Difficile	MRSA	Methicillin Resistant Staphylococcus Aureus
C Section	Caesarean Section	MSS	Manager Self Service (in relation to HRPTS)
CAUTI	Catheter Associated Urinary Tract Infection	MUST	Malnutrition Universal Screening Tool
CBYL	Card Before You Leave	NICAN	Northern Ireland Cancer Network
CCU	Coronary Care Unit	NICE	National Institute for Health and Clinical Excellence
CDS	Community Dental Services	NIMATS	Northern Ireland Maternity System
CHS	Child Health System	OP	Outpatient
CLABSI	Central Line Associated Blood Stream Infection	OT	Occupational Therapy
CNA	Could Not Attend (e.g. at a clinic)	PAS	Patient Administration System
DC	Day Case	PC&OP	Primary Care & Older People
DH	Downe Hospital	PDP	Personal Development Plan
DNA	Did Not Attend (e.g. at a clinic)	PfA PfG	Priorities for Action Programme for Government
ED	Emergency Department	PMSID	Performance Management & Service Improvement Directorate (at Department of Health)
EMT	Executive Management Team	RAMI	Risk Adjusted Mortality Index
ERCP	Endoscopic Retrograde Cholangiopancreatography	SET	South Eastern Trust
ESS	Employee Self Service (in relation to HRPTS)	S&LT	Speech & Language Therapy
FIT	Family Intervention Team	SPC	Statistical Process Control
FOI	Freedom of Information	SPPG	Strategic Planning and Performance Group
HAI	Hospital Acquired Infection	SQE	Safety, Quality and Experience
HCAI	Healthcare Acquired Infection	SSI	Surgical Site Infection
HR	Human Resources	TDP	Trust Delivery Plan
HRMS	Human Resource Management System	UH	Ulster Hospital
HRPTS	Human Resources, Payroll, Travel & Subsistence	VAP	Ventilator Associated Pneumonia
HSMR	Hospital Standardised Mortality Ratios	VTE	Venous Thromboembolism
ICU	Intensive Care Unit	W&CH	Women and Child Health
IiP	Investors in People	WHO	World Health Organisation
IP	Inpatient	WLI	Waiting List Initiative

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Overview

This Integrated Performance Management Report assesses the Trust position for May 2024 in relation to a number of key metrics including the Ministerial targets previously included within the Commissioning Plan, Department of Health Service Delivery Plan and the three corporate improvement priorities detailed below. This is a significant change to reporting and will be implemented and developed over the coming months. In the future, this report will also include reporting against the population health based Strategic Outcomes Framework being developed by the Department of Health's Strategic Planning and Performance Group (SPPG). It is expected that all performance metrics will be available in SPC format and in a summary table. SPC charts will be shown by exception for Trust Board reporting, however all performance metrics being monitored will be available in the summary tables.

Service Delivery Plan

2024/25 metrics for monitoring were released by SPPG on 10th June 2024. Targets mostly remain the same as in 23/24, however, a small number of target trajectories have been revised. Any changes to trajectories have been detailed on the Service Delivery Plan slide.

Strategic Priorities

The Trust has conducted a number of engagement events across teams to develop proposed new quality improvement priorities for 24-25. These priorities will be agreed with Trust Board and will be reflective of the necessity to ensure that we support provision of high quality safe care despite significant constraints across the system. This includes financial and workforce related impact which require us to utilise our resources efficiently to maximise our capacity and efficiency. These will ensure that a robust framework supports our staff with innovative implementation of digital systems, with associated improved performance. As the demographic of our population changes we will reflect our services to maximise appropriate care for frail patients to ensure they receive services that will optimise their outcomes, whilst efficiently using Trust resources.

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Service Delivery Plan

Target trajectories and schedule of submission for 24/25 were provided on 10th June 2024. Targets mostly remain the same as in 23/24, however, a small number of target trajectories have been revised :

- 10% reduction in unmet need hours (full and partial packages) across all POCs by March 2025
- 5% increase in Direct Payments in effect by March 2025
- Endoscopy 19/20 baseline + 6,000 scopes per year
- Average Non-elective LOS reduced by 1.0 day

Performance against trajectories for Service Delivery Plan metrics will be reported monthly and tabled at the quarterly Performance and Transformation Executive Board (PTEB) meetings.

Prior to the PTEB paper, the Commissioner will liaise with Trust Directors of Performance to establish any narrative which may be required for specific service areas as a result of the performance submitted. The PTEB reviewed performance levels and have applied a variance of 5% for reporting purposes.

South Eastern Trust performance against trajectories, and new variance levels, for the month of May 2024 is summarised below

Status against trajectory	Total	% of total SDP trajectories
Greater than 5%	6	12%
Between 0% and 5%	2	4%
Between -5% and -1%	3	6%
Less than -5%	38	78%
Total	49	100%

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Service Delivery Plan

Service delivery plan metrics derived from Encompass have been assigned a level of confidence (see below). SET are working with Encompass teams to drive and review this process to increase data accuracy.

Confidence	Number	%	Metrics included in this category
Low	4	17%	Community nursing – MUST* and Community nursing – MUST Skin Bundle*, Delayed discharges & Dementia.
Medium	7	31%	Cancer Services, Inpatients, Day cases, Outpatients, Psychological therapies, Adult mental health ,Antimicrobial resistance
High	12	52%	Adult social care, AHP activity, Average Length of Stay, Cardiac Services, Cdiff, Community dental, Community dental- general anaesthetic, Community nursing contacts, ED performance, Endoscopes, MRSA, Theatre.

*NB: A new suite of metrics have been developed to replace MUST and Skin Bundle.

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Statistical Process Control

This report uses Statistical Process Control (SPC) charts throughout. SPC is an analytical technique that plots data over time. It helps us understand variation and in so doing guides us to take the most appropriate action.

SPC is a good technique to use when implementing change as it enables you to understand whether changes you are making are resulting in improvement — a key component of the Model for Improvement widely used within the NHS.

SPC is widely used in the NHS to understand whether change results in improvement. This tool provides an easy way for people to track the impact of improvement projects.

SPC charts contain two dotted lines showing the upper and lower control limits, as well as a solid black line indicating the average. If there are also targets associated with the metric these are shown as a red line on the chart. The most recent month's performance and target is shown in the summary table, if there is no associated target this will be denoted with a hyphen (-).

An explanation of the icons used is included below:

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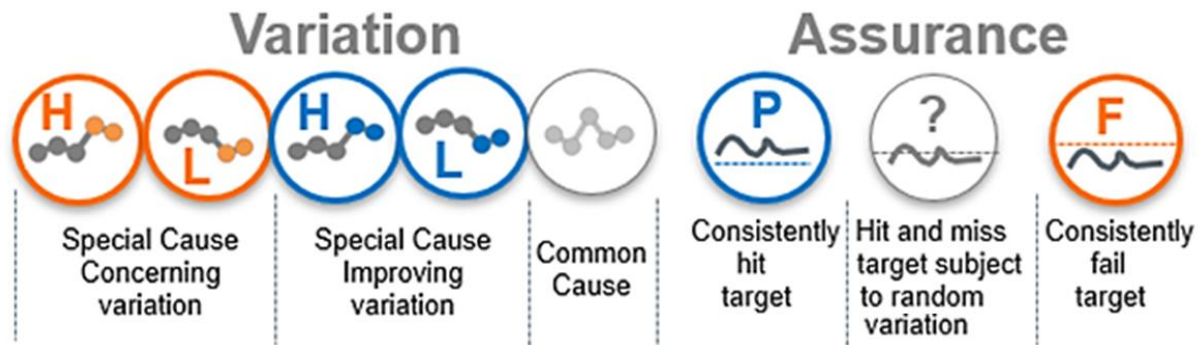
Safety, Quality and Experience of Care

HOSPITAL SERVICES

Performance Summary

Hospital Services Performance Summary is comprised of key Service Delivery Plan metrics and targets relating to the strategic priority of Unscheduled Care.

A summary table for all targets being monitored is included, this shows the previous month activity, the target (if applicable), an icon describing the variation shown and (if applicable) an icon showing the assurance against target.

The summary table is followed by detailed SPC charts and narrative from the service on key areas.

High-level metrics are being monitored weekly through the encompass Stabilisation Group to allow comparisons in reporting baselines in legacy systems and encompass. Individual specialty meetings are in progress to ensure baseline data is correct and reflects the correct activity in encompass, thereby allowing performance to be monitored effectively.

In May 2024 the following metrics monitored have had either an improving variation or consistently hit their target:

- Cancer 31 Day %
- Attendances-Downe
- 4hr % Downe
- Outpatients Contacts New Face to Face
- CT

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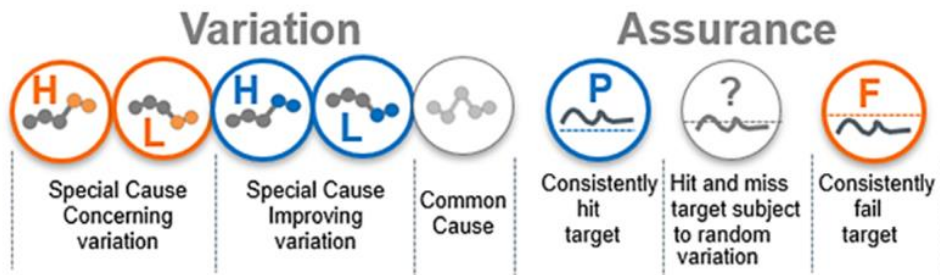
KPI	Latest month	Measure	Target	Variation	Assurance
Cancer 14 Day Activity	May 24	219	311	(common cause)	F
Cancer 31 Day Activity	May 24	88	194	(common cause)	?
Cancer 62 Day Activity	May 24	48.5	85.0	(common cause)	?
Cancer 14 Day %	May 24	6%	100%	(common cause)	
Cancer 31 Day %	May 24	97%	98%	H (improving)	?
Cancer 62 Day %	May 24	29%	95%	(common cause)	F
Attendances - All SET	May 24	14393	-	(common cause)	
Attendances - Lagan Valley	May 24	1866	-	(common cause)	
Attendances - Downe	May 24	1623	-	H (improving)	
Attendances - Ulster ED and MIU	May 24	10904	-	(common cause)	

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Variation

Special Cause Concerning variation
Special Cause Improving variation
Common Cause

Assurance

Consistently hit target
Hit and miss target subject to random variation
Consistently fail target
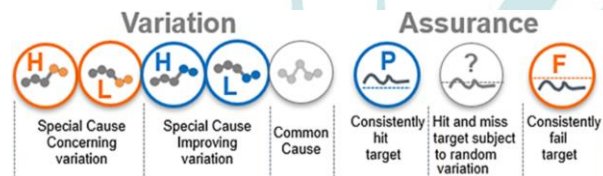
KPI	Latest month	Measure	Target	Variation	Assurance
4hr % - All SET	May 24	53%	95%		
4hr % - Lagan Valley	May 24	77%	95%		
4hr % - Downe	May 24	97%	95%		
4hr % - Ulster ED and MIU	May 24	42%	95%		
12hr Breaches - All SET	May 24	2105	-		
12hr Breaches - Lagan Valley	May 24	2	-		
12hr Breaches - Downe	May 24	0	-		
12hr Breaches - Ulster ED and MIU	May 24	2103	-		
Non-Elective Average Length of Stay	May 24	8.0	7.0		

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Variation

Assurance

Special Cause Concerning variation

Special Cause Improving variation

Common Cause

Consistently hit target

Hit and miss target subject to random variation

Consistently fail target
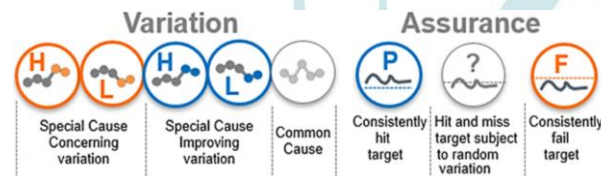
KPI	Latest month	Measure	Target	Variation	Assurance
Outpatient Contacts New	May 24	5804	8352	(common cause)	F
Outpatient Contacts New Face to Face	May 24	5445	-	H (special cause improving)	
Outpatient Contacts New Virtual	May 24	359	-	(common cause)	
Outpatient Contacts Review	May 24	11735	13157	(common cause)	F
Outpatient Contacts Review Face to Face	May 24	9199	-	(common cause)	
Outpatient Contacts Review Virtual	May 24	2536	-	(common cause)	
Inpatient Activity	May 24	293	359	(common cause)	F
Daycase Activity	May 24	1027	2036	(common cause)	F
Endoscopy - 4 main scopes	Apr 24	1189	1280	(common cause)	?

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HSC

Variation

Special Cause Concerning variation | Special Cause Improving variation | Common Cause

Assurance

Consistently hit target | Hit and miss target subject to random variation | Consistently fail target
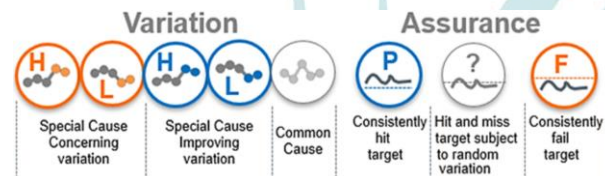
KPI	Latest month	Measure	Target	Variation	Assurance
Cath Labs Procedures	May 24	43	55		?
UHD Thrombolysis Rate	Jun 23	22%	16%		?
UHD Stroke Admitted < 4 hours	Jun 23	35%	47%		?
Inpatient & Daycase Waits < 13 weeks	Oct 23	23%	55%	L	F
Inpatient & Daycase Waits < 52 weeks	Oct 23	52%	100%		F
MRI	May 24	1046	1294		?
CT	May 24	3846	2589		P
NOUS	May 24	3040	2994		?
Cardiac CT (incl CT TAVI Workup & excl Ca Scoring)	May 24	113	109		?
Echo	May 24	1314	1058		?

Variation

Assurance

Special Cause Concerning variation
Special Cause Improving variation
Common Cause
Consistently hit target
Hit and miss target subject to random variation
Consistently fail target

KPI	Latest month	Measure	Regional Avg. 2022	Variation	Assurance
Number of Births	May 24	302	-	(L)	
% C-Sections	May 24	48%	38%		(?)
# C-Sections	May 24	146	-		
% Elective C-Sections	May 24	27%	20%		(?)
# Elective C-Sections	May 24	83	-		
% Emergency C-Sections	May 24	21%	18%	(H)	(?)
# Emergency C-Sections	May 24	63	-	(H)	
% Instrumental Births	May 24	10%	11%		(?)
# Instrumental Births	May 24	30	-		
Induction of Labour Rate	May 24	32%	-		

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Variation — Special Cause Concerning variation, Special Cause Improving variation, Common Cause

Assurance — Consistently hit target, Hit and miss target subject to random variation, Consistently fail target

14

KPI	Latest month	Measure	Regional Avg. 2022	Variation	Assurance
% Spontaneous Vaginal Births	May 24	42%	50%	(common cause)	(?)
# Spontaneous Vaginal Births	May 24	126	-	(common cause)	
Still Birth Rate (per 1000)	May 24	3	-	(common cause)	
Full Term Neonatal Unit (ICU) Admissions	May 24	9	-	(common cause)	
Post Partum Haemorrage (>2000ml)	May 24	1%	-	(common cause)	
Shoulder Dystocia Rate	May 24	3%	-	(H special cause)	

Cancer 14 day

Cancer 14 Day Activity
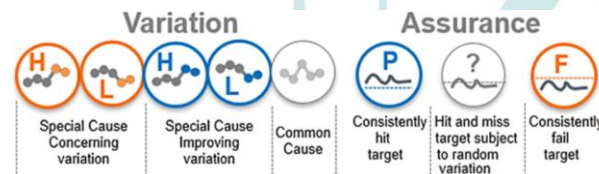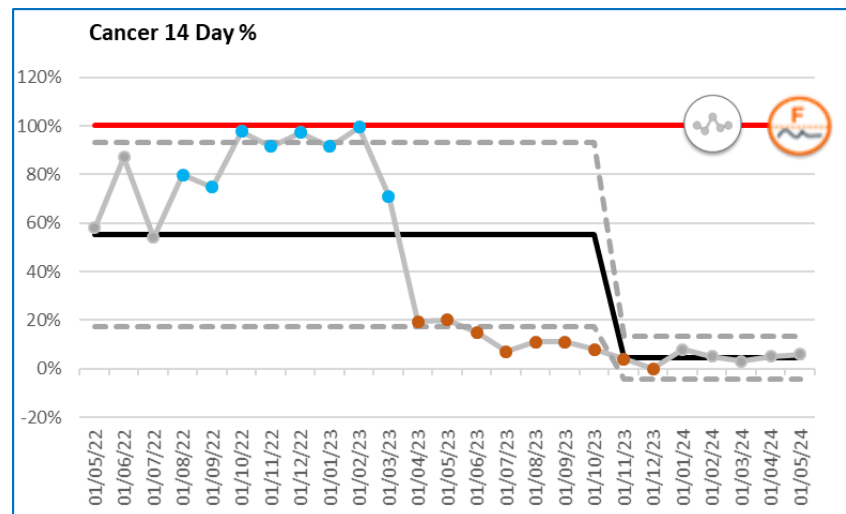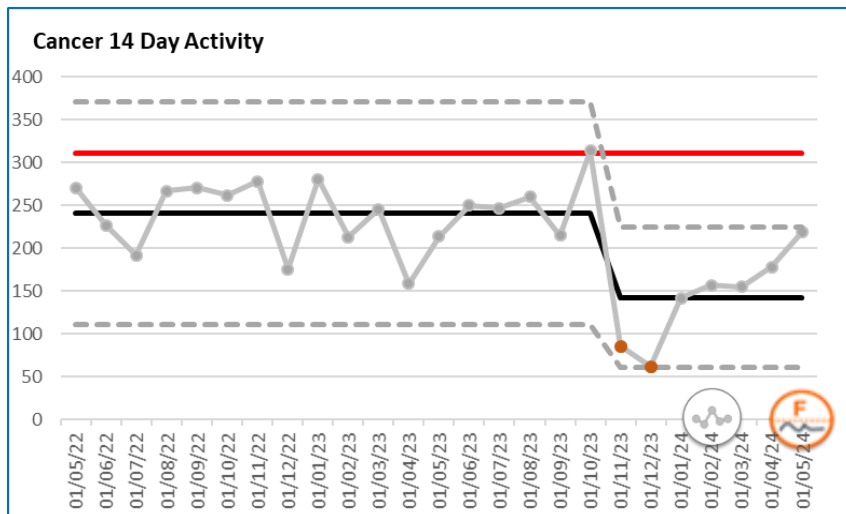
Cancer 14 Day %

100% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 14 days.
The 'Cancer 14 Day Activity' metric relates to the Service Delivery Plan and the 'Cancer 14 Day %' metric relates to traditional CPD metrics target.

In May 2024 6% of patients began treatment within 14 days. Activity levels were 219 compared to a expected trajectory of 311. This equates to 70% of expected activity.

Activity in May increased by 20% when compared to April 24 despite 2x Bank holidays and industrial action. This reflects the improvements made by the service in terms of weekly capacity and returning to 100% of pre-encompass levels.

Performance against the 14 day target remains challenged, however, focus within the service has been on improving the longest waiters. In early April the longest waiting patient had been waiting 84 days whereas on 13th May the longest waiting patient has been waiting for 22 days. An additional evening clinic was provided on 13th June for circa 25 patients. When the backlog is fully addressed the 14 day performance will improve.

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16

Cancer 62 day

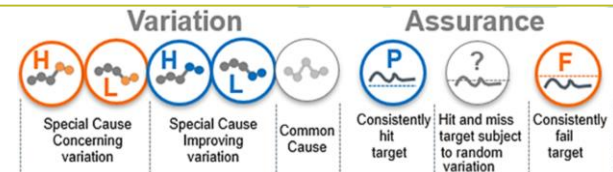**Cancer 62 Day Activity**
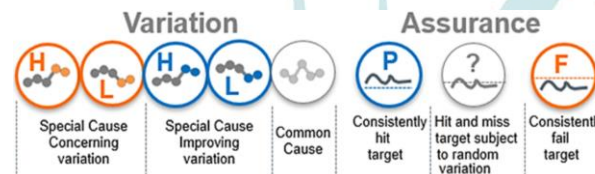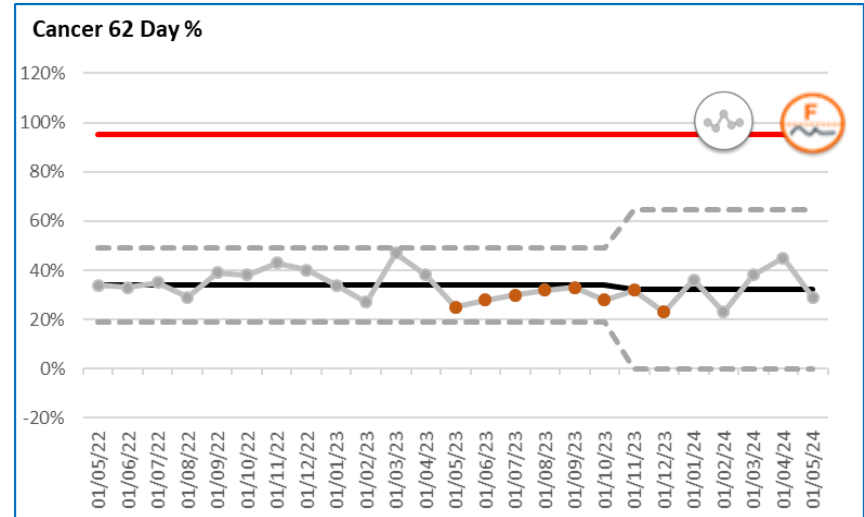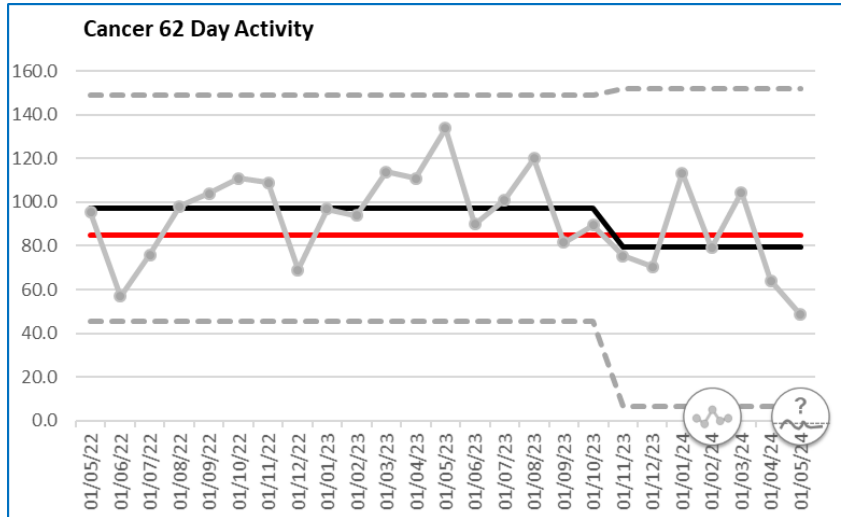
Cancer 62 Day %

At least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.

The 'Cancer 62 Day Activity' metric relates to the Service Delivery Plan and was 48.5 compared to the 85 expected trajectory in May. This equates to 57% of activity. The 'Cancer 62 Day %' metric relates to traditional CPD target and was 29% compared to the expected 95% May target.
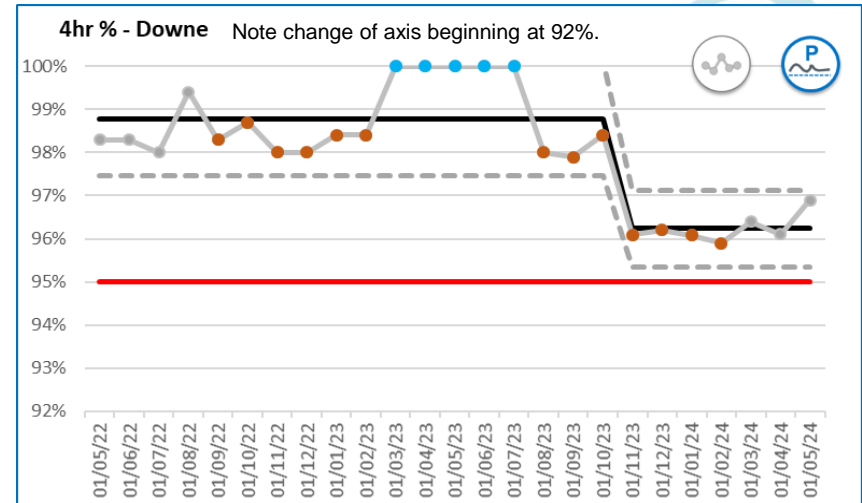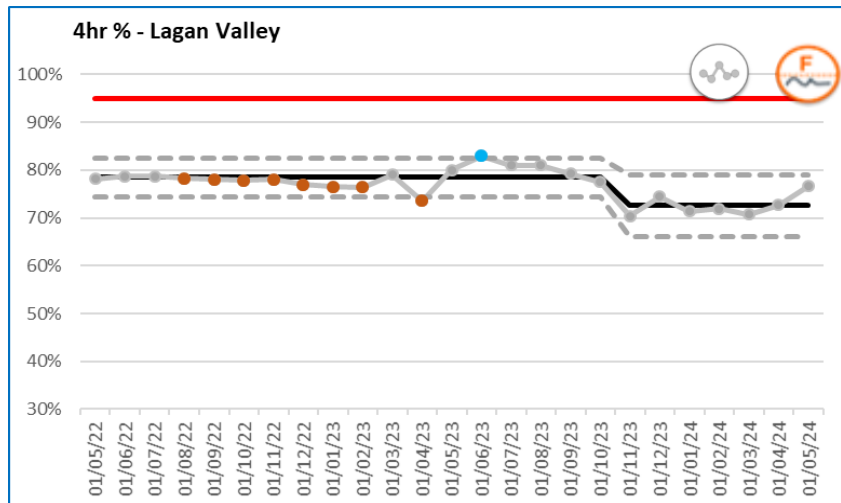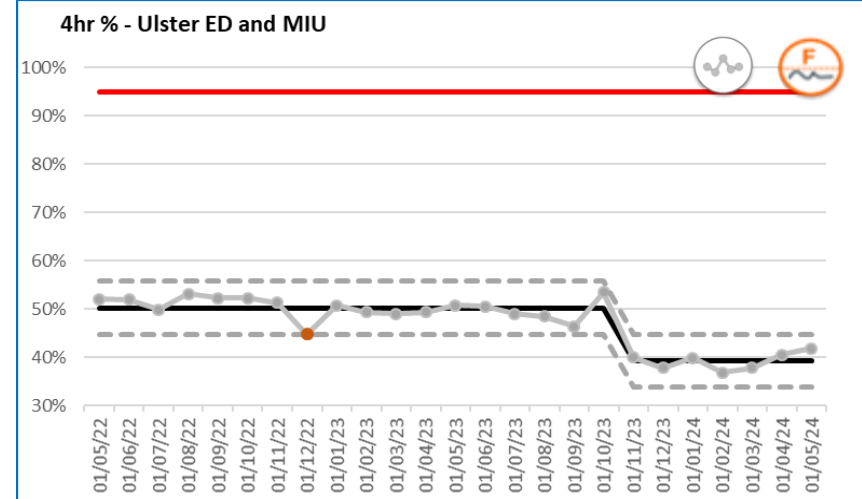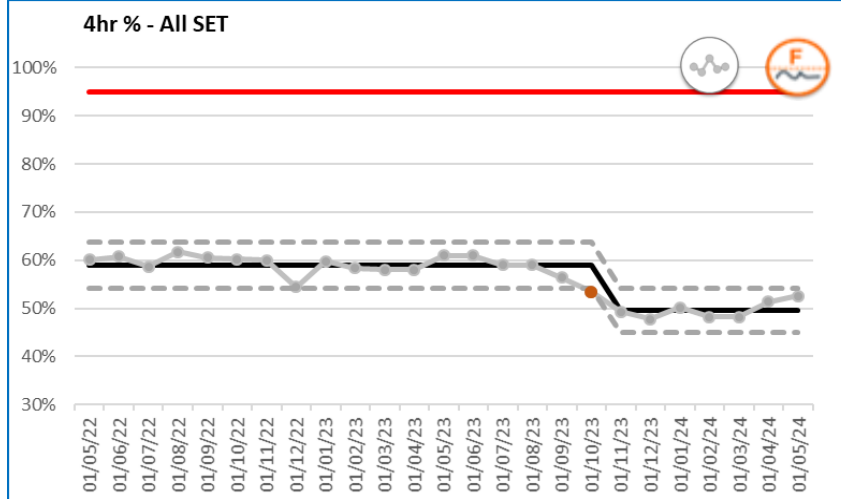
The number of red flag referrals received by South Eastern Trust continues to rise, with a further 10% increase in 2023/24. Delays in first outpatient appointment and diagnostics are being addressed through the use of waiting list initiative (WLI) and independent sector (IS). Clinic templates have been adjusted to maximise red flag capacity and seasonal templates enabled for dermatology to provide additional capacity over the summer months. Longest waiting patient treated in May was treated on day 225, patient was delayed for outpatients, MRI and TP Biopsy. The 62 day target will remain challenging due to the complexity of patient pathways but once diagnosed 95% of patients will start treatment within 31 days of their decision to treat.
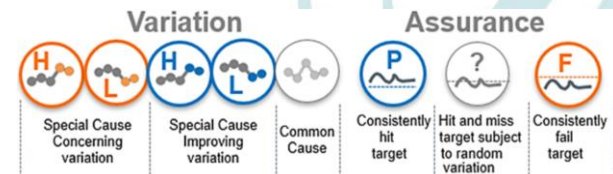
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Variation

Special Cause Concerning variation

Special Cause Improving variation

Common Cause

Assurance

Consistently hit target

Hit and miss target subject to random variation

Consistently fail target

17

Unscheduled Care 4 Hour Target 1/2

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18

Unscheduled Care 4 Hour Target 2/2

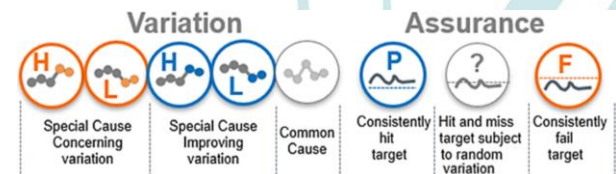**Emergency Department 4hr Performance is a CPD metric.**
95% of patients attending any Emergency Department are to be either treated and discharged home, or admitted, within 4 hours of their arrival in the department.

In May 2024 53% of all patients within the Emergency Departments across the South Eastern Trust met the 4 hour target. At the Ulster site the figure was 42%, Lagan Valley 77% and 97% in Downe Urgent Care Centre.

4 Hour performance remains a complex challenge in the Emergency Department at the Ulster Hospital due to multiple factors. This includes complexity/acuity of patients attending (including complex mental health patients), high rates of attendance and significant overcrowding caused by high number of patients awaiting inpatient beds and by high hospital length of stay. However, despite the challenges the percentage of patients seen and discharged, or admitted, within 4hrs continues to slightly improve. This was despite 6% higher attendances in May vs April 24. It should also be noted that ambulance handovers times in at Ulster Hospital Dundonald continue to improve.
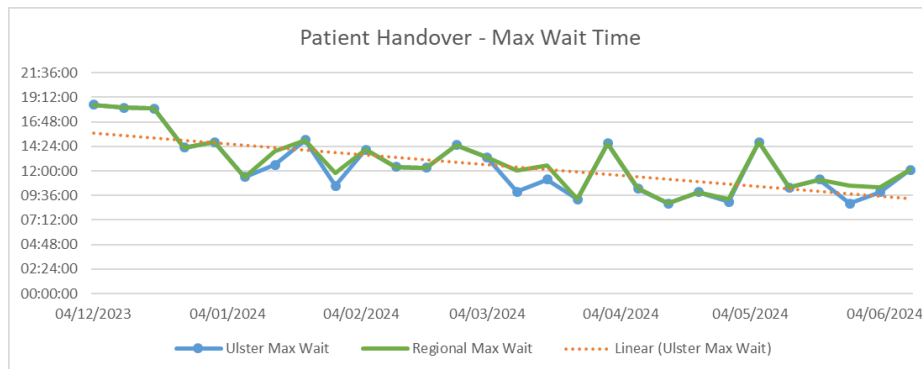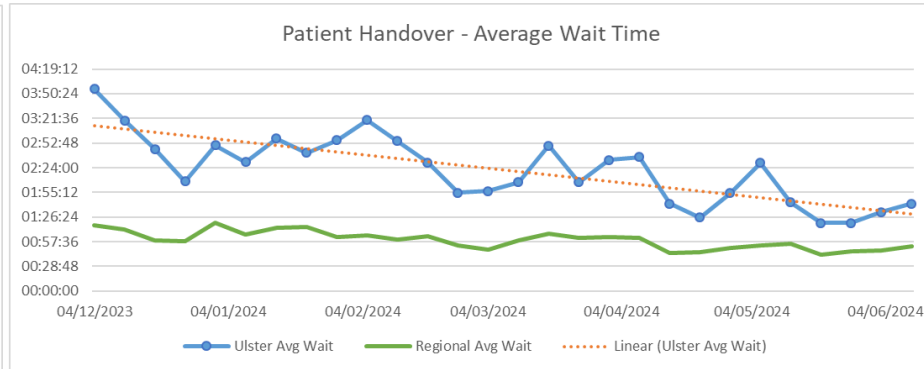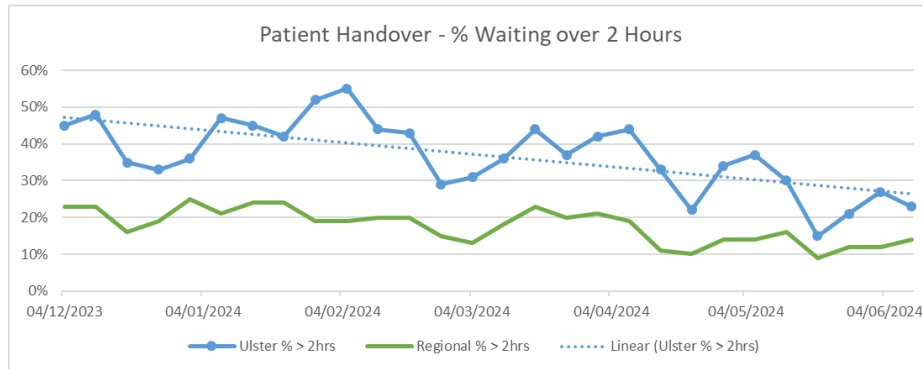
Lagan Valley Urgent Care Centre experienced a small drop in attendances, however, this was due to the service being closed for 2 days during the industrial action. 4hr performance improved from 73% in April to 77% in May.

4hr performance continues to be a challenge regionally and the Ulster continues to perform well vs the other type 1 Emergency Departments. Nevertheless, there is recognition that there remains room for improvement and this will remain a priority through the Hospital and Community Flow structures.

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Variation

Special Cause Concerning variation

Special Cause Improving variation

Common Cause

Assurance

Consistently hit target

Hit and miss target subject to random variation
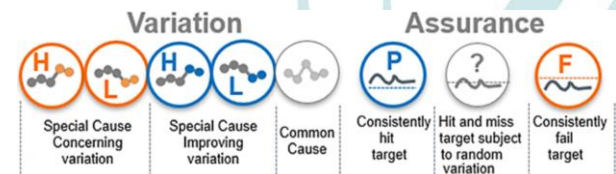
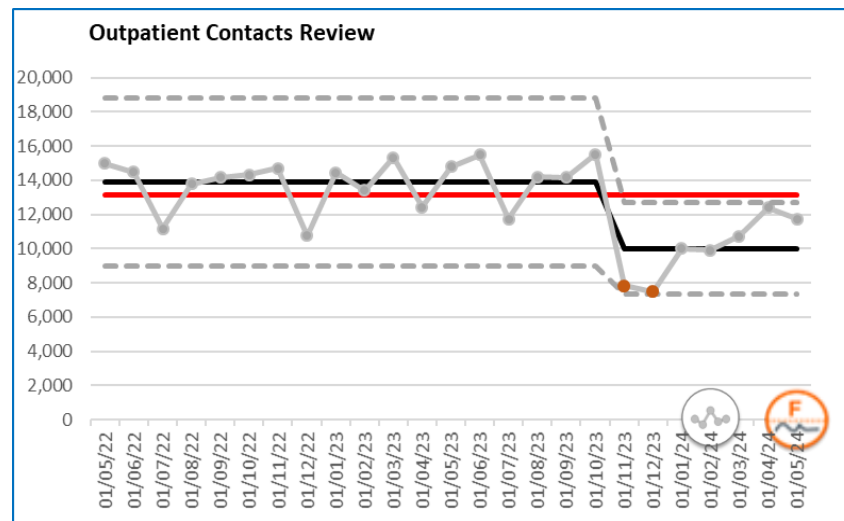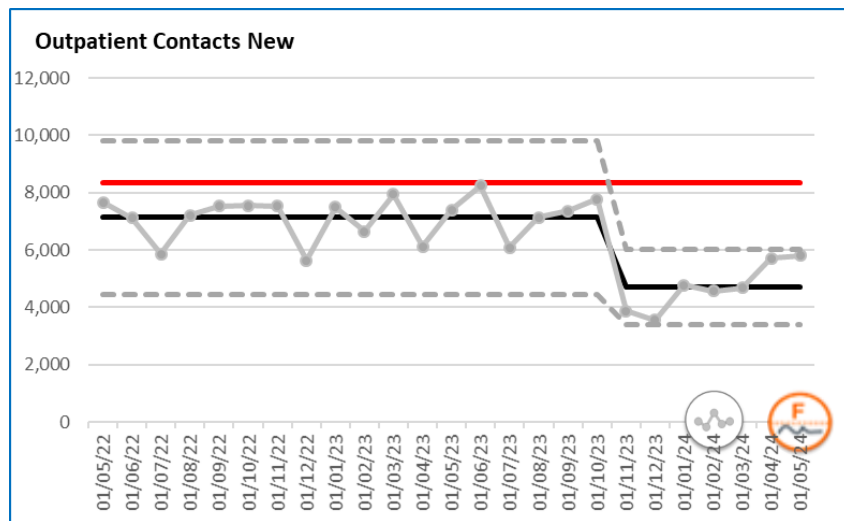Consistently fail target

NIAS Performance

Northern Ireland Ambulance Service performance is received into South Eastern Trust through a daily sitrep with comparisons across the region. The charts below highlight the Ulster Hospital performance since 1st Jan 2024 with a linear trend line, a green line shows the regional position.

Patient Handover - % Waiting over 2 Hours

Patient Handover - Average Wait Time

Patient Handover - Max Wait Time

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20

Outpatient New and Review Contacts

Outpatient New Contacts, including virtual, are tracked as part of SDP monitoring.

May 2024 recorded 5,804 new contacts against an expected trajectory of 8,352. This equates to 69% of expected activity.
11,735 review contacts were seen against an expected trajectory of 13,157. This equates to 89% of expected activity.
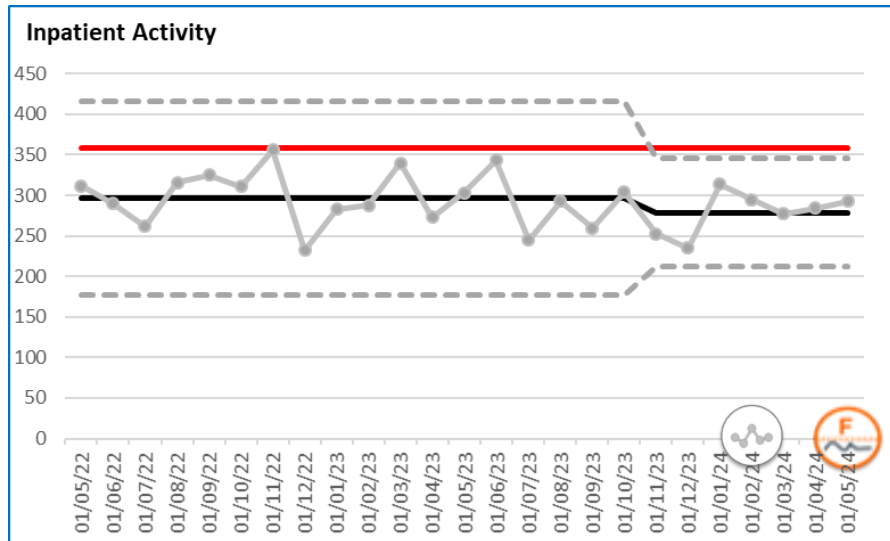
Outpatient activity in May, for both new and reviews, was impacted by 2x bank holidays and as a consequence of industrial action which led to a downturn in clinics. Despite this New Outpatient contacts grew slightly vs April 24.

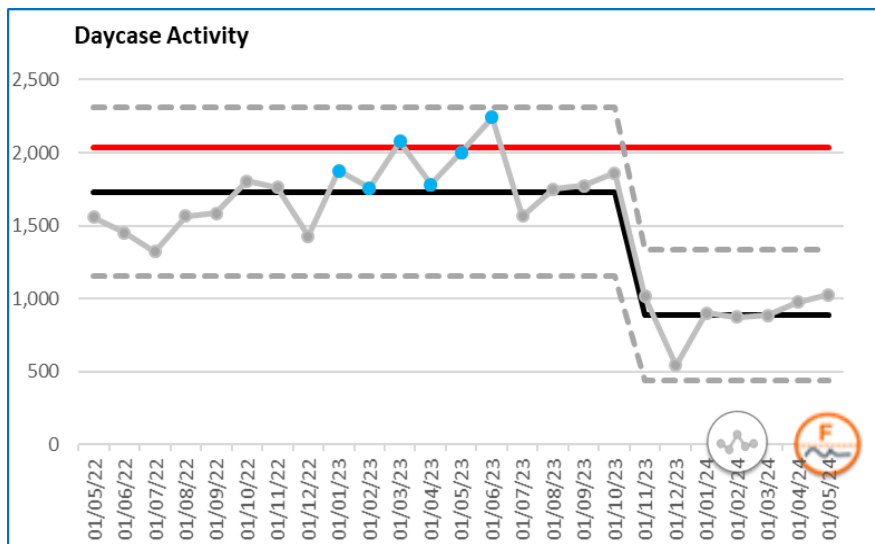South Eastern Health and Social Care Trust

21
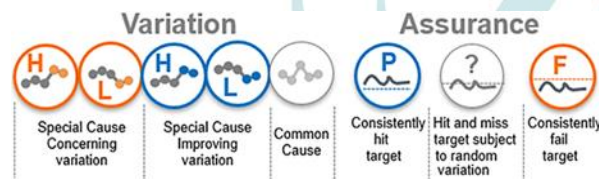
Inpatient Activity

Inpatient activity is tracked as part of SDP monitoring.

In May 2024 293 inpatient activity was recorded against an expected trajectory of 359. This equates to an expected trajectory of 82%.

Inpatient activity in May was impacted by 2 bank holidays and industrial action which led to elective activity being cancelled. Nevertheless, there was a slight increased when compared to April 24.

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Daycase Activity

Daycase activity is tracked as part of SDP monitoring.

In May 2024 1,027 Daycases were delivered against an expected trajectory of 2,036. This equates to an expected trajectory of 50%.

As highlighted in the April Trust Board Report changes to better account for Regional Day Procedure Centre activity at LVH has led to exclusion criteria being updated making comparison to previous volumes less representative. However, daycase activity increased by 5% when compared to April 24. This is despite the impact of 2 bank holidays and industrial action..

Work continues to improve data quality and ensure definitions enable accurate reporting of activity.

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23
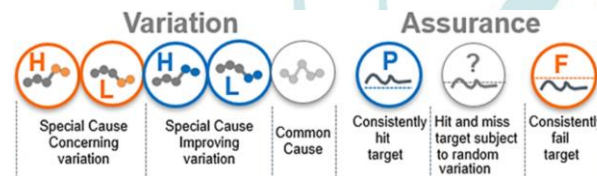
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HEALTHCARE ACQUIRED INFECTIONS

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TITLE	Target	NARRATIVE	PERFORMANCE	TREND
HCAI	New Targets (limits) were set this year by PHA for all HCAI's except GNBs. The new targets set by PHA were that by March 2024 to secure a reduction in the total number of in-patient episodes of Clostridium difficile infection (CDI) in patients aged 2 years and over. This equates to no more than 64 episodes, and of Methicillin-resistant Staphylococcus aureus (MRSA) bloodstream infections of no more than 6 episodes. The Ecoli target is still that the Trust should secure an aggregate reduction of 11% of (GNB) Escherichia coli, Klebsiella spp. and Pseudomonas aeruginosa bloodstream infections acquired after two days of hospital admission, compared to 2017/18. These targets are due for review by CMO England in 2024.	**2024/25:** CDI: 5 < 48 hours : 10> 48 hours **MRSA** :1 < 48 hours, :0> 48 hours Gram Negative Bacteraemias Reportable only if >48hrs Ecoli :13 Pseudo. Aeruginosa : 0 Klebsiella Oxytoca: 0 Klebsiella Pneumoniae: 3 ••••••••••••••••••••••• All HCAI's are actively monitored and any preventative measures are taken once identified.		

PERFORMANCE table:

	Target 23/24	Outturn 23/24	Limit 24/25	Target no. of cases / month	Avg cases as of end of May	April - May Episodes
C.difficile	64	72	64	9	7.5	15
MRSA	6	8	6		0.5	1
All Gram Negative#	39	95	39	7	8	16

Current
23/24
22/23

C.difficile >= 2yrs old (>48hrs)

MRSA Bacteraemias

All Gram Negative Bacteraemias (including Ecoli, Kleb Pneumoniae, Kleb Oxytoca, Pseudomonas Aeruginosa)(>48hrs)

CDI HAI Rate in SET- starting 01/04/19

MRSA HAI Rate in SET- starting 01/04/19

Ecoli HAI Rate in SET- starting 01/04/19

Mean — Rate/1000 bed days — Process limits - 3σ — Special cause - concern
Special cause - improvement — Target — special cause neither

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Safety, Quality and Experience of Care

PRIMARY CARE AND OLDER PEOPLE

HSC South Eastern Health and Social Care Trust

Performance Summary

Primary Care and Older People Performance Summary is comprised of key Service Delivery Plan metrics and targets relating to the strategic priority of Domiciliary Care.

A summary table for all targets being monitored is included, this shows the previous month activity, the target (if applicable), an icon describing the variation shown and (if applicable) an icon showing the assurance against target.

The summary table is followed by detailed SPC charts and narrative from the service on key areas.

Domiciliary care hours reporting is still in progress as there is ongoing encompass build and data review. The last available month is October 2023.

In May 2024 the following metrics monitored have had either an improving variation or consistently hit their target:

- Speech and Language Therapy New Contacts
- Dietetics' Review Contacts
- Orthoptics >13 Week Waits

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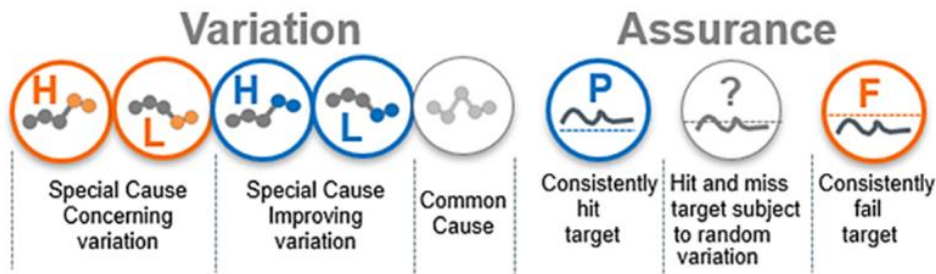
KPI	Latest month	Measure	Target	Variation	Assurance
CDS Contacts New	May 24	209	223	(common cause)	(?)
CDS Contact Review	May 24	796	848	(common cause)	(?)
Complex Discharges (n)	May 24	350	-	(common cause)	
Complex Discharges < 48hrs - All SET	May 24	42%	90%	(common cause)	(F)
Complex Discharges < 7 days	May 24	91%	100%	(common cause)	(F)
Dom Care Hours Delivered Stat	Nov 23	64991	-		
Dom Care Hours Delivered Ind	Nov 23	314976	-		
AHP < 13 weeks	May 24	51%	100%	(common cause)	(F)
District Nursing Contacts	May 24	26870	22877	(common cause)	(?)
CDS General Anaesthetic Ulster	May 24	68	75	(common cause)	(?)

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and Social Care Trust

Variation

Assurance

Special Cause Concerning variation

Special Cause Improving variation

Common Cause

Consistently hit target

Hit and miss target subject to random variation

Consistently fail target

KPI	Latest month	Measure	Target	Variation	Assurance
Speech & Language Therapy New Contacts	May 24	850	363	(H)	(P)
Speech & Language Therapy Review Contacts	May 24	3274	4639	(common cause)	(F)
Physio New	May 24	2030	1946	(common cause)	(?)
Physio Review	May 24	4987	6816	(common cause)	(F)
Occupational Therapy New	May 24	812	1171	(common cause)	(F)
Occupational Therapy Review	May 24	1258	3431	(common cause)	(F)
Dietetics New	May 24	757	809	(common cause)	(?)
Dietetics Review	May 24	1015	1499	(H)	(F)
Orthoptics New	May 24	220	175	(common cause)	(?)
Orthoptics Review	May 24	444	522	(common cause)	(?)
Podiatry New	May 24	589	703	(common cause)	(F)
Podiatry Review	May 24	1851	3504	(common cause)	(F)

KPI	Latest month	Measure	Target	Variation	Assurance
Occupational Therapy Number on WL	May 24	3137	-	Common Cause	
Occupational Therapy >13 Week Waits	May 24	1913	0	Special Cause Concerning (H)	Consistently fail target (F)
Orthoptics Number on WL	May 24	503	-	Common Cause	
Orthoptics >13 Week Waits	May 24	41	0	Special Cause Improving (L)	Consistently fail target (F)
Podiatry Number on WL	May 24	4180	-	Special Cause Concerning (H)	
Podiatry >13 Week Waits	May 24	2153	0	Common Cause	Consistently fail target (F)
Physiotherapy Number on WL	May 24	9296	-	Common Cause	
Physiotherapy >13 Week Waits	May 24	4882	0	Common Cause	Consistently fail target (F)
Dietetics Number on WL	May 24	2396	-	Special Cause Concerning (H)	
Dietetics >13 Week Waits	May 24	825	0	Common Cause	Consistently fail target (F)

Variation

Assurance

Special Cause Concerning variation · Special Cause Improving variation · Common Cause · Consistently hit target · Hit and miss target subject to random variation · Consistently fail target

KPI	Latest month	Measure	Target	Variation	Assurance
Speech and Language Therapy Adult Number on WL	May 24	856	-	(H)	
Speech and Language Therapy Adult >13 Week Waits	May 24	332	0	(common cause)	(F)
Speech and Language Therapy Child Number on WL	May 24	495	-	(common cause)	
Speech and Language Therapy Child >13 Week Waits	May 24	189	0	(common cause)	(F)

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Variation

Assurance

Special Cause Concerning variation | Special Cause Improving variation | Common Cause | Consistently hit target | Hit and miss target subject to random variation | Consistently fail target
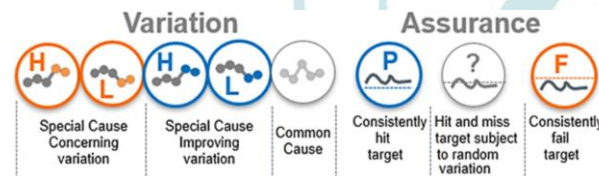
Complex Discharges
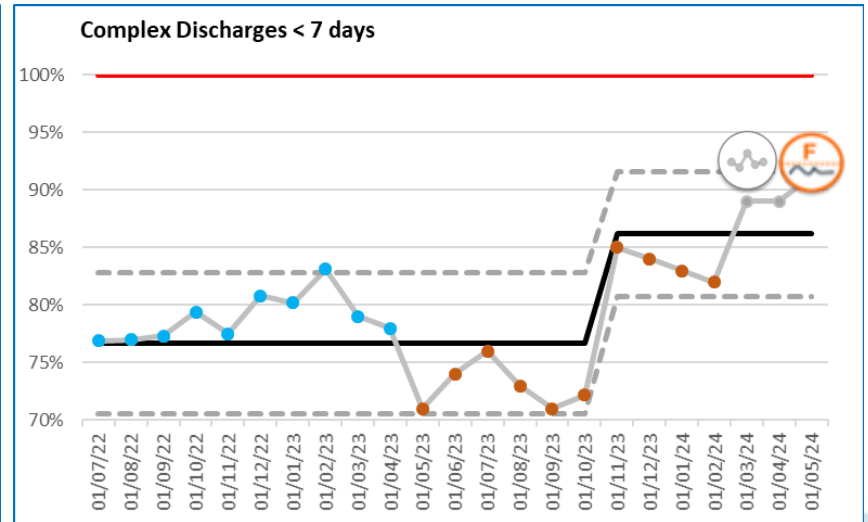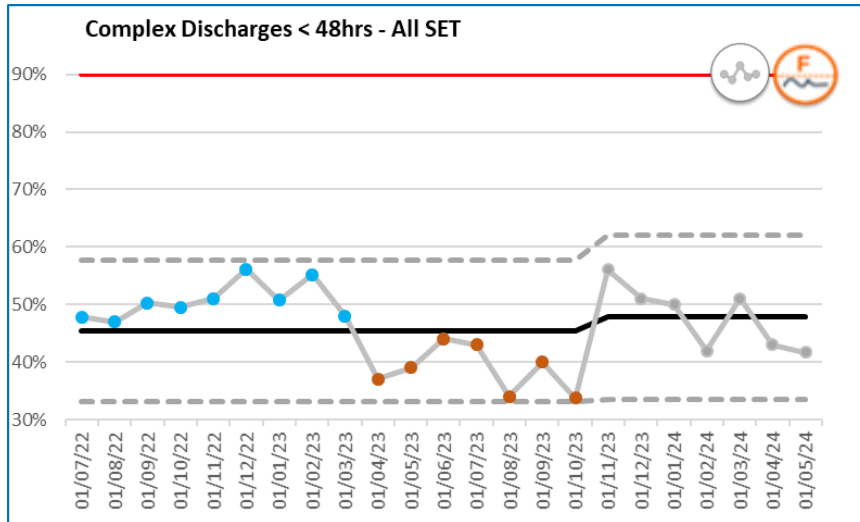
90% of complex discharges should take place within 48 hours. No complex discharge should take longer than 7 days. These metrics are included from the CPD reporting targets. *All qualifying patients (any Trust of Residence) in SET beds.*

In May 2024, 42% of complex discharges were completed within 48 hours against the 90% target. 91% of complex discharges were completed within 7 days against a target of 100%.

Complex discharge performance is impacted by significant workflow issues for example incomplete ' Medically Fit' dates for discharged patients. There is ongoing effort to improve compliance in these areas.

AHP < 13 Weeks

AHP < 13 weeks
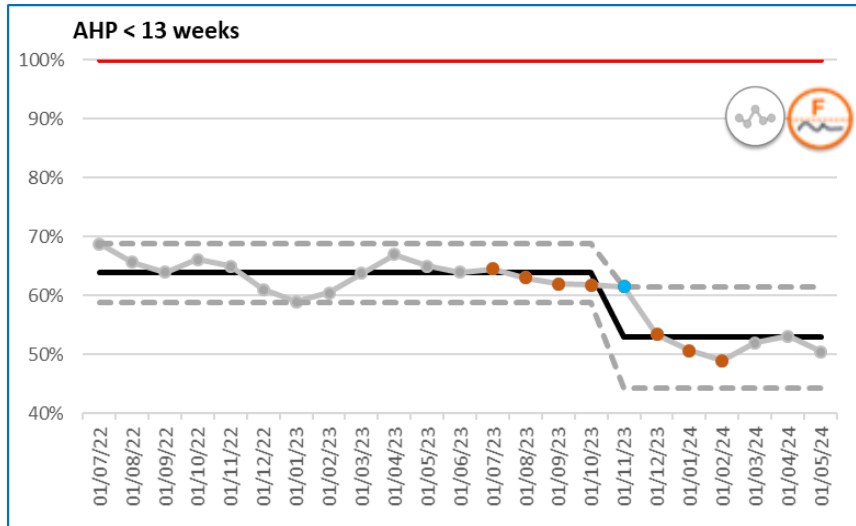
Allied Health professionals: no patient is to wait longer than 13 weeks from referral to commencement of treatment. This metric is monitored as a CPD target.

In May 2024 51% of patients received treatment within 13 weeks against the 100% target. Breakdown by specialty is shown in the summary table.

AHP services at Month two have a high Vacancy Rate which is impacting on scheduled and unscheduled care (61WTE Vacancies). This is compounded by High Maternity rates and significant long term sick leave absence although compassionate robust absence management has reduced overall absence rates in most clinical areas. This is particularly affecting Podiatry services.
Encompass reporting Data quality issues continue with AHP Services leading to patients who have been seen remaining on Waiting lists due to some end user incomplete processes. This means that a number of patients across all service remain on the waiting lists although they have already been seen. Work to cleanse the waiting list continues but has been compounded / delayed by Belfast Trust Go Live.
Complex work flow processes in all professions continue requiring longer time to complete.

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Speech & Language Therapy Review Contacts

Speech & Language Therapy Review Contacts
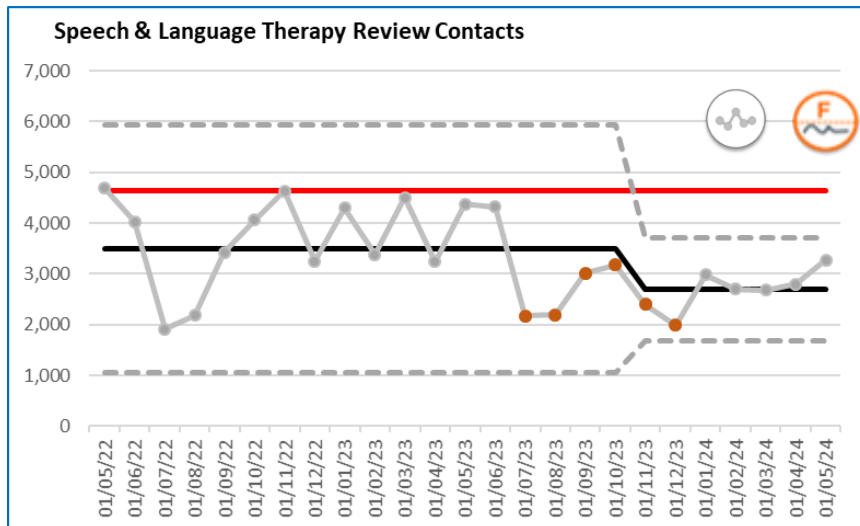
Speech and Language Therapy Review Contacts are monitored as part of the Service Delivery Plan.

May 2024 recorded 3,274 review contacts against an expected trajectory of 4,639. This equates to 71% of expected activity.

SLT are focussed on addressing those who are waiting the longest on the SLT waiting list which has grown exponentially since Encompass Go Live.
In May SLT delivered 850 New Contacts against a target of 363 as a result the capacity for Review contacts has been inevitably reduced .
In addition
- Data produced for activity remains impacted by the complex workflows and end user errors in Encompass . As a result there are patients who have been seen who are not appearing on the activity reports.
- Recording of direct/indirect activity on encompass has meant that activity reports pre encompass will not be comparable. Particularly noticeable within schools services.
- There have been waiting list initiatives running in Children's which saw an increase in new patient activity and a reduction in reviews .
- SLT had an increased number of student placements within Children's in May, with a resultant impact on activity to support student learning .
- SLT had 25-30 staff coming across from BT to observe encompass which will have had some impact on activity across all services.
- We continue to have high levels of maternity leave and vacancies.

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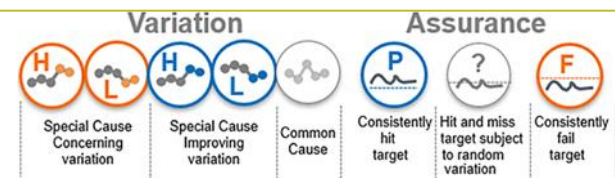
Physio Review Contacts
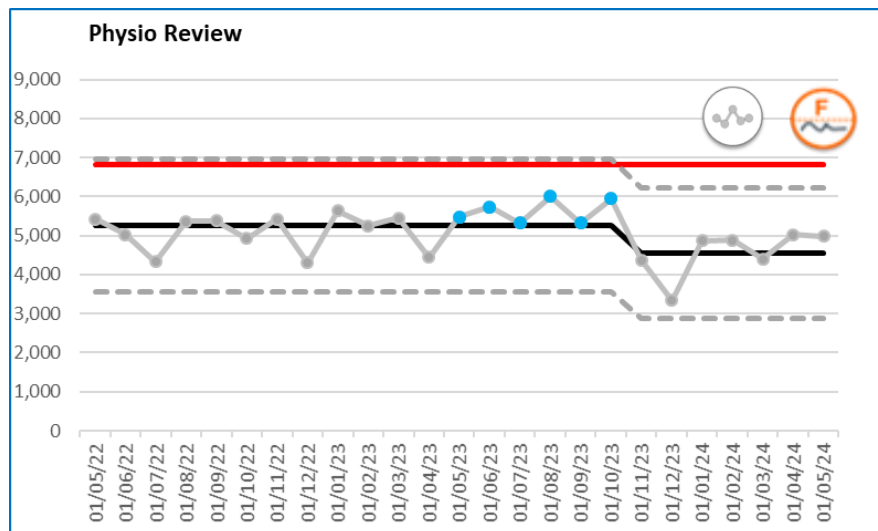
Physio Review Contacts are monitored as part of the Service Delivery Plan.

May 2024 recorded 4,987 review contacts against an expected trajectory of 6,816. This equates to 73% of expected activity.

Waiting lists slowly reducing and staff continuing to validate long waiters and discharge as able.
Reporting of w/l and activity data through encompass is still a work in progress and accuracy should continue to improve with ongoing training.

Pay it back activity in May prior to Belfast go live and our own ongoing encompass training will have impacted activity this month.
Staff vacancy and long term sick leave continue to reduce activity in some areas. Focused effort to recruit bank staff and retain band 5 staff in SET should improve workforce in coming months.
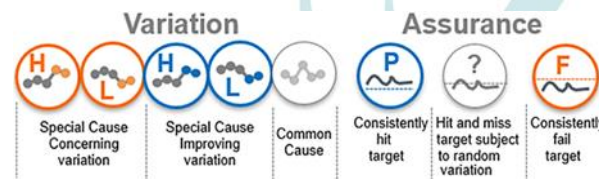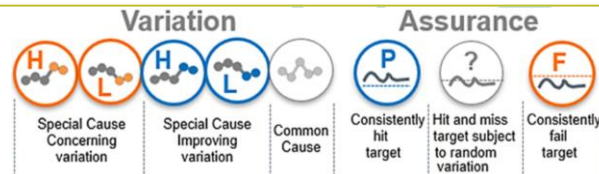
Occupational Therapy Contacts
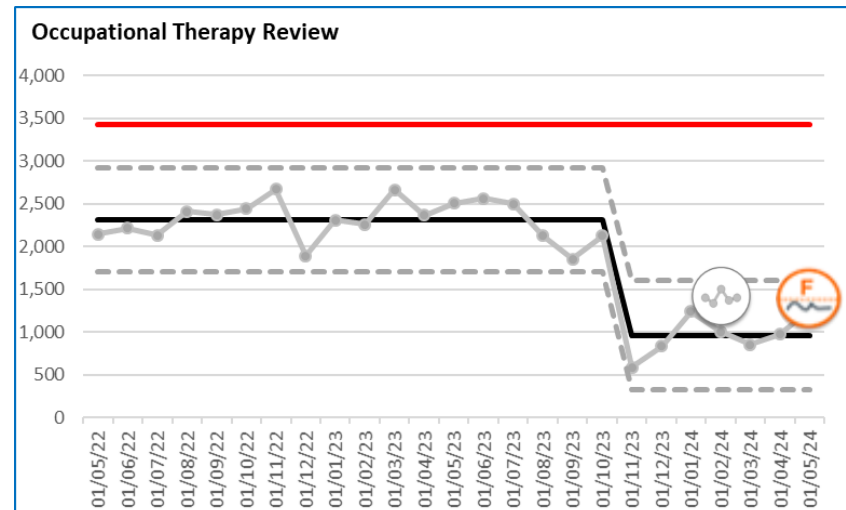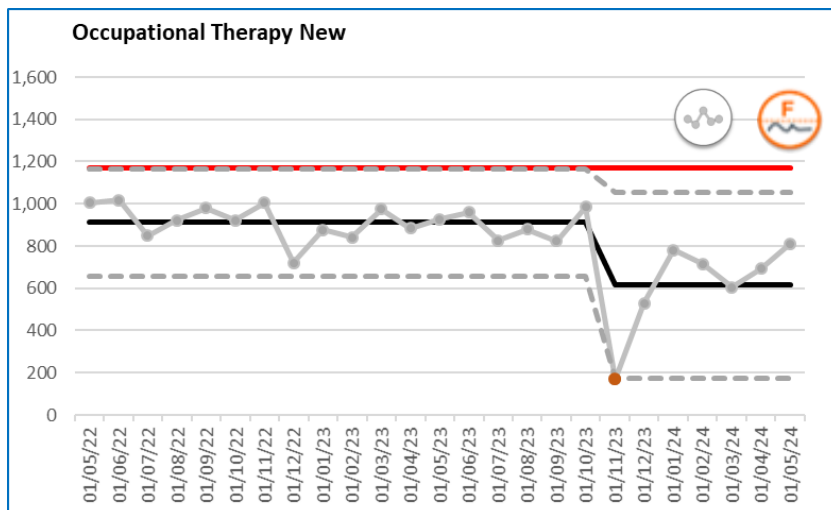
Occupational Therapy Contacts are monitored as part of the Service Delivery Plan.

May 2024 recorded 812 new contacts against an expected trajectory of 1,171. This equates to 69% of expected activity. There were 1,258 review contacts delivered against an expected trajectory of 3,431. This equates to 37% of expected activity.

Encompass build issues continue to significantly impact on activity reporting and on capacity. End user errors mean that there are service users that have been seen and are open to OTs but have not come off the work queue / activity is not captured.
This is being addressed by AHPIO colleagues through creation of Standard operating workflows and education which has been disseminated throughout SET and Regionally. Also the scanning and upload function is being used significantly more than anticipated which impacts admin time. Band 5 vacancy rates remain high The new regional Band 5 waiting list is being interviewed w/c 10th June. This should result in a positive upturn in productivity following a period of recruitment and induction.

Dietetics Review Contacts
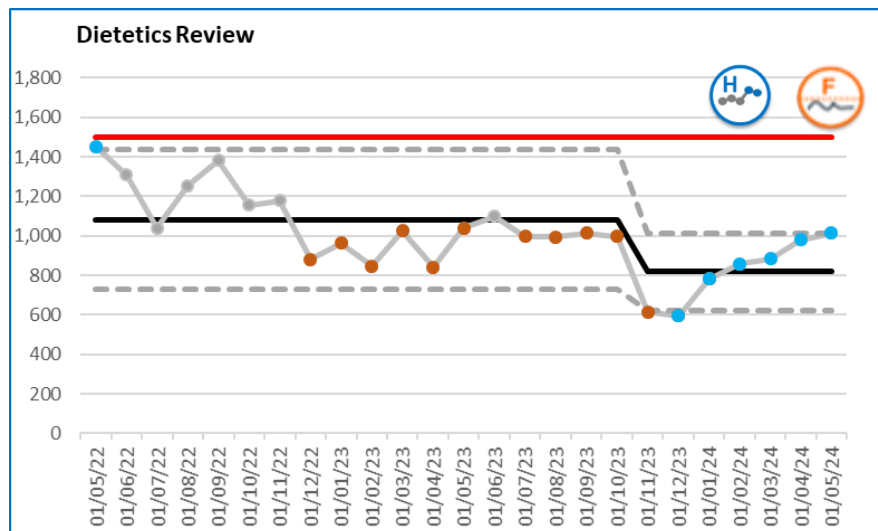
Dietetics Contacts are monitored as part of the Service Delivery Plan.
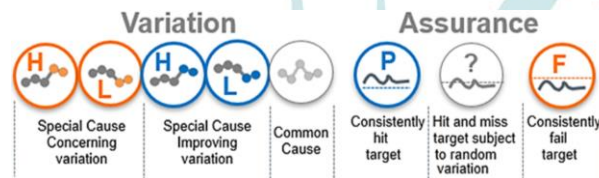
May 2024 recorded 1,015 review contacts against an expected trajectory of 1,499. This equates to 68% of expected activity.

Dietetic scheduled capacity continues to be transferred from Review to New Contacts to target longest waits. This resulted in a reduction of capacity for review appointments.
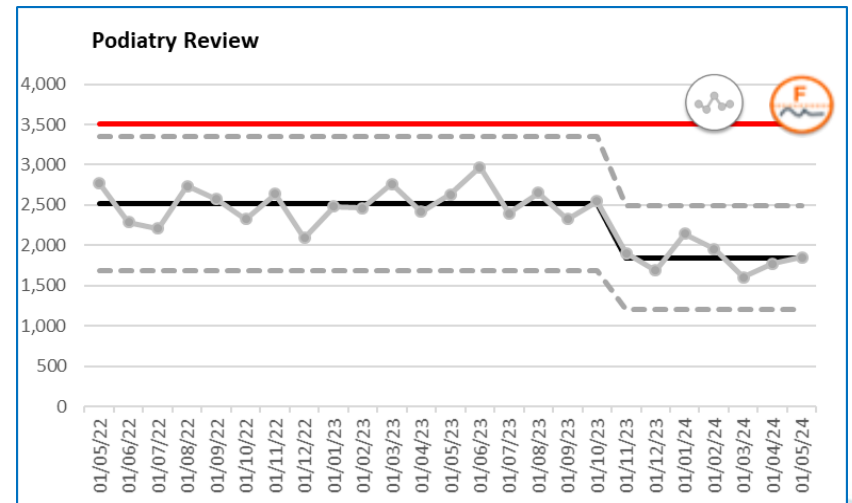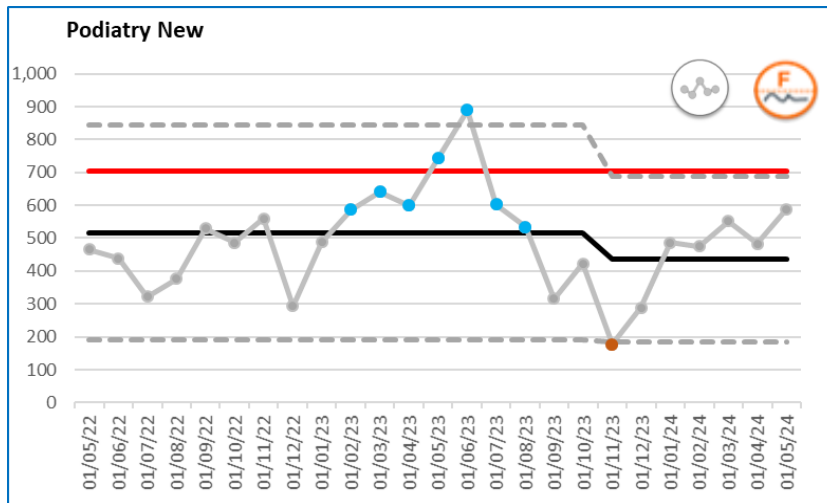
All activity continues in an upward trajectory but remains significantly impacted by reporting errors and complex workflows as a result of the encompass build.

Podiatry New and Review Contacts

Podiatry New and Review Contacts are monitored as part of the Service Delivery Plan.

May 2024 recorded 589 new contacts against an expected trajectory of 703. This equates to 84% of expected activity. 1,851 review contacts were seen against an expected trajectory of 3,504. This equates to 53% of expected activity.

The drop in activity is due to workforce challenges.
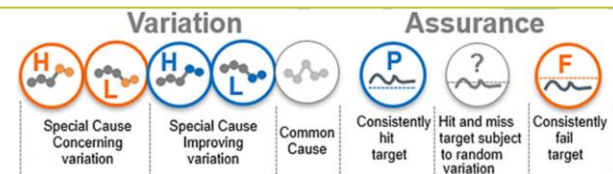Podiatry Services are sitting at 20% long term sick leave and 5.0 WTE vacancies.
This is having a significant impact on services .
Waiting list validation and continued focus on urgent referrals impacts on capacity for review (Non Urgent review activity)
Recruitment is ongoing to address vacancies in the team.

South Eastern Health and Social Care Trust

Safety, Quality and Experience of Care

ADULT SERVICES AND PRISON HEALTHCARE

Performance Summary

Adult Services and Prison Healthcare Performance Summary is comprised of key priorities identified from Commissioning Plan targets.

A summary table for all targets being monitored is included, this shows the previous month activity, the target (if applicable), an icon describing the variation shown and (if applicable) an icon showing the assurance against target.

The summary table is followed by detailed SPC charts and narrative from the service on key areas.

Mental health and dementia wait reporting is still in progress as there is ongoing encompass build and data review. The last available month is October 2023.

In May 2024 the following metrics monitored have had either an improving variation or consistently hit their target –

• Psychological Therapies - Review Contacts

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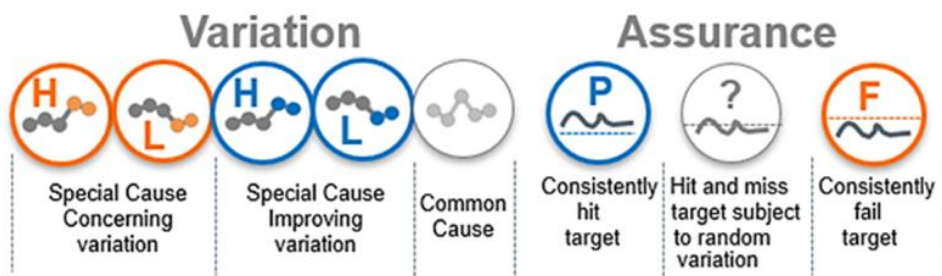
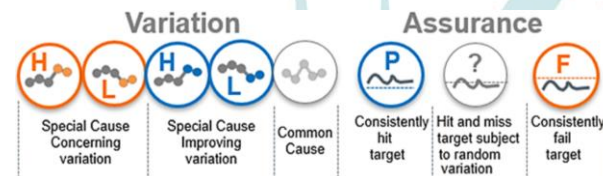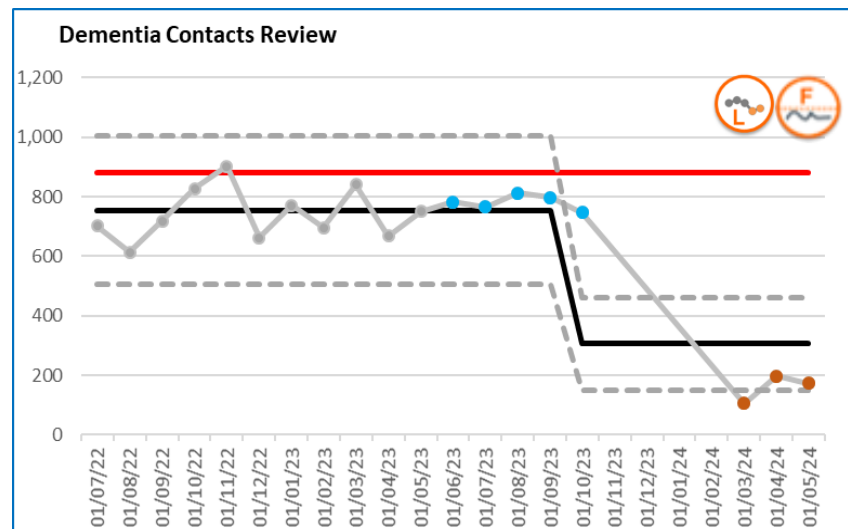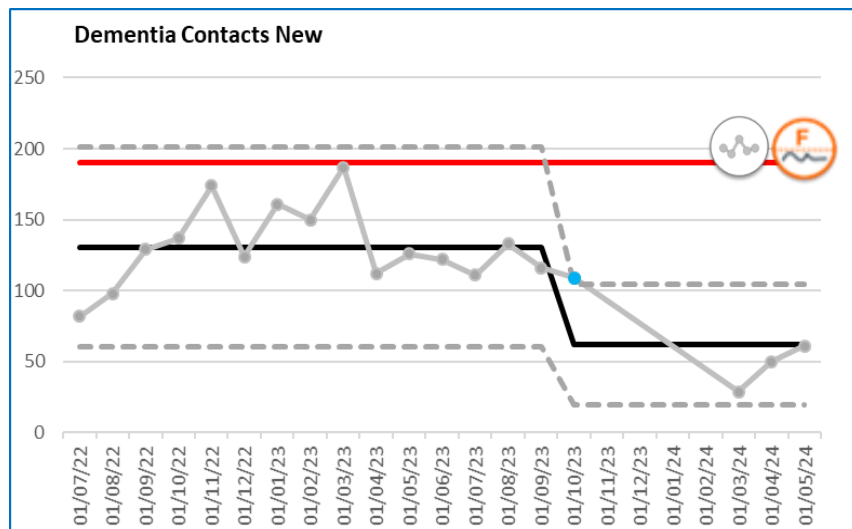| KPI	Latest month	Measure	Target	Variation	Assurance
Adult Mental Health Waits > 9 weeks (n)	Oct 23	876	-	H/L (orange)	
Adult Mental Health Wait < 9 weeks %	Oct 23	48%	100%	L (orange)	F (orange)
Adult Mental Health Non-Inpatient New	May 24	852	933	Common Cause	?
Adult Mental Health Non-Inpatient Review	May 24	4947	6263	Common Cause	?
Psychological Therapies - New Contacts	May 24	180	187	Common Cause	?
Psychological Therapies - Review Contacts	May 24	1944	1966	H (blue)	?
Dementia Contacts New	May 24	61	190	Common Cause	F (orange)
Dementia Contacts Review	May 24	173	881	L (orange)	F (orange)
Dementia Services - No patient wait longer than 9 wks	Oct 23	34.0%	100.0%	Common Cause	F (orange)
Dementia Services - No patient wait longer than 9 wks - breaches	Oct 23	425	-	Common Cause	

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Variation
Special Cause Concerning variation
Special Cause Improving variation
Common Cause

Assurance
Consistently hit target
Hit and miss target subject to random variation
Consistently fail target

Dementia Contacts

Dementia contacts are monitored as part of the Service Delivery Plan. New workflow introduced at end of March 2024 and revised in April 2024. No previous data available.

May 2024 recorded 61 new contacts against an expected trajectory of 190, equating to 32% of expected activity. 173 review were recorded against an expected trajectory of 881. This equates to 20% of expected activity.

Numbers are artificially low and do not reflect activity levels across both Outpatient and Community Teams. Data reported here includes only those patients who have been processed using a new regionally agreed triage form. Implementation of this began at the end of April 2024.

The majority of review patients in the system are not currently identified as Dementia patients. Future approaches, and/or the need and methodology to retrospectively capture this information will also be subject to regional agreement.
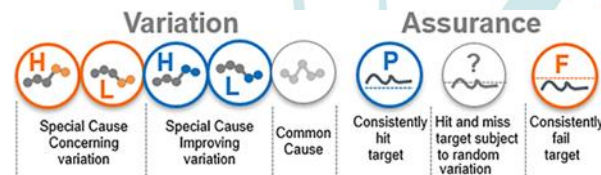
Safety, Quality and Experience of Care

CHILDREN'S SERVICES

Performance Summary

Children's Services Performance Summary is comprised of key Service Delivery Plan metrics and targets relating to the strategic priority of Unallocated Cases.

A summary table for all targets being monitored is included, this shows the previous month activity, the target (if applicable), an icon describing the variation shown and (if applicable) an icon showing the assurance against target.

The summary table is followed by detailed SPC charts and narrative from the service on key areas.

In May 2024 the following metrics monitored have had either an improving variation or consistently hit their target
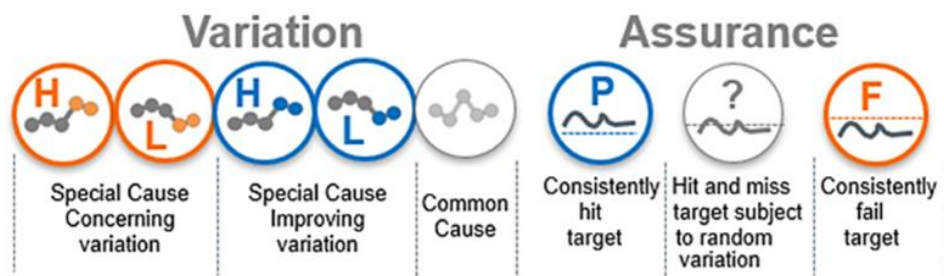
KPI	Latest month	Measure	Target	Variation	Assurance
Initial Family Assessments Completed	Apr 24	101	-	(common cause)	
Unallocated Cases	May 24	883	-	(H special cause concerning)	
Unallocated Cases > 20 days	May 24	805	-	(H special cause concerning)	
Unallocated Cases > 30 days	May 24	768	-	(H special cause concerning)	
% of review CP case conferences held with 3 months	Apr 24	100%	85%	(H special cause improving)	(? hit and miss)
Total reviews held within 3 months	Apr 24	19	-	(common cause)	
% of subsequent CP case conferences held within 6 months	Apr 24	100%	89%	(common cause)	(? hit and miss)
Total subsequent reviews held within 6 months	Apr 24	17	-	(common cause)	
% of Initial child protection cases conferences held within 15 days	Apr 24	85%	84%	(common cause)	(? hit and miss)
Unallocated Cases>20 days Family Support only	May 24	173	86	(H special cause concerning)	(F consistently fail)

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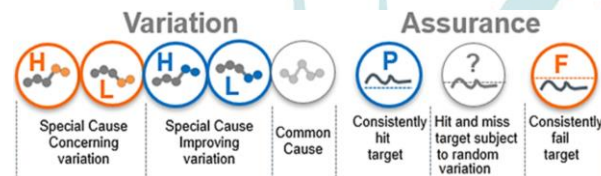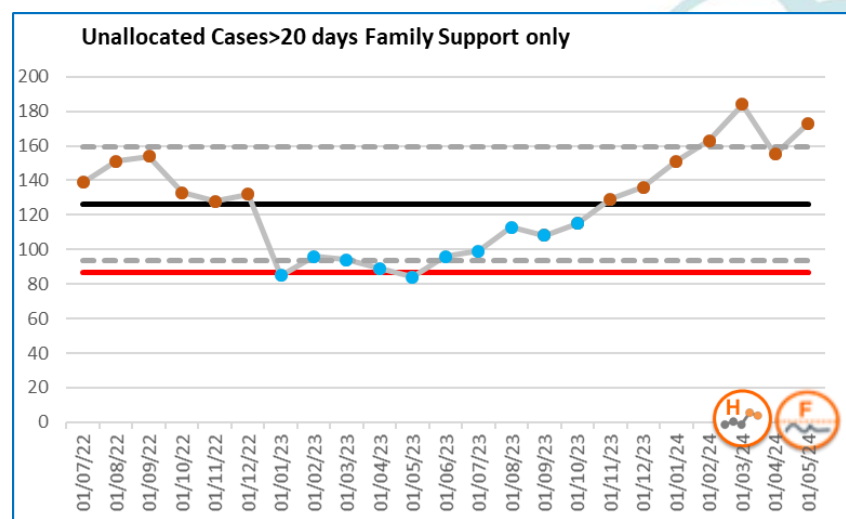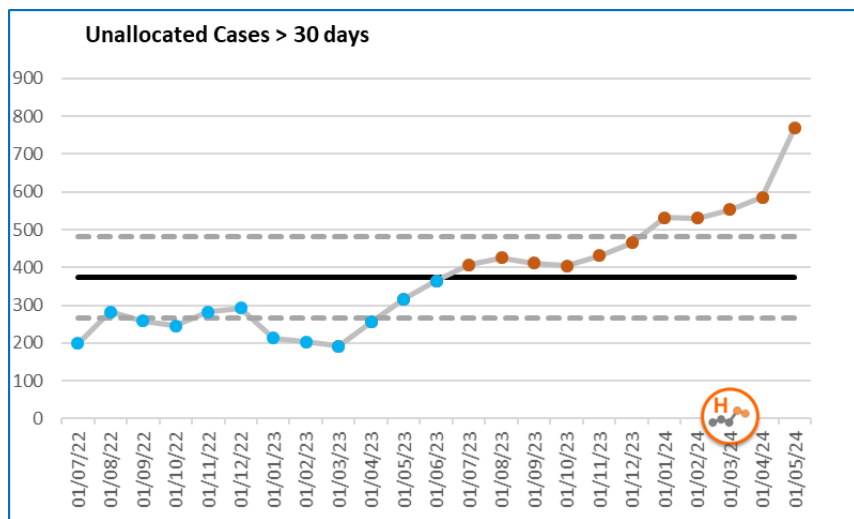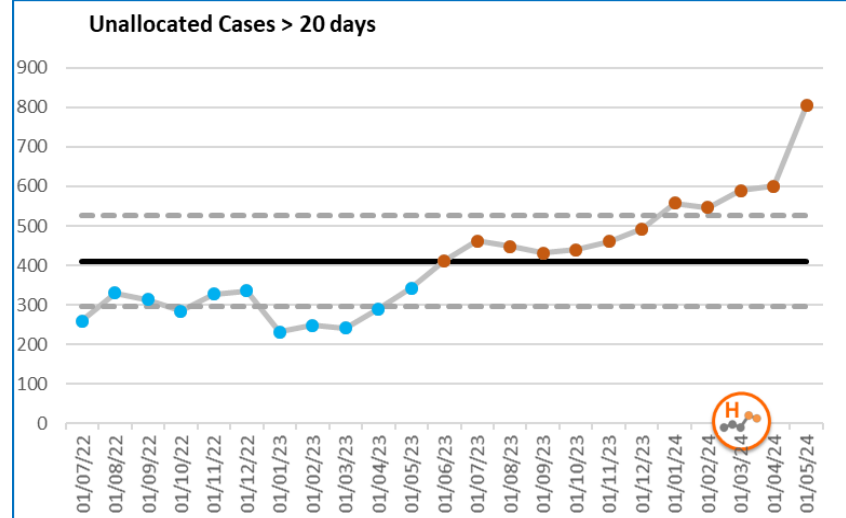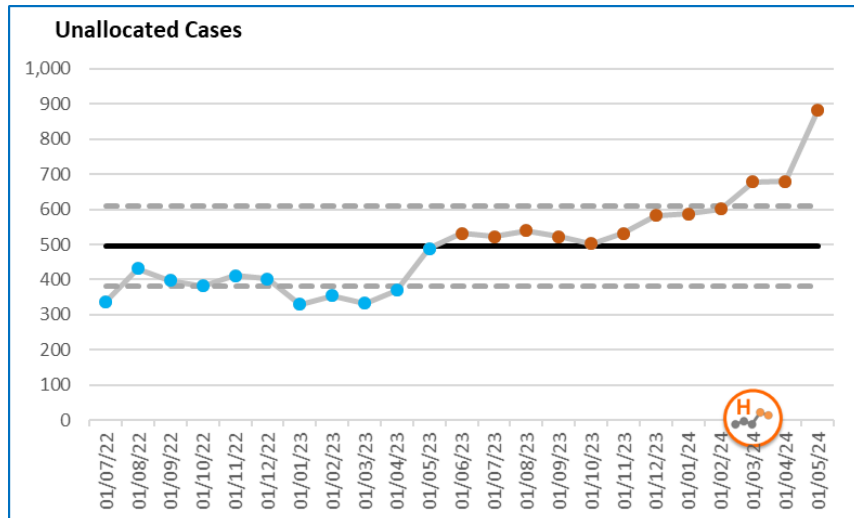
Unallocated Cases (1/2)
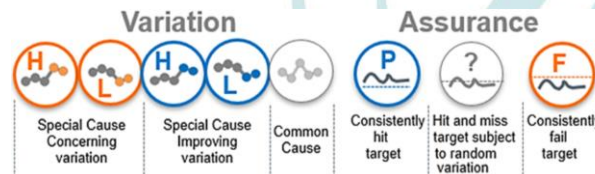
Unallocated Cases (2/2)

Unallocated cases (total, over 20 days and over 30 days) are from CPD targets and form part of the Corporate Strategic Priority – to reduce the number of unallocated cases in Children's Services. A new Service Delivery Plan metric for Family Support only is shown in the summary table.

In May 2024 there were 173 unallocated over 20 days, for the Family Support metric. These cases exclude unallocated cases for Gateway and Children's Disability Services.

In May 2024 there were 883 unallocated cases with 805 of these waiting over 20 days and 768 waiting over 30 days. This metric includes all unallocated cases.

Children's services have been actively working on improving case management related to the Waiting List (WL) or for those returned to the WL for cases assessed as LOW risk. The Collaborative Unallocated Process (CUP) model has been successfully implemented across Safeguarding Child and Family Teams and Children's Disability fieldwork teams.

Despite efforts to recruit and retain social work staff, there remains significant vacancy rate across these services. Currently Safeguarding rate is 29% and Children's Disability fieldwork teams is 38%. The waiting list therefore reflects demand exceeding service capacity, rather than a failure in control measures.

The Directorate continues to operate the Collaborative Unallocated Progress (CUP) across all Safeguarding and Children's Disability teams in the Trust; incremental improvements to the number of cases on the waiting list will be evident when workforce challenges improve. The Children's Services Waiting List Oversight Group is in place, co-chaired by the Assistant Directors for Safeguarding and Children's Disability.

More recently, the Children's Disability service has experienced a 66% reduction in staffing which has resulted in a significant proportion of cases being placed on an Unallocated list. The service has prioritised those cases who have a Looked After Child (LAC), Child protection and on the edge of care status for allocation, consequently there remains a significant number of Unallocated cases. The Assistant Director and Head of Service have commenced public engagement to explain the current circumstances and those measures that the Trust are planning to mitigate against the numbers awaiting.

Variation

Assurance

Special Cause Concerning variation | Special Cause Improving variation | Common Cause | Consistently hit target | Hit and miss target subject to random variation | Consistently fail target