

Integrated Performance Monitoring Report

July 2024

Paper Number: SET/75/24



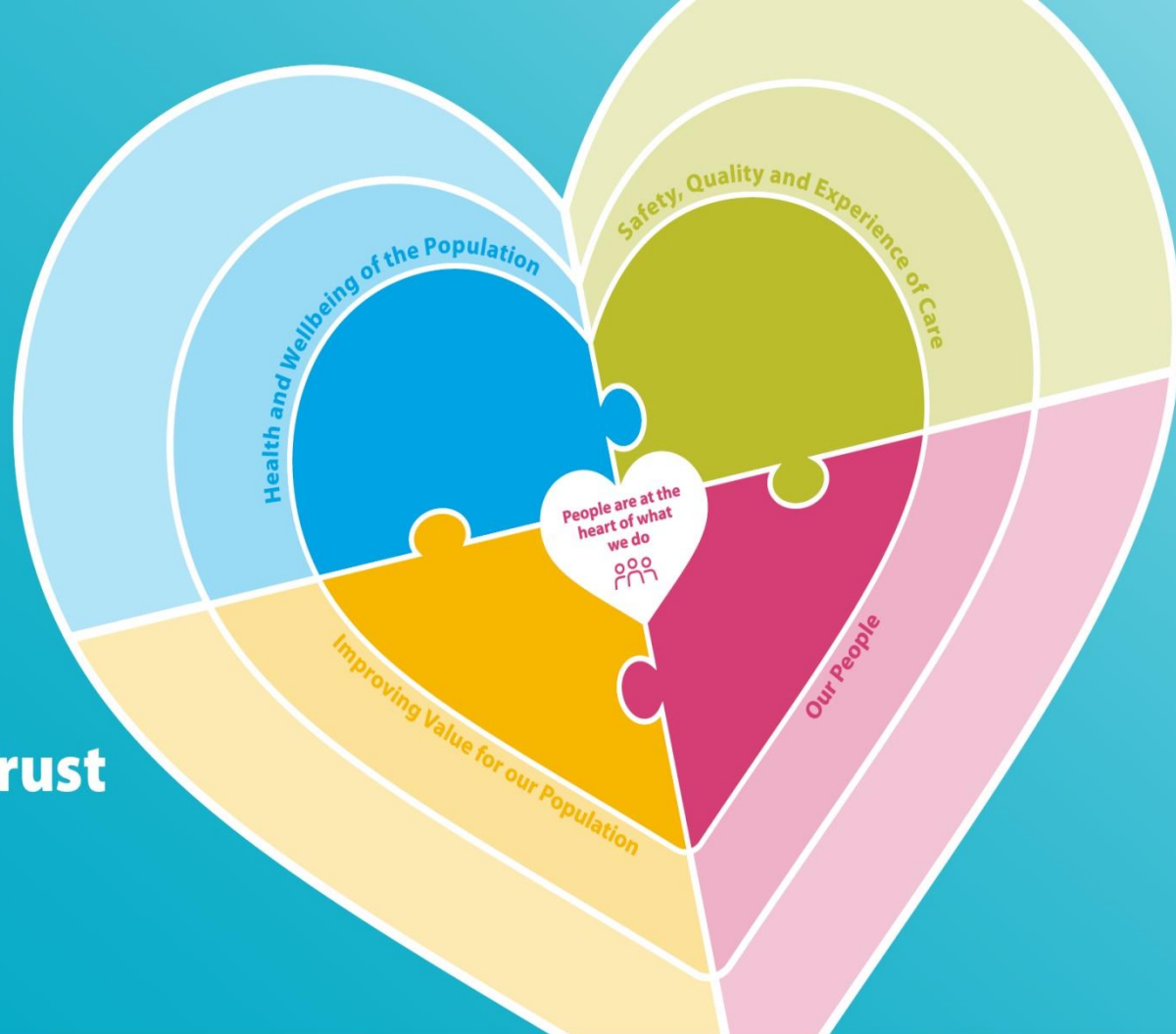
South Eastern Health
and Social Care Trust



South Eastern Health
and Social Care Trust

*Quality
4 All*

South Eastern HSC Trust Quality Strategy 2021-2026



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<	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

Overview

This Integrated Performance Management Report assesses the Trust position for July 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.



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 July 2024 is summarised below

Status against trajectory	Total	% of total SDP trajectories
Greater than 5%	14	29%
Between 0% and 5%	2	4%
Between -5% and -1%	6	13%
Less than -5%	26	54%
Total	48	



South Eastern Health
and Social Care Trust

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	3	13%	Community nursing – MUST* and Community nursing – MUST Skin Bundle* & Delayed discharges.
Medium	9	39%	Inpatients, Day cases, Outpatients, Psychological therapies, Adult mental health ,Antimicrobial resistance, Dementia, Complex Discharges & AHP activity.
High	11	48%	Adult social care, Average Length of Stay, Cardiac Services, Cdiff, Community dental, Community dental- general anaesthetic, Endoscopes, MRSA, Theatre, ED Performance & Cancer Services

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



South Eastern Health
and Social Care Trust

Statistical Process Control

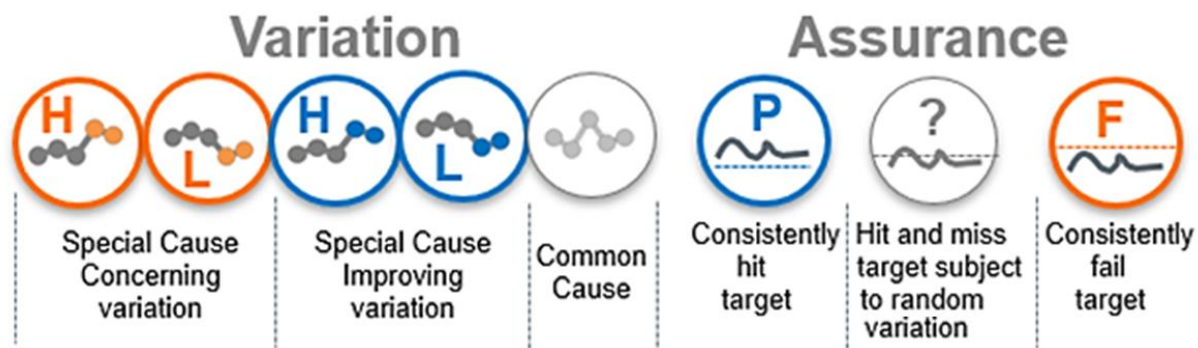
This report uses Statistical Process Control (SPC) charts throughout. SPC is an analytical technique that plots data over time. It helps us understand variation and in so doing guides us to take the most appropriate action.

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:



Safety, Quality and Experience of Care

HOSPITAL SERVICES



South Eastern Health
and Social Care Trust



Performance Summary

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

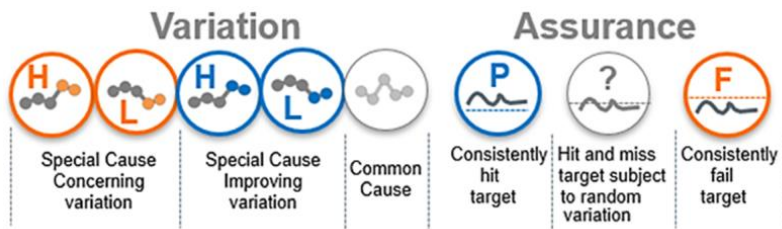
A summary table for all targets being monitored is included, this shows the previous month activity, the target (if applicable), an icon describing the variation shown and (if applicable) an icon showing the assurance against target.

















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

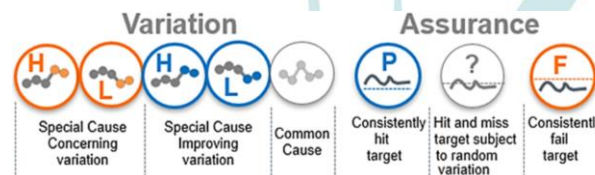
High-level metrics are being monitored weekly through the encompass Stabilisation Group to allow comparisons in reporting baselines in legacy systems and encompass. Individual specialty meetings are in progress to ensure baseline data is correct and reflects the correct activity in encompass, thereby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

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

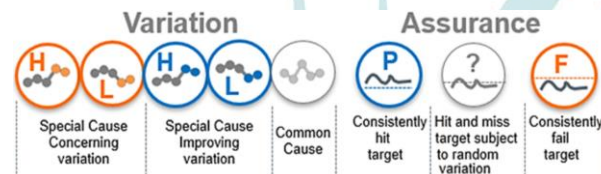
- Cancer 14 Day Activity
- 4hr % Downe
- Outpatients Contacts New (Face to Face and New Virtual)
- Outpatients Contacts Review and Review Virtual
- Inpatient Activity
- CT
- Endoscopy – DPC Only

















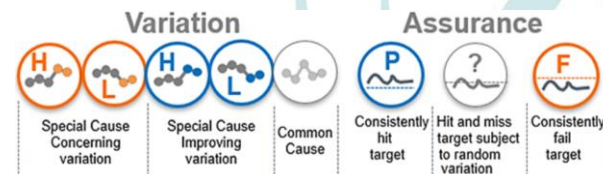
KPI	Latest month	Measure	Target	Variation	Assurance
Cancer 14 Day Activity	Jul 24	259	233		
Cancer 31 Day Activity	Jul 24	101	173		
Cancer 62 Day Activity	Jul 24	43.5	79.0		
Cancer 14 Day %	Jul 24	5%	100%		
Cancer 31 Day %	Jul 24	89%	98%		
Cancer 62 Day %	Jul 24	36%	95%		
Attendances - All SET	Jul 24	13489	-		
Attendances - Lagan Valley	Jul 24	1998	-		
Attendances - Downe	Jul 24	1486	-		
Attendances - Ulster ED and MIU	Jul 24	10005	-		



KPI	Latest month	Measure	Target	Variation	Assurance
4hr % - All SET	Jul 24	52%	95%		
4hr % - Lagan Valley	Jul 24	76%	95%		
4hr % - Downe	Jul 24	97%	95%		
4hr % - Ulster ED and MIU	Jul 24	41%	95%		
12hr Breaches - All SET	Jul 24	1902	-		
12hr Breaches - Lagan Valley	Jul 24	3	-		
12hr Breaches - Downe	Jul 24	0	-		
12hr Breaches - Ulster ED and MIU	Jul 24	1899	-		
Non-Elective Average Length of Stay	Jul 24	8.7	7.0		



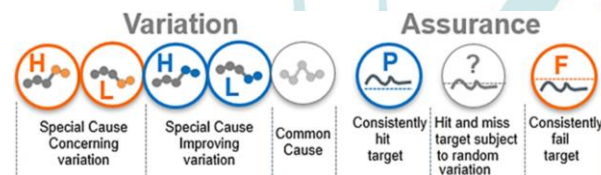
KPI	Latest month	Measure	Target	Variation	Assurance
Outpatient Contacts New	Jul 24	5947	7816		
Outpatient Contacts New Face to Face	Jul 24	5463	-		
Outpatient Contacts New Virtual	Jul 24	484	-		
Outpatient Contacts Review	Jul 24	12772	11970		
Outpatient Contacts Review Face to Face	Jul 24	9499	-		
Outpatient Contacts Review Virtual	Jul 24	3273	-		
Inpatient Activity	Jul 24	349	337		
Daycase Activity	Jul 24	1287	1781		
Endoscopy - 4 main scopes	Jun 24	487	810		

















KPI	Latest month	Measure	Target	Variation	Assurance
Cath Labs Procedures	Jul 24	44	55		
MRI	Jul 24	1140	1294		
CT	Jul 24	3960	2589		
NOUS	Jul 24	2933	2994		
Cardiac CT (incl CT TAVI Workup & excl Ca Scoring)	Jul 24	113	152		
Echo	Jul 24	1557	1033		
Endoscopy - DPC Only	Jun 24	534	500		



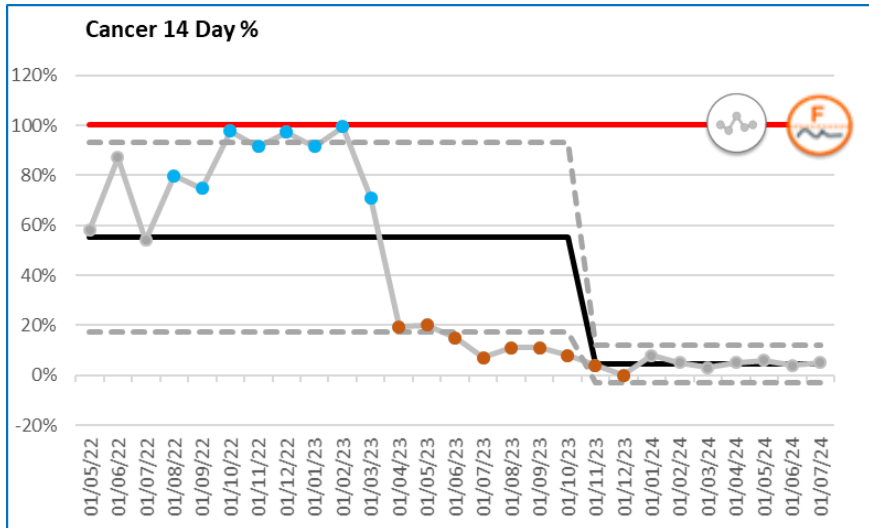
South Eastern Health
and Social Care Trust



KPI	Latest month	Measure	Regional Avg. 2022	Variation	Assurance
Number of Births	Jul 24	300	-		
% C-Sections	Jul 24	45%	38%		
# C-Sections	Jul 24	134	-		
% Elective C-Sections	Jul 24	25%	20%		
# Elective C-Sections	Jul 24	76	-		
% Emergency C-Sections	Jul 24	19%	18%		
# Emergency C-Sections	Jul 24	58	-		
% Instrumental Births	Jul 24	14%	11%		
# Instrumental Births	Jul 24	42	-		
Induction of Labour Rate	Jul 24	36%	-		

KPI	Latest month	Measure	Regional Avg. 2022	Variation	Assurance
% Spontaneous Vaginal Births	Jul 24	41%	50%		
# Spontaneous Vaginal Births	Jul 24	123	-		
Still Birth Rate (per 1000)	Jul 24	0	-		
Full Term Neonatal Unit (ICU) Admissions	Jul 24	13	-		
Post Partum Haemorrhage (>2000ml)	Jul 24	2%	-		
Shoulder Dystocia Rate	Jul 24	1%	-		

Cancer 14 day%



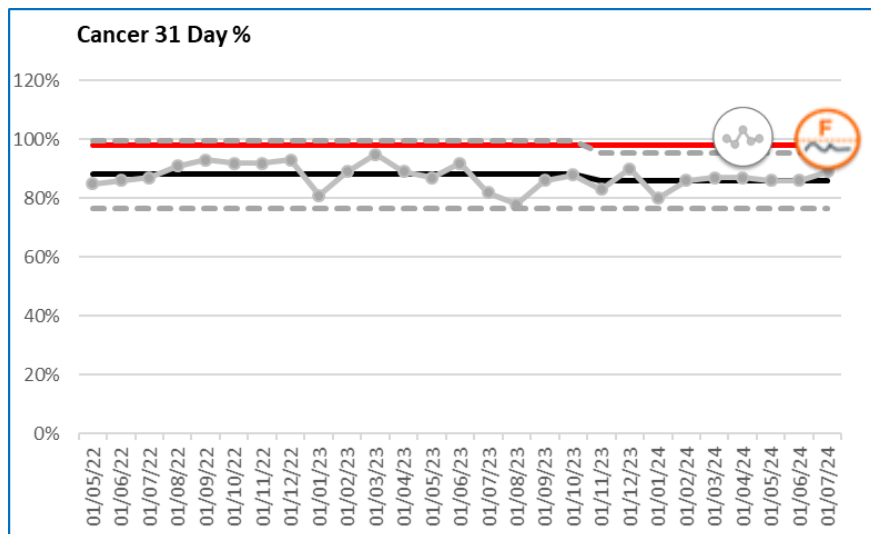
100% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 14 days.

The 'Cancer 14 Day %' metric relates to traditional CPD target and was 5% compared to the expected 100% July target.

Activity in July 24 remains high in comparison to the same period 2023 and also represented the highest month of activity since pre-encompass. This despite the July bank holiday. 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 14th August the longest waiting patient has been waiting for 9 days (without a date). Once the backlog is completely cleared performance against the 14 day target will improve.

Cancer 31 day%



100% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 14 days.

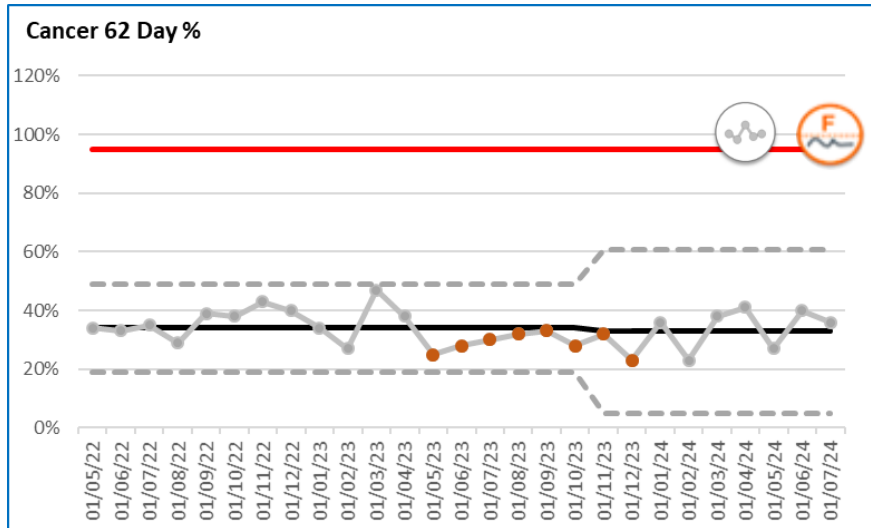
The 'Cancer 31 Day %' metric relates to traditional CPD target and was 89% compared to the expected 98% July target.

The Cancer Tracking team had been focusing on validation of statutory returns meaning the figure of 89% presented in this report is not a true reflection of performance for the 31 day target. The Cancer Tracking team have now switched back to tracking cancer pathways and monitoring performance. As pathways are closed this figure will increase.



South Eastern Health
and Social Care Trust

Cancer 62 day %



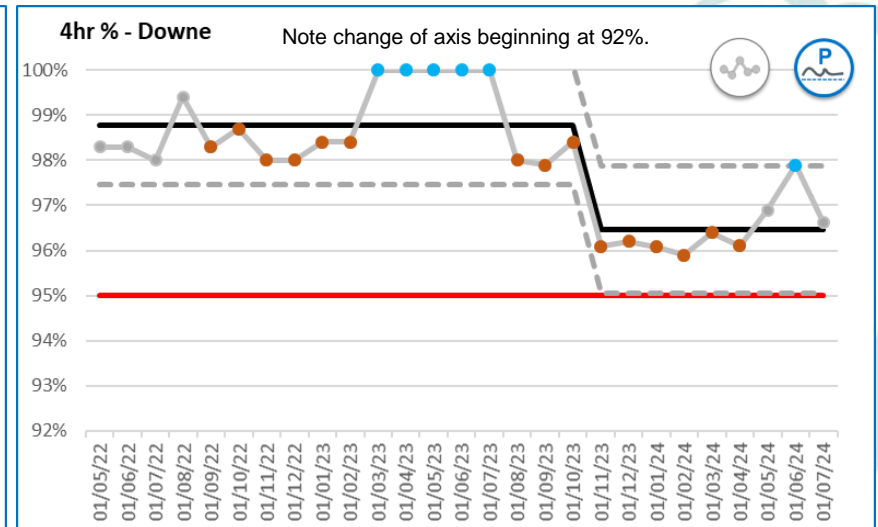
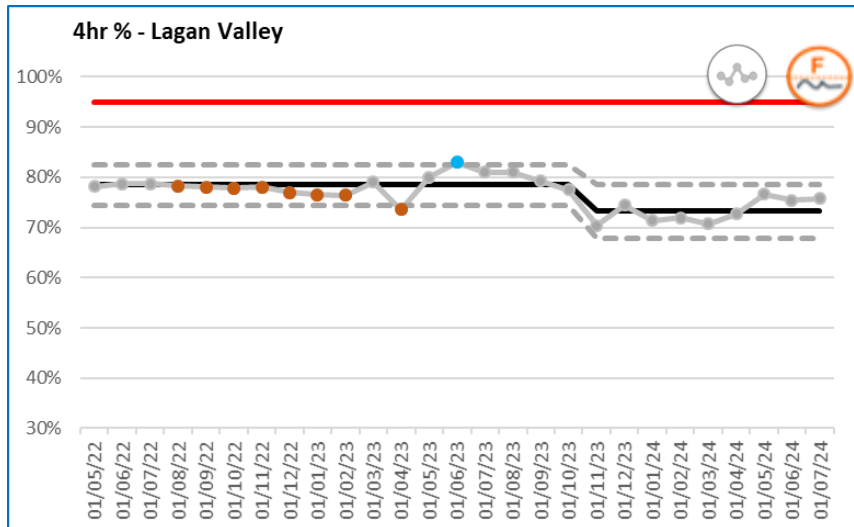
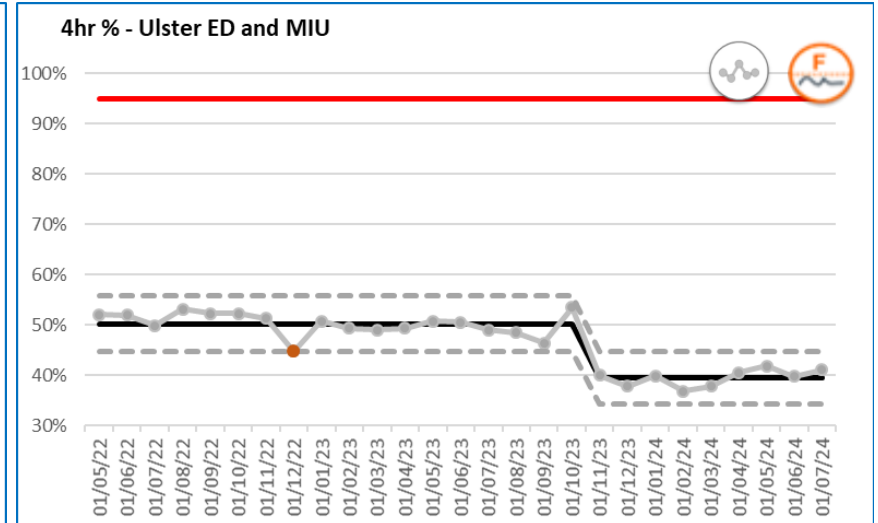
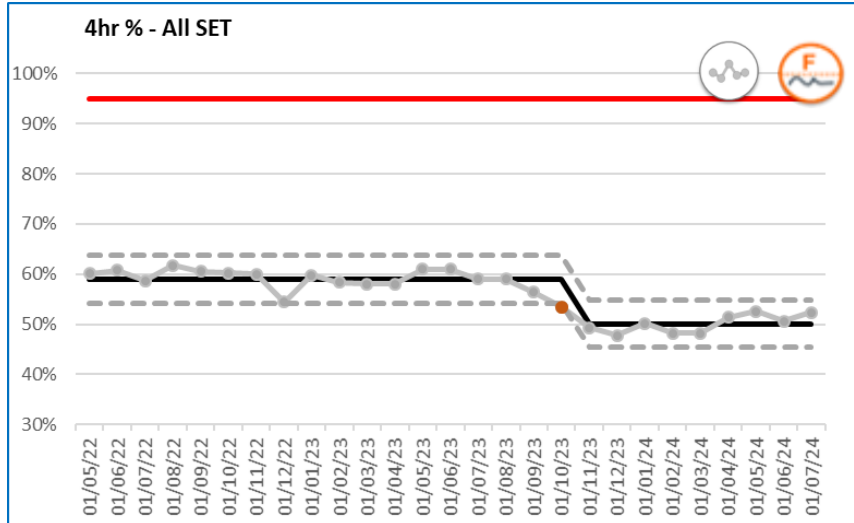
At least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.

The 'Cancer 62 Day %' metric relates to traditional CPD target and was 36% compared to the expected 95% July target.

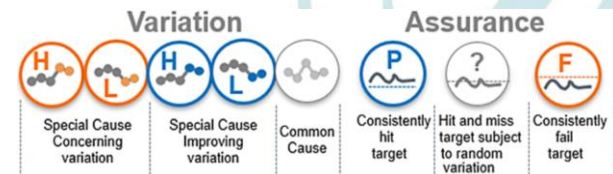
Delays in first outpatient appointment and diagnostics are being addressed through the use of WLI and IS with funding being made available for the remainder of 24/25 to support this. Clinic templates have been adjusted to maximise red flag capacity and seasonal templates enabled for dermatology to provide additional capacity over the summer months.

The Trust have also recently established a Cancer Oversight Group which meets twice per month. This group is in the process of developing plans to improve access to diagnostics procedures/imaging.

Unscheduled Care 4 Hour Target 1/2



South Eastern Health
and Social Care Trust



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.

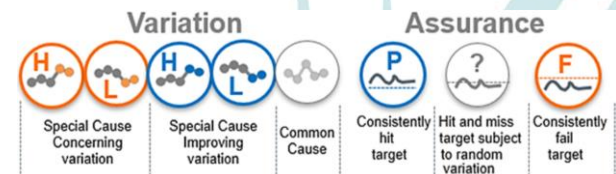
In July 2024 52% of all patients within the Emergency Departments across the South Eastern Trust met the 4 hour target. At the Ulster site the figure was 41%, Lagan Valley 76% and 97% in Downe Urgent Care Centre.

Ulster Hospital 41%: very small (1%) improvement on last month, however, attendances did drop slightly to 10,005 (still high) across ED/MIU.

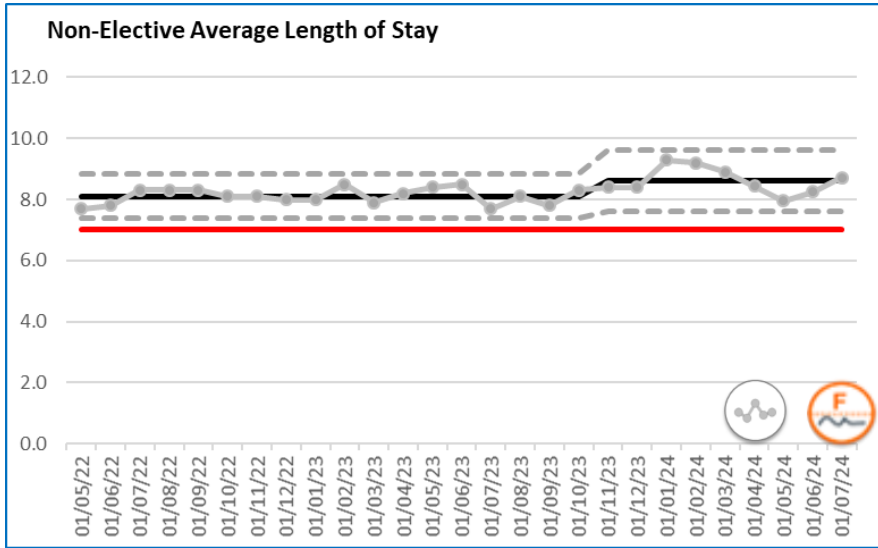
LVH 76%: again slight improvement (1%) on June, however, a more significant rise was seen in attendances from 1,766 to 1,998.

There were additional 59 patients in July when compared with June who waited over 12 hours in ED.

The experience for patients against the 4 hour performance standard and those waiting 12 hours or more in ED is not the standard we want for our patients. Unfortunately, this level of performance is reflective across the region and the Trust is engaged in focused improvement work to improve the timeliness of patient flow through ED, the hospital and onward into the community.



Non-Elective Average Length of Stay



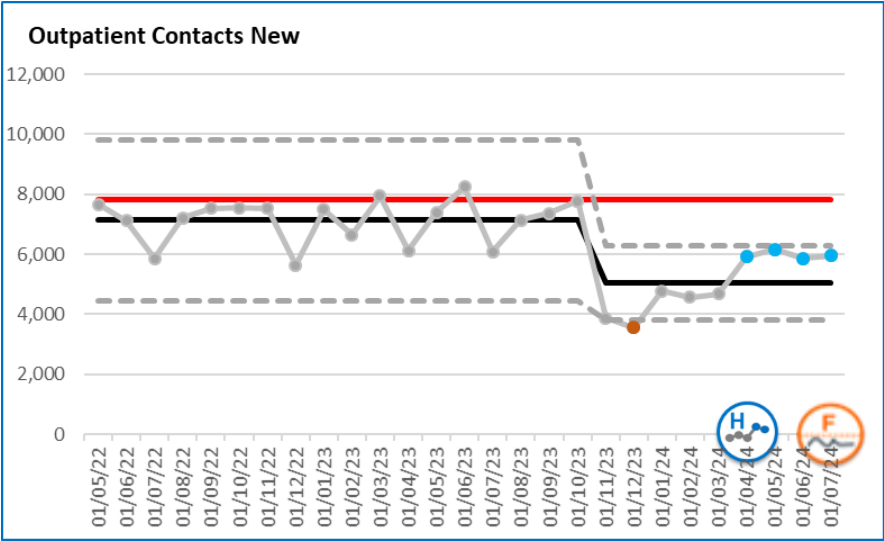
Non Elective Length of Stay at the Ulster Hospital is tracked as part of SDP monitoring. In July 2024 the average length of stay was 8.7 against an expected trajectory of 7.0.

Length of stay recording has changed since the introduction of encompass. The process now involves patients being transferred to other hospitals rather than admitting and discharging. This leads to an increased length of stay. Additionally there has been an increase in complex discharge patients waiting in hospital and increased ambulance arrivals which may result in higher acuity patients being admitted.



South Eastern Health
and Social Care Trust

Outpatient Contacts New



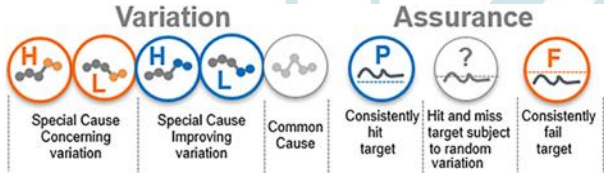
Outpatient New Contacts, including virtual, are tracked as part of SDP monitoring.

July 2024 recorded 5,947 new contacts against an expected trajectory of 7,816. This equates to 76% of expected activity.

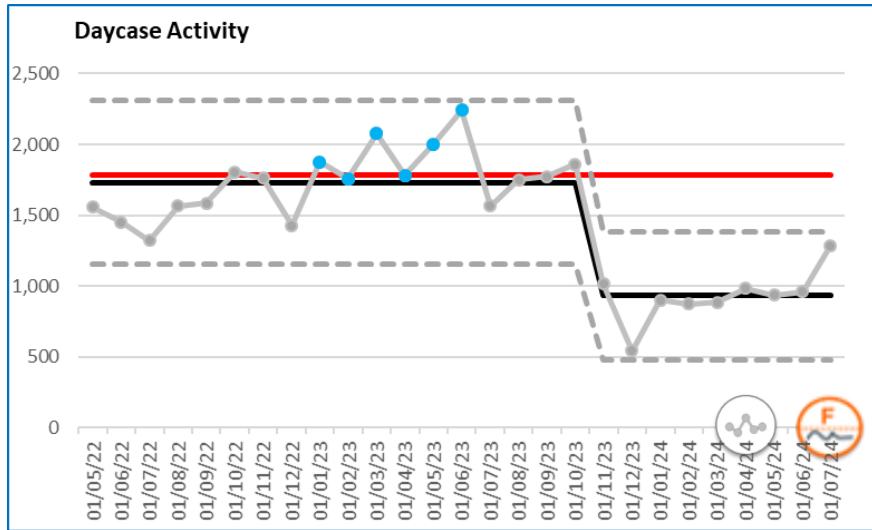
Outpatient activity in July 24, for both new and reviews, grew slightly on June 24, however, will have been impacted by the July Bank Holiday and staffing levels during a holiday period.



South Eastern Health
and Social Care Trust



Daycase Activity (Core Only)



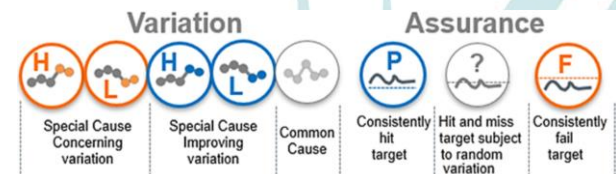
Daycase activity is tracked as part of SDP monitoring.

In July 2024 1,278 Daycases (Core Only) were delivered against an expected trajectory of 1,781. This equates to an expected trajectory of 72%.

As highlighted in previous Trust Board Reports 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, despite high levels of leave and the July Bank Holidays activity has jumped quite significantly vs June: 959 to 1287 (34%).



**South Eastern Health
and Social Care Trust**



Safety, Quality and Experience of Care

HEALTHCARE ACQUIRED INFECTIONS



South Eastern Health
and Social Care Trust



TITLE	Target	NARRATIVE	PERFORMANCE	TREND																												
HCAI	Targets (limits) were set by PHA for all HCAI's except GNBs.	2024/25: CDI: 8 < 48 hours : 21> 48 hours	<table><tr><td></td><td>Target 23/24</td><td>Outturn 23/24</td><td>Target 24/25</td><td>Target no. of cases / month</td><td>Avg cases as of end of July</td><td>April - July Episodes</td></tr><tr><td>C.difficile</td><td>55</td><td>72</td><td>64</td><td>5.33</td><td>7.25</td><td>29</td></tr><tr><td>MRSA</td><td>5</td><td>8</td><td>6</td><td>0.5</td><td>0.5</td><td>2</td></tr><tr><td>All Gram Negative#</td><td>39</td><td>95</td><td>39</td><td>3.25</td><td>7.25</td><td>29</td></tr></table>		Target 23/24	Outturn 23/24	Target 24/25	Target no. of cases / month	Avg cases as of end of July	April - July Episodes	C.difficile	55	72	64	5.33	7.25	29	MRSA	5	8	6	0.5	0.5	2	All Gram Negative#	39	95	39	3.25	7.25	29	
		Target 23/24	Outturn 23/24	Target 24/25	Target no. of cases / month	Avg cases as of end of July	April - July Episodes																									
	C.difficile	55	72	64	5.33	7.25	29																									
	MRSA	5	8	6	0.5	0.5	2																									
	All Gram Negative#	39	95	39	3.25	7.25	29																									
The new targets set by PHA were that by March 2025 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.	MRSA :1 < 48 hours, :1> 48 hours																															
	Gram Negative Bacteraemias Reportable only if >48hrs																															
	E.coli :24 Pseudo. Aeruginosa : 1 Klebsiella Oxytoca: 0 Klebsiella Pneumoniae: 4																															
 All HCAI's are actively monitored and any preventative measures are taken once identified.																															
The E.coli 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.																																

Safety, Quality and Experience of Care

PRIMARY CARE AND OLDER PEOPLE



South Eastern Health
and Social Care Trust



Performance Summary

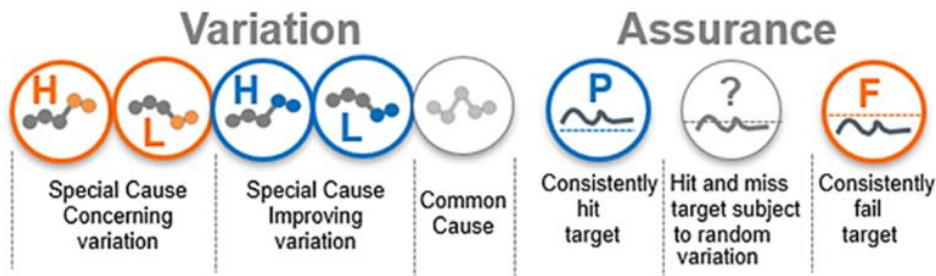
Primary Care and Older People Performance Summary is comprised of key Service Delivery Plan metrics and targets relating to the strategic priority of Domiciliary Care.
















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.














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









- Speech and Language Therapy New Contacts
- Dietetics Review
- Orthoptics New and Review Contacts
- Podiatry New



KPI	Latest month	Measure	Target	Variation	Assurance
CDS Contacts New	Jul 24	261	241		
CDS Contact Review	Jul 24	905	921		
Complex Discharges (n)	Jul 24	440	-		
Complex Discharges < 48hrs - All SET	Jul 24	48%	90%		
Complex Discharges < 7 days	Jul 24	88%	100%		
AHP < 13 weeks	Jul 24	56%	100%		
District Nursing Contacts	Jul 24	27970	22877		
CDS General Anaesthetic Ulster	Jul 24	57	75		

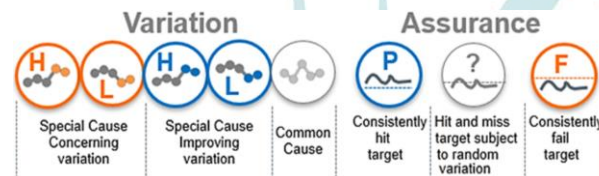
KPI	Latest month	Measure	Target	Variation	Assurance
Speech & Language Therapy New Contacts	Jul 24	451	280		
Speech & Language Therapy Review Contacts	Jul 24	1710	1912		
Physio New	Jul 24	2133	2214		
Physio Review	Jul 24	5150	6366		
Occupational Therapy New	Jul 24	862	1101		
Occupational Therapy Review	Jul 24	1471	3344		
Dietetics New	Jul 24	752	737		
Dietetics Review	Jul 24	1208	1039		
Orthoptics New	Jul 24	339	139		
Orthoptics Review	Jul 24	490	288		
Podiatry New	Jul 24	480	571		
Podiatry Review	Jul 24	2333	3470		

KPI	Latest month	Measure	Target	Variation	Assurance
Occupational Therapy Number on WL	Jul 24	3082	-		
Occupational Therapy >13 Week Waits	Jul 24	1667	0		
Orthoptics Number on WL	Jul 24	482	-		
Orthoptics >13 Week Waits	Jul 24	51	0		
Podiatry Number on WL	Jul 24	4631	-		
Podiatry >13 Week Waits	Jul 24	2116	0		
Physiotherapy Number on WL	Jul 24	9217	-		
Physiotherapy >13 Week Waits	Jul 24	4273	0		
Dietetics Number on WL	Jul 24	2200	-		

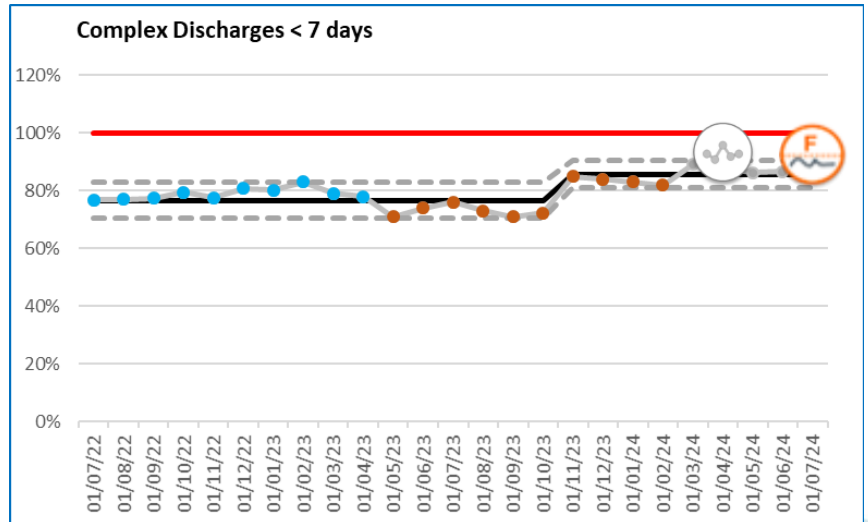
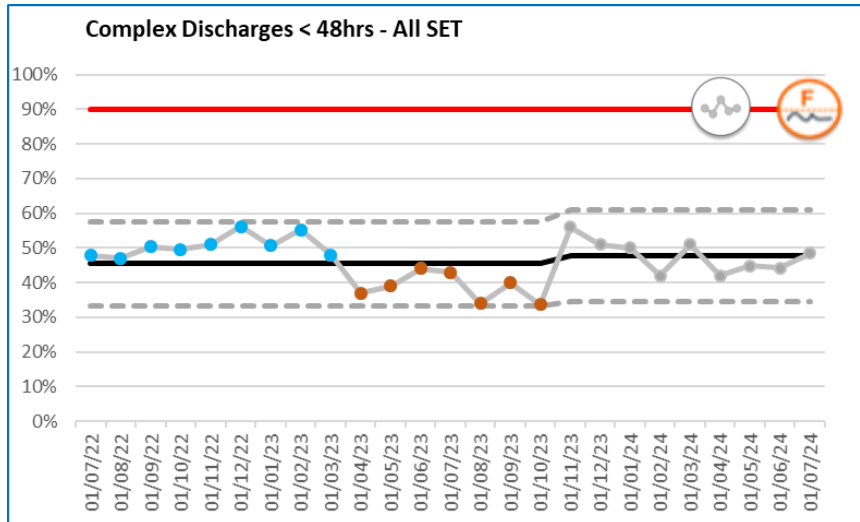
KPI	Latest month	Measure	Target	Variation	Assurance
Dietetics >13 Week Waits	Jul 24	671	0		
Speech and Language Therapy Adult Number on WL	Jul 24	954	-		
Speech and Language Therapy Adult >13 Week Waits	Jul 24	391	0		
Speech and Language Therapy Child Number on WL	Jul 24	422	-		
Speech and Language Therapy Child >13 Week Waits	Jul 24	131	0		



South Eastern Health
and Social Care Trust



Complex Discharges

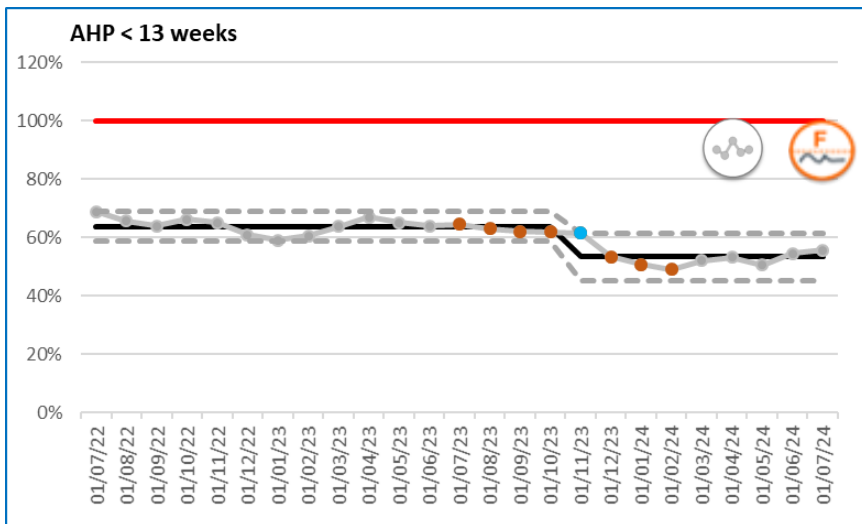


90% of complex discharges should take place within 48 hours. No complex discharge should take longer than 7 days. These metrics are included from the CPD reporting targets. All qualifying patients (any Trust of Residence) in SET beds.

In July 2024, 48% of complex discharges were completed within 48 hours against the 90% target. 88% of complex discharges were completed within 7 days against a target of 100%.

Accurate reporting on complex discharge performance is still being affected by the introduction of encompass. Work is underway to determine the logic required for reporting and this will require regional agreement. Additionally, data accuracy is dependent on the timely recording of patients as being medically ready for discharge on encompass. Regular audits are being conducted regarding this, and last audit identified that 10% of patients recorded as complex delays were not being made medically ready on the system. End users are reminded of the importance of timely recording, and in time this factor affecting performance will be fully addressed as staff become more familiar with the system.

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 July 2024 56% of patients received treatment within 13 weeks against the 100% target. Breakdown by specialty is shown in the summary table.

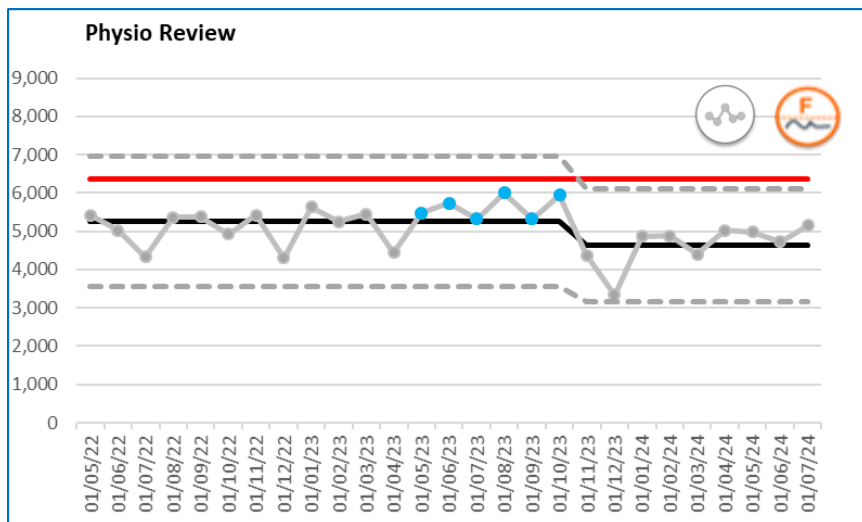
AHP Services have a high vacancy rate which is impacting both scheduled and unscheduled services. This is compounded by high maternity rates and significant long term sick leave absence, although compassionate robust absence management has reduced overall absence rates in most clinical areas. This is particularly affecting encompass reporting data quality issues, although improving, continue with AHP services.

Services are working with information colleagues to quality assure and improve reporting. This means that a number of patients across all services remain on the waiting lists although they have already been seen. Work to cleanse the waiting lists continues and is an on-going process.

Complex work flow processes in all professions continue to require longer time to complete.

All AHP services have invested time in supporting Belfast during go-live and this continues. Staff have spent time in Belfast during and post go live. They have also accommodated colleagues visiting from Belfast to see system in action. Northern Trust requests for support now coming in so activity will continue to be impacted by the on-going need to pay it back support which is essential to support our colleagues.

Physio Review Contacts



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

July 2024 recorded 5,150 review contacts against an expected trajectory of 6,366. This equates to 81% of expected activity.

Maternity Leave 7.8 whole time equivalent (10 head count)

Sickness 6.72 (9 head count)

Vacancy over 50 vacant Physio posts throughout Trust.

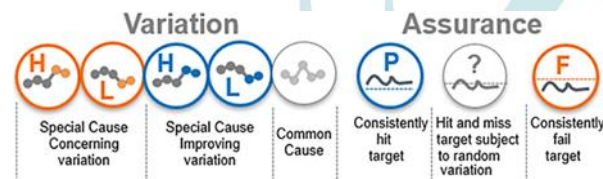
Persistent staff vacancy in specific areas continues to impact activity levels.

Focused effort to reduce patients waiting has improved new contacts but impacts capacity for review activity.

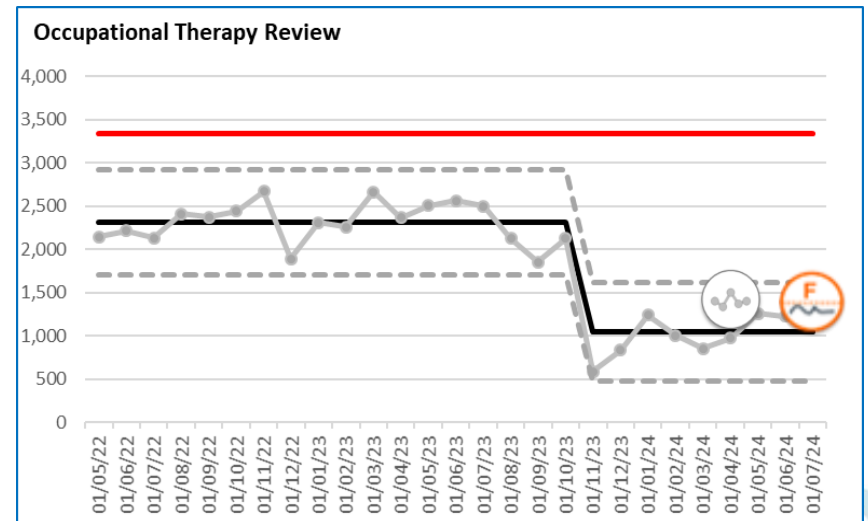
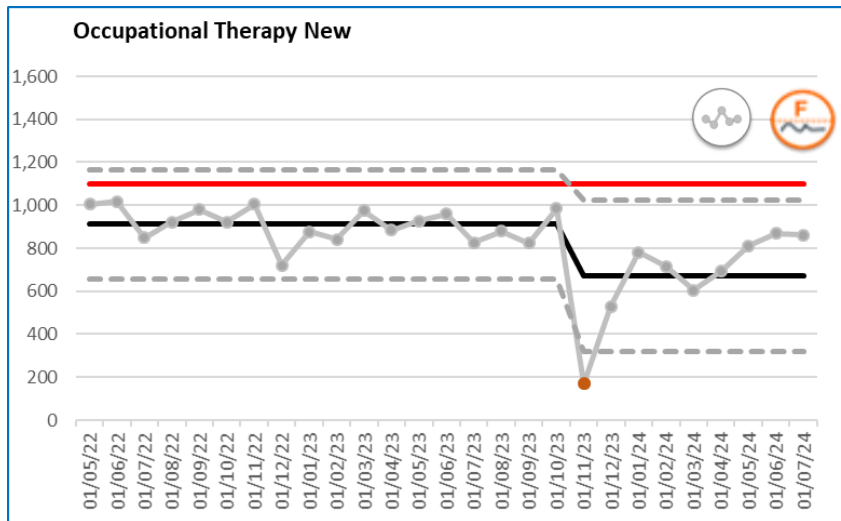
Work is continuing to improve reporting in a number of physiotherapy teams to ensure all activity is captured correctly.



**South Eastern Health
and Social Care Trust**



Occupational Therapy New and Review Contacts



Occupational Therapy Contacts are monitored as part of the Service Delivery Plan.

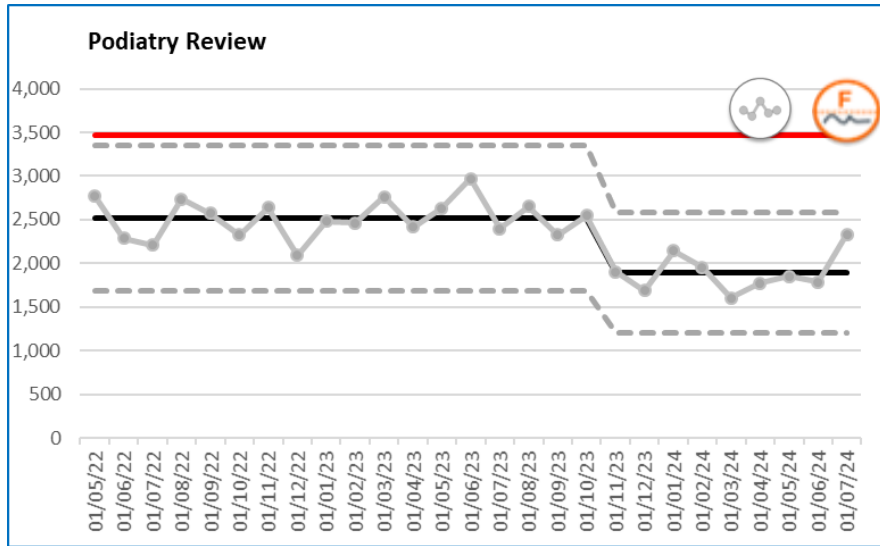
July 2024 recorded 862 new contacts against an expected trajectory of 1,101. This equates to 78% of expected activity. 1,471 review contacts were seen against an expected trajectory of 3,344. This equates to 44% of expected activity.

18 whole time equivalent current vacancies (11% Workforce); 9 staff on Maternity Leave (6% Workforce).

Large number of referrals with a higher degree of complexity living in the community, requiring more intensive intervention over a longer period of time which has affected capacity. Initiatives such as waiting list validations, introduction of community clinics and other efforts to maximise capacity continue. Work continues to improve reporting to ensure all activity is captured correctly.

Significant activity that was counted as review activity prior to the implementation of encompass is now considered as indirect activity and does not form part of the data for submission. Previous levels of activity will not be reached as a result of this change in reporting.

Podiatry Review Contacts



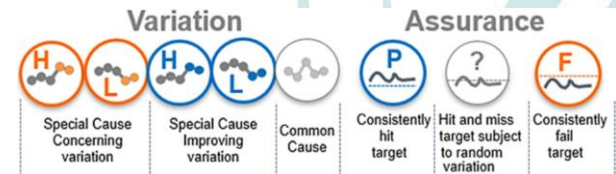
Podiatry New and Review Contacts are monitored as part of the Service Delivery Plan.

July 2024 recorded 2,333 review contacts against an expected trajectory of 3,470. This equates to 67% of expected activity.

A number of key vacancies in small team, particularly at senior levels continues to significantly impact activity.



**South Eastern Health
and Social Care Trust**



Safety, Quality and Experience of Care

ADULT SERVICES AND PRISON HEALTHCARE



South Eastern Health
and Social Care Trust



Performance Summary

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

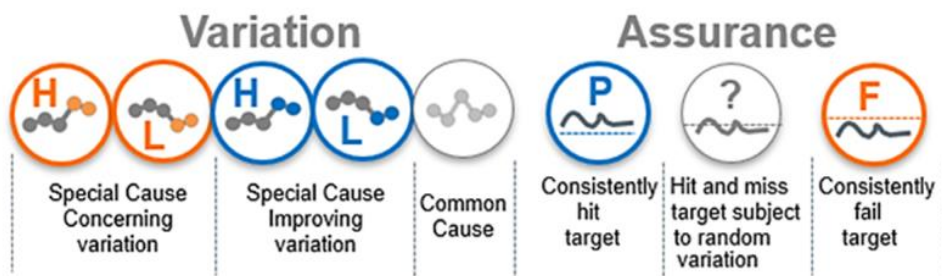
A summary table for all targets being monitored is included, this shows the previous month activity, the target (if applicable), an icon describing the variation shown and (if applicable) an icon showing the assurance against target.













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.

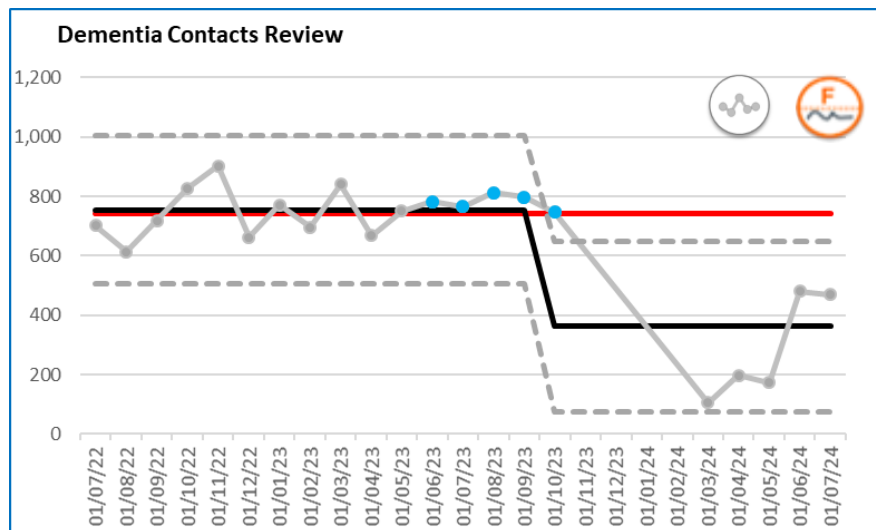
In July 2024 the following metrics monitored have had either an improving variation or consistently hit their target

- Dementia Contacts New



KPI	Latest month	Measure	Target	Variation	Assurance
Adult Mental Health Non-Inpatient New	Jul 24	1020	805		
Adult Mental Health Non-Inpatient Review	Jul 24	4445	5867		
Psychological Therapies - New Contacts	Jul 24	177	116		
Psychological Therapies - Review Contacts	Jul 24	1578	1726		
Dementia Contacts New	Jul 24	168	149		
Dementia Contacts Review	Jul 24	470	741		

Dementia Contacts Review



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.

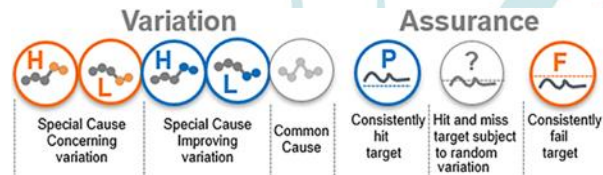
July 2024 recorded 470 review contacts against an expected trajectory of 741. This equates to 63% of expected activity.

Numbers are artificially low and do not reflect activity levels across both Outpatient and Community Teams. Data reported here includes new patients who have been processed using a new regionally agreed triage form. Implementation of this began at the end of April 2024. Post April 2024, a decision has been made to apply a dementia/functional split to all patients in the system not otherwise accounted for.

The majority of review patients in the system are not identified as dementia patients, and the split continues to apply. Future approaches, and/or the need and methodology to retrospectively capture this information will be subject to regional agreement.



**South Eastern Health
and Social Care Trust**



Safety, Quality and Experience of Care

CHILDREN'S SERVICES



South Eastern Health
and Social Care Trust



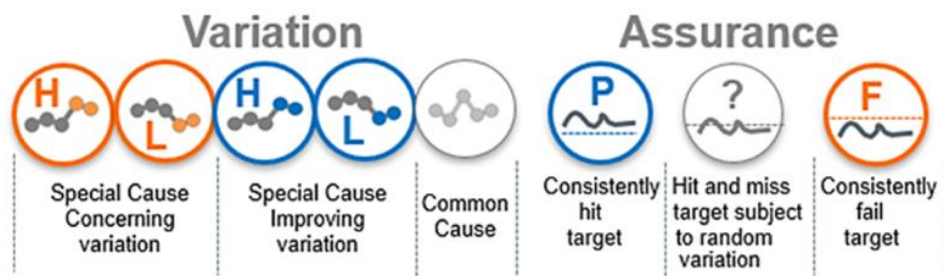
Performance Summary















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

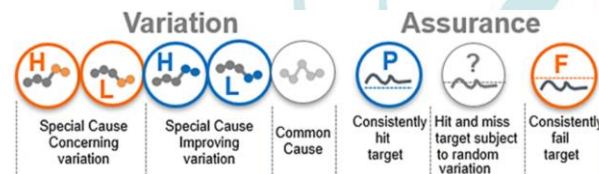
A summary table for all targets being monitored is included, this shows the previous month activity, the target (if applicable), an icon describing the variation shown and (if applicable) an icon showing the assurance against target.

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

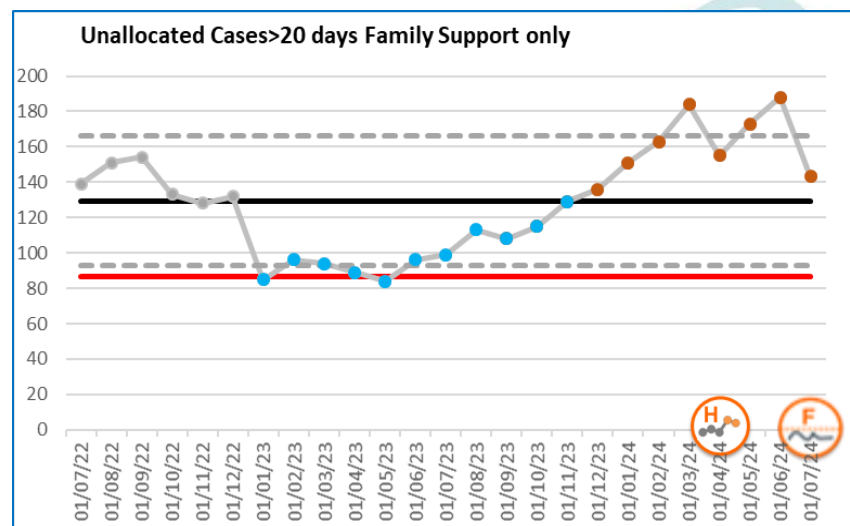
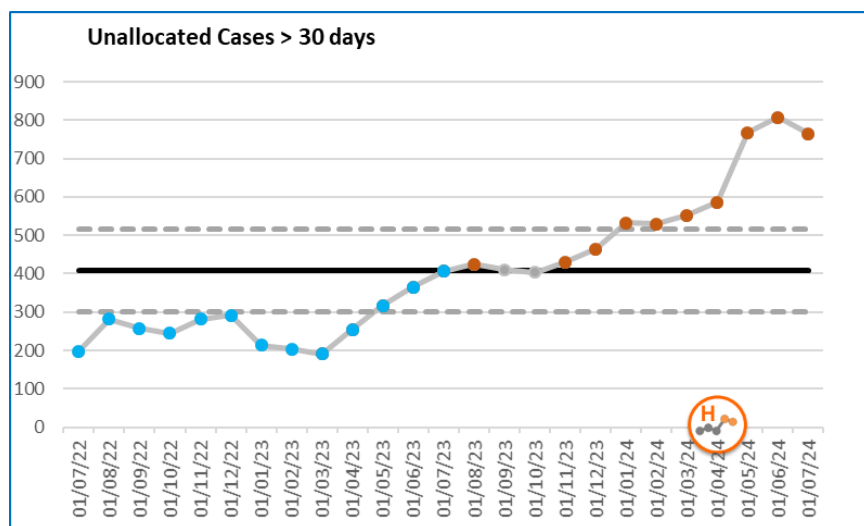
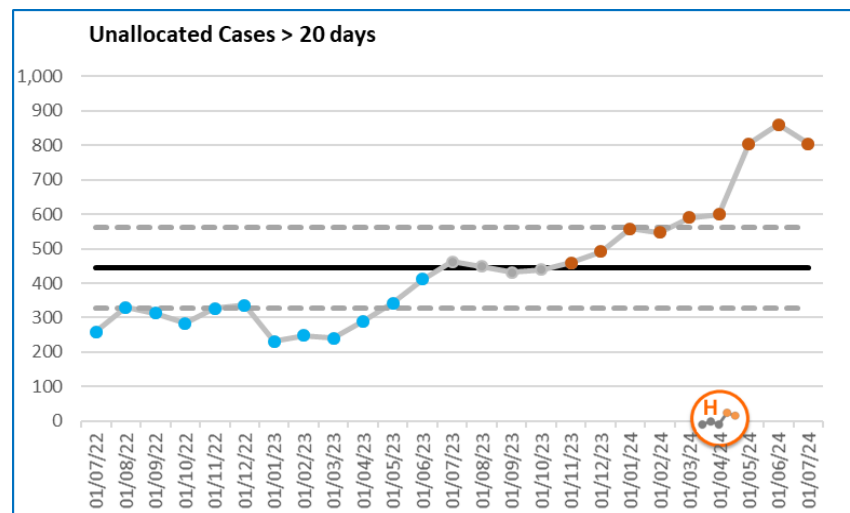
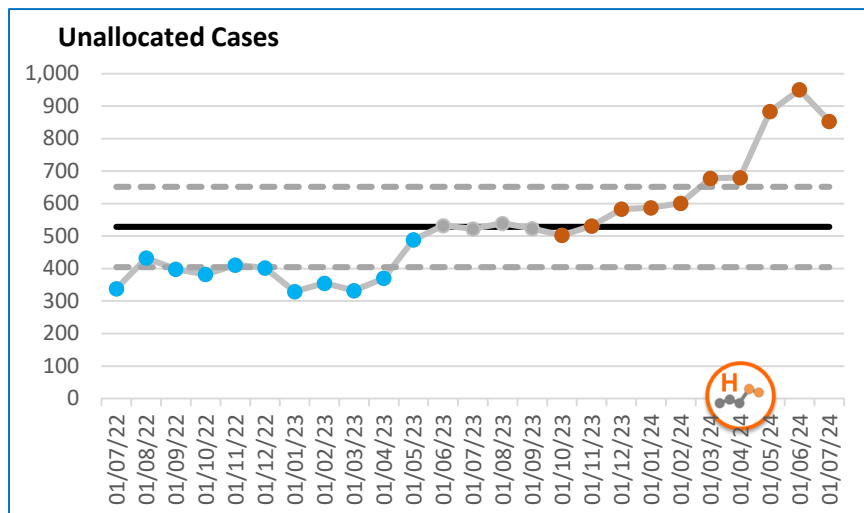
In July 2024 no metrics monitored have had either an improving variation or consistently hit their target



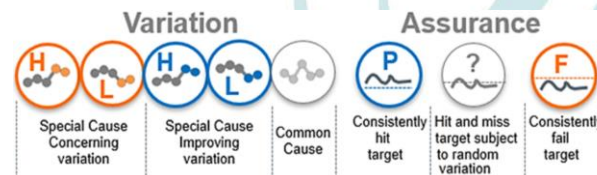
KPI	Latest month	Measure	Target	Variation	Assurance
Initial Family Assessments Completed	Apr 24	101	-		
Unallocated Cases	Jul 24	853	-		
Unallocated Cases > 20 days	Jul 24	804	-		
Unallocated Cases > 30 days	Jul 24	765	-		
% of review CP case conferences held with 3 months	Apr 24	100%	85%		
Total reviews held within 3 months	Apr 24	19	-		
% of subsequent CP case conferences held within 6 months	Apr 24	100%	89%		
Total subsequent reviews held within 6 months	Apr 24	17	-		
% of Initial child protection cases conferences held within 15 days	Apr 24	85%	84%		
Unallocated Cases>20 days Family Support only	Jul 24	143	86		



Unallocated Cases (1/2)



South Eastern Health
and Social Care Trust



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 July 2024 there were 143 unallocated over 20 days, for the Family Support metric. These cases exclude unallocated cases for Gateway and Children’s Disability Services.

In July 2024 there were 853 unallocated cases with 804 of these waiting over 20 days and 765 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. In July 2024 602 out of the 804 unallocated referrals greater than 20 working days were in the Disability

Despite efforts to recruit and retain social work staff, there remains significant vacancy rate across these services. Currently Safeguarding rate is 21% and Children’s Disability fieldwork teams is 62%. 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 Assistant Directors for Safeguarding and Children’s Disability.

The Children’s Disability 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 mitigation measures. Specific remedial measures also being taken forward include:

- Dedicated recruitment campaign within Children’s Disability Service to address workforce deficits.
- Adoption of the revised regionally agreed Children with Disability service criteria.
- Development of an enhanced ASD/Neurodevelopmental service by January 2025.
- Adoption of the new regional Transition Protocol enabling young people aged 18+ in the service to transfer to Adult Services.

