

Integrated Performance Monitoring Report

August 2024

Paper Number: SET/88/24



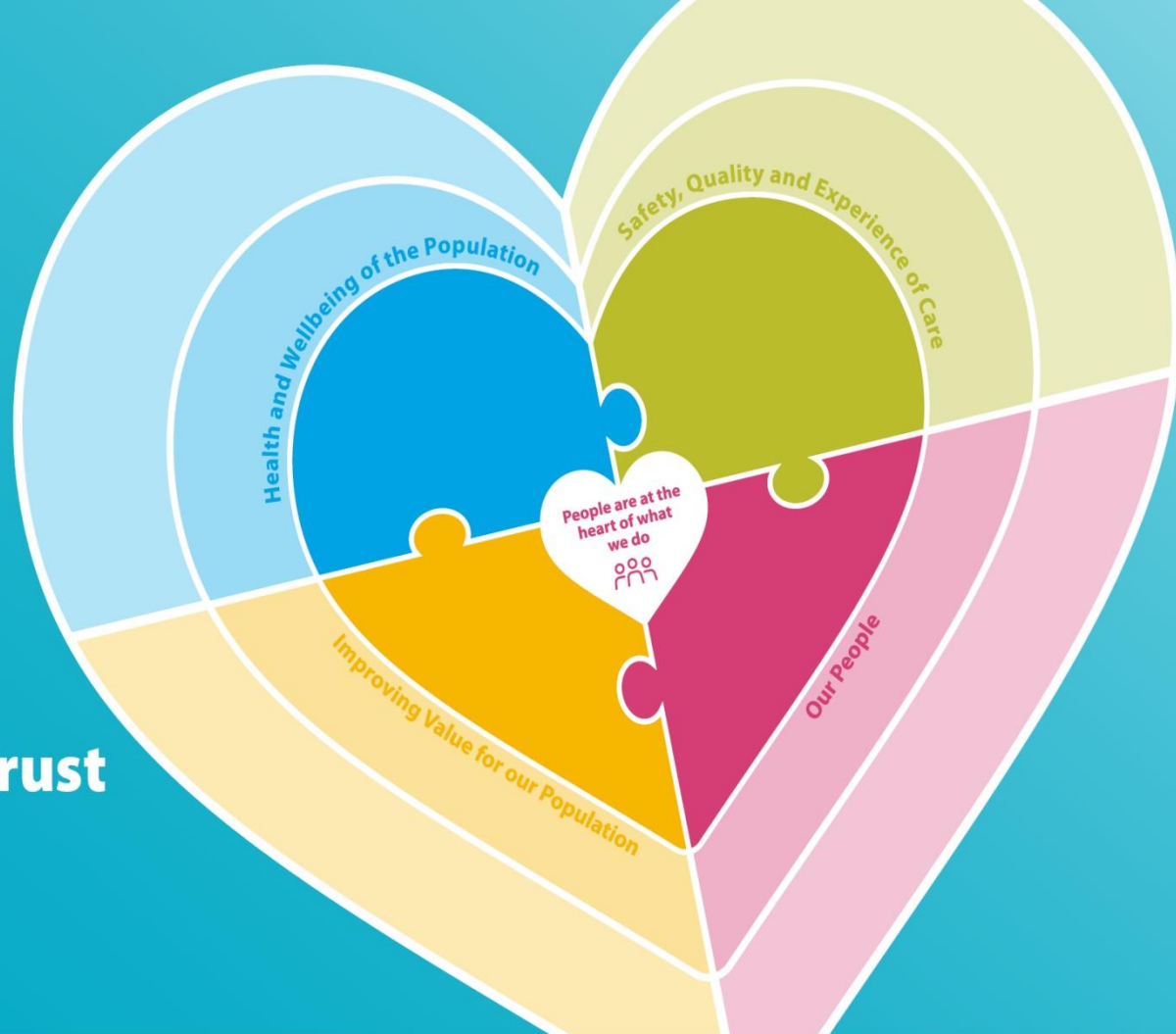
South Eastern Health
and Social Care Trust



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*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 August 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 are Frailty, Workforce (Our People) and Encompass. These are 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 August 2024 is summarised below

Status against trajectory	Total	% of total SDP trajectories
Greater than 5%	12	25%
Between 0% and 5%	1	2%
Between -5% and -1%	4	8%
Less than -5%	31	65%
Total	48	



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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	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.



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Statistical Process Control

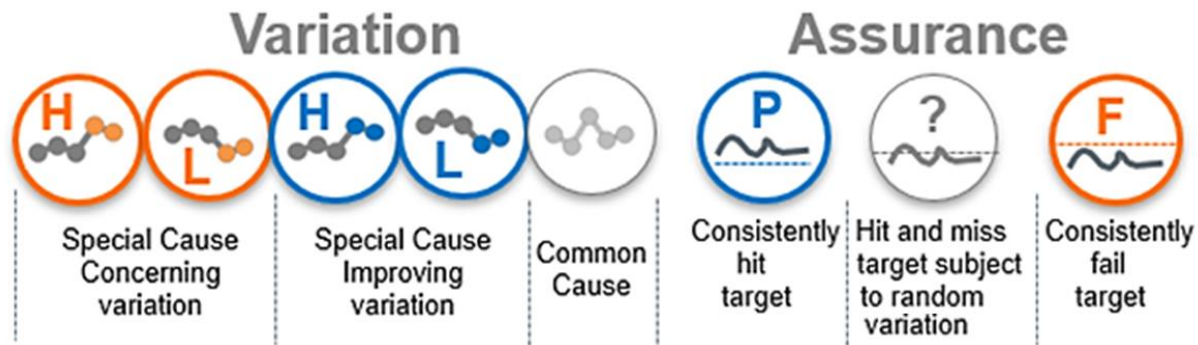
This report uses Statistical Process Control (SPC) charts throughout. SPC is an analytical technique that plots data over time. It helps us understand variation and in so doing guides us to take the most appropriate action.

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:



Safety, Quality and Experience of Care

HOSPITAL SERVICES



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Performance Summary

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

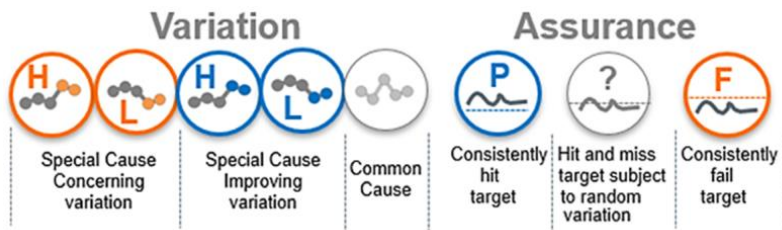
A summary table for all targets being monitored is included, this shows the previous month activity, the target (if applicable), an icon describing the variation shown and (if applicable) an icon showing the assurance against target.

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

- 4hr% - Downe
- Outpatients Contacts Review Face to Face & Review Virtual
- CT
- ECHO



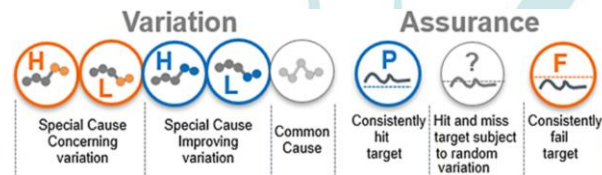
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KPI	Latest month	Measure	Target	Variation	Assurance
Cancer 14 Day Activity	Aug 24	230	209		
Cancer 31 Day Activity	Aug 24	77	162		
Cancer 62 Day Activity	Aug 24	49.0	76.0		
Cancer 14 Day %	Aug 24	7%	100%		
Cancer 31 Day %	Aug 24	94%	98%		
Cancer 62 Day %	Aug 24	23%	95%		
Attendances - All SET	Aug 24	13488	-		
Attendances - Lagan Valley	Aug 24	1947	-		
Attendances - Downe	Aug 24	1480	-		
Attendances - Ulster ED and MIU	Aug 24	10061	-		

NB: Cancer 31 day % & 62 day % figures are finalised 6-8 weeks after submission due to delays in pathology.



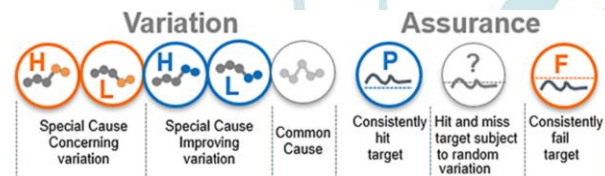
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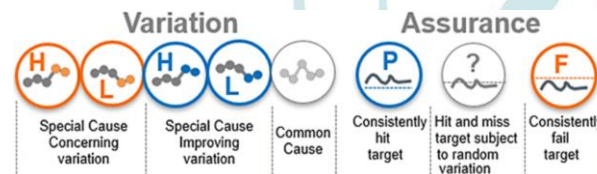
KPI	Latest month	Measure	Target	Variation	Assurance
4hr % - All SET	Aug 24	52%	95%		
4hr % - Lagan Valley	Aug 24	76%	95%		
4hr % - Downe	Aug 24	97%	95%		
4hr % - Ulster ED and MIU	Aug 24	41%	95%		
12hr Breaches - All SET	Aug 24	2162	-		
12hr Breaches - Lagan Valley	Aug 24	2	-		
12hr Breaches - Downe	Aug 24	1	-		
12hr Breaches - Ulster ED and MIU	Aug 24	2159	-		
Non-Elective Average Length of Stay	Aug 24	8.2	7.0		



















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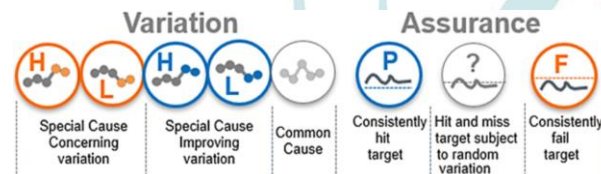









KPI	Latest month	Measure	Target	Variation	Assurance
Outpatient Contacts New	Aug 24	5039	7313		
Outpatient Contacts New Face to Face	Aug 24	4646	-		
Outpatient Contacts New Virtual	Aug 24	393	-		
Outpatient Contacts Review	Aug 24	11929	10758		
Outpatient Contacts Review Face to Face	Aug 24	8826	-		
Outpatient Contacts Review Virtual	Aug 24	3103	-		
Inpatient Activity	Aug 24	303	341		
Daycase Activity	Aug 24	1249	1526		
Endoscopy - 4 main scopes	Jul 24	663	764		



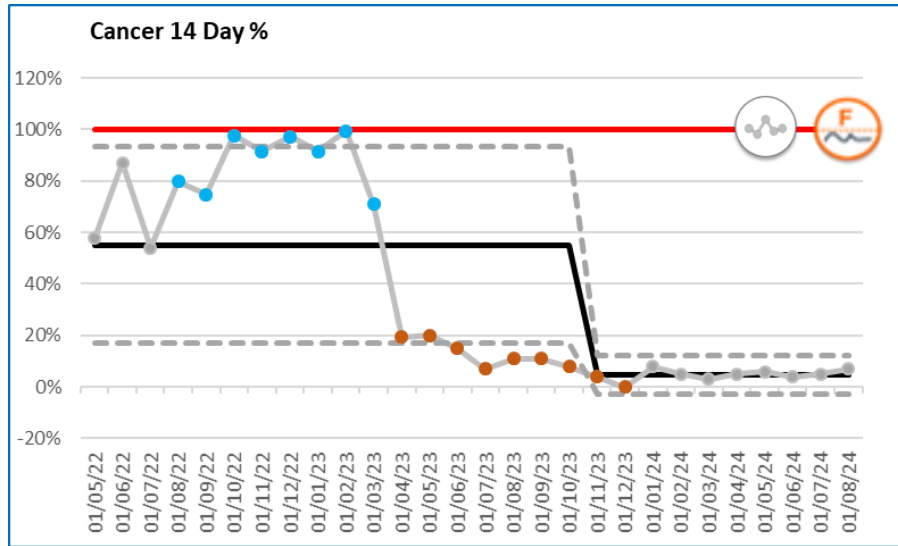
KPI	Latest month	Measure	Target	Variation	Assurance
Cath Labs Procedures	Aug 24	31	55		
MRI	Aug 24	1066	1294		
CT	Aug 24	3949	2589		
NOUS	Aug 24	2801	2994		
Cardiac CT (incl CT TAVI Workup & excl Ca Scoring)	Aug 24	108	98		
Echo	Aug 24	1415	967		
Endoscopy - DPC Only	Jul 24	454	500		
Daycases - DPC Only	Aug 24	462	582		

KPI	Latest month	Measure	Regional Avg. 2022	Variation	Assurance
Number of Births	Aug 24	360	-		
% C-Sections	Aug 24	45%	38%		
# C-Sections	Aug 24	163	-		
% Elective C-Sections	Aug 24	28%	20%		
# Elective C-Sections	Aug 24	101	-		
% Emergency C-Sections	Aug 24	17%	18%		
# Emergency C-Sections	Aug 24	62	-		
% Instrumental Births	Aug 24	11%	11%		
# Instrumental Births	Aug 24	40	-		
Induction of Labour Rate	Aug 24	36%	-		



KPI	Latest month	Measure	Regional Avg. 2022	Variation	Assurance
% Spontaneous Vaginal Births	Aug 24	43%	50%		
# Spontaneous Vaginal Births	Aug 24	154	-		
Still Birth Rate (per 1000)	Aug 24	0	-		
Full Term Neonatal Unit (ICU) Admissions	Aug 24	17	-		
Post Partum Haemorrhage (>2000ml)	Aug 24	2%	-		
Shoulder Dystocia Rate	Aug 24	2%	-		

Cancer 14 day%



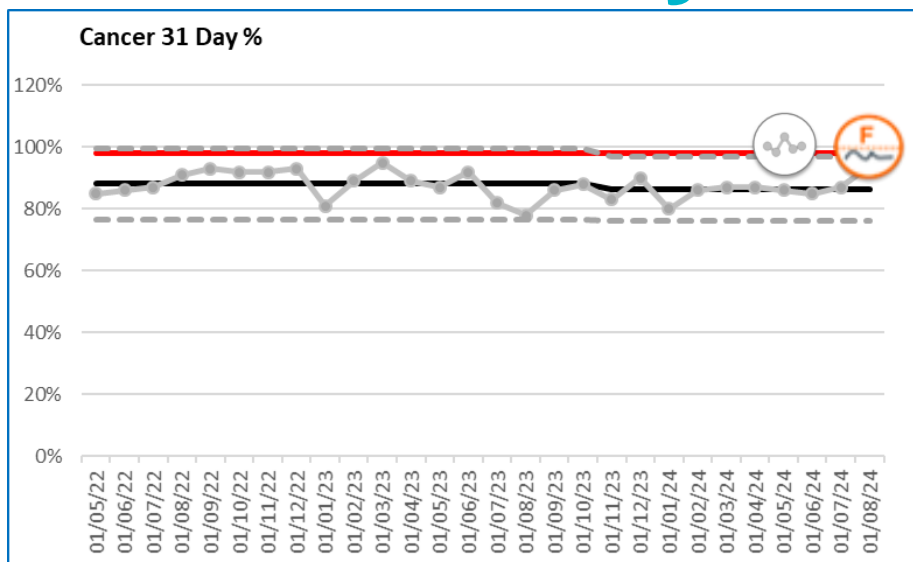
100% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 14 days.

The 'Cancer 14 Day %' metric relates to traditional CPD target and was 7% compared to the expected 100% August target.

Activity remains high at 230 vs expected activity target of 209. This activity was achieved despite losing a clinic due to the Bank Holiday Monday in August and demonstrates the improvements made by the service in maintaining activity levels following encompass go live.

Performance against the 14-day target remains challenging; however, the service has focused on reducing wait times for the longest-waiting patients and have planned an additional clinic on 12th October for up to 50 patients. Additionally, the Trust will be attending a Regional Breast Service Workshop which will explore regional approaches to improving the service across HSCNI.

Cancer 31 day%



98% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 31 days.

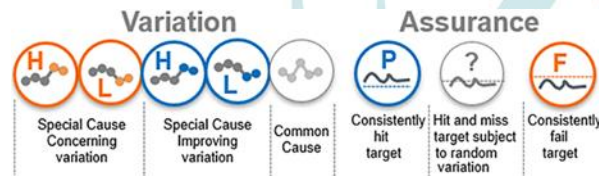
The 'Cancer 31 Day %' metric relates to traditional CPD target and was 94% compared to the expected 98% August target.

In August 2024 performance against the 31 day target was 94%. This represents the highest performance since March 2023 and could yet improve more as pathways are closed. Ability to close pathways is still impacted by delays in pathology.

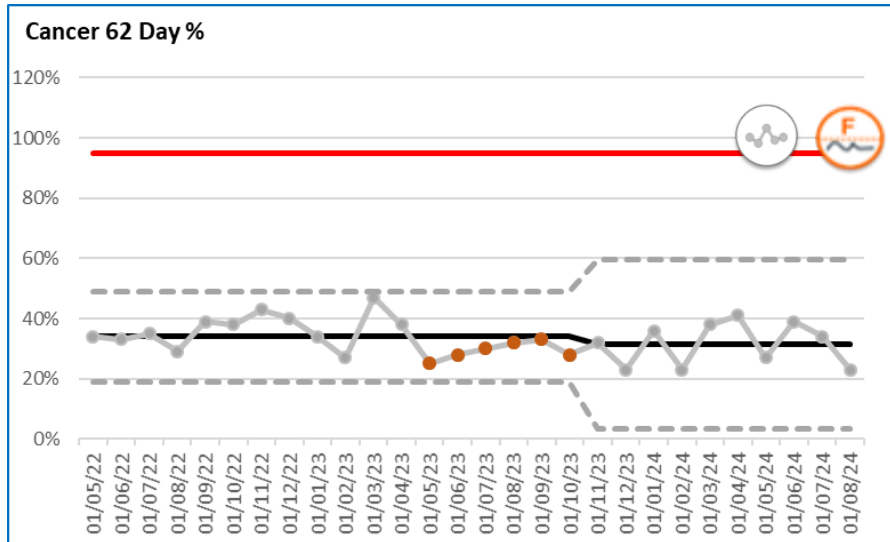
Additionally, the service is exploring innovative ways to use the encompass system to close pathways quicker which will then provide a better reflections of performance in reports etc.



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Cancer 62 day %



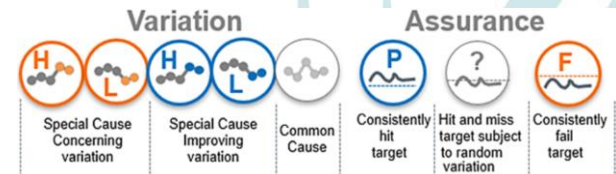
At least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.

The 'Cancer 62 Day %' metric relates to traditional CPD target and was 23% compared to the expected 95% August target.

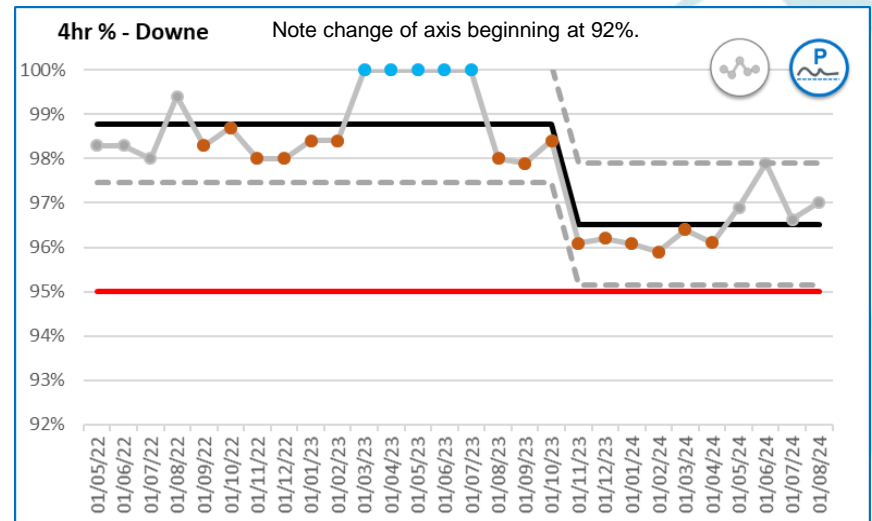
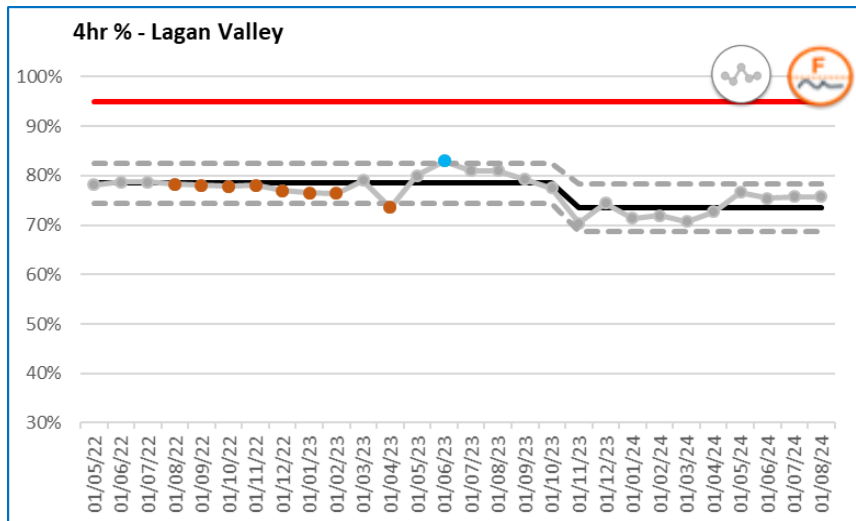
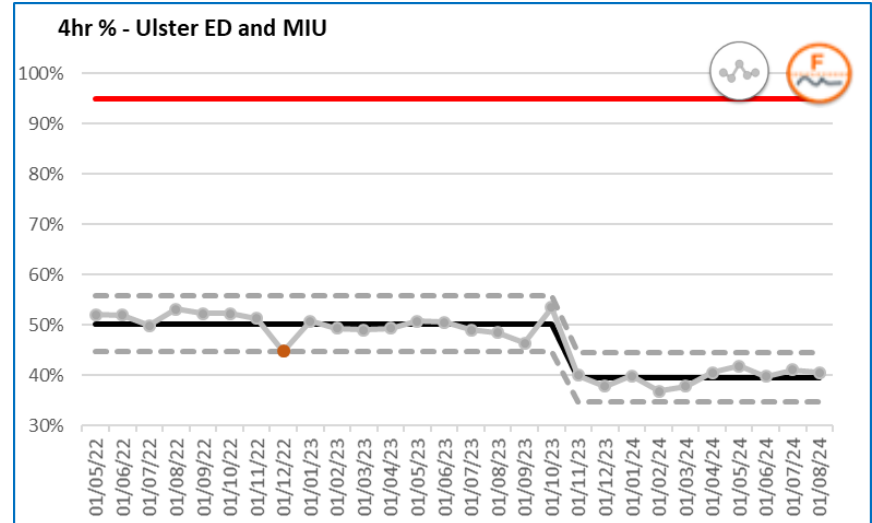
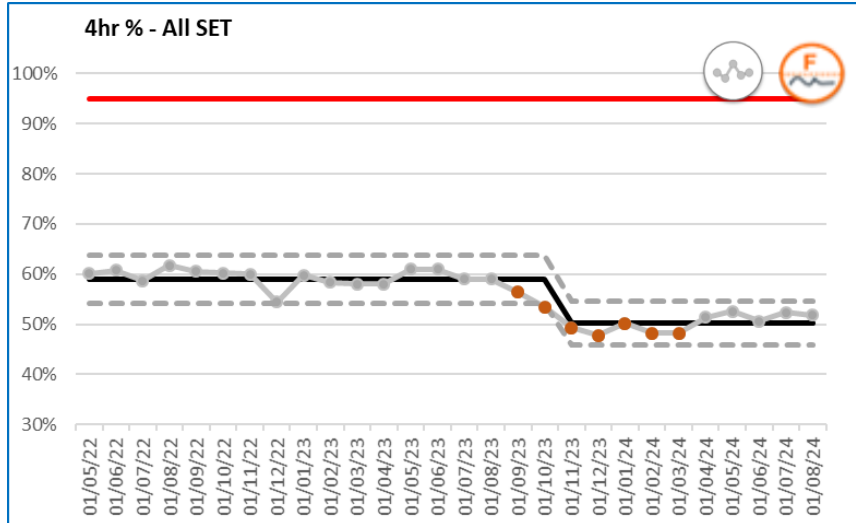
Delays in first outpatient appointment and diagnostics are being addressed through the use of WLI and IS with funding being made available for the remainder of 24/25 to support this. It should also be noted that delays in pathology impact our ability to close pathways. As pathology results are returned the figure of 23% may improve.



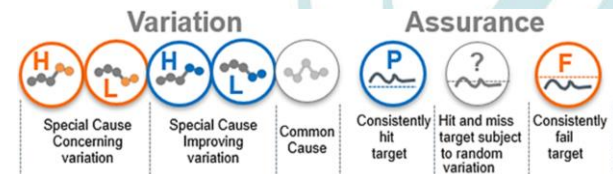
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Unscheduled Care 4 Hour Target 1/2



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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 August 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.

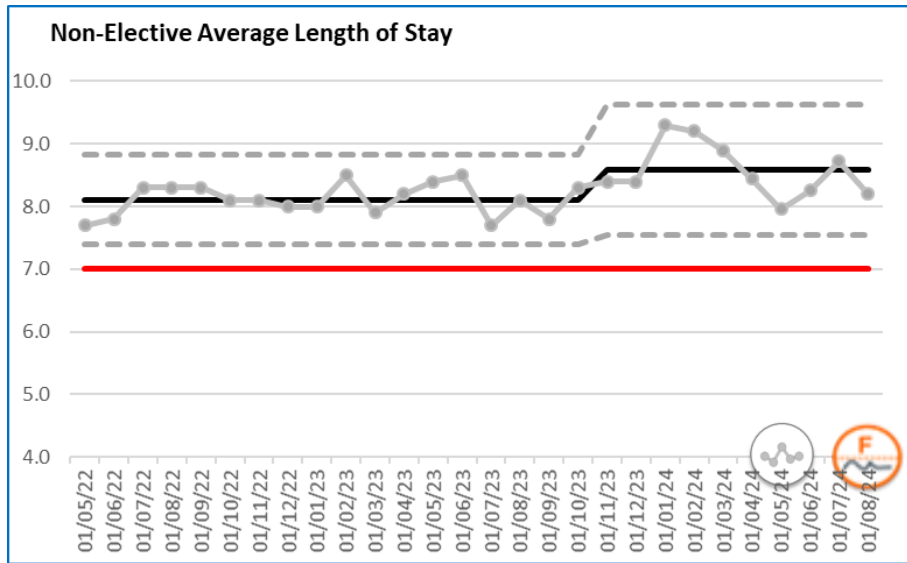
4hr Performance has dropped since encompass go-live and the service are keen to review this to understand if there has been a fundamental change on how this is recorded and reported on the system.

UHD 41%- Attendances in August increased slightly compared to July, however, 4hr performance continues to be significantly below the standard we want for our service.

LVH 76%- attendances remain high approaching 2000 per month, however, it is recognised there is room for improvement.

The Trust remain committed to improving 4hr performance across the Trust and have recently submitted a locality plan which aims to improve services across the USC system including in the community. Furthermore, the Trust are continuing to drive this through the Hospital & Community Flow Structures.

Non-Elective Average Length of Stay



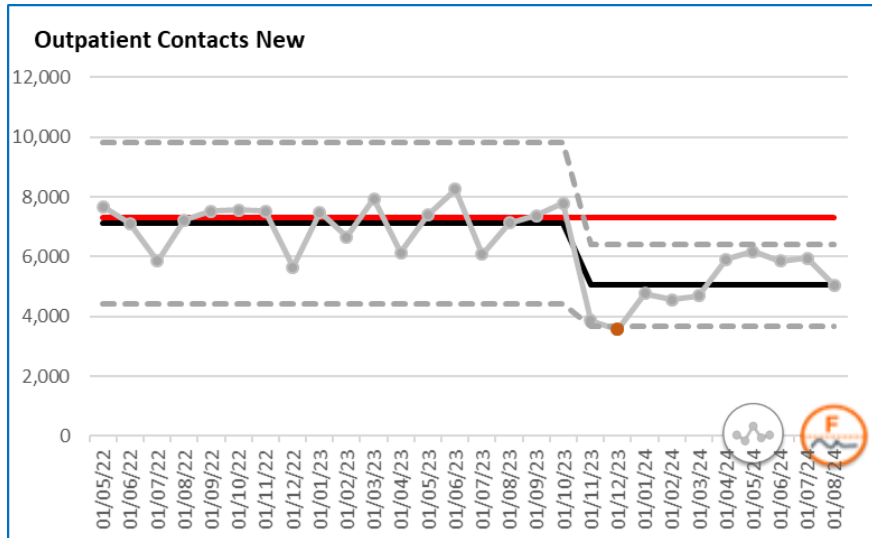
Non Elective Length of Stay at the Ulster Hospital is tracked as part of SDP monitoring.

In August 2024 the average length of stay was 8.2 against an expected trajectory of 7.0.

Length of stay improved by .5 of a day compared to July 24.

As noted at the July Trust Board the 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.

Outpatient Contacts New



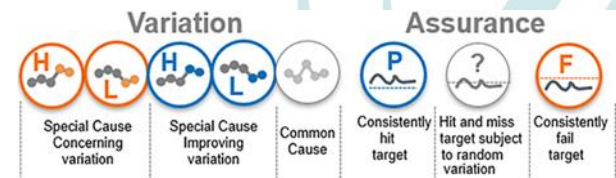
Outpatient New Contacts, including virtual, are tracked as part of SDP monitoring.

August 2024 recorded 5,039 new contacts against an expected trajectory of 7,313. This equates to 69% of expected activity.

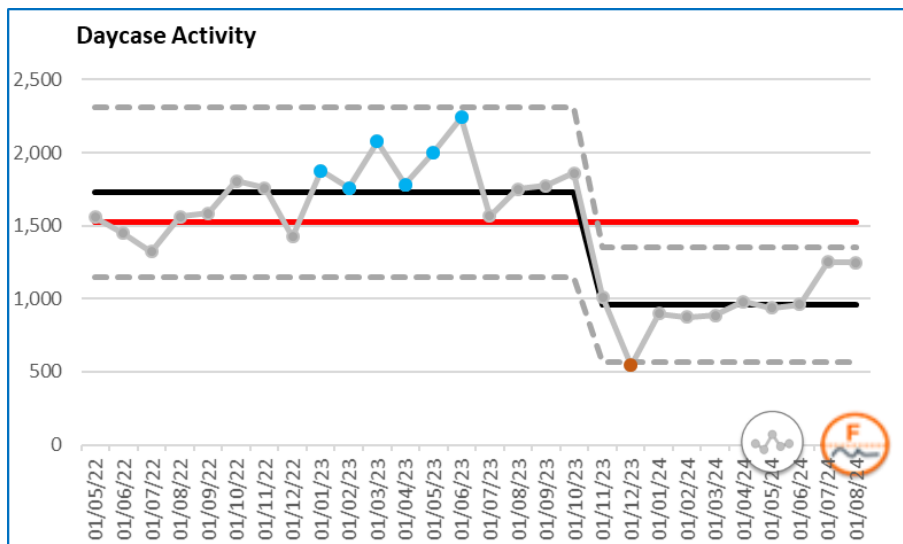
New Outpatient Contacts in August dropped compared to July (5947) and this is recognised as an area for improvement. It should be noted that as services deliver services in innovative ways e.g. straight to test, some patient may not require an outpatient appointment. Nevertheless the trust are committed to understanding and improving outpatient activity through the Elective Care Reform Structures.



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Daycase Activity (Core Only)



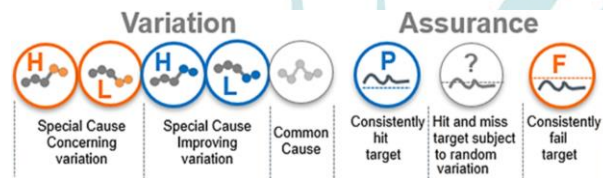
Daycase activity is tracked as part of SDP monitoring.

In August 2024 1,249 Daycases (Core Only) were delivered against an expected trajectory of 1,526. This equates to an expected trajectory of 82%.

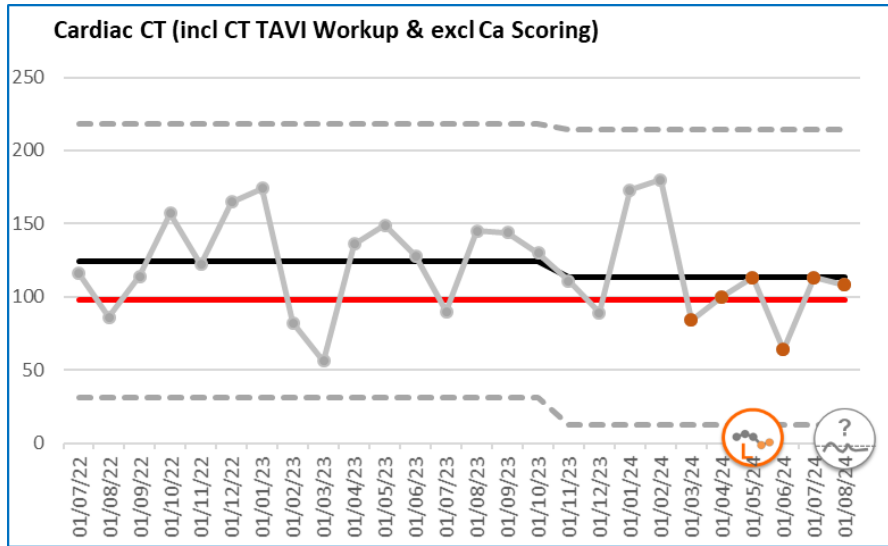
August, like July, seen higher levels of Daycase activity than any months post encompass go live, however, activity remains lower than SDP trajectories. Daycase activity will be a focus for the Trust going forward via the Elective Care Reform Structures.



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Cardiac CT (inclu CT TAVI Workup & exclu CA Scoring)



Cardiac CT activity is tracked as part of SDP monitoring.

In August 2024 108 Cardiac CT were delivered against an expected trajectory of 98. This equates to an expected trajectory of 110%. NB. Cardiac CT has been pulled out due to a series of points below the mean.

Despite Cardiac CT being over trajectory in August 2024, activity over summer months was impacted by annual leave.

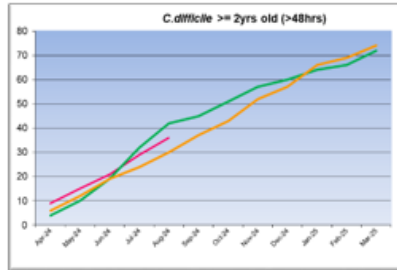
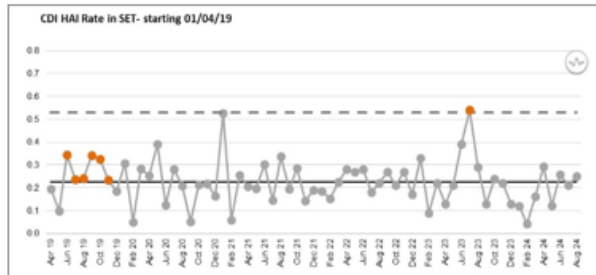
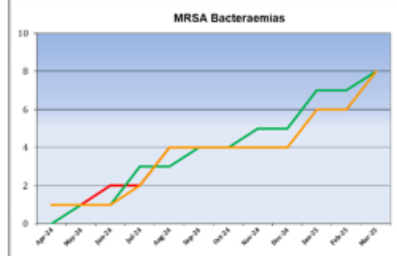
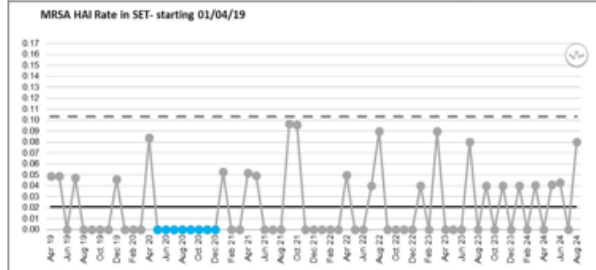
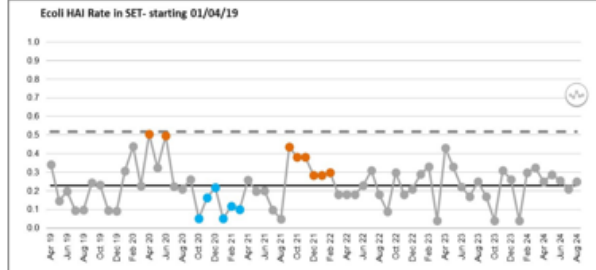
Safety, Quality and Experience of Care

HEALTHCARE ACQUIRED INFECTIONS



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TITLE	Target	NARRATIVE	PERFORMANCE	TREND																												
HCAI	Targets (limits) were set by PHA in 2023 for all HCAI's except GNBs.	2024/25: CDI: 9 < 48 hours : 27> 48 hours	<table><tr><th></th><th>Target 23/24</th><th>Outturn 23/24</th><th>Target 24/25</th><th>Target no. of cases / month</th><th>Avg cases as of end of August</th><th>April - Aug Episodes</th></tr><tr><td>C.difficile</td><td>55</td><td>72</td><td>64</td><td>5.33</td><td>7.2</td><td>36</td></tr><tr><td>MRSA</td><td>5</td><td>8</td><td>6</td><td>0.5</td><td>0.8</td><td>4</td></tr><tr><td>All Gram Negative#</td><td>39</td><td>95</td><td>39</td><td>3.25</td><td>7.2</td><td>36</td></tr></table>		Target 23/24	Outturn 23/24	Target 24/25	Target no. of cases / month	Avg cases as of end of August	April - Aug Episodes	C.difficile	55	72	64	5.33	7.2	36	MRSA	5	8	6	0.5	0.8	4	All Gram Negative#	39	95	39	3.25	7.2	36	
		Target 23/24	Outturn 23/24	Target 24/25	Target no. of cases / month	Avg cases as of end of August	April - Aug Episodes																									
	C.difficile	55	72	64	5.33	7.2	36																									
	MRSA	5	8	6	0.5	0.8	4																									
	All Gram Negative#	39	95	39	3.25	7.2	36																									
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 :3 < 48 hours, :1> 48 hours																															
	<u>Gram Negative Bacteraemias</u> Reportable only if >48hrs																															
	Ecoli :30 Pseudo. Aeruginosa : 2 Klebsiella Oxytoca: 0 Klebsiella Pneumoniae: 4																															
 All HCAI's are actively monitored and any preventative measures are taken once identified.																															
	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.																															

Safety, Quality and Experience of Care

PRIMARY CARE AND OLDER PEOPLE



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Performance Summary

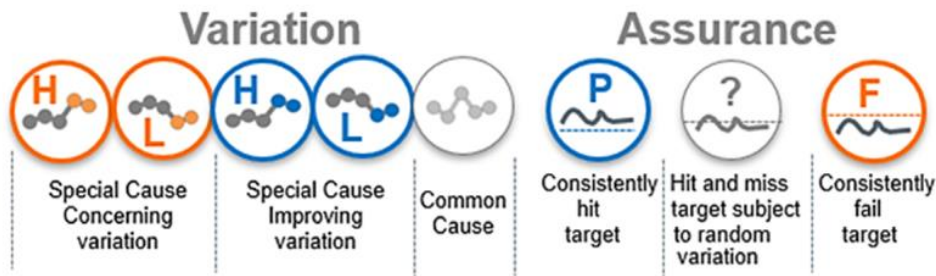
Primary Care and Older People Performance Summary is comprised of key Service Delivery Plan metrics and targets relating to the strategic priority of Domiciliary Care.

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

- Occupational Therapy >13 Week Wait
- Orthoptics >13 Week Wait
- Physiotherapy Number on Waiting List
- Physiotherapy >13 Week Wait

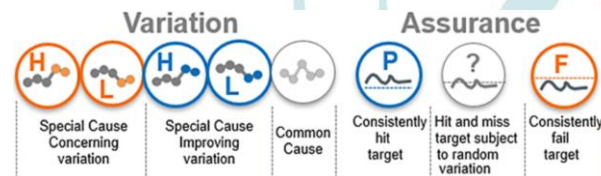


KPI	Latest month	Measure	Target	Variation	Assurance
CDS Contacts New	Aug 24	306	241		
CDS Contact Review	Aug 24	902	921		
Complex Discharges (n)	Aug 24	393	-		
Complex Discharges < 48hrs - All SET	Aug 24	45%	90%		
Complex Discharges < 7 days	Aug 24	85%	100%		
AHP < 13 weeks	Aug 24	63%	100%		
District Nursing Contacts	Aug 24	28511	22877		
CDS General Anaesthetic Ulster	Aug 24	68	75		

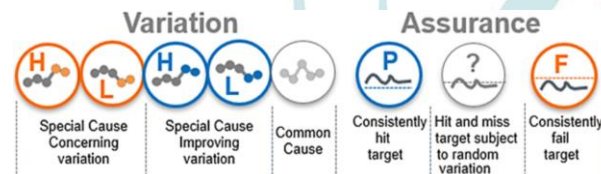
NB: District nursing contacts are not measured as previously. Prior to Encompass multiple interventions completed during one home visit appointment would be counted as one direct contact. On Encompass, when two or more interventions with differing visiting frequency are scheduled for the same visit appointment, these need to be added as to the system as multiple contacts. Comparison to the targets illustrated above are no longer applicable.























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KPI	Latest month	Measure	Target	Variation	Assurance
Speech & Language Therapy New Contacts	Aug 24	344	354		
Speech & Language Therapy Review Contacts	Aug 24	1412	2186		
Physio New	Aug 24	1824	2050		
Physio Review	Aug 24	4735	6091		
Occupational Therapy New	Aug 24	817	1106		
Occupational Therapy Review	Aug 24	1540	3267		
Dietetics New	Aug 24	624	794		
Dietetics Review	Aug 24	1134	1254		
Orthoptics New	Aug 24	158	136		
Orthoptics Review	Aug 24	408	444		
Podiatry New	Aug 24	473	584		
Podiatry Review	Aug 24	2035	3200		

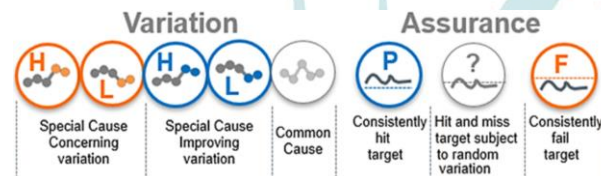


KPI	Latest month	Measure	Target	Variation	Assurance
Occupational Therapy Number on WL	Aug 24	2997	-		
Occupational Therapy >13 Week Waits	Aug 24	1370	0		
Orthoptics Number on WL	Aug 24	434	-		
Orthoptics >13 Week Waits	Aug 24	45	0		
Podiatry Number on WL	Aug 24	4719	-		
Podiatry >13 Week Waits	Aug 24	1932	0		
Physiotherapy Number on WL	Aug 24	9005	-		
Physiotherapy >13 Week Waits	Aug 24	3364	0		
Dietetics Number on WL	Aug 24	2191	-		
Dietetics >13 Week Waits	Aug 24	494	0		

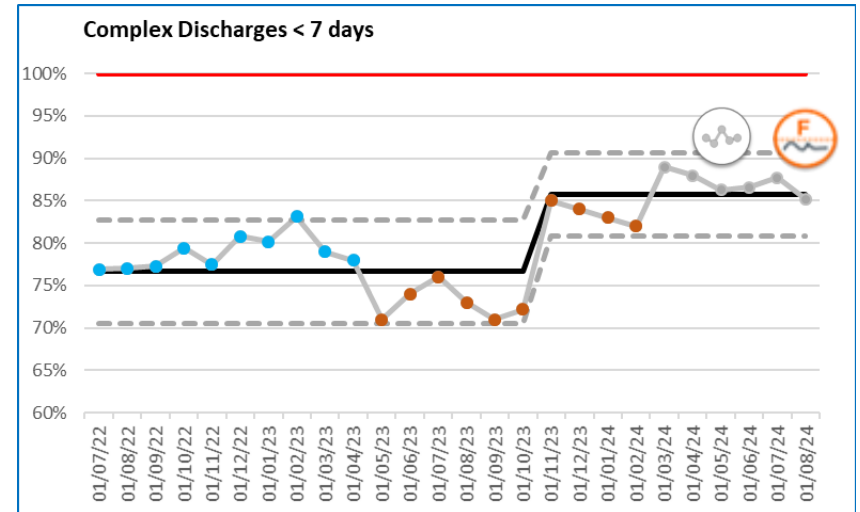
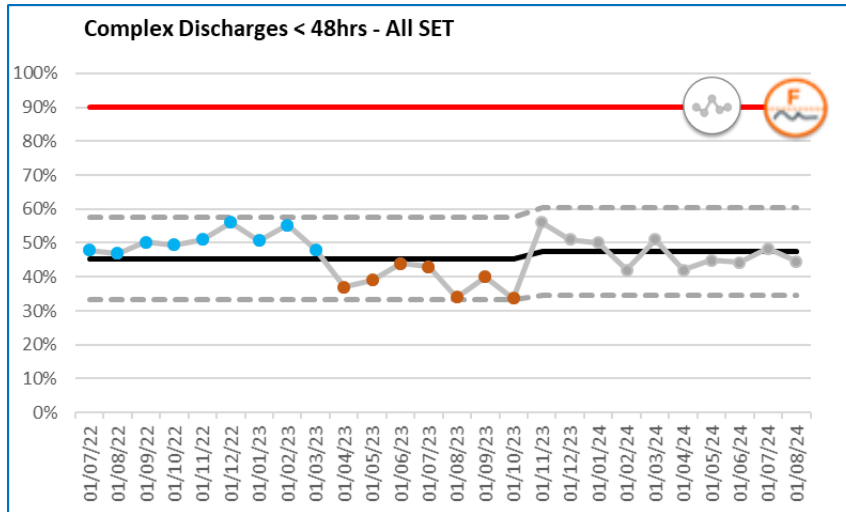
KPI	Latest month	Measure	Target	Variation	Assurance
Speech and Language Therapy Adult Number on WL	Aug 24	993	-		
Speech and Language Therapy Adult >13 Week Waits	Aug 24	347	0		
Speech and Language Therapy Child Number on WL	Aug 24	407	-		
Speech and Language Therapy Child >13 Week Waits	Aug 24	92	0		



South Eastern Health
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Complex Discharges

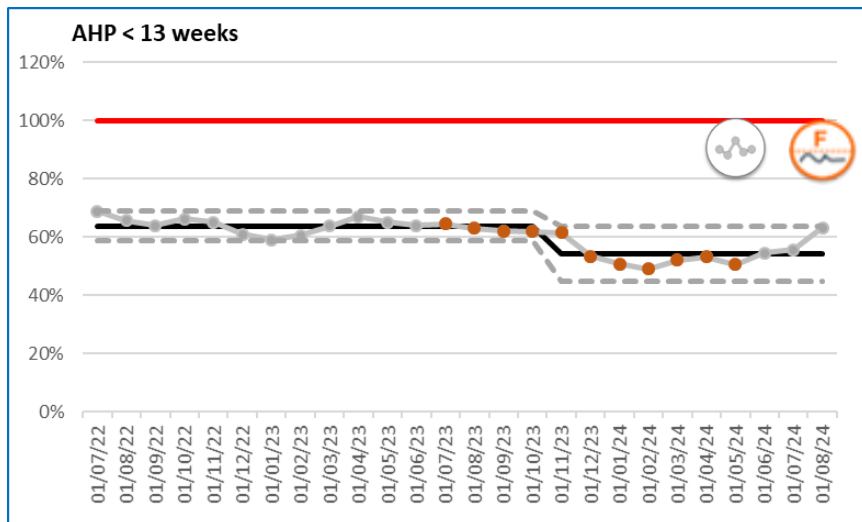


90% of complex discharges should take place within 48 hours. No complex discharge should take longer than 7 days. These metrics are included from the CPD reporting targets. All qualifying patients (any Trust of Residence) in SET beds.

In August 2024, 45% of complex discharges were completed within 48 hours against the 90% target. 85% of complex discharges were completed within 7 days against a target of 100%.

Work with Epic continues in order to produce accurate data on encompass re: complex discharge performance. The Trust is monitoring end user updates which have also affected the Trust's ability to provide accurate reporting of performance. The Trust meets weekly with RCC to discuss delays and performance. The RCC Affiliate continues to support the Trust to unlock challenges which are impacting complex discharges.

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 August 2024 63% of patients received treatment within 13 weeks against the 100% target. Breakdown by specialty is shown in the summary table.

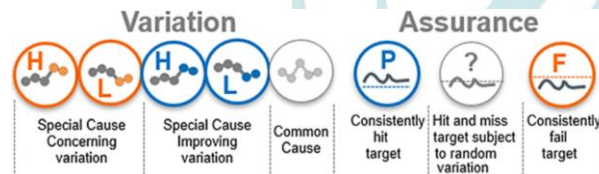
AHP Services are facing high vacancy rates, which are affecting both scheduled and unscheduled services. This issue is further exacerbated by high maternity leave and significant long-term sick leave, although compassionate and effective absence management has reduced overall absence rates in most clinical areas. While data quality issues related to encompass reporting are improving, challenges persist in AHP services.

Efforts are underway, in collaboration with information teams, to ensure quality and enhance reporting. As a result, some patients across all services remain on waiting lists despite already being seen. The process of cleaning up the waiting lists is ongoing. Complex workflows across all professions continue to require more time to complete.

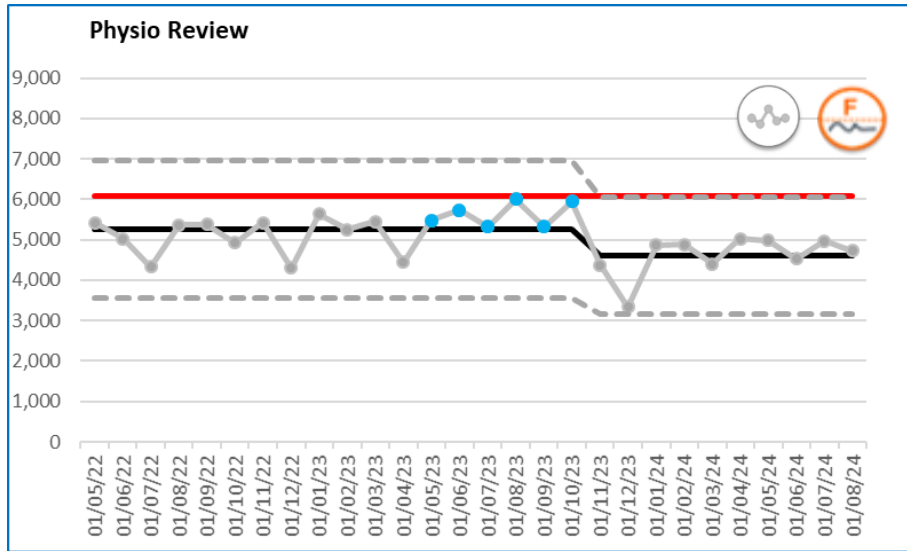
AHP services have dedicated significant time to supporting Belfast during its go-live phase, a commitment that is ongoing. Staff have spent time in Belfast both during and after go-live, and have also hosted Belfast colleagues to observe the system in action. With Northern Trust now requesting support, service activity will continue to be impacted by the ongoing need for 'Pay It Back' support, which is crucial to assisting our colleagues.



**South Eastern Health
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Physio Review Contacts



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

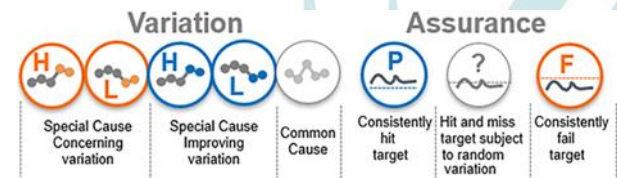
August 2024 recorded 4,735 review contacts against an expected trajectory of 6,091. This equates to 78% of expected activity.

There are over 50 vacant physiotherapy posts throughout the Trust.

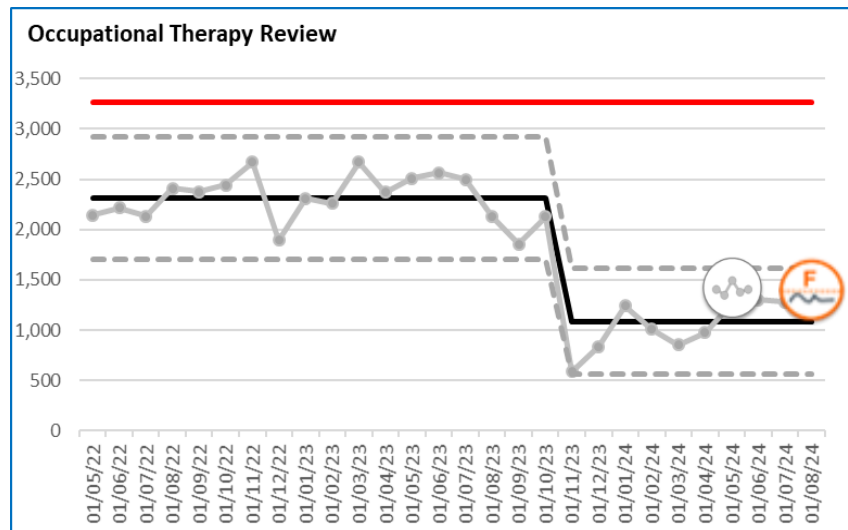
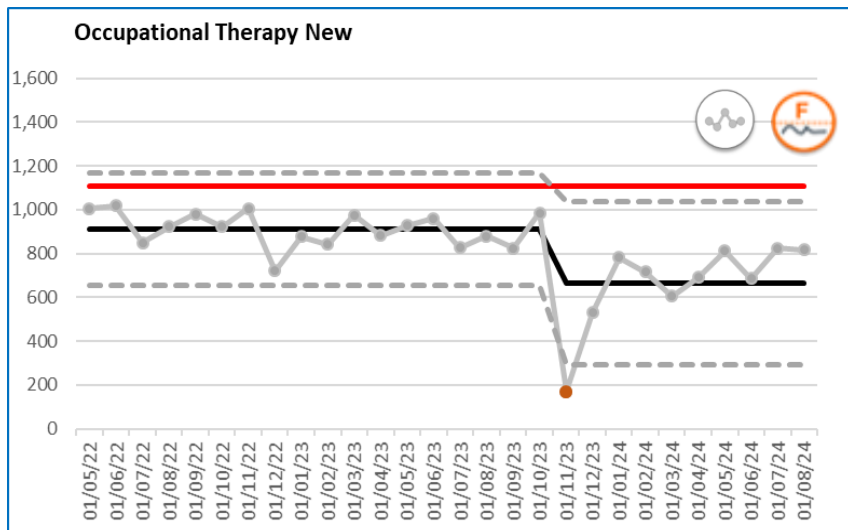
Ongoing staff vacancies in certain areas continue to affect activity levels. A concentrated effort to reduce patient wait times has increased new patient contacts but has limited capacity for review appointments. Efforts are also underway to enhance reporting across several teams to ensure all activities are accurately captured



**South Eastern Health
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Occupational Therapy New and Review Contacts



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

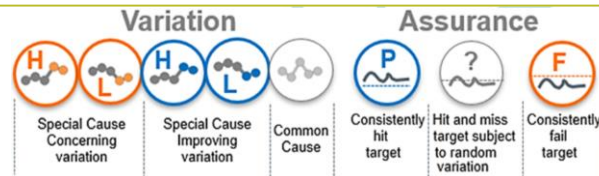
August 2024 recorded 817 new contacts against an expected trajectory of 1,106. This equates to 74% of expected activity. 1,540 review contacts were seen against an expected trajectory of 3,267. This equates to 47% of expected activity.

A large number of complex referrals from the community are requiring more intensive, long-term interventions, which has impacted capacity. Efforts to maximise capacity, such as waiting list validations, the introduction of community clinics, and other initiatives, are ongoing. Additionally, work is continuing to improve reporting to ensure all activities are accurately recorded.

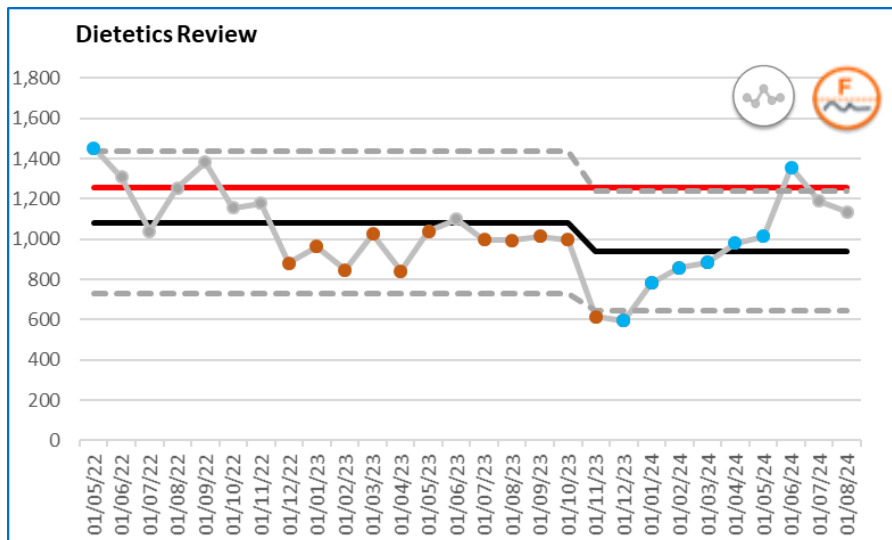
A significant portion of activity previously counted as review work before the implementation of encompass is now classified as indirect activity and is no longer included in data submissions. As a result, previous activity levels will not be matched due to this change in reporting



**South Eastern Health
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Dietetics Review Contacts



Dietetics Contacts are monitored as part of the Service Delivery Plan.

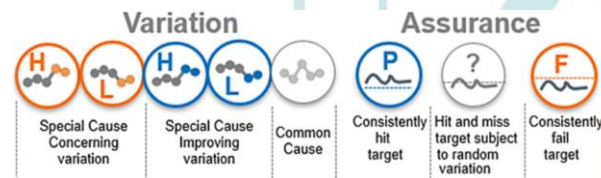
August 2024 recorded 1,134 review contacts against an expected trajectory of 1,254. This equates to 90% of expected activity.

Reduced scheduled dietetic capacity as resources diverted to unscheduled care to ensure patient flow sustained during periods of staff leave.

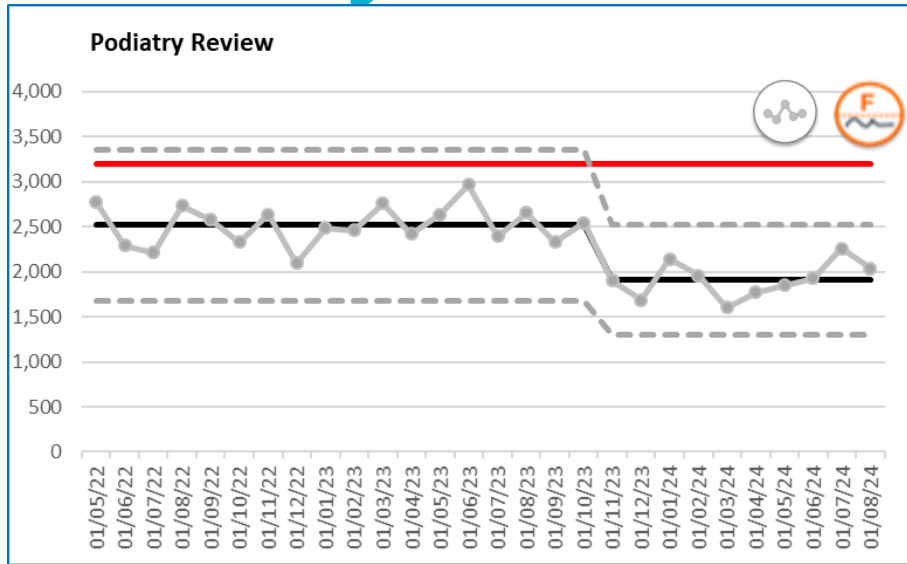
All activity continues in an upward trajectory but remains impacted by complex workflows as a result of the encompass build.



**South Eastern Health
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Podiatry Review Contacts



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

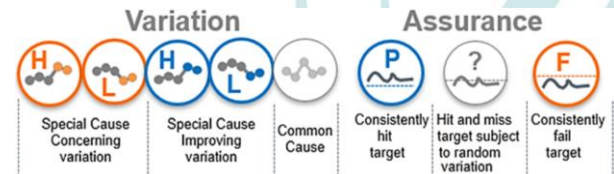
August 2024 recorded 2,035 review contacts against an expected trajectory of 3,200. This equates to 64% of expected activity.

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

The service has been focusing on new contacts which reflects activity levels, August recorded 89% of expected activity for new contacts.



South Eastern Health
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Safety, Quality and Experience of Care

ADULT SERVICES AND PRISON HEALTHCARE



South Eastern Health
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Performance Summary

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

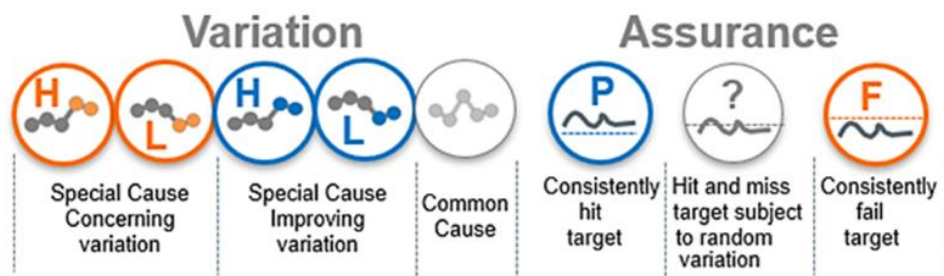
A summary table for all targets being monitored is included, this shows the previous month activity, the target (if applicable), an icon describing the variation shown and (if applicable) an icon showing the assurance against target.













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

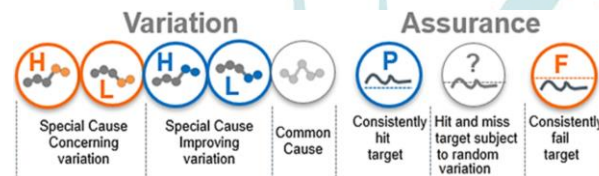
- Adult Mental Health Non-Inpatient New
- Psychological Therapies- Review Contacts



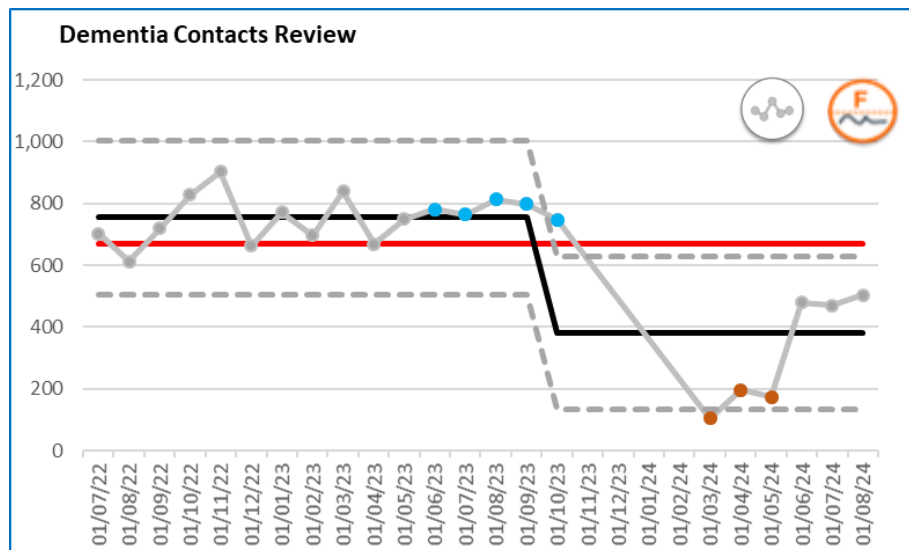
KPI	Latest month	Measure	Target	Variation	Assurance
Adult Mental Health Non-Inpatient New	Aug 24	831	768		
Adult Mental Health Non-Inpatient Review	Aug 24	4242	5299		
Psychological Therapies - New Contacts	Aug 24	232	222		
Psychological Therapies - Review Contacts	Aug 24	1686	1573		
Dementia Contacts New	Aug 24	103	156		
Dementia Contacts Review	Aug 24	503	669		



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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.

August 2024 recorded 503 review contacts against an expected trajectory of 669. This equates to 75% of expected activity.

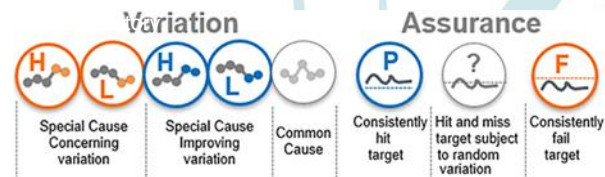
Numbers are artificially low and do not reflect activity levels across both Outpatient and Community Teams. In line with current demographic presentations to the service an 85/15 dementia/functional split is being applied.

Ongoing validation work continues both locally and across the region.

Despite the above, the service is pleased to note an improving trajectory.



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Safety, Quality and Experience of Care

CHILDREN'S SERVICES



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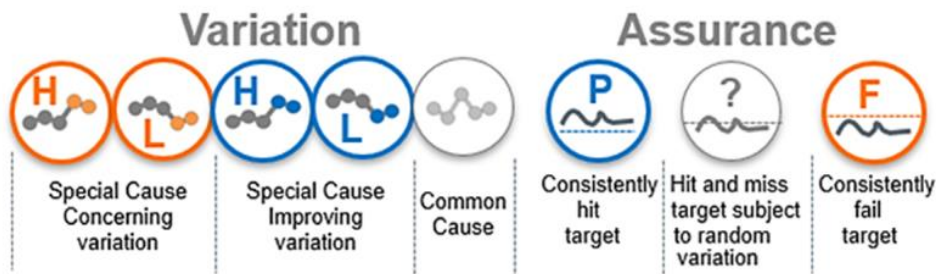
Performance Summary















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

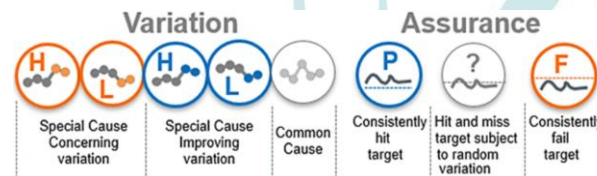
A summary table for all targets being monitored is included, this shows the previous month activity, the target (if applicable), an icon describing the variation shown and (if applicable) an icon showing the assurance against target.

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

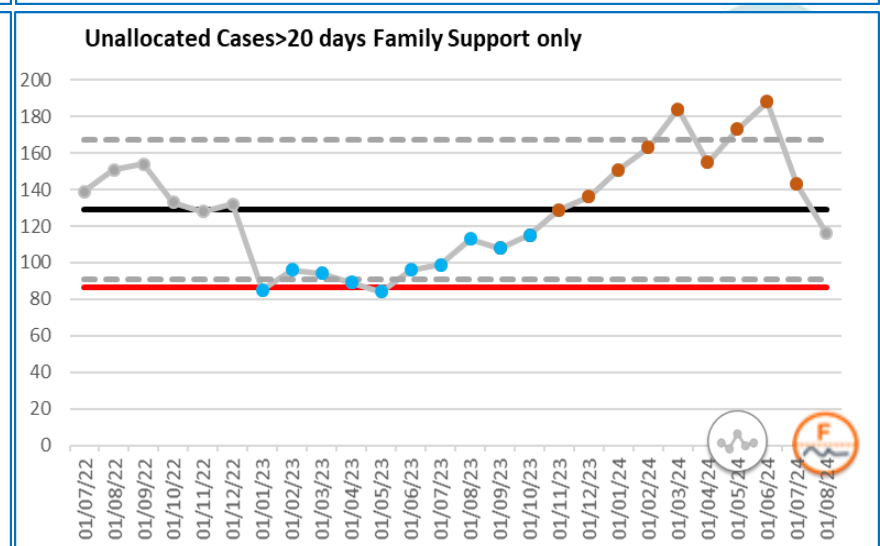
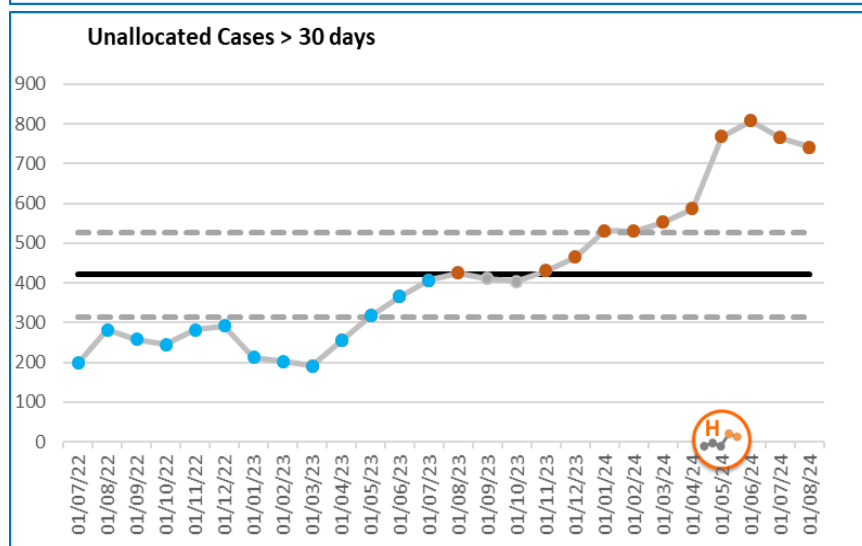
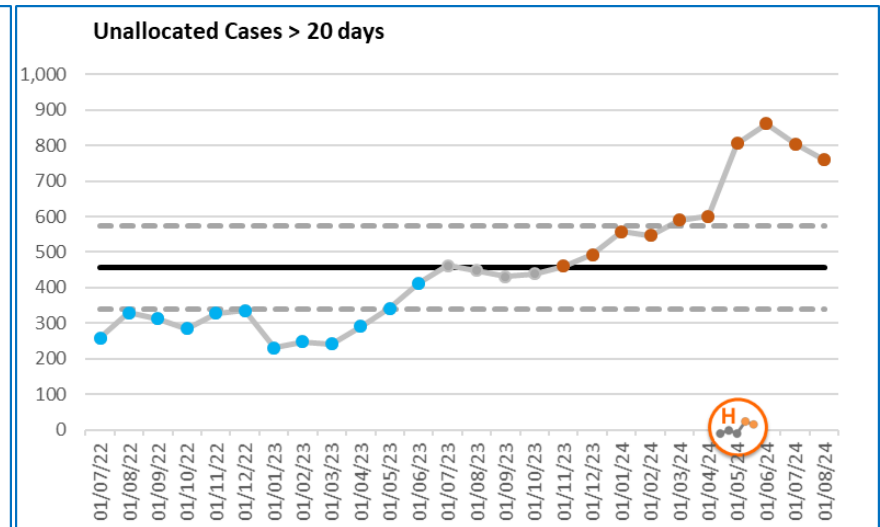
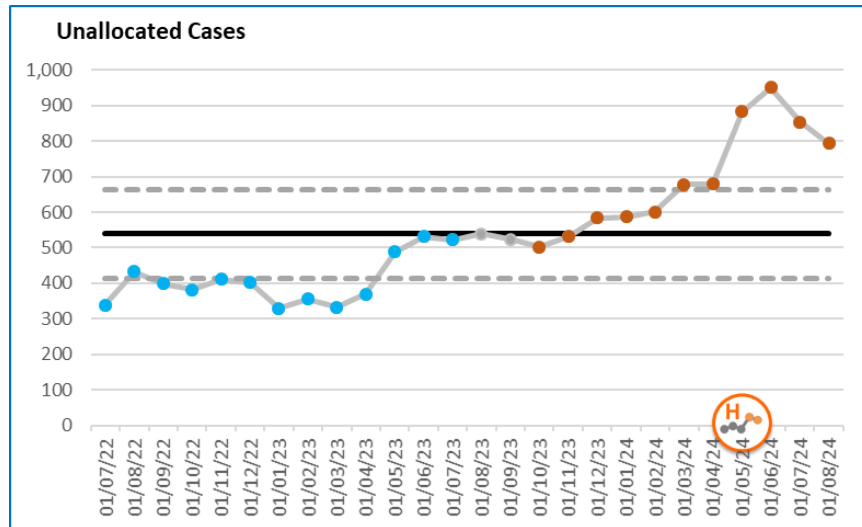
In August 2024 no metrics monitored have had either an improving variation or consistently hit their target.



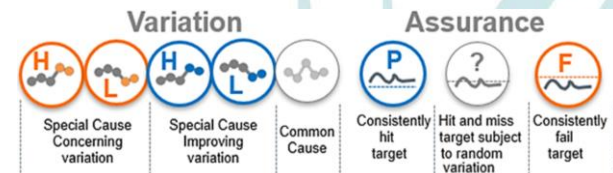
KPI	Latest month	Measure	Target	Variation	Assurance
Initial Family Assessments Completed	Apr 24	101	-		
Unallocated Cases	Aug 24	794	-		
Unallocated Cases > 20 days	Aug 24	760	-		
Unallocated Cases > 30 days	Aug 24	741	-		
% of review CP case conferences held with 3 months	Apr 24	100%	85%		
Total reviews 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	Aug 24	116	86		



Unallocated Cases (1/2)



South Eastern Health
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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 August 2024 there were 116 unallocated over 20 days, for the Family Support metric. These cases exclude unallocated cases for Gateway and Children’s Disability Services.

In August 2024 there were 794 unallocated cases with 760 of these waiting over 20 days and 741 waiting over 30 days. This metric includes all unallocated cases.

Children’s services continue to actively work on improving case management for those cases, triaged as LOW risk, that remain on the Waiting List for a social work service (unallocated), or have been placed back on the Waiting List (WL) to create capacity to allocate Child Protection or Looked After Children cases.

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

Whilst efforts to recruit and retain social work staff remain ongoing and there have been new qualified social work staff commencing post over the past months, there remains significant vacancy rates across these services. Safeguarding rate is currently 20% and Children’s Disability fieldwork teams remains at 62%. Therefore, the waiting list reflects demand exceeding service capacity, rather than a failure in control measures.

The Children’s Disability service has prioritised Looked After Child (LAC), Child protection and edge of care cases for allocation, consequently, there remains a significant number of cases awaiting a Children’s Disability service. The Assistant Director and Head of Service for Children’s Disability have undertaken public engagement sessions to explain the current service pressures and mitigation measures. Specific remedial measures currently 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.

