Integrated Performance Monitoring Report

October 2024

Paper Number: SET/98/24
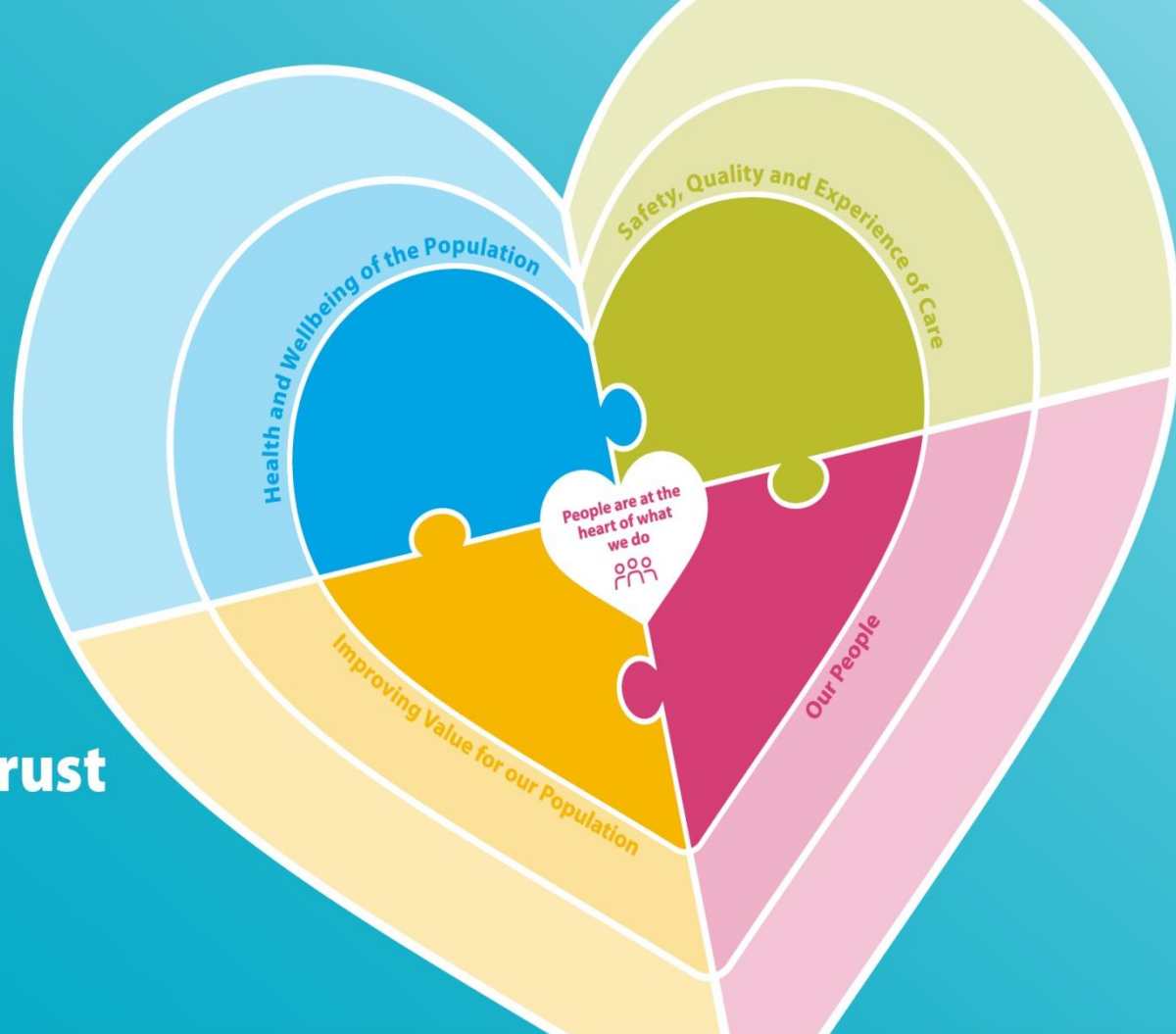
HSC South Eastern Health and Social Care Trust

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 October 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.

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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 October 2024 is summarised below

Status against trajectory	Total	% of total SDP trajectories
Between 0% and 5%	11	24%
Between -5% and -1%	6	13%
Less than -5%	29	63%
Total	46	

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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	6	25%	Community nursing – MUST* and Community nursing – MUST Skin Bundle*, Dementia, Delayed discharges, complex discharges & District nursing contacts.
Medium	5	21%	Outpatients, Psychological therapies, Adult mental health ,Antimicrobial resistance, & AHP activity.
High	13	54%	Adult social care, Average Length of Stay, Cardiac Services, Cdiff, Community dental, Community dental- general anaesthetic, Endoscopes, MRSA, Theatre, ED Performance & Cancer Services, Inpatients, Day cases

*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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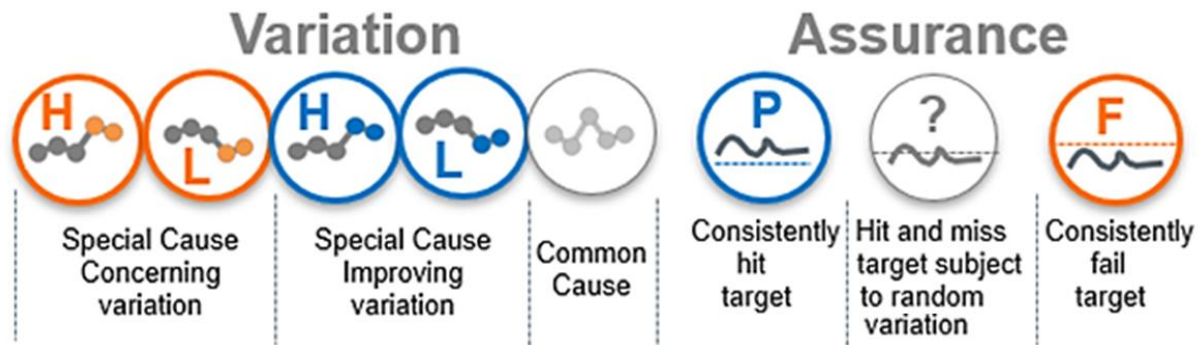
Safety, Quality and Experience of Care

HOSPITAL SERVICES

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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 October 2024 the following metrics monitored have had either an improving variation or consistently hit their target:
- Cancer 14 Day Activity
- Cancer 14 Day%
- 4hr % Downe
- Outpatients Contacts New Virtual
- Outpatients Contacts Review & Outpatients Contacts Review Virtual
- Daycase Activity (core only)
- CT
- NOUS
- Echo
- Daycases – DPC Only

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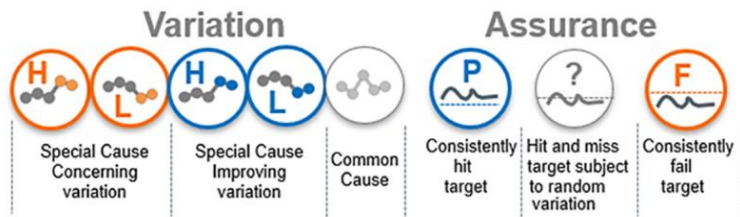
KPI	Latest month	Measure	Target	Variation	Assurance
Cancer 14 Day Activity	Oct 24	274	199	(H)	(?)
Cancer 31 Day Activity	Oct 24	168	200		(?)
Cancer 62 Day Activity	Oct 24	85.0	106.0		(?)
Cancer 14 Day %	Oct 24	29%	100%	(H)	(F)
Cancer 31 Day %	Oct 24	90%	98%		(F)
Cancer 62 Day %	Oct 24	40%	95%		(F)
Attendances - All SET	Oct 24	14228	-		
Attendances - Lagan Valley	Oct 24	2048	-		
Attendances - Downe	Oct 24	1441	-	(H)	
Attendances - Ulster ED and MIU	Oct 24	10739	-		

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

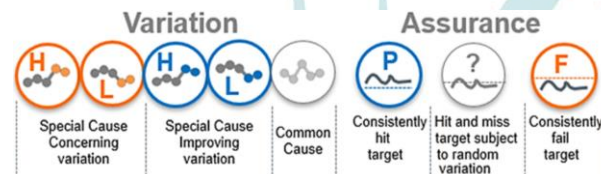**HSC** South Eastern Health and Social Care Trust

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

Assurance — Consistently hit target (P), Hit and miss target subject to random variation (?), Consistently fail target (F)
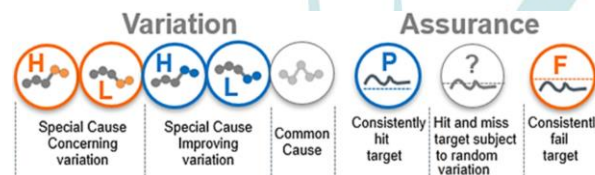
KPI	Latest month	Measure	Target	Variation	Assurance
4hr % - All SET	Oct 24	50%	95%		F
4hr % - Lagan Valley	Oct 24	68%	95%		F
4hr % - Downe	Oct 24	96%	95%		P
4hr % - Ulster ED and MIU	Oct 24	41%	95%		F
12hr Breaches - All SET	Oct 24	2413	-	H	
12hr Breaches - Lagan Valley	Oct 24	0	-		
12hr Breaches - Downe	Oct 24	0	-		
12hr Breaches - Ulster ED and MIU	Oct 24	2413	-	H	
Non-Elective Average Length of Stay	Oct 24	8.3	7.0		F

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HSC

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

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KPI	Latest month	Measure	Target	Variation	Assurance
Outpatient Contacts New	Oct 24	6150	8978	Common Cause	Consistently fail (F)
Outpatient Contacts New Face to Face	Oct 24	5603	-	Common Cause	
Outpatient Contacts New Virtual	Oct 24	547	-	Special Cause (H)	
Outpatient Contacts Review	Oct 24	13350	13377	Special Cause (H)	Consistently fail (F)
Outpatient Contacts Review Face to Face	Oct 24	9495	-	Common Cause	
Outpatient Contacts Review Virtual	Oct 24	3855	-	Special Cause (H)	
Inpatient Activity	Oct 24	379	398	Common Cause	Consistently fail (F)
Daycase Activity (core only)	Oct 24	1376	1946	Special Cause (H)	Consistently fail (F)
Endoscopy - 4 main scopes	Sep 24	643	831	Common Cause	Hit and miss (?)

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Variation — Special Cause Concerning variation (H/L), Special Cause Improving variation (H/L), Common Cause

Assurance — Consistently hit target (P), Hit and miss target subject to random variation (?), Consistently fail target (F)

KPI	Latest month	Measure	Target	Variation	Assurance
Cath Labs Procedures	Oct 24	58	55		
MRI	Oct 24	1167	1294		
CT	Oct 24	4350	2589		P
NOUS	Oct 24	3139	2994	H	
Cardiac CT (incl CT TAVI Workup & excl Ca Scoring)	Oct 24	162	180		
Echo	Oct 24	1533	1162	H	
Endoscopy - DPC Only	Sep 24	465	500		
Daycases - DPC Only	Oct 24	602	582	H	

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
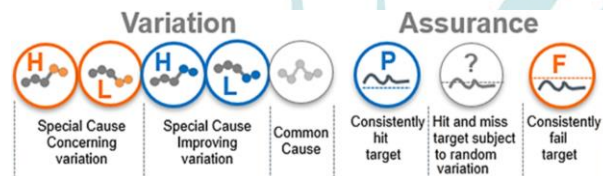
KPI	Latest month	Measure	Variation	Assurance
Number of Births	Oct 24	305		
% C-Sections	Oct 24	51%	H	?
# C-Sections	Oct 24	157		
% Elective C-Sections	Oct 24	33%	H	?
# Elective C-Sections	Oct 24	100	H	
% Emergency C-Sections	Oct 24	19%		?
# Emergency C-Sections	Oct 24	57		
% Instrumental Births	Oct 24	10%		?
# Instrumental Births	Oct 24	31		
Induction of Labour Rate	Oct 24	26%	L	

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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	Variation	Assurance
% Spontaneous Vaginal Births	Oct 24	37%	(L)	(?)
# Spontaneous Vaginal Births	Oct 24	114		
Still Birth Rate (per 1000)	Oct 24	0		
Full Term Neonatal Unit (ICU) Admissions	Oct 24	13	(H)	
Post Partum Haemorrage (>2000ml)	Oct 24	2%		
Shoulder Dystocia Rate	Oct 24	4%		

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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
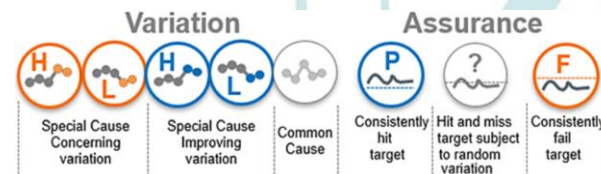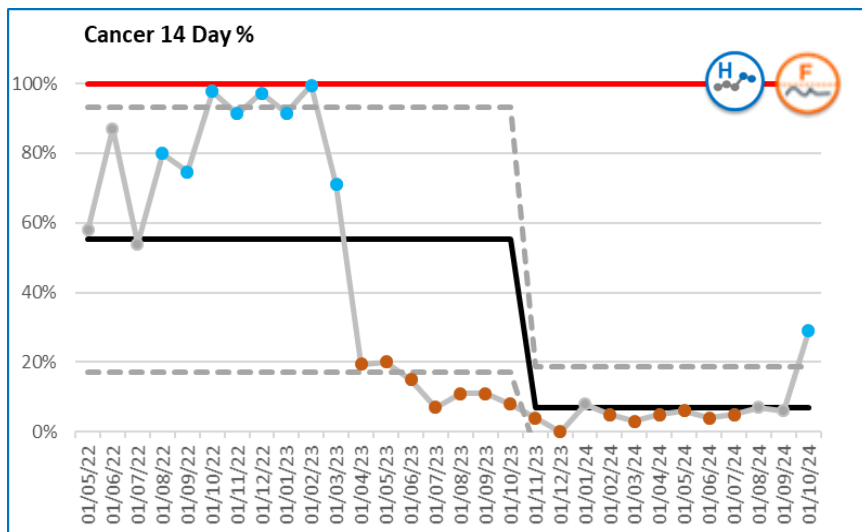
Cancer 14 day%

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 29% compared to the expected 100% October target.

Although still significantly under the 100% target, there was significant improvement against the 14 day target in October with the service achieving the highest % within 14 days since early 2023. This is reflective of the ongoing work that has delivered a substantial reduction in the waiting list for this service. Specifically, during October the service provided two additional clinics over the course of one day for 50 patients. Furthermore, within core delivery the service delivered higher than expected levels of activity with 274 patients seen vs expected activity of 199. To put this into context in October 2023 the service had activity levels of 262 with 98% being within target, however, in this month (Oct 24) the service seen more patients but only 29% within target. This demonstrates the impact of the backlog and the ongoing demand and capacity gap.

It should be noted that the service continues to deal with significant shortages within the radiology workforce and this could impact delivery going forward.

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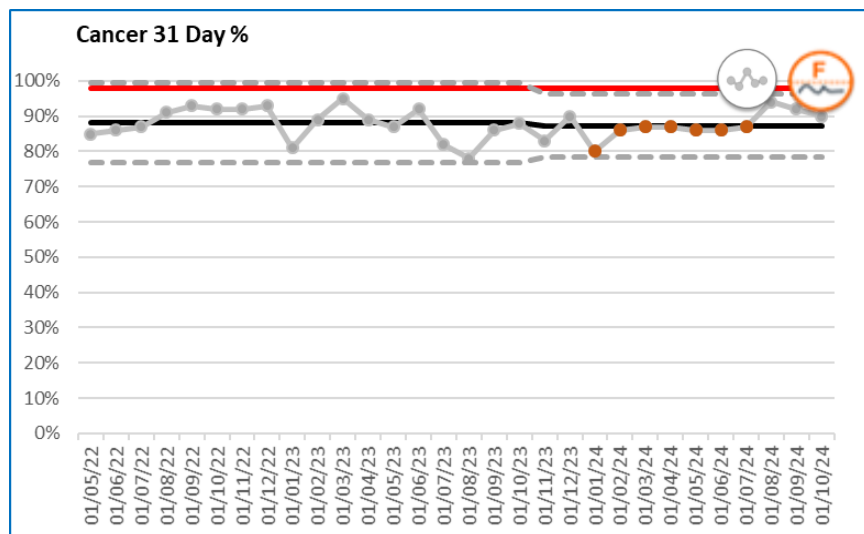
98% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 31 days.

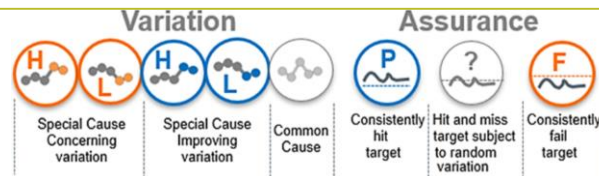**The 'Cancer 31 Day %' metric relates to traditional CPD target and was 90% compared to the expected 98% October target.**

In October 24 performance against the 31 day target was 90%, ability to close pathways is still impacted by delays in pathology meaning it is likely this number % will improve over the coming days and weeks as the Tracking team are able to close pathways. As highlighted in previous reports the service is exploring innovative ways to use the encompass system to close pathways quicker which will then provide a better reflection of performance in reports etc.

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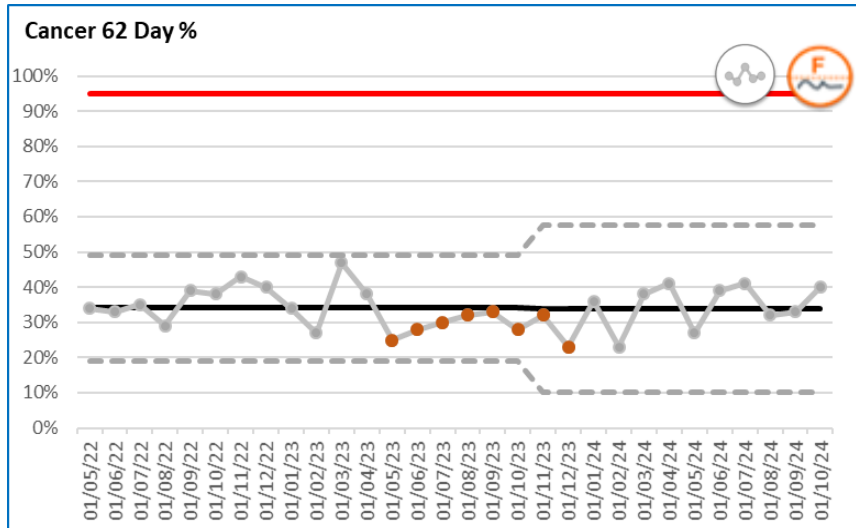
Cancer 62 day %

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 40% compared to the expected 95% October target.

The 62 day % in Oct has improved vs August and September, however, delays in first outpatient appointments and diagnostic tests continue to be a barrier to achieving the 95% target. As per the 31 day target it is likely the current figure of 40% will improve as the team are able to close treatment pathways.
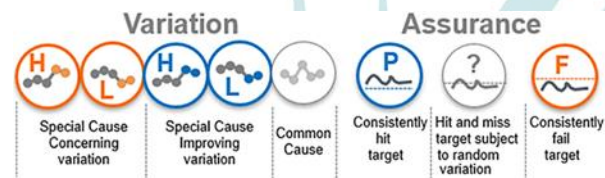
The service continue to utilise waiting list initiate funding to provide additional capacity within Outpatients and Diagnostics with the aim of improving against the 62 days target.
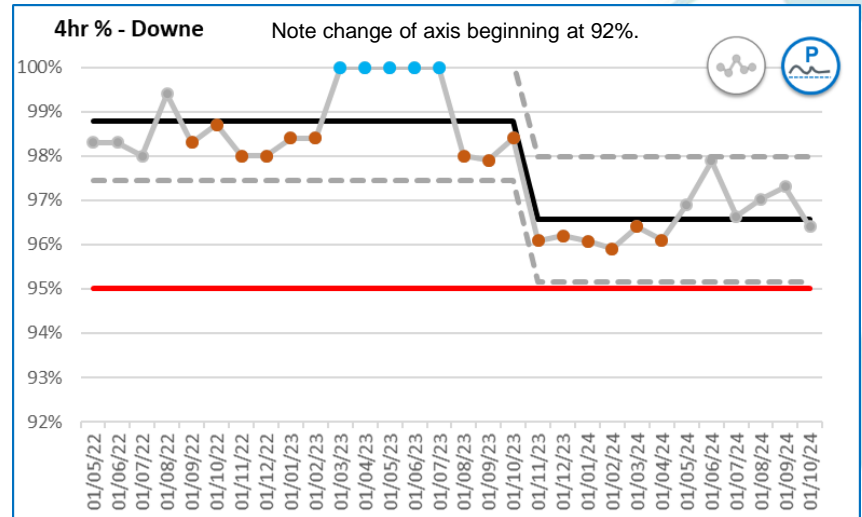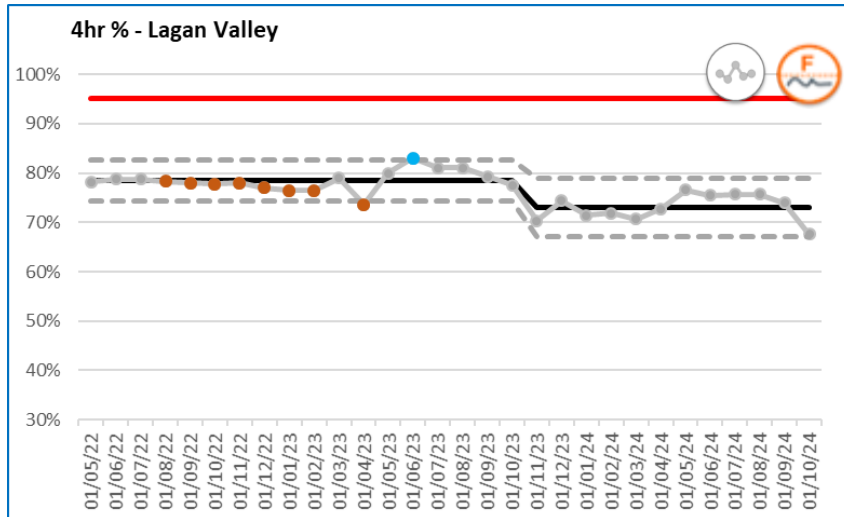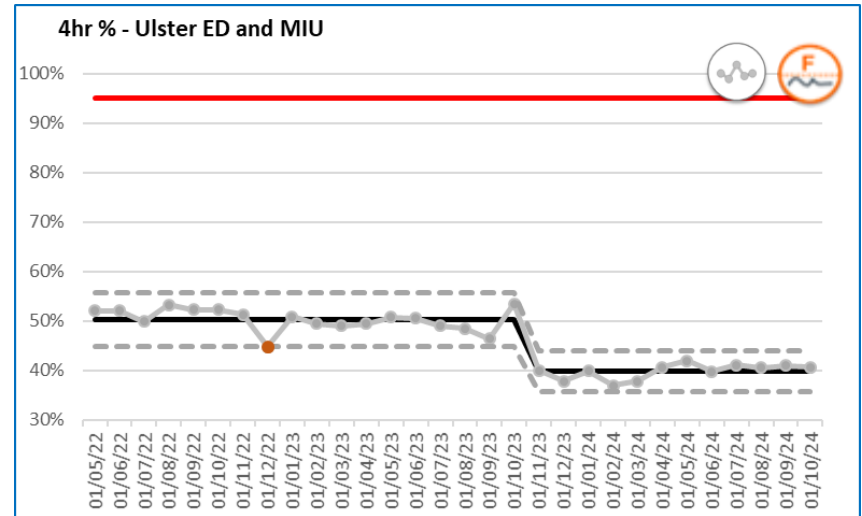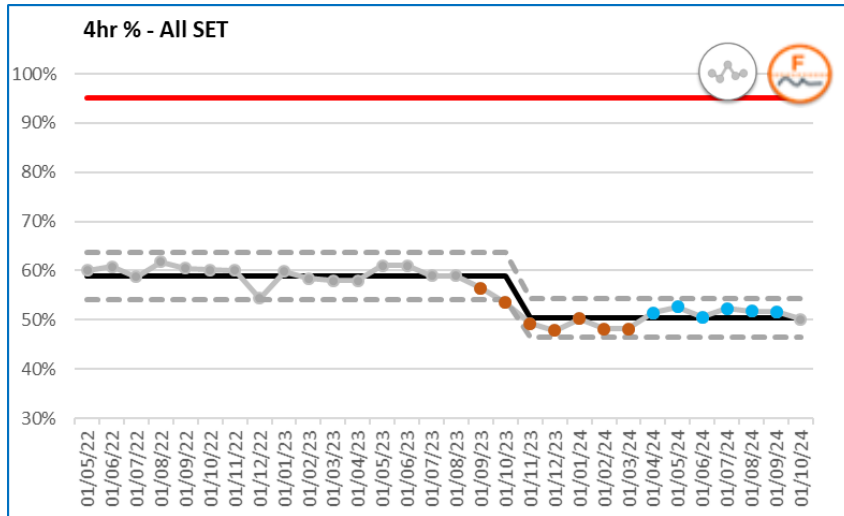
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Unscheduled Care 4 Hour Target 1/2

4hr % - All SET

4hr % - Ulster ED and MIU

4hr % - Lagan Valley

4hr % - Downe — Note change of axis beginning at 92%.

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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
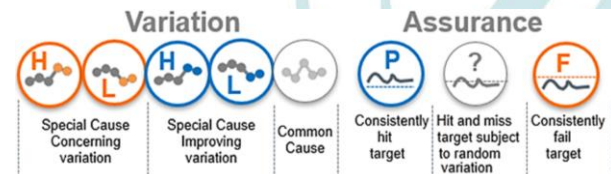
Unscheduled Care 4 Hour Target 2/2

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 October 2024 50% 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 68% and 96% in Downe Urgent Care Centre.

Attendances to the Ulster Hospital Emergency Department (UHD), Lagan Valley Urgent Care Centre (LVH) and the Downe Urgent Care Centre remain high with UHD and LVH having a 4% and 8% increase in attendances in comparison to September 24. Unfortunately, 4hr performance remains significantly challenged within the Ulster Hospital as a consequence of continued high length of stay, delays in discharging patients from hospital and high numbers of decisions to admit waiting in the department for an inpatient bed. These challenges, amongst others reduce the ability of the service to deliver care within the 4hr performance target.

Its important to note that challenges in regard to 4hr performance are evident across the region and despite not being where we want it to be our performance is in line with the other Trusts,

The Hospital and Community Flow structure, along with operational teams, continues to implement improvement actions, outlined in the Trust locality plan, in a bid to improve flow across the system and support delivery against the identified targets.
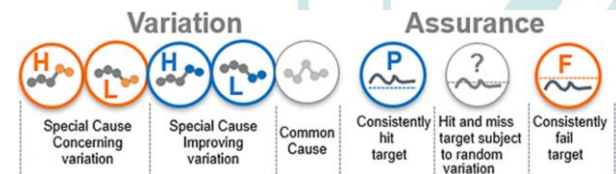
12 Hour Breaches – All SET
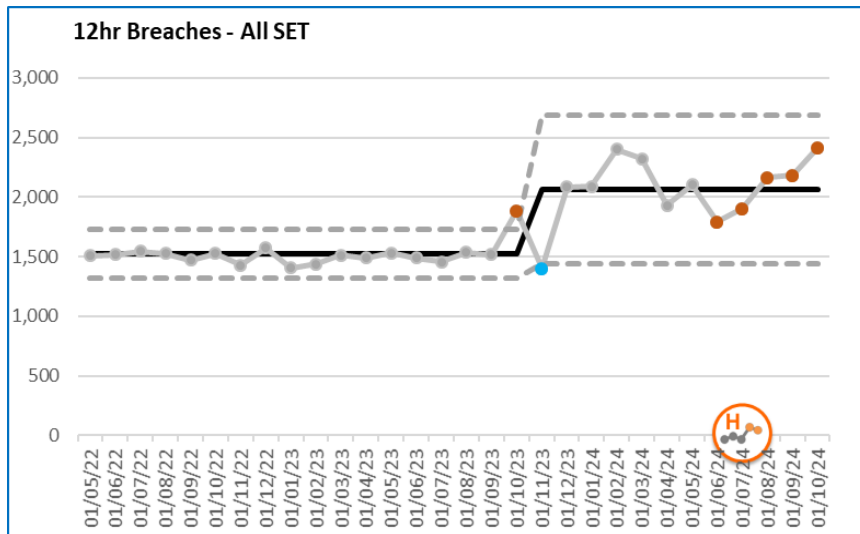
Emergency Department 12hr Performance is a CPD metric.
No patients attending any Emergency Department are to wait longer than 12 hours from their arrival in the department.

In October 2,413 patients waited more than 12 hours in the Emergency departments across the South Eastern Trust.

12hr breaches have been on the increase over the last 4 months with 1794 in June and up to 2417 in October 24, representing a 34% increase. The vast majority of these 12hr breaches will be patients who have been admitted but have spent long periods of time in Emergency Department awaiting an inpatient bed. This is reflective of the system wide challenges which have been outlined on the 4hr performance slide. Additionally it should be noted that a number of wards had reduced capacity at times through October due to highly complex patients, ultimately this impacts flow.

It is recognised across the Trust that this level of 12hr breaches is not acceptable and actions continue to be taken with the aim of improving current levels of performance.

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Non-Elective Average Length of Stay

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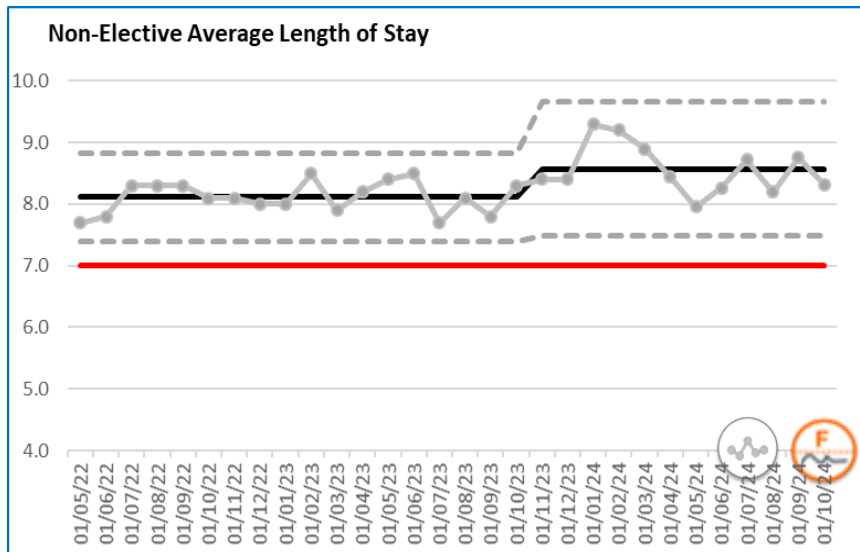
Non Elective Length of Stay at the Ulster Hospital is tracked as part of SDP monitoring.

In October 2024 the average length of stay was 8.3 against an expected trajectory of 7.0.

As noted in previous Trust Board reports 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. Additionally, there has been a marked increase in the complexity of patients requiring care in hospital and then onward packages of care in the community meaning length of stay has remained stubbornly high.
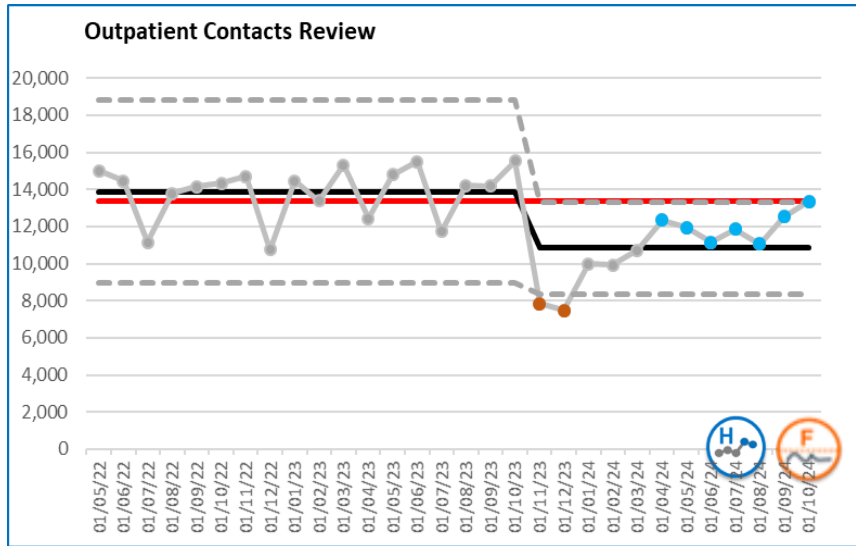
Outpatient Contacts New

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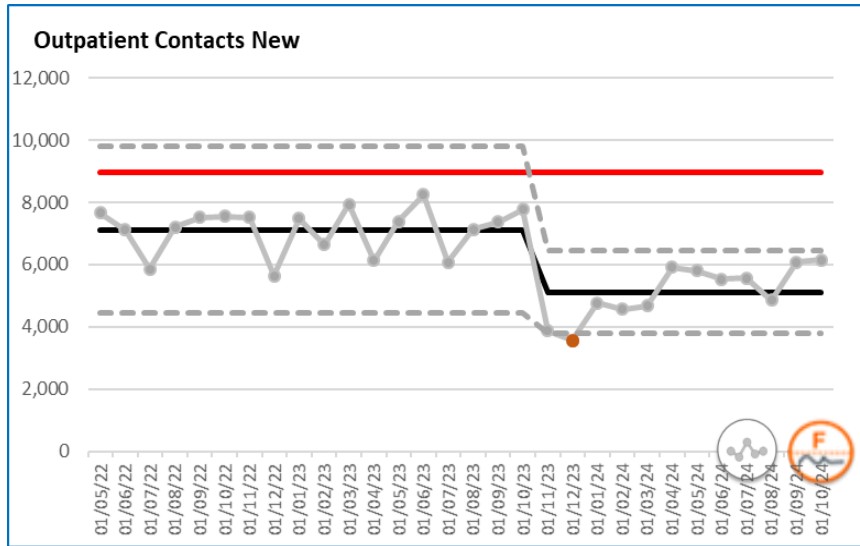
Outpatient New Contacts, including virtual, are tracked as part of SDP monitoring.

October 2024 recorded 6,150 new contacts against an expected trajectory of 8,978. This equates to 67% of expected activity.

New Outpatients Contacts for October were up slightly on September 2024, nevertheless, it is recognised there is still room for improvement. However, Medical vacancies across a number of specialties directly impacts the ability of some services to deliver against expected outpatient targets.

Since early October there has been a refocus within the Trusts Elective Care structures and improving outpatient performance is an absolute priority. This will be done through delivery of key actions and developments such as enhanced triage

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Outpatient Contacts Review

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

October 2024 recorded 13,350 review contacts against an expected trajectory of 13,377. This equates to 99.7% of expected activity.

Review Outpatient Contacts continue to be delivered in high numbers and have improved significantly since the start of the year. Due to the challenges with the delivery of New Outpatient Contacts teams are currently reviewing the new to review ratio, but many of the reviews are urgent and need seen.

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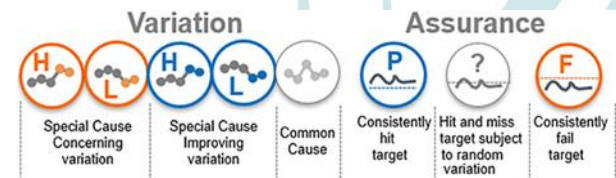
Inpatient Activity

Inpatient Activity chart showing monthly data from 01/05/22 to 01/10/24.
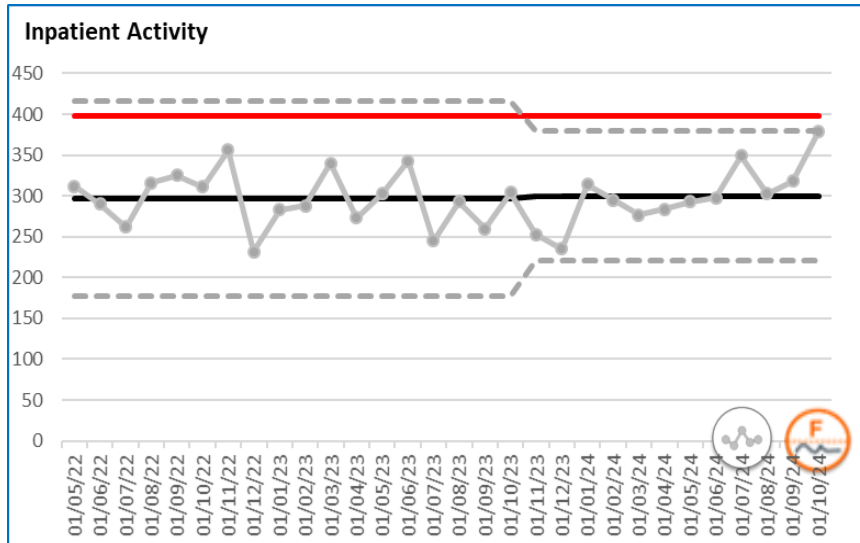
Inpatient Activity is tracked as part of SDP monitoring.

In October 2024 380 inpatient activity was recorded against an expected trajectory of 398. This equates to an expected trajectory of 95%.

Inpatient activity levels have been challenged since encompass go-live, however, activity levels for October were c. 20% up on September and higher than any point recorded on the above SDP chart going back to May 22. Additionally, the Trust are aiming to continue improvement in this area via the refocus of the Elective Care Reform Structures.

Daycase Activity (Core Only)
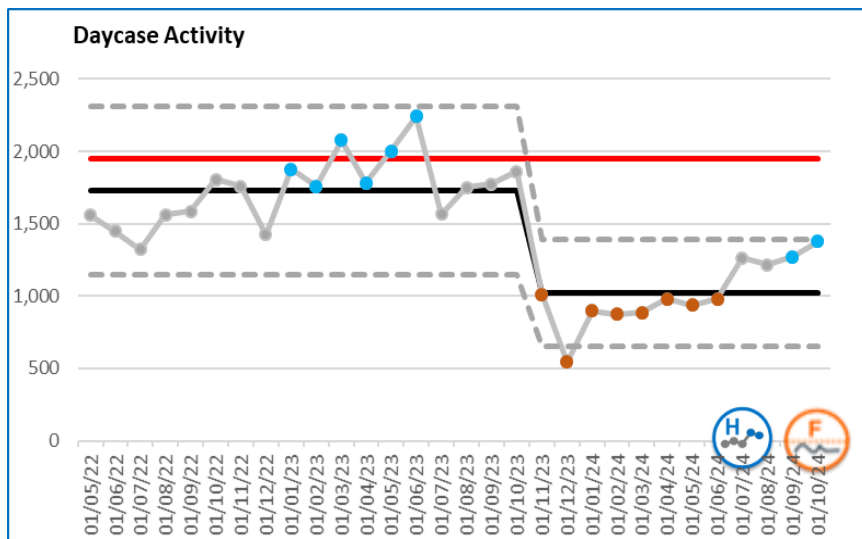
Daycase activity is tracked as part of SDP monitoring.

In October 2024 1,376 Daycases (Core Only) were delivered against an expected trajectory of 1,946. This equates to an expected trajectory of 71%.

Daycase activity remains challenged and is greatly impacted by gaps in the Medical Workforce across a number of specialities. Despite this, activity has improved over the last 2 months and actions are being taken via the Elective Care Reform structures to improve activity and waits across all elective provision.

Safety, Quality and Experience of Care

HEALTHCARE ACQUIRED INFECTIONS

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HCAI

In September 2024 PHA issued their new metrics of calculating infections. Currently only Clostridium difficile infection (CDI) and MRSA are available

The PHA has established new goals aimed at reducing the total number of inpatient episodes by March 2025. Specifically, they aim to reduce CDI rates in patient's aged 2 years and older to 25.40 infections per 100,000 bed days, and reduce Methicillin-resistant Staphylococcus aureus (MRSA) bloodstream infections to 2.87 infections per 100,000 bed days. The figures from PHA are one month behind.

The GNB target is still awaiting target review but remains currently 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 from the documented decision to admit.

2024/25:
CDI: 13 < 48 hours
: 40> 48 hours

MRSA :3 < 48 hours,
:2> 48 hours

Gram Negative Bacteraemias (GNB)
Reportable only if >48hrs

Ecoli :45
Pseudo. Aeruginosa : 5
Klebsiella Oxytoca: 0
Klebsiella Pneumoniae: 6

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All HCAI's are actively monitored and any preventative measures are taken once identified.

	Target 23/24	Outturn 23/24	Target 24/25	Target no. of cases / month	Avg cases as of end of Oct	April - Oct Episodes
C.difficile	55	72	64	5.33	7.57	53
MRSA	5	8	6	0.5	0.71	5
All Gram Negative#	39	95	39	3.25	8	56

— 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)

Public Health Metric: Infections per 100,000 bed days											
Month	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
CDI: Target 25.40	38.03	31.18	29.26	31.17	30.66	31.2						
MRSA: Target 2.87	0	2.08	2.79	2.08	3.31	2.77						

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

South Eastern Health and Social Care Trust

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.

In October 2024 the following metrics monitored have had either an improving variation or consistently hit their target:
- Occupational Therapy Review Contacts
- Dietetics Review Contacts
- Occupational Therapy Review
- Occupational Therapy Number on WL
- Physiotherapy Number on WL
- Dietetics Number on WL

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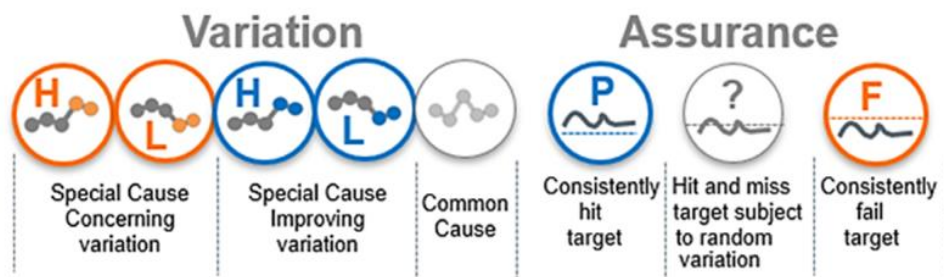
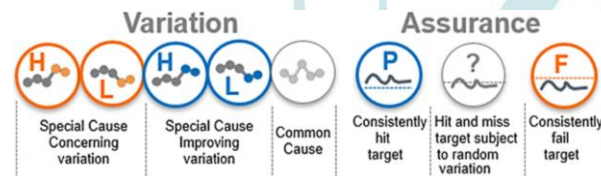| KPI	Latest month	Measure	Target	Variation	Assurance
CDS Contacts New	Oct 24	409	201	(common cause)	(?)
CDS Contact Review	Oct 24	947	1036	(common cause)	(F)
Complex Discharges (n)	Oct 24	382	-	(H)	
Complex Discharges < 48hrs - All SET	Oct 24	31%	90%	(L)	(F)
Complex Discharges < 7 days	Oct 24	83%	100%	(common cause)	(F)
AHP < 13 weeks	Oct 24	49%	100%	(common cause)	(F)
District Nursing Contacts	Oct 24	29533	-	(H)	
CDS General Anaesthetic Ulster	Oct 24	80	83	(common cause)	(?)

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. Reporting against this SDP metric has been paused, target removed.

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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

31

KPI	Latest month	Measure	Target	Variation	Assurance
Speech & Language Therapy New Contacts	Oct 24	461	365	(common cause)	(?)
Speech & Language Therapy Review Contacts	Oct 24	2934	4063	(common cause)	(F)
Physio New	Oct 24	2144	2877	(common cause)	(F)
Physio Review	Oct 24	5333	7778	(common cause)	(F)
Occupational Therapy New	Oct 24	928	1389	(common cause)	(F)
Occupational Therapy Review	Oct 24	1700	3344	(H)	(F)
Dietetics New	Oct 24	758	725	(common cause)	(?)
Dietetics Review	Oct 24	1336	1156	(H)	(?)
Orthoptics New	Oct 24	77	179	(common cause)	(?)
Orthoptics Review	Oct 24	394	414	(common cause)	(?)
Podiatry New	Oct 24	650	812	(common cause)	(F)
Podiatry Review	Oct 24	2593	4025	(common cause)	(F)

South Eastern Health and Social Care Trust
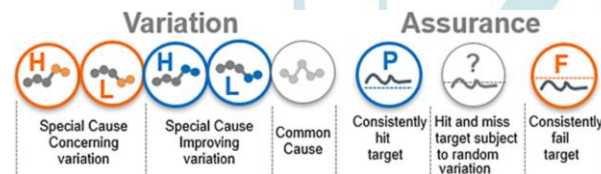
KPI	Latest month	Measure	Target	Variation	Assurance
Occupational Therapy Number on WL	Oct 24	2894	-	L	
Occupational Therapy >13 Week Waits	Oct 24	1674	0		F
Orthoptics Number on WL	Oct 24	337	-		
Orthoptics >13 Week Waits	Oct 24	59	0		F
Podiatry Number on WL	Oct 24	4359	-	H	
Podiatry >13 Week Waits	Oct 24	2804	0	H	F
Physiotherapy Number on WL	Oct 24	9147	-	L	
Physiotherapy >13 Week Waits	Oct 24	4593	0		F
Dietetics Number on WL	Oct 24	2082	-	L	
Dietetics >13 Week Waits	Oct 24	570	0		F

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KPI	Latest month	Measure	Target	Variation	Assurance
Speech and Language Therapy Adult Number on WL	Oct 24	1102	-	H	
Speech and Language Therapy Adult >13 Week Waits	Oct 24	551	0	H	F
Speech and Language Therapy Child Number on WL	Oct 24	414	-		
Speech and Language Therapy Child >13 Week Waits	Oct 24	119	0		F

South Eastern Health and Social Care Trust

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
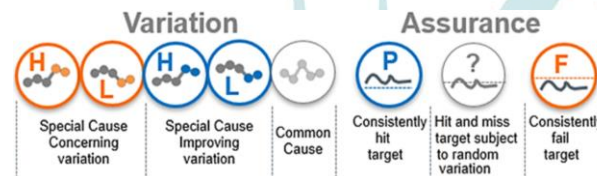
CDS Contact Review
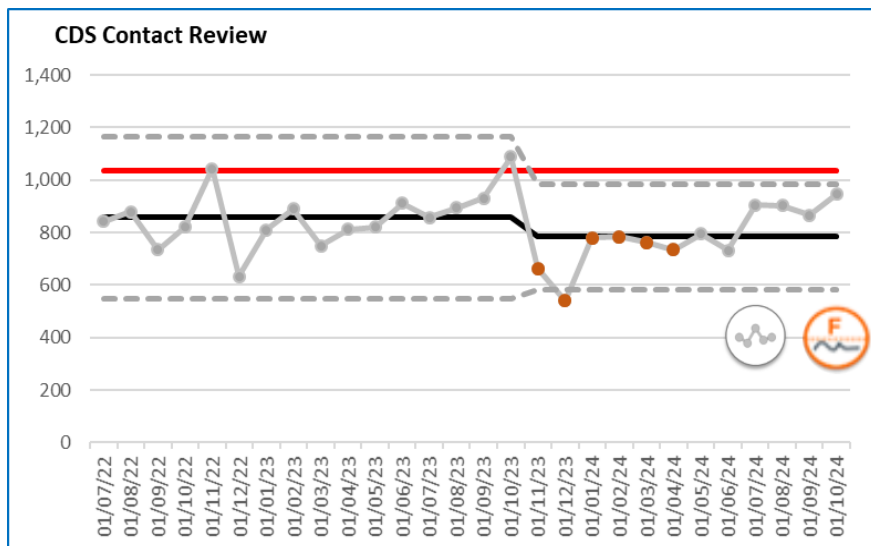
CDS Contact Review

CDS Contact Review is monitored as part of the Service Delivery Plan.

October 2024 recorded 947 review contacts against a trajectory of 1,036. This equates to 91% of expected activity.

Community Dental Services are carrying out a significant number of new contacts each month, particularly within care homes due to the complex needs of the patients. This is reflected in the figures this month, which show 409 contacts against a target of 201.

The team have been in discussion with the SPPG regarding the blend of new and review appointments, and they are satisfied that the team are meeting their activity levels.

South Eastern Health and Social Care Trust

Complex Discharges

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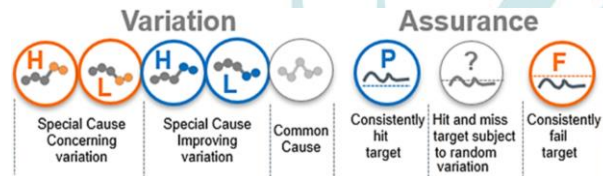
Complex Discharges < 7 days
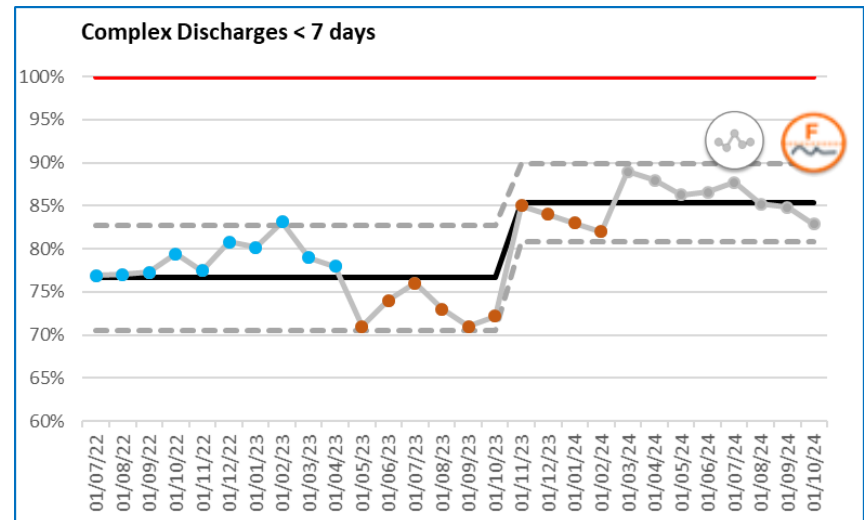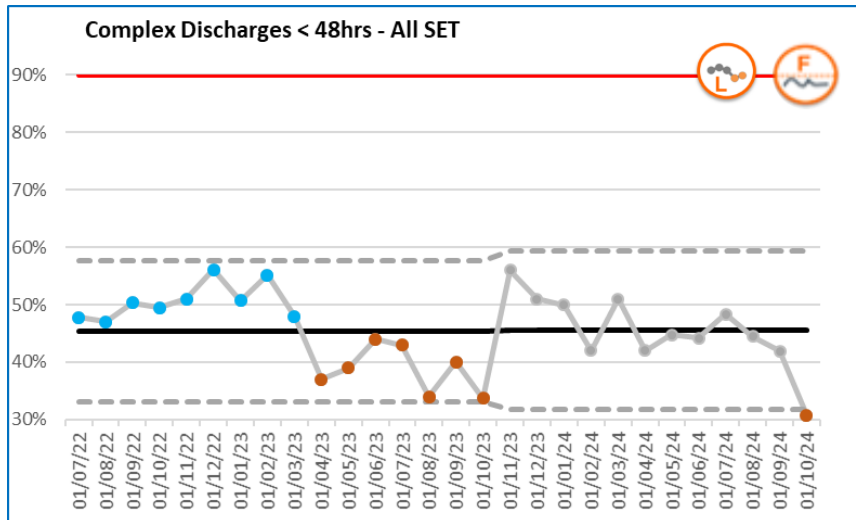
90% of complex discharges should take place within 48 hours. No complex discharge should take longer than 7 days. These metrics are included from the CPD reporting targets. *All qualifying patients (any Trust of Residence) in SET beds.*

In October 2024, 31% of complex discharges were completed within 48 hours against the 90% target. 83% 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 Regional Control Centre to discuss delays and performance. The Regional Control Centre Affiliate continues to support the Trust to unlock challenges which are impacting complex discharges.

AHP < 13 Weeks
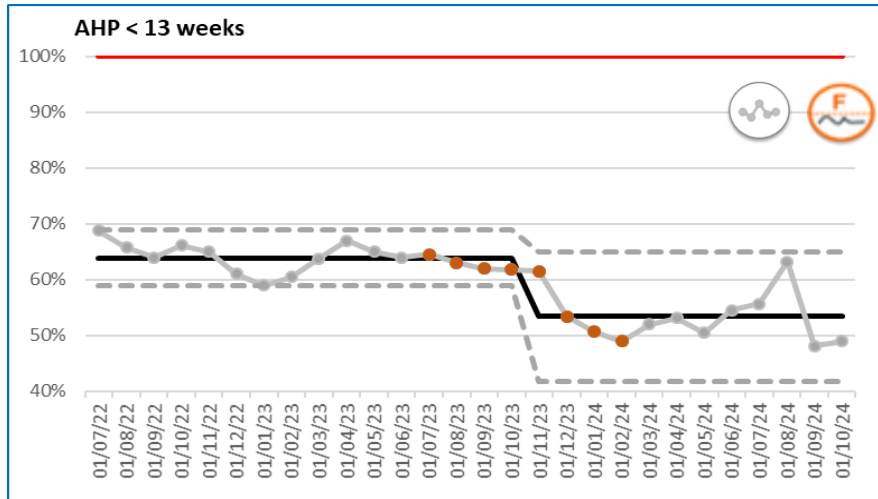
Allied Health professionals: no patient is to wait longer than 13 weeks from referral to commencement of treatment. This metric is monitored as a CPD target.
In October 2024 49% of patients received treatment within 13 weeks against the 100% target. Breakdown by specialty is shown in the summary table.

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.

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Speech and Language Therapy Review Contacts

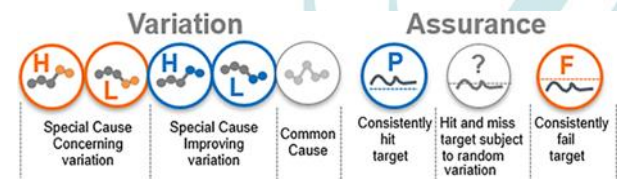Speech & Language Therapy Review Contacts
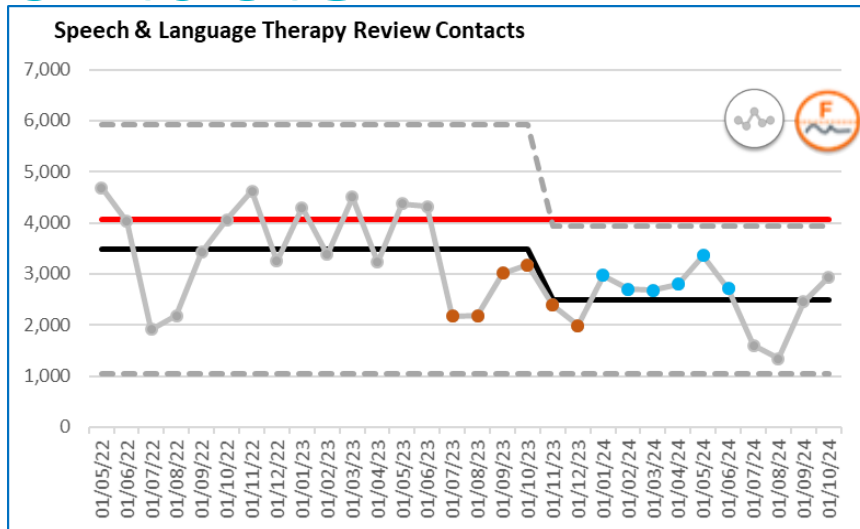
Speech and Language Therapy Review Contacts are monitored as part of the Service Delivery Plan.

October 2024 recorded 2,934 review contacts against an expected trajectory of 4,063. This equates to 72% of expected activity.

Review activity for SLT significantly impacted by previous activity counted as direct now counted as indirect. High levels of vacancy and maternity leaves. Also continued focus on new's and new advice and support pathways have resulted in less reviews.

South Eastern Health 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

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Physio New and Review Contacts

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

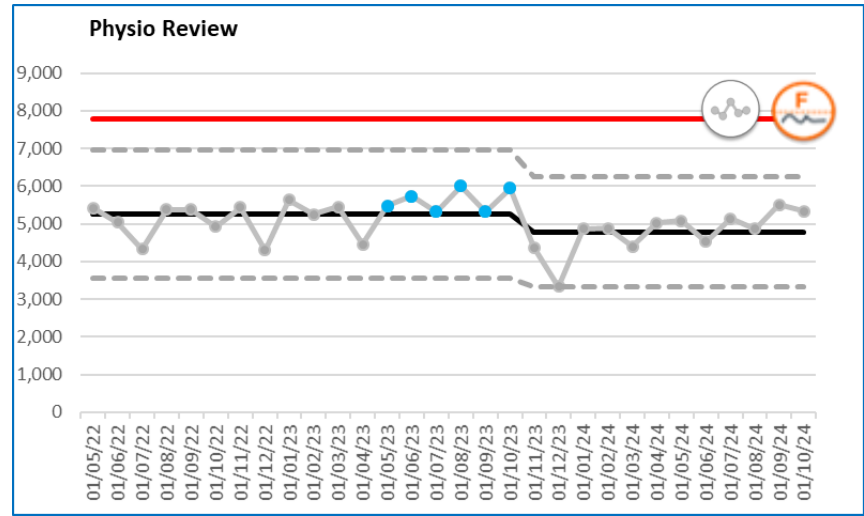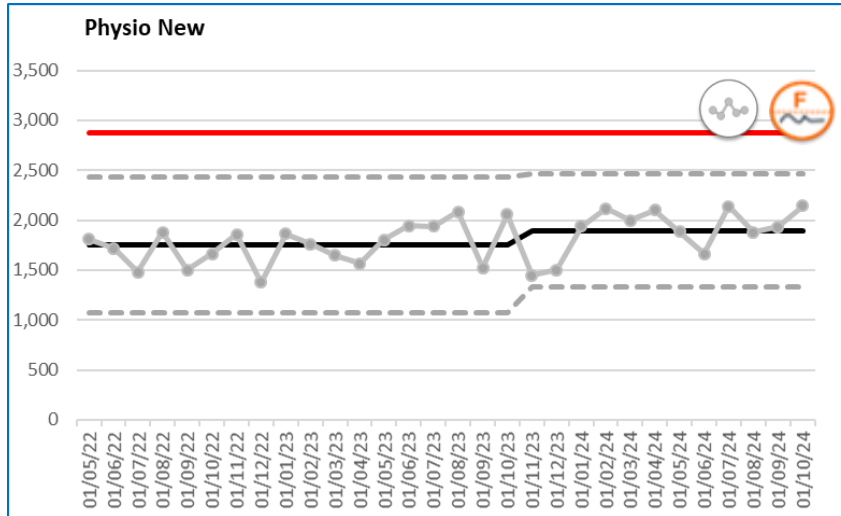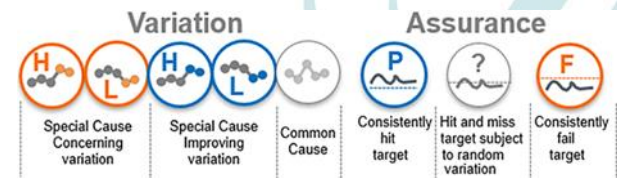**October 2024 recorded 2,144 new contacts against an expected trajectory of 2,877. This equates to 75% of expected activity. 5,333 review contacts were seen against an expected trajectory of 7,778. This equates to 69% of expected activity.**

There are over 50 vacant Physio 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.

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Occupational Therapy New and Review Contacts

Occupational Therapy New

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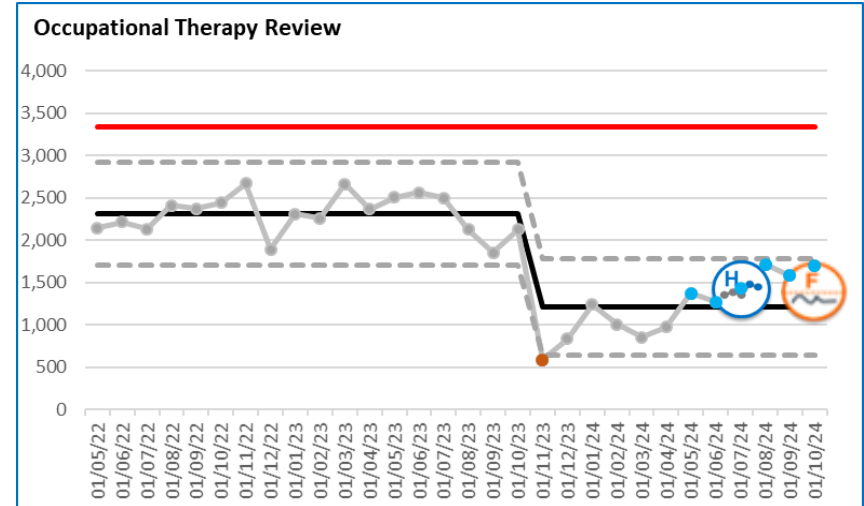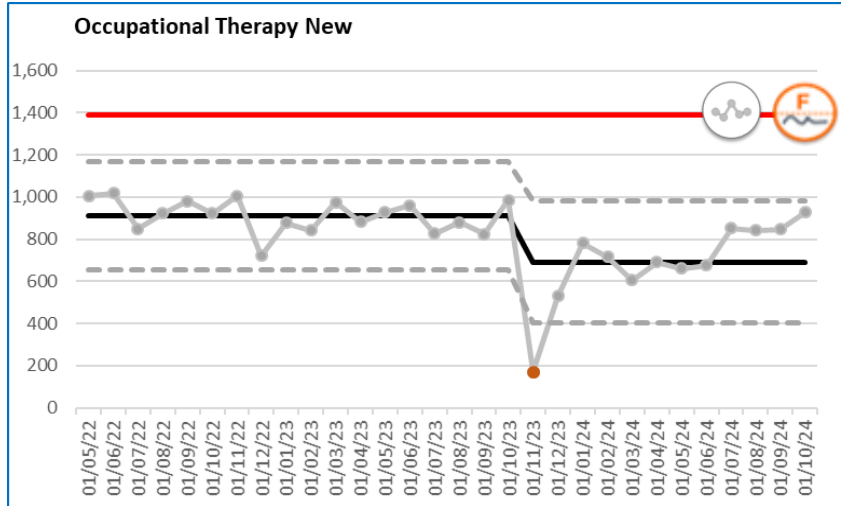
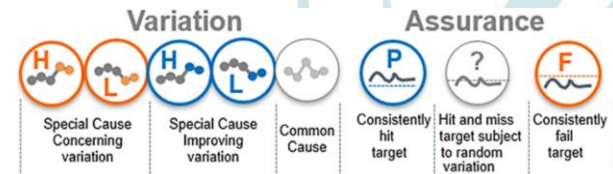**Occupational Therapy Contacts are monitored as part of the Service Delivery Plan.**

October 2024 recorded 928 new contacts against an expected trajectory of 1,389. This equates to 67% of expected activity. 1,700 review contacts were seen against an expected trajectory of 3,344. This equates to 51% 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.
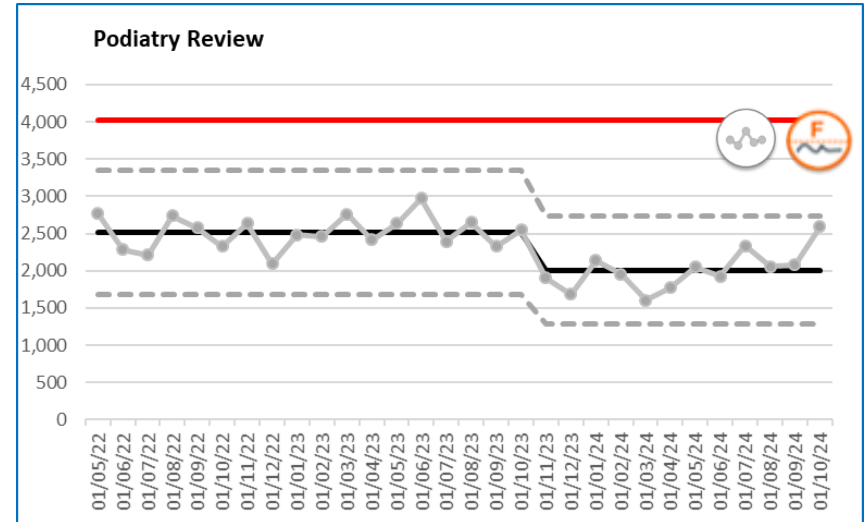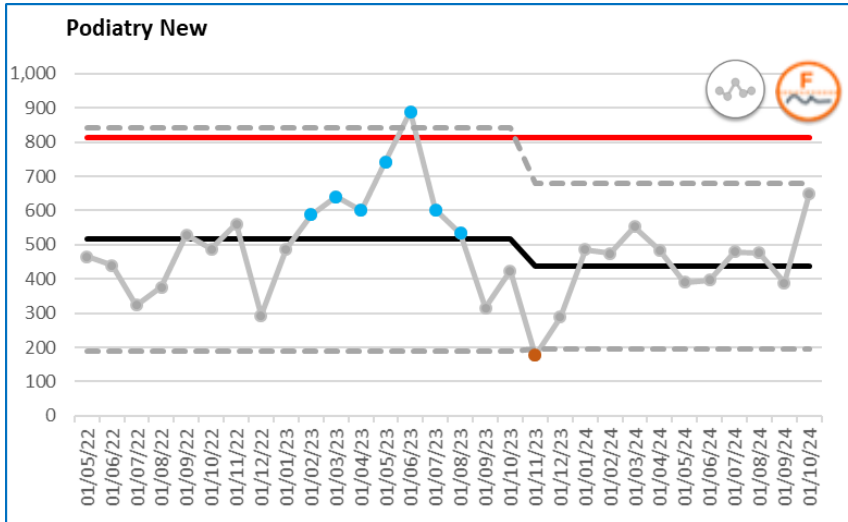A significant portion of activity previously counted as review work before the implementation of encompass is now classified as indirect activity and is no longer included in data submissions. As a result, previous activity levels will not be matched due to this change in reporting

South Eastern Health and Social Care Trust

Podiatry New and Review Contacts

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

October 2024 recorded 650 new contacts against an expected trajectory of 812. This equates to 80% of expected activity. 2,593 review contacts were seen against an expected trajectory of 4,025. This equates to 64% of expected activity.

A number of key vacancies in small team, particularly at senior levels continues to impact activity however as these posts are now being filled, performance is improving.
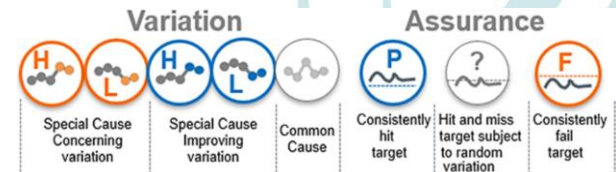
Safety, Quality and Experience of Care

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 October 2024 the following metrics monitored have had either an improving variation or consistently hit their target:
• Adult Mental Health Non-Inpatient New Contacts
• Adult Mental Health Non-Inpatient Review Contacts
• Psychological Therapies – New Contacts
• Psychological Therapies – Review Contacts

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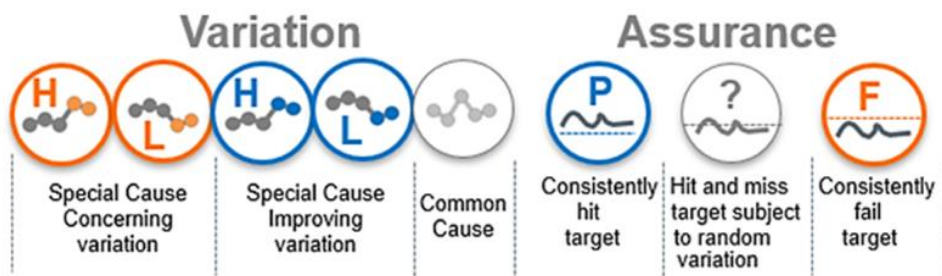
KPI	Latest month	Measure	Target	Variation	Assurance
Adult Mental Health Non-Inpatient New	Oct 24	934	966	H	?
Adult Mental Health Non-Inpatient Review	Oct 24	5254	5781	H	?
Psychological Therapies - New Contacts	Oct 24	276	233	H	?
Psychological Therapies - Review Contacts	Oct 24	1800	2115	H	?
Dementia Contacts New	Oct 24	159	-		
Dementia Contacts Review	Oct 24	456	-		

*NB Reporting against Dementia SDP metric has been paused, target removed.
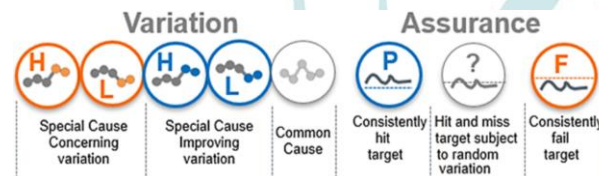
Safety, Quality and Experience of Care

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 October 2024 no metrics monitored have had either an improving variation or consistently hit their target.
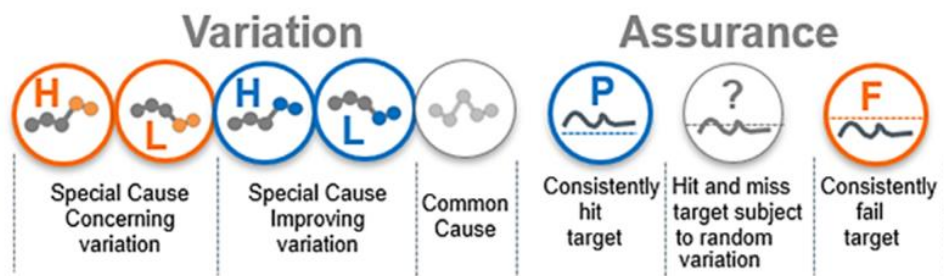
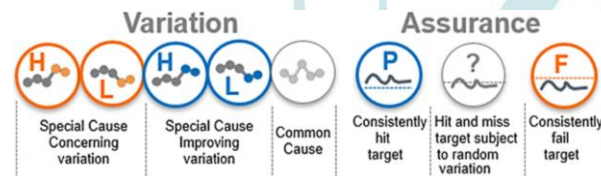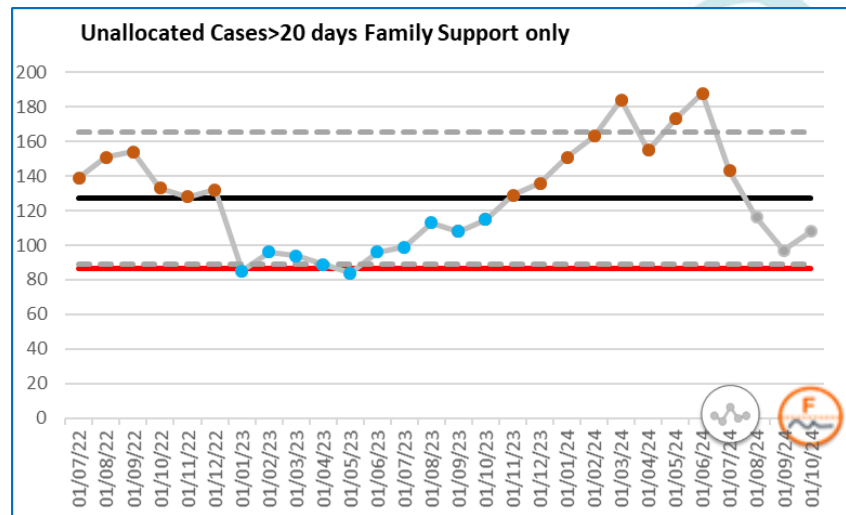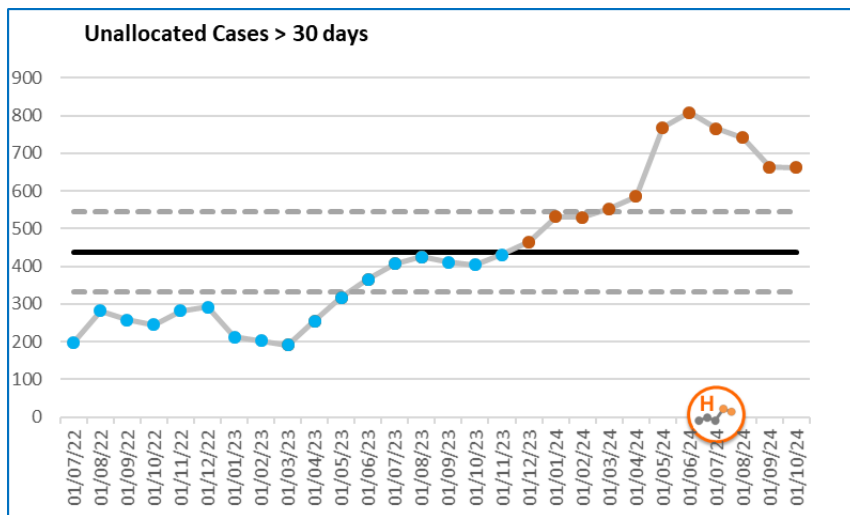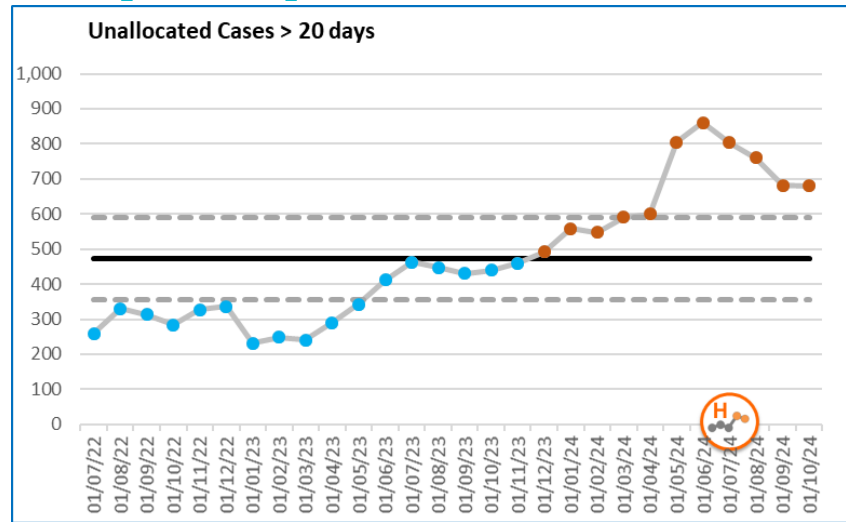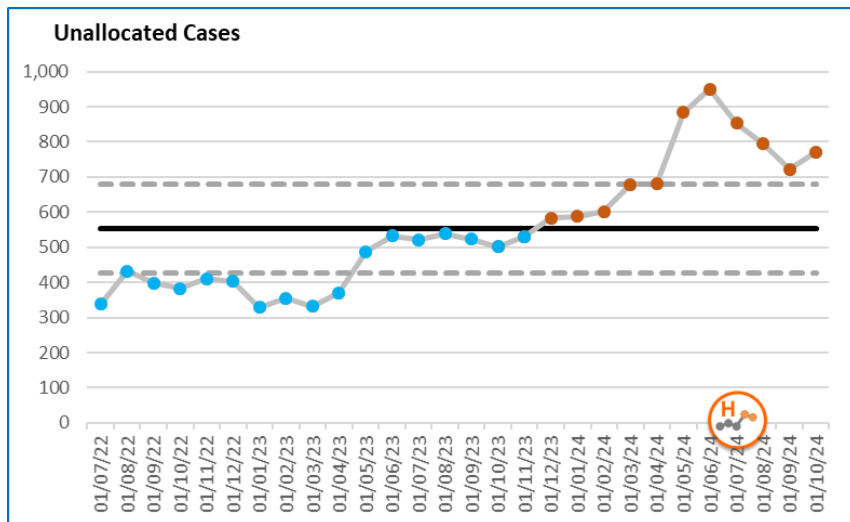| KPI	Latest month	Measure	Target	Variation	Assurance
Initial Family Assessments Completed	Apr 24	101	-	(common cause)	
Unallocated Cases	Oct 24	771	-	(H concerning)	
Unallocated Cases > 20 days	Oct 24	680	-	(H concerning)	
Unallocated Cases > 30 days	Oct 24	662	-	(H concerning)	
% of review CP case conferences held with 3 months	Apr 24	100%	85%	(H improving)	(?)
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)	(?)
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)	(?)
Unallocated Cases>20 days Family Support only	Oct 24	108	86	(common cause)	(F)

*NB: Data has not collated for this metric due to action short of strike.

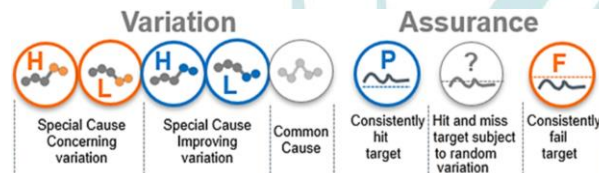South Eastern Health and Social Care Trust

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

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Unallocated Cases (1/3)

Unallocated Cases (2/3)

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 October 2024 there were 108 unallocated over 20 days, for the Family Support metric. These cases exclude unallocated cases for Gateway and Children's Disability Services.

In October 2024 there were 771 unallocated cases with 680 of these waiting over 20 days and 662 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, 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. "In response to ongoing staffing challenges within the Ards locality, an interim measure redirecting all statutorily cases within the Ards locality to Down and Lisburn teams was commenced at the start of November to be in place until January 2025".

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.

South Eastern Health and Social Care Trust
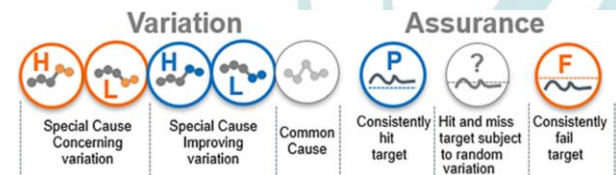
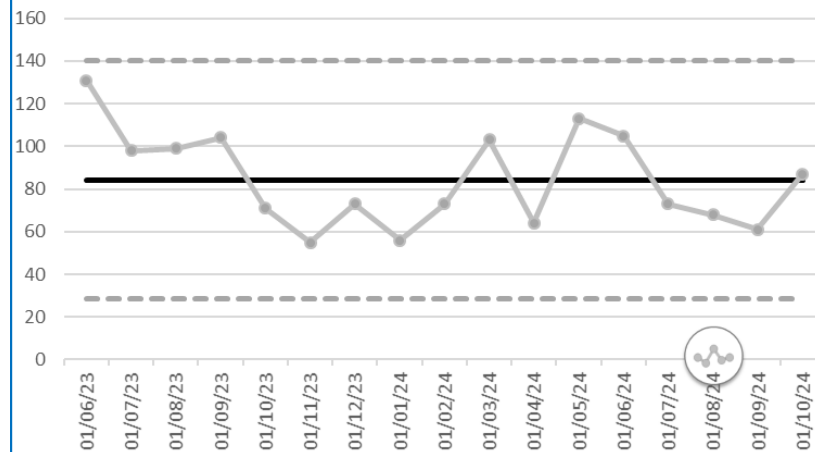# Unallocated Cases by service area (3/3)

Oct 2024

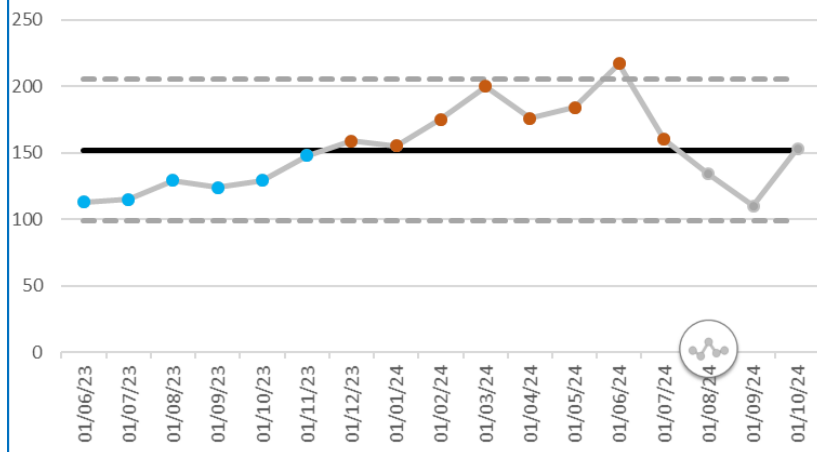Total Unallocated = 771

Total unallocated Gateway = 87

Total Unallocated Family Support= 153

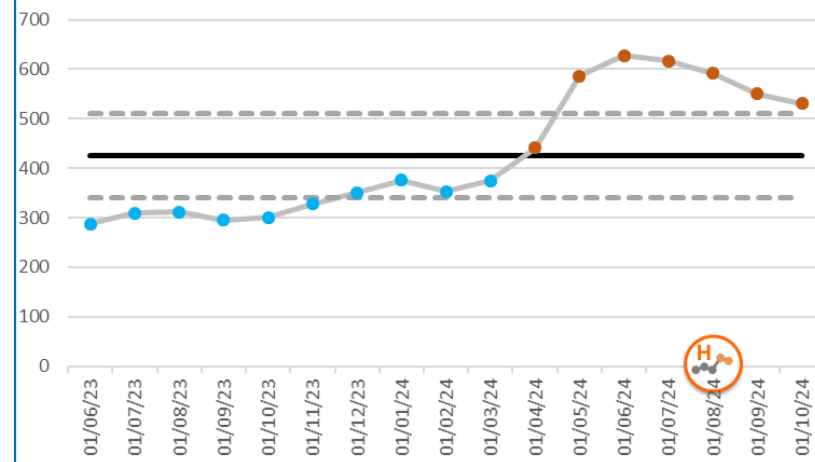Total Unallocated Disability = 531- NB: new disability tracker introduced April/ May 24

Total Unallocated Gateway

Total unallocated Family support

Total unallocated Disability