

# **Integrated Performance Monitoring Report**

Year End 23/24

Paper Number: SET/42/24



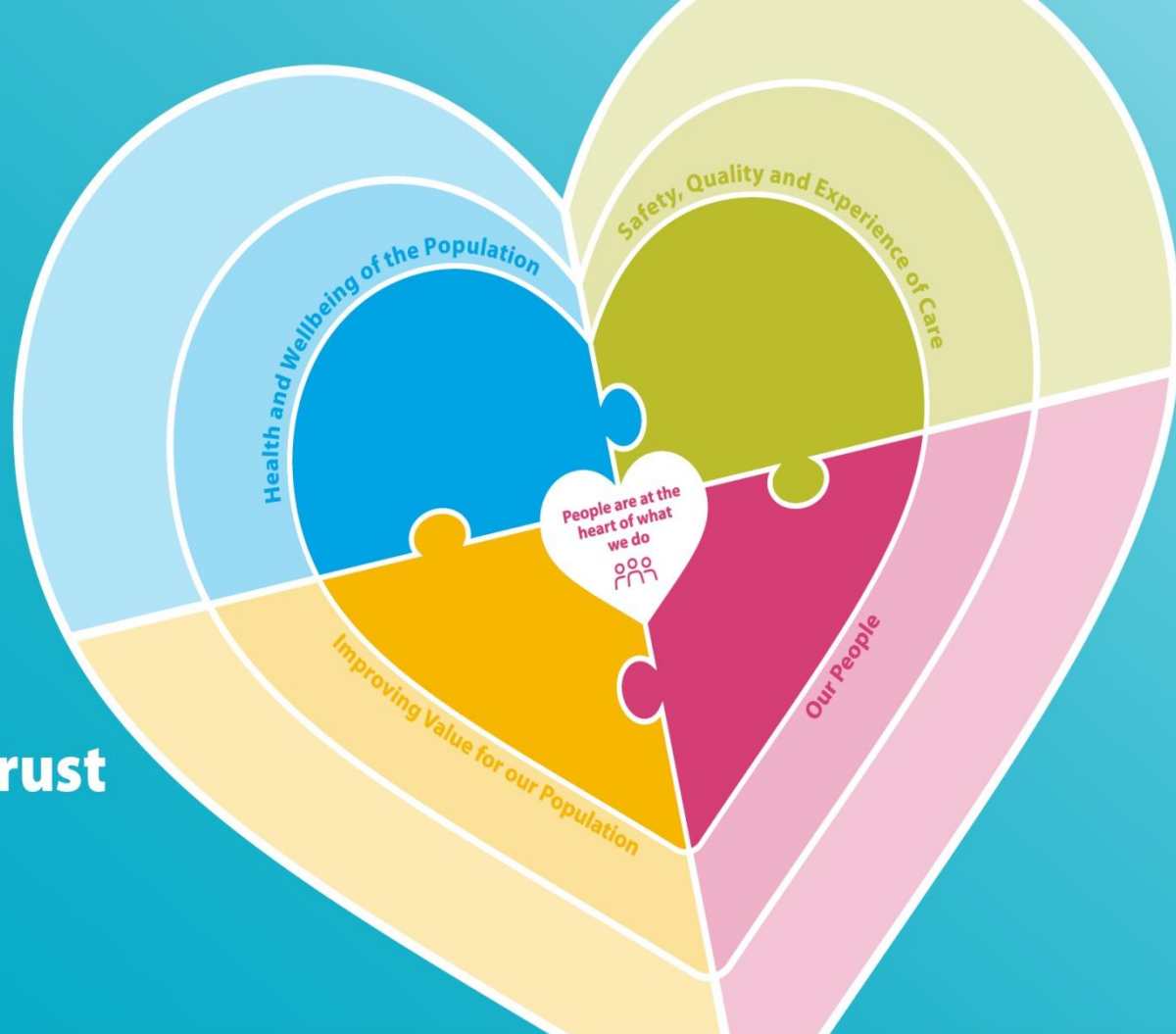
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# Quality 4 All

## South Eastern HSC Trust Quality Strategy 2021-2026



A great place to **Live**

A great place to **Work**

A great place for **Care & Support**

# Overview

This Integrated Performance Management Report assesses the Trust position for April 2024, including full year 23/24, 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

2023/24 metrics for monitoring were released by SPPG on 14<sup>th</sup> June 2023. A full quarter data (April '23 – June '23) was submitted on 7<sup>th</sup> July 2023 and will continue to be monitored monthly. Version 4 of the 23/24 Service Delivery Plan was received from SPPG on 8 Sept 2024, this included amendments to trajectories for monitoring.

2024/25 metrics have been rolled forward with trajectories to be received. In the interim 2023/24 trajectories have been used for performance management.

## Strategic Priorities

The Trust has identified three corporate improvement priorities:

1. Unscheduled Care
2. Domiciliary Care
3. Children's Unallocated Cases

These areas are receiving support from the Quality Improvement (QI) Team and the wider corporate team to improve performance.



# 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



# Service Delivery Plan

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 April are in development with the new Encompass system.

Updates have been made here against submitted Service Delivery Plan (SDP) metrics only. All 23 metric are now built in encompass, however submission continues to be supplemented by manual reports whilst data quality issues for some reports are resolved. Encompass SDP reports have been assigned a level of confidence (see below). SET and Encompass teams are meeting twice weekly to drive and review this process to increase data accuracy.

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

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



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# Statistical Process Control

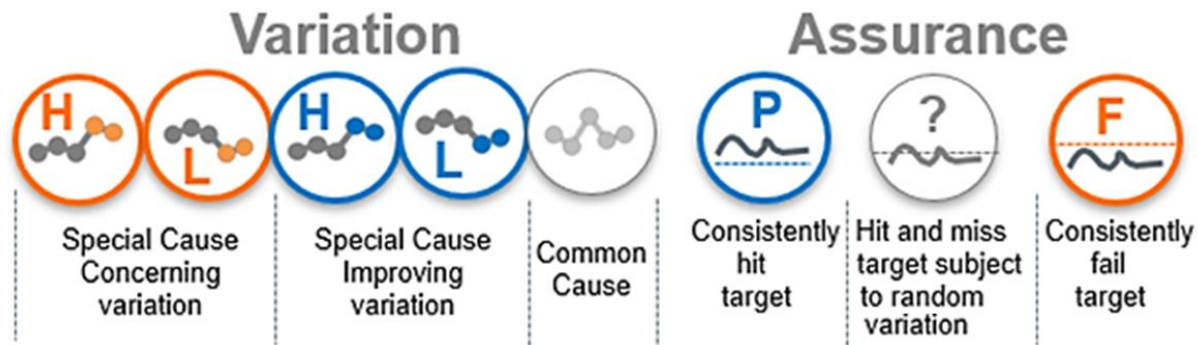
This report uses Statistical Process Control (SPC) charts throughout. SPC is an analytical technique that plots data over time. It helps us understand variation and in so doing guides us to take the most appropriate action.

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

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

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

An explanation of the icons used is included below:



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# 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.

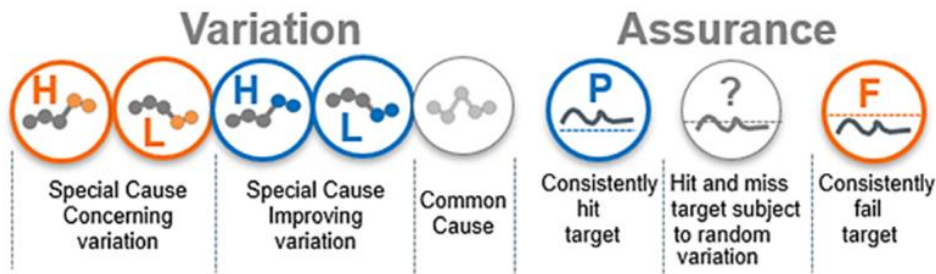
A summary table for all targets being monitored is included, this shows the previous month activity, the target (if applicable), an icon describing the variation shown and (if applicable) an icon showing the assurance against target.
















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

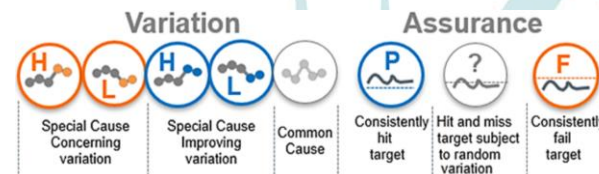
High-level metrics are being monitored weekly through the encompass Stabilisation Group to allow comparisons in reporting baselines in legacy systems and encompass. Individual specialty meetings are in progress to ensure baseline data is correct and reflects the correct activity in encompass, thereby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

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

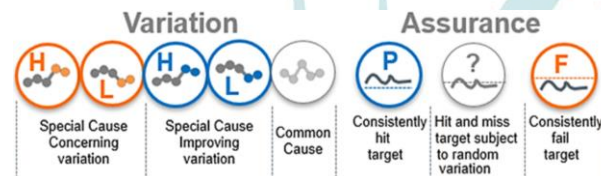
- Cancer 14 day Activity
- Attendances-Downe
- CT



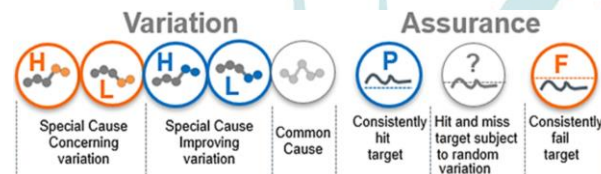
KPI	Latest month	Measure	Target	Variation	Assurance
Cancer 14 Day Activity	Apr 24	182	254		
Cancer 31 Day Activity	Apr 24	69	151		
Cancer 62 Day Activity	Apr 24	35.5	81.0		
Cancer 14 Day %	Apr 24	6%	100%		
Cancer 31 Day %	Apr 24	91%	98%		
Cancer 62 Day %	Apr 24	49%	95%		
Attendances - All SET	Apr 24	13879	-		
Attendances - Lagan Valley	Apr 24	1991	-		
Attendances - Downe	Apr 24	1556	-		
Attendances - Ulster ED and MIU	Apr 24	10332	-		



KPI	Latest month	Measure	Target	Variation	Assurance
4hr % - All SET	Apr 24	51%	95%		
4hr % - Lagan Valley	Apr 24	73%	95%		
4hr % - Downe	Apr 24	96%	95%		
4hr % - Ulster ED and MIU	Apr 24	41%	95%		
12hr Breaches - All SET	Apr 24	1929	-		
12hr Breaches - Lagan Valley	Apr 24	0	-		
12hr Breaches - Downe	Apr 24	0	-		
12hr Breaches - Ulster ED and MIU	Apr 24	1929	-		
Non-Elective Average Length of Stay	Apr 24	8.4	7.0		



KPI	Latest month	Measure	Target	Variation	Assurance
Outpatient Contacts New	Apr 24	5717	7837		
Outpatient Contacts New Face to Face	Apr 24	5375	-		
Outpatient Contacts New Virtual	Apr 24	342	-		
Outpatient Contacts Review	Apr 24	12407	11896		
Outpatient Contacts Review Face to Face	Apr 24	9981	-		
Outpatient Contacts Review Virtual	Apr 24	2426	-		
Inpatient Activity	Apr 24	284	320		
Daycase Activity	Apr 24	974	1746		
Endoscopy - 4 main scopes	Mar 24	570	780		

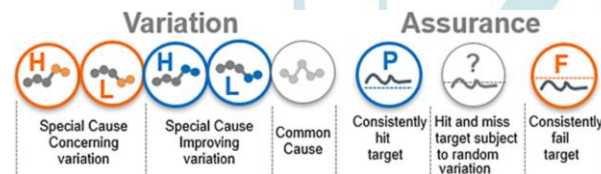





















KPI	Latest month	Measure	Target	Variation	Assurance
Cath Labs Procedures	Apr 24	51	60		
UHD Thrombolysis Rate	Jun 23	22%	16%		
UHD Stroke Admitted < 4 hours	Jun 23	35%	47%		
Inpatient & Daycase Waits < 13 weeks	Oct 23	23%	55%		
Inpatient & Daycase Waits < 52 weeks	Oct 23	52%	100%		
MRI	Apr 24	1067	1294		
CT	Apr 24	3884	2589		
NOUS	Apr 24	2740	2994		
Cardiac CT (incl CT TAVI Workup & excl Ca Scoring)	Apr 24	100	147		
Echo	Apr 24	1399	945		



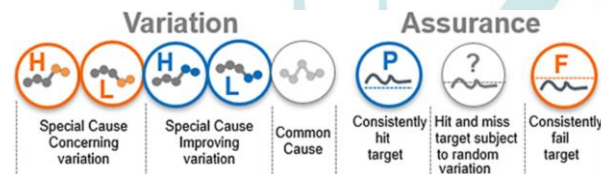
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KPI	Latest month	Measure	Regional Avg. 2022	Variation	Assurance
Number of Births	Apr 24	287	-		
% C-Sections	Apr 24	51%	38%		
# C-Sections	Apr 24	145	-		
% Elective C-Sections	Apr 24	23%	20%		
# Elective C-Sections	Apr 24	66	-		
% Emergency C-Sections	Apr 24	28%	18%		
# Emergency C-Sections	Apr 24	79	-		
% Instrumental Births	Apr 24	11%	11%		
# Instrumental Births	Apr 24	31	-		
Induction of Labour Rate	Apr 24	39%	-		
% Spontaneous Vaginal Births	Apr 24	38%	50%		
# Spontaneous Vaginal Births	Apr 24	110	-		



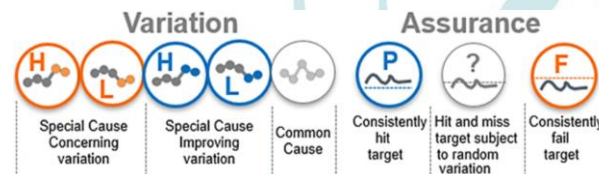
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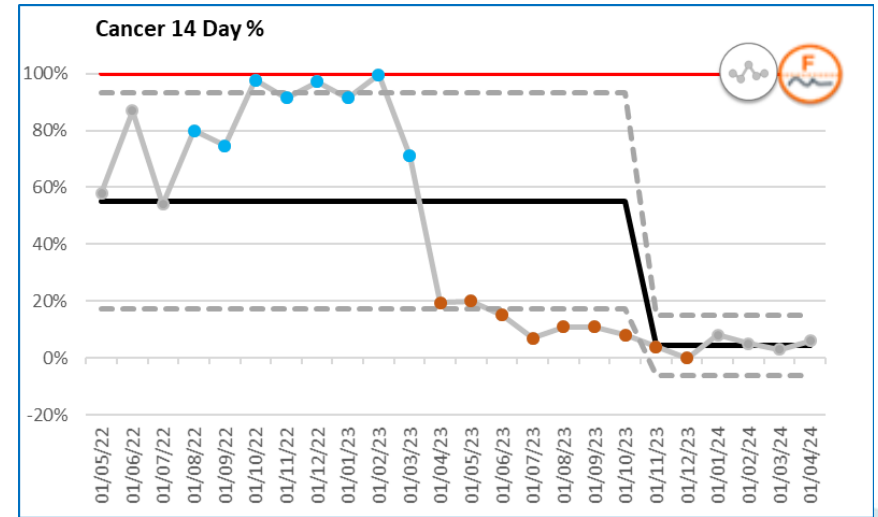
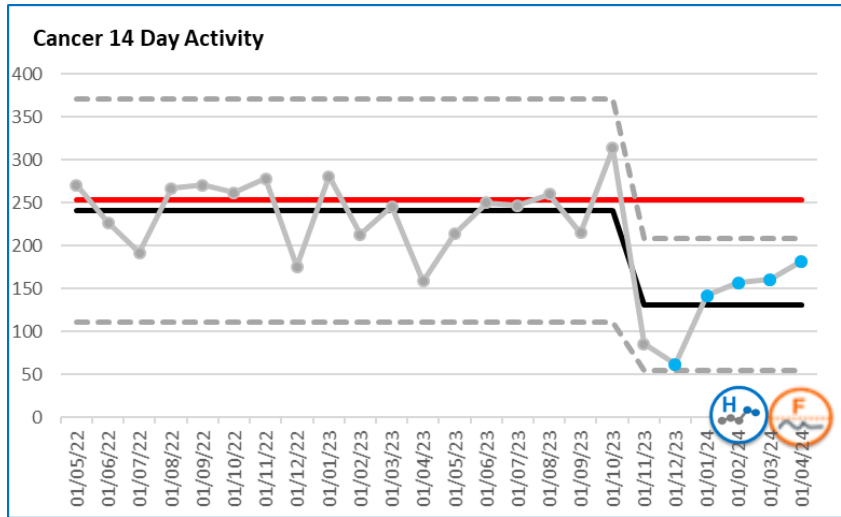
KPI	Latest month	Measure	Regional Avg. 2022	Variation	Assurance
Still Birth Rate (per 1000)	Apr 24	0	-		
Full Term Neonatal Unit (ICU) Admissions	Apr 24	8	-		
Post Partum Haemorrhage (>2000ml)	Apr 24	1%	-		
Shoulder Dystocia Rate	Apr 24	1%	-		
Breastfeeding Initiation Rate	Nov 23	65%	-		



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# Cancer 14 day



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

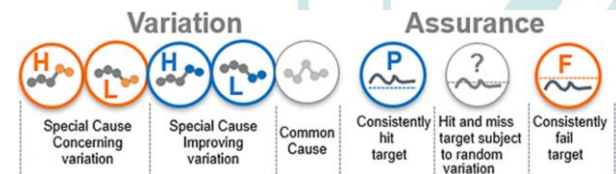
The 'Cancer 14 Day Activity' metric relates to the Service Delivery Plan and the 'Cancer 14 Day %' metric relates to traditional CPD metrics target. In FY 23/24 the Trust did not meet this target.

As of May activity within the Breast Assessment Service is back to 97% of pre encompass and should be 100% once short term absence within the Radiology team resolves.

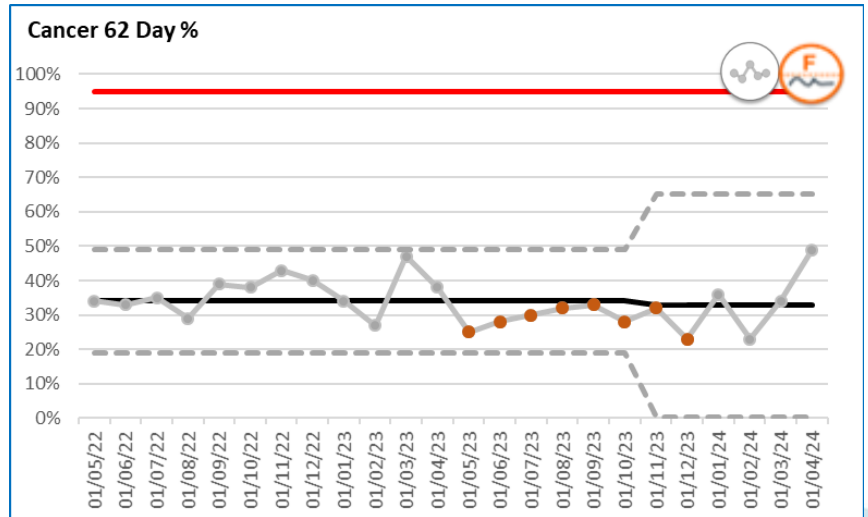
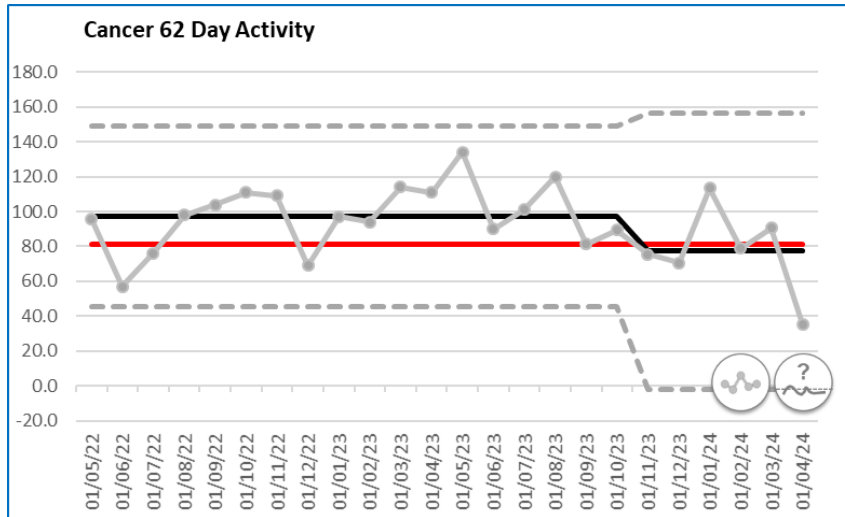
Additionally, discussions are underway to plan additional clinics for up to 75 patients per clinic to help to address the backlog.



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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.**

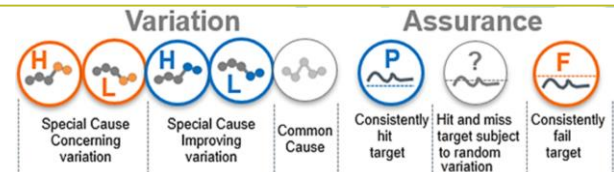
**The 'Cancer 62 Day Activity' metric relates to the Service Delivery Plan. In FY 23/24 the Trust did not meet this target.**

62 day performance has been impacted by a variety of issues including clinic capacity, staff vacancies, unplanned absence and increasing rates of referrals. Bottlenecks in accessing first outpatients appointments are being addressed through WLI and IS and through maximisation of red flag capacity. Additionally, Hospital Services have established a Thursday Cancer Planning meeting to develop action plans aimed at addressing backlogs and delays.

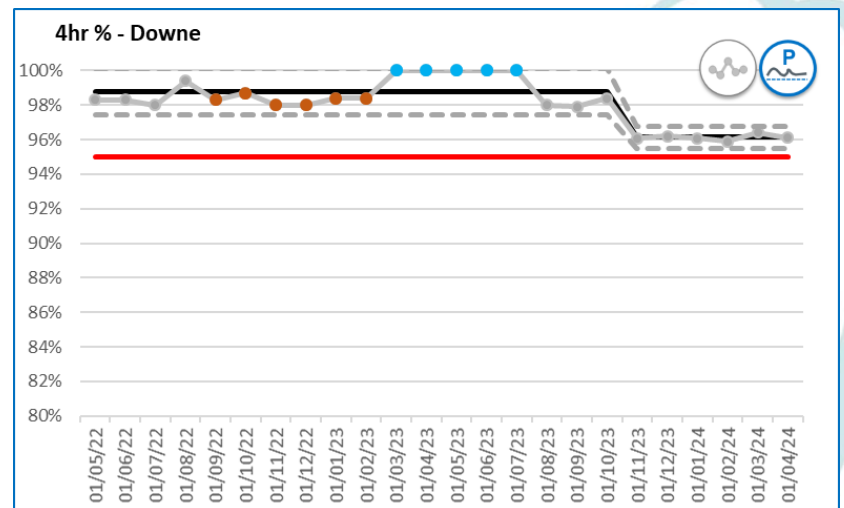
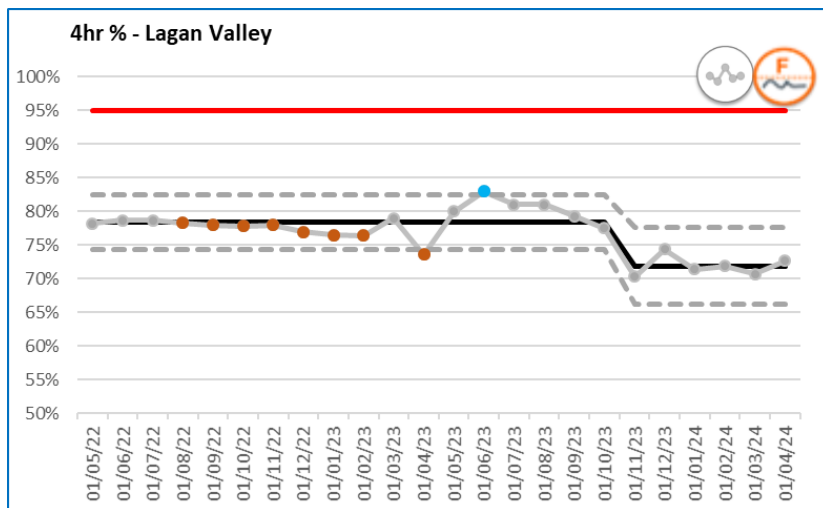
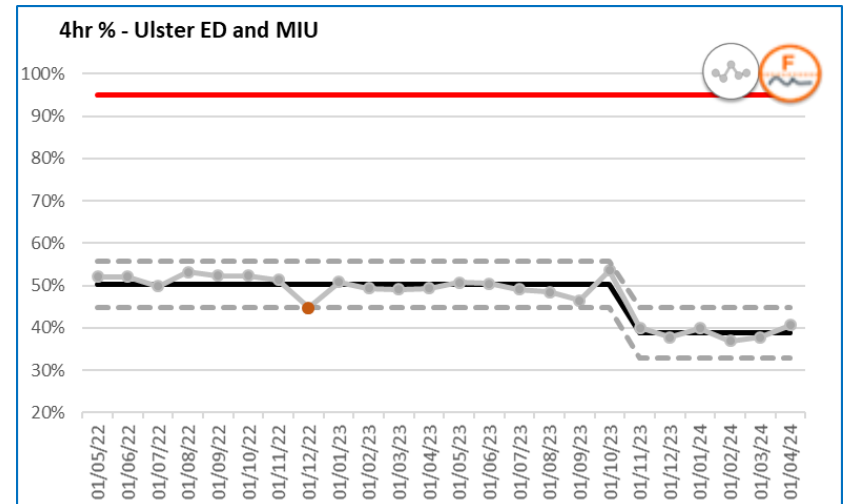
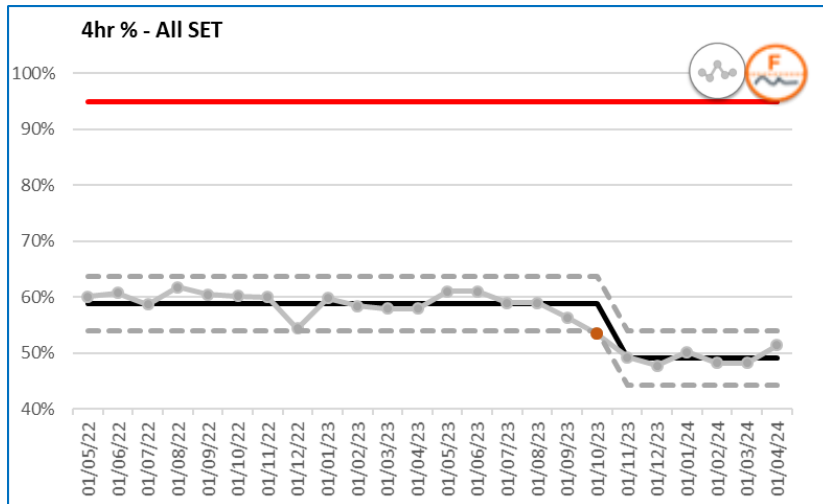
Cancer optimisation plans are also being developed to ensure there is diagnostic and theatre capacity in place to meet demand.



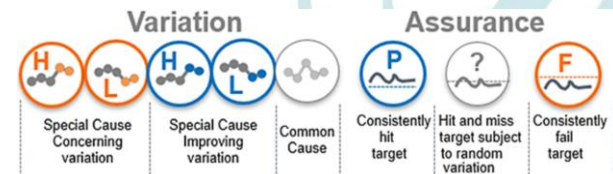
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# Unscheduled Care 4 Hour Target 1/2



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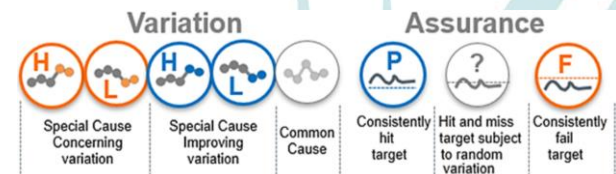
# Unscheduled Care 4 Hour Target 2/2

ED 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 FY 23/24 the Trust did not meet this target.**

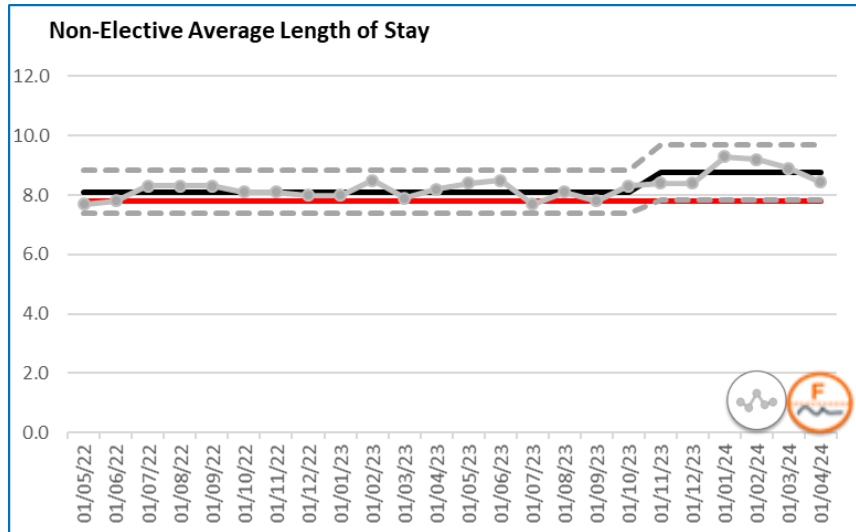
4 Hour performance remains a complex challenge in the Emergency Department at the Ulster Hospital due to multiple factors. This includes complexity/acuity of patients attending (including complex mental health patients), high rates of attendance and significant overcrowding caused by high length of stay. Even with the challenges the percentage of patients seen and discharged, or admitted, within 4hrs improved by 5% in April vs March, this was despite higher attendances.

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





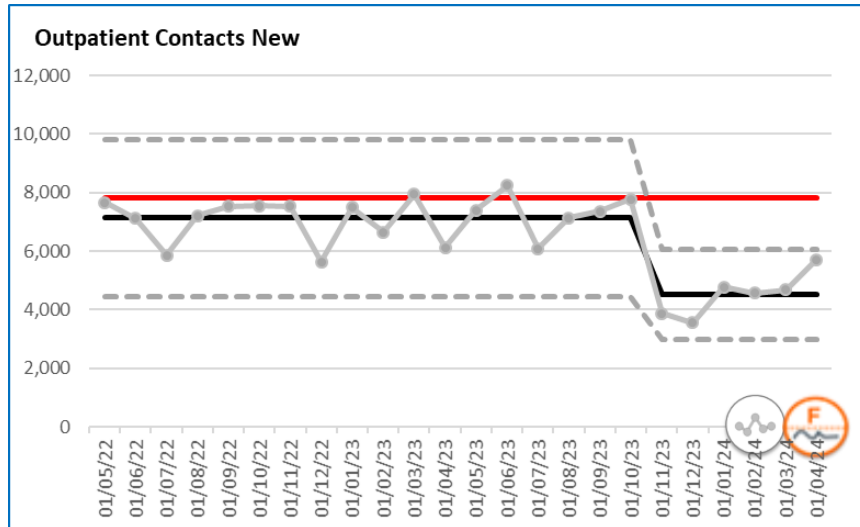
# Non Elective Average Length of Stay



**Non Elective Length of Stay at the Ulster Hospital is tracked as part of SDP monitoring. At year end 23/24 the Trust did not meet this target.**

Non-elective Length of stay peaked at 9.3 in January 2024, however, as of April 24 this has dropped circa 10% to 8.4. Reducing length of stay has been priority for the Hospital and Community Flow Project with clear improvements demonstrated. Reducing length of stay remains a priority in phase 2 of the project.

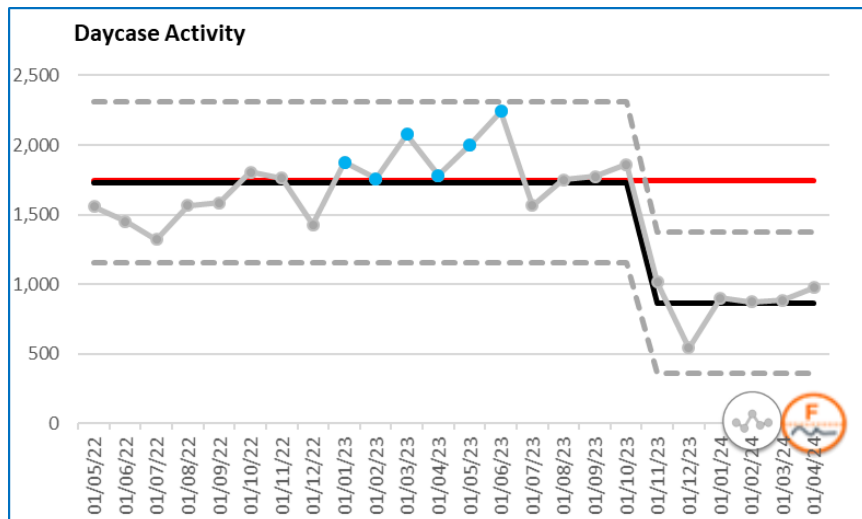
# Outpatient Contacts New



**Outpatient New Contacts, including virtual, are tracked as part of SDP monitoring. At year end 23/24 the Trust did not meet this target.**

New outpatients contacts grew by 25% in April vs March. This is despite continued data quality issues which are impacting the accurate recording of new contacts in some specialty areas and the impact of the Easter Break

# Daycase Activity



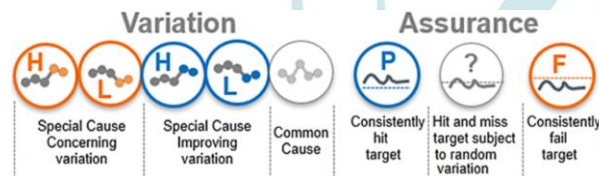
**Daycase activity is tracked as part of SDP monitoring. At YE 23/24 the Trust did not meet the Service Delivery Plan target**

Reporting changes to better account for Regional Day Procedure Centre activity at LVH has led to exclusion criteria being updated making comparison to previous volumes less representative. Work is ongoing to better apply Regional DPC flagging to ensure only core activity is captured in this report.

Additionally, the Easter Holiday period in April will have impacted delivery



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# HEALTHCARE ACQUIRED INFECTIONS



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C	Target	NARRATIVE	PERFORMANCE	TREND																												
HCAI	New Targets (limits) were set this year by PHA for all HCAI's except GNBs.	2024/25: CDI: 2 < 48 hours : 7> 48 hours	<table><tr><th></th><th>Target 23/24</th><th>Outturn 23/24</th><th>Limit 24/25</th><th>Target no. of cases / month</th><th>Avg cases as of end of April</th><th>April - Episodes</th></tr><tr><td>C.difficile</td><td>64</td><td>72</td><td>64</td><td>9</td><td>9</td><td></td></tr><tr><td>MRSA</td><td>6</td><td>8</td><td>6</td><td></td><td></td><td></td></tr><tr><td>All Gram Negative#</td><td>39</td><td>95</td><td>39</td><td>7</td><td>7</td><td></td></tr></table>		Target 23/24	Outturn 23/24	Limit 24/25	Target no. of cases / month	Avg cases as of end of April	April - Episodes	C.difficile	64	72	64	9	9		MRSA	6	8	6				All Gram Negative#	39	95	39	7	7		CDI HAI Rate in SET- starting 01/04/19
		Target 23/24	Outturn 23/24	Limit 24/25	Target no. of cases / month	Avg cases as of end of April	April - Episodes																									
	C.difficile	64	72	64	9	9																										
	MRSA	6	8	6																												
	All Gram Negative#	39	95	39	7	7																										
The new targets set by PHA were that by March 2024 to secure a reduction in the total number of in-patient episodes of Clostridium difficile infection (CDI) in patients aged 2 years and over. This equates to no more than 64 episodes, and of Methicillin-resistant Staphylococcus aureus (MRSA) bloodstream infections of no more than 6 episodes.	MRSA :0 < 48 hours, :0> 48 hours	Gram Negative Bacteraemias Reportable only if >48hrs		MRSA HAI Rate in SET- starting 01/04/19																												
The E.coli target is still that the Trust should secure an aggregate reduction of 11% of (GNB) Escherichia coli, Klebsiella spp. and Pseudomonas aeruginosa bloodstream infections acquired after two days of hospital admission, compared to 2017/18. These targets are due for review by CMO England in 2024.	***** All HCAI's are actively monitored and any preventative measures are taken once identified.	E.coli :6 Pseudo. Aeruginosa : 0 Klebsiella Oxytoca: 0 Klebsiella Pneumoniae: 1		E.coli HAI Rate in SET- starting 01/04/19																												

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# 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.

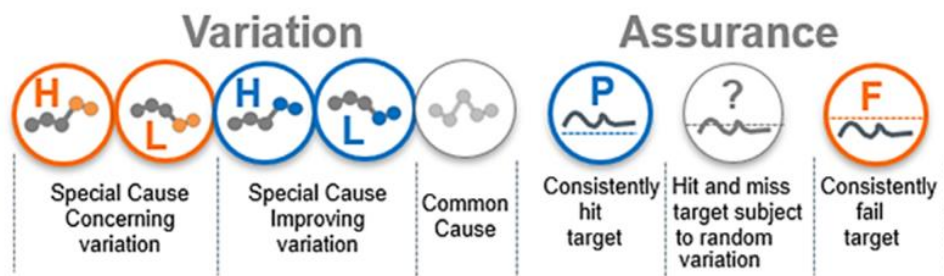
A summary table for all targets being monitored is included, this shows the previous month activity, the target (if applicable), an icon describing the variation shown and (if applicable) an icon showing the assurance against target.

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

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

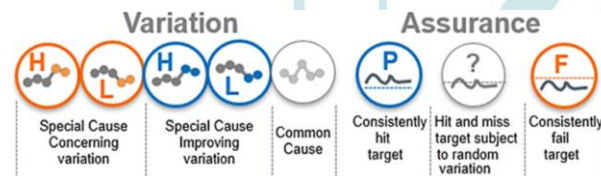
In April 2024 the following metrics monitored have had either an improving variation or consistently hit their target:

























- Speech and Language Therapy New Contacts
- Dietetics' Review Contacts


























KPI	Latest month	Measure	Target	Variation	Assurance
CDS Contacts New	Apr 24	237	223		
CDS Contact Review	Apr 24	734	848		
Complex Discharges (n)	Apr 24	331	-		
Complex Discharges < 48hrs - All SET	Apr 24	43%	90%		
Complex Discharges < 7 days	Apr 24	89%	100%		
Dom Care Hours Delivered Stat	Nov 23	64991	-		
Dom Care Hours Delivered Ind	Nov 23	314976	-		
AHP < 13 weeks	Apr 24	53%	100%		
District Nursing Contacts	Apr 24	24887	22877		
CDS General Anaesthetic Ulster	Apr 24	56	75		



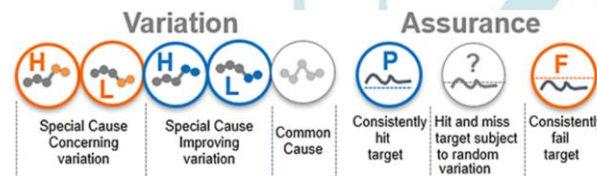
KPI	Latest month	Measure	Target	Variation	Assurance
Speech & Language Therapy New Contacts	Apr 24	767	353		
Speech & Language Therapy Review Contacts	Apr 24	2800	3154		
Physio New	Apr 24	2101	1946		
Physio Review	Apr 24	5030	6301		
Occupational Therapy New	Apr 24	692	1052		
Occupational Therapy Review	Apr 24	976	3035		
Dietetics New	Apr 24	745	624		
Dietetics Review	Apr 24	979	1237		
Orthoptics New	Apr 24	188	124		
Orthoptics Review	Apr 24	393	290		
Podiatry New	Apr 24	484	665		
Podiatry Review	Apr 24	1773	3547		

KPI	Latest month	Measure	Target	Variation	Assurance
Occupational Therapy Number on WL	Apr 24	3093	-		
Occupational Therapy >13 Week Waits	Apr 24	1836	0		
Orthoptics Number on WL	Apr 24	671	-		
Orthoptics >13 Week Waits	Apr 24	50	0		
Podiatry Number on WL	Apr 24	3948	-		
Podiatry >13 Week Waits	Apr 24	1893	0		
Physiotherapy Number on WL	Apr 24	9489	-		
Physiotherapy >13 Week Waits	Apr 24	4775	0		
Dietetics Number on WL	Apr 24	2262	-		
Dietetics >13 Week Waits	Apr 24	722	0		

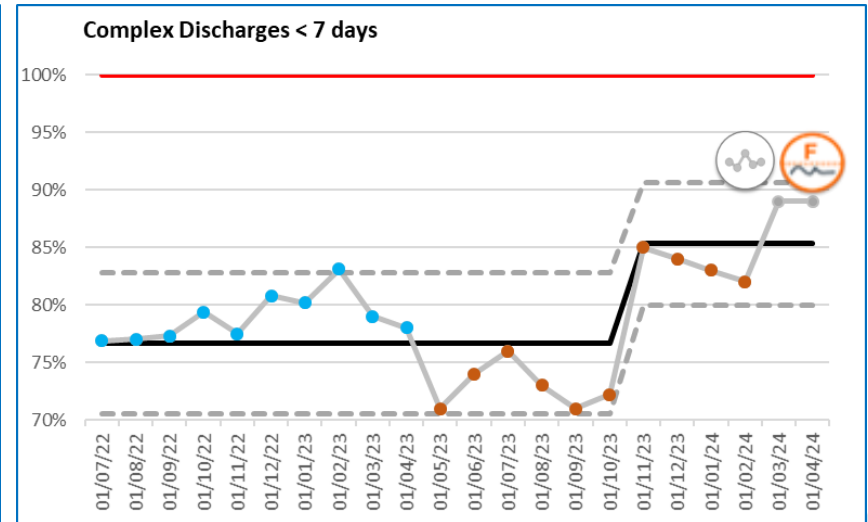
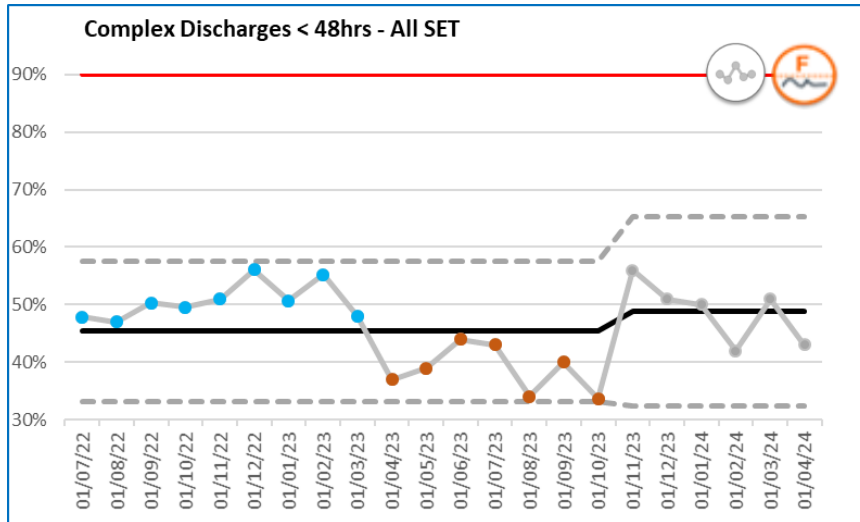
KPI	Latest month	Measure	Target	Variation	Assurance
Speech and Language Therapy Adult Number on WL	Apr 24	810	-		
Speech and Language Therapy Adult >13 Week Waits	Apr 24	302	0		
Speech and Language Therapy Child Number on WL	Apr 24	498	-		
Speech and Language Therapy Child >13 Week Waits	Apr 24	163	0		



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# Complex Discharges

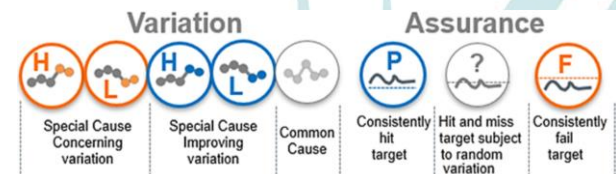


**90% of complex discharges should take place within 48 hours. No complex discharge should take longer than 7 days. These metrics are included from the CPD reporting targets. All qualifying patients (any Trust of Residence) in SET beds. In FY 23/24 the Trust did not meet this target**

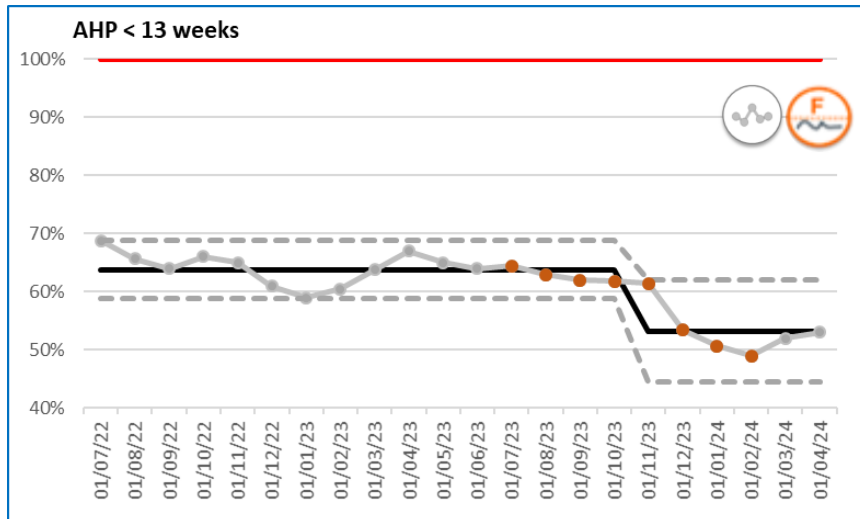
This data is caveated as there continue to be data reporting issues which are affecting the Trust's ability to report performance accurately from Encompass. In addition to system issues, accurate reporting has been impacted by user compliance with work flow processes. A retrospective audit of 2 weeks of complex discharges found that up to 10% of complex patients had not been made medically ready for discharge on the Encompass system, a plan to address this training issue has been developed.



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# AHP < 13 Weeks

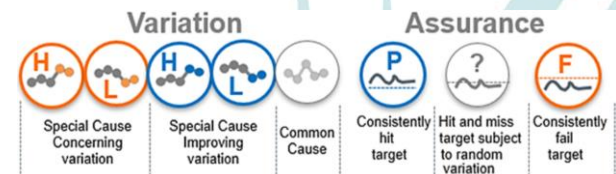


**Allied Health professionals: no patient is to wait longer than 13 weeks from referral to commencement of treatment. This metric is monitored as a CPD target. In FY 23/24 the Trust did not meet this target.**

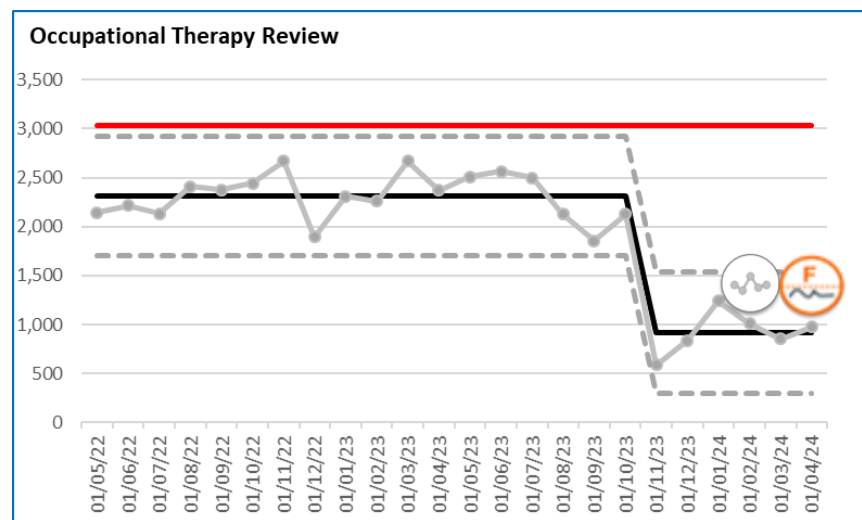
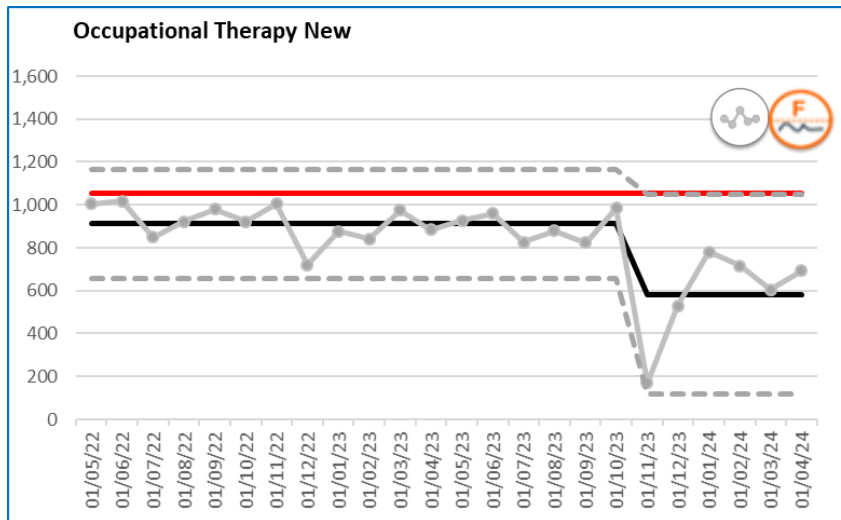
Easter school holidays fell in April this year reducing activity for Paediatric services across AHPs and reducing capacity due to staff leave. This is compounded by Encompass reporting Data quality issues leading to patients who have been seen remaining on Waiting lists due to some end user workflow compliance issues. Complex work flow processes in all professions continue requiring longer time to complete. Vacancy rates/maternity rates and long term sick leave remain elevated across many clinical areas particularly affecting Podiatry services.



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# Occupational Therapy Contacts

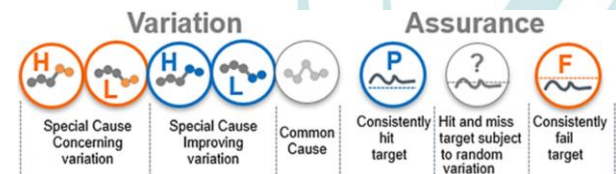


**Occupational Therapy Contacts are monitored as part of the Service Delivery Plan. In FY 23/24 the Trust did not meet this target.**

Encompass build issues continue to significantly impact on activity reporting and on capacity. End user compliance issues mean that there are service users that have been seen and are open to OTs but have not come off the work queue / activity is not captured. This is being addressed by AHPIO colleagues through creation of Standard operating workflows and education which has been disseminated throughout SET and Regionally. Also the scanning and upload function is being used significantly more than anticipated which impacts admin time. Band 5 vacancy rates remain high and some posts have been vacant since Oct/Nov 2023. The new regional Band 5 waiting list is being interviewed w/c 10th June. This should result in a positive upturn in productivity following a period of recruitment and induction.

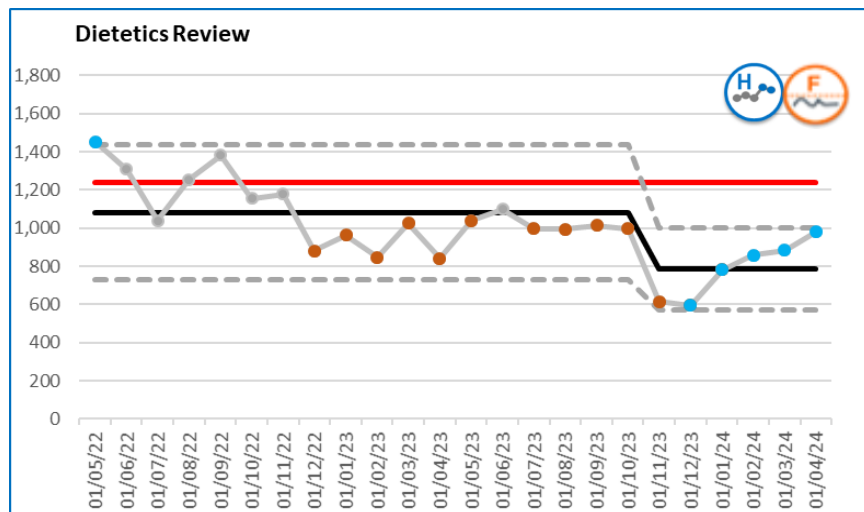


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# Dietetics Review Contacts

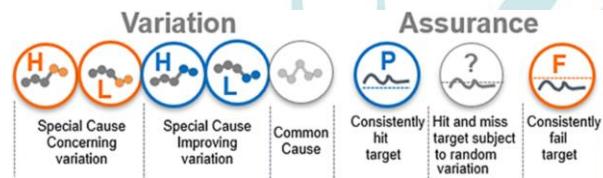


**Dietetics Contacts are monitored as part of the Service Delivery Plan. In FY 23/24 the Trust did not meet this target.**

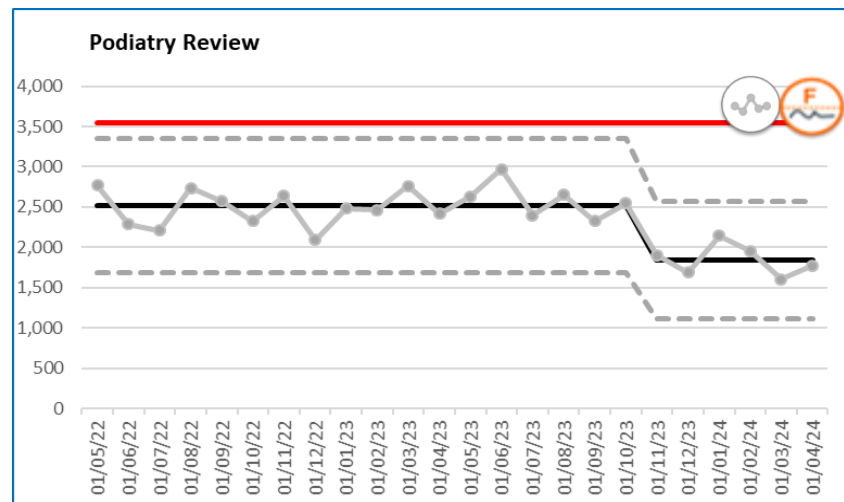
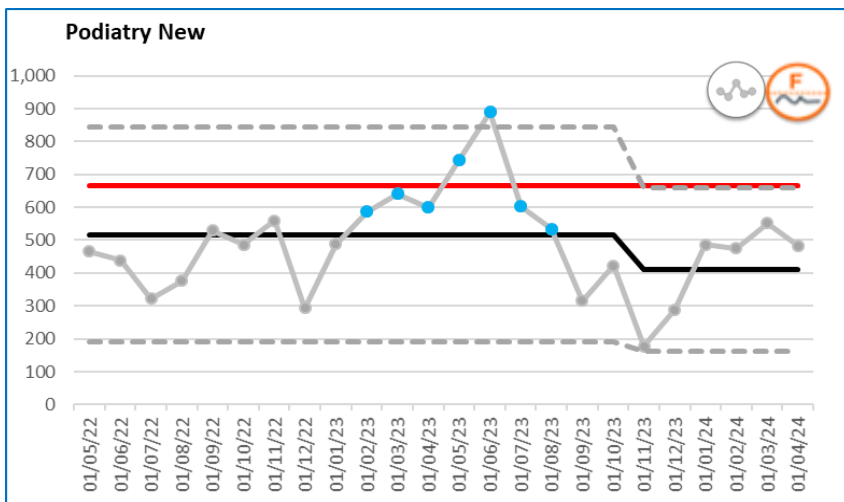
In April Dietetic scheduled capacity was transferred from Review to New Contacts to target longest waits with 119% of New Contacts measure achieved this resulted in a reduction of capacity for review appointments.



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# Podiatry New and Review Contacts



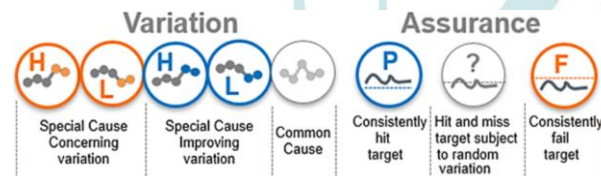
**Podiatry New and Review Contacts are monitored as part of the Service Delivery Plan. In FY 23/24 the Trust did not meet these targets.**

The drop in activity is primarily due to workforce challenges.

Podiatry Services are sitting at 18% long term sick leave and 5.0 WTE vacancies equating to 36% loss of capacity. This is having a significant impact on services. In some areas Podiatry staff only have capacity to see active wounds which impacts on waiting times for new patients.



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Safety, Quality and Experience of Care

# **ADULT SERVICES AND PRISON HEALTHCARE**



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# Performance Summary

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

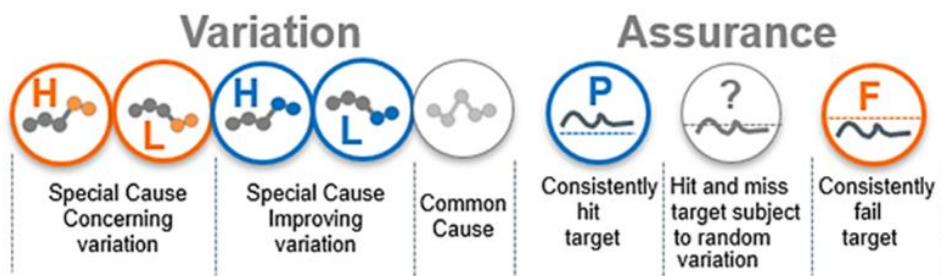
A summary table for all targets being monitored is included, this shows the previous month activity, the target (if applicable), an icon describing the variation shown and (if applicable) an icon showing the assurance against target.



















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

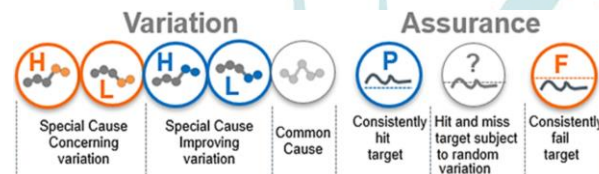
Mental health and dementia wait reporting is still in progress as there is ongoing encompass build and data review. The last available month is October 2023.

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

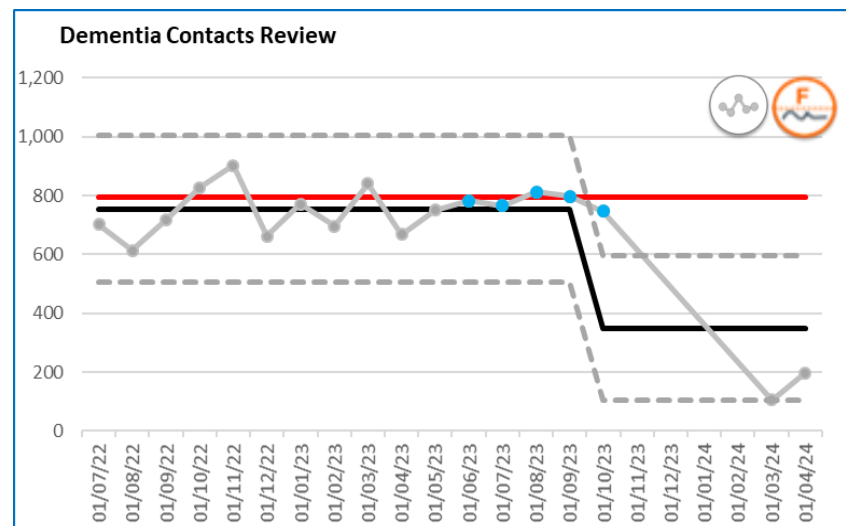
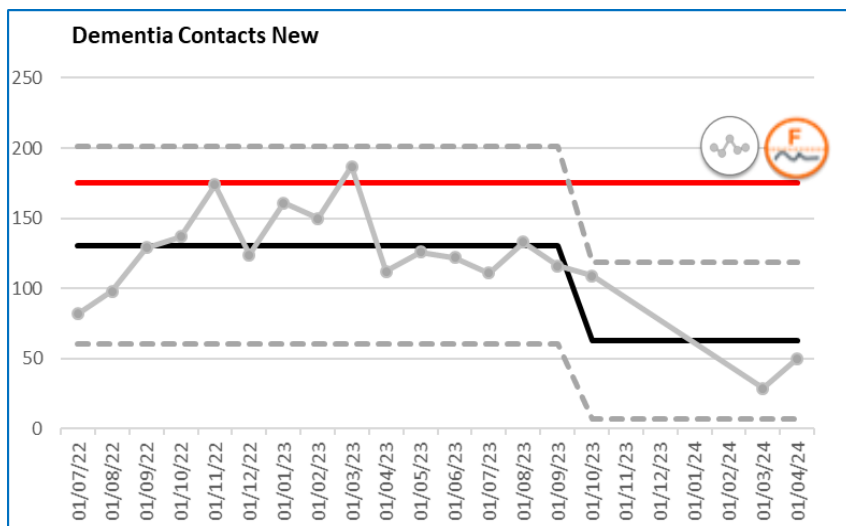
- Psychological Therapies - Review Contacts



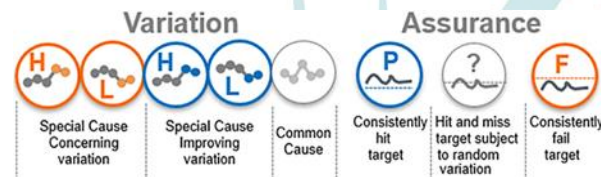
KPI	Latest month	Measure	Target	Variation	Assurance
Adult Mental Health Waits > 9 weeks (n)	Oct 23	876	-		
Adult Mental Health Wait < 9 weeks %	Oct 23	48%	100%		
Adult Mental Health Non-Inpatient New	Apr 24	729	869		
Adult Mental Health Non-Inpatient Review	Apr 24	4608	6146		
Psychological Therapies - New Contacts	Apr 24	136	132		
Psychological Therapies - Review Contacts	Apr 24	1559	1906		
Dementia Contacts New	Apr 24	50	175		
Dementia Contacts Review	Apr 24	197	796		
Dementia Services - No patient wait longer than 9 wks	Oct 23	34.0%	100.0%		
Dementia Services - No patient wait longer than 9 wks - breaches	Oct 23	425	-		



# Dementia Contacts 1/2



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# Dementia Contacts 2/2

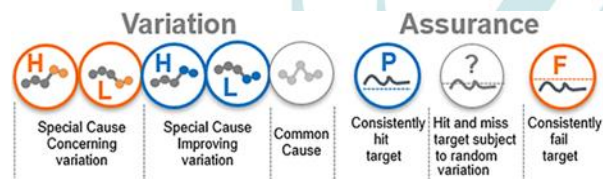
**Dementia contacts are monitored as part of the Service Delivery Plan. New workflow introduced at end of March 2024 and revised in April 2024. No previous data available. In FY 23/24 the Trust did not meet these targets.**

It is acknowledged that this data is not reliable for a number of reasons:

- Clarity was required regarding system build and recording of Cognition pathways/formal dementia diagnosis. Position should improve for all new cases as at mid-May.
- From Encompass Go-Live until mid-May, data was not fully captured. Manual retrospective data input will be required to redress this.
- Additional IT solutions are required to support an upturn in activity, given narrative-based nature of appointments that Encompass does not fully address.



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Safety, Quality and Experience of Care

# CHILDREN'S SERVICES



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# Performance Summary

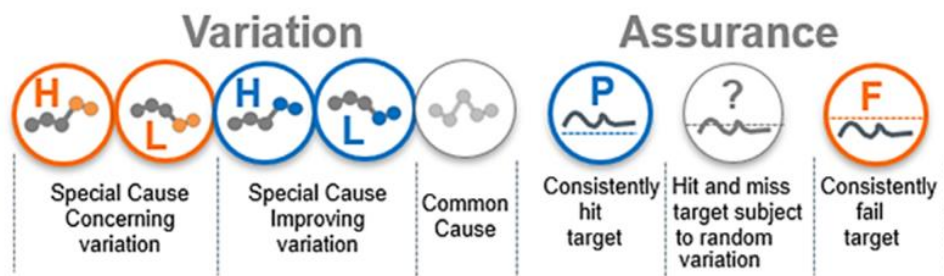
Children's Services Performance Summary is comprised of key Service Delivery Plan metrics and targets relating to the strategic priority of Unallocated Cases.















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.

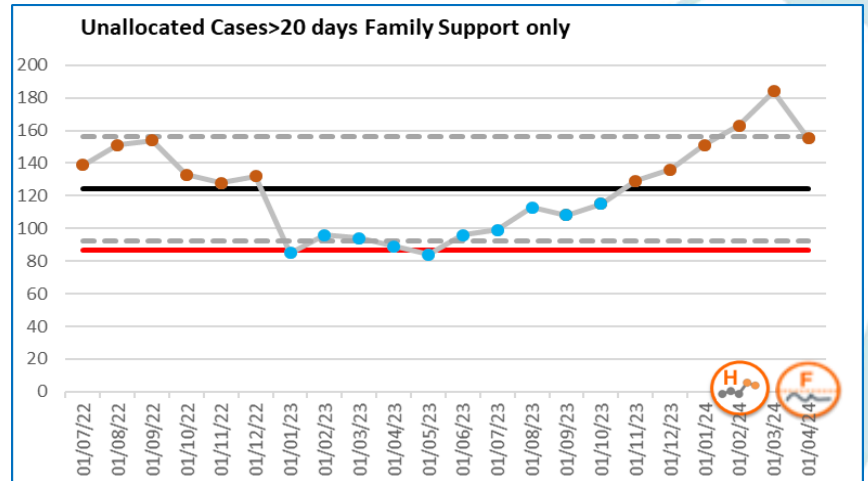
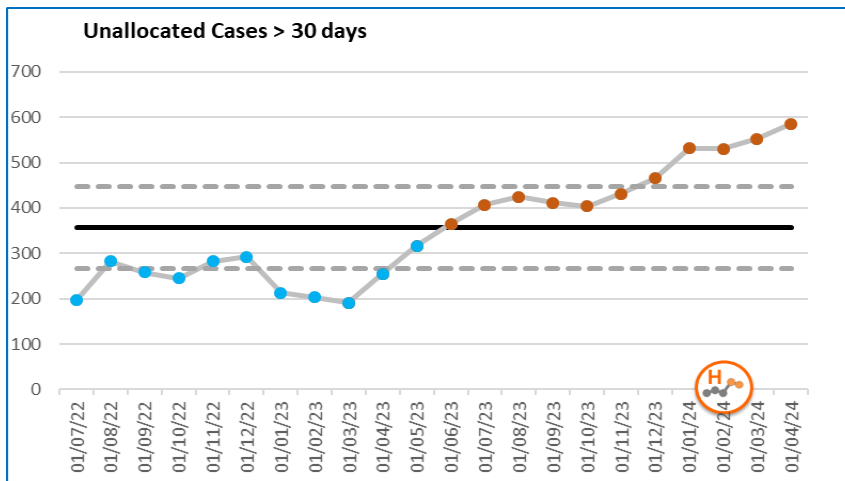
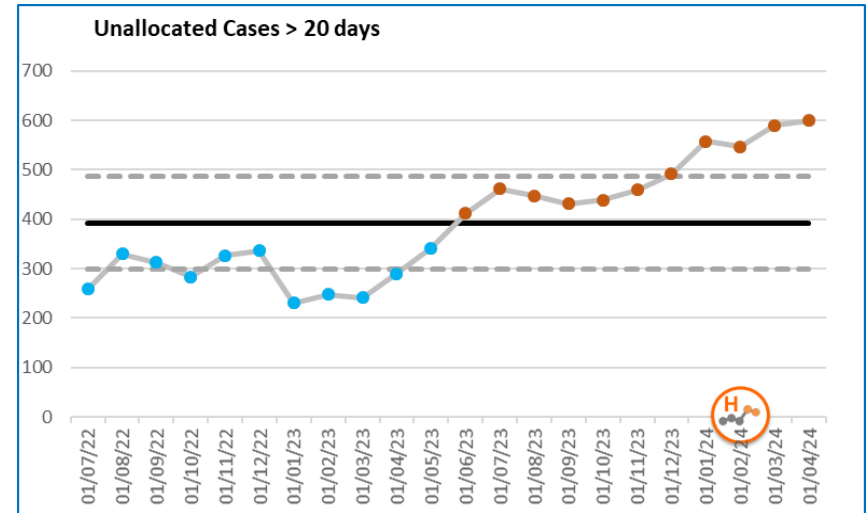
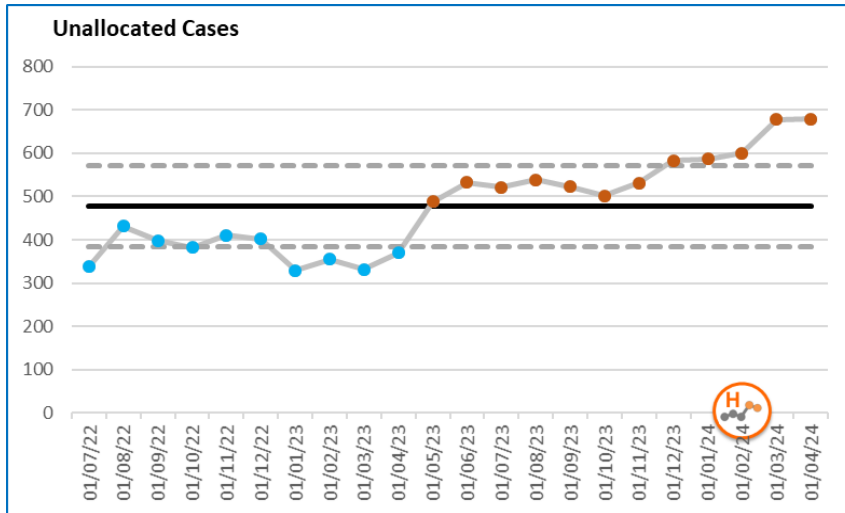
In April 2024 the following metrics monitored have had either an improving variation or consistently hit their target

- % of review CP case conferences held within 3 months

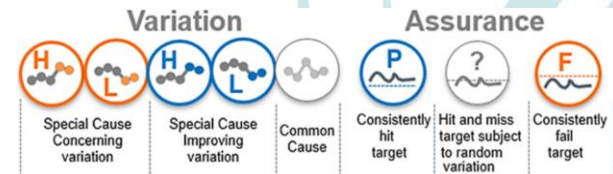


KPI	Latest month	Measure	Target	Variation	Assurance
Initial Family Assessments Completed	Apr 24	101	-		
Unallocated Cases	Apr 24	680	-		
Unallocated Cases > 20 days	Apr 24	600	-		
Unallocated Cases > 30 days	Apr 24	586	-		
% of review CP case conferences held with 3 months	Apr 24	100%	85%		
Total reviews 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	Apr 24	155	86		

# Unallocated Cases (1/2)



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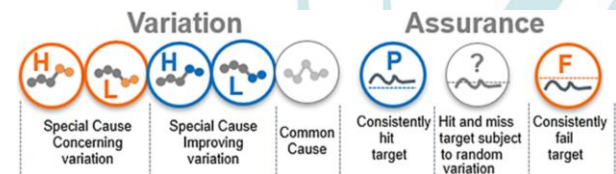
# Unallocated Cases (2/2)

**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 FY 23/24 the Trust did not meet these targets.**

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

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

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



# Appendix

SPC monitoring across all  
directorates metrics



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Safety, Quality and Experience of Care

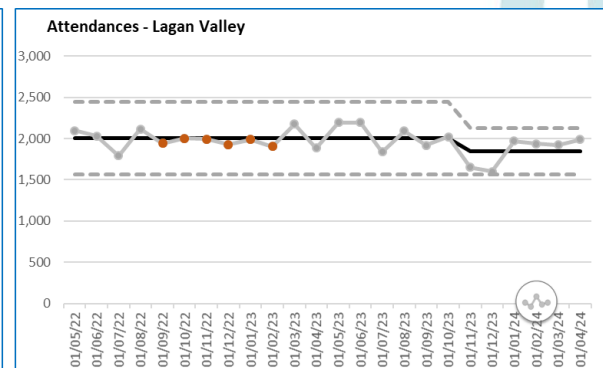
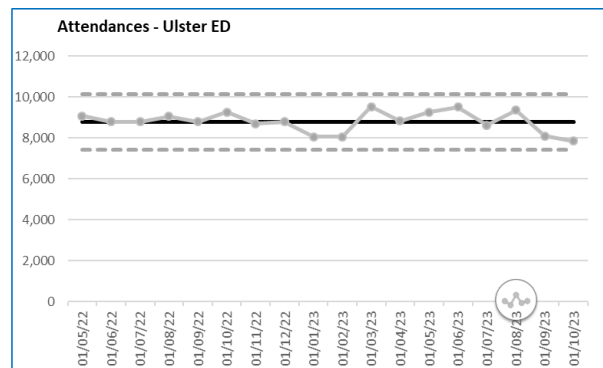
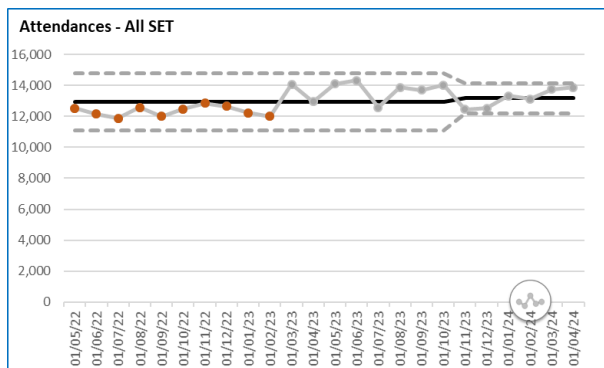
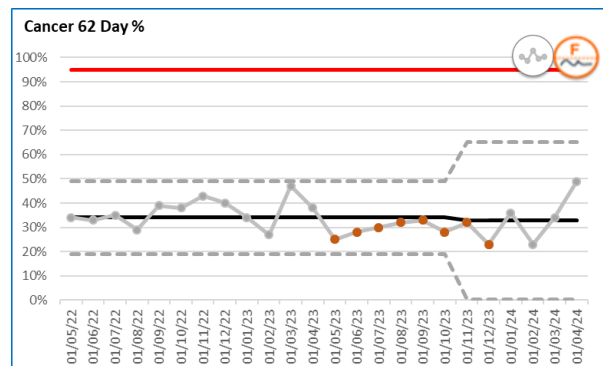
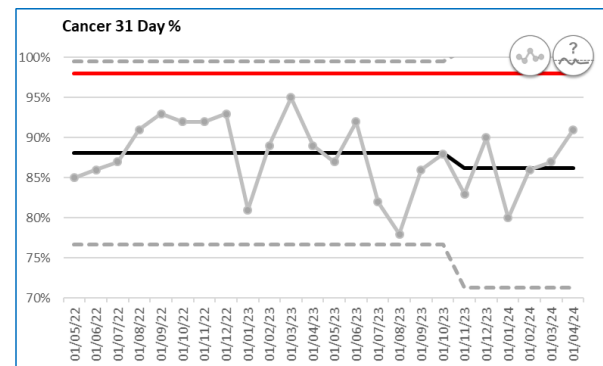
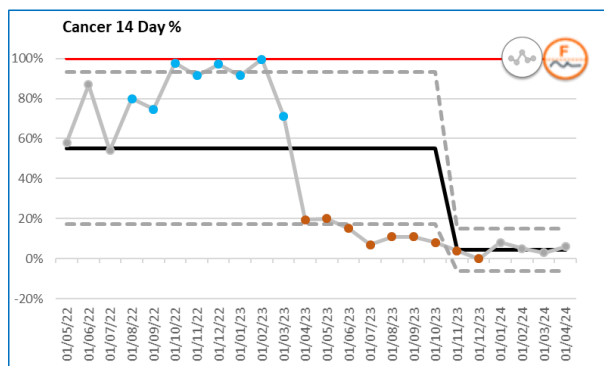
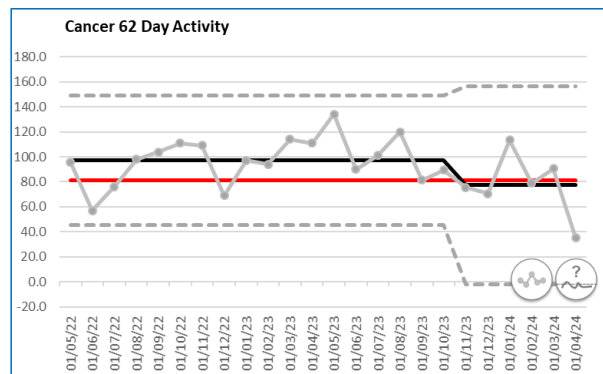
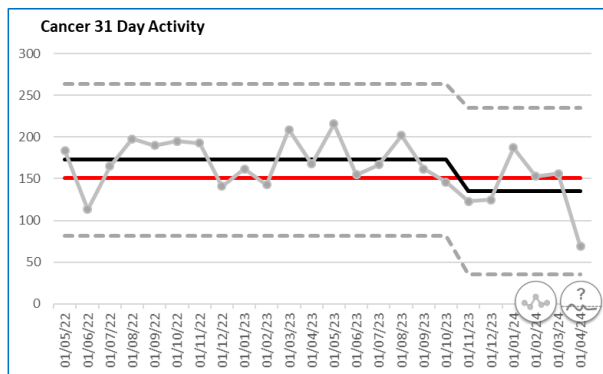
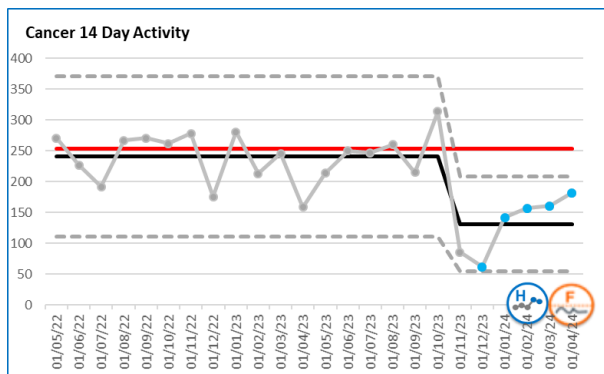
# HOSPITAL SERVICES

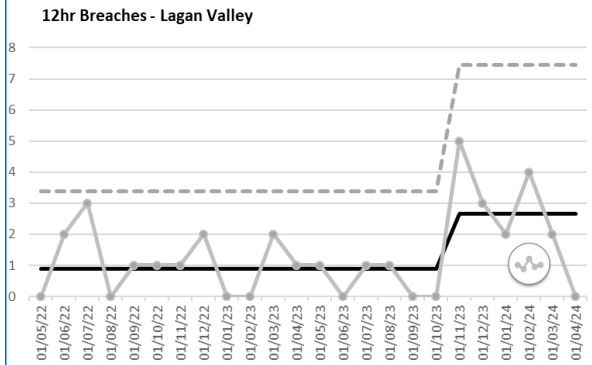
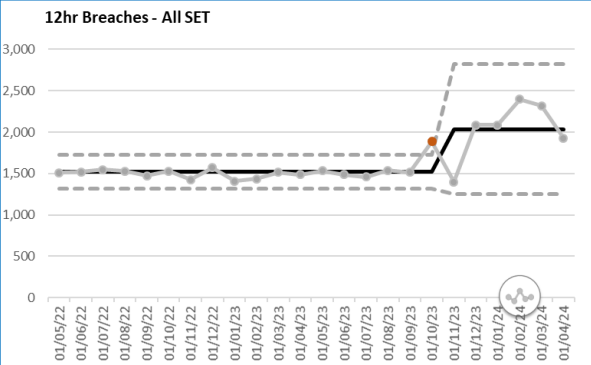
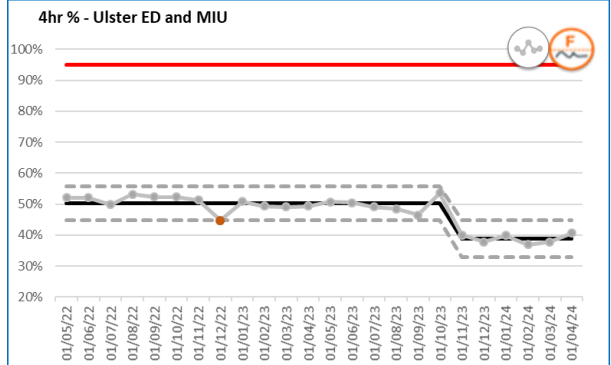
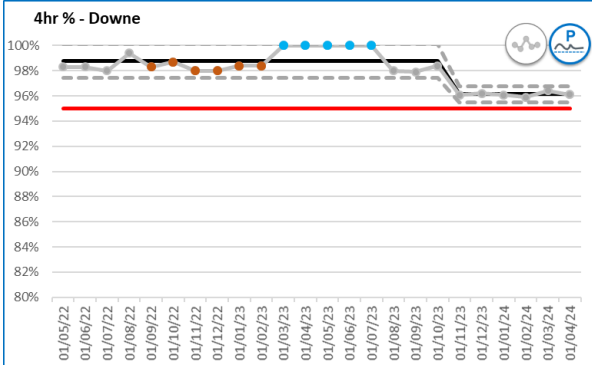
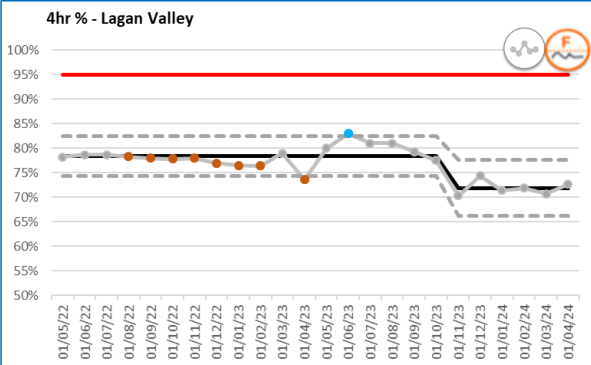
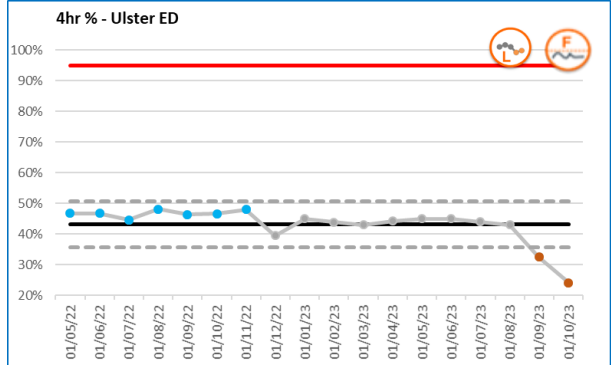
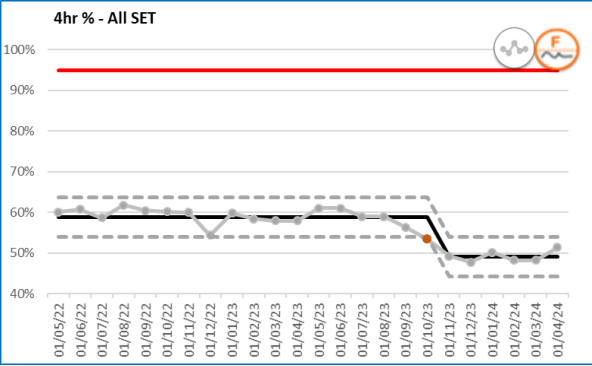
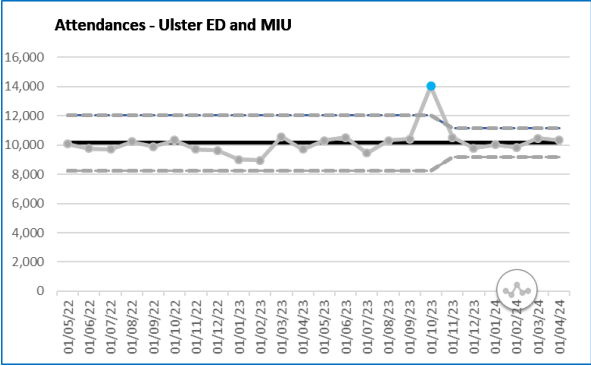
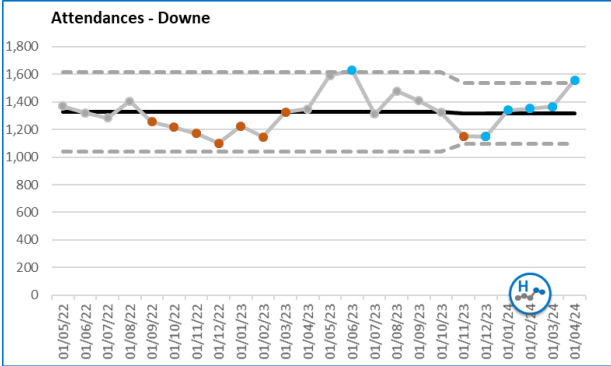


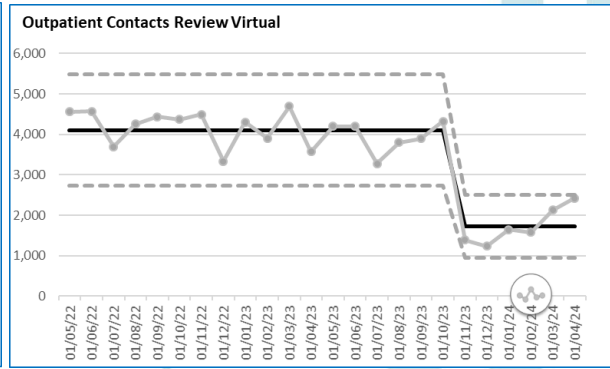
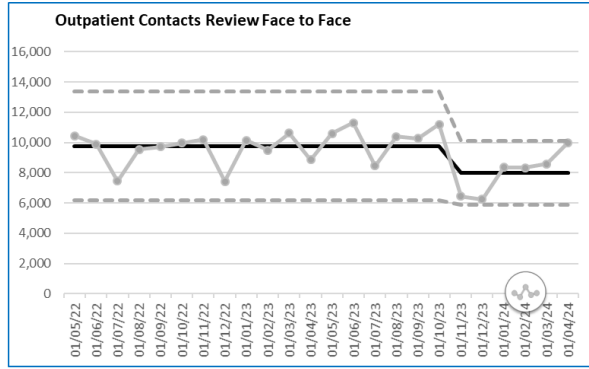
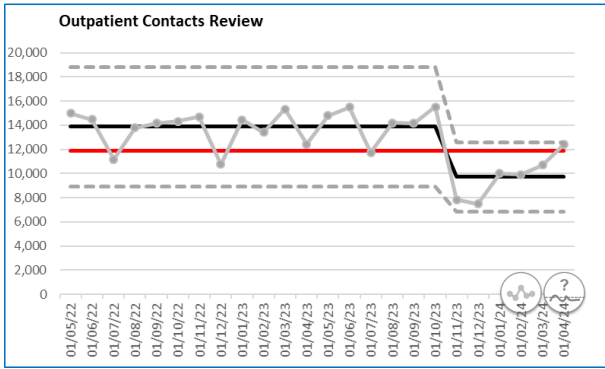
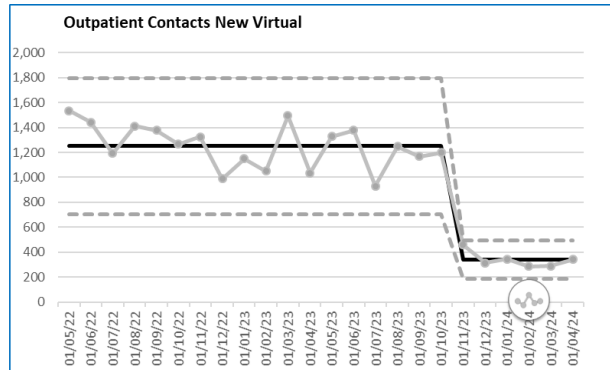
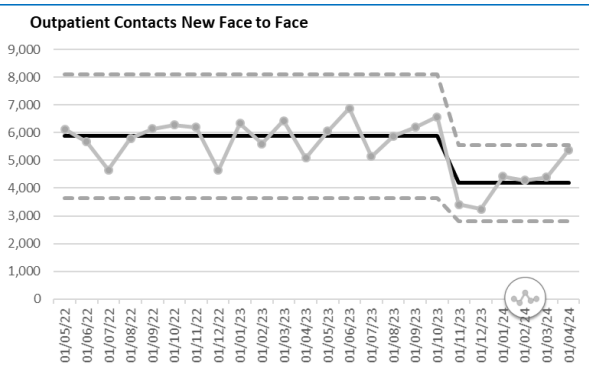
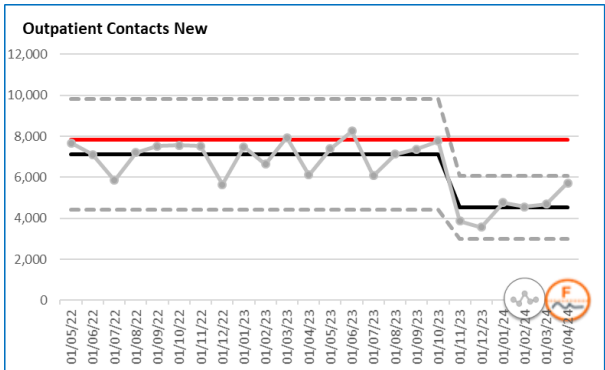
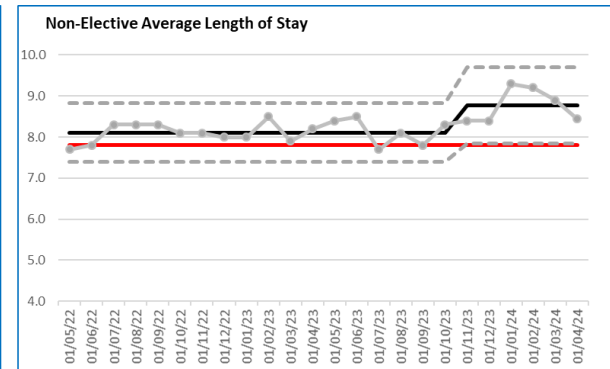
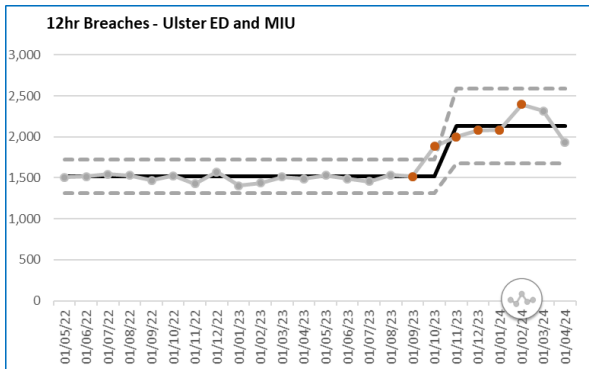
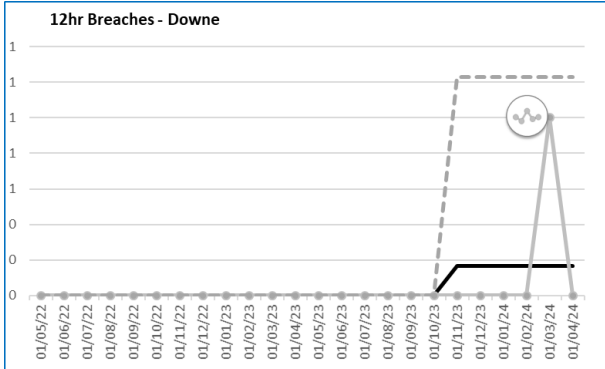
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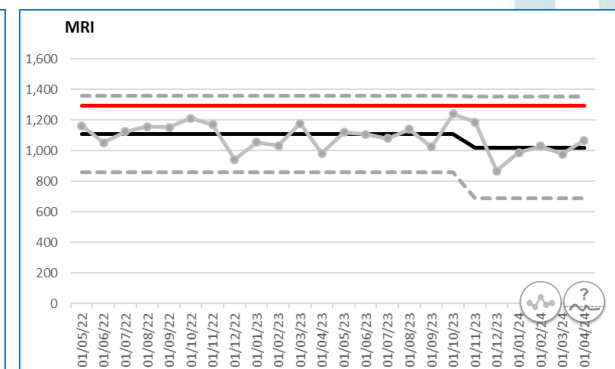
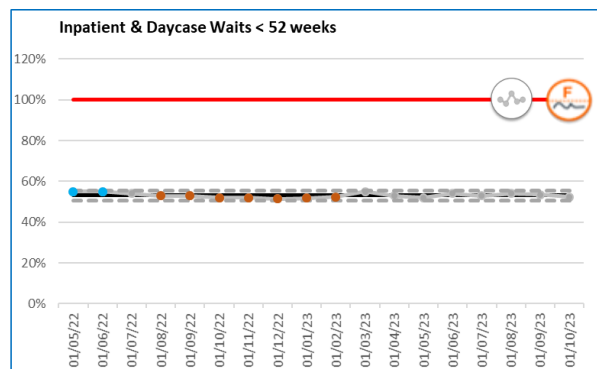
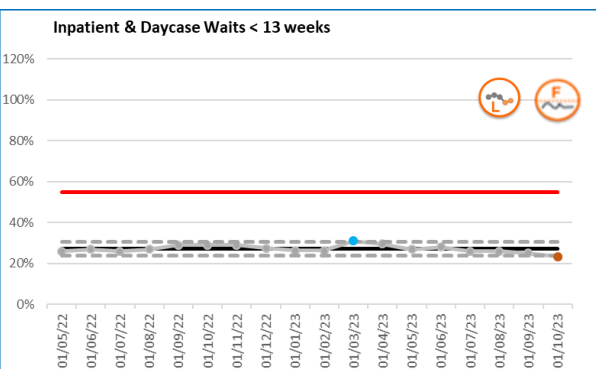
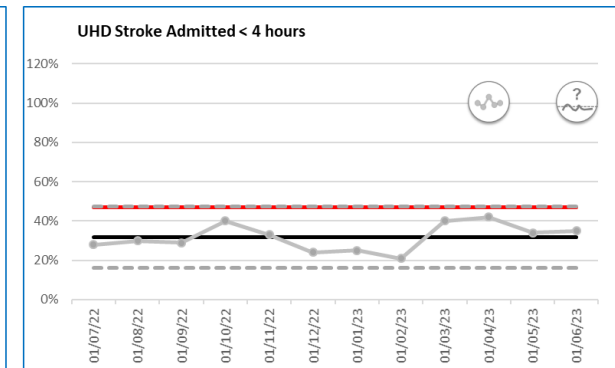
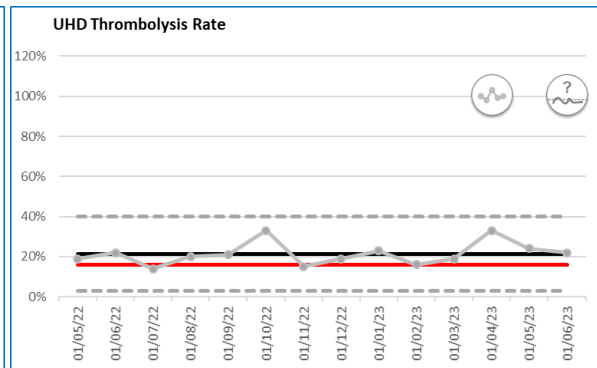
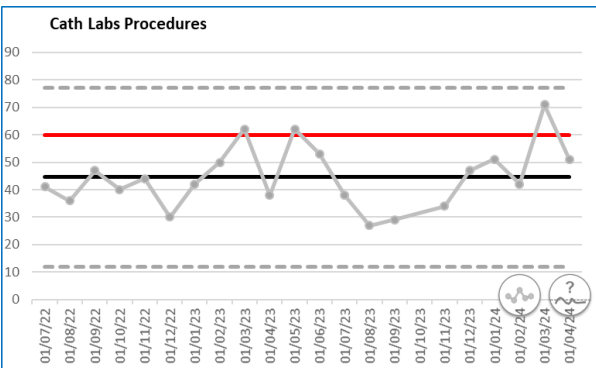
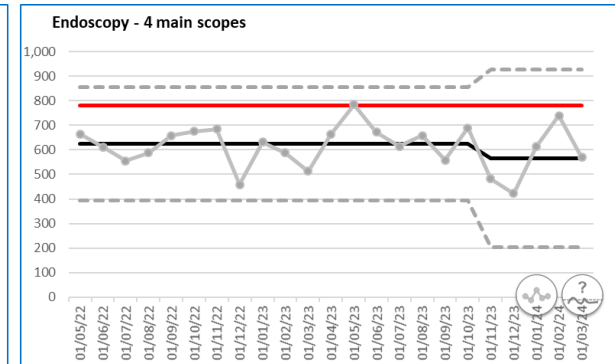
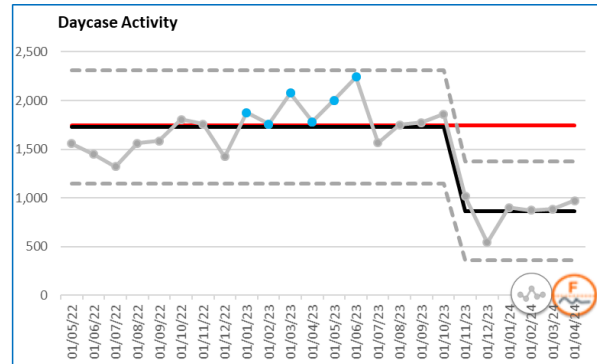
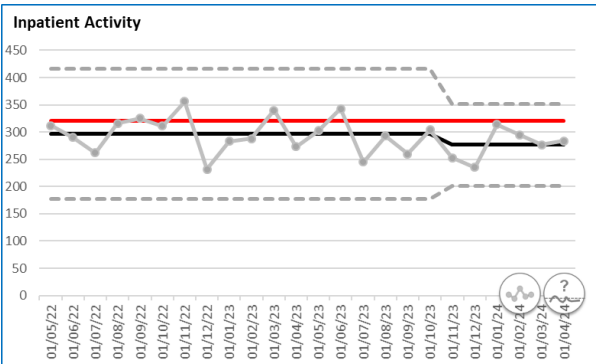


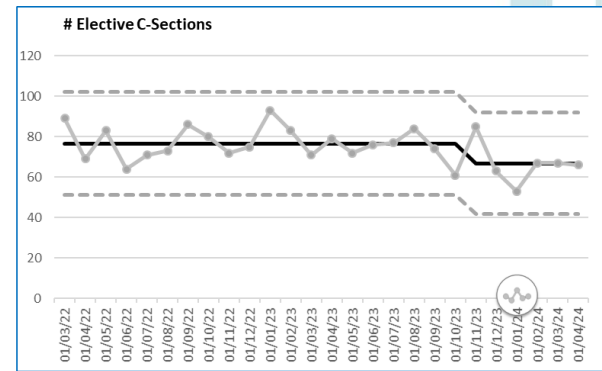
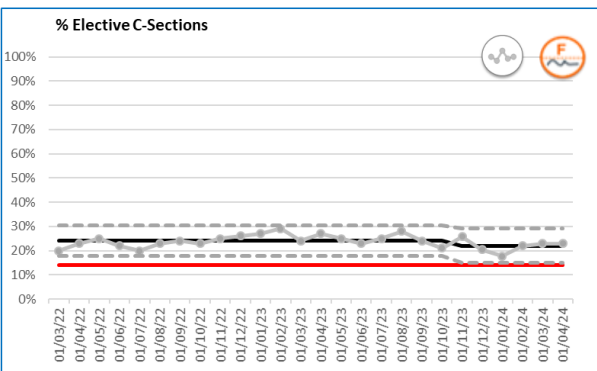
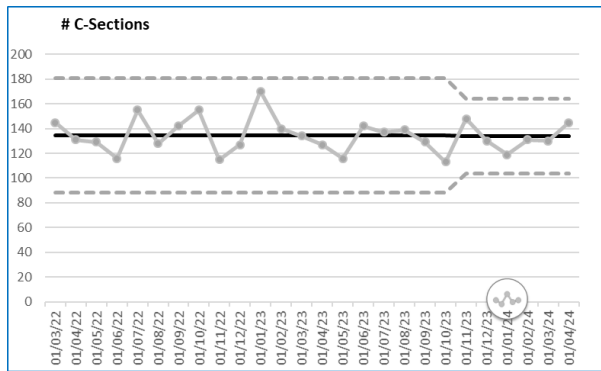
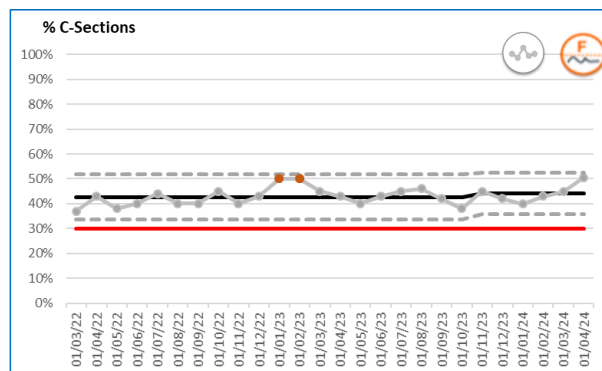
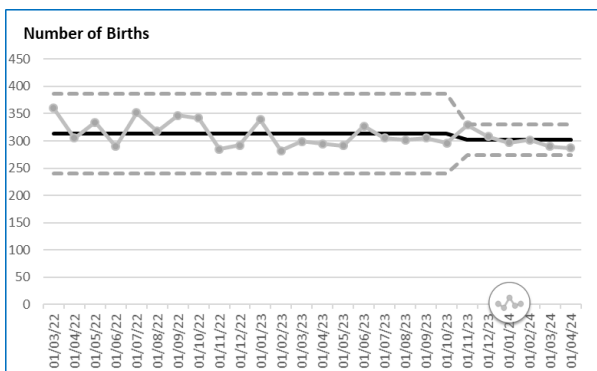
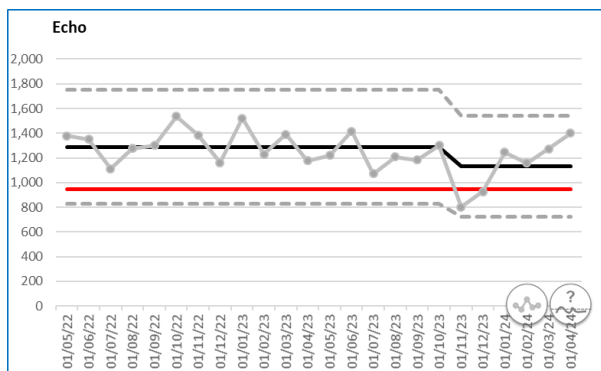
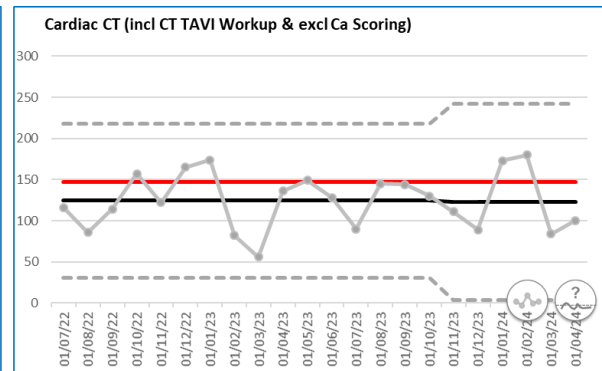
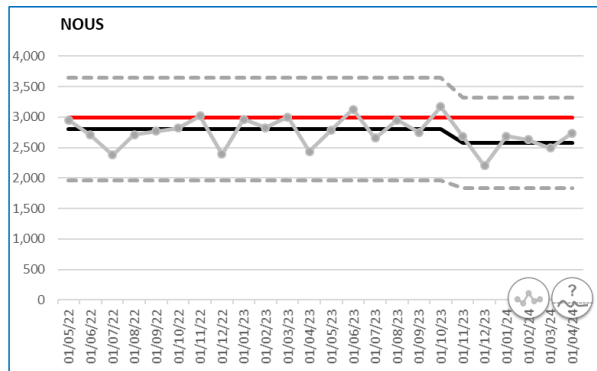
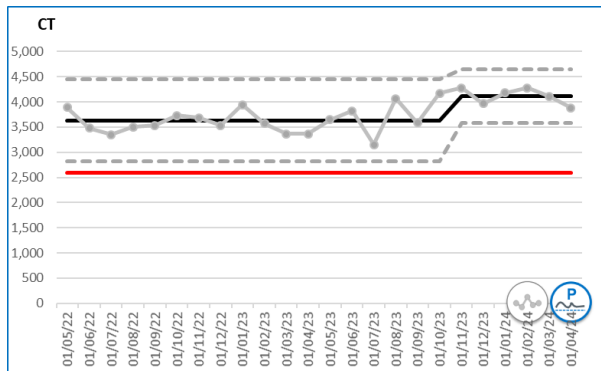




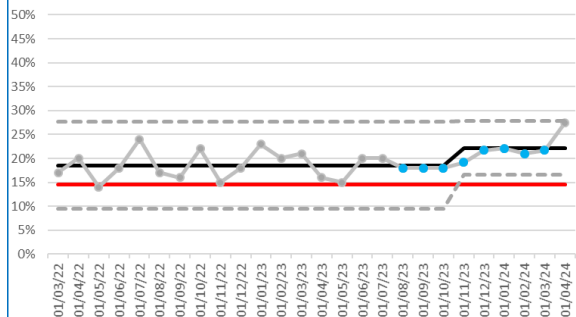


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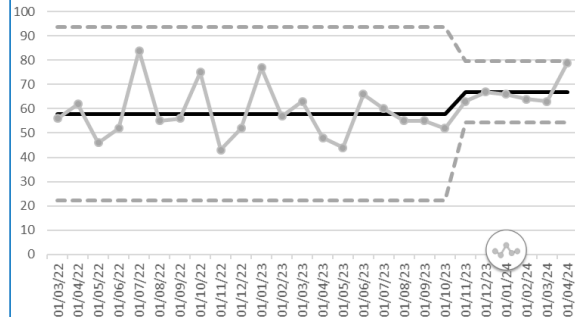




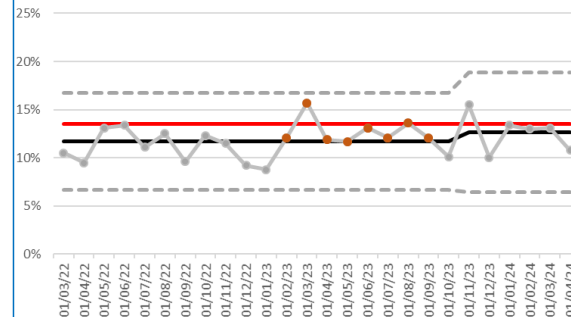
% Emergency C-Sections



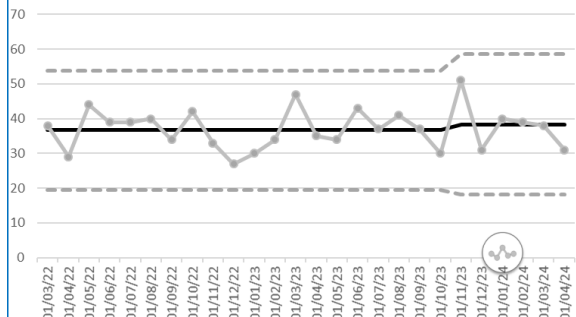
# Emergency C-Sections



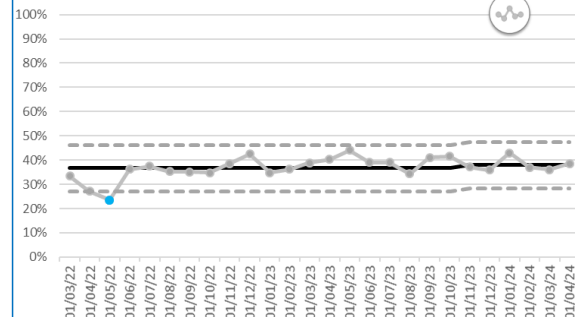
% Instrumental Births



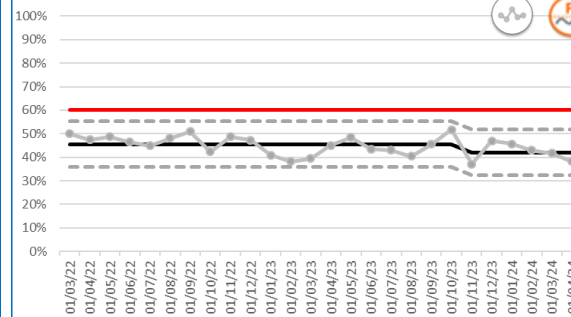
# Instrumental Births



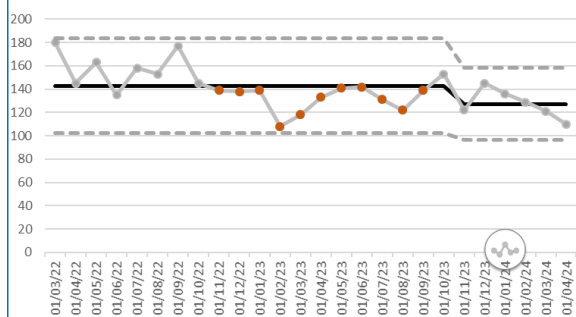
Induction of Labour Rate



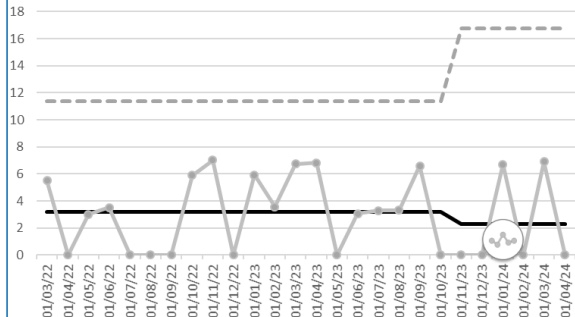
% Spontaneous Vaginal Births



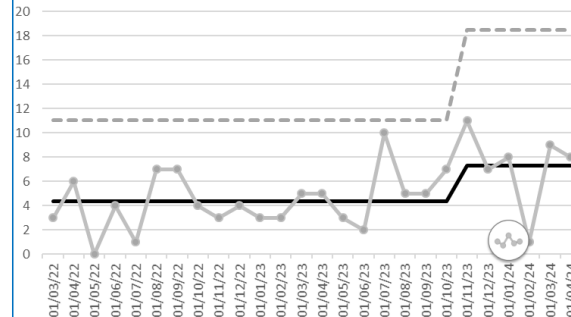
# Spontaneous Vaginal Births



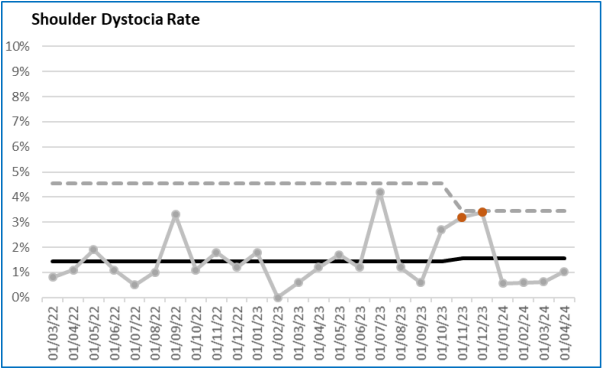
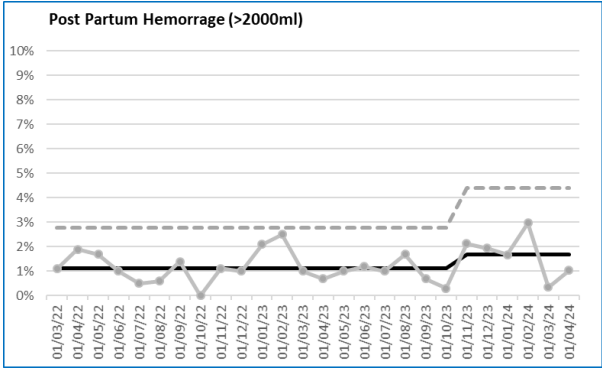
Still Birth Rate (per 1000)



Full Term Neonatal Unit (ICU) Admissions









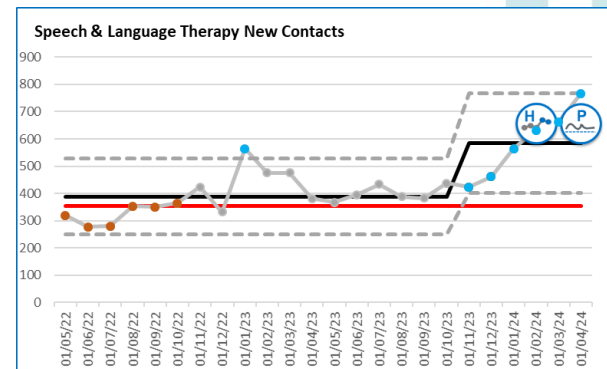
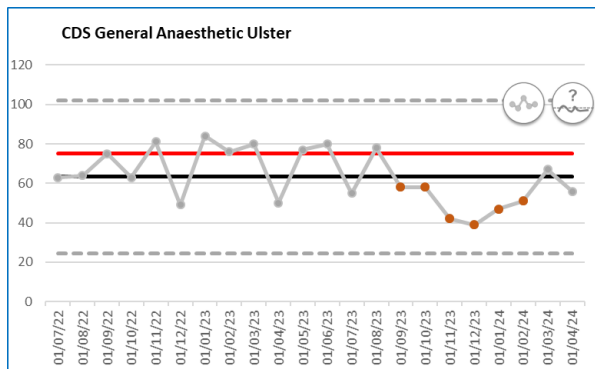
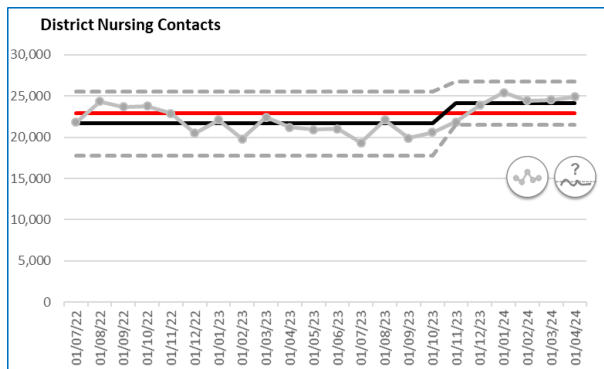
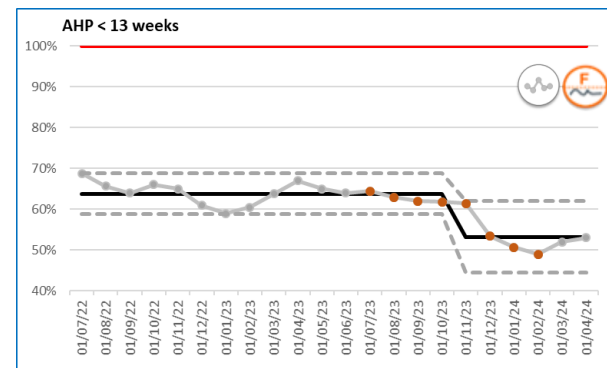
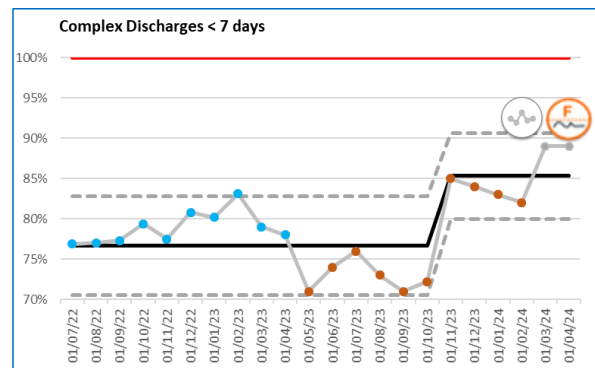
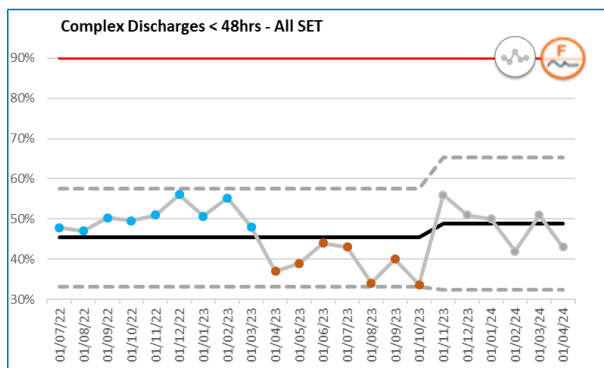
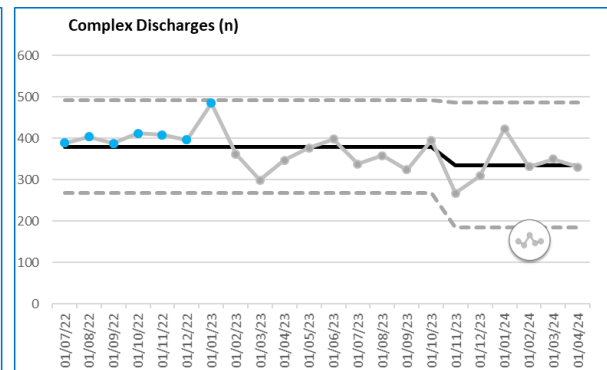
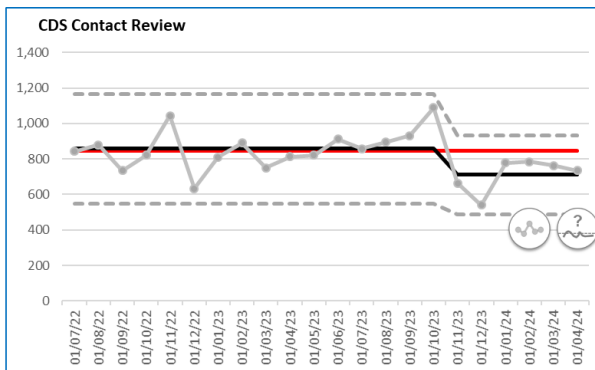
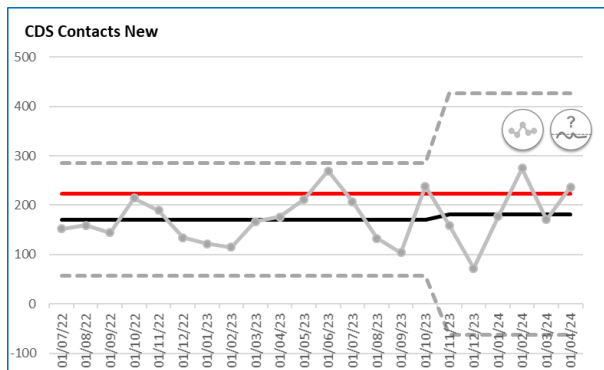
Safety, Quality and Experience of Care

# PRIMARY CARE AND OLDER PEOPLE

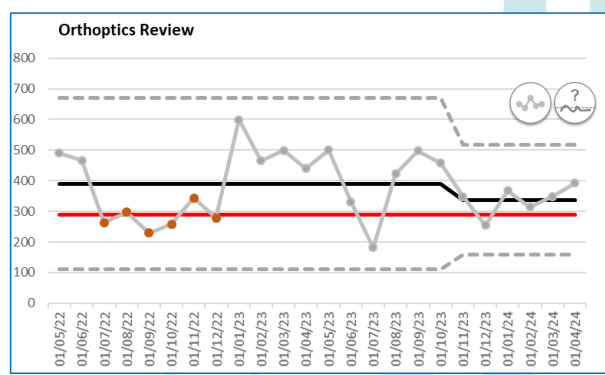
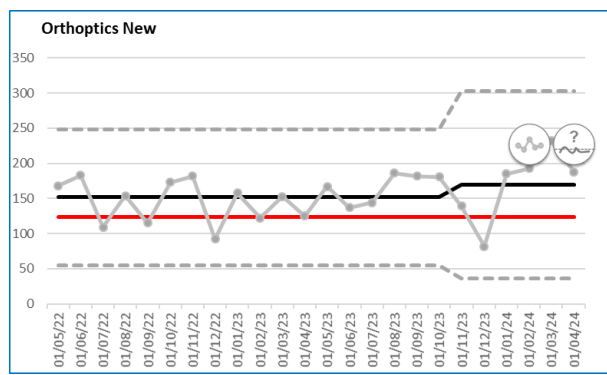
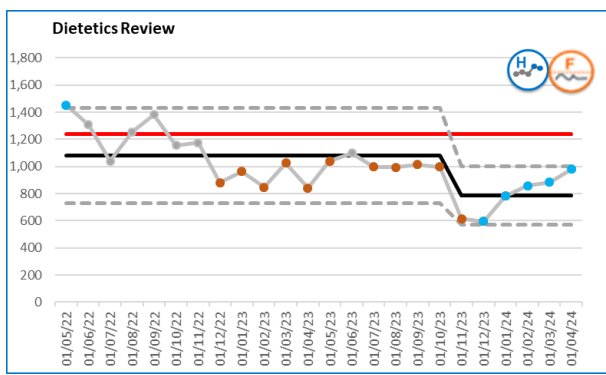
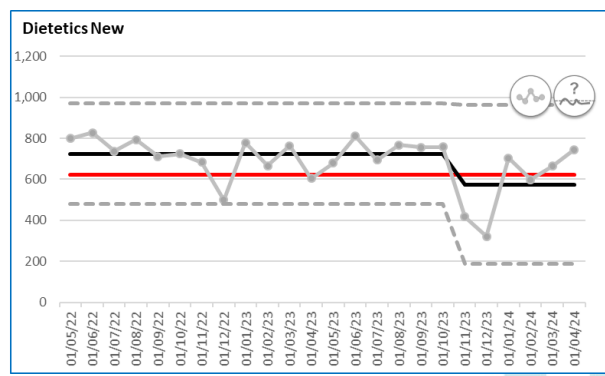
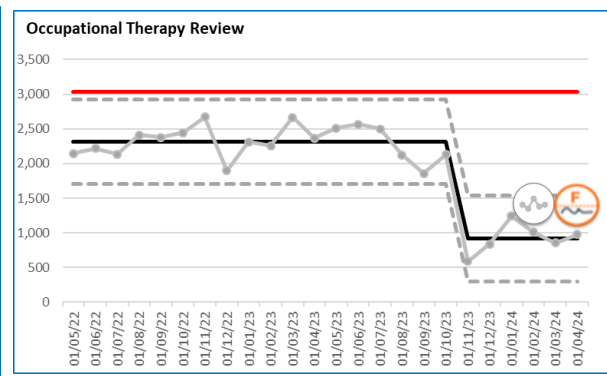
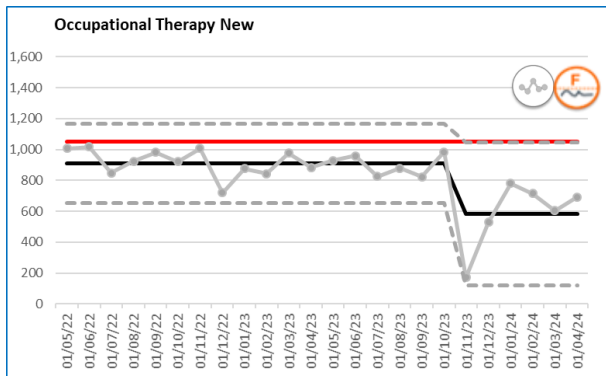
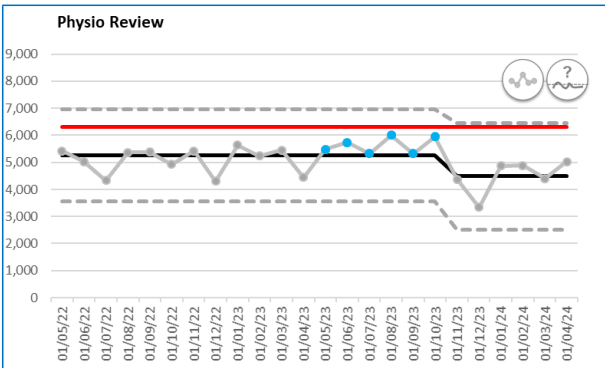
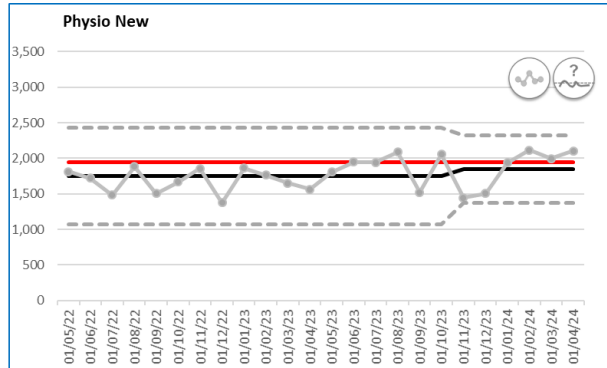
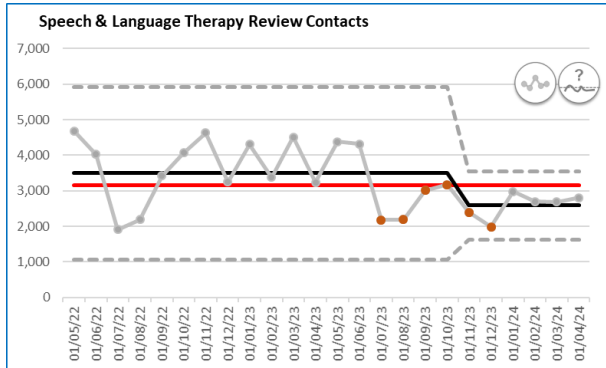


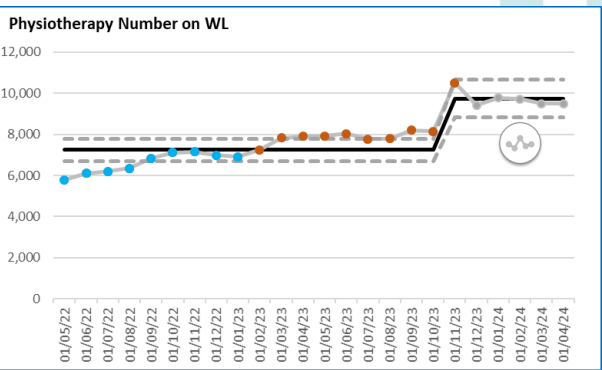
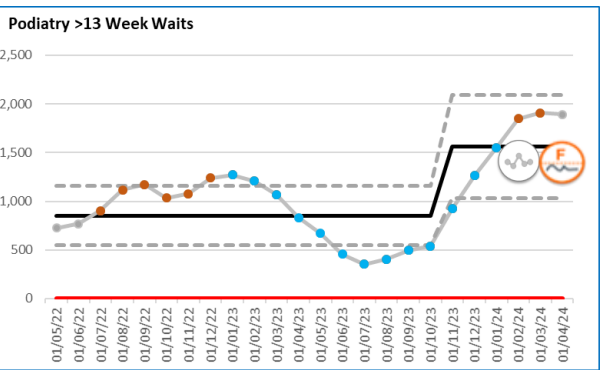
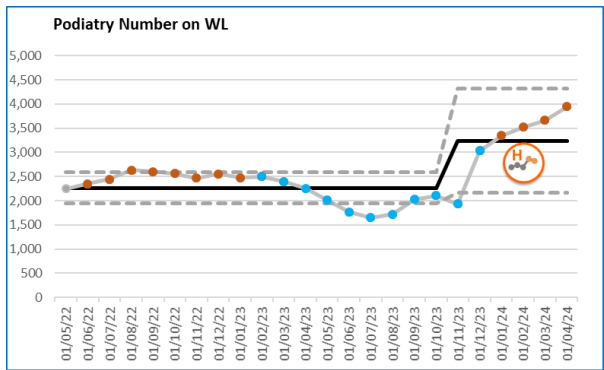
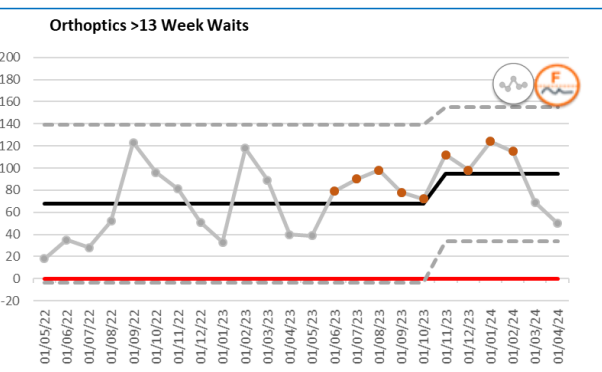
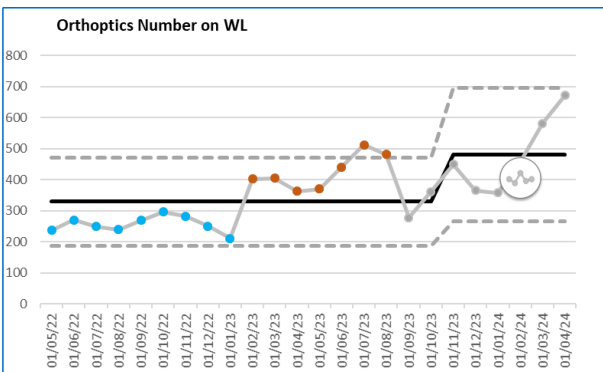
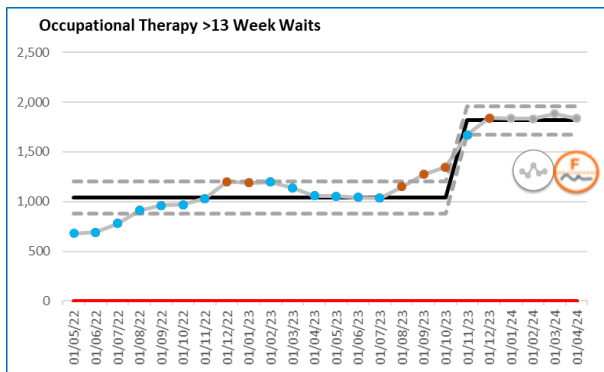
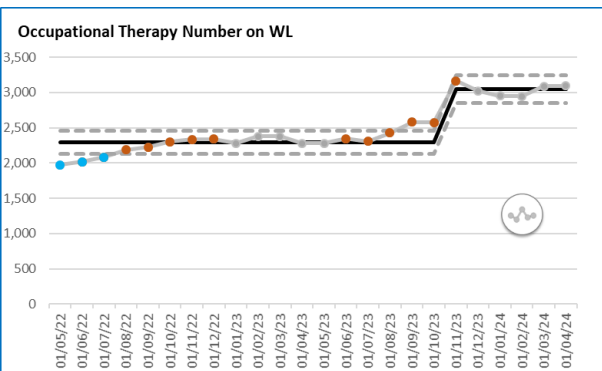
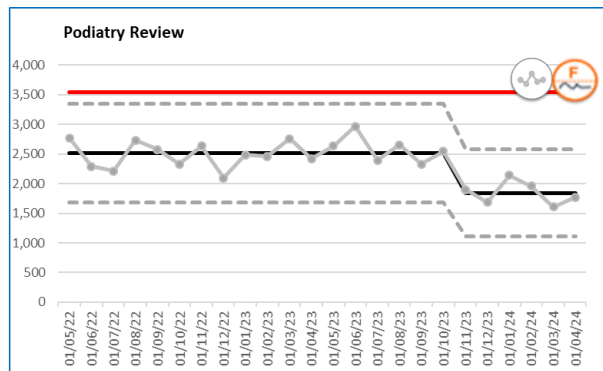
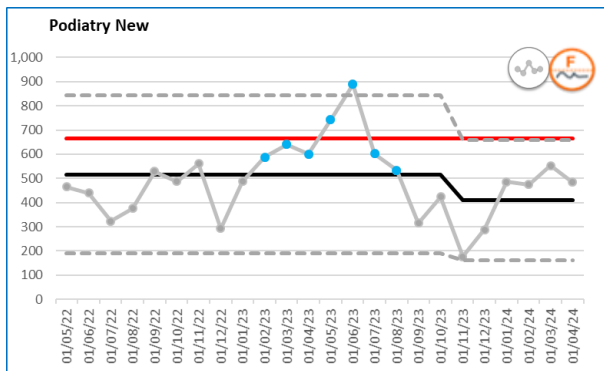
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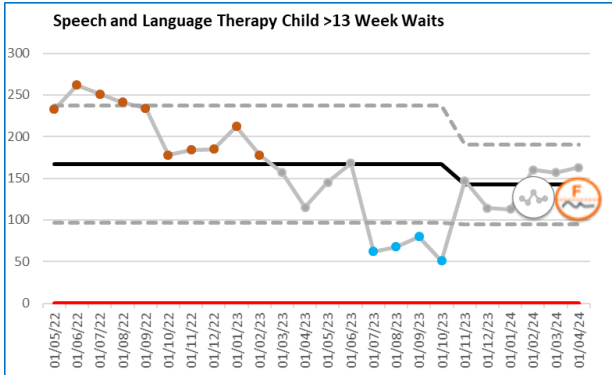
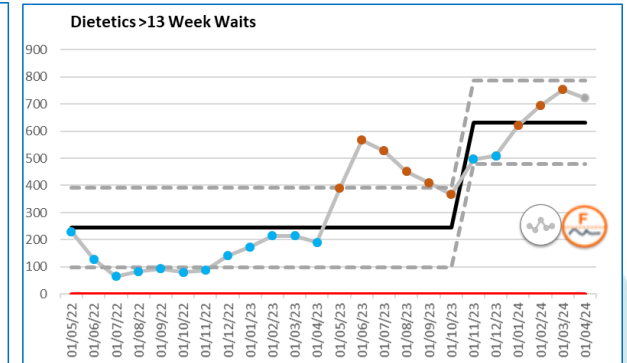
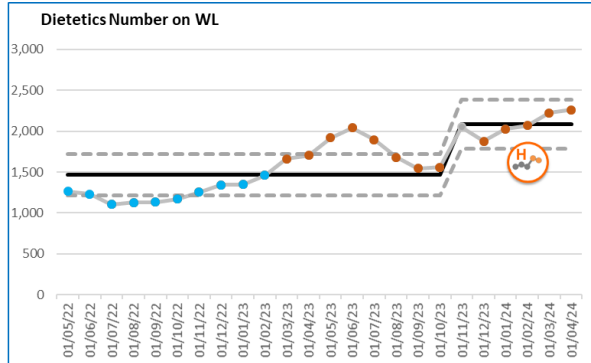
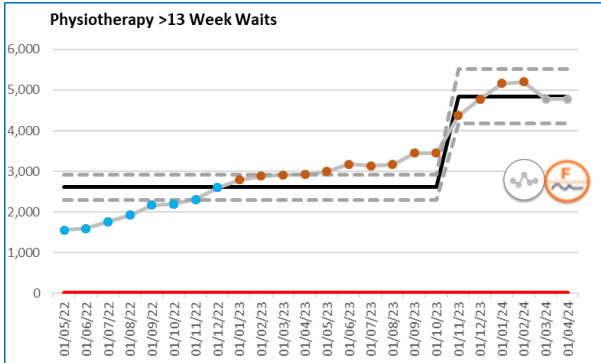
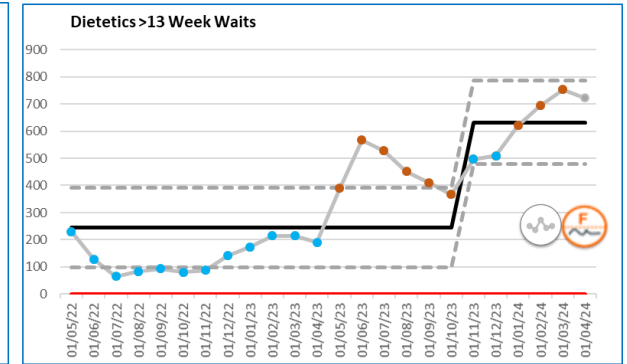
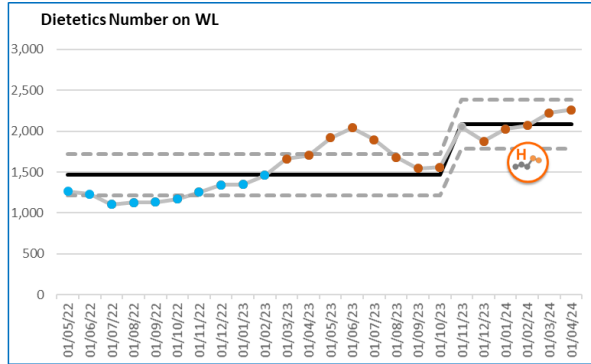
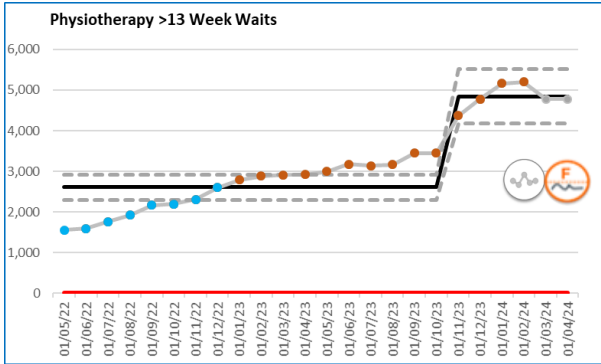


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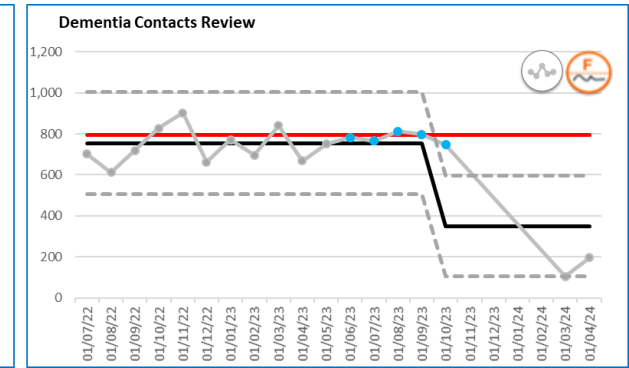
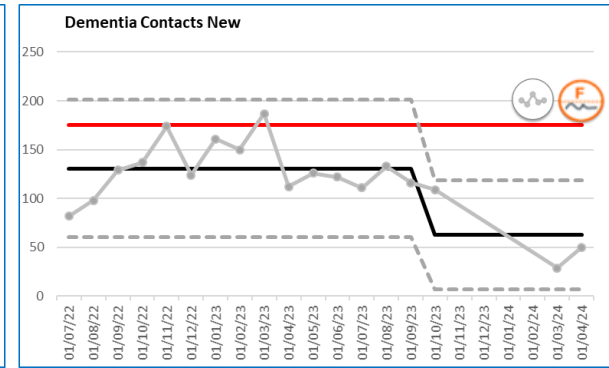
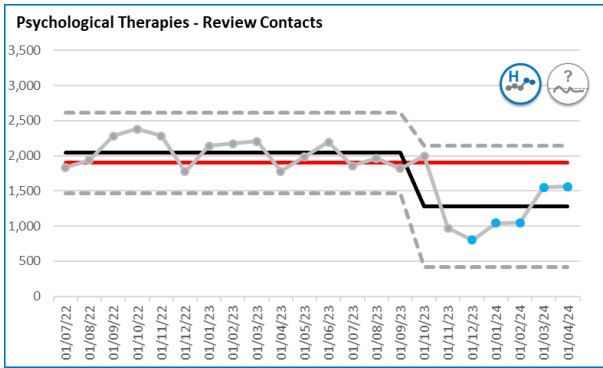
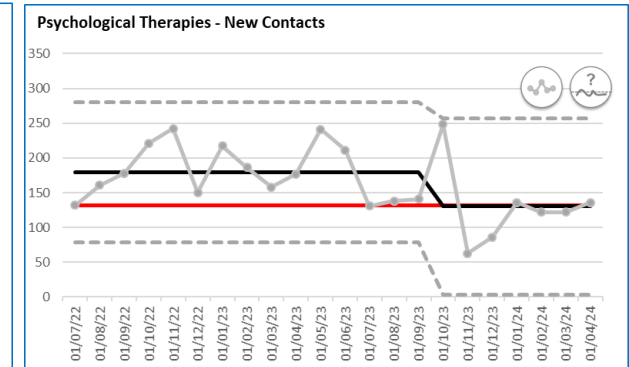
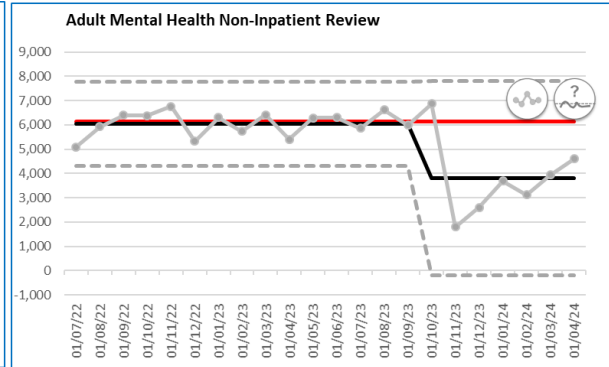
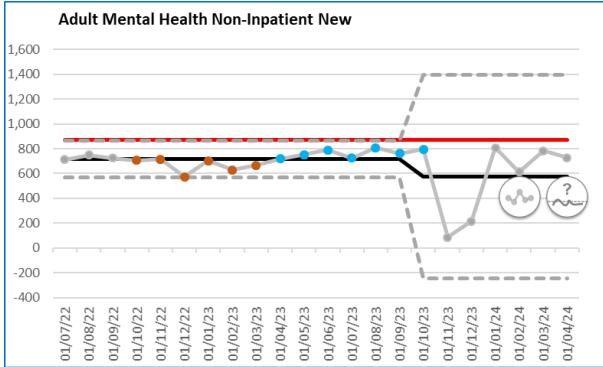
Safety, Quality and Experience of Care

# **ADULT SERVICES AND PRISON HEALTHCARE**



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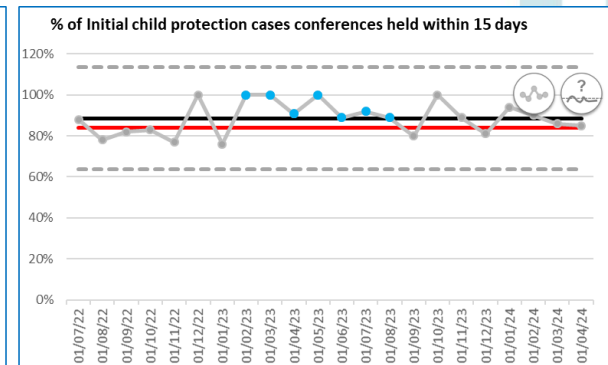
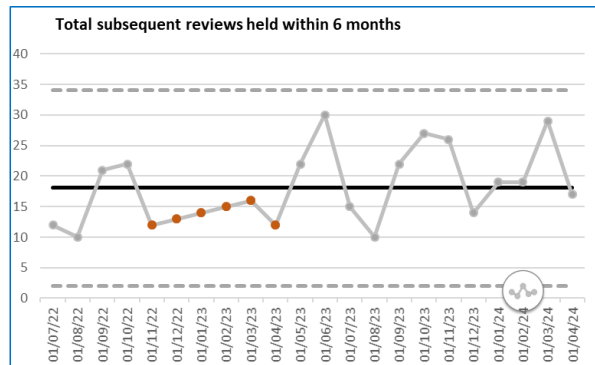
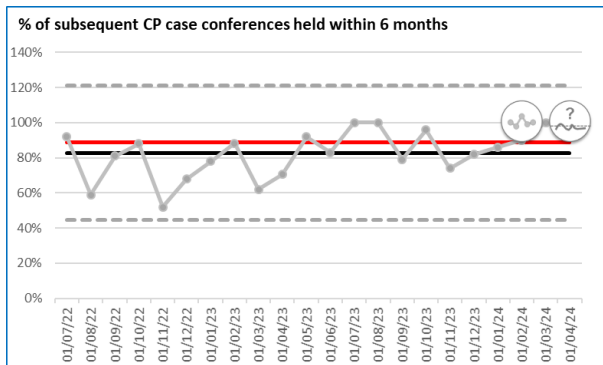
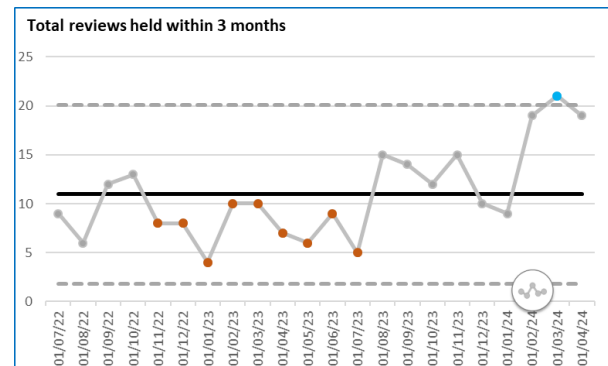
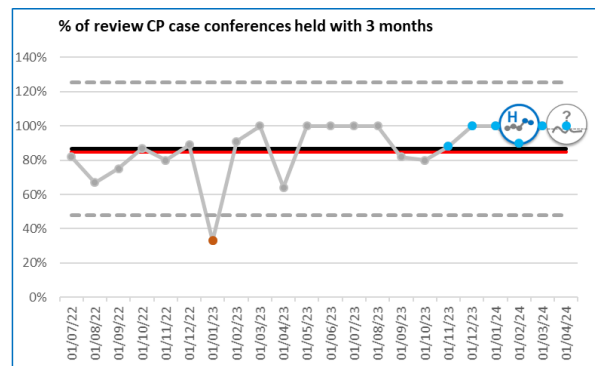
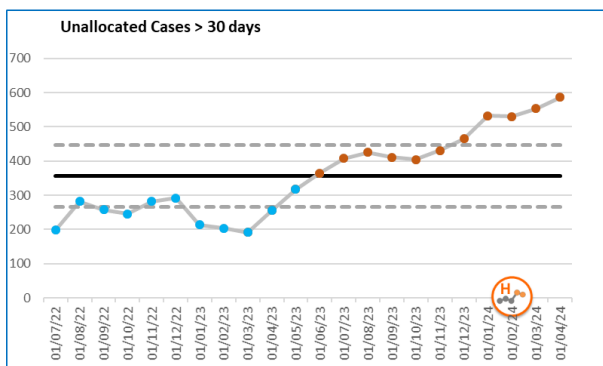
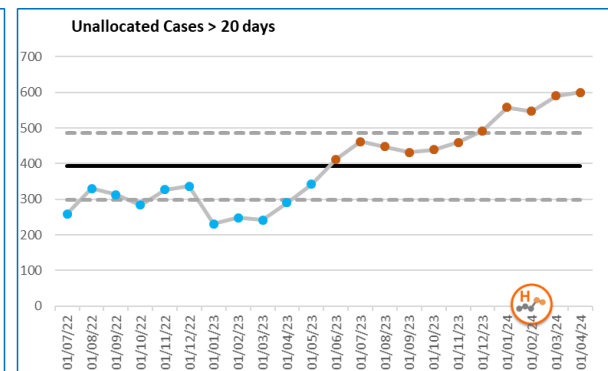
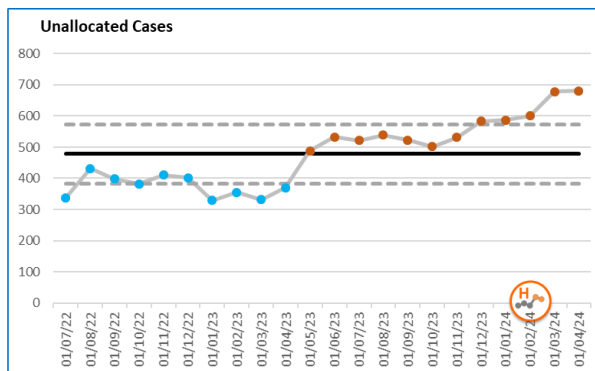
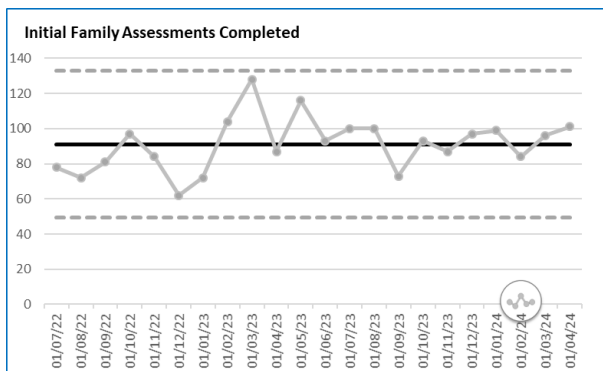
Safety, Quality and Experience of Care

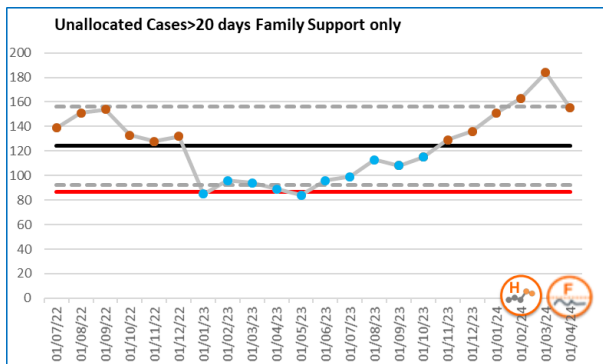
# CHILDREN'S SERVICES



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