

South Eastern Health and Social Care Trust Performance Management Report

May 2022

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Table of Contents

Introduction	4
1. Rebuild to Date	4
2. Approach going forward	4
Service Delivery Plans	4
Progress to date	5
Impact on Future Performance Reporting	5
Hospital Services	6
1. Elective Care	6
1.1. Elective Waiting times	6
1.2. Elective Activity Rebuild Monitoring	7
Emergency Care	8
1.3. ED Attendances	8
1.4. 4 Hour Performance and 12 Hour Breaches	8
2. Cancer Performance	9
2.1. 14 Day Performance	9
2.2. 31 Day Performance	9
2.3. 62 Day Performance	10
Primary Care and Older People	11
3. Complex Discharges	11
3.1. Number of Complex Discharges	11
3.2. Complex Discharges within 48 Hours	11
3.3. Complex Discharges within 7 Days	11
4. Allied Health Professionals	12
4.1. Allied Health Professionals Waiting Times	12
4.2. AHP Rebuild Performance	12
Adult Services	14
5. Psychological Therapies	14
6. Adult Mental Health Services	14
6.1. Adult Mental Health Waiting Times	14
6.2. Prison Healthcare – Addiction Services	15
Children’s Services	16
7. Child Protection	16
7.1. Number of Children on Child Protection Register	16
8. Unallocated Cases	16
8.1. Unallocated Cases Over 20 & 30 days	16

8.2. Total Unallocated Cases.....	17
9. Family Support Referrals.....	17

Purpose

This Performance Management report assesses the Trust position in FY22/23 month 2 (May 2022) in relation to a number of key metrics. Performance is monitored through standards and targets set out through the Commissioning Plan Direction (CPD), Safety, Quality & Experience (SQE) measures as well as service-level Key Performance Indicators (KPIs). In order to allow efforts to be focused on managing the response to the Covid-19 pandemic, the standards and targets set out in the 2019/20 CPD were rolled forward to 2020/21 and 2021/22. In the coming months performance monitoring regionally will be updated to reflect the Strategic Outcomes Framework within the future planning model.

Comparative data across the region is available to May 2022 monthly, through Strategic Planning and Performance Group (SPPG) and Department of Health (DoH) publications.

Introduction

1. Rebuild to Date

9th June 2020: the Health Minister published the *Rebuilding Health and Social care Services Strategic Framework* in response to the impact of Covid-19.

The Trust has previously prepared rebuilding plans and associated data annexes for earlier phases as follows:

1. Phase 1: June to July 2020 (published 9th June 2020)
2. Phase 2: July to September 2020 (published 10th July 2020)
3. Phase 3: October 2020 onwards (not published)
4. Phase 4: January to March data annex only
5. Phase 5: April to June 2021 (published 13th April 2021)
6. Phase 6: July to August 2021 (published 9th July 2021)
7. Phase 7: October to December 2021 (published 22nd October 2021)
8. Phase 8: January to March 2022 (published 21st March 2022)
9. Phase 9: April to June 2022

2. Approach going forward

Service Delivery Plans

At the Regional Management Board meeting on 8 June 2022, the Permanent Secretary for Health noted the need to return to pre COVID-19 activity levels as soon as possible; ideally aiming to return to these levels by September 2022. Trusts received a follow-up letter from Sharon Gallagher on 9 June highlighting the approach as follows:

- SPPG(DoH) will determine the performance trajectories required
- services that have already reached pre-Covid-19 activity levels - these levels of service provision are to be maintained or increased

- Performance will be managed and reported on a monthly basis
- If targets not achieved escalation measures will be put in place
- HSC Service Delivery Plan for period July 22-March 2023 will be considered by RMB on 29 June 2022, effective from 1 July with a view to monitoring commencing in July 2022

Progress to date

- 13 June – initial draft service areas and measurable outcomes received by Trusts
- There are c60 metrics to be reported
- Baseline data largely 2019/20 year unless 20/21 or 21/22 levels were higher.
- SPPG had no expectation of a response being required from Trusts but due to issues regarding both the metrics opposed and the baselines used, Trusts have responded as a collective.

Impact on Future Performance Reporting

The Trust has continued to report to Trust Board a performance scorecard based on the Commissioning Plan metrics from 2019/20. To date the Commissioning Plan has not been replaced but we envisage that the new HSC Service Delivery Plan will form part of any new process. The future process will also include reporting against the population health based Strategic Outcomes Framework which is being developed by SPPG as part of the new Integrated Care system.

The new HSC Service Delivery Plan will be very resource demanding for both operational and performance teams, therefore the old Commissioning Plan based scorecard will be stood down and replaced with a new and improved scorecard which will include the HSC Service Delivery Plan metrics along with the high profile ministerial targets from the old Commissioning Plan (for example cancer target, elective waiting times and emergency department). The Strategic Outcomes Framework will be added in the future, once agreed.

To reflect both the Quality Strategy and the recent quality improvement workshops held, the Trust will be adopting a quality management system approach, pulling together key corporate approaches such as planning, control / assurance and improvement.

From August 2022 the new performance scorecard will be tabled to Trust Board and will reflect these new metrics. The scorecard will be presented utilising quality improvement tools such as statistical process control charts (as per the safe and effective care section tabled this month). This is a significant change to reporting and will be implemented and developed over the coming months. The immediate priority will be to focus on the 3 corporate improvement priorities:

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

Hospital Services

1. Elective Care

1.1. Elective Waiting times

The hospital services commissioning plan target states that at least 50% of patients should wait no longer than nine weeks for their first outpatient appointment with no-one to wait longer than 52 weeks. In May 2022 15.3% of South Eastern Health and Social Care Trust (SEHSCT) patients waited less than nine weeks. This is an increase from 14.8% in April 2022.

In May 2022 41.1% of patients waited less than 52 weeks, an improvement from 40.8% in both April 2022 and the prior year 37.8%.

In 2021/22 £19.4million of non-recurrent investment has been provided to SEHSCT to assist with reducing the waiting lists both in-house and using Independent Sector. The Independent Sector has been used for red flag and urgent appointments only. However, there will be a deterioration of improvements if this is not a continued position.

Gynaecology clinic templates have been adjusted from May – August 2022 with conversion of slots to accommodate more red flag appointments in order to address the backlog in this area.

The table below gives a detailed position of the longest waiting times by specialty.

Specialty	Suspect Cancer/Red Flag OP Position March 2022	Routine Outpatient Position June 2022	Inpatient & Daycase Position June 2022
Symptomatic Breast Clinic	2 weeks	34 weeks	N/A
Cardiology	2 weeks	174 weeks	104 weeks
Dermatology	6 weeks	327 weeks	101 weeks
ENT	4 weeks	263 weeks	218 weeks
General Medicine /Gastroenterology	6 weeks	350 weeks	within endoscopy
General Surgery	8 weeks	220 weeks	193 weeks
Gynaecology	9 weeks	260 weeks	279 weeks
Haematology	2 weeks	141 weeks	13 weeks
Neurology	2 weeks	318 weeks	13 weeks
Maxillo Facial	3 weeks	285 weeks	257 weeks
Paediatrics	2 weeks	134 weeks	149 weeks
Paediatric Surgery	2 weeks	13 weeks	115 weeks
Pain Management	2 weeks	151 weeks	141 weeks
Plastic Surgery	3 weeks	272 weeks	319 weeks
Thoracic Medicine	2 weeks	170 weeks	60 weeks
Rheumatology	2 weeks	269 weeks	N/A
Urology	3 weeks	134 weeks	168 weeks

Diagnostic Scopes	N/A	N/A	78 weeks
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1.2. Elective Activity Rebuild Monitoring

During each of the Covid-19 surges, the Trust has reviewed previous elective activity position (pre Covid-19 and surge activity) and considered projected activity for each elective modality per month. This has been requested by the Department on a three monthly rolling basis. Activity is then measured against projections.

The Trust monitors weekly the planned versus the actual activity; the table below shows May 2022 activity against projection. Note that endoscopy is subject to a coding lag and activity from inpatients and day cases will reduce as endoscopy is coded.

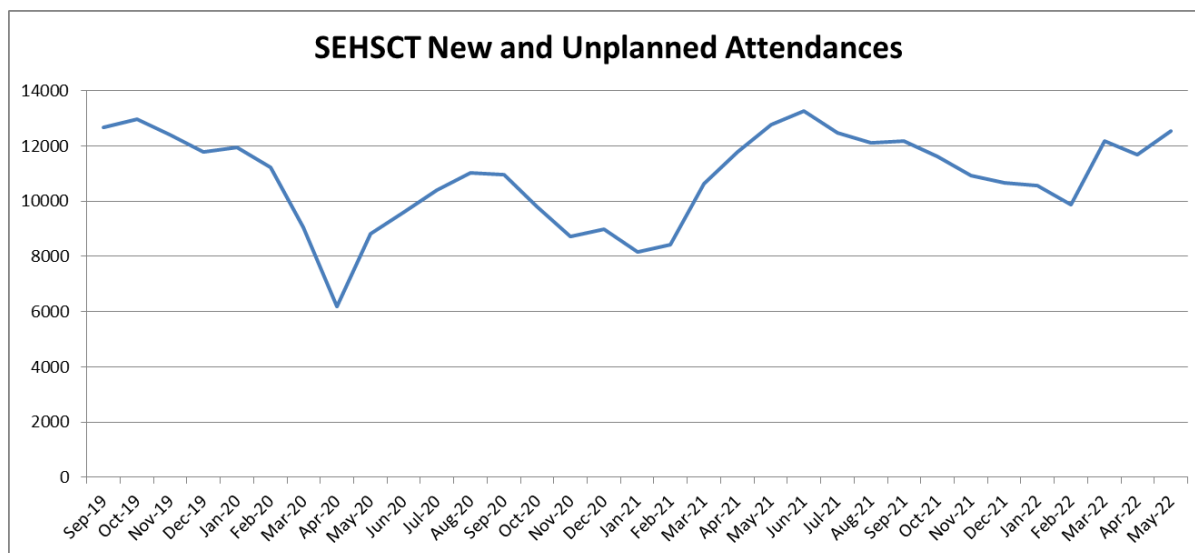
		01/05/2022 31/05/2022	May Projection	% Achieved
<u>OUTPATIENTS</u>				
New	Face to Face	5943	4900	121%
	Virtual	1512	1291	117%
Review	Face to Face	10284	8848	116%
	Virtual	4435	4146	107%
			-	
<u>Inpatients and Daycases</u>				
Inpatients		321	288	111%
Daycases		2101	1571	134%
Endoscopy (4 scopes)			624	0%

Emergency Care

1.3. ED Attendances

In May 2022 there were 12,539 new and unplanned review attendances to an Emergency Department in the South Eastern Health and Social Care Trust. This is an increase from 11,690 in April 2022. Comparing May 2022 with May 2021 the Ulster Hospital ED has seen a 4.6% decrease in attendances.

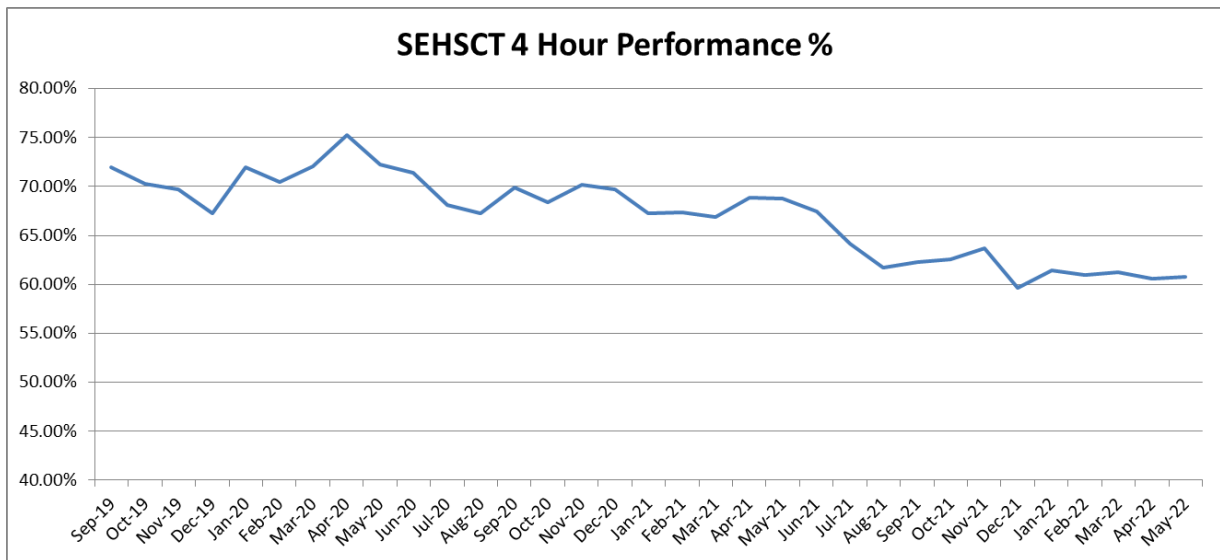
Prior to the impact of Covid-19, in February 2020 there were 11,220 new and unplanned attendances.



1.4. 4 Hour Performance and 12 Hour Breaches

The commissioning plan target for Emergency Department performance states that 95% of patients attending any Emergency Department should be either treated and discharged home, or admitted, within four hours of their arrival in the department. No patient should wait longer than 12 hours. In May 2022 60.1% of patients were seen within four hours. This is a slight increase from 60.6% in April 2022 and a decrease from 70.8% in May 2021.

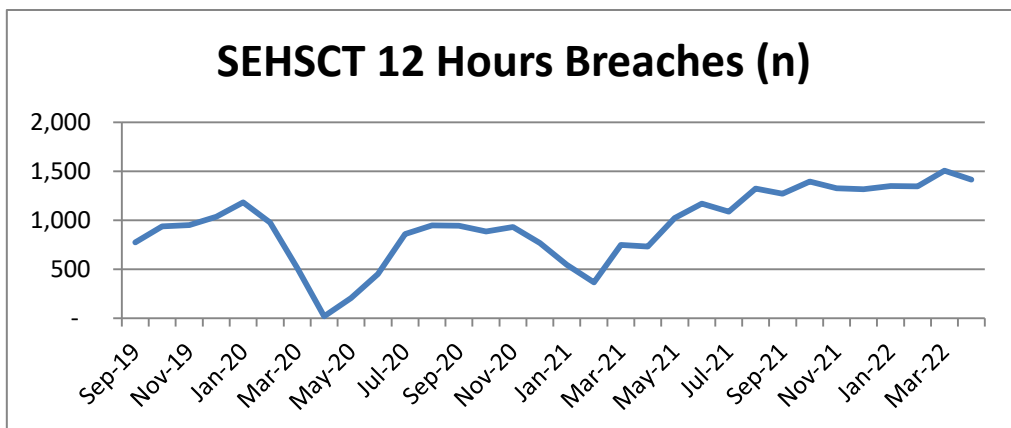
Prior to the impact of Covid-19, in February 2020, 70.4% of patients waited under four hours.



In May 2022 1,509 patients in the South Eastern Health and Social Care Trust waited in excess of 12 hours before being admitted or discharged from the Emergency Department. This is an increase from 1,415 in April 2022. In May 2021 1,020 patients waited in excess of 12 hours.

All 1,509 of the 12 hour breaches in May 2022 took place in the Ulster Hospital.

Prior to the impact of Covid-19, in February 2020 977 patients in South Eastern Health and Social Care Trust Emergency Departments waited over 12 hours.



2. Cancer Performance

2.1. 14 Day Performance

The commissioning plan target states that all urgent completed referrals for breast cancer are seen within 14 days. In April 2022 16.5% of urgent breast cancer referrals were seen within 14 days with the longest wait being 48 days. May 2022 saw steep improvement with 58.3% seen within 14 days, the highest figure for 12 months. The longest wait increased to 45 days.

2.2. 31 Day Performance

The commissioning plan target states that at least 98% of patients receive first definitive treatment within 31 days of a cancer diagnosis. In April 2022 80% of patients began treatment within 31 days with 29

patients breaching this target. The figure increased in May 2022 to 88% with a reduction to 15 patients breaching the target for the month.

2.3. 62 Day Performance

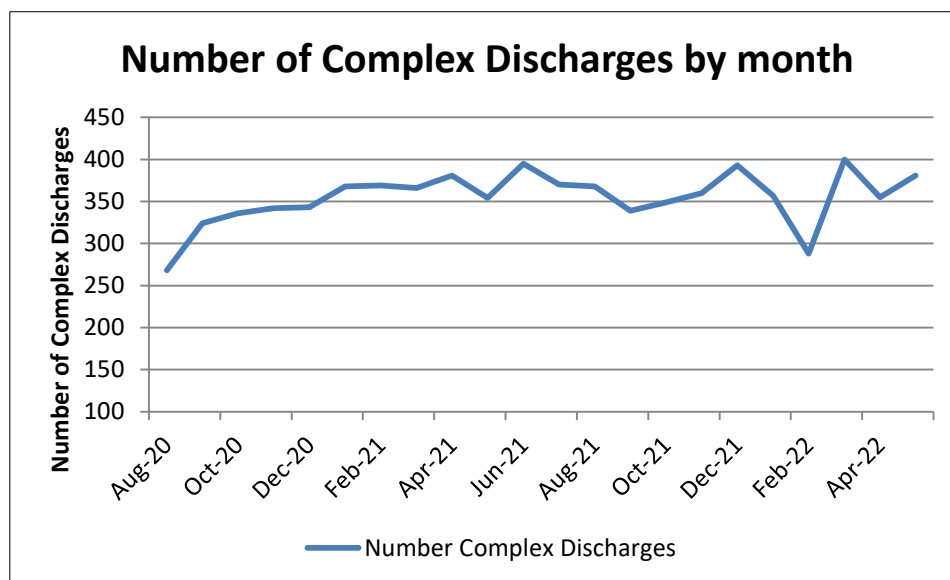
The commissioning plan target states that at least 95% of patients urgently referred with a suspected cancer receive first definitive treatment within 62 days. In April 2022 49% of patients began treatment within 62 days with 39 patients breaching this target. May 2022 saw a decrease with 34% of patients beginning treatment within 62 days and 38 patients breaching the target.

Primary Care and Older People

3. Complex Discharges

3.1. Number of Complex Discharges

In May 2022 there were 381 complex discharges compared with 356 in April 2022. This is a slight increase from May 2021 when there were 354 complex discharges.



Complex discharges are significantly affected by downstream capacity; there are considerable vacancies in the social work sector which has impacted performance. The majority of cases are awaiting care home decisions or domiciliary care availability. Both of these issues have been flagged regionally and there are daily calls with care homes to determine the available capacity. Bed capacity for Elderly Mentally Infirm (EMI) patients is particularly challenging.

In May 2022 South Eastern Health and Social Care Trust was third in the region for the total number of complex discharges behind Northern (535) and Belfast (623) Health and Social Care Trusts.

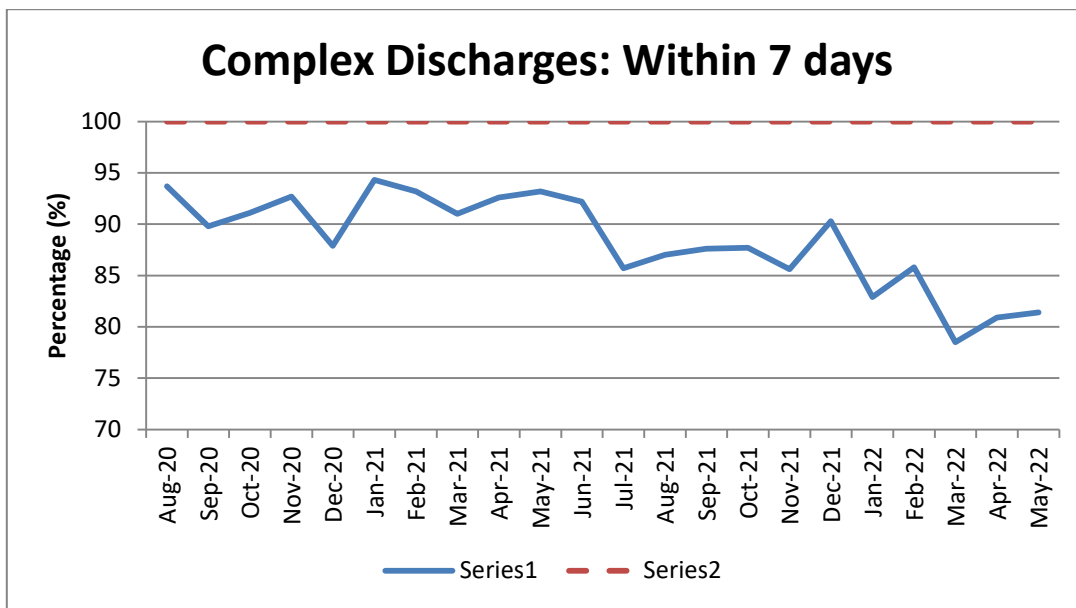
3.2. Complex Discharges within 48 Hours

The commissioning plan target for complex discharges states that 90% of complex discharges should be within 48 hours. In May 2022 54.6% of all complex discharge patients in SEHSCT beds were discharged in under 48 hours. This is a slight increase when compared with prior month April 2022 where 52% of complex discharge patients were discharged within 48 hours; it is a reduction from 63.6% in May 2021.

3.3. Complex Discharges within 7 Days

The commissioning plan target states no complex discharge should take more than seven days. In May 2022, 81.4% of complex patients were discharged within seven days. Of the 381 complex discharges in

May, 71 of these were delayed by more than seven days; the longest delay was 45 days. This is consistent from 80.9% in April 2022, and a decrease from 93.2% in the prior year May 2021.



4. Allied Health Professionals

4.1. Allied Health Professionals Waiting Times

The commissioning plan target for Allied Health Professionals (AHPs) states that no patient should wait longer than 13 weeks from referral to commencement of treatment. In May 2022 70.3% of patients were waiting less than 13 weeks. This is a slight decrease from 71.6% in April 2022 and 77.7% in the prior year May 2021.

At 30th April 2022 of 12,775 patients on the AHP waiting list, 3,629 were waiting longer than 13 weeks. For May 2022 this figure has increased to 13,083 patients on the AHP waiting list, with 3,881 waiting longer than the 13 week target. Orthoptics has the highest compliance with 92.4% of patients commencing treatment within 13 weeks of referral (18 breaches out of 237). Adult Speech and Language Therapy has the lowest compliance with 51.3% of patients commencing treatment in less than 13 weeks (447 breaches out of 917). The longest wait is 176 days.

AHP services have seen an increase in Waiting List Initiative (WLI) funding which has aided the improvements in performance.

4.2. AHP Rebuild Performance

New and review AHP contacts are monitored as part of the regional rebuild performance with projections submitted monthly.

In May 2022 all services exceeded their projections with the exception of Occupational Therapy.

<u>ALLIED HEALTH PROFESSIONALS</u>	Elective /Scheduled Contacts	01/05/2022 - 31/05/2022	May Projection	% Achieved
Physiotherapy	New	1809	1648	110%
	Review	5419	4827	112%
Occupational Therapy	New	1006	1120	90%
	Review	2146	3091	69%
Dietetics	New	799	790	101%
	Review	1452	989	147%
Orthoptics	New	168	100	168%
	Review	490	300	163%
Speech&Language Therapy	New	319	244	131%
	Review	4683	2500	187%
Podiatry	New	465	179	260%
	Review	2771	2722	102%

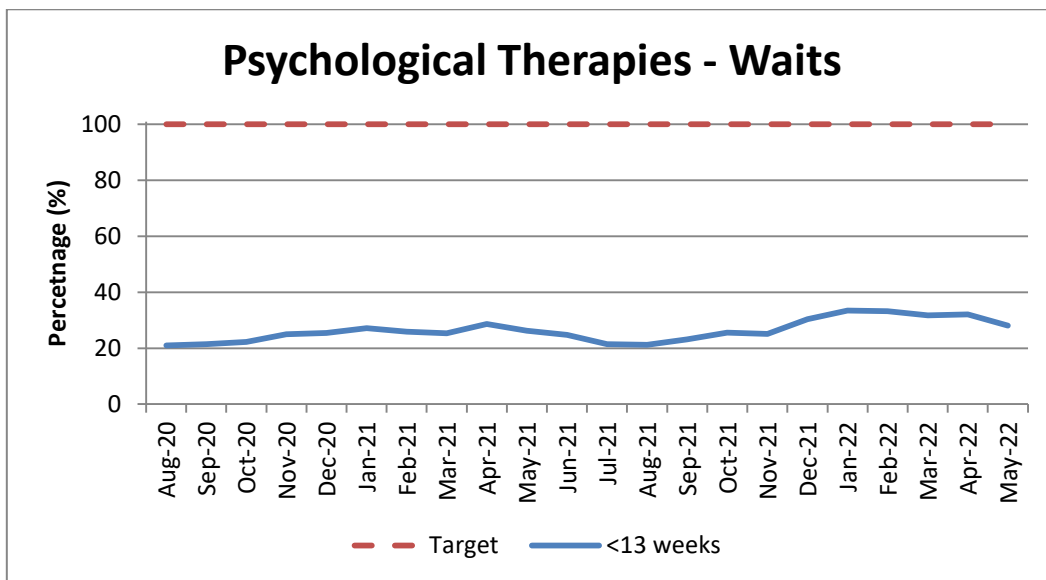
Adult Services

Adult Services performance is monitored through commissioning plan targets, HSC indicators and service-level KPIs. Performance is also monitored against rebuilding targets. Adult Services performance is monitored across areas including mental health, psychological therapy, disability services and prison healthcare.

5. Psychological Therapies

The commissioning plan target states that no psychological therapies patient should wait more than 13 weeks from referral to assessment and commencement of treatment. In May 2022, 28.1% of South Eastern Health and Social Care Trust patients on the waiting list were waiting less than 13 weeks. This figure is a decrease from 32.1% in April 2022. The figure in May 2021 was 26.2% and in May 2020 was 23.5%.

Of the 1,167 patients waiting on 31st May 2022, 839 had been waiting longer than the target¹, the longest wait 1035 days in Adult Health Psychology.

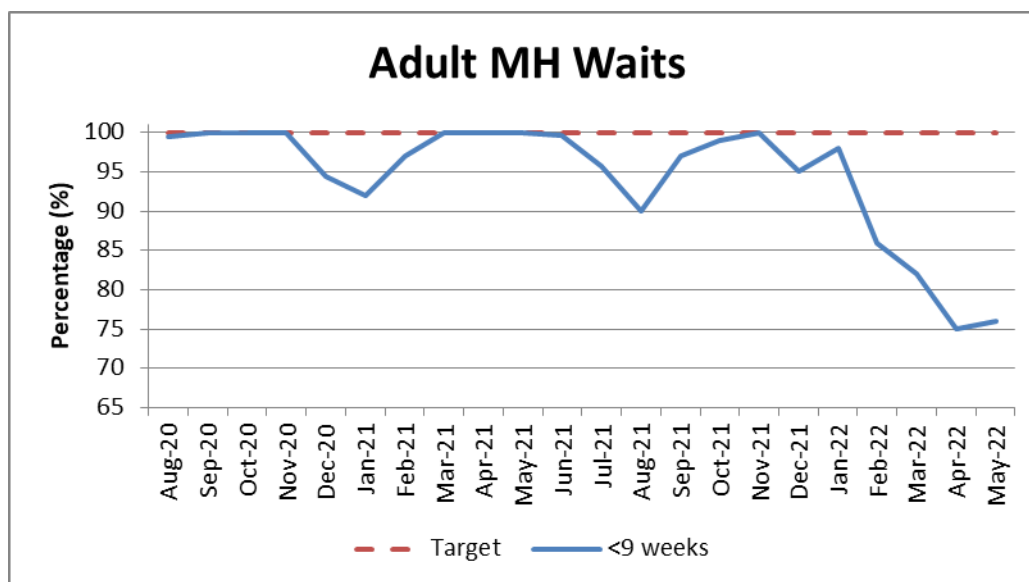


6. Adult Mental Health Services

6.1. Adult Mental Health Waiting Times

The commissioning plan target states that no patient should wait more than nine weeks from referral to assessment and commencement of treatment. In May 2022, 77% of waits within the South Eastern Health and Social Care Trust were within this target. Of the 906 patients on the waiting list, 212 were waiting longer than the nine week target. In April 2022, 75% of patients waited less than nine weeks and in May 2021 this was 100%.

¹ Breaches occur across Adult Mental Health, Older People, Adult Learning Disability, Children's Learning Disability, Adult Health Psychology and Children's Psychology.



In May 2022, 694 of the 906 total referrals were seen in less than 13 weeks, with the majority of longer waits being in the North Down and Ards Mental Health Assessment Centre team. As well as increased referrals there are significant staffing pressures due to vacancies and absence within this team. Remedial measures have been put in place including the up-skilling of bank staff to address the routine waiting list; the use of South Eastern Health and Social Care staff covering bank shifts at weekends to complete assessments and the addition of a twilight practitioner (No More Silos non-recurrent funding) to expedite waiting times.

6.2. Prison Healthcare – Addiction Services

The service’s performance target is that all individuals referred to the Addictions Team should not wait longer than nine weeks for assessment. Since the introduction of a Consultant led addictions service there has been a 400% increase in referrals in last two years due to the pandemic and other issues within the prison. Due to unprecedented demand and in the absence of additional commissioning the Healthcare in Prison addictions service’s waiting list continues to grow.

Current Staffing complement;

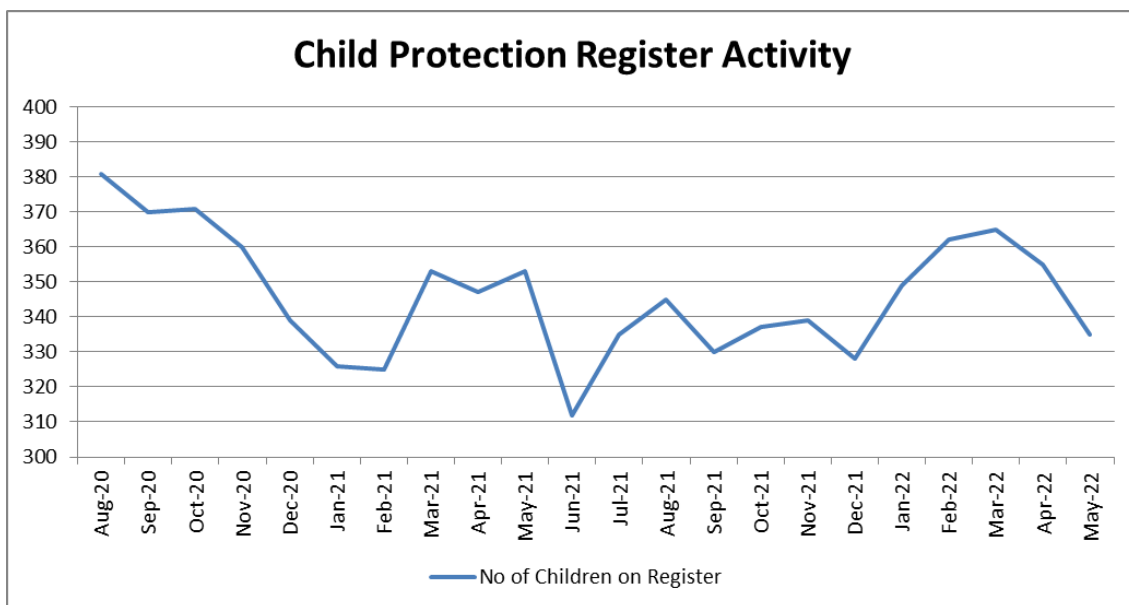
- 1 WTE Addictions Psychiatrist & 3 WTE Addictions Nurses
- Approx. 10% (Currently - 160 patients on Opioid Substitution Treatment (OST)) of the prison population are on OST. The projected need is somewhere between 15 and 20% (in comparison to equivalent prisons in UK/Ireland).
- For reference – in a community GP practice - approximately 0.5-1% of patients are on OST

Strategic Planning and Performance Group commissioned an independent review of addictions service in Northern Ireland (including in prisons) and the report will be published in June. The findings highlight significant underinvestment in this area.

7. Child Protection

7.1. Number of Children on Child Protection Register

As of May 2022, the number of Children on the Child Protection Register (CPR) was 335, a decrease from 355 in April 2022.

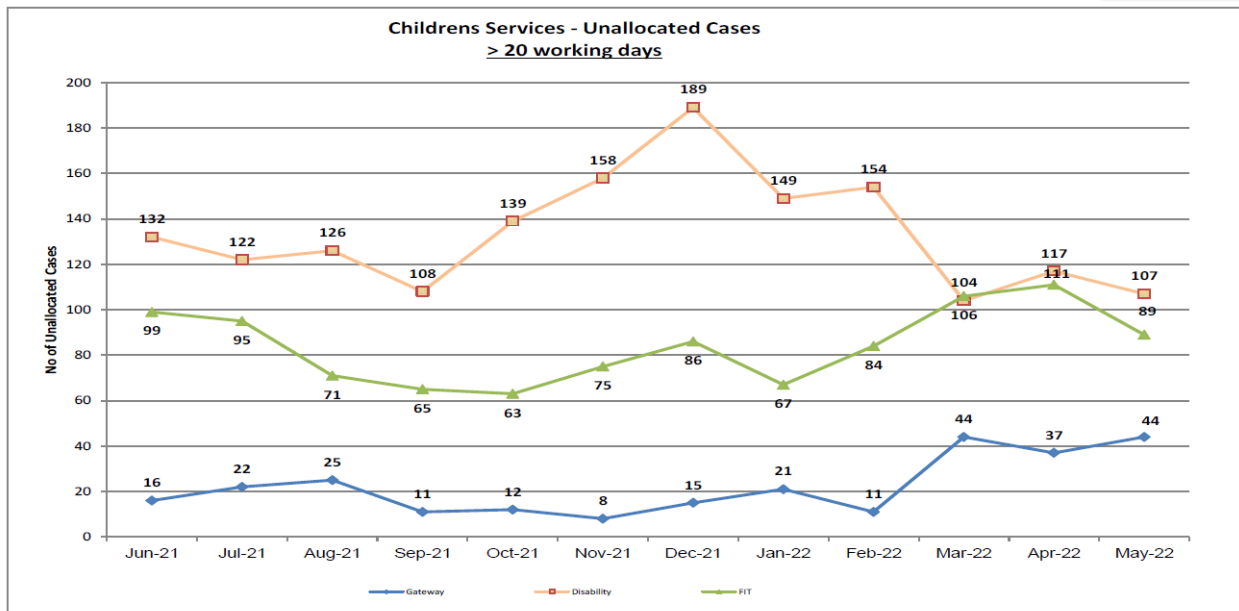


8. Unallocated Cases

The number of cases unallocated over 20 days and over 30 days are monitored against the Commissioning Plan Targets and service-level KPIs.

8.1. Unallocated Cases Over 20 & 30 days

May 2022 has 240 unallocated cases over 20 days, a decrease from 265 in April 2022 and a decrease from 264 in May 2021.



In May 2022 Disability unallocated cases over 20 days decreased from 117 in April 2022 to 107. FIT unallocated cases over 20 days also decreased from 111 in April 2022 to 89 in May 2022. Gateway unallocated cases over 20 days rose from 37 in April 2022 to 44 in May 2022, equalling the highest figure for a 12 month period.

In May 2022 there were 212 unallocated cases over 30 days; this is a slight increase from 204 in April 2022, and a decrease from 234 in May 2021.

8.2. Total Unallocated Cases

There were 370 Unallocated Cases in total at the end of May 2022. This is an increase from 348 in April 2022

9. Family Support Referrals

In May 2022, there was a slight increase in the percentage of Family Support referrals assigned a social worker within 30 working days compared to the previous month, from 85.3% to 86.8%. In May 2021, 95.2% were assigned within the 30 day target.

In May 2022 25.3% of initial assessments were completed within 10 working days of allocation. In April 2022, 40% of assessments met the 10 day target. In May 2021 36.5% of assessments were completed within the target.

