

South Eastern Health and Social Care Trust Performance Management Report

21/22 Year End and April 2022

Paper Number: SET/34/2022

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Purpose

This Performance Management report assesses the Trust position in FY21/22 month 12 (March 2022) and FY22/23 month 1 (April 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 up to March 2022 quarterly and monthly, through Strategic Planning and Performance Group (SPPG) and Department of Health (DoH) publications.

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 March 2022 14.5% of South Eastern Health and Social Care Trust (SEHSCT) patients waited less than nine weeks. This is an increase from 13.5% in February 2022 and is an improvement in prior year performance of 13.5% in March 2021. The figure has remained the same for April 2022 at 14.8%.

In March 2022 40.1% of patients waited less than 52 weeks, mirroring the figure for February 2022. It is also an improvement on March 2021 performance of 34.7% waiting less than 52 weeks. This figure has remained consistent in April 2022 at 40.8%.

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 Mar 2022	Inpatient & Daycase Position Mar 2022
Symptomatic Breast Clinic	4 weeks	35 weeks	n/a
Cardiology	n/a	161 weeks	104 weeks
Dermatology	3 weeks	314 weeks	101 weeks

ENT	4 weeks	250 weeks	218 weeks
General Medicine /Gastroenterology	6 weeks	390 weeks	Within endoscopy
General Surgery	6 weeks	207 weeks	193 weeks
Geriatric Medicine	n/a	65 weeks	13 weeks
Gynaecology	12 weeks	231 weeks	279 weeks
Haematology	2 weeks	129 weeks	13 weeks
Neurology	n/a	356 weeks	13 weeks
Maxillo Facial	4 weeks	272 weeks	257 weeks
Paediatrics	2 weeks	120 weeks	149 weeks
Paediatric Surgery	n/a	10 weeks	115 weeks
Pain Management	n/a	142 weeks	141 weeks
Plastic Surgery	4 weeks	259 weeks	319 weeks
Thoracic Medicine	2 weeks	159 weeks	60 weeks
Rheumatology	n/a	256 weeks	n/a
Urology	6 weeks	121 weeks	168 weeks
Diagnostic Scopes	n/a	n/a	78 weeks

Comparative data across Trusts is available up to March 2022. At the end of March 2022, 17% of patients were waiting less than nine weeks for a first outpatient appointment, compared to 16% at the end of March 2021; 295,506 patients were waiting longer than nine weeks compared to 281,074 at the end of March 2021 (+14,432); and, 186,658 were waiting more than 52 weeks, a decrease from 189,723 (-3,065).

In South Eastern Health and Social Care Trust, in March 2022 15%¹ of patients waited less than 9 weeks for a first consultant led outpatient appointment, although this is the lowest across all Trusts there is little variance across Trusts. The highest performance is 20% in Belfast Health and Social Care Trust.

Regionally the number of patients waiting longer than 13/52 weeks for inpatient or day case treatment has remained relatively steady during 2021/22. At the end of March 2022, 19% of patients waiting were waiting less than 13 weeks compared to 17% at the end of March 2021; 100,086 were waiting longer than 13 weeks compared to 92,726 at the end of the previous year (+7,360); and 69,860 patients were waiting longer than a year for surgery compared to 68,344 at the end of 2020/21 (+1,516).

In South Eastern Health and Social Care Trust 25% of patients waited less than 13 weeks for inpatient or day case treatment in March 2022, this continues to be the highest performance across all Trusts, matching the Northern Health and Social Care Trust. The lowest performance was 15% in the Belfast Health and Social Care Trust.

¹ Regional comparative percentages are rounded

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 April 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.

		01/04/2022 30/04/2022	April Projection	% Achieved
<u>OUTPATIENTS</u>				
New	Face to Face	4685	4900	96%
	Virtual	1224	1291	95%
Review	Face to Face	8174	8848	92%
	Virtual	3305	4146	80%
<u>Inpatients and Daycases</u>				
Inpatients		276	288	96%
Daycases		1730	1571	110%
Endoscopy (4 scopes)			624	0%

Emergency Care

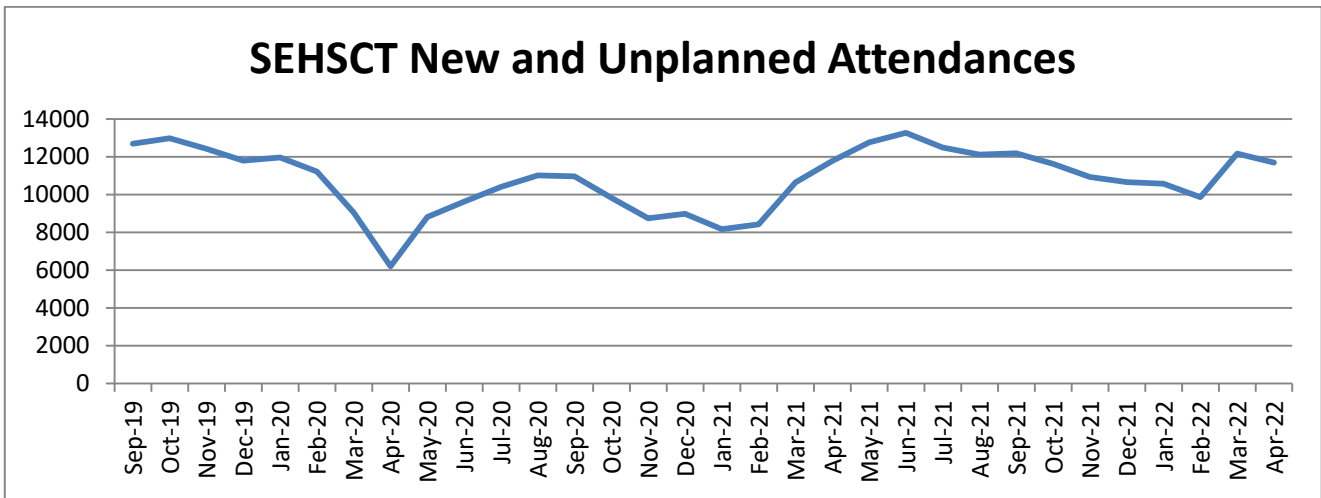
1.3. ED Attendances

In March 2022 there were 12,169 new and unplanned review attendances to an Emergency Department in the South Eastern Health and Social Care Trust. This is an increase from 9,865 in February 2022.

Regionally, comparing March 2022 with March 2021 the Ulster Hospital ED has seen a 10.5% increase in attendances. There was a decrease of 479 in April 2022 with 11,690 new and unplanned attendances.

According to the Department of Health published 'Emergency Care Waiting Time Statistics for Northern Ireland (January - March 2022)' the Ulster Hospital remains second to the Royal Victoria Hospital for the highest number of attendances in April 2022.

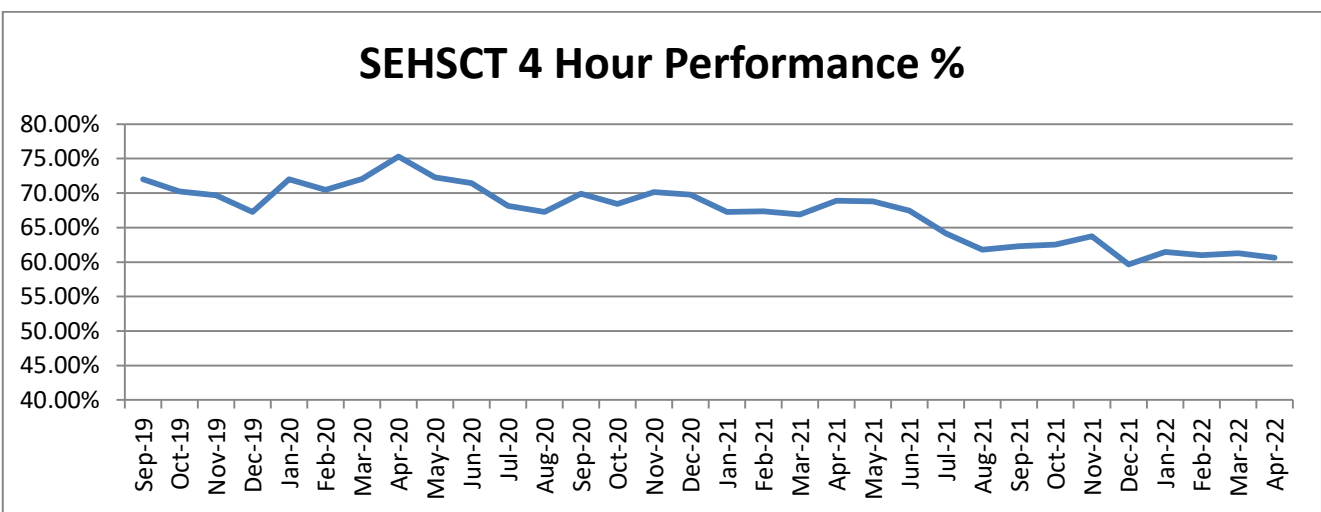
Prior to the impact of Covid-19, in February 2020 there were 12,977 new and unplanned attendances.



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 March 2022 61.3% of patients were seen within four hours. This is a slight increase from 61% in February 2022 and a decrease from 69% in March 2021. April 2022 saw 60.6% of patients seen within four hours.

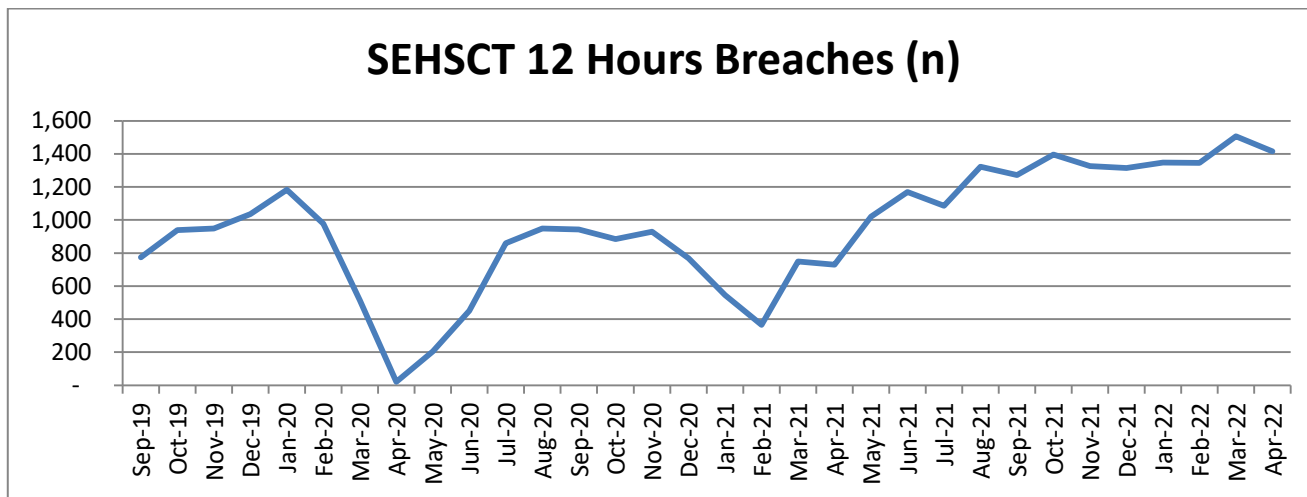
Prior to the impact of Covid-19, in February 2020, 70.4% of patients waited under four hours.



In March 2022 1,506 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 1,346 in February 2021. In March 2021 748 patients waited in excess of 12 hours. April 2022 saw a slight decrease with 1,415 patients waiting in excess of 12 hours.

The majority of 12 hour breaches in April 2022 took place in the Ulster Hospital with three breaches in Lagan Valley.

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 March 2022 11.2% of urgent breast cancer referrals were seen within 14 days with the longest wait being 48 days. April 2022 saw an improvement with 16.5% seen within 14 days, the highest figure for three months. The longest wait decreased to 37 days and was the lowest figure since August 2021. Improvement in this target was largely due to an extra clinic undertaken in April.

Regionally, in March 2022 44% of urgent breast cancer referrals were seen within 14 days. The 21/22 total performance was 53% - the lowest performance was in South Eastern Health and Social Care Trust, the highest performance was Belfast Health and Social Care Trust.

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 March 2022 87% of patients began treatment within 31 days with 18 patients breaching this target. The figure increased in April 2022 to 92% with a reduction to seven patients breaching the target for the month.

Regionally during March 2022, 90% of cancer patients commenced treatment within 31 days of the decision to treat. The 21/22 total performance was also 90% - the lowest performance was in the Northern Health and Social Care Trust and the highest performance was in the Western Health and Social Care Trust.

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 March 2022 55% of patients began treatment within 62 days with 32 patients breaching this target. April 2022 remained consistent with 54% of patients beginning treatment within 62 days and a decrease to 22 patients breaching the target.

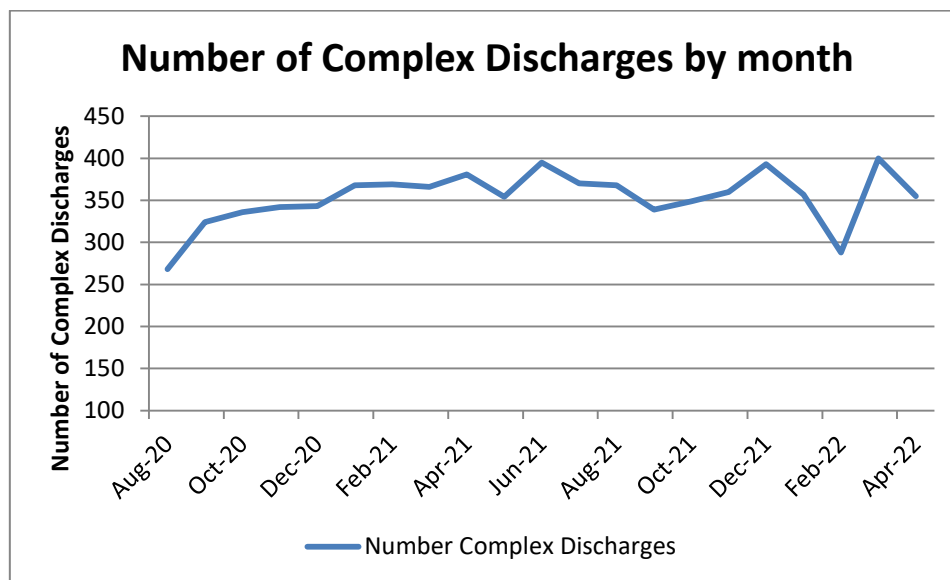
Regionally during March 2022, 48% of patients urgently referred with a suspected cancer began their first definitive treatment within 62 days. The 21/22 total performance was 46% - the lowest performance was in the Northern Health and Social Care Trust and the highest performance was in the Western Health and Social Care Trust.

Primary Care and Older People

3. Complex Discharges

3.1. Number of Complex Discharges

In March 2022 there were 400 complex discharges compared with 288 in February 2022. This is an increase from March 2021 when there were 366 complex discharges. In April 2022 there was a decrease to 355 complex discharges, down 45 from the previous month.



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 April 2022 South Eastern Health and Social Care Trust was third in the region for the total number of complex discharges behind Northern (527) and Belfast (594) Health and Social Care Trusts.

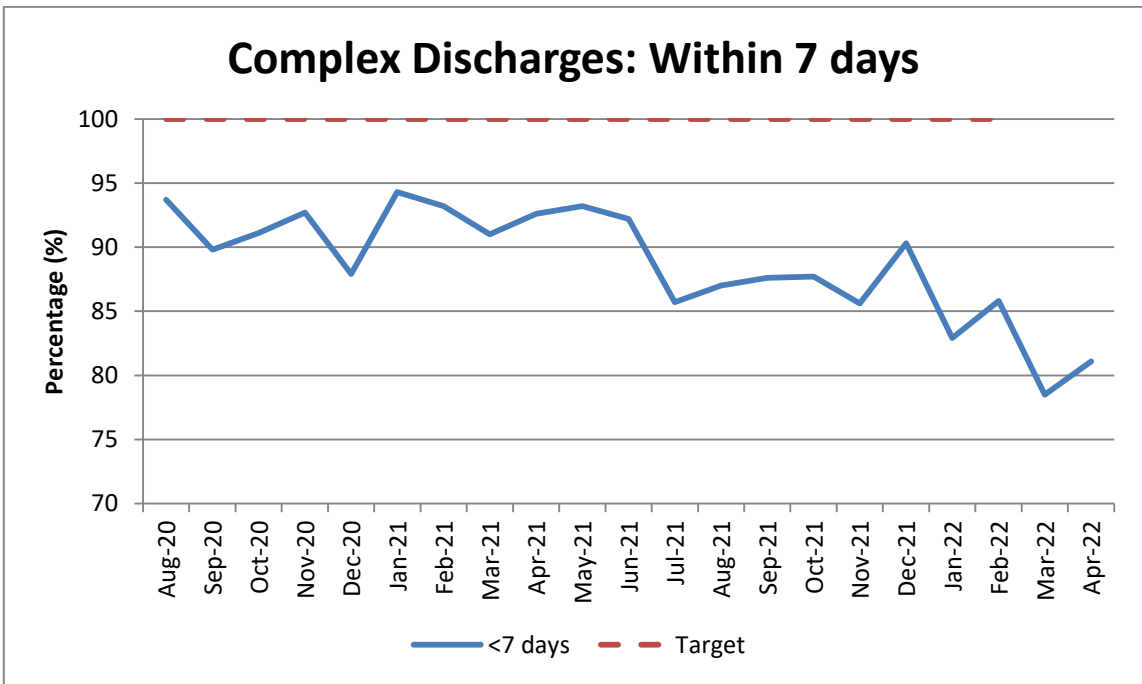
3.2. Complex Discharges within 48 Hours

The commissioning plan target for complex discharges states that 90% of complex discharges should be within 48 hours. In March 2022 49.3% of all complex discharge patients in SEHSCT beds were discharged in under 48 hours. This is a decrease when compared with prior month February 2022 where 54.9% of complex discharge patients were discharged within 48 hours; it is also a reduction from 61.2% in March 2021. In April 2022 the figure increased slightly to 51.0%.

3.3. Complex Discharges within 7 Days

The commissioning plan target states no complex discharge should take more than seven days. In March 2022, 78.5% of complex patients were discharged within seven days. Of the 400 complex discharges in March, 86 of these were delayed by more than seven days; the longest delay was 60 days. This is a

decrease from 85.8% in February 2022, and from 91% in the prior year March 2021. In April 2022 81.1% of complex patients were discharged within seven days, with 67 delayed beyond the target.



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 March 2022 72.5% of patients were waiting less than 13 weeks. This is an increase from 70.1% in February 2022 and 71.4% in the prior year March 2021. In April 2022 71.6% of patients were waiting for less than 13 weeks.

At 31st March 2022 of 12,359 patients on the AHP waiting list, 3,396 were waiting longer than 13 weeks. For April 2022 this figure has increased to 12,775 patients on the AHP waiting list, with 3,629 waiting longer than the 13 week target. Orthoptics has the highest compliance with 88.1% of patients commencing treatment within 13 weeks of referral (26 breaches out of 218). Adult Speech and Language Therapy has the lowest compliance with 52.3% of patients commencing treatment in less than 13 weeks (446 breaches out of 935). The longest wait in Adult Speech and Language Therapy is 472 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 April 2022 Orthoptics and Speech and Language Therapy exceeded their projections, as well as review Dietetic appointments and new Podiatry appointments.

<u>ALLIED HEALTH PROFESSIONALS</u>	Elective /Scheduled Contacts	01/04/2022 - 30/04/2022	April Projection	% Achieved
Physiotherapy	New	1503	1648	91%
	Review	4466	4827	93%
Occupational Therapy	New	948	1120	85%
	Review	1999	2890	69%
Dietetics	New	610	790	77%
	Review	1225	989	124%
Orthoptics	New	134	100	134%
	Review	329	300	110%
Speech&Language Therapy	New	306	244	125%
	Review	3243	2500	130%
Podiatry	New	325	179	182%
	Review	2406	2722	88%

5. Dementia

The project group continues to meet regularly and has made good progress. A process for recording dementia activity and waiting times in a systematic manner has been established. There will be a 3 month implementation period for the new recording mechanism which the group aims to achieve.

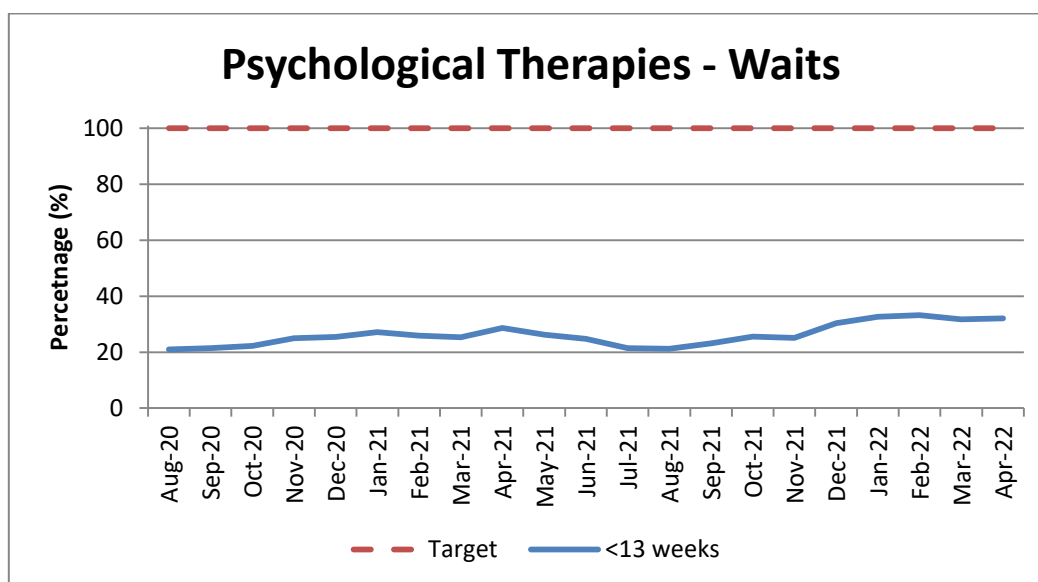
Adult Services

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.

6. 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 March 2022, 31.7% of South Eastern Health and Social Care Trust patients on the waiting list were waiting less than 13 weeks. This figure is a decrease on 33.2% in February 2022. The figure in March 2021 was 25.3% and in March 2020 was 29.6%. April 2022 remains consistent with 32.4% of patients waiting less than 13 weeks.

Of the 1,127 patients waiting on 31st March 2022, 770 had been waiting longer than the target², the longest wait 1007 days in Adult Health Psychology. In April 2022 1,159 patients are on the waiting list with 812 waiting longer than the 13 week target, the longest wait is 1019 days in Adult Health Psychology.



Regional comparison in March 2022 showed South Eastern Health and Social Care Trust were third in the region for patients waiting longer than 13 weeks.

7. Adult Mental Health Services

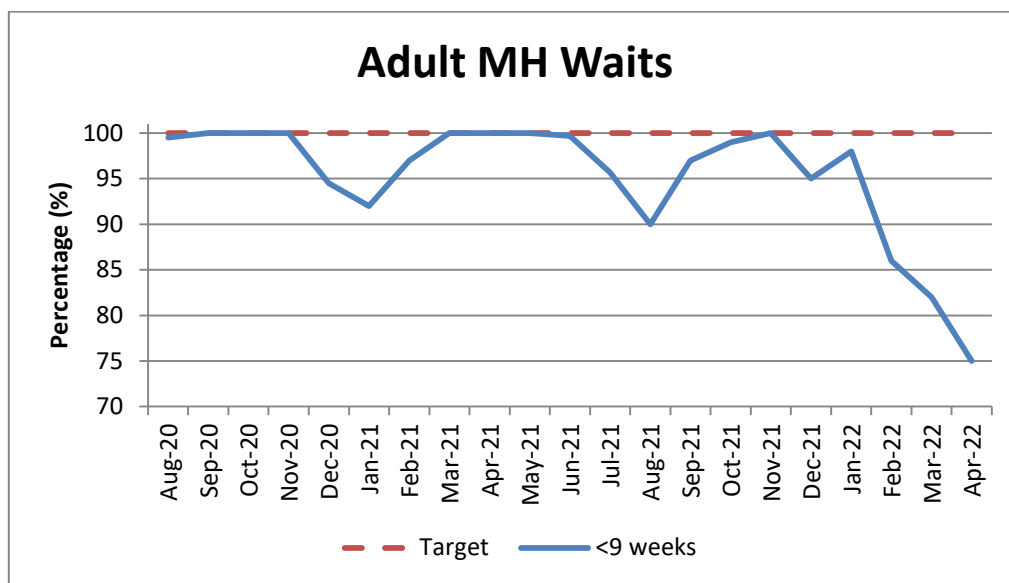
7.1. Adult Mental Health Waiting Times

The commissioning plan target states that no patient should wait more than nine weeks from referral to assessment and commencement of treatment. In March 2022, 82% of waits within the South Eastern Health and Social Care Trust were within this target. Of the 823 patients on the waiting list, 148 were

² Breaches occur across Adult Mental Health, Older People, Adult Learning Disability, Children's Learning Disability, Adult Health Psychology and Children's Psychology.

waiting longer than the nine week target. In February 2022, 86% of patients waited less than nine weeks and in March 2021 this was 100%.

In April 2022, the figure decreased to 75% of patients waiting less than nine weeks. Of the 854 patients on the waiting list, 211 are outside of the 9 week target. This is an increase of 63 patients since March 2022.



In April 2022, 724 of the 856 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.

South Eastern Health and Social Care Trust was the second best performing in the region in March 2022.

7.2. 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.

8. Disability Services

8.1. Discharges

Physical Disability Services has continued to meet their commissioning plan target for discharges in April 2022 with 100% of discharges taking place within seven days of patient being assessed as medically fit. In March 2022, 100% of South Eastern Health and Social Care Trust discharges were within seven days, with this figure achieved each month in 2022.

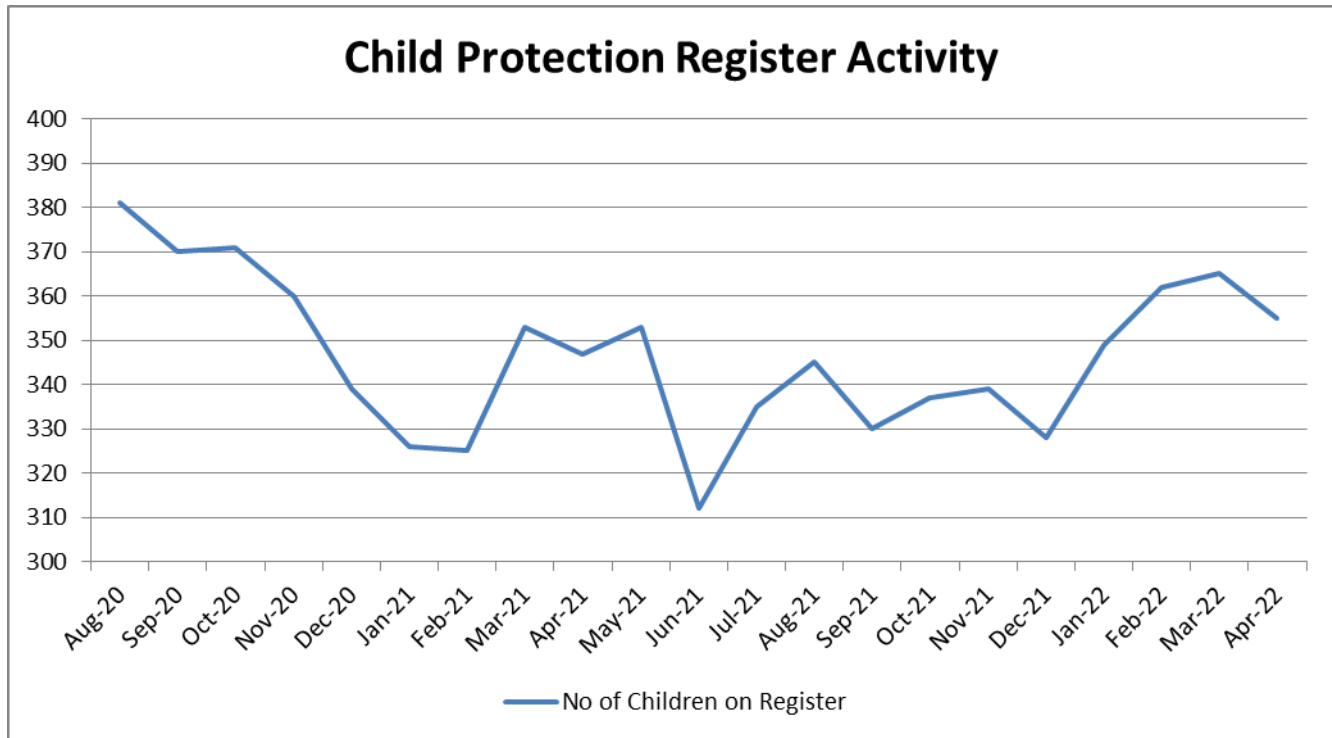
Within Learning Disability, there remain three SET resettlement patients and five delayed discharge patients to be accommodated in the community. The Trust is working collaboratively with all key stakeholders to accelerate discharge plans.

Children's Services

9. Child Protection

9.1. Number of Children on Child Protection Register

As of April 2022, the number of Children on the Child Protection Register (CPR) was 355, a slight decrease from 365 in March 2022.

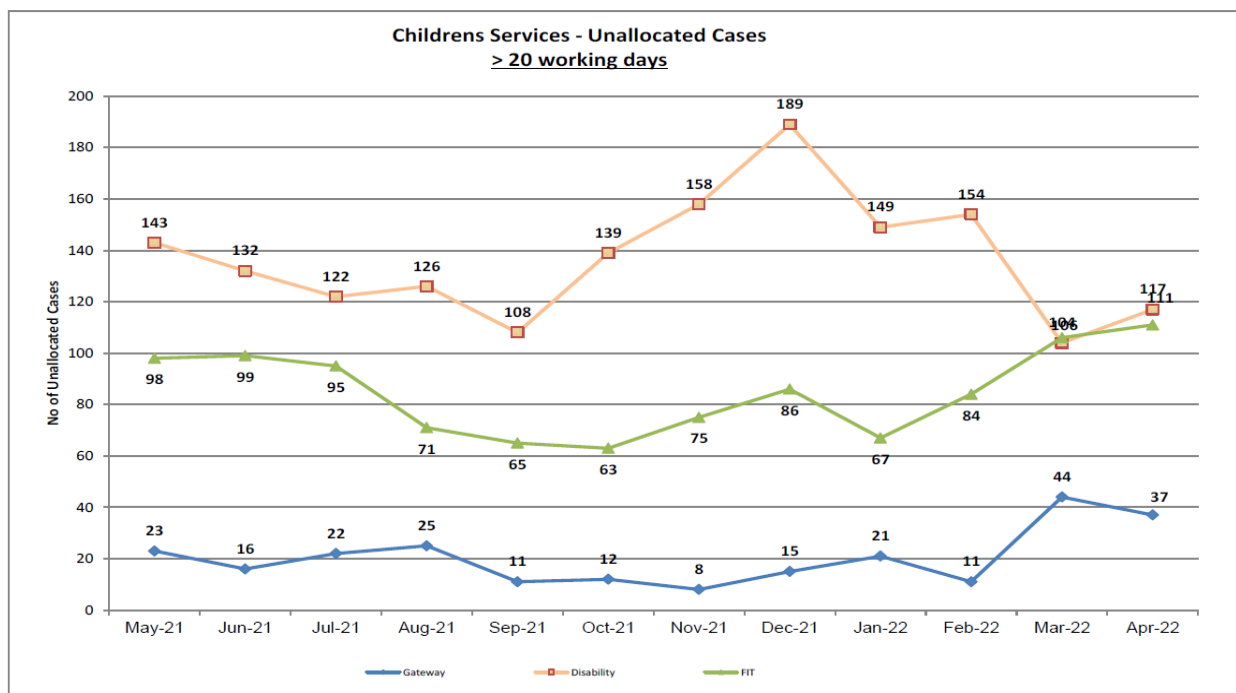


10. Unallocated Cases

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

10.1. Unallocated Cases Over 20 & 30 days

March 2022 has 254 unallocated cases over 20 days, an increase from 249 in February 2022 and a decrease from 287 in March 2021. In April 2022, the figure increased further to 265 unallocated cases over 20 days.



In March 2022 Disability unallocated cases over 20 days decreased from 154 in February 2022 to 104, rising slightly to 117 in April 2022. FIT unallocated cases over 20 days increased in March 2022 to 106 from 84 the previous month February 2022. This figure remained similar in April 2022 at 111. Gateway unallocated cases over 20 days rose from 11 in February 2022 to 44 in March 2022, the highest figure for a 12 month period. This figure decreased in April 2022 to 37.

In March 2022 there were 200 unallocated cases over 30 days; this is a decrease from 227 in February 2022, and 260 in March 2021. April 2022 remained consistent with 204 unallocated cases over 30 days.

10.2. Total Unallocated Cases

There were 348 Total Unallocated Cases at the end of March 2022. This is a slight decrease from 354 total cases in February 2022. April 2022 was unchanged with 348 Total Unallocated Cases.

11. Family Support Referrals

In March 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 89.4% to 89.7%. In March 2021, 96.8% were assigned within the 30 day target. April 2022 saw a slight decrease to 85.3% of referrals assigned a social worker within the 30 day target.

In March 2022 51.2% of initial assessments were completed within 10 working days of allocation. In February 2022, 25.6% of assessments met the 10 day target. In March 2021 36.0% of assessments were completed within the target. In April 2022 the figure decreased from 51.2% to 40% of assessments within 10 days.

