

South Eastern Health and Social Care Trust Performance Management Report

January 2022

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Purpose

This Performance Management report assesses the Trust position in financial month 10 (January 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.

Comparative data across the region is available up to December 2021 through Health and Social Care Board (HSCB) 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 January 2022 13.1% of South Eastern Health and Social Care Trust (SEHSCT) patients waited less than 9 weeks. This is a decrease from 13.4% in December 2021 however it is an improvement in prior year performance of 11.5% in January 2021.

In January 2022 39.6% of patients waited less than 52 weeks, equalling December 2021. It is also an improvement on January 2021 performance of 36% waiting less than 52 weeks.

Within the South Eastern Health and Social Care Trust, there are weekly theatre meetings held with all specialties to discuss the upcoming theatre capacity. Specialities discuss priority cases that require surgery. Theatre capacity is subsequently allocated to address those priority cases, reviewing both bed and ICU capacity. Other Trusts have adopted a similar approach.

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

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

Specialty	Suspect Cancer/Red Flag Outpatient Position Jan 2022	Routine Outpatient Position Jan 2022	Inpatient & Day Case Position Jan 2022
Symptomatic Breast Clinic	5 weeks	46 weeks	
Cardiology	-	156 weeks	146 weeks
Dermatology	2 weeks	309 weeks	184 weeks
ENT	5 weeks	245 weeks	339 weeks
General Medicine/Gastroenterology	5 weeks	385 weeks	69 weeks

General Surgery	6 weeks	182 weeks	381 weeks
Geriatric Medicine	-	72 weeks	-
Gynaecology	12 weeks	226 weeks	399 weeks
Haematology	2 weeks	124 weeks	-
Nephrology	2 weeks	13 weeks	-
Neurology	2 weeks	351 weeks	-
Maxillo Facial	5 weeks	267 weeks	331 weeks
Paediatrics	2 weeks	130 weeks	13 weeks
Paediatric Surgery	-	82 weeks	136 weeks
Pain Management	-	144 weeks	146 weeks
Plastic Surgery	7 weeks CT carried out prior to appointment	254 weeks	440 weeks
Thoracic Medicine	7 weeks	153 weeks	-
Rheumatology	-	252 weeks	-
Urology	7 weeks	125 weeks	432 weeks
Diagnostic Scopes	-	-	290 weeks

The table below compares waiting times for red flag appointments between January 2022 and January 2021 by specialty. Waiting times have increased significantly for Symptomatic Breast Clinic, General Medicine/Gastroenterology, Gynaecology and Urology. However waiting times have reduced for Dermatology and Ear, Nose and Throat appointments.

Specialty	Jan 22 position Suspect Cancer/Red Flag	Previous position Jan 21
Symptomatic Breast Clinic	5 weeks	2 week
Dermatology	2 weeks	7 weeks
ENT	5 weeks	6 weeks
General Medicine /Gastroenterology	5 weeks	3 weeks
General Surgery	6 weeks	6 weeks
Gynaecology	12 weeks	4 weeks
Haematology	2 weeks	2 weeks
Nephrology	2 weeks	2 weeks
Neurology	2 weeks	2 weeks
Maxillo Facial (SEHSCT)	5 weeks	6 weeks
Paediatrics	2 weeks	2 weeks
Plastic Surgery	2 weeks	6 weeks
Thoracic Medicine	7 weeks	9 weeks
Urology	7 weeks	2 weeks

Comparative data across Trusts is available up to December 2021. At the end of December 2021, 15% of people in the region who were waiting for a first consultant led outpatient appointment, were waiting less than nine weeks compared to 17% in the previous month; 300,060 were waiting longer than nine weeks compared to 295,812 at the end of November 2021 (+4,248); and, 186,753 were waiting longer than 52 weeks compared to 186,956 at the end of November 2021 (-203).

Within the South Eastern Health and Social Care Trust in December 2021 13% of patients waited less than 9 weeks for a first consultant led outpatient appointment, this is the lowest across all Trusts.

In relation to inpatient and day case treatment, regional waiting times have increased slightly. At the end of December 2021, 18% of patients were waiting less than 13 weeks; 97,854 patients were waiting longer than 13 weeks compared to 95,693 at the end of November (+2,161); and 69,368 patients were waiting longer than a year for surgery compared to 68,715 at the end of November (+653).

In the South Eastern Health and Social Care Trust 27% of patients waited less than 13 weeks for inpatient or day case treatment in December 2021, this is the highest across all Trusts.

1.2. Elective Capacity

A key priority will continue to be maximising elective capacity to ensure that as many patients as possible are seen and treated in an environment that is safe for both patients and staff. In this context, the Regional Prioritisation Oversight Group (RPOG) continues to provide a vital role in ensuring oversight and scrutiny of theatre utilisation and waiting times.

Before each RPOG meeting, data is submitted from each Trust on the numbers of P2A-P2D cases. The table below from the attachment summarises the most recent position at end of January 2022. South Eastern Health and Social Care Trust has 724 cases, the second highest in the region. This is due to the tertiary numbers of plastics and max/fax (almost all are P2D).

Trust	1	2A	2B	2C	2D	Grand Total	Weekly Variance
Belfast	54	90	176	332	1,955	2,607	23
Northern	13	12	13	138	486	662	16
South Eastern		10	93	81	540	724	-21
Southern	4	5	68	106	337	520	-8
Western		6	56	151	351	564	-32
Grand Total	71	123	406	808	3669	5,077	-22

1.3. 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 of Health on a three monthly rolling basis. Activity is then measured against projections.

The Trust monitors the planned versus the actual activity on a weekly basis; the table below shows January 2022 activity against projection. It should be noted that endoscopy is subject to a coding lag and activity from inpatients and day cases will reduce as endoscopy is coded.

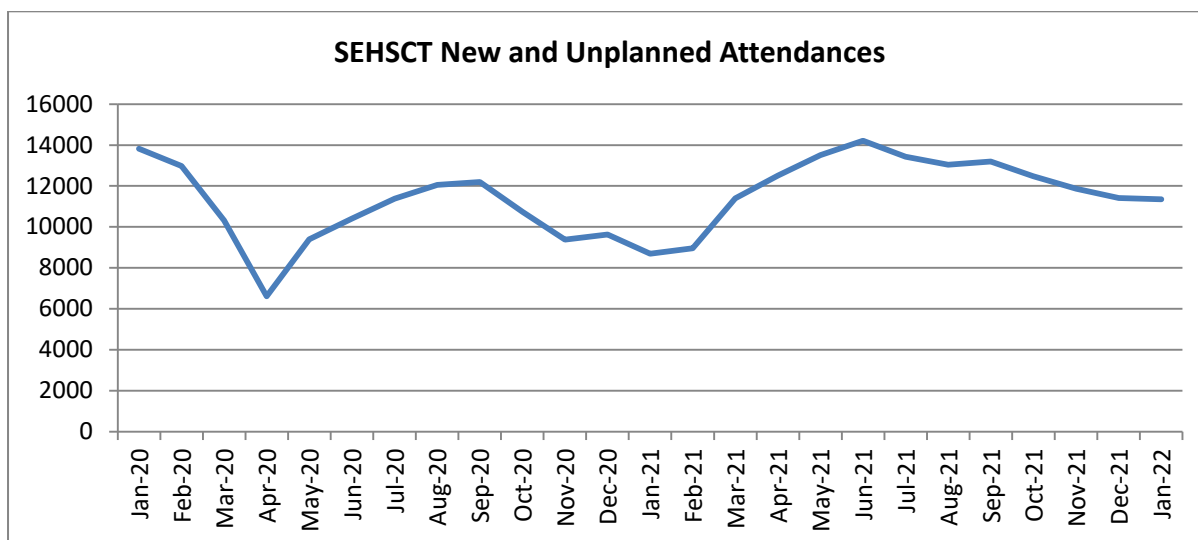
		01/01/2022 - 31/01/2022	January Projection	% Achieved
<u>OUTPATIENTS</u>				
New	Face to Face	4662	5162	90%
	Virtual	1319	1895	70%
Review	Face to Face	8763	8103	108%
	Virtual	4289	4900	88%
<u>Inpatients and Daycases</u>				
Inpatients		291	177	164%
Daycases		1909	1332	143%
Endoscopy (4 scopes)			515	

2. Emergency Care

2.1. ED Attendances

In January 2022 there were 11,356 new and unplanned review attendances to an Emergency Department in the South Eastern Health and Social Care Trust. This is a small decrease from 11,417 in December 2021 but a considerable increase from January 2021 which saw 8,689 new and unplanned attendances.

Prior to the impact of Covid-19, in January 2020 there were 13,820 new and unplanned attendances.

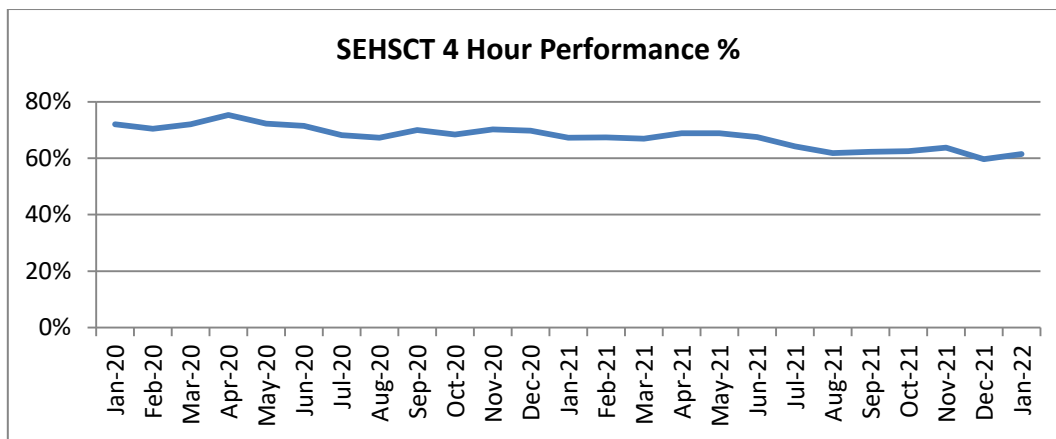


In comparison with December 2020, the Ulster Hospital ED attendances have increased by 19%. When compared to the Region, it is currently second to the Royal Victoria Hospital for the highest number of attendances in December 2021. However, it should be noted that the Ulster Hospital is supported by Ards / Bangor Minor Injuries Units which saw 768 patients in December 2021. (Please note Bangor Minor Injuries Unit is temporarily closed.)

2.2. 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 4 hours of their arrival in the department. No patient should wait longer than 12 hours. In January 2022 61.4% of patients were seen within 4 hours. This is an improvement from 59.6% in December 2021 but a decrease from 69.3% in January 2021.

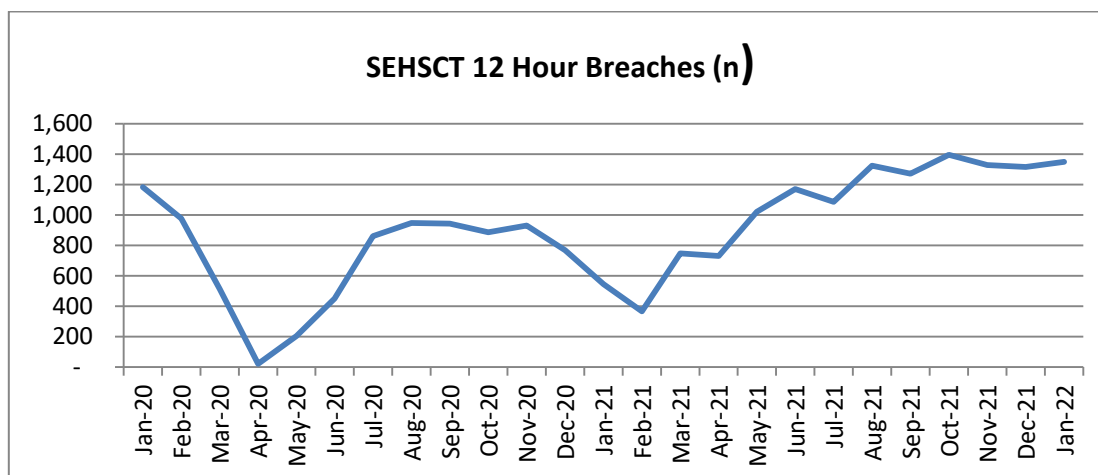
Prior to the impact of Covid-19, in January 2020, 71.9% of patients waited under 4 hours.



In January 2022 1,348 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 1,315 in December 2021 and 545 in January 2021.

Four 12 hour breaches took place in Lagan Valley Hospital with the remainder being in the Ulster Hospital.

Prior to the impact of Covid-19, in January 2020 1,183 patients in South Eastern Health and Social Care Trust Emergency Departments waited over 12 hours.



3. Cancer Performance

3.1. 14 Day Performance

The commissioning plan target states that all urgent completed referrals for breast cancer are seen within 14 days. In January 2022 12.3% of urgent breast cancer referrals were seen within 14 days with the longest wait being 58 days.

There are ongoing workforce challenges, for example, unplanned leave in 2021 resulted in two surgeons and two radiologists being unavailable. Every effort is being made to maximise capacity with the existing staff through the reduction of routine slots and increasing urgent slots on the templates, however the current demand regularly equals the available slots, therefore the backlog remains considerable. Additional clinics are being planned for the end of February and March 2022. Belfast Health and Social Care Trust has also agreed to take five suspect breast cancer referrals a week from the South Eastern Health and Social Care Trust.

Regionally during December 2021, 42% of urgent breast cancer referrals were seen within 14 days compared to 38% in the previous month. Where patients were not seen within 14 days during December 2021, the longest wait in the region was 49 days in the South Eastern Health and Social Care Trust.

3.2. 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 January 2022 94% of patients began treatment within 31 days with 6 patients breaching this target.

Regionally during December 2021, 92% of cancer patients commenced treatment within 31 days of the decision to treat.

3.3. 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 January 2022 38% of patients began treatment within 62 days with 37 patients breaching this target. The longest wait in January 2022 was 344 days.

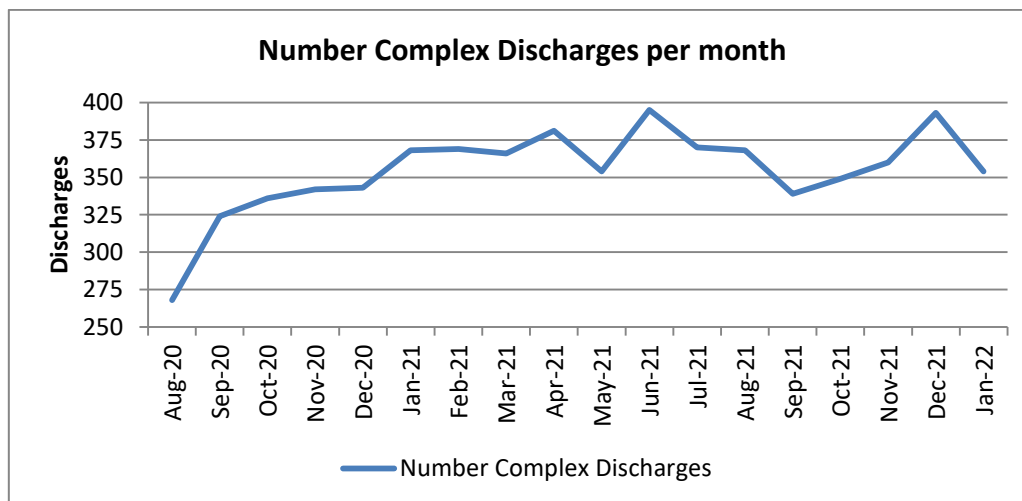
Regionally during December 2021, 42% of patients urgently referred with a suspected cancer began their first definitive treatment within 62 days.

Primary Care and Older People

4. Complex Discharges

4.1. Number of Complex Discharges

There has been a drop in the total number of complex discharges in January 2022 (354) compared with December 2021 (393). January 2022 is also slightly lower than the prior year comparison of 368 complex discharges in January 2021.



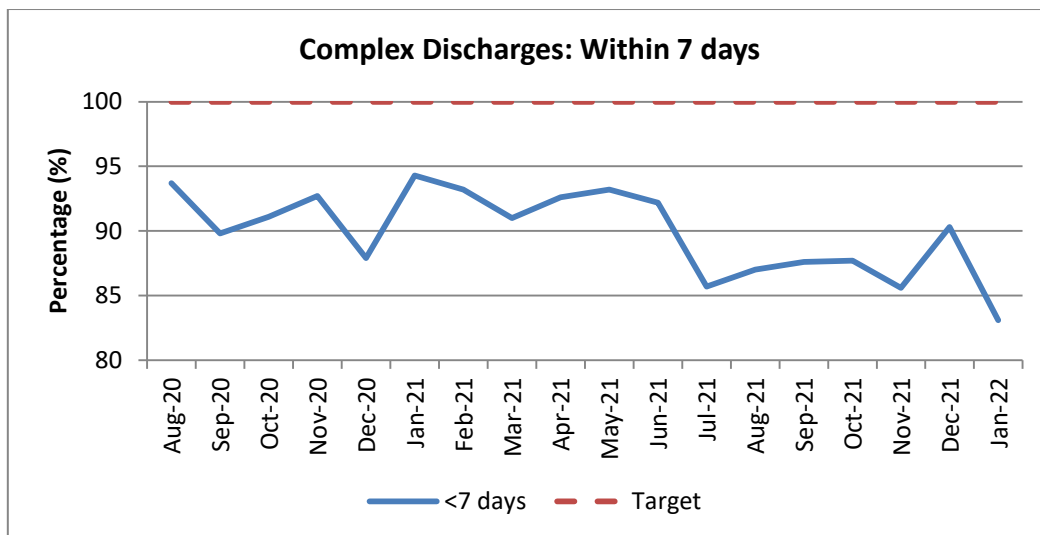
Complex discharges are significantly affected by capacity in the community to facilitate discharge from hospital; compounded by considerable vacancies in the social work sector, which has impacted performance. On 18th January, a temporary community unit opened on the Ulster Hospital site in ward 4E for patients who were medically fit and awaiting domiciliary care or placement in a care home. This allowed patients to be discharged from the acute hospital facility whilst awaiting placement.

4.2. Complex Discharges within 48 Hours

The commissioning plan target for complex discharges states that 90% of complex discharges should be within 48 hours. In January 2022 50.3% of all complex discharge patients in SEHSCT beds were discharged in under 48 hours. This is a decrease when compared with the prior month of December 2021 where 60.8% of complex discharge patients were discharged within 48 hours; it is also a reduction from 63.6% in January 2021. There have been considerable levels of care homes in outbreak which impacts on the Trust's ability to discharge. Furthermore, this sector has been significantly impacted with staff absence due to covid-19.

4.3. Complex Discharges within 7 Days

The commissioning plan target states no complex discharge should take more than seven days. In January 2022, 83.1% of complex patients were discharged within seven days. Of the 354 complex discharges in January 2022, 60 of these were delayed by more than seven days. This is a decrease from 90.3% in December 2021 and 94.3% in the prior year January 2021.



5. Allied Health Professionals

5.1. 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 January 2022 68.8% of patients were waiting less than 13 weeks. This is an increase from 67.6% in December 2021 and 67.1% in the prior year January 2021.

At 31st January 2022 of 11453 patients on the AHP waiting list, 3568 are waiting longer than 13 weeks. Podiatry has the highest compliance with 91.9% of patients commencing treatment within 13 weeks of referral (100 breaches out of 1235). Adult Speech and Language Therapy has the lowest with 41.9% of patients commencing treatment in less than 13 weeks (594 breaches out of 1023).

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

5.2. AHP Rebuild Performance

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

In January 2022 the majority of areas exceeded their projected target with the exception of Occupational Therapy and Podiatry.

<u>ALLIED HEALTH PROFESSIONALS</u>	Elective /Scheduled Contacts	01/01/2022 - 31/01/2022	January Projection	% Achieved
Physiotherapy	New	1731	1648	105%
	Review	4552	4827	94%
Occupational Therapy	New	967	1120	86%
	Review	2308	3021	76%
Dietetics	New	730	790	92%
	Review	1136	989	115%
Orthoptics	New	170	100	170%
	Review	341	300	114%
Speech&Language Therapy	New	448	244	184%
	Review	3528	2500	141%
Podiatry	New	138	504	27%
	Review	2153	2722	79%

6. Dementia

A project group has been created to assess and revise the recording of dementia contacts within the South Eastern Health and Social Care Trust. This group will analyse the variances between the two methods of recording dementia activity and seek to streamline the process allowing for accurate data collection in the future. Current methods of recording dementia data do not facilitate accurate reporting.

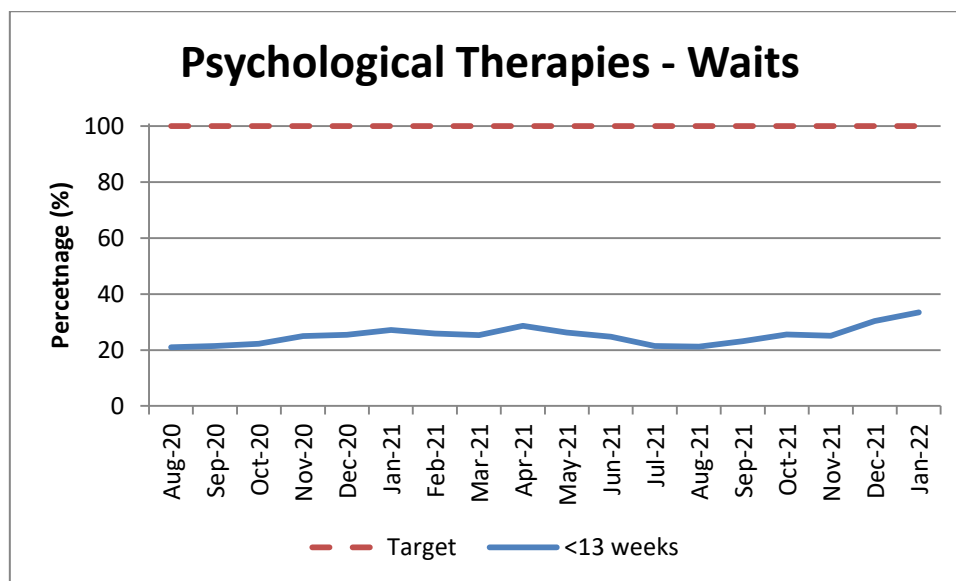
Adult Services

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.

7. 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 January 2022, 33.4% of South Eastern Health and Social Care Trust patients on the waiting list were waiting less than 13 weeks. This figure is an increase on December 2021 (30.4%) and is also the highest compliance percentage across the last 13 months. The figure in January 2021 was 27.2%.

Of the 1,312 patients waiting on 31st January 2022, 874 had been waiting longer than the target¹.



Regional comparison with December 2020 showed South Eastern Health and Social Care Trust were third in the region for patients waiting longer than 13 weeks.

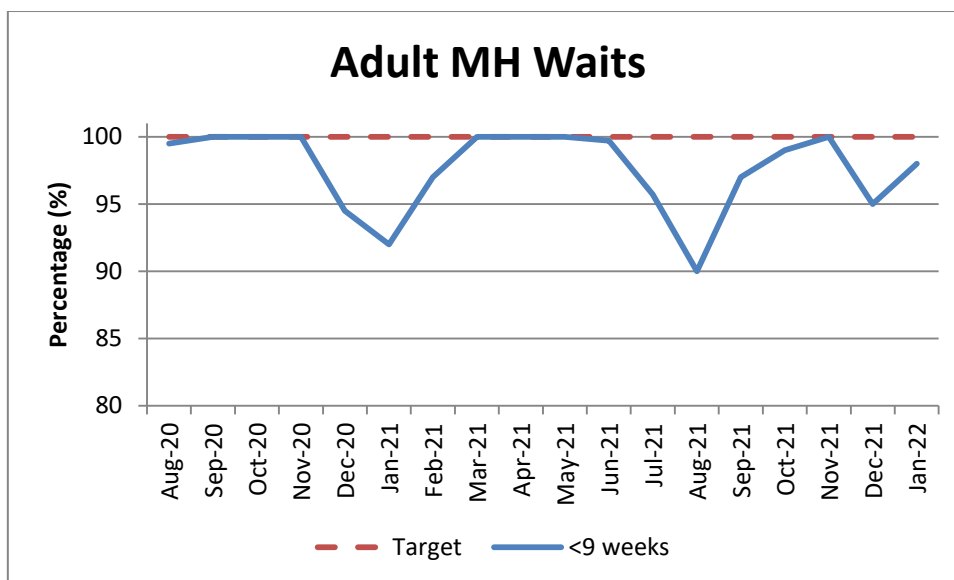
8. Adult Mental Health Services

8.1. 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 January 2022, 98% of waits within the SEHSCT were within this target; all patients were seen within 13 weeks. Of the 556 patients on the waiting list, 11 were waiting longer than the nine week target.

As comparison, 95% of patients waited less than nine weeks in December 2021; 92% in January 2021.

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



Regionally South Eastern Health and Social Care Trust performed best across all Trusts² in December 2021 and consistently has the lowest number of patients waiting over nine weeks.

8.2. Prison Healthcare – Addiction Services

The service’s performance target is that all individuals referred to the Addictions Team should not wait longer than 9 weeks for assessment. In January 2022, 25% of individuals were assessed within the 9 weeks, the same figure as December 2021. This target was changed in April 2021. Previously, the target was that no patient living in prison with an opiate or an intravenous drug addiction who wishes to be seen by the Addictions Team, should wait longer than 9 weeks, and in January 2021 57% of such individuals waited less than 9 weeks.

9. Disability Services

9.1. Discharges

Disability Services have continued to meet their commissioning plan target for discharges - 99% of discharges took place within seven days of patient being assessed as medically fit. In January, 100% of SEHSCT discharges were within seven days, with this figure achieved each month in 2021.

² Due to information systems issues, the Northern Trust has been unable to provide the waiting time position for this target area from March 2021

Children's Services

10. Child Protection

10.1. Number of Children on Child Protection Register

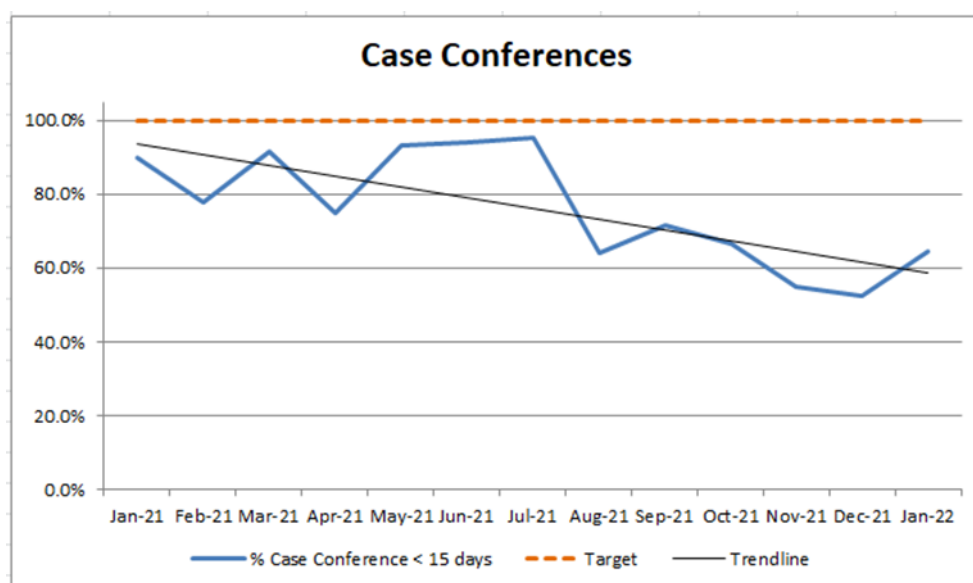
As of 31st January, the number of Children on the Child Protection Register (CPR) rose to 349, from 330 December 2021. In January 2021, this figure was 326.

At December 2021, the number of children on the CPR within South Eastern Health and Social Care Trust has increased for a second consecutive quarter. At 31st Dec 2021, there were 330 children, an increase from 327 the previous quarter end. Compared to the same quarter in the year prior, the number registered has decreased from 336. Similar trends are seen across the other Trusts.

South Eastern Health and Social Care Trust has the lowest number of children on the CPR, and number per 10,000 population under 18. In terms of referrals, SEHSCT had the second highest number during the quarter ending 31st December 2021. Over a third (35%) of these referrals came from School / Education Welfare Office (highest regionally). Social Services referrals were also highest in the region (23% of SEHSCT referrals in Quarter). SEHSCT also had the fewest Significant Events leading to a Child Protection Investigation during the Quarter.

10.2. Case Conferences

Child Protection Case Conferences are monitored by the Service.



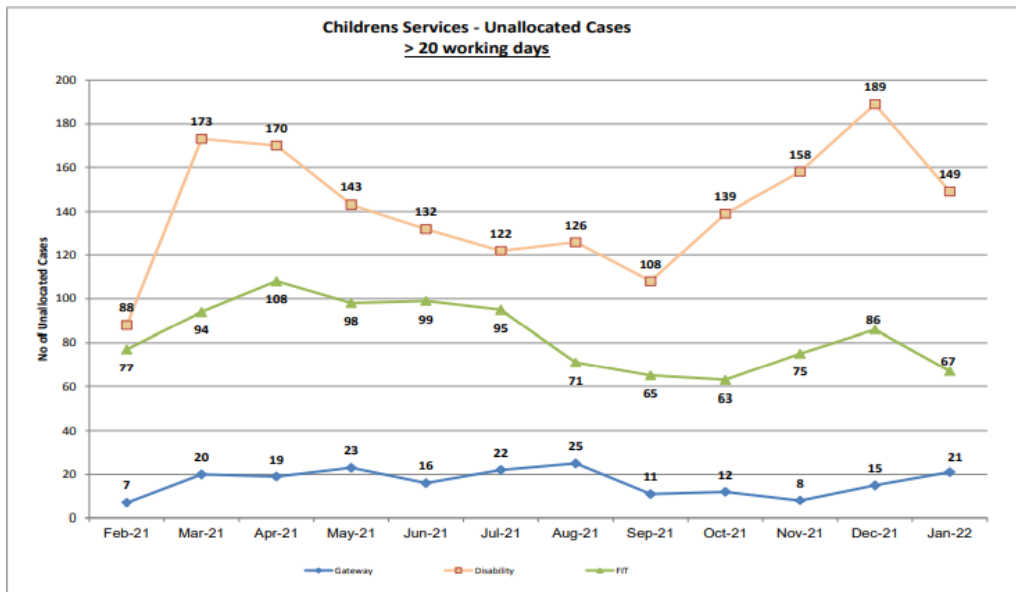
In the last three months of 2021, the percentage of child protection assessments leading to a case conference within 15 days has decreased. The trend line for the last 13 months shows a steady decline in this rate. In January 2022, 64.3% were with the 15 day target, compared with 52.6% in the previous month, and 90% in the same month of the previous year.

11. 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.

11.1. Unallocated Cases Over 20 & 30 days

Unallocated cases over 20 days for January 2022 (237) marked an 18% decrease on the previous month (290), but a 14% increase on the same month in the previous year (207). The January 2022 figure is also below the average of the previous three months (245).



Further to the figures for the total Unallocated Cases waiting over 20 working days, we’re able to see the breakdown of these based on the team that cases are assigned to; Gateway, Disability, Family Intervention Team (FIT).

Disability cases have decreased 21% compared to December 2021, and decreased 8% compared to the average of the three months previous (Oct-Dec 2021). Compared to January 2021, Disability cases have increased by 38%.

FIT cases have also decreased against December 2021, by 22%, an 11% decrease compared to the previous three month average, and a 7% decrease against January 2021.

Gateway cases have increased, on the December 2021 figure (40%), the previous three month average (76%), and January 2021 (250%).

For Unallocated cases over 30 days, a similar pattern is followed. In January 2022 (211), there were fewer children (14%) than the previous month (245), but this represented an 18% increase on the same month in the previous year (179). However, this was above the average of the previous three months (209).

11.2. Total Unallocated Cases

There were 338 total Unallocated Cases at the end of January 2022, which is the lowest since September 2021. This represents a decrease of 9% against the average of the previous three months, or a 16% decrease on December 2021 total Unallocated Cases (400). For comparison to the previous year, January 2021 there were 265 total Unallocated Cases, representing a 28% increase.

12. Family Support Referrals

In January, there was an increase in the percentage of Family Support referrals assigned a social worker within 30 working days compared to the previous month, rising from 91.4% to 95.3%. This is the first month since September 2021 with compliance over 95% (target is 100%). In January 2021, 93.6% assigned within the 30 day target.

However, the rate of initial assessments completed within 10 working days of allocation has continued to decrease. In January 2022, 20% of assessments met the 10 day target, which is the lowest percentage of the last 13 months. This has dropped from 32.4% in December 2021, and 38.5% in January 2021.

