

Paper No. SET/12/21	
	Tick One ✓
For discussion	✓
For approval	
For information/noting	

Date of Trust Board Meeting: 24 February 2021

Confidential or Public Agenda: Public

Agenda item: SET/12/21 Performance Management Report

1.0 Introduction

This paper provides a high level overview of the impact the ongoing COVID-19 pandemic has had on the Trust's Performance as outlined in the Scorecard. It is reassuring that performance remains constant across many areas despite the challenges of COVID-19. This paper will highlight the areas of greatest impact.

2.0 Background information

Since March 2020 COVID-19 has had a detrimental impact on HSC services across the Trust when many services had to suspend / reduce normal service including many elective procedures.

In July 2020 the South Eastern commenced the restart of normal service as part of rebuild plans agreed with HSCB. The Trust was able to maintain progress of rebuilding services during the 2nd surge of COVID-19 which began in September 2020.

A 3rd surge began in late December 2020 with significant growth in the number of patients admitted with COVID-19 positive results compared to the previous two surges, see table below.

Surge	Peak Date	COVID-19 Positive Inpatients
1	10/4/20	43
2	22/10/20	73
3	26/1/21	112

Average occupancy during February to date is 73 with a steady decline from a 2nd February peak of 104 to 46 on 17th February. HSCB has recognised this impact on rebuild planning and have stated Trusts need to focus on managing the spike in infections while planning for any further surges and impact of winter pressures.

Bed capacity in ICU is normally 10 beds with maximum capacity during high surge

of 16. ICU bed occupancy peaked at 14 from the start of the pandemic and at 8 during February. This impacts on decisions taken on scaling up elective admissions. Regional ICU Covid-19 occupancy is projected to steadily reduce to end of March with a range of between 19 and 44.

3.0 Impact on Performance

Services continue to rebuild in line with regionally agreed targets, with virtual contacts employed where appropriate to deliver safe and effective care. There are ongoing pressures in relation to staff vacancies and absence as a result of COVID-19, which will impact on ability to meet these targets.

Hospital Services

Unscheduled Care attendances at our Emergency Departments remain lower than we would expect for this time of year. The Ulster site had 83% of the attendances of Jan 20 with Lagan Valley and Downe at 58% and 40% respectively. There were 545 12 hour breaches, all in the Ulster, mainly due to unavailability of inpatient beds. COVID-19 outbreaks in wards resulted in the need to isolate patients in bays and increases in staff absence reducing bed capacity. SET 4 hour performance was best in region in December 72%

From 11 January 2021 outpatient appointments across all sites were cancelled. The Trust remains concerned regarding impact on red flag, urgent and routine waiting lists. Outpatients commenced 15th February across all sites, however there remains a significant backlog. Independent Sector providers have been engaged to assist in delivering both red flag outpatients and diagnostics for a small number of specialities, namely gynaecology, urology and general medicine from week commenced 15th February.

The Trust continues to deliver elective P1 and P2 procedures (life threatening and those required to be undertaken within 4 weeks); these are mainly urgent cancer operations, for example, Breast, colorectal and urology. The Trust (using Ulster theatres and Lagan Valley Day Procedure facilities) continues to support the Northern, Southern and Belfast Trusts on a case by case basis, subject to both ICU and inpatient bed capacity. Trust representatives form part of the Regional Prioritisation Oversight Group established to ensure available theatre capacity across NI is allocated for those patients most in need of surgery.

Significant issues continue within cancer surgery and Trusts are keeping surgical capacity under review. Surgical prioritisation group progressing move of patients into available capacity. SET maintaining 20 urgent bookable lists in the Ulster and 6 regional lists in LVH. Of the 129 red flag patients cancelled during January and first week February, 19 remain to be rebooked. This number includes patients who are currently unfit for surgery or have chosen to defer.

Breast cancer 14 day target had deteriorated since October with a dip in November to 33%, this has now recovered and January achieved 100% of referrals seen within 14 days. Referrals have reduced to within normal range after a peak in October related to the Breast Cancer Awareness Month campaign.

Performance has improved on the 62 day Cancer Pathway 45% vs 30% achieved against the target; referrals to this pathway have reduced regionally by 17% and capacity has been bolstered by the use of Independent Sector services.

The Day procedure unit at Lagan Valley Hospital remains open, however is operating a reduced number of theatre lists with a priority on diagnostic cancer work for the region.

Fracture performance remains strong with 97% of hip fractures treated within 48hrs and 100% within 7 days.

Endoscopy performance is declining steadily since September with 41% of patients seen within 9 weeks.

Adult Services

Out of Trust referrals for Acute Mental Health wards remain paused however the service are supporting other Trusts on a case by case basis.

There has been a decline in Adult Mental Health Services waits longer than 9 weeks due to the prioritisation of inpatient ward staffing. 54 patients are waiting over 9wks, longest wait 91 days. All emergency referrals are contacted within 2 hours and seen within 4 hours, urgent referrals are seen within 10 days. The remaining waits are routine, and are generally seen within 9 weeks. Those waiting over 9 weeks are on a waiting list for an appointment and this has been communicated to them in a letter with the contact details of the assessment centre. Once assessed and awaiting community mental health input, clients are sign posted to the Recovery College, information leaflets and voluntary services while awaiting treatment. People on the routine waiting list (awaiting assessment) can also access these services.

The Mental Health Services for Older People waiting list has significantly grown during the pandemic due to significant medical staffing pressures (3 WTE Consultant vacancies & 1 Consultant maternity leave), unavailability of suitable clinic accommodation to allow compliance with Covid-19 infection prevention regulations and outpatient activity reduction in third surge. Many of our patients are classed as vulnerable / extremely vulnerable due to age and profile, which impacts on suitability for virtual assessment. Virtual telephone clinics running on all sites, with some face to face as deemed clinically necessary. Urgent patients continue to be prioritised.

There has been no waiting list initiative funding this financial year – which has been fully utilised by Mental Health Services for Older People in previous years which greatly increased capacity and performance. Consultant interviews are scheduled for week commencing 22 February. A funding bid for additional clinical sessions has been successful and we anticipate these clinics will commence in 20/21.

Within Healthcare in Prisons Addiction Services – service demand far outweighs

capacity which presents a challenge in terms of continuing to meet people's needs within agreed timescales. Pressures exist in community services which means people are already often waiting significant periods of time at the point of committal. Healthcare in Prisons continue to work closely with NIPS to keep people safe, with exceptional outcomes to date.

Psychological Therapies - there is a long-standing HSCB recognised gap in the funded resource/capacity to meet demand for Services across multiple specialisms. For example in 2015 the HSCB estimated a shortfall of 12.5wte posts for Adult Mental Health Service. In recent years the Trust has received limited additional recurrent funding and non-recurrent WLI funding to address the service gap. This funding has been targeted at Adult Mental Health, Health Psychology and Learning Disability specialisms. The breach position will remain pending adequate recurrent funding to recruit additional staff to efficiently address the excess demand.

Children's Services

In relation to short-breaks for children with disability, the plan is to recommence this in February dependant on levels of community transmission and will be risk assessed before commencement.

The Children's Directorate continues to seek to reduce the number of unallocated cases which has increased in recent months due to covid pressures.

Funding was provided in May 20 by Department of Health to recruit 20 new Social Work/Social Work Assistant posts, however recruitment remains a challenge due to lack of available workforce. This is a regional issue and has been highlighted to DoH and HSCB. Targeted recruitment in December 2020 proved successful however there are 35 vacancies to fill before full capacity is reached. Whilst recruitment efforts are on-going, changes in operational management of unallocated cases is progressing. Early intervention is essential to reduce demand on statutory social work teams and ensuring families receive the best care at the earliest opportunity. Safeguarding teams have been awarded funding through Q community to recruit an Early Help co-ordinator to engage with families at referral and provide support through the community and voluntary sector where appropriate. This improvement initiative will be supported by QIIC. The directorate continues to experience challenges in the provision of bespoke placements for vulnerable young people requiring care placements. This is also a regional issue across all Trusts. The directorate is reviewing the residential care facilities to explore alternative service provision.

Primary Care and Older People Services

The ICATs service has received money for waiting list initiative to assist with referrals of South Eastern Trust patients, who are waiting on Belfast Trust orthopaedic waiting list. This is for spine referrals, upper limb and hands. This has impacted the ICATs waiting list performance negatively as the referrals were accepted in one cohort from Belfast Trust in the last couple of months. It is expected that these referrals will be completed by end of March

4.0 Recommendation/s for the Trust Board (please state if the paper/s is for information/noting or for approval by Board members)

Trust Board to Note:

- The ongoing challenges to performance during the coronavirus pandemic.

Lead Director: Roisin Coulter

Designation: Director of Planning, Performance and Informatics

Date: 24 February 2021