

Meeting Details:	Trust Board - 7 May 2020
Director:	Teresa Molloy, Director of Performance & Service Improvement
Topic:	Performance report – Highlighting the Impact of COVID19 on Trust Services
Response Required • To note	Trust Board is asked to note the briefing on: - the impact of COVID on the Trust areas of operation, and - the position as 2019/20 on key areas as the year comes to a close. Key data is provided in the attachment.
Unscheduled Care	Attendance at both acute hospital EDs fell dramatically from mid-March (a total of 7443 attendances in March 20 compared to 10,767 in March 19). They have however begun to rise again as we approach end of April 20. Altnagelvin fell from a normal range of 180-220 per day to less than 100/day at a point. SWAH similarly fell considerably, from around 100/day to around 50-60/day. Conversion to hospital admission rates remained stable and in line with previous norms, which meant that far fewer numbers of patients were admitted to inpatient care, enabling the Trust to have a much reduced bed occupancy in preparation for surge.

ADULT Non Elective Admissions

	9th Mar - 27th Apr 2019	9th Mar - 27th Apr 2020	Variance
Altnagelvin	2,039	1,510	-529 -26%
South West Acute	1,081	768	-313 -29%

Although attendances have reduced significantly, **timely admission from ED remained a challenge**. Both 4hr and 12 hr performance had already fallen very significantly in 19/20. The cumulative 4hr performance was **63% compared to 74%** in 2018/19.

Some normal admission pathways were displaced in March/April 20 due to COVID surge preparations, in particular those through Altnagelvin AMU and SWAH MASAU as these assessment areas were converted to COVID+ inpatient areas.

Elective Care	<p>Key factors:</p> <p>There was a considerable impact on the delivery of routine elective work due to the Industrial action which ran from late November 19 until the first week of January 20. Over this period decisions were made to cancel a range of activities in order to maintain safe services, particularly on days when multiple unions undertook strike action.</p> <p>Minister Swann announced on 23 March 20 that many areas of routine planned care would be stood down to prepare for COVID surge. This enabled staff to be re-trained and redeployed to ICU and designated COVID+ acute respiratory wards. This resulted in a considerable drop in planned assessments and treatments delivered over March and April 2020, as compared to the prior year.</p> <p>Many elective services operated at a much reduced activity level in March and April 20, as staff were redeployed to support surge rotas in ICU and COVID+ inpatient wards.</p>
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2019/20 Delivery of Core - New Outpatients Activity Delivered												
Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	TOTALS
4951	5244	5011	5120	4612	5355	5,781	5,149	4,106	5,381	4,748	3,178	58,636

2019/20 Delivery of Core - Inpatient/Daycase Activity Delivered												
Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	TOTALS
2,199	2,201	2,257	2,204	1,919	2,224	2,409	2,278	1,638	2,149	2,009	1,407	24,894

	<p>Adoption of Innovative approaches:</p> <p>The Trust commenced an intensive use of “virtual” clinics with patients to enable outpatient assessments and reviews to continue where possible, and activity rose dramatically as clinical teams rapidly adopted these new ways of working.</p> <p>Hospital cancellations due to COVID:</p> <p>As of 27th April 20, there have been 23,215 patients who have had their outpatient appointment cancelled, and 1,632 patients who have had their inpatient or day case treatments cancelled due to COVID. This includes cancellations by hospital due to COVID hospital pressures or patients who cancelled due to COVID fears.</p> <p>Cancellations were notified to HSCB in the normal way, and services focussed on continuation of assessment of Red Flag referrals, and the treatment of red flag patients.</p>
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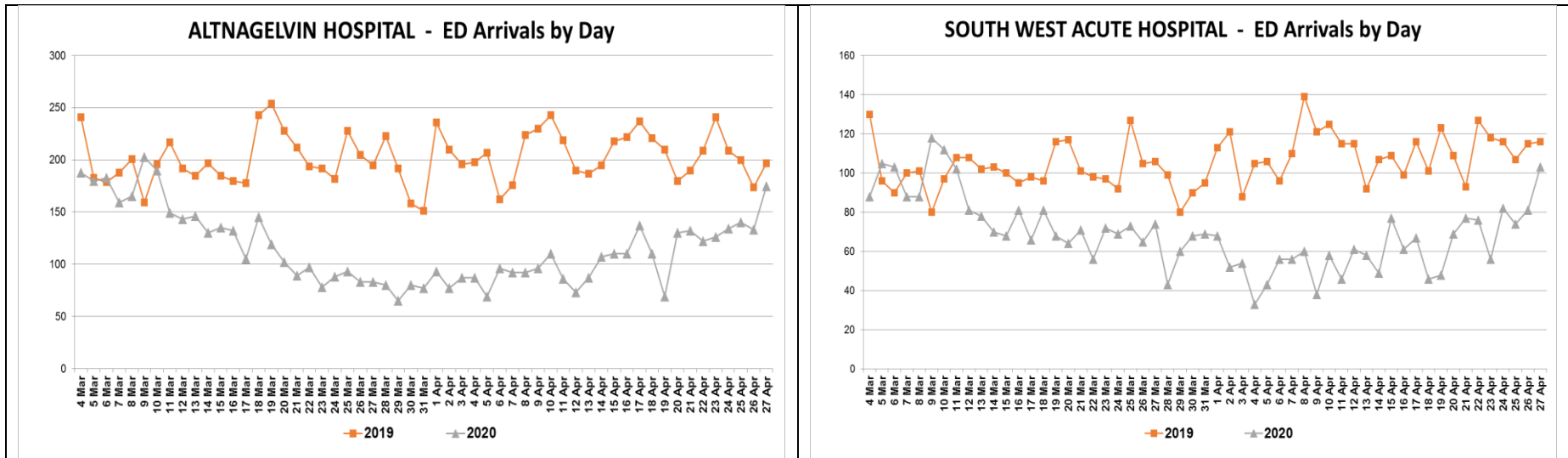
	<p>Growth in waiting lists: GP referrals fell very considerably across March, and particularly in April 20.</p> <table border="1" data-bbox="491 383 1066 595"> <thead> <tr> <th rowspan="2">Referral Month</th> <th colspan="2">Referral Year</th> <th rowspan="2">Variance</th> </tr> <tr> <th>2019</th> <th>2020</th> </tr> </thead> <tbody> <tr> <td>March</td> <td>10168</td> <td>7193</td> <td>-2975</td> </tr> <tr> <td>April</td> <td>9947</td> <td>2824</td> <td>-7123</td> </tr> </tbody> </table> <p>It is not yet known how this will change in the coming weeks, but the changed pattern of outpatient referrals, combined with the very significant increase in virtual outpatient activity, has meant that overall the >9weeks waiting list for outpatient assessments and reviews, which grew between April and November 19 by around 4,500, grew by only a further 500 people in the final months of the year.</p> <p>Conversely, the gradual climb in IPDC >13 week waiting lists from April 19 to November 19 (which grew by around 500 people) showed a step change from December 19, and numbers of patients waiting has climbed rapidly since then (up by a further 1,600 people approximately). This showed the impact of “normal” reduced booking over winter, industrial action in December 19, and then COVID related cancellations from March onward.</p> <p>The risk associated with “time critical” treatments not delivered, or delayed, is recognised. Services must assess and work through recovery and risk mitigation. The cancellation or reduction in endoscopy and gastro will be areas of focus. Independent hospitals were commissioned regionally to enable cancer and urgent surgical treatments to continue. The Trust commenced use of this capacity during March 20 at North West Independent Hospital.</p> <p>WLI Plan 19/20: There has been an impact on delivery of WLI in-year however 92% overall delivery has been achieved.</p>	Referral Month	Referral Year		Variance	2019	2020	March	10168	7193	-2975	April	9947	2824	-7123
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<p>Cancer Services</p>	<p>The access to 14 day (Breast) and 31 day (patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat) remained excellent throughout the year, and ended the year at 99.9% and 99% respectively.</p> <p>The access to 62 day (patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days) completed the year at 60%. During 2019/20 out of 791.5 patients treated, 313.5 (384 patients) waited >62 days for their first definitive</p>														

	<p>treatment. The breaches were mainly in Urology, Lower GI, and Lung.</p> <p>A number of screening services were stood down across the region in response to COVID.</p>
Diagnostics	<p>Diagnostics delivery has been impacted by both industrial action and COVID cancellations. In particular a solid plan to recover MRI performance has been badly affected.</p> <p>A new cardiac pathway has been developed to mitigate patient risk.</p>
AHP	<p>With the exception of OT, all AHP areas have worsened over this year. In particular the numbers of patients breaching have increased very significantly in Dietetics and Physio. The impact of loss of staff due to MDTs is an accepted short term impact. OT has improved considerably over the year.</p> <p>As part of decisions made to downturn planned activity due to COVID, urgent/essential AHP appointments were either delivered on a clinic or domiciliary visit basis. Routine review of cases has been facilitated through telephone contact for patients who have underlying clinical conditions which require on-going monitoring. The service has also introduced innovative approaches using photographic referrals submitted to Podiatry which is supporting patients in their own homes and those in care homes.</p>
Community Services	<p>The impact of COVID on primary and community care has been considerable, and there has been a high level of attention on outbreaks of COVID in Nursing Homes in particular. Innovative models of support to care homes have been developed, and learning across Trusts is proving helpful to refine these.</p> <p>At an early point in COVID preparations, and due to both staffing challenges and social distancing requirements, day centre services were stood down. The delivery of care hours more generally using traditional mechanisms has been very challenging, and during the lockdown period some individuals or families have made decisions to withdraw from their planned care in order to self-isolate.</p> <p>COVID Teams have been established to provide support and care to COVID+ clients in their own homes, as an alternative to their normal provider, and in order to have expertise and additional support.</p> <p>The GP COVID Centres have also developed an outreach support model, to support assessment at home and to help avoid attendance at hospital.</p>

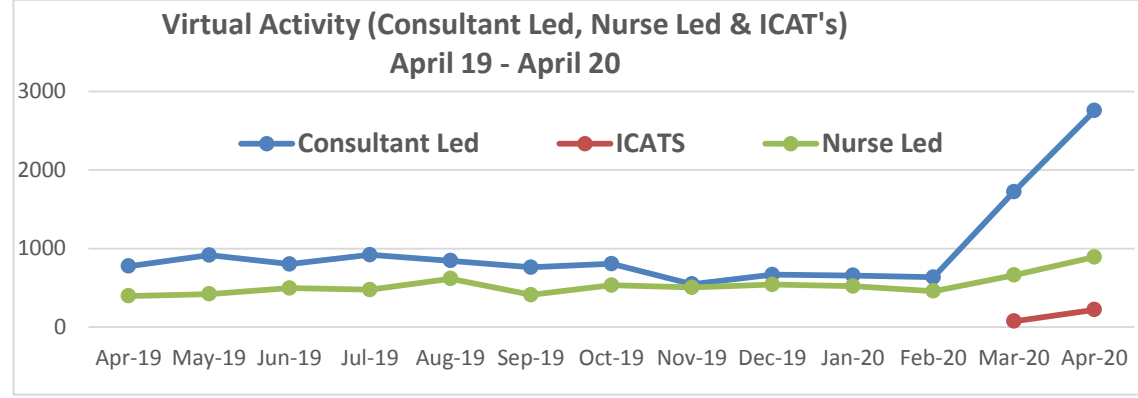
<p>Mental health services</p>	<p>Adult Mental Health: Improvement has been achieved during this year with establishment of Primary Care MDT Triage (Northern Sector initially), waiting list review (Northern Sector initially) and 6 Week Overtime clinics (Southern Sector). The actions within Primary Care Teams have enabled improvement with the Number Waiting >9 weeks reducing from 756 in Apr 19 to 445 in Mar 20.</p> <p>Psychological Therapy: The service saw a considerable growth in people waiting >13weeks for assessment and treatment over the year (from 571 to 937), and the range of specialist workforce issues have not progressed materially.</p>
<p>Childrens' Services</p>	<p>CAMHS: The service still ended the year in a much better position than originally predicted, nevertheless, 358 children are waiting >9 weeks at year end.</p> <p>This service continues to be challenging and looking forward it is expected that there will be a very much increased demand, therefore work has started to consider how the Trust might respond to this area of need in a different way.</p> <p>Child Protection: The The number of Children on the Child Protection Register has increased from 503 to 601 over the year.</p>
<p>Other issues to note</p>	<p>Multi-agency work in support of vulnerable people during the COVID pandemic: The Trust has led a programme of multi-agency work which has focussed on supporting Vulnerable and Isolated People (VIPs) in our communities, including “shielded” patients identified by GPs.</p> <p>This has required close working with statutory and voluntary & community partners and across our Health Improvement and Social work teams in this community mobilisation approach.</p> <p>To date, 975 shielded people have received support, and this is part of over 3,700 vulnerable people who have received support through the Council “hubs”. In addition, the Trust has reached out and is working to secure support for a much wider range of vulnerable individuals and families, and Pathfinder has supported this effort in the Fermanagh area.</p>

FOR NOTING - additional data

Unscheduled Care - The pattern of ED attendances over March and April 20:



Elective activity



Cancellations due to Covid19 14 March 2020 - 26 April 2020 (all Trusts)

	Inpatient	Day Case	Regular Attenders	Total
Belfast	250	2145	0	2395
Northern	145	1557	0	1702
South Eastern	97	1917	268	2282
Southern	123	1317	66	1506
Western	258	1233	0	1491
Total	873	8169	334	9376

Mental health

