



Quality, Safety & Experience Assurance Committee

14th January 2021

Covid-19 Impact on Essential Services

Situation

COVID-19 Related System Impacts

System Pressures:

- COVID demand (2nd Wave)
- Increasing 'Winter' demand (2nd Wave)
- Critical Care pressure
- Outbreaks (acute, community, care home)
- Discharge pathway limitations
- Emergency access delays
- Vacancies & COVID related absence
- Shielding guidance
- FH & Mass Vacs staffing requirements
- Social distancing guidance (reduced capacity)

HARM?



System Response:

- Effective 'business continuity' response
- Prioritisation of essential services (where possible)
- COVID / Non COVID streams
- Staffing escalation policy to mitigate risks
- Staff deployment from core roles
- Suspension of pathways to enable staff release
- Surge capacity (FHs)
- Support for fragile care homes
- Supplementary urgent elective capacity (Werndale)

Background

Service	Service Restrictions / Impacts due to COVID-19 Pressures
Planned Care	Routine pathways suspended since March 2020 Urgent / cancer surgery > 28 days temporarily suspended Christmas / New Year Cancer only OP pathways Christmas / New Year
Diagnostics	Routine investigations limited due to COVID capacity constraints P1 & P2 Endoscopy patients prioritised Radiology capacity @ 50% of pre-COVID levels
Therapy Services	Good progress with recovery late summer / Autumn (14 week target) Current temporary suspension of routine pathways to support deployment
Primary Care	Directed Enhanced Services suspended National and Local Enhanced Services capped at 50% activity (agreed locally) but subject to revision Suspension of some elements of QAIF including Cluster meetings Dental services oscillate between high and low amber priority patients Optometric patients prioritised according to risk of sight loss and harm
Community Services	Significant community hospital restrictions (TCH, LCH & AVH) Cardigan MIU temporarily closed to support staff deployment Severe care home capacity restrictions Prioritisation of community nursing activities (eg IV service cessation)
MH&LD Services	Reduced access for CYP & adult neurodevelopmental pathways Increasing demand following 1 st Wave

Assessment

COVID-19 – Decision Making Framework (Organisational)

Guidance:

WG Essential Services Framework

WG Local Options Framework (2nd Wave)

- **COVID / emergency response**
- **Urgent cancer patients**
- **Vaccination programme**
- **Staff well-being**

Royal College guidance (various)

NHS Wales guidance (various)

Governance:

- BRONZE (operational)
- SILVER (tactical)
- GOLD (Strategic)

- Board Committees (Assurance)

Assessment

COVID-19 – Decision Making Framework (Operational)

Risk Stratification:

Prioritisation of highest risk patients

NHS Wales / RCS supported

WPAS tracked

5 levels:

- 1a – Emergency (< 24 hrs)
- 1b – Urgent (< 72 hrs)
- 2 - < 28 days / 4 weeks
- 3 - < 92 days / 3 months
- 4 - > 183 days / 4 months

Multiple re-prioritisation if appropriate

Risk Mitigation:

- Active clinical review of patient prioritisation (new & existing)
- Chemotherapy & MHLD service extended hours
- Use of technology (CC / AA / F2F)
- Mass recruitment initiatives
- Workforce strategies (deployment)
- Staff escalation policy
- IP&C support (OCTs / social distancing)
- PPE Cell
- Testing
- Vaccination programme

Assessment

COVID-19 – How Have We Kept in Touch with our Patients?

Formally Communicated with

All Orthopaedic Long Wait patients

Some Surgical & Paediatric

Large Scale Follow up
Validation

Orthopaedic PROMS

Single Point of Contact being set up via Command
Centre - ENT, Ophthalmic & Orthopaedic Patients

Digital Updates Made Available -

- Intranet Patient facing pages for all services
- Social Media messages referencing COVID-19 impact on changes to Referral management

Cancer Helpline

9-5 helpline for concerned cancer patients was set up in the Oncology unit at WGH, supported by the Oncology CNS Team in terms of ensuring the advice given continues to be valid and up to date.

Cancer patient information leaflet developed

Where treatment has been suspended due to COVID-19, patients are being reviewed every 4 weeks by the Tumour Site Clinical Nurse Specialist (CNS) to ensure that they have not developed any further symptoms and to check on their general wellbeing.

Assessment

COVID-19 Risk of Harm

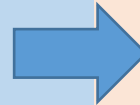
NHS Wales 4 Harms:

Harm from COVID
itself

Harm from
overwhelmed NHS
and social care
system

Harm from
reduction in non-
COVID activity

Harm from wider
societal
actions/lockdown



Potential Harms:

- Delayed care / treatment (waiting times / backlogs)
- Reduced review / follow-up intervals
- Mortality
- Quality of life
- Psychological impacts
- Staff-wellbeing
- Exposure to COVID
- Socio-economic

Assessment

COVID-19 Harm – Concerns / Incidents

Complaints / Concerns:

- All complaints / enquiries triaged on receipt
- Datix COVID specific identifier
- 968 COVID related contacts received since March 2020
- 46% managed as enquiries
- 21% managed as ER cases
- 33% managed via PTR
- 11% required investigation / 0.6% Grade 4+
- Inconclusive data to support systemic COVID related **major** harm vs other causes of harm

Incidents:

- 12 potential incidents (3 probable)
- 1 x diagnostic delay due to prioritisation of COVID patient – low level impact
- 1 x diagnostic delay (no harm)
- 1 x diagnostic delay (no causal impact)
- Difficult to determine extent of COVID related harm due retrospective nature of incident investigative process

Assessment

COVID-19 Harm – Mortality

Mortality:

- *Mortality review of the impact on patients waiting for a procedure during the COVID-19 pandemic to be presented at February 2021 QSEAC to include:*
 - Assessment of crude mortality
 - Referral to treatment (RTT) trend analysis
 - Analysis of all inpatient deaths
 - Mortality vs All Wales comparators
 - Deaths by setting for those awaiting a procedure
 - Site specific overview of COVID death reporting
 - Analysis of COVID deaths by patient group

Recommendation

For QSEAC (COVID-19) to take assurance from the organisational and operational governance and decision-making processes in place to consider the impact of the COVID-19 pandemic on essential services