GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR ANSAWDD, DIOGELWCH A SICRHAU PROFIOD
QUALITY, SAFETY AND EXPERIENCE ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	13 August 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Risk 855 - Risk that UHB's normal business will not be given sufficient focus
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Andrew Carruthers, Director of Operations

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide the Quality, Safety and Experience Assurance Committee (QSEAC) with an update articulated within Risk 855 - Risk that UHB's normal business will not be given sufficient focus.

The update specifically considers how the UHB is mitigating harm and ensuring patient safety and experience, from reduction in non-COVID activity, initiated as part of the response to COVID-19.

Cefndir / Background

In response to the COVID-19 pandemic, Welsh Government (WG) issued guidance to NHS in Wales on which services were considered lifesaving or life impacting i.e. where harm would be significant and irreversible, without a timely intervention. The guidance was called, 'Maintaining Essential Health Services during the COVID-19 Pandemic'.

As a direct impact of COVID-19 and the need to allow organisations and clinical teams to plan, prepare and train to respond to the outbreak, the cabinet secretary issued a written statement that stood down or reduced elective activity. The impact of this was that:

- The majority of elective procedures and outpatient appointments have been cancelled
- Fewer therapy appointments have occurred due to the increased risk of face to face contact and reduced staffing;
- Non-urgent diagnostic investigations have been deferred with urgent & cancer related diagnostic investigations receiving priority.

Prior to the pandemic, Hywel Dda University Health Board (HDdUHB) was on course to deliver zero patients waiting over 36 weeks at the end of March 2020, sustaining its performance from the previous year. At the point at which services were reduced in March 2020 there were circa 300 patients who having been given a start date, were still to receive treatment.

The impact of COVID-19 and the associated infection control and prevention risks has seen a significant reduction in the activity the Health Board has been able to undertake compared to the position prior to the outbreak. Resulting in delays in accessing treatment and interventions, particularly for routine patients, which inevitably presents a risk to patient safety and experience that the Health Board needs to mitigate.

Recognising the impact of delivery of non-COVID and routine services, HDdUHB added the following risk on the 1st April 2020.

Reference & Title	Current Risk Score	Inherent Risk Score	Last Updated	Next Update Due
855 - Risk that UHB's normal business will not be given sufficient focus	4 x 3=12	4 x 2=8	02/07/20	02/09/20

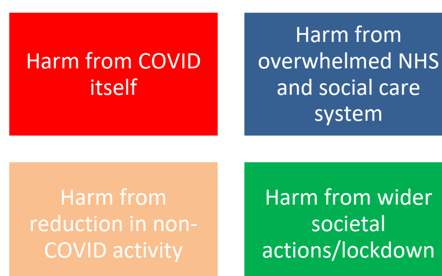
In May 2020, WG announced Wales was moving out of a period of COVID-19 critical planning and response. As a result, and in order to maintain momentum and to ensure the system continues to focus its attention on the provision of a wider range of services, the NHS Wales COVID-19 Operating Framework for Quarter 1 (2020/21) was issued.

The Operational Framework outlines not only the need to continue to deliver essential health services for our population, but where possible recommence more routine care. The Framework states the NHS needs to do this progressively and with caution, through short planning cycles that will maintain the flexibility and agility that has been witnessed during recent months.

Asesiad / Assessment

This update specifically considers how the UHB is mitigating harm and ensuring patient safety and experience, from reduction in non-COVID activity, initiated as part of the response to COVID-19.

Hywel Dda's response to the NHS Wales Operating Framework outlines how services are mitigating the 4 types of harm that the framework stipulates that the Health Board must be planning to manage and avoid



The framework is focused on minimising and avoiding harm as a direct or indirect consequence of the pandemic, and therefore the Health Boards response to that is effectively a detailed harm avoidance and mitigation plan.

The health board is currently in the process of developing a monitoring framework that would provide regular information on patient safety, quality and experience that will enable it to assess its success of mitigating this risk. The Advisory Board, who have more than 40 years of

experience and a network of over 4,500 member organisations, are supporting a review of international best practice to help us identify indicators at a service and population level that will in time, facilitate a more considered and data driven deep dive into risk 855.

For the purposes of this update, information has been gathered from current data in order to provide assurance on the actions we have taken to date.

Essential Services

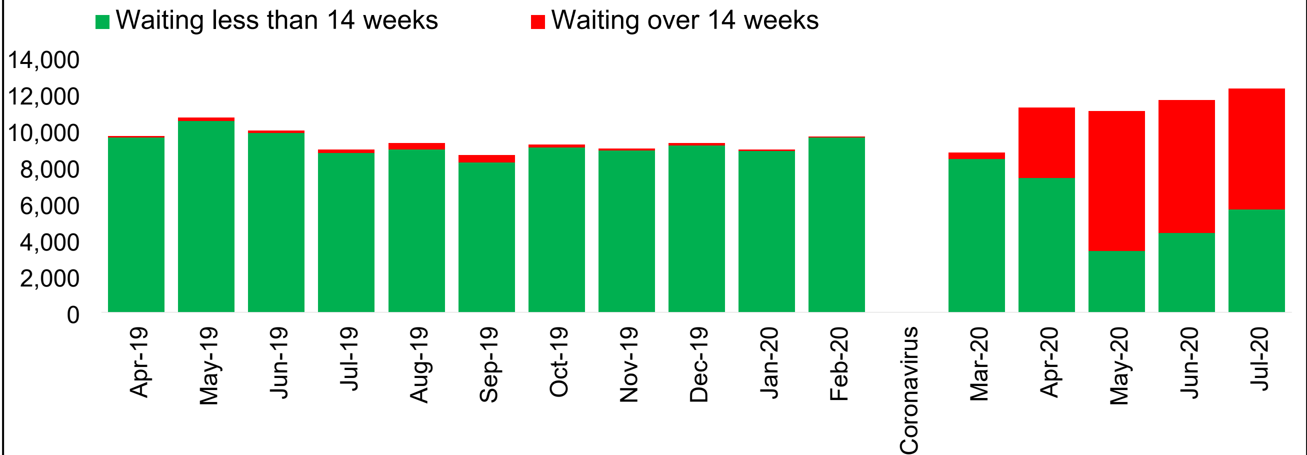
WG has identified a number of services that are described as essential and should be maintained as a priority even in the event of a further Covid-19 outbreak. The UHB have implemented the Essential Health Services guidance, during the COVID-19 pandemic. The COVID-19 Operating Framework for Quarter 2, reported to Board 30th July 2020 details a progress update on compliance with and key quality and safety issues across the Health Board which should assure the Committee that in this area the Health Boards response to date has been robust. For example, a detailed paper on Cancer services (one of the essential service areas identified by WG during the outbreak was presented to Operational Quality, Safety and Experience Committee in July 2020, which it confirmed provided high levels of assurance as the operational response in this area.

Below provides a number of examples of key initiatives implemented in support of essential services, to improve patient experience, and mitigate harm further.

- All GP Practices are using technology to support video consultations with patients;
- Community Pharmacy services supported in providing flexible opening hours to cope with the increased workload and as part of the reset programme;
- Green sites identified within the Community Dental Service;
- Green sites established in Optometry services and working, suspension of routine care; urgent and emergency cases only;
- A systematic approach to managing risk across the whole system by implementing a Risk and Escalation Management Policy for Care Homes.
- During Quarter 1, the majority of Cancer and Urgent Outpatient and Theatre activity was undertaken at Werndale Private Hospital. In Quarter 2, the initial treatment backlog will have been addressed in August 2020.
- Learning Disability services are conducting face-to-face appointments for service users with complex needs or who may present with high risk.

Non Essential Services

One area where the Health Board is clearly seeing an impact of the covid-19 outbreak is in relation to the delays that are developing in access to Scheduled Care services. The three graphs below, note the respective growth in waits and delays (breaches), for Diagnostic, Therapy and from Referral to Treatment.


Patients waiting 8 weeks+ for a specified diagnostic
Waiting less than 14 weeks
Waiting over 14 weeks
14,000
12,000
10,000
8,000
6,000
4,000
2,000
0
Apr-19
May-19
Jun-19
Jul-19
Aug-19
Sep-19
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May-20
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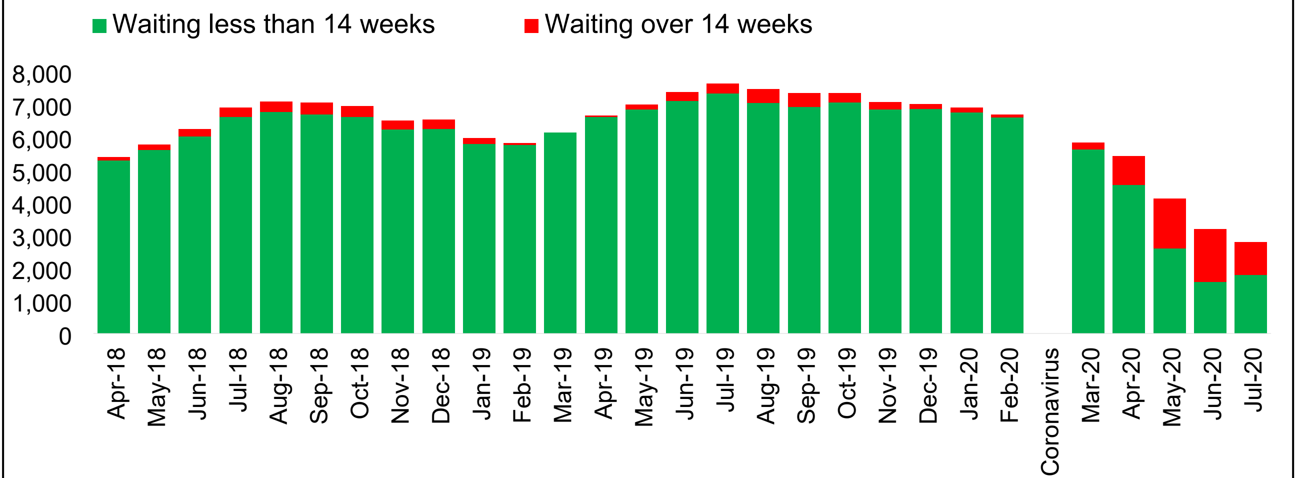
Patients waiting for a specific therapy
Waiting less than 14 weeks
Waiting over 14 weeks
8,000
7,000
6,000
5,000
4,000
3,000
2,000
1,000
0
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
Feb-19
Mar-19
Apr-19
May-19
Jun-19
Jul-19
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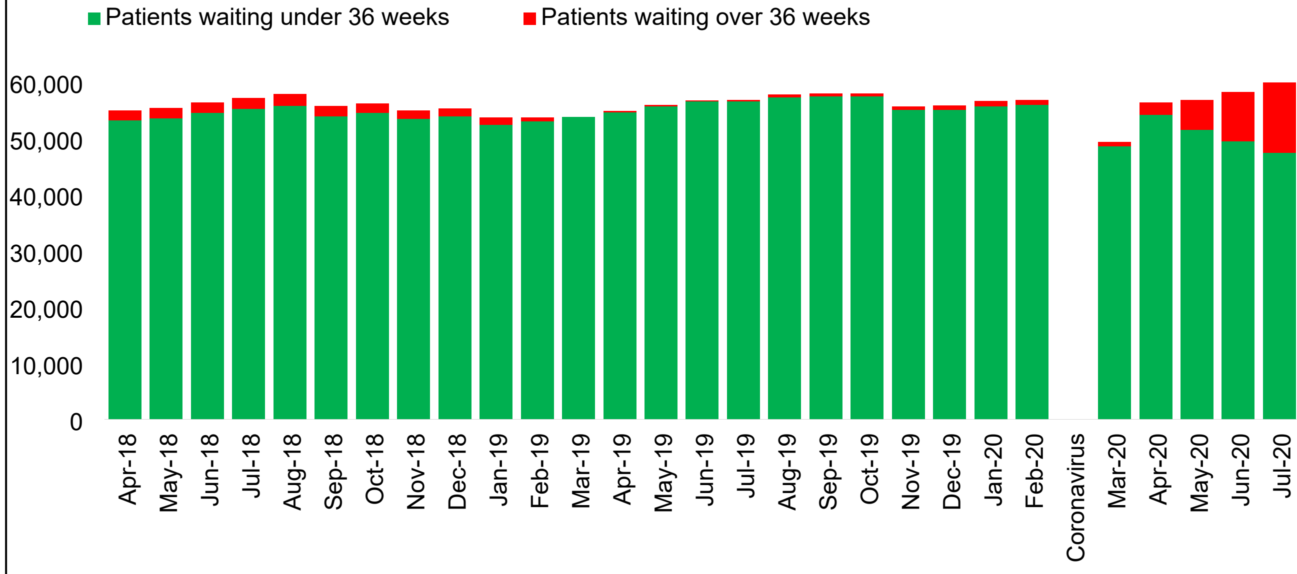

<u>Mitigating risk - Implementing new ways of working</u>

Resetting and recover plans for elective care services is logistically problematic due to the need to maintain urgent, emergency care, and COVID-19 pathways. As a result, where possible, services have to innovate and or redesign service provision, to mitigate further harm to patients, and in parallel, aim to improve patient experience. The list below provides a sample of some new ways of working: -

- Exploring new digital services, including virtual clinics, patient initiated follow up's (PIFU), see on symptoms (SOS) and clinical validation;
- Exploring opportunities to move some Outpatient Department (OPD) services that need to remain face to face from the acute sites to further mitigate potential infection risks
- OPD one way systems to ensure social distancing measures/screening of patients;
- Outpatient nursing teams have adapted to new working arrangements operating a two shift system to maximise throughput, yet maintain social distancing , covering from 8am-8pm;
- All Wales acute eye care telephone advice line agreed and in place through the UHB Low Vision Service;
- Four acute eye care hubs have been established within the community, treating and managing acute eye care problems, which would previously have required a referral into secondary care; proposal to continue with this model into Quarter 2 and the future;
- Oncology outpatient clinics are being held via telephone consultation and virtually where needed from Prince Philip Hospital, supported by the Oncology Clinical Nurse Specialists (CNS) team;
- Ambulatory Monitoring via postal or drive-through service;
- Community and general paediatric diabetes drive-through clinics;
- Imaging requests assessed for appropriateness by the Consultant Radiologists.

In order to mitigate harm, the Planned Care team are currently undertaking a clinically driven, risk-based assessment of waiting lists, the output of which, will inform which patients are to be seen, and treated, as a matter of priority. For example, patients are being split into categories of, cancer, urgent patients to be seen within four weeks, category 1 urgent and category 2

routine patients. Also, to ensure harm is mitigated further, patients waiting for check procedures, on surveillance waiting lists, are also being clinically reviewed.

The following provides an example of the complexities, and logistics that, teams are dealing with in order to reset service provision for our patients, whilst mitigating risks and improving patient experience.

Routine Cardiac and Respiratory Outpatient Diagnostic Activity
The initial response to the COVID-19 pandemic led to the reduction of services to essential outpatient services only:

- Cardiac and respiratory assessment for cancer or other urgent treatment
- Patients with severe disease and new symptoms
- Patients with symptoms of severe disease

This has resulted in increased waiting times and increases in the numbers of patients waiting for both cardiac and respiratory diagnostic services.

Patients will be offered appointments on the basis of their risk of COVID-19 transmission and their personal risk of developing complications should they contract COVID-19.

Patient selection:
- Essential activity will continue to take priority
- Patients will not be excluded on the basis of the clinical urgency of their test. Appointments will be offered to routine and urgent, new and follow up patients for all diagnostic tests that can be delivered with minimal risk.
- Patients waiting the longest will be offered appointments first.
- Patients that are socially distancing will be offered an appointment.
- Patient will be selected on the basis of their risk of developing severe complications from COVID-19. Appointments will not be offered to:
- ➢ patients identified by WG as extremely high risk,
- ➢ patients shielding extremely high risk individuals,
- ➢ patients who self-identify as high risk.
- ➢ patients with symptoms of COVID-19 will not be offered an appointment.

Selection / Triage Process:
Order of selection:
1. Essential activity will continue to take priority
2. Other routine and urgent patients will be contacted in order of waiting time.

Triage Process:
- All patients will be contacted by phone to confirm their risk of developing severe complications from COVID-19 from the current WG guidelines.
- Patients will be asked to confirm their level of isolation (isolation, distancing, shielding)
- Individual risks will be discussed in order to obtain a mutual agreement on how to proceed, including:
- ➢ Measures to protect them during their appointment
- ➢ Any choices in venue, or postal appointment, home monitoring options
- ➢ The level of risk they are exposed to in their normal daily routine
- ➢ The urgency of their appointment and any changes in their symptoms
- ➢ Transport options available to them
- ➢ The result of this will be documented

- Patients will be pre-assessed for COVID-19 symptoms or contact with someone suspected of having COVID-19, including:
  - High temperature
  - New respiratory symptoms
  - New persistent cough

Patients not able to attend will be re-assured and remain on the waiting list in their original waiting list position.

Corporate Structure
The following Command and Control/Committee structure provides the UHB with the necessary assurance that harm is being mitigated within non-essential services.

- Revised Planning Guidance Requirement issued by Tactical to Bronze(command and control structure) will lead to a prioritised risk based plan to restart services that have been scaled back or suspended;
- Command and Control Structure developing and approving plans to re-establish and maintain essential services;
- Board oversight of revised quarterly plans;
- Ethics Panel established and asked to consider issues related to the care of non-COVID-19 patients;
- Latest papers – Responding to the COVID-19 pandemic - Board (April and May 2020);
- Internal and External Audit Plans in 2020/21 are being reviewed to incorporate review of the organisational response to COVID-19.

In addition, A Healthier Mid and West Wales (our strategic health and care strategy) outlined Hywel Dda's commitment to innovating and transforming our services to deliver on the collective commitments contained within 'A Healthier Wales'. We presented this wellbeing offer to our population across five key tiers of provision (as outlined above) within our health and care system on the basis that these areas collectively contributed to improving health outcomes for our population. It is suggested that our 'Healthier Mid and West Wales' planning framework also provides the basis on which to present our reviewed and considered System plans as a response to the COVID-19 NHS Wales Operating Framework and a reduction in harm.

Field Hospitals
During the past few months, Hywel Dda UHB has engaged in planning to commission a number of Field Hospitals across the region in support of acute hospital services as a temporary solution, to create additional capacity for patient care, due to COVID- 19; social distancing measures; and the imperative to resume planned activity and surgery. Fundamentally, it provides a robust plan for a situation where the NHS becomes overwhelmed by COVID-19 demand.

As part of the planning process, the operational team believed it was important to test one of the sites at a time before there was extreme pressure or urgency to do so, in order to understand the issues that may materialise from the planned operating procedures or the field hospital environment generally. Ysbyty Enfys Caerfyrrddin Field Hospital opened on 29th June 2020 to accept the transfer of up to 24 COVID-19 negative medically optimised patients from Glangwili General Hospital (GGH) who had been assessed as having care needs that could be appropriately managed within the Carmarthen Leisure Centre field hospital environment. A full report and evaluation of the Field Hospital initiative to date will be available at the end of August 2020 and presented to the Field Hospital Bronze group, however, the following is a summary of activity, quality outcomes and feedback from patients and staff:

Activity
The full report and evaluation will report a detailed breakdown of activity relating to patient demographic and pathway. As a summary:

- Between the period of 22/06/20 and 06/08/20 **205** GGH medically fit patients have been assessed and considered for suitability for transfer to the Field Hospital;
- Between the period of 22/06/20 and 06/08/20 **32** GGH, medically fit patients have been transferred to the Field Hospital. Out of this figure, **13** patients have been discharged, **6** have been either admitted to the acute hospital site due to medical deterioration or passed away at the Field Hospital.
- The Field Hospital current has **13** patients on site (7th August 2020).

Quality Outcomes
The full report and evaluation will include a detailed breakdown of patient quality outcomes. As a summary of early indications:

- On average patients demonstrated improved outcomes in terms of mobility and frailty scores on discharge from the Field Hospital;
- Admission to the Field Hospital was not associated with episodes of delirium;
- Longer stays (>2 weeks) at the Field Hospital might be associated with possible cognitive impairment and lower functional mobility;
- No significant adverse event has been reported during the reporting period for patients at the Field Hospital.
- Healthcare Acquired Pressure Ulcers = **0**
- Percentage compliance with Rapid Response for Acute Illness Learning Set (RRAILS) Admission Bundle = **100%**
- Percentage compliance with RRAILS Recognition Bundle = **100%**
- Percentage of Nutrition Score Completed and Appropriate Action Taken within 24 hours of Admission = **100%**
- Percentage of patients wearing a legible armband meeting the NPSA Requirements = **100%**
- Percentage compliance with Hand Hygiene (WHO 5 moments) = **89%**
- Percentage compliance with ward / unit cleaning schedule = **100%**

Patient and Staff Feedback
The full report and evaluation will include a detailed breakdown of patient, staff, family and stakeholder feedback. The following collection of feedback in the form of quotes provides an indications of feedback in terms of patient and staff experience at the Field Hospital:
Patient: "*I am happy with the care and walks with the physio. The ward is a spacious room that is nice and light. I am confident walking with 2 people, without falling over or bumping into things. The staff are very kind and caring".*
Patient: "*The ward is soothing and relaxing, I never been in a ward like this before, its lovely. I am very happy with the care I am having".*
Staff: *"The working environment within the field hospital is very good. The teamwork is like no other organisation, it's outstanding. I have been here from the beginning and the transformation from a leisure centre to a fully functioning field hospital is very rewarding to all involved".*
Staff: *"It has been an enjoyable experience working as a team and gaining valuable skills. I also feel as if working within this field hospital would be a good addition to my CV".*

Staff: "*It does have a nice relaxed atmosphere. More attention can be given to the patient. Patient appear to be happy here. Think it has taken the burden off the main busy hospital, giving it more beds for the acutely ill".*

Staff: **"***I am very grateful to have been given this opportunity. I have developed my professional and managerial skills. It is amazing to see how everyone has worked together to transform the leisure centre into a field hospital. I am proud to work for NHS, it's truly is an amazing service".*

The process of testing the Field Hospital concept has provided invaluable learning to the operational team. It has also demonstrated that despite these facilities not originally being designed for delivering inpatient care, it is possible to create an environment that can offer a good patient experience and provide good quality patient care as evidenced by the staff and patient feedback to date. The learning from the full evaluation will play a key role in determining how we approach the escalation of this capacity should we need to cover the remainder of the outbreak.

How are we Communicating with our public'

Early in the pandemic, the Health Board established a COVID-19 Communications Strategy, which set the over-arching objective of helping to keep our people (staff, patients and public) safe during the pandemic. A focus on public health messaging to protect people from COVID-19 has been key from the start of the year, prior to the announcement of a pandemic. Corporate communications on this has been delivered to internal and external audiences and in conjunction with our national and regional partners. This has included regular announcements about new regulations, operational changes to local services or access and support for national campaign messages such as the need to comply with social distancing guidelines and well-being campaigns. We sought to do this through various means including nudge behavioural change, emotive patient case studies on both the seriousness of COVID-19 and the need to comply with government restrictions, as well as messages and celebrations of hope and community response.

We have also attempted to reach a large audience due to the wide-ranging impacts, in addition to using traditional and existing stakeholder networks; we have sought to provide new ways to reach our audiences. This has seen some success, for example the launch of a staff social media group to reach those without internal digital access and building our public social media audience by more than 300% to that seen prior to the pandemic.

We have also sought to provide information to hard to reach groups through alternative versions of information (such as British Sign Language (BSL) and Easy Read) and by working with regional partners in contacting existing community networks or those who may be more adversely affected by COVID-19. This has included preventative measures such as the local authorities making direct contact with food processing plants in our area and the health board utilising paid for social media in these residential areas for targeted social distancing advice.

In terms of addressing harm from reduction of non-COVID activity, the operational team has worked closely with colleagues in the communications team to ensure messages have been conveyed reminding the general public that essential services continue to be available and are accessible if the public require them. There was concern early in the outbreak that individuals were delaying access to care and support that they needed, and that this would have an impact on their outcomes.

In response to this, and given both local insight and statistics for accessing care levels, the communications team delivered integrated communication campaigns on the following:

- #stillhereforyou – messages to emphasise that unscheduled emergency and urgent care was still available for those who need it with demonstrations and key spokespersons

from primary care (GP, pharmacy, dental and ophthalmology) and Emergency Units. This included media releases and radio adverts to reach the non-digital audience and social media content including videos
    - Regular media releases such as this one on the NHS framework have confirmed arrangements with our broader public audience
- Cancer campaign to emphasise the importance of attending your GP if you had concerns about symptoms associated with cancer and providing reassurance and support for current cancer patients. This campaign included radio adverts and media releases for the non-digital audience, promotion of a telephone information line for current patients and videos and social media content also, including case studies and key clinical spokespersons to foster trust. We are also embarking on strengthening this campaign further by working with MacMillan
    - Video specifically on providing reassurance re cancer services
    - Example of social media messages on where to access help – MacMillan example and sexual health
- Mental health and well-being including ongoing weekly support for the Public Health Wales 'How you doing?', promotion of the national well-being survey including paid for advertising on social media, and promotion of our online self-accessed IAWN mental health service
- Bespoke products to meet a need from identified specific audiences. For example production of a local in-house video for people with learning disabilities to build reassurance for them through local recognisable facilities and local staff.
    - Video targeted to respond to concerns from Learning Disability Community and produced in an accessible way
    - Other videos have been specific to key audiences, such as this one regarding maternity services, and we also reached this targeted group by using Facebook Groups for perspective new mums
- What to expect from care? Products and messaging around what patients can expect when they need to attend for primary or secondary care, with video explainers. This was stimulated by keeping in touch with our Community Health Council (CHC) and responding to trends and concerns they have seen amongst our public. Across the system from primary care, to mental health, cancer and unscheduled care we have largely seen a return to normal levels of demand, which we believe is in part due to the building of trust amongst our public through the Health Board's use of national and local messages in these areas.

The UHB acknowledge we need to do more to keep in touch with our patients and develop an overarching communication plan, specifically for those non-urgent routine patients currently on waiting lists. This is something that the scheduled care team are working on and an update can be provided to a further QSEAC meeting. However, bespoke plans are evolving in some areas. For example, the West Wales Society for the Blind and Visually Impaired have offered their support to assist the Health Board with keeping in touch with patients, whilst in attendance at the last Eye Care Collaborative meeting. As this work develops, the operational team can update the Committee.

Patient Experience

The Patient Experience Team has continued to obtain feedback during the pandemic in a number of ways. The Patient Advice and Liaison Service (PALS) team has continued to provide a physical support and presence at individual sites and the patient support contact centre has operated 7 days per week to answer queries, discuss concerns and receive feedback by telephone or e-mail. In response to concerns from families about a lack of communication and the visiting policy, family liaison officers have been appointed to work on wards to facilitate communication between patients and their families, provide virtual visiting

and undertake patient experience activities, including surveys. The visiting policy is also being reviewed. We have continued to operate the Friends and Family Test (FFT) survey throughout the period, albeit the numbers of responses have been lower, due to the reduced level of activity which is currently 45% lower than usual. From the responses received to the FFT, 90% have rated their experience as positive and would recommend the service to friends and family.

Negative feedback is largely related to communication, communication between wards and families, and more recently, people not expecting our services to be presented in the way that they are, for example patients waiting in cars to be called for appointments, delays in receiving appointments, waiting times at clinic, and perceived poor appointment planning. Whilst ward based surveys were initially suspended, these have recently been introduced and are being undertaken by our new family liaison officers and PALS officers. Over 300 surveys have now been undertaken. The majority of patients surveyed, reported their overall experience to be 9 or 10 (out of a possible 10). Any concerns or immediate issues are addressed with the ward staff at the time.

Further Actions

A number of further actions are set out in the Q2 response as the Health Board looks to restart more of its elective work and reduce delays for patients needing to access services:

- The UHB is now implementing plans to recommence Urgent and Cancer work within our Acute Sites. Lead Clinicians have also been asked to identify patients including patients at stage 1 who require face-to-face interaction at Outpatients;
- Analysis is being undertaken to ascertain the magnitude of the recovery plan required by specialty to reduce the backlog for priority 1 and 2 patients within stage 1 and 4 of the RTT pathway;
- Analysis will include cancer sustainability to ensure the backlog is managed and reduced;
- Within Cancer services, a 9-5 helpline for concerned cancer patients was set up in the Oncology unit at Withybush General Hospital (WGH), supported by the Oncology CNS Team in terms of ensuring the advice given continues to be valid and up to date;
- A patient information leaflet for cancer patients including helpline numbers was developed and widely circulated;
- Scheduled Care are meeting with the communication team, to plan how the Health Boards communicates with delayed patients. There is an expectation and advice given that any deteriorating patient present to GP or to A&E however, it is recognised a more proactive approach would be helpful in mitigating further the risk of harm from delays.
- Follow up waiting lists continue to be clinically validated by the appropriate health care practitioner.

Argymhelliad / Recommendation

The Quality, Safety and Experience Assurance Committee (QSEAC) is asked to seek assurance that controls are in place and working effectively in which to ensure normal business is given sufficient focus, as well as note the areas that the operational team have identified as requiring strengthened plans.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	4.5 Provide assurance that the organisation, at all levels, has the right governance arrangements and

	strategy in place to ensure that the care planned or provided across the breadth of the organisation's functions, is based on sound evidence, clinically effective and meeting agreed standards
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk Reference 855
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2. Safe Care 3.1 Safe and Clinically Effective Care 5. Timely Care 2.1 Managing Risk and Promoting Health and Safety

Effaith/Impact:	
Ariannol / Financial: **Ansawdd / Patient Care:** **Gweithlu / Workforce:** **Risg / Risk:** **Cyfreithiol / Legal:** **Enw Da / Reputational:** **Gyfrinachedd / Privacy:** **Cydraddoldeb / Equality:**	Covered within the narrative of the report