

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

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| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 02 February 2021 |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Mortality Review of the Impact on Patients Waiting for a Procedure During the COVID-19 Pandemic |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | Dr Phil Kloer, Medical Director and Deputy CEO Mandy Rayani, Director of Nursing, Quality and Patient Experience Andrew Carruthers, Director of Operations |
| SWYDDOG ADRODD: REPORTING OFFICER: | John Evans, Assistant Director, Medical Directorate |

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 assurance to the Quality, Safety and Experience Assurance Committee that mortality is subject to robust review and that all mortality data has and continues to be benchmarked on an all-Wales basis.

This report analyses mortality data for those patients awaiting treatment during the period of the COVID-19 pandemic and a comparison to the previous 3 years. This report looks at mortality and activity data covering the period March-December 2020.

The report provides an analysis and related interrogation of mortality data and does not appraise service provision, patient safety and experience, from the reduction in non-COVID-19 activity, initiated as part of the response to COVID-19. The report also seeks to analyse COVID-19 deaths by acute site and associated demography relative to the capacity and incidence at each hospital.

Cefndir / Background

The question of the effect of delayed treatment as a result of COVID-19 and its impact upon the population of the Health Board has been raised, particularly in relation to the impact on mortality and the relative comparison to non-COVID-19 periods.

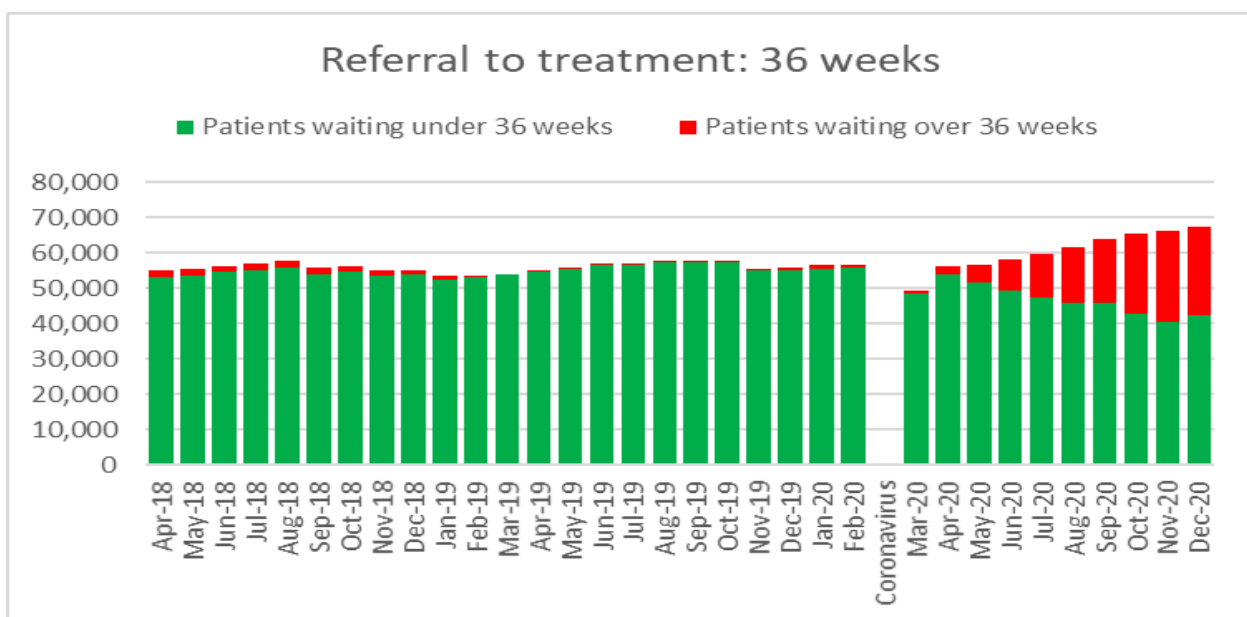
The reduction in non-COVID-19 activity was made in response to Welsh Government (WG) guidance in Spring 2020, to ensure that staff were released to be effectively trained to manage the emerging pandemic, and to ensure sufficient capacity to treat people in hospital. This guidance was based on experiences in other countries. The guidance 'Maintaining Essential Health Services during the COVID-19 Pandemic', issued by WG to NHS in Wales for the 2nd Quarter of the operational year, advised on which services were considered lifesaving or life impacting, i.e. where harm would be significant and irreversible, without a timely intervention.

Mortality is one of the indicators used to measure quality of care, however, the dimensions of health service quality also include safety, patient-centred care, timeliness, equity, effectiveness and efficiency. Mortality information needs to be considered within this context and alongside other information about service quality including other outcome data, harm, patient satisfaction and experience information, access information, and measures of end of life care.

A mortality review is the process of reviewing individual patient case notes to determine if the patient received appropriate care and if there are any lessons to learn, which may improve the care provided for future patients.

Crude Mortality data across the Health Board, currently available until December 2020, had increased during the COVID-19 pandemic. The analysis provided seeks to assess the relationship between deaths in the community and those who are awaiting NHS treatment, and benchmark with other Health Board populations.

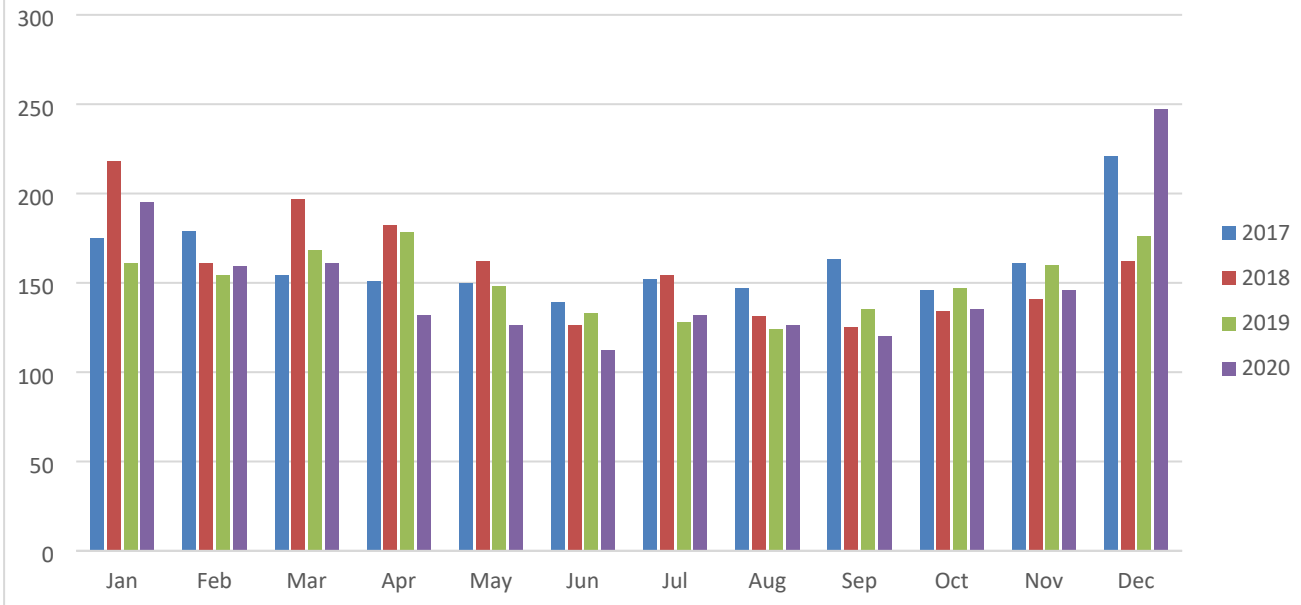
The Breakdown of Referral to Treatment (RTT) waiting times within the Health Board since the start of the COVID-19 pandemic is shown below. The number of patients waiting over 36 weeks has increased since March 2020 and has continued to increase up until at least November 2020, with a slight improvement witnessed in December 2020. The number of patients waiting for treatment over 36 weeks in March 2020 was 722. As at 31st December 2020 this number had increased to 25,182.



Asesiad / Assessment

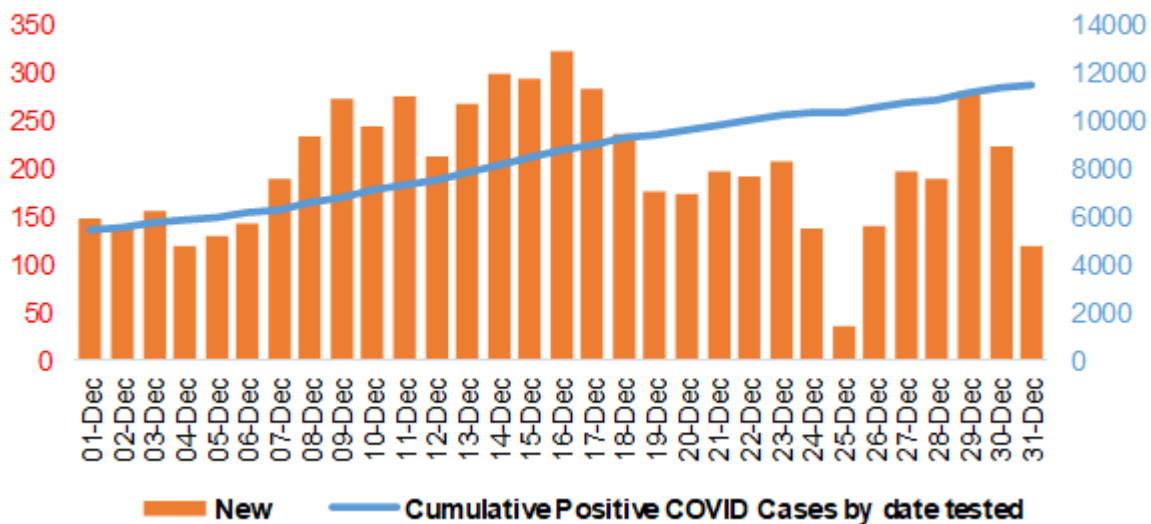
In order to understand the wider context and impact on mortality within an acute setting, the number of inpatient deaths in the Health Board for January to December for the years 2017 to 2020 is shown below and appeared to follow relatively consistent trajectories each month over the last 4 years, up until November 2020. However, inpatient deaths in December 2020 are comparatively higher than previous years, which is in-line with the additional capacity that has been created during this period of increased bed capacity within acute, community and field hospital sites.

Hwyel Dda University Health Board (HDdUHB) Inpatient Deaths January - December 2017-2020



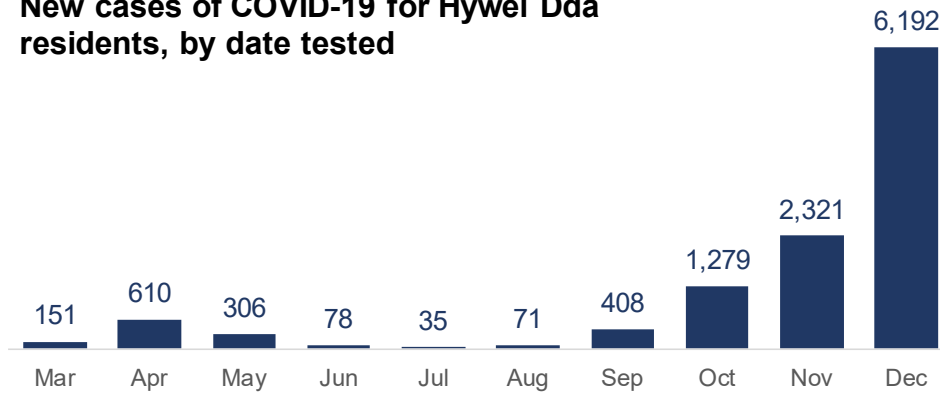
The increase in Inpatients Deaths in December is also in-line with the daily and cumulative confirmed cases by date of testing.

Daily and cumulative confirmed cases for Hywel Dda by date of testing as at 31st December 2020

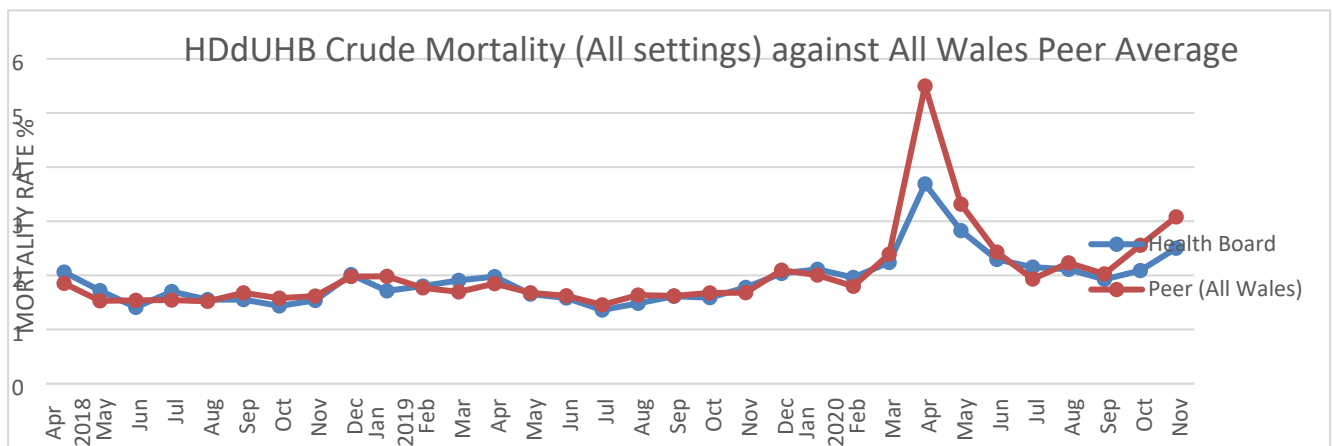


From the start of the pandemic up to 31st December 2020, there has been a total of 11,451 confirmed cases of COVID-19 for HDdUHB residents, of which 54% (6,192) were confirmed during December 2020.

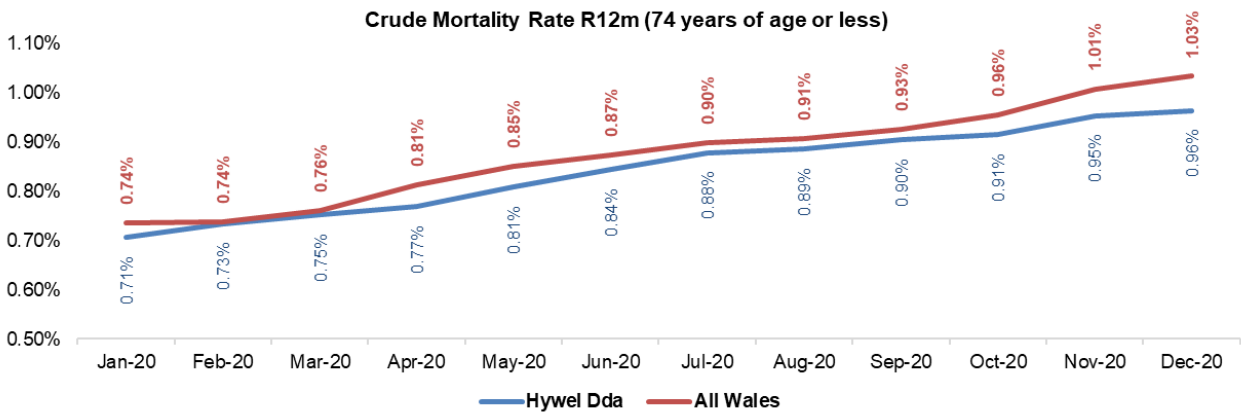
New cases of COVID-19 for Hywel Dda residents, by date tested



The change in mortality rates (all deaths) since 2018 and the comparison between HDdUHB outcomes against the All Wales peer average is illustrated in the graph below. It highlights a similar seasonal trend to the All Wales % mortality rate over this period and also shows an increase in crude mortality from March 2020, before returning to a rate more consistent with previous years. Notwithstanding the sharp increase over this period, the % mortality rate remained significantly lower than the All Wales average during March to November 2020, with the exception of July 2020 when it was marginally higher than the All Wales average. Whilst the % mortality rate has increased since September 2020, this increase has been slower for HDdUHB than the rest of Wales.



The crude mortality rate for persons under 75 years old also follows a similar trend to the total mortality rates (all deaths) shown above, with a consistent increase within this cohort of patients from March 2020. The crude mortality trend follows a similar and consistently lower trajectory to the All Wales comparator and has also grown at a slower rate compared with All Wales since October 2020.

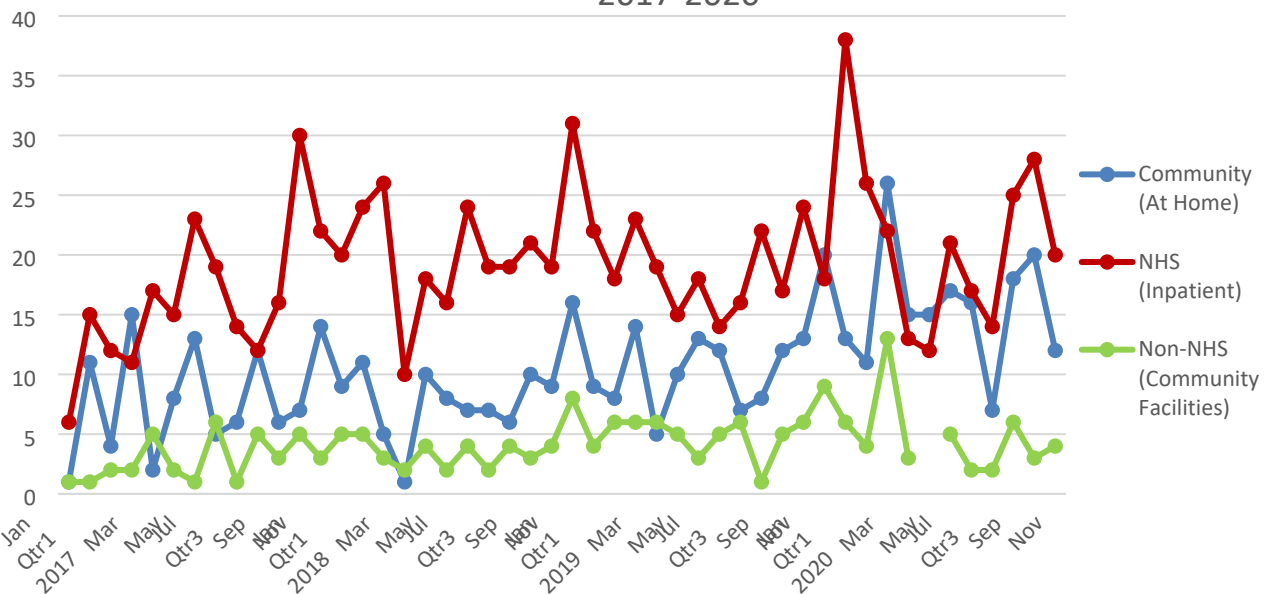


Mortality of Patients awaiting treatment

In order to understand the impact of the above increase in crude mortality upon patients in the community awaiting treatment services, data for those waiting at home, and those waiting in a community facility and an inpatient setting for comparison purposes has been matched with the database of patients waiting for a procedure. Please note, the matching of data to a procedure relates to any patient who has died whilst on a waiting list for any treatment, not only in relation to RTT.

The graph below illustrates that community deaths have increased in Quarter 1 and 2 of 2020 and decreased in Quarter 3. During Quarter 4, whilst deaths began to increase again initially, they decreased once again by November 2020, returning to rates comparative with previous years. Although there was an increase in April 2020, this is consistent with the rise in crude mortality. In comparison with previous year's information, the increase in April 2020 is not significantly different to the levels seen in Quarter 1 in 2017 and similar (albeit smaller) trajectories in 2018 and 2019. Please note that data for Quarter 4 2020 is not complete or fully coded at the time of writing this report.

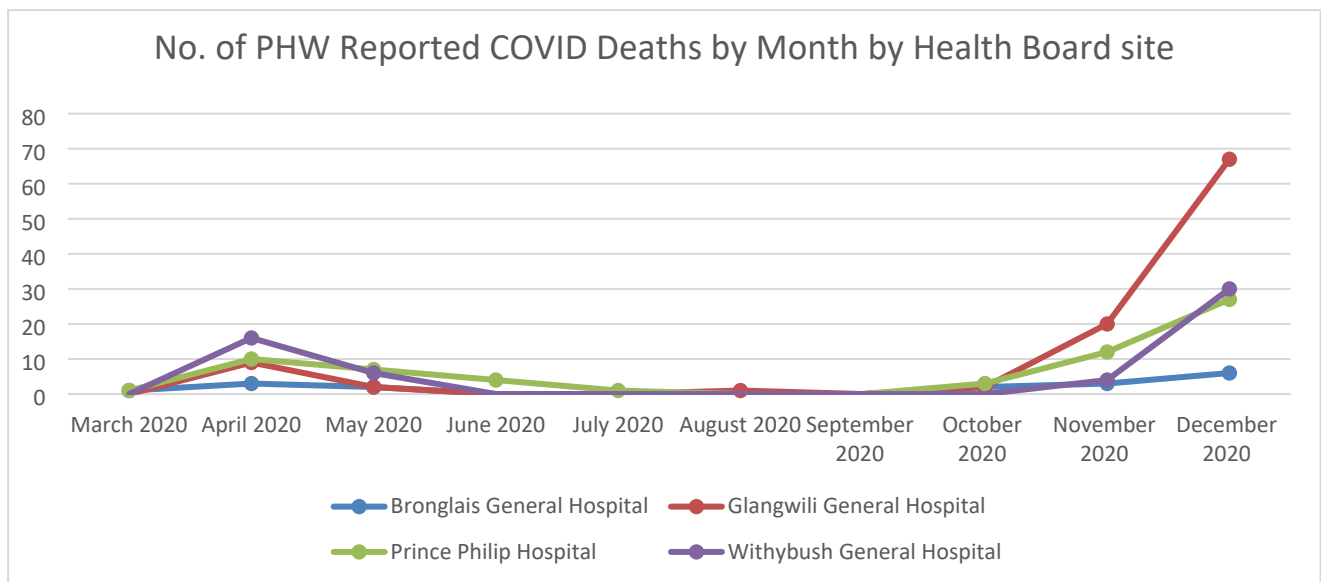
Hywel Dda UHB number deaths by setting whilst on a waiting list 2017-2020



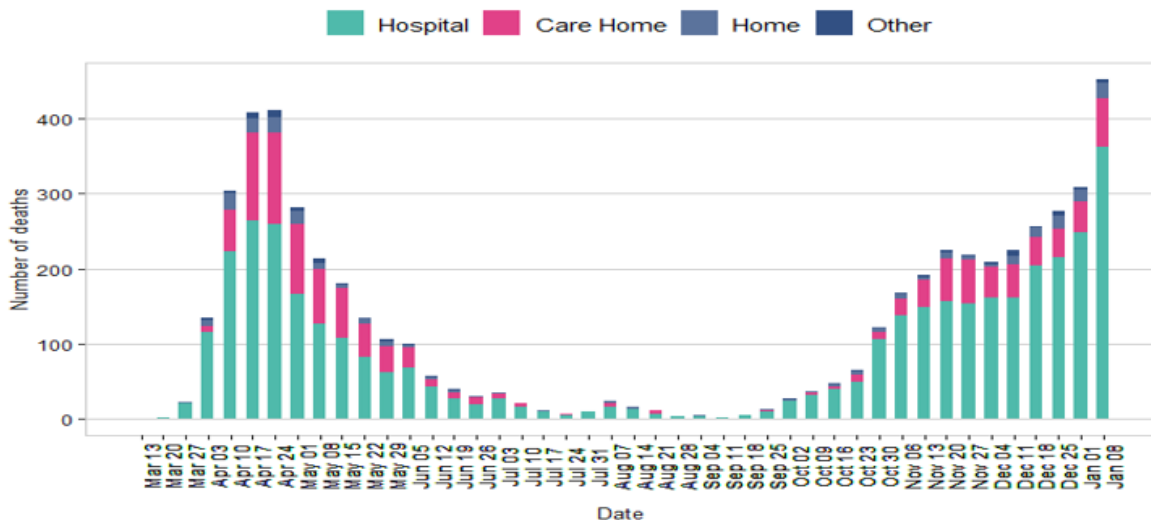
Analysis of COVID-19 Deaths (reported to PHW through the rapid reporting mechanism)

A daily submission is made by the Health Board to the Public Health Wales (PHW) surveillance unit to facilitate rapid reporting on a consistent basis across Wales. The PHW rapid reporting includes only inpatient deaths where there has been a confirmed positive COVID-19 laboratory test within 28 days; and the clinician suspects that this was a causative factor in the death. This reporting measure differs from the Office of National Statistics (ONS) death statistics which includes all deaths where COVID-19 is mentioned on the death certificate, regardless of whether it is an underlying cause or not.

The number of PHW reported deaths across the Health Board in the graph below has shown a material increase from November 2020 across Withybush General Hospital (WGH), Glangwili General Hospital (GGH) and Prince Philip Hospital (PPH). This is consistent with the All Wales trend and the associated increase in confirmed COVID-19 cases per 100,000 population. GGH is reporting the highest number of inpatient deaths, which is explored further below, where deaths by hospital site are measured relative to their inpatient capacity.

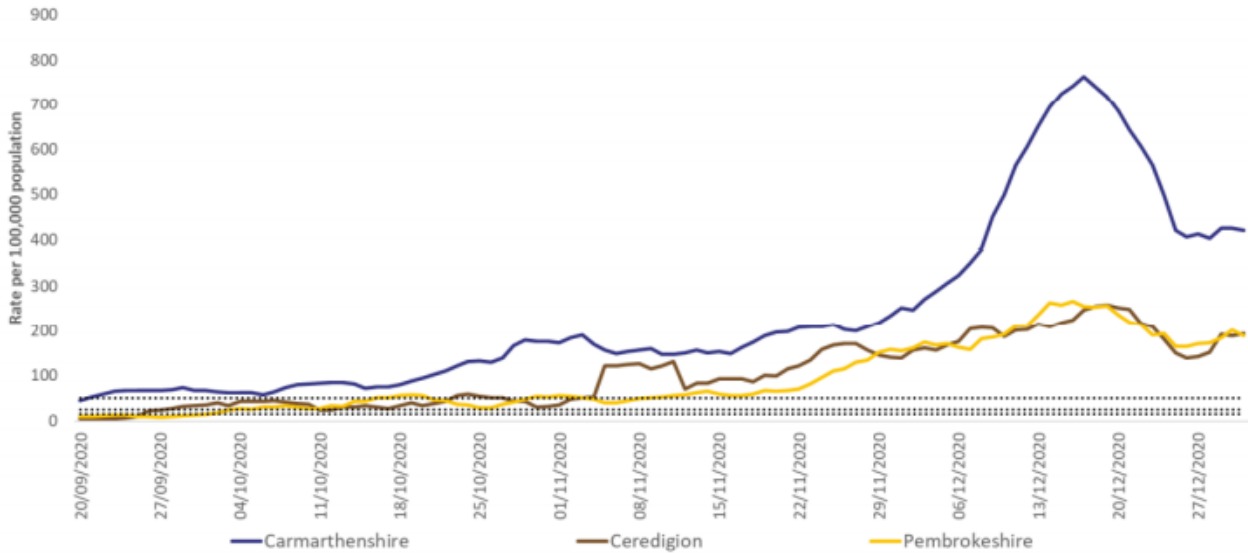


All Wales Weekly number of deaths registered by place of occurrence, COVID-19 deaths (any mention on the death certificate) March 2020 – Dec 2020



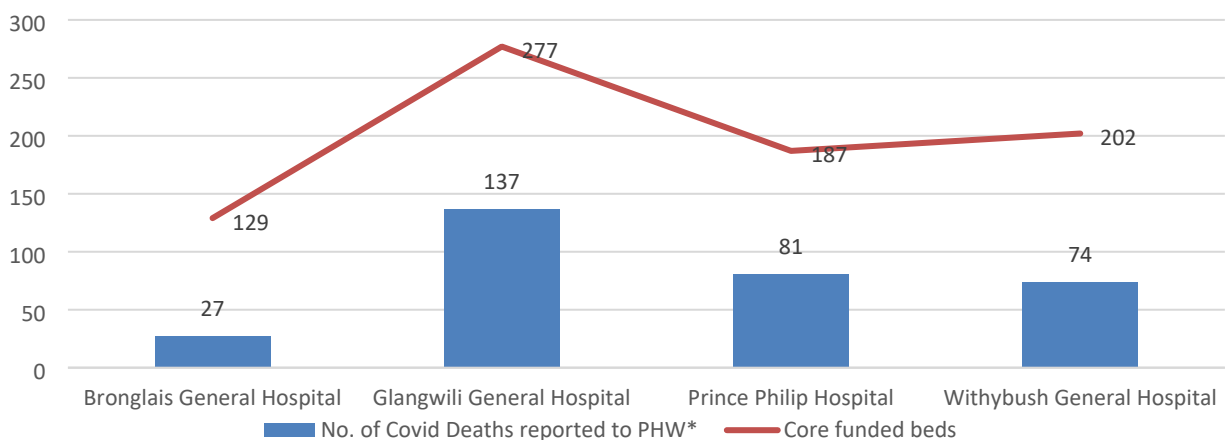
The PHW reported deaths consistently follow the trend of confirmed cases of COVID-19 cases per 100,000 population.

Figure 30 - Confirmed cases of COVID-19 per 100,000 population in the previous 7 days, by sample date and local authority - Hywel Dda

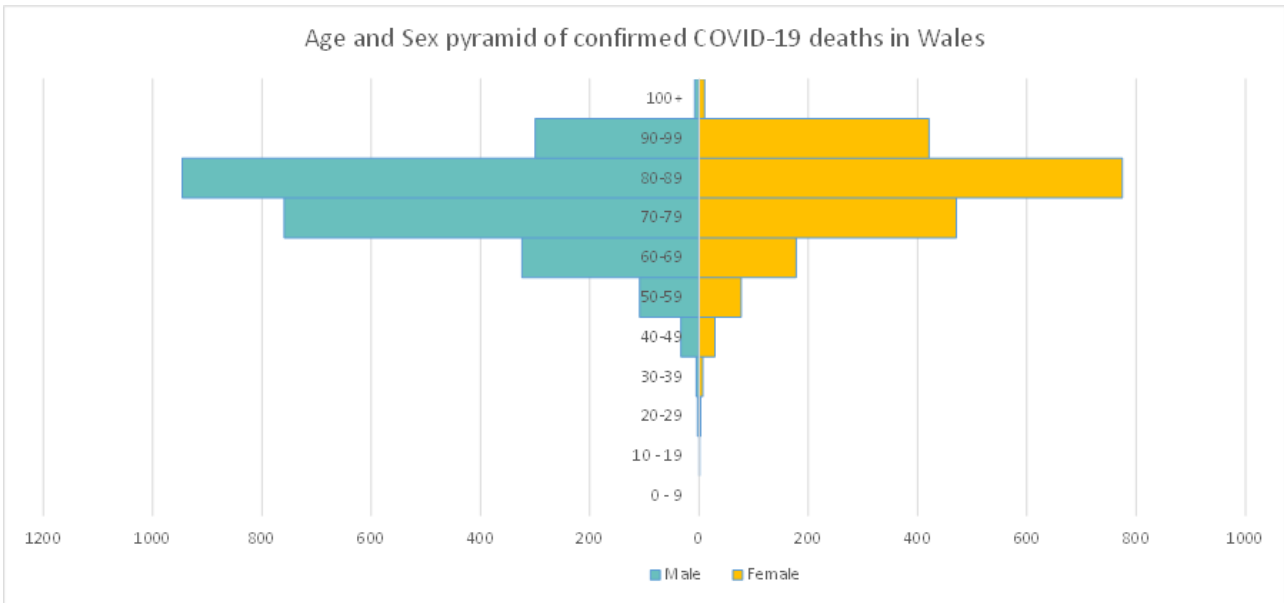
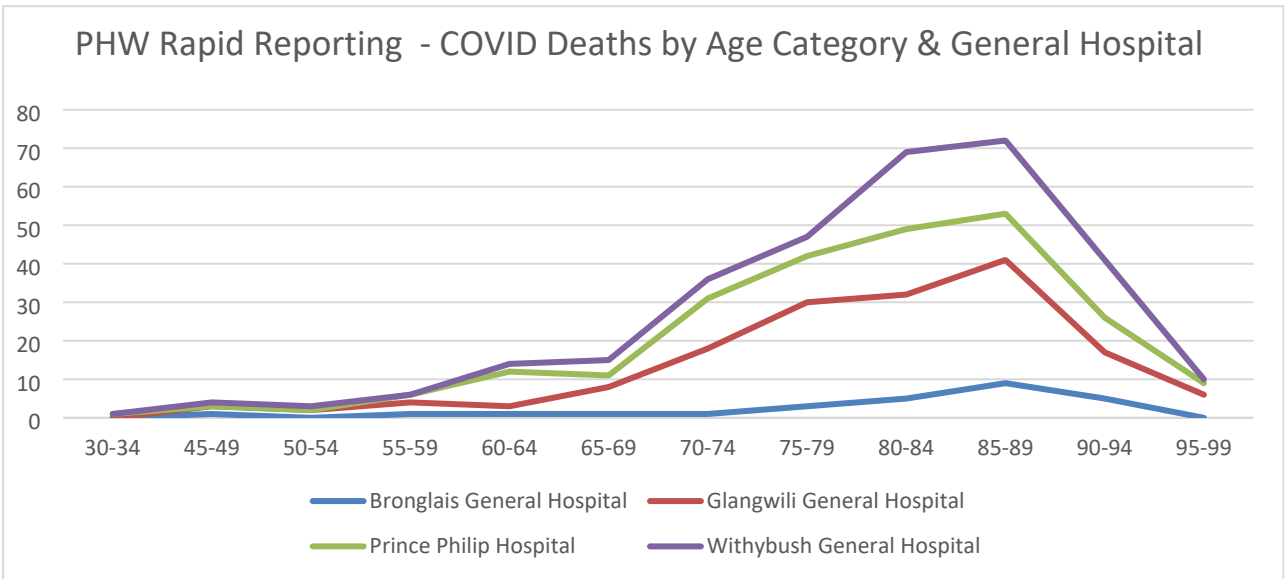


The total number of core inpatient beds available against the number of deaths by hospital recorded to PHW are highlighted in the graph below. GGH have reported a significantly higher number of inpatient deaths however, the number of deaths follow a consistent trend relative to the core bed capacity available.

COVID Reported Inpatient Deaths to PHW (Rapid Reporting) by General Hospital (March 2020 to January 2021)



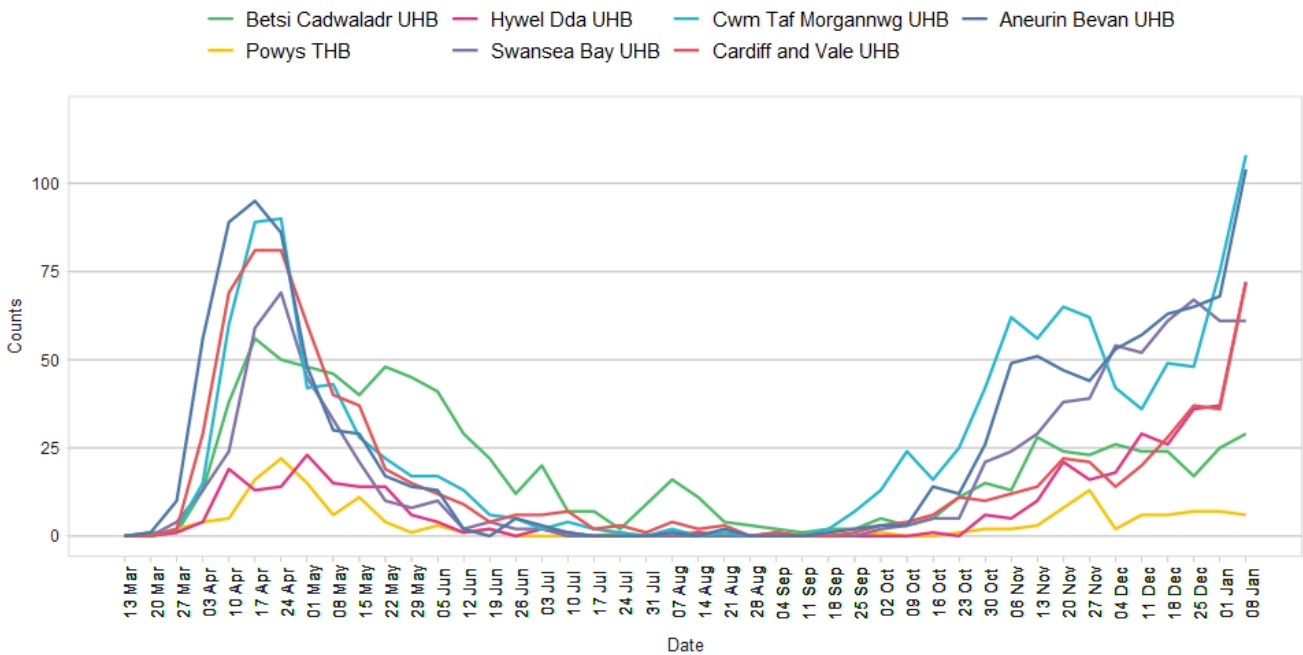
The demographic analysis of inpatient deaths illustrates a consistent trend of death by age category, with similar trends across the Health Board. The distribution of deaths by age group is again consistent with the All Wales comparator.



All Wales Comparison

The breakdown of total number of weekly ONS recorded COVID-19 deaths by Health Board illustrates that the trend of HDdUHB deaths is consistent with the national picture.

Weekly number of registered COVID-19 deaths (any mention), Wales by health board, week ending 13 March 2020 (Week 11) to week ending 8 January 2021 (Week 1)



Provisional figures for Welsh residents have been produced using data provided by ONS to Public Health Wales. The analysis is based on date the death was registered.

A breakdown of deaths below (PHW rapid reporting) shows that HDdUHB makes up 7.5% of all COVID-19 deaths in Wales, which is proportionally smaller than its total population within Wales (12.3%).

| Health Board | Frequency | Percent |
|-----------------------|-------------|----------|
| Aneurin Bevan UHB | 835 | 18.7% |
| Betsi Cadwaladr UHB | 687 | 15.4% |
| Cardiff and Vale UHB | 593 | 13.3% |
| Cwm Taf Morgannwg UHB | 1294 | 29.0% |
| Hywel Dda UHB | 333 | 7.5% |
| Out of Wales | 6 | 0.1% |
| Powys THB | 40 | 0.9% |
| Swansea Bay UHB | 671 | 15.0% |
| Total | 4459 | - |

The PHW death reporting distribution of the Health Board is consistent with ONS death reporting, relating to all deaths where COVID-19 is mentioned on the death certificate regardless of cause. Please note that ONS data has a reporting time lag, which is a number of weeks behind PHW surveillance data.

Total number of deaths registered with COVID-19 mentioned on the death certificate, Local Health Board of residence and Wales, week ending 3 January 2020 (Week 1) to week ending 25 December 2020 (Week 52)

| Health board | Cumulative deaths |
|-----------------------|-------------------|
| Aneurin Bevan UHB | 992 |
| Betsi Cadwaladr UHB | 792 |
| Cardiff and Vale UHB | 697 |
| Cwm Taf Morgannwg UHB | 1,010 |
| Hywel Dda UHB | 303 |
| Powys THB | 147 |
| Swansea Bay UHB | 706 |
| Wales | 4,647 |

Provisional figures to Week 52 for Welsh residents have been produced using data provided by ONS to Public Health Wales. This analysis is based on date the death was registered, not when it occurred. There is usually a delay of at least five days between occurrence and registration. The analysis requires the joining of weekly and daily data using NHS numbers. Figures may differ slightly between those published by ONS due to the use of different extracts of the data at different time periods. Data is therefore subject to change as more information is received. COVID-19 was identified using ICD-10 codes U07.1 and U07.2 and includes deaths that had COVID-19 mentioned anywhere on the death certificate, whether as underlying cause or not.

What does this tell us so far?

The analysis provided seeks to review the impact upon those waiting for treatment from a mortality perspective. It is limited to a mid-COVID-19 pandemic review of crude mortality and should form part of a wider piece of work looking at the impact of COVID-19 on the population of HDdUHB. Conclusions from the analysis are summarised below however, they will eventually require reviewing against patient outcome data, patient experience/carerer feedback and a qualitative review of staff experience during the COVID-19 pandemic.

Findings:

- Monthly inpatient death numbers up to December 2020 do not appear to vary significantly from the previous 3 years of data.
- The % mortality rate over all settings in HDdUHB shows a significant increase between March – December 2020. However, this is consistent with, and lower than, the All Wales average.
- The crude mortality rate for 74 year olds and under has increased from a running average of just above 0.70% prior to March 2020 to 0.96% in December 2020. This is consistently lower than the All Wales average (1.03%) and, since October 2020, is increasing at a slower rate.
- The analysis of reported COVID-19 deaths has shown a trend consistent with the bed capacity at each hospital and the age profile of inpatient deaths is consistent between hospital sites.
- The total number of HDdUHB COVID-19 deaths, both PHW reported and ONS, are significantly lower than the All Wales average.
- The distribution of reported deaths is consistent with the All Wales comparator and the reported number of confirmed cases per 100,000 population.

The findings of this report seek to provide a mortality-based review of the impact of COVID-19 on patients waiting at home for treatment. It does not provide any wider findings on the outcomes or experience of patients during the period of the COVID-19 pandemic, as it may be too early to draw any conclusions. It also does not seek to comment or assess the actions taken in response to the requirements within the 'Maintaining Essential Health Services during the COVID-19 Pandemic' guidance from WG and may be too early for any conclusions to be drawn.

The findings and analysis listed above need to form part of a triangulated assessment of the impact upon patients during the COVID-19 period and, as we move into the next stage of the pandemic, a system-wide operational review will be undertaken to take account of HDdUHB's position in relation to issues identified from concerns, patient and carer feedback and staff experience.

The scrutiny of mortality data and the analysis of reported COVID-19 deaths will continue to be monitored against local and national metrics to ensure trends and demographic analysis are understood and reported accordingly.

Argymhelliad / Recommendation

This report seeks to provide assurance to the Quality, Safety and Experience Assurance Committee that mortality is subject to robust review and that all mortality data has and continues to be benchmarked on an all-Wales basis.

| 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: | 631 Failure to recognise increasing mortality rates. (score 8) |
| Safon(au) Gofal ac Iechyd: Health and Care Standard(s): | 2.1 Managing Risk and Promoting Health and Safety 3.1 Safe and Clinically Effective Care 5. Timely Care 2. Safe Care |

| Effaith/Impact: | |
|--|-----------------------------|
| Ariannol / Financial: Ansawdd / Patient Care: Gweithlu / Workforce: Risg / Risk: Cyfreithiol / Legal: Enw Da / Reputational: Gyfrinachedd / Privacy: Cydraddoldeb / Equality: | Contained within the report |