

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	06 October 2020
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:	Andrew Carruthers, Director of Operations, Dr Phil Kloer, Medical Director and Deputy CEO Mandy Rayani, Director of Nursing, Quality & Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	John Evans, Assistant Director, Medical Directorate Mandy Davies, Assistant Director of Nursing

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

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.

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 activity, initiated as part of the response to COVID-19.

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, in particular, the impact on mortality and the relative comparison to non-COVID periods.

The reduction in non-COVID activity was in response to WG guidance in Spring 2020, to ensure that staff were able to be released to be effectively trained to manage the emerging pandemic, and also sufficient capacity was made available to treat people in hospital based on experiences in other Countries. The guidance 'Maintaining Essential Health Services during the COVID-19 Pandemic', issued by Welsh Government (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.

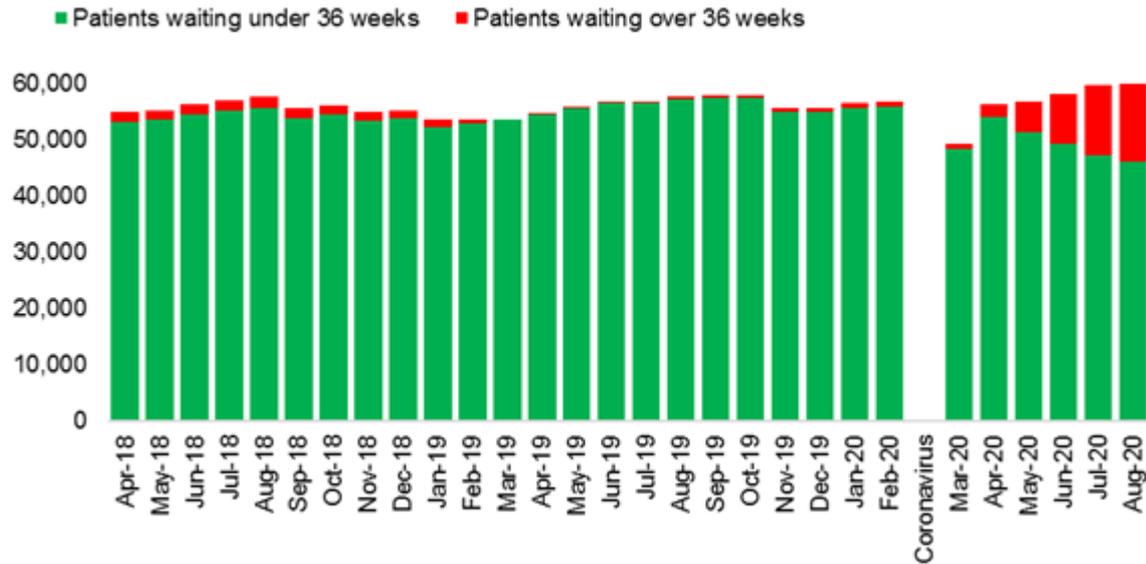
Mortality is one of the indicators used to measure quality of care, however the dimensions of Health Service quality include safety, patient centred care, timeliness, equity, effectiveness and efficiency. Mortality information needs to be considered within this context and alongside other information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

Crude Mortality data across the Health Board, available until July 2020 at the time of writing this paper, had increased during the COVID-19 pandemic, and 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.

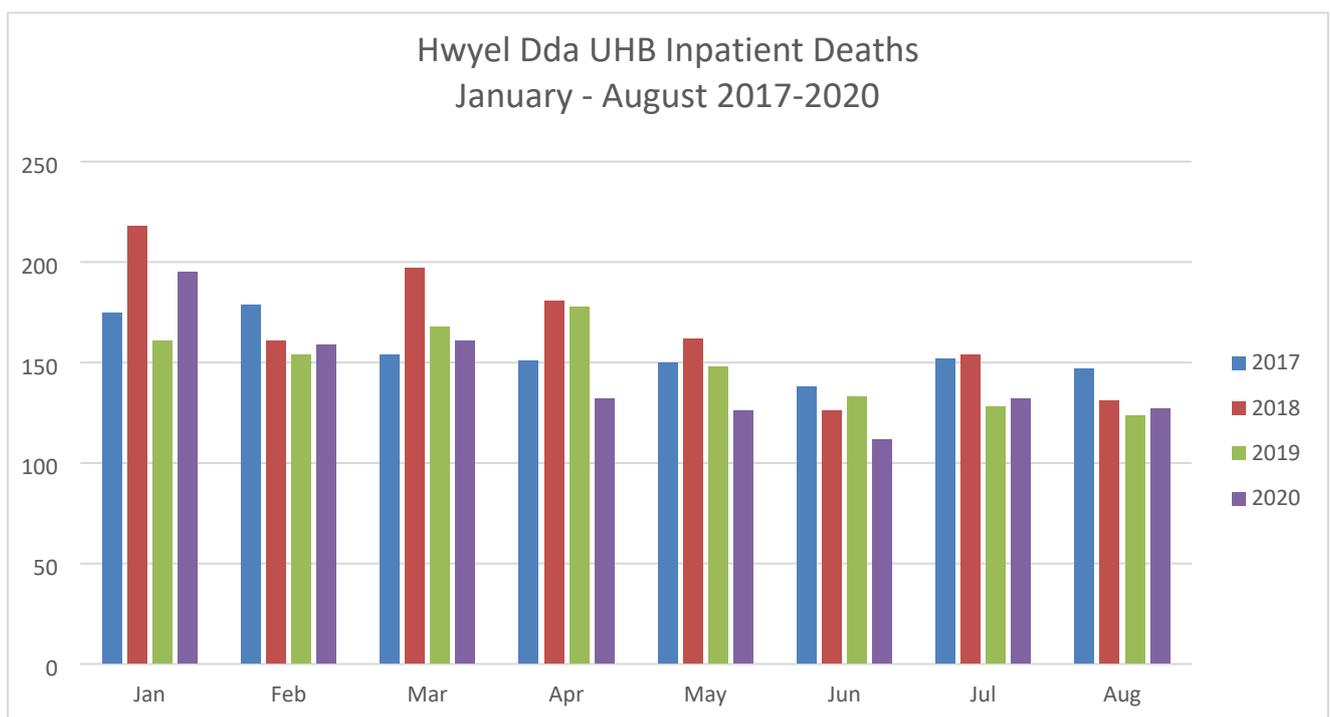
The breakdown of Referral to Treatment waiting times within the Health Board since the start of the COVID-19 pandemic is shown below. The number of patients waiting over 36 weeks has grown since March 2020 and has continued to increase up until at least September 2020.

Referral to treatment: 36 weeks

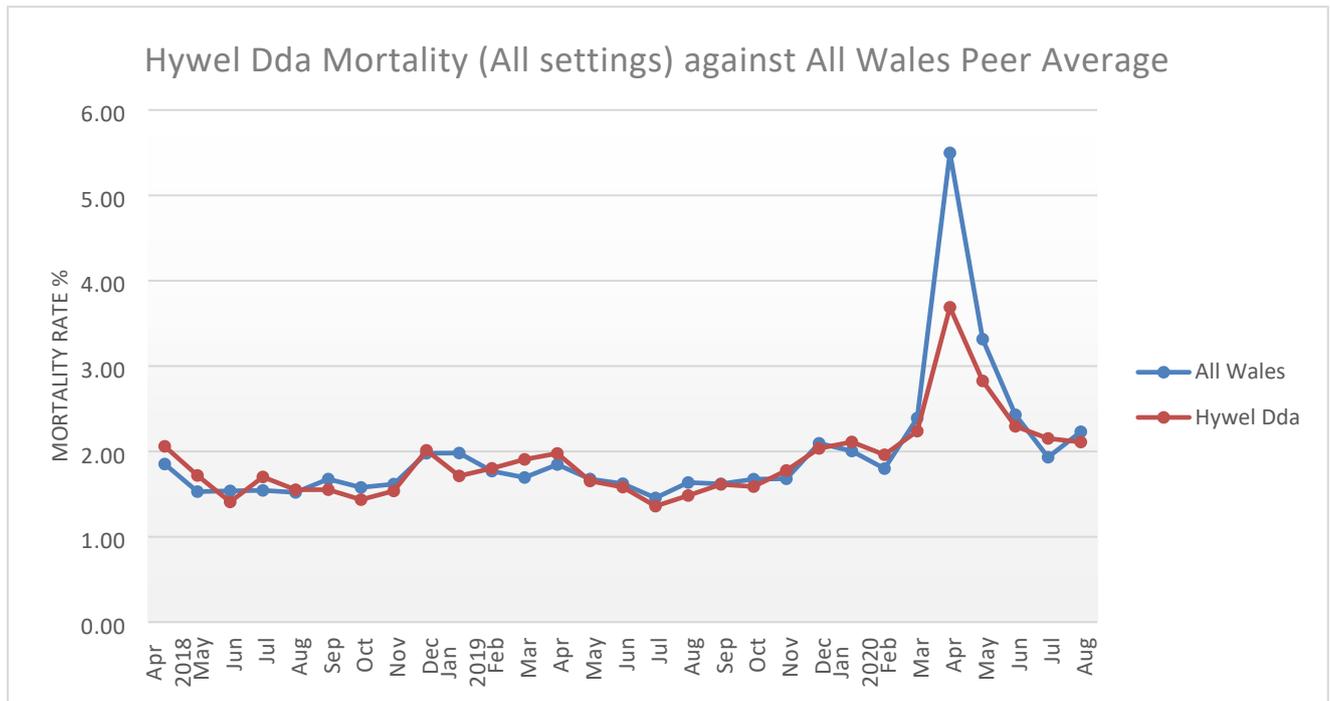


Asesiad / Assessment

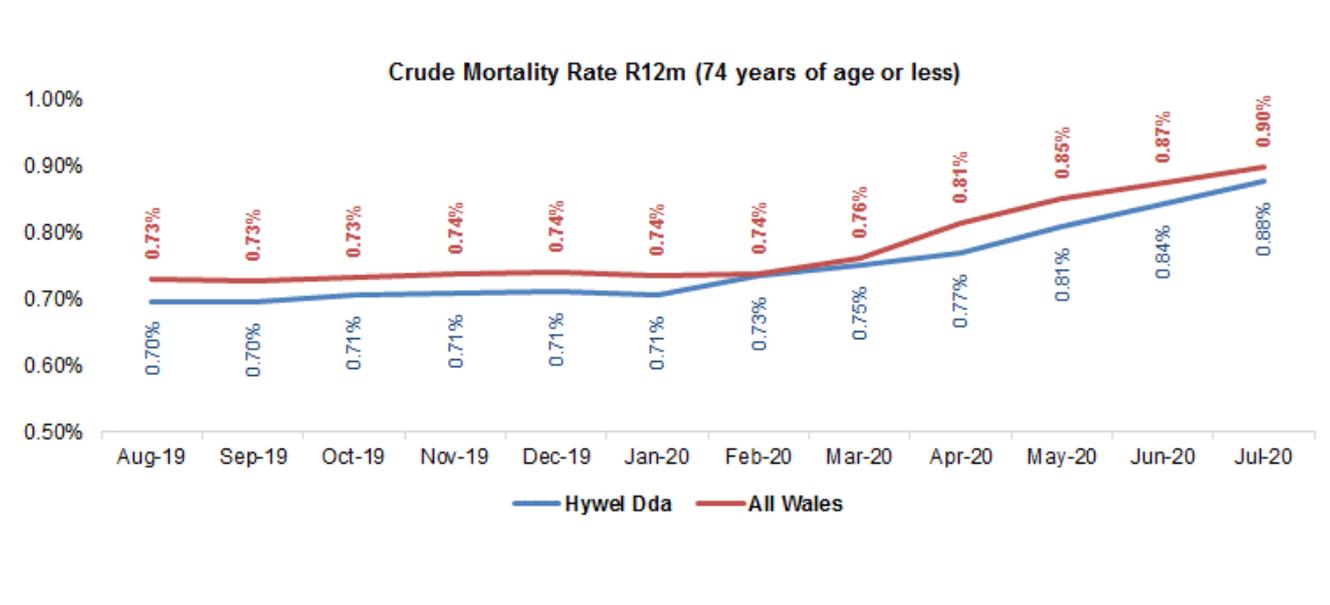
In order to understand the wider context and impact on mortality within an acute setting, the number of inpatient deaths in the Health Board for January to August for the years 2017 to 2020 is shown below, and appears to follow relatively consistent trajectories each month over the last 4 years.



The change in mortality rates (all deaths) since 2018, and the comparison between Hywel Dda UHB outcomes against the All Wales peer average, is shown in the graph below. It highlights a similar seasonal trend to the All Wales % mortality rate over this period, and also shows a significant increase in crude mortality from March 2020, with this then returning to a rate more consistent with previous years from July 2020. Notwithstanding the sharp increase over this period, the % mortality rate remained significantly lower than the All Wales average during March to July 2020.



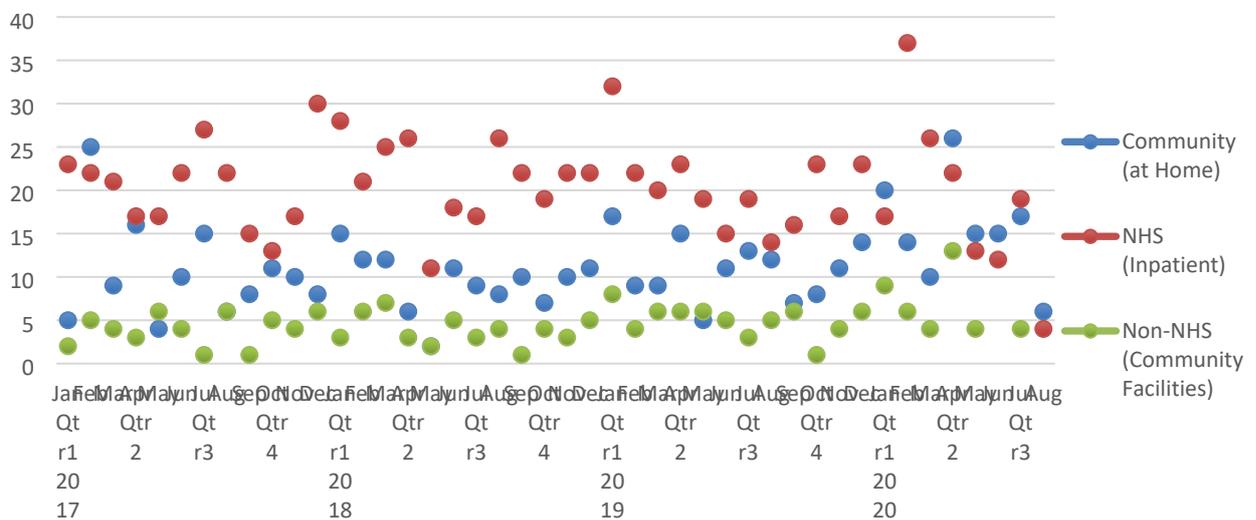
The Crude Mortality rate for persons under 75 years old also follows a similar trend to the total mortality rates (all deaths) shown above, with a consistent increase within this cohort of patients from March 2020. The crude mortality trend follows a similar and consistently lower trajectory to the All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



Mortality of Patients Awaiting Treatment

In order to understand the impact of the above increase in crude mortality upon those patients in the community awaiting treatment services, we have data matched those waiting at home (and those waiting in a community facility and in an inpatient setting for comparison purposes), with the database of patients waiting for a procedure. [Please note the matching of data to a procedure is not just relating to RTT but any patient who has died whilst on a waiting list for any treatment]. The graph below shows that community deaths have risen in Quarters 1 and 2 of 2020 but decreased in Quarter 3. Although there was an increase in April 2020, this is consistent with the rise in hospital and community facility deaths. 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 Quarter 3 2020 is not complete or fully coded at the time of writing]

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



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 pandemic review of crude mortality. To be able to gain a more informed picture of the impact on the population of Hywel Dda, a more triangulated piece of work will need to take place. The conclusions from the analysis are summarised below but will, in time as indicated above, need to be reviewed against patient outcome data, patient experience / carer feedback and a qualitative review of staff experience during the COVID-19 pandemic.

Findings:

- Monthly inpatient death numbers do not appear to vary to a great degree from the previous 3 years of data.
- The % mortality rate over all settings in Hywel Dda shows a significant increase between March – June 2020 but it 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 almost 0.88% in July 2020. This is however consistently lower the All Wales average.
- The number of deaths in the community (at home) increased during April 2020, which appears to be consistent with the total mortality statistics.

The findings of this report seek to provide a mortality based review of the impact of COVID-19 on those 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 Welsh Government, 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. The approach adopted to enable a triangulated review will be given further consideration in light of the current continuing response to COVID-19, recognising that this is critical to enable a more holistic understanding. Whilst an operational level review is recommended this will be confirmed with the Director of Operations to ensure the timeliness of this work.

Argymhelliad / Recommendation

The Committee is asked to note and discuss the Mortality Review of the Impact on Patients Waiting for a Procedure During the COVID-19 Pandemic.

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):	2.1 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:	N/A
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