



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	09 June 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Cancer treatments During Covid-19
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Executive Director of Operations Keith Jones, Director Secondary Care
SWYDDOG ADRODD: REPORTING OFFICER:	Lisa Humphrey, Interim General Manager – Women, Children’s Services & Cancer Services & Oncology

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 paper informs the Quality, Safety and Experience Assurance Committee (QSEAC) of the current scope of cancer services and treatments which continue to be provided during the COVID-19 pandemic, and provides an assessment of how Hywel Dda University Health Board (HDdUHB) compares against current Welsh Government guidance.

Cefndir / Background

In recognition of the extent to which cancer services across Wales have been severely disrupted as a result of COVID-19, the Director General for Health and Social Services/NHS Wales Chief Executive for Wales requested Health Boards provide an update on the 8 actions outlined in the recently issued Welsh Government framework on the level of service provision which must be maintained during the three phases of the COVID-19 pandemic.

This reflects concern that cancer referrals have fallen by almost 70% across Wales since the Covid-19 pandemic commenced. Evidence indicates that of those referred into the system, over half are choosing not to attend a face to face outpatient clinic and 25% are not having their diagnostic tests.

On 1st April 2020, Welsh Government (WG) and the Wales Cancer Network (WCN) advised Health Boards that guidelines were in development to support difficult clinical decision making in relation to cancer treatments during the COVID-19 pandemic. Health Boards have been requested to give urgent consideration on how best to ensure that emergency and urgent cancer treatments, including surgery, can continue. Cancer specialists were advised to discuss with Multi-Disciplinary Teams (MDT) colleagues and their patients:

- Whether it is riskier for them to undergo or delay treatment at that time.
- Where referrals or treatment plans depart from normal practice, to keep appropriate records to ensure that all patients can be appropriately followed up.
- Agree regional solutions which could include use of the independent health care sector to be able and to ensure emergency and urgent needs can be met.

In response, an Oncology/ Cancer Services Escalation Plan during COVID-19 has been presented and accepted at the COVID-19 Acute Services Bronze Group meeting on 17th April 2020 prior to approval at Tactical Group on 22nd April 2020.

Further WG correspondence has been received on the 5th and 9th April 2020, which reinforced the view of the clinical community that urgent and emergency cancer treatment must continue, and directed services to consider how capacity could best be developed to meet the needs of cancer patients, including consideration of regional solutions and use of the independent and third sector facilities.

In response, the NHS Wales Health Collaborative issued a framework on the minimal level of service provision which must be maintained during the three phases of the COVID-19 pandemic:

- **Acute Phase:** peak acute service demand due to COVID-19 (0-6/8weeks), during which we continue to deliver emergency and urgent cancer care.
- **Recovery:** develop a service model that minimises harm from the acute phase and deals with the backlog of cases using the most efficient, effective and evidence based approach.
- **Reactivation phase:** minimal service disruption due to COVID-19 (24-indefinite weeks), recommencement of 'regular' cancer services, albeit adopting lessons learned and new models of care where appropriate from the acute and recovery phases.

The framework outlined 8 key actions which health boards were requested to consider and align to; with a particular focus on specific challenges and risks

Health Boards were requested to provide an urgent update on the 8 key actions within the framework by 12th May 2020.

This paper outlines the current scope of cancer services and treatments which continue to be provided during the COVID-19 pandemic and provides assurance on the current provision of cancer services during COVID-19. It also provides a summary analysis of the impact of COVID-19 on cancer referral rates, treatment volumes and referral to diagnosis conversion rates.

Asesiad / Assessment

1. Oncology/ Cancer Services Escalation Plan During COVID 19

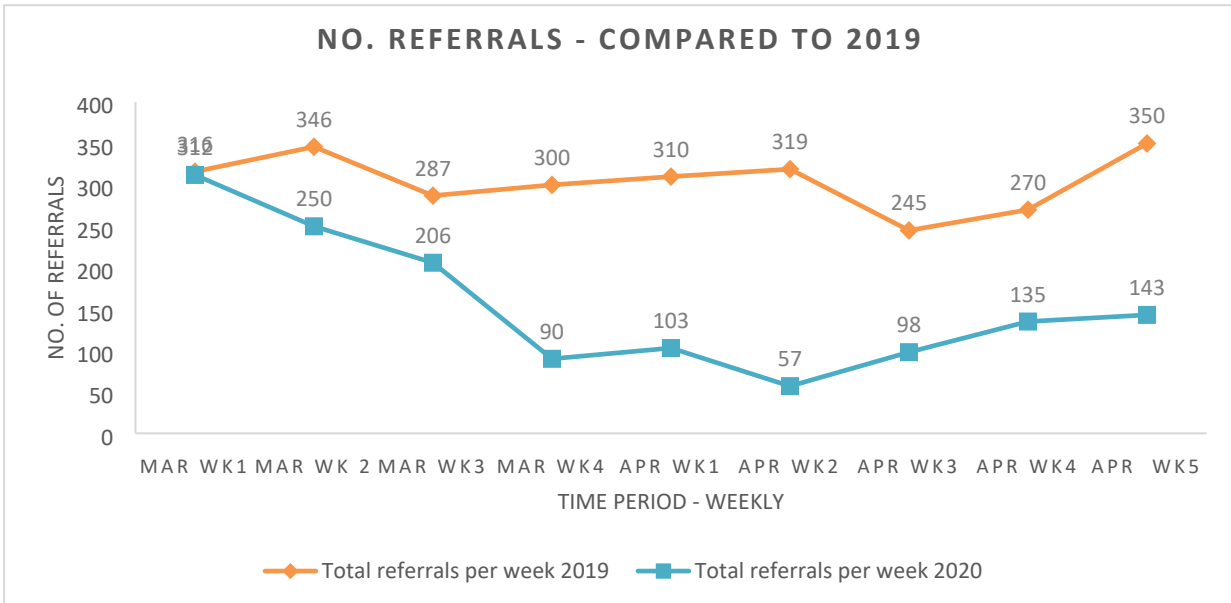
The Oncology/ Cancer Services Escalation Plan includes the plans currently in place for all aspects of the Oncology/ Cancer Services during the COVID-19 pandemic. It considers tumour site specific cancer services in relation to referral, diagnostic and surgery plans within Hywel Dda, and includes reference to implications of tertiary pathway referrals. It also includes oncology services for Systematic Anti-Cancer Therapy (SACT) and Radiotherapy.

The level of service provision is structured from Level 0 (colour coded Green) where work is carried out as normal, through Levels 1 (Yellow), Level 2 (Amber) and Level 3 (Red), and reflects the impact on individual services as we progress through the COVID-19 pandemic. The aim of the plan is to ensure that cancer services are maintained wherever possible, in line with the principles of the WCN and the NHS Collaborative. This document has been prepared in line with WG, WCN and any Royal College guidance that has been issued in relation to COVID-19.

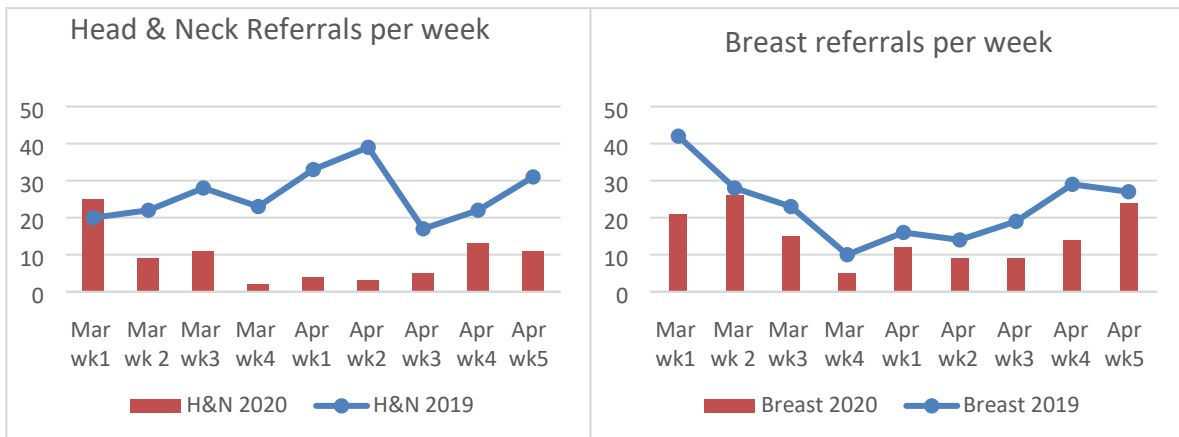
As a 'live' operational document, the plan is subject to change as circumstances develop and is overseen by the COVID-19 Acute Services Bronze Group.

2. Comparison of Unscheduled Care (USC) Referrals Received Weekly during March and April 2019 and 2020

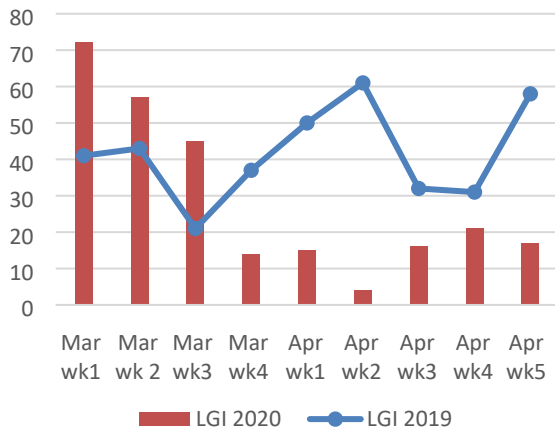
Since the beginning of March 2020, Hywel Dda has seen a 49% reduction of USC referrals when compared with the same time period the previous year, with the greatest reduction of both head and neck 64.7% and skin 61.5%.



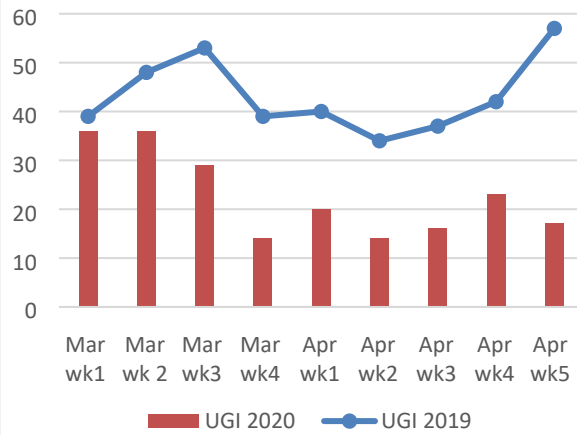
The graphs below illustrate the comparative picture by tumour site:



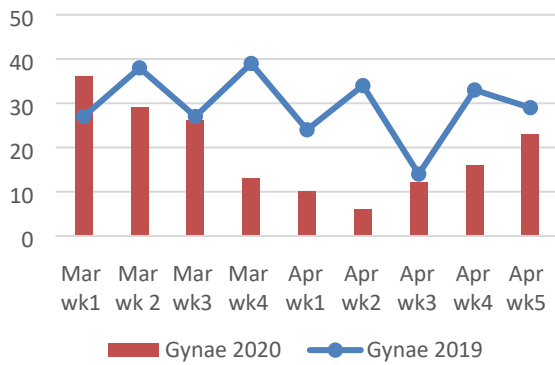
Lower GI Referrals per week



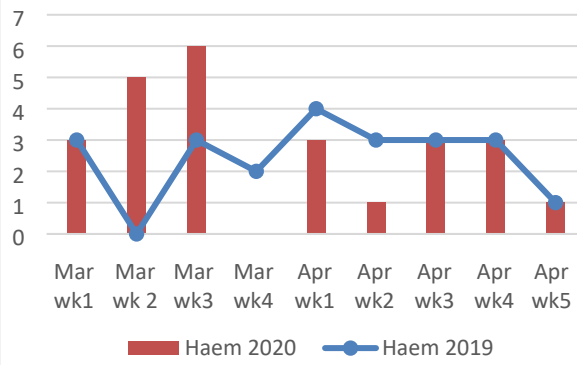
Upper GI referrals per week



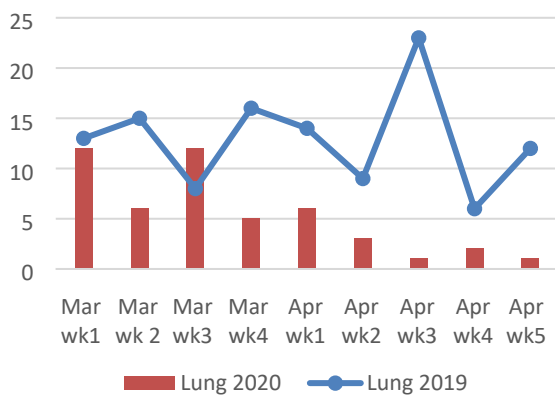
Gynae Referrals per week



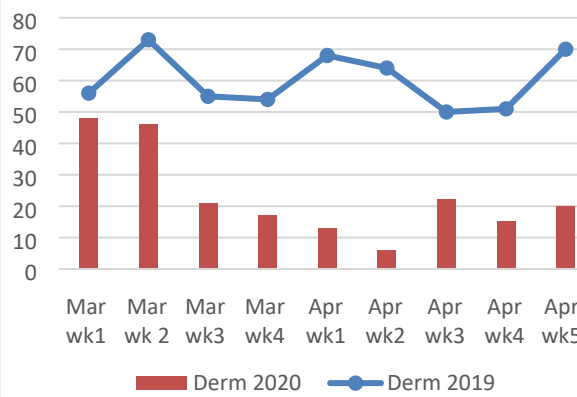
Haematology Referrals per week

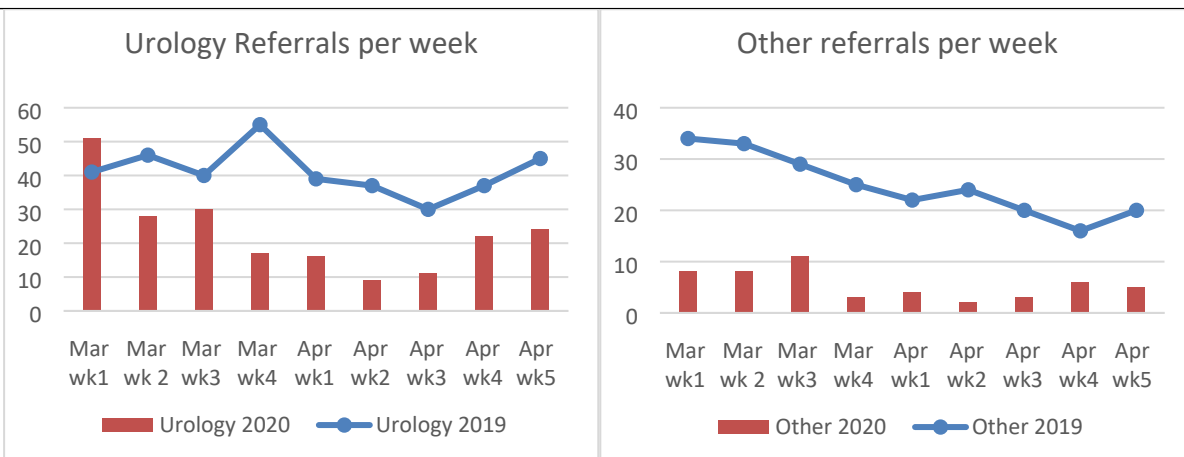


Lung referrals per week



Derm referrals per week

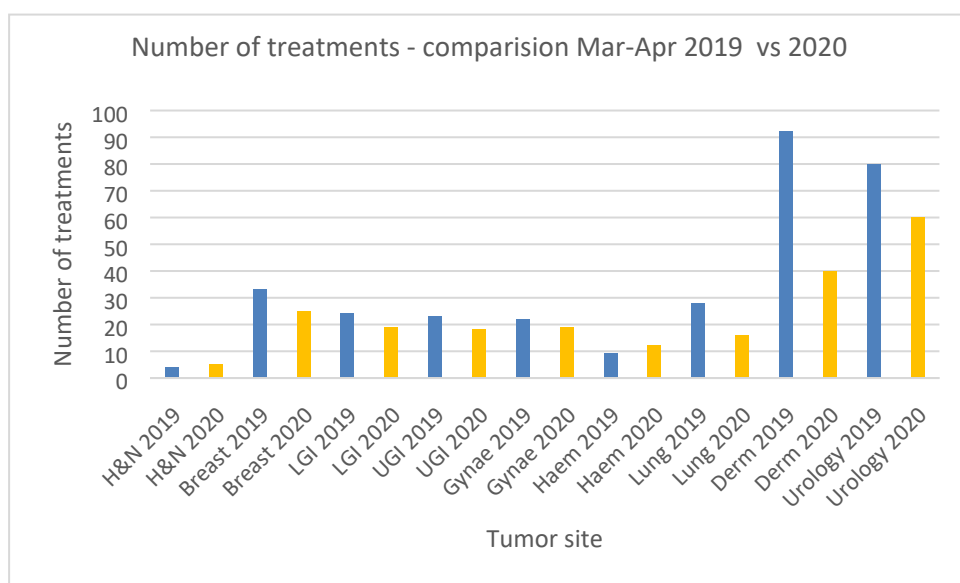




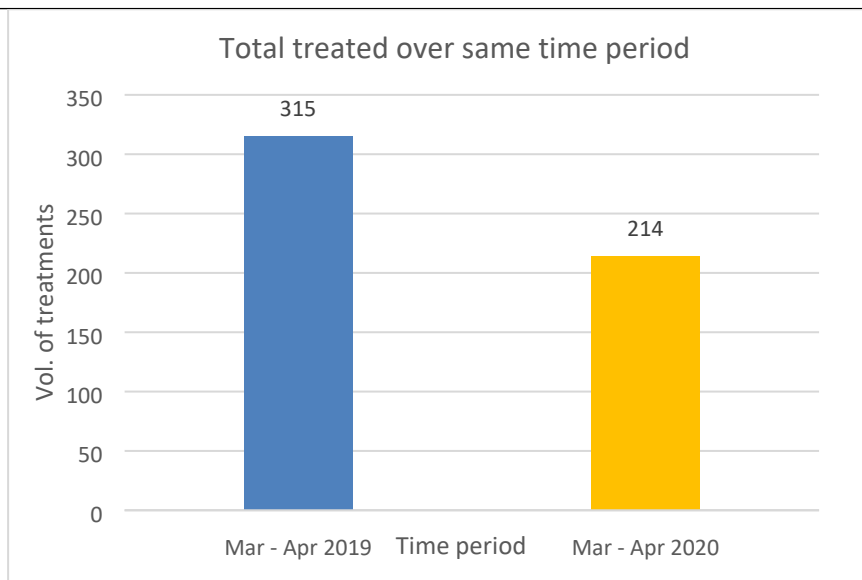
With the exception of haematology and breast, referrals in the majority of pathways have shown a significant reduction.

3. Comparison of Treatments (Surgery) Carried Out During the Same Time Period 2019-2020

The graphs below show a comparison of the volume of cancer treatments delivered per tumour pathway for the period 1st March – 30th April during the previous 2 years:



This shows little change in treatment activity for the majority of tumour sites, with the exception of Dermatology and Urology. Dermatology has seen a 61.5% decrease in the number of referrals received during this time period compared with the same time period the previous year. Dermatology is not subject to an extended diagnostic pathway, therefore activity is related directly to demand received during the COVID-19 pandemic. Both Dermatology and Urology are also affected by delays in the tertiary pathway.



This shows that total cancer treatments delivered between 1st March and 30th April 2020 have reduced by 101 compared to the same period the previous year.

4. Numbers of Patients Awaiting Surgery Within Hywel Dda

The table below shows the current assessment (as at 12th May 2020) of the total number of Hywel Dda patients awaiting cancer surgery, both locally and at the tertiary centres: This shows all patients awaiting surgery, irrespective of their current pathway wait. The majority of these patients have not been waiting in excess of 62 days.

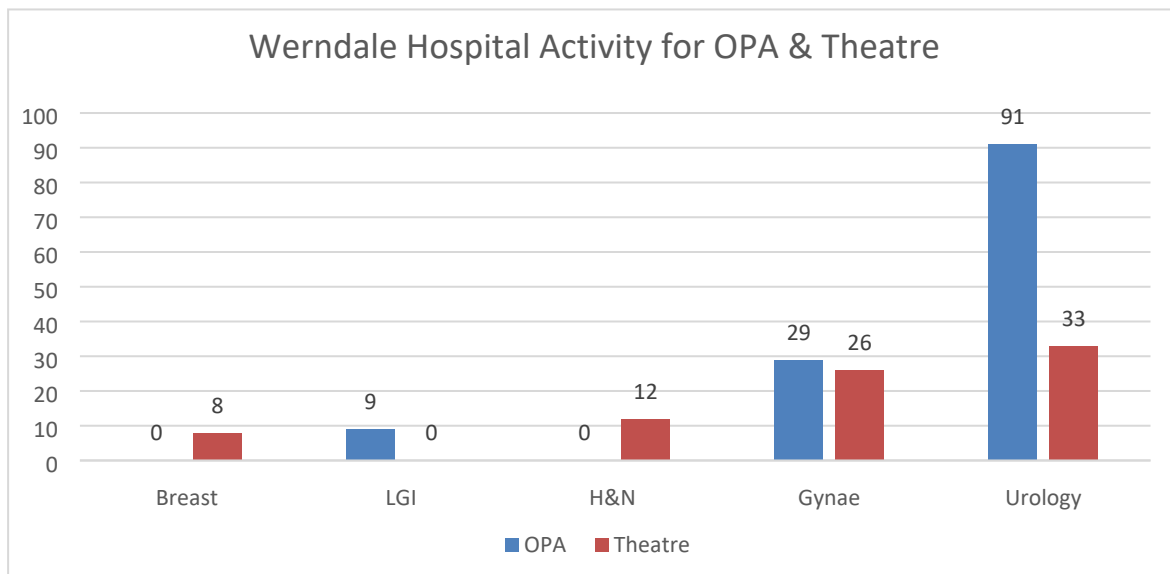
Tumour Site	Number	Tertiary	Dated	Outstanding	Procedure
Breast	5	0	4	1	Surgery
H&N	2	0	0	2	1 Completion Thyroidectomy 1 Tonsilectomy
Gynae	6	0	0	6	2 TAH & BSO 1 Debulking Surgery, 1 TAH & Omental Sampling, 2 Unknown
LGI	9	0	0	9	2 Open Lower Anterior Resections (1 joint with Gynae) 1 Diagnostic Laparoscopy (joint with Gynae) 3 R Hemicolectomy 1 Anterior Resection 1 Hartmann's Procedure 1 Unknown
Lung	3	3	0	3	2 Thymectomy 1 Resection
Skin	22	10	9	3	Excisions
Urology	23	10	5	8	6 TURBT 1 Cystectomy 1 Ureteroscopy
Total	70	23	18	32	

5. Werndale Hospital – Third Sector Facility Activity Data

USC Outpatient clinics are currently being held in Werndale Hospital for Lower Gastrointestinal (LGI), Urology and Gynaecology tumour sites. Head and Neck (H&N) clinics are being held in Glangwili General Hospital (GGH), Breast clinics are being held in the Peony Breast Unit, Prince Philip Hospital (PPH), for all Health Board USC referrals, with some Gynaecology clinics also being held at Withybush General Hospital (WGH) and Bronglais General Hospital (BGH).

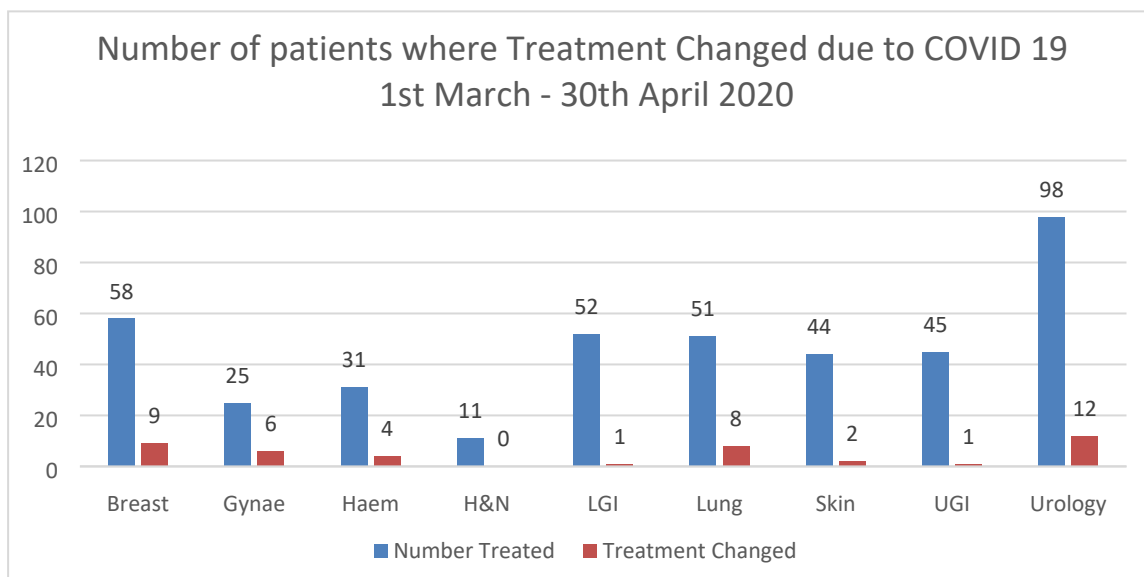
Theatre lists for surgery and Endoscopy diagnostic tests are being carried out for Breast, H&N, Gynaecology and Urology patients.

The chart below shows the activity undertaken at Werndale Hospital from 14th April 2020 to 12th May 2020, for both Outpatients Appointment (OPA) and Surgery/Endoscopy diagnostic tests.



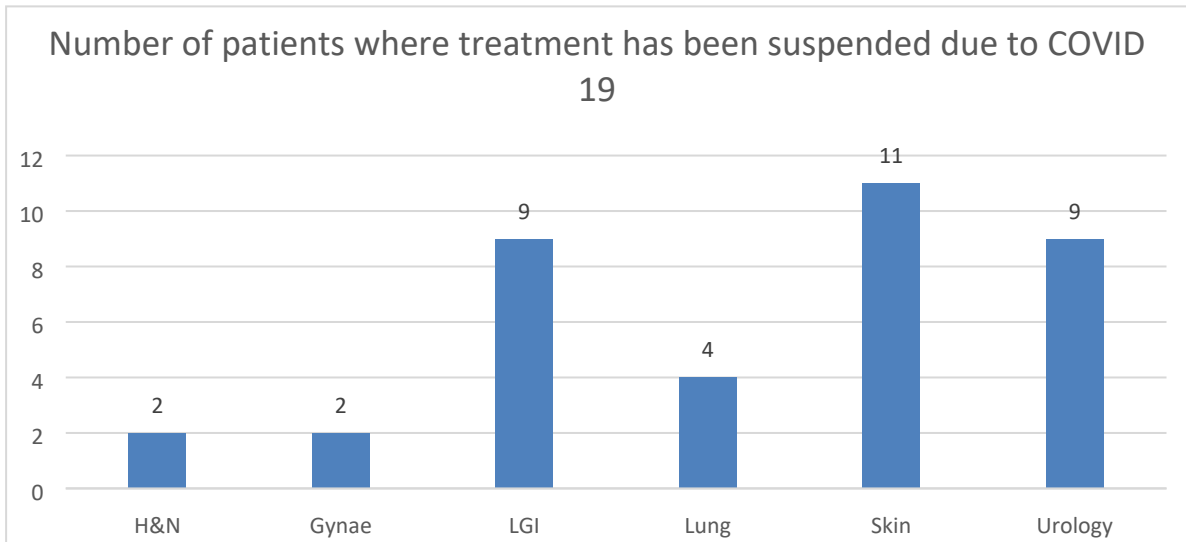
6. Number of Patients where Treatment has Changed due to COVID-19.

During the period 1st March – 30th April 2020, 431 patients were treated across the Health Board, of which 44 treatment plans were changed due to COVID-19.



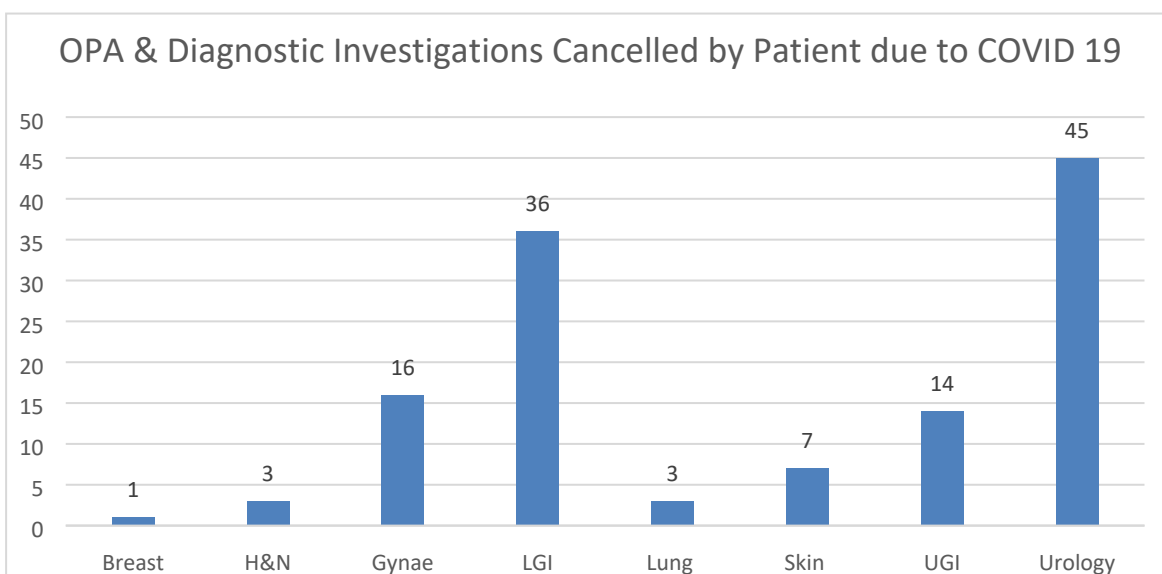
7. Number of Patients where Treatment is Suspended due to COVID-19

The chart below shows the number of patients between 1st March and 30th April 2020 where treatment has been suspended due to COVID-19, in line with national guidance. Patients within this cohort 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.



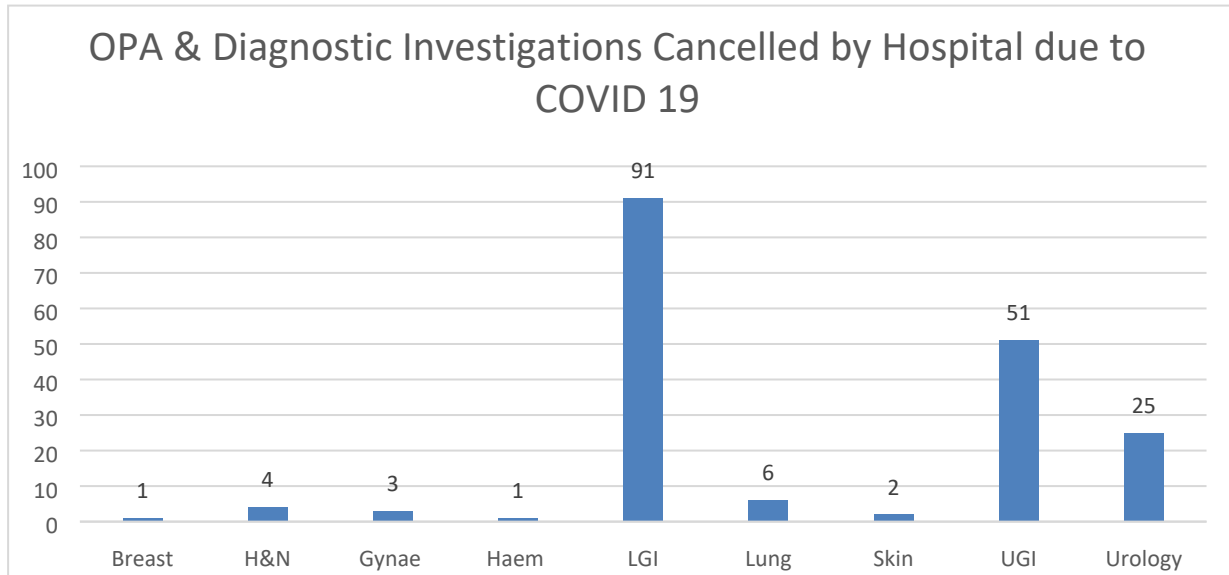
8. OPA & Diagnostic Investigations Cancelled by Patient due to COVID-19

The chart below shows the number of patients, per tumour site, between 1st March and 30th April 2020 that have cancelled their OPA and Diagnostic tests due to COVID-19. Although there are 126 patients within this cohort, we are aware that the conversion rate per tumour site is very small as demonstrated in the chart in Point 9 below. This would convert to 10 patients having a potential positive diagnosis of cancer.



9. OPA & Diagnostic Investigations Cancelled by Hospital due to COVID-19

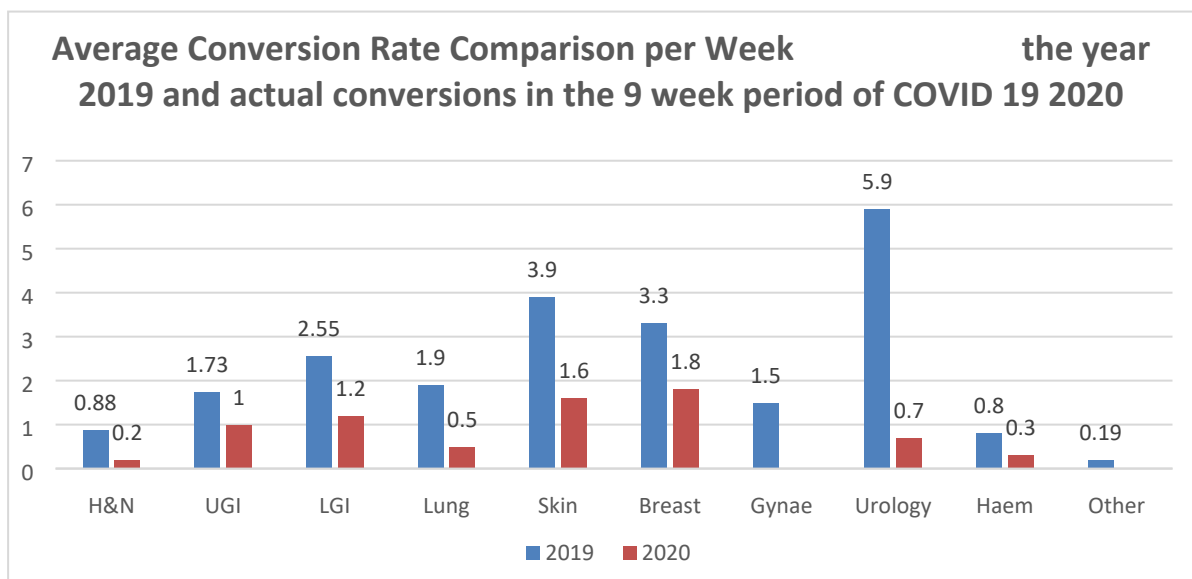
The chart below shows the number of patients, per tumour site, that have been cancelled by hospitals for OPA and diagnostic tests due to COVID-19 between 1st March and 30th April 2020. These cancellations are in line with recommended national guidance as the diagnostic involved is an aerosol generating procedure.



Plans are currently being developed to reintroduce the Endoscopy service for cancer patients by early June 2020.

10. Comparison of USC Referral to Diagnosis Conversion Rates

The chart below shows a comparison of the average weekly conversion rate in 2019/20 for each tumour site with the actual conversion rates for the period 1st March - 30th April 2020. The significant reduction in referral to diagnosis conversion rates is attributed to the reduced volume of referrals received during March and April 2020.



11. Cancer Related Patient Complaints during COVID-19

Between the 1st March and 27th May 2020, three COVID-19 related patient complaints were received within the Health Board. Two of the complaints were related to patient anxiety due to the COVID-19 pandemic and had an outcome of an early resolution where patients were reassured. The third complaint was managed through putting things right (PTR) and was in relation to delay for treatment due to COVID-19. This complaint was not upheld.

12. Welsh Government Framework for Maintaining Cancer Services during COVID-19

The section below summarises the Health Board's current assessment in respect of the 8 actions outlined in the NHS Wales Health Collaborative guidance / framework document for Cancer Services in Wales during COVID-19:

Action 1:

Organisations, services (e.g. diagnostics, chemotherapy, radiotherapy, surgery) and site specific teams must work together to develop transparent, consistent and equitable access to tests and treatment.

Diagnostics

- All imaging requests are being assessed for appropriateness by the Consultant Radiologists.
- USC and urgent imaging requests continue to be undertaken, within the parameters offered by national clinical guidance for certain aerosol generating procedures.
- For those cancer patients where treatment is ongoing, staging investigations will continue to be undertaken. Detailed information as to what treatment the patient is undergoing is required at the time of request.
- CT Colonography investigations currently cannot be undertaken. These have been changed to CT abdomen as per national guidance.
- Bronchoscopies have been limited in line with national guidance. This service was recommenced on the PPH site week commencing 11th May 2020.
- As the national bowel screening programme has been suspended, there are currently 231 patients awaiting a colonoscopy.
- As per the Wales Bowel Cancer Initiative, the use of FIT10 screening in the management of urgent suspected cancer patients on the colorectal pathway during the COVID-19 pandemic is being explored as an alternative due to the current severe restrictions on the normal diagnostic pathways. As a pragmatic approach to triage the most high-risk patients for the early detection of cancer, individual Health Boards across Wales are advised to explore options for commissioning the adoption of FIT10 screening for the prioritisation of USC patients. This is currently in the procurement phase within the Health Board. Agreement on the pathway agreed in Bronze COVID-19 meeting on 20th May 2020. FIT10 screening will commence week 8th June 2020.
- The Health Board will reinstate endoscopy services for cancer patients within the next 3 weeks across our hospital sites. This will be reinstated via a phased approach starting on 18th May 2020 at PPH with other sites to follow pending completion of logistical changes to Red/Green zones.
- Imaging appointment times are staggered to ensure that patients can maintain social distancing

Chemotherapy

- OPA Oncology clinics are being held via telephone consultation and virtually where needed from PPH, supported by the Oncology CNS team.
- Phlebotomy services have been set up in 2 community centres in Carmarthenshire and Pembrokeshire for pre- treatment blood tests and central line care for cancer patients. These services are available Monday, Wednesday and Friday every week.
- BGH service remains as normal.
- Chemotherapy is currently administered on 3 hospital sites. GGH, BGH & WGH.
- Treatment is administered as per the National Institute for Health and Care Excellence (NICE) COVID-19 RAPID guidance for the delivery of SACT. This is being monitored very carefully.

Surgery

- Cancer OPD clinics and surgery have been relocated to Werndale Hospital with the exception of major H&N and Gastro Intestinal (GI) surgery (not suitable for the facilities at Werndale Hospital).
- LGI clinicians undertake any life threatening surgery via the emergency pathway.
- Upper Gastrointestinal (UGI) acute UGI cancer problems are delivered through the emergency service.
- H&N surgery continues at GGH at present.
- Two sessions of operating capacity has been agreed on the GGH site for those patients who do not meet the criteria for Werndale and may require Intensive Treatment Unit/High Dependency Unit (ITU/HDU). Further capacity is being planned dependant on demand.
- Scoping work currently underway in accordance with the recently issued WG Operating Framework to assess opportunities to recommence cancer surgery at the BGH and WGH sites from early June 2020.
- Joint working progressed with regional MDTs for tertiary centre surgeons to provide outreach surgery in Hywel Dda for Gynaecology and Urology. 8 Gynaecology patients on a tertiary pathway have received their surgery locally during the course of the COVID-19 pandemic, with the support of the Swansea Bay University Health Board (SBUHB) MDT Lead, with a further 4 operations planned. 4 Urology cases have also been operated on locally.

Action 2:

Cancer service teams must collaborate to understand the varying demand for diagnostic tests and treatments during the varying phases of the COVID-19 crisis. Similarly, estimates of capacity that can be provided to meet this demand should be shared and where appropriate include delivery models that share and maximise the efficiency of available capacity across organisational boundaries.

- Detailed diagnostic demand & capacity modelling has been carried out as part of Single Cancer Pathway planning. This specified the volume of diagnostic activity required prior to the COVID-19 pandemic, equivalent to what might be expected during the reactivation phase.
- In accordance with Health Board planning for restart and recovery from the acute COVID-19 phase, diagnostic capacity will be prioritised for urgent and cancer referrals. As pathways for routine elective work are not expected to recommence before Quarter 2 (Q2), we anticipate that the prioritisation of diagnostic capacity for cancer referrals will improve diagnostic turnaround times compared to the pre COVID-19 pandemic.

- Planning of diagnostic capacity for the reactivation phase is subject to further evaluation to be considered as part of the Health Board's Q2 plans in line with the WG Operating Framework.

Action 3:

Organisations must put in place support systems able to deal with concerns from cancer patients regarding social isolation, shielding and the likely benefits and harms of ongoing cancer care. Organisations should work with the third sector to give advice and support to such patients.

- A 9-5 helpline for concerned cancer patients has been 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.
- The CaPS (Cancer Psychological Support Service) is being run from Ty Cymorth as a telephone service for psychological support for patients and staff for the foreseeable future. This service will combine with the bereavement counselling service for this period to provide support where needed.
- A patient information leaflet for cancer patients including helpline numbers has been developed and widely circulated.
- Tumour site CNSs / Key worker contact patients who currently have their cancer treatment delayed or altered and those patients self-isolating due to COVID-19, are contacted every 4 weeks to check on their wellbeing and to ensure they have not developed any further symptoms or issues.

Action 4:

During the acute phase it is accepted that there will be disruption to acute care. This also applies to teaching, training, research and improvement programmes:

- **Urgent and emergency care must continue to minimise harm to patient outcomes as a result of cancer**
- **Specialised cancer services should focus on maintaining the integrity of cancer services and the delivery of cancer care, where necessary on a regional basis**

Urgent and emergency care continues as usual.

Action 5:

Health Boards must work with the Cancer Network through their service specific and site-specific Cancer Site Groups (CSGs) to determine:

- a) the quantity of cases that are likely to come into the emergency and urgent category**
 - b) how they plan to provide this capacity throughout the acute phase, including considering on a regional basis where appropriate**
- 5 LGI cases have been carried out across the Health Board during the past 3 weeks. This is being monitored on a weekly basis by our cancer tracking process.
 - Joint working has progressed with regional MDTs for tertiary centre surgeons to provide outreach surgery in Hywel Dda for Gynaecology and Urology. 8 Gynaecology patients on a tertiary pathway have received their surgery locally during the course of the COVID-19 pandemic, with the support of the SBUHB MDT Lead, with a further 4 operations planned. 4 Urology cases have also been operated on locally, following the same governance process.

Action 6:

Health Boards and Velindre must work with the Cancer Network through their service specific and site specific CSGs to determine:

- a) the quantity of cases that are likely to come into the prioritised categories (including displaced activity)**
 - b) agree evidence based reduction in activity during the acute phase**
 - c) how they plan to provide this capacity throughout the acute phase, including considering on a regional basis and the use of the independent sector where appropriate**
- Virtual & telephone OPA Oncology clinics are being held supported by the Oncology CNS team.
 - Phlebotomy services have been set up in 2 community centres in Carmarthenshire and Pembrokeshire for pre-treatment blood tests and central line care for cancer patients. These services are available Monday, Wednesday and Friday every week. BGH service remains as normal.
 - Chemotherapy is currently administered on 3 hospital sites. GGH, BGH & WGH. Treatment is administered as per the NICE COVID-19 RAPID guidance for the delivery of SACT.
 - As of Monday 30th March 2020, all Carmarthenshire SACT has been provided at GGH. This ensures we can provide appropriate social distancing between treatment chairs. Additionally, as staff become sick, workforce capacity will be maximised. All units are upskilling to provide capacity for the transfusion of blood products to cancer patients also, should this be necessary.
 - As per the 6 levels of SACT, all levels are still currently being treated across the Health Board.
 - Hywel Dda has continued to provide the majority of elective cancer surgical care utilising the current national tumour site specific guidance. Until 14th April 2020, this care was provided on all sites within the Health Board.
 - To ensure that Hywel Dda could continue to support and protect the elective cancer capacity and be in line with the NHS recommendation principles to provide a COVID-19 free hub, Hywel Dda identified Werndale Hospital as a dedicated elective cancer operating site and this became operational on 14th April 2020.
 - The Werndale Hospital plan minimises the risk of patients contracting COVID-19 as this is a dedicated clean area. There are limitations to the plan as Werndale Hospital is unable to accommodate those patients who require HDU/ITU support post-operatively and there are further restrictions in that there is clinical criteria that apply e.g. those patients whose BMI exceeds 35 and have existing comorbidities.
 - Plans are being developed to reintroduce elective cancer care for those patients who do not meet the criteria for Werndale Hospital or require HDU/ITU support on the GGH site. This plan commenced on 30th April 2020 with one operating list per week reinstated on the GGH site. Proposals to reinstate cancer surgery on our acute sites from 8th June 2020 are currently being developed, in accordance with the WG Operating Framework. This will necessitate the provision of dedicated elective surgery zones within each hospital site.
 - It is essential that when planned care is resumed at all stages of the pathway, that it takes place safely, efficiently and in a sustainable manner, taking into account the staffing, environment and equipment needed, and also the continuing impact of care of COVID-19 patients on postoperative critical care capacity. This is being planned in accordance with appropriate Royal College guidance.

- The only way this can be delivered is to ensure there is a green pathway completely separated from the rest of the hospital and that staff are ring-fenced for this area and do not work in other areas that are not purely elective where patients have been isolated for 14 days, screened 48 – 72 hours before admission and have a COVID-19 test, plus CT Scan of the chest, carried out 24 hours before admission.

Action 7:

Health Boards and Velindre should work with the Cancer Network through their service specific and site specific CSGs to determine:

- a) the quantity of cases that are likely to come into the categories prioritised**
 - b) agree evidence based reduction in regimen and doses that maintain activity but reduce hospital attendance for elective and unscheduled care during the acute phase**
 - c) how they plan to provide this capacity throughout the acute phase, including considering on a regional basis, and the use of the independent sector where appropriate.**
- Radiation therapy is provided regionally by SBUHB
 - All patients that can be treated or are currently within the planning system, have been delayed and started on hormone treatment for (minimum) 12 weeks and are back to 'pre CT simulation planning' appointment stage. They will need repeat CT simulation Planning in due course.
 - Radiotherapy altered fractionation being implemented immediately for: Breast and Prostate
 - All other treatments are ongoing for both Radiotherapy and SACT unless patient choice.
 - All Linac machines are functioning
 - Mould Room – for patients receiving radiotherapy for certain tumour sites, a mould is required to ensure that the radiotherapy is only administered to the relevant area. This service has now reduced to Wednesdays, Thursdays and Fridays only 11am-3pm. No new electron end plates are to be made.
 - Physics – which is where the planning for administering the radiotherapy directly to the affected area, staff have been cross-skilling themselves and further enabling off site working.

Action 8:

Health Boards and Velindre must work with the Cancer Network through their service specific and site specific CSGs to determine:

- a) the quantity of cases that are likely to come into the prioritised categories**
 - b) agree evidence based reduction in activity during the acute phase**
 - c) how they plan to provide this capacity throughout the acute phase, including considering on a regional basis and the use of the independent sector where appropriate**
- a) As above.
 - b)
 - For UGI/LGI endoscopy, activity is confined to urgent cases only. Emergency GI cases are being treated on the emergency CEPOD lists.
 - Cystoscopy is continuing to be undertaken for USC Haematuria patients.
 - Endobronchial Ultrasound (EBUS) is only being undertaken following PET Scan and only if accurate staging essential for any treatment.
 - The Health Board is looking to reintroduce Bronchoscopy with strict safety criteria.
 - Within the Health Board, urgent and USC investigations are still being undertaken.

- As of 14th April 2020, USC clinics have been undertaken in Werndale Hospital (except H&N and GI).

Argymhelliad / Recommendation

The Committee is requested to discuss this report which informs the current scope of cancer services and treatments which continue to be provided during the COVID-19 outbreak and provides an assessment of how the Health Board compares against current Welsh Government guidance.

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:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1.1 Health Promotion, Protection and Improvement 2. Safe Care 3.1 Safe and Clinically Effective Care 5.1 Timely Access
Nodau Gwella Ansawdd: Quality Improvement Goal(s):	Protect Patients From Avoidable Harm From care Focus On What Matters To Patients, Service Users, Their Families and Carers, and Our Staff Reduce Unwarranted Variation and Increase Reliability
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners. 5. Deliver, as a minimum requirement, outcome and delivery framework work targets and specifically eliminate the need for unnecessary travel & waiting times, as well as return the organisation to a sound financial footing over the lifetime of this plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol:

Further Information:	
Ar sail tystiolaeth: Evidence Base:	Royal College Guidance during COVID 19.
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Sicrhau Profiod: Parties / Committees consulted prior to Quality, Safety and Experience Assurance Committee:	Hywel Dda Health Board – May 2020

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Included within the report
Gweithlu: Workforce:	Referenced within the report where applicable
Risg: Risk:	Sound system of internal controls ensures any risks can be identified, assessed and managed.
Cyfreithiol: Legal:	Referenced in the report where applicable
Enw Da: Reputational:	Included within the report
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable