Oxford University Hospitals
NHS Foundation Trust

Trust Board Meeting in Public: Wednesday 8 July 2020

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Title	**Update on COVID-19 (Coronavirus) Response and Recovery**

Status	For noting
History	None

Board Lead	Dr Bruno Holthof, Chief Executive Officer			
Key purpose	Strategy	**Assurance**	Policy	Performance

1. Report summary

1.1. This paper provides a detailed update on our work to resume services safely across the Trust, building on ways of working during the COVID-19 response. It covers:

- Our overall approach to resuming services
- Our approach to Cancer services
- Our approach to Diagnostic services
- Our approach to Routine Outpatient Referrals
- Challenged Specialties and Next steps across the system

2. Recommendations

2.1. The Trust Board is asked to note the overall approach to Resuming services, and in particular:

- Our approach to ensuring continued clinical and ethical prioritisation of care
- Our approach to Cancer, Diagnostic services and Routine Outpatient Referrals
- Our approach to working across the system to identify and implement solutions to Challenged Specialities

Covid-19 Recovery – Resuming Services Safely

3. Overview

3.1. Following the mobilisation of the OUH COVID-19 Response, in April 2020, we began undertaking focused work with a view towards our Recovery and resuming services, recognising that a dual focus on both Response and Recovery is an important part of any incident management approach. As with the COVID-19 Response, our Recovery Planning took the form of locally led service by service planning, alongside a wider cross-divisional approach overseen by the Covid-19 Gold Command and supported by a Clinical and Operational Group and a People Group.

3.2. Our OUH Recovery Programme is focusing on delivering three priorities:

- Safely *Resuming* clinical activity in an ethically prioritised manner and supporting our staff to return to work
- Identifying the changes we want to *Retain* from our ways of working during the COVID-19 response and those we want to scale up across our services
- Identifying and progressing strategic opportunities to *Reshape* our services, pathways and ways of working across OUH and the system

3.3. This paper provides a detailed update on the first priority listed above – our work to *Resume* services safely, building on ways of working during the COVID-19 response. It covers:

- Our overall approach to Resuming Services
- Our approach to Cancer services
- Our approach to Diagnostic services
- Our approach to Routine Outpatient Referrals
- Challenged Specialties and Next Steps across the system

4. Resuming Services

4.1. To resume services safely, we have set up a clinically-led governance process to oversee the reopening of services in a coordinated manner across the Trust. This entails reviewing plans for each service against a set of criteria focused on clinical prioritisation, availability of staff and the need for Personal Protective Equipment (PPE), medicines or estates changes to ensure safe social distancing and to protect patients and staff.

4.2. Throughout the COVID-19 response, the Trust has remained open to receive clinically urgent and cancer referrals. Additionally, the Advice and Guidance options for primary care have continued to operate for specialties providing this service. However, given the restrictions on capacity for some services and

therefore the limitations in being able to treat all patients on elective waiting lists, the Trust has opened routine (non-urgent) referrals to only those specialties where there is sufficient capacity to treat existing patients waiting, according to their clinical urgency, and also capacity to accommodate new routine referrals.

4.3. Throughout this period, the Trust has been acutely aware of the potential clinical risk to patients experiencing prolonged waits on elective pathways and the need to re-open services only when there is sufficient capacity to review routine referrals. The Board can take assurance on the clinical prioritisation of all patients on elective waiting lists by the presence of robust processes set up during the COVID-19 response to manage clinical risk and harm (this includes a refresh Harm review process). These processes continue to operate and include comprehensive clinical risk assessments for elective services to assess the clinical urgency of patients on waiting lists, to monitor patients and to instigate clinical reviews; and the establishment of a Cancer prioritisation panel (*see more detail on Cancer services below)* to review all patients who need and can benefit from surgery. Additionally, all outpatients (both new and follow up) are triaged in relation to clinical need and individual COVID-19 risk status.

5.0 Cancer Services

5.1. Throughout the COVID-19 pandemic, many of the Cancer Multi-Disciplinary Teams (MDT) made significant changes to their cancer pathways to ensure patient safety, enable the effective management of risk and respond to the loss of capacity (particularly for surgery related to theatre, ICU and bed capacity). The evidence for such changes[1][2] was agreed through consensus locally, nationally and internationally. Such changes were necessary:

- To ensure patient safety and effectively manage risk
- To free up capacity to manage the pandemic response.
- To prioritise treatments effectively, according to a clinical prioritisation process.

5.2 The Cancer MDT's have again reviewed and updated their pathways in June 2020 to reflect changes in capacity as services resume. These changes include:

[1] https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0119-_Maintaining-cancer-services-_-letter-to-trusts.pdf

[2] https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/specialty-guide-acute-treatment-cancer-23-march-2020.pdf

- **2 week wait** – Telephone triage was quickly implemented during COVID-19 with a higher threshold for seeing and investigating patients determined by a risk versus benefit balance. 2 week wait activity, which at its peak reduced to 30% of normal, has now returned to >70%.
- **Outpatient consultations** – The majority of outpatient consultations were undertaken via telemed with selected face to face appointments only taking place where this was clinically required.
- **Diagnostic tests** – Invasive tests were reduced during COVID-19 determined by risk versus benefit balance. For example, endoscopy, US/CT guided biopsies, hysteroscopy, prostate biopsies were all reduced given associated COVID-19 risks. Non-invasive Radiology diagnostics have been maintained where possible but at reduced capacity due to enhanced infection control protocols. Patient choice has also had an impact on attendance with patients choosing not to come in. Screening services, suspended during this period are now scheduled to resume.
- **Staging investigations** – Non-invasive Radiology was maintained (CT, MRI, PET CT). However, invasive tests were reduced and determined by risk versus benefit balance, for example laparoscopy.
- **MDT Meetings** – were undertaken remotely (using Microsoft Teams). Some tumor sites utilised a hybrid approach using remote access dial-in and meeting rooms where social distancing permitted.
- **Surgical treatment & Clinical Prioritisation Panel** – Thresholds for surgery changed according to available capacity in theatre, ICU, and the wards determined by a risk versus benefit balance with the added risk of COVID-19 infection. A Cancer Surgery Priority Panel was established and met 3 times weekly during the COVID-19 peak, reducing down to twice and now once weekly. This panel is responsible for allocating available capacity in order to meet the clinical priorities for patients. Initial predictions estimated that 30% of surgical treatments were deferred or changed to other radical non-surgical treatments whilst 70% continued (of which 25-30% of those procedures were modified). Significant surgical activity was maintained throughout as the Trust prioritised its cancer patients with activity now approaching normal levels.
- **Oncological treatment** – Thresholds for chemotherapy and radiotherapy changed determined by risk versus benefit balance neoadjuvant, definitive, adjuvant, and palliative. Changes in regimens are now reverting to standard practice. However, the number of patients waiting over 62 days is increasing and a recent screenshot snapshot showed 85 patients have waited for more than 104 days.

6. **Diagnostic Services:**

Radiology

6.1. To protect patients from unnecessary exposure to COVID-19 and to enable the Radiology departments to deliver imaging during the COVID-19 pandemic, Radiology placed routine imaging requests on hold. Requests for urgent, inpatient and cancer pathways are not affected and have been booked as normal during this time.

6.2. From the end of April 2020 Radiology have been working on recovery plans for each modality. This was to ensure that the large volume of patients who have been put on hold are reviewed, and reappointed if necessary as well as considering the other referrals being received. The directorate has reduced the number on hold due to COVID-19 from 10,300 to 2364 to date.

6.3. The capacity within the directorate has reduced to about 50% of pre COVID-19 levels (variable by modality), which was due to Infection control and Social distancing guidelines. The Royal Collage of Radiologists (RCR) recommended that a service could only provide 75% of previous capacity.

6.4. Therefore, other options such as utilising community hospitals, independent sector providers, extending the scanning hours from 7am to 10pm were instigated. All of these actions increased the capacity to 96% for CT and to 68% for MRI. However, a further MRI relocatable will be providing additional capacity from Mid-July.

6.5. Below is the transitional approach to continue to ensure the safety of both patients and staff in the recovery phase:

<u>Radiology requests are booked taking into account the factors below:</u>

- Review by clinical member of staff
- Patients <40 years old first wave, to move to >40 years old, >50 years old etc.
- Oldest to newest request date
- Clinical indications in request
- Patient pathway – e.g. patients impacting on 52-week breach dates
- Appointments for routine patients are given one appointment option. If they refuse due to COVID-19 fears (not socially isolating, pre-existing vulnerabilities) the referral will be sent back to the referrer.
- Appointments for Cancer emergency referrals will be offered two appointments and if refused due to COVID fears they will be sent back to the referrer.

Pathology and Laboratories:

6.6. Within the Pathology and Labs directorate a reduction in referrals was seen as other directorates and GPs reduced or ceased seeing patients during the COVID-19 peak. The directorate however continued to diagnose all specimens taken from all services that continued, particularly acute services and cancer.

6.7. The Pathology Network also met the NHS England targets for PCR testing (Polymerase Chain Reaction) which started with a requirement for 500 tests per day, but increased to 3000 test a day and Serology where capacity for over 6000 samples a day is now provided across the network.

7. Resuming Routine Outpatient Referrals

7.1. Following the clinically-led governance process to oversee the reopening of services described previously, we are working to ensure that the majority of our routine referral pathways for outpatient care are open by early July. This is being supported by the continued utilisation of the Independent Sector to increase capacity for some cancer and urgent procedures. Additionally, we are continuing to embed and scale up our use of telephone and video outpatient appointments across outpatient services to support patients to continue to receive care close to home; importantly, it is critical that we maintain the reduction in footfall across the acute hospital sites to minimise the risk of spread of COVID-19. To date, we have opened routine referrals across the following services:

- Anticoagulation
- Breast surgery
- Cardiology
- Clinical Genetics
- Clinical Haematology
- Clinical Immunology
- Diabetes medicine
- Diabetes podiatry
- Diabetes Education
- Dietetics
- Endocrine
- Endocrine Surgery
- General Surgery (not including Hernia and Bariatric surgery)
- Neurology
- Neurosurgery
- Occupational therapy
- Oxford Centre for Enablement (all services)
- Paediatrics (except for ENT, Ophthalmology, Plastics and Maxillo- facial and Dermatology)
- Palliative Medicine
- Renal and Dialysis
- Rheumatology
- Spinal surgery
- Therapy services.
- Transplant

- Gynaecology (not including general Gynaecology and Endometriosis)
- Haemophilia
- Hepatobiliary
- Upper and Lower Gastrointestinal (not including Gastroenterology)
- Urology

8. **Challenged Specialties, where routine referrals are not yet open**

8.1. There are however several specialties that are challenged and require a different approach. This is due to multiple reasons, including the fact that many are our highest volume specialities, where demand is higher than available capacity available. They all had considerable waiting lists in place prior to the pandemic. Some are heavily reliant on high volumes of PPE to deliver safe care, including for aerosol generating procedures. This, coupled with the need to comply with social distancing and Infection Prevention and Control requirements to ensure patient and staff safety, means that our capacity and productivity is significantly impacted. These specialities are (polling range):

- ENT (outpatients(OP) 26 weeks+)
- Plastic Surgery (OP 26 weeks +)
- Maxillofacial (OP 18 wks +)
- Dermatology (OP 26 wks +)
- Urology (OP 18 wks +)
- Endoscopy (34+ wks)
- Orthopaedics (Hip and Knee) (OP &IP >30wks)
- Ophthalmology (OP18 wks+)
- General Gynaecology (26 wks+)

8.2. To tackle these challenges, we are working with partners across the system in the following ways:

- **Continuing to work with Independent Sector partners across Oxfordshire** – to maximise capacity to support the recovery of outpatients and elective surgery. We are currently utilising 16 lists per week in the independent sector, plus the use of some procedure rooms. Our planning assumptions are based on continuing to utilise, and expand, this capacity over the course of the next two months across the three largest private providers within Oxfordshire, supplemented by utilising any available independent sector capacity within Berkshire and other surrounding areas. These plans are dependent on ongoing national discussions with the independent sector to support the NHS through the pandemic is extended beyond its current end date, in order to support the recovery programme.
- **Working closely with commissioners** – to ensure that all commissioned capacity within the system is fully utilised; this may include expanding

services to accommodate additional case mix of patients and procedures. We are also working closely with Oxford Health NHS Trust to restore outpatient services in peripheral clinic locations.

- **Working with the BOB ICS** – which is leading the work across the system in relation to recovery of elective work. This is being approached in several ways, primarily system-wide demand and capacity work with Task and Finish Groups for each challenged specialty to develop system-wide solutions; these are:
    - Dermatology
    - Diagnostics
    - ENT
    - Endoscopy
    - Gynaecology
    - Maxillofacial
    - Ophthalmology
    - Orthopaedics
    - Plastics
    - Spinal Surgery
    - Urology

The outcome of this work is expected to focus on:

- Identifying capacity constraints and opportunities at specialty level across the system
- Ensuring patients have equitable access to services across BOB
- Develop short to medium term plans which are underpinned by maximizing utilization and productivity, within the constraints brought about through COVID-19
- Identify where additional capacity is required across the system in the longer term to support not only recovery, but also to ensure sufficient capacity in line with future growth and capacity shortfalls.

9. **Recommendation**

9.1. The Trust Board is asked to note the overall approach to Resuming services, and in particular:

- Our approach to ensuring continued clinical and ethical prioritisation of care
- Our approach to Cancer, Diagnostic services and Routine Outpatient Referrals
- Our approach to working across the system to identify and implement solutions to Challenged Specialities

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