A Framework for the Reinstatement of Cancer Services in Wales during COVID-19 – Self Assessment

Patients	**Current Status of services during COVID-19**	**RAG** (G – delivering against recommendation, A – partially delivering R - not delivering)	**Future Actions**
There are clear systems in place for support whilst waiting, including pro-active explanations of what to expect and access to prehabilitation, and have clear systems in place to support those who may have concerns or progressive symptoms.	The South West Wales Cancer Centre has a number of contact points to support cancer patients, including those receiving radiotherapy and/or Systemic Anti-Cancer Treatment (SACT). There is a patient portal for surgical patients who may have had treatment delayed or changed, and additional information available providing prehabilitation advice to support patients to maximise their health and well-being whilst preparing for treatment. Patients are signposted to the Health Board Macmillan Cancer Information and Support services to access non-clinical advice and support. Patients can contact their clinical team and cancer clinical nurse specialist if needed through the usual points of contact. The chemotherapy triage service and haematology triage service continues to respond to calls from oncology/haematology patients. In addition, an oncology clinical Nurse Specialist (CNS) single point of contact has been established to ensure that patients can speak to a CNS for advice Monday to Friday. Virtual and face-to-face clinics are being held in addition to Consultants contacting patients to review, assess and support patients through their pathways.		Continue providing support and information to patients.

	SBU has developed a general patient information sheet for patients.  2a. Patient COVID consent information.a		
There is clear advice and guidance for vulnerable patient groups.	See response above SBUHB has a COVID-19 public facing internet page containing links to the easy read Public Health Wales website. This enables patients to access information and advice about social distancing, self-isolation and shielding.   New - PROTOCOL FOR SHIELDING PATI Appendix 1 Form_Shielding.xlsx For SACT and Radiotherapy patients including blood cancers, there is a weekly list for new starters that is sent to Medical Directors office as part of the HB process around shielding.		Continue to keep updating information when/if guidance and advice changes for Vulnerable patient groups
There are clear instructions and preparations prior to attending hospital facilities for surgery, day case procedures, Systemic Anti-Cancer Therapy (SACT), radiotherapy etc. Where to attend and what to expect etc.	There are information leaflets for patients with cancer who are going to attend treatment (embedded).    Information for people with haematp Information for people with Cancer Patient COVID consent information.c The chemotherapy triage service and haematology triage service continues to respond to calls from oncology/haematology patients. In addition, an oncology clinical Nurse Specialist (CNS) single point of contact has been established to ensure that patients can speak to a CNS for advice Monday to Friday.		Continue to provide information to patients

That instructions include isolation for 14 days prior to first procedure and clear shielding advice with reference to national guidelines following treatments, and for extended treatments (e.g. SACT and RT) during the treatment period.	**See above** Triaging patients. We are treating all theatre cases as potential COVID patients. We are not testing pre-op patients and patients are admitted to and return to clean 'green' ward. CT thorax before all major elective surgery agreed. 14 day self isolation and swabbing prior to surgical admission protocol implemented in this last week and CT scans. HB guidance modified in line with the RCS/RCR as well as the formal guidance from NHS England. There now seems little evidence to support the routine use of CT as a pre-operative screen, except in special circumstances. The pathway for testing patients prior to admission for elective surgery changed from May 20th to: • Consent, including explanation of risks to the patient when the date for surgery is offered • Strict 14 days of self-isolation for the patient and the family/household members they live with • RT-PCR COVID-19 testing, a maximum of 72 hours ahead of planned surgery • Temperature and symptom check on admission to hospital • Post-operative care in ward areas where there are no suspected or confirmed COVID patients • Advice to self-isolate for a further 14 days after discharge from hospital • For the time being, CT scanning of the thorax will only be undertaken for COVID-19 screening in special circumstances: • For any patient whose surgery is expected to result in them needing Level 2/3 care postoperatively. [This will be kept under regular review and may not be continued if national guidance suggests it's not necessary]		
That local systems are in place for patients to be tested for C-19 infection a maximum of 3 days prior to the	No process in place for screening prior to cancer treatment for ALL oncology treatments There is a process of screening patients prior to surgery, process embedded.		Developing process for patients to be screened prior to starting oncology treatment and during treatment in line with new Cancer Covid Framework. This Action is

procedure according to national guidance.	 1. COVID theatre process.pptx		included as part HB Qtr 2 Operational Plan.
That patients have all the information required to consent (where necessarily remotely) to investigations and treatment based on risks and benefits, including those related to specific risks associated with current C-19 pandemic, and the ways in which services are being made as safe as possible.	Radiotherapy and SACT have moved to a remote consent process. The process and consent forms are embedded.  COVID 19.Consent Governance SACT.RJ.docx  C234_ REMOTE CONSENT.pdf  C234_ REMOTE CONSENT_ CONSENT.pdf  guidance_for_sact_remote_consent-revised.pdf SBUHB has a COVID-19 public facing internet page containing links to the easy read Public Health Wales website. This enables patients to access information and advice about social distancing, self-isolation and shielding. There is a patient portal for surgical patients who may have had treatment delayed or changed, and additional information available providing prehabilitation advice to support patients to maximise their health and well-being whilst preparing for treatment. Patients are signposted to the Health Board Macmillan Cancer Information and Support services to access non-clinical advice and support. Patients can still contact their clinical team and cancer clinical nurse specialist if needed through the usual points of contact. Patient information regarding pre-screening also under development.		Continue to provide information to patients
For diagnostic tests and other interventions, that patients are given appropriate instructions corresponding with the relevant procedure.	All patients are given a letter which outlines instructions for patients when attending for an appointment in radiology. A copy of the letter embedded.		

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That patients are provided with psychological and emotional support with regard to individual risk tolerance and anxieties of contracting COVID-19. Shared Decision-Making models should be promoted to ensure that patients' preferences around risk acceptance or risk-rejection are taken into account, and that they are supported to deal with the consequences of decisions.	There is a patient portal for surgical patients who may have had treatment delayed or changed, and additional information available providing prehabilitation advice to support patients to maximise their health and well-being whilst preparing for treatment. Patients are signposted to the Health Board Macmillan Cancer Information and Support services to access non-clinical advice and support. Patients can contact their clinical team and cancer clinical nurse specialist if needed through the usual points of contact. The chemotherapy triage service and haematology triage service continues to respond to calls from oncology/haematology patients. In addition, an oncology clinical Nurse Specialist (CNS) single point of contact has been established to ensure that patients can speak to a CNS for advice Monday to Friday. Virtual and face-to-face clinics are being held in addition to Consultants contacting patients to review, assess and support patients through their pathways.		Continue to provide information and support to patients
Clinical Staff:			
If delivering acute and elective care - should be separated through both weekly rotas and day-to-day working in the clinical setting as far as possible.	SACT and radiotherapy therapy are provide by separate staff to those providing diagnostics and surgery. One of the Linac machines has is dedicated to COVID patients. Theatres have been operating Green and Red areas.		Emergency and elective operating will be separated onto two different theatre footprints in Morriston Hospital from 13th July 2020. This is being introduced to limit staff transmission and mitigate loss of staff through TTP.

	Both acute (Singleton and Morriston) sites during the peak have had designated admission areas for all acute admissions if Covid is suspected. Total ringfencing of theatre staff and anaesthetic staff between screened elective and unscheduled theatre operating is not possible, as this would further reduce available theatre capacity and theatre nursing skill set and would introduce additional harm to patients by delaying access to surgery. Risks to patients are managed through compliance with infection prevention and control actions.		
If frontline - should be tested for C-19 infection even if asymptomatic in line with local capacity and National guidance.	All staff who are symptomatic are tested for COVID-19 Track trace and protect Staff are able to have antibody testing		No agreement within HB as yet to asymptomatic staff. Waiting on National Guidance.
Should lead a clear process for recommencing deferred tests and treatments on the basis of clinical need (balancing risks and benefits) and be accountable to a designated clinical senior responsible officer (SRO).	Virtual and face-to-face clinics are being held in addition to Consultants contacting patients to review, assess and support patients through their pathways. Cancer MDTs remain responsible for their patients. Cancer MDTs are aware of the changing circumstances as the pandemic progresses, and to sensibly utilise the most realistic options available when deciding how to manage their patients. Cancer MDTs will take difficult decisions regarding treatment or advice, corporately and collectively as an MDT, supporting each other, with clear documentation and justification. Decisions considered through MDTs and in consultation with patients. Diagnostic biopsies are prioritised for patients being considered for treatment.		Endoscopy procedures are to be reinstated. The embedded file outlines the recovery plan. Endoscopy Recovery Plan Q2 202021.docx Plans are in development to deal with the increased demand likely to arise as surgical capacity and referral levels recover, for SACT and RT and will be submitted to the Cancer workstream as part of the Reset and Recovery Meetings.

	Most diagnostic procedures have remained available during COVID-19 with the exception of endoscopy. The embedded file outlines what services are currently available for each tumour site.  Diagnostic Availability.docx An ongoing significant change to our pre-COVID-19 offer has been the deferral of adjuvant bisphosphonates for breast cancer patients. This is in line with national guidance. Plans are in place to reschedule these patients within current capacity when safe to do so. Multi-parametric MRI scans recommenced on the 4th May 2020 and prostate biopsies have been re-instated at the end of May. We are now doing CT colonoscopy as of 6/7/20 Daily meetings are held in each of our Delivery Units to prioritise urgent and emergency care demand and to review the options for providing treatment regionally.		
Should have clear guidance how to add patients to the Shielded Patient List.	SBUHB has a process for high risk patients who need to shield. Embedded is the SBU protocol. For SACT and Radiotherapy patients including blood cancers, there is a weekly list for new starters that is sent to Medical Directors office as part of the HB process around shielding.  New - PROTOCOL FOR SHIELDING PATI  Appendix 1 Form_Shielding.xlsx		Continue to provide weekly list for new additions to the shielding list
Should be provided with psychological and emotional support for all staff affected by the current -19 pandemic,	Staff Health and Wellbeing Service is available for all staff. On the SBU Intranet there is a variety of resources, signposting and links to a variety of support services and self-help techniques.		Continue to provide information and support to staff.

including support for moral injury.			
Should be supported to continue to develop, use and evaluate novel ways of working, with a view to retaining those that improve efficiency, effectiveness, and patient experience beyond the pandemic.	Services have adapted to the challenges presented by COVID-19 and are supported to develop and evaluate their ways of working.		A framework has been developed and will be meetings are being planned with all MDT Leads and Service Managers to review their response and any changes implemented as a result of COVID-19 and to identify opportunities going forward.
Health Care Systems should:			
Have clear plans and processes for delivering cancer investigations and treatments in an appropriately C-19 protected environment. These should separate staff working in acute and elective services and vulnerable patients attending for elective care from attending acute care services.	Virtual and face-to-face clinics are being held in addition to Consultants contacting patients to review, assess and support patients through their pathways. On sites with more than one CT scanner, one scanner is used for Covid patients, and vulnerable out patients scanned on the other scanner. **With the Management of Oncology and Haematology Patients there is a clear process of:** • identifying the known high risk groups • Identifying the most immunosuppressive regimens • Developing risk stratification by treatment type for SACT/RT or Combination SACT-RT • Reviewing evidence for benefit of therapy for that individual or group of patients • Reviewing evidence for prioritization criteria: SACT and RT neoadjuvant/adjuvant/non-curative • Considering choosing less immunosuppressive treatments or regimens, particularly to reduce the risk of respiratory toxicities such as pneumonitis e.g. RT versus CRT, RT versus surgery		

	• Rationalisation of therapy: extending intervals/single agents/Less complex RT • Review treatment options that include a clinical protocol where there is national consensus or tested within a large randomised clinical trial and due to be published. Haematology patients' face-to-face appointments are being held at Sancta Marie Hospital as it is a COVID free hospital and safe for vulnerable patients. Surgical workstream is ensuring cancer patients are being monitored closely Endoscopy plan for any deferred patients is noted above Where there is suspected and or confirmed COVID-19 positive patients SBUHB and Cancer Services have designated isolation / cohorting arrangements and clear patient triaging / pathways		
Recommence complex surgery and deal with the growing backlog of deferred cases. These plans must consider the needs of the regional and national, as well as the local resident populations.	Daily meetings are held in each of our Delivery Units to prioritise urgent and emergency care demand and to review the options for providing treatment regionally. We have been re-introducing theatre capacity at both Morriston and Singleton Hospitals with surgical activity increasing week on week. There is surgical activity for all tumour sites. Teams are working together in producing a prioritised list of cancer patients to ensure optimal use of theatre capacity. Surgical - There is a process for prioritisation of surgical theatre capacity to our highest priority patients. Clinicians are accountable for adding priority 2 patients to the Health Board allocation list. CDs/ and Leads are responsible for reviewing the specialty list to ensure only cases meeting category 2 are listed for access to theatre capacity currently.		Discussions with POW to support gynae surgery at POW.

	Theatre lists are allocated based on the patients on the priority list for treatment and taking account of skills of theatre staff. Specialties have been asked to describe the harm/impact on outcomes of a delay in surgery. We are undertaking surgery in our Plastic Surgery Treatment Centre and utilising independent sector capacity and working regionally to deliver increased capacity during the acute phase. Examples includes: • Cancer cases being undertaken at Sancta Maria hospital (given the hospital's facilities, the casemix is limited to patients who do not require post-operative ITU/HDU care) • Some Sarcoma patients being operated on at Spire • Regional work with Hywel Dda on tertiary gynaecology patients • Regional work at POW for Head and Neck • Agreement with Cardiff in relation to potential shared lists for Thoracic patients, with WHSSC advised.		
Work together and with supportive national groups (Network, DU, WHSSC etc) to share capacity and demand modelling for diagnostic and treatment cancer services.	We have weekly meetings with service managers for all the tumour sites where we share information and issues. We have weekly meetings with all Health Boards, the Welsh Cancer Network, the Delivery Unit and Welsh Government. As part of this meeting we are sharing data and issues. We are currently scoping out what is required to model across the pathway so we can better understand capacity requirements at all stages of pathway. The ambition is develop a live tool to support planning for cancer services in its broadest – from out patients, diagnostics, surgery and non-surgical treatments. First demo out for consultation.		Continue to participate in these meetings and share information.

Share activity information by service type and categories of patients stratified by risk and benefit of intervention.	We have weekly meetings with service managers for all the tumour sites where we share information and issues. We have weekly meetings with all Health Boards, the Welsh Cancer Network, the Delivery Unit and Welsh Government. As part of this meeting we are sharing data and issues.		Continue to participate in these meetings and share information.
Have robust safety netting processes in place. Lists of patients who have been deferred from immediate treatment must be carefully maintained (and shared with primary care) together with their priority for intervention once their care is scheduled.	For both SACT and RT any patients who have deferred treatment due to Covid, numbers are very small they remain under close follow up by services. Alternative treatment options have been consented to and explored. Monitoring deferred patients for surgery is being undertaken via the surgery work stream.		
Recommence cancer trials and training and development programmes according to available service capacity.	Most cancer clinical trials during this pandemic have been suspended to recruitment and no new ones have been opened. This decision was made mainly on a UK wide scale. Following consideration of the research treatments offered in some of the trials that remained open nationally the decision was made to continue to recruit. These would be haematology treatment trials and cancer trials where the treatment within the trial would be deemed less of a risk than standard care against the pandemic. All patients who were already participating in a trial have been followed up as per trial protocols. All follow-up clinics have continued remotely and all oral medication has been safely given to the patients either by local pick up or by courier to their homes.		The National Institute of Health research have published a re-start programme for all suspended trials within the UK which has been endorsed by the Devolved nations. https://www.nihr.ac.uk/documents/restart-framework/24886 This then has been translated into local plans by R&D departments within the health boards  Re-Start Plan -3.6.20 - Forms updated 24.0 (embedded). A Health Board risk assessment is also being completed.

			The main consideration within Cancer is as the clinical service opens up again that clinical trials continue to be part of the patient treatment choices. All checks with support services such as pathology and radiology are carried out to ensure continued support is available. Each trial is discussed with the lead Oncology Clinician and signed off by a member of the R&D senior team.
Work with the Cancer Network to ensure a consistent approach regarding access to, and delivery of diagnostics, surgery, SACT and radiotherapy within and across organisations in Wales consistent with nationally agreed best practice (and developing this as a community where this does not exist).	We have weekly meetings with all Health Boards, the Welsh Cancer Network, the Delivery Unit and Welsh Government. As part of this meeting we are sharing data and issues. The Health Board clinical lead is an active participant in the Clinical Reference Group convened by the National Cancer Clinical Director. The Clinical Reference Group supports and advises the Cancer Operational Managers Group. We continue to provide Systemic Anti-Cancer Therapy. Some in-patient treatments were deferred for three weeks, but these have now resumed and our chemotherapy capacity is currently running at 90% of pre-COVID-19 capacity. Weekly meetings take place with colleagues in Hywel Dda to ensure equitable access to SACT units. A network SACT prioritisation document has been approved to provide an equitable and transparent framework if capacity becomes limited as to what treatments would be prioritised and which would be deferred. Leaders in radiology attend weekly meetings of the national Imaging Essential Services Group, where notes are compared on		Continue to participate in these meetings and share information.

	the services offered in different health boards during Covid, to maintain consistency and share data and experience.		
Ensure proposals to amend clinical pathways are undertaken using the National ethical framework.	We have weekly meetings with service managers for all the tumour sites where we share information and issues. Any changes to clinical pathways in Oncology have been in line with National guidance and have been undertaken with in the National Ethical Framework		A framework has been developed and will be meetings are being planned with all MDT Leads and Service Managers to review their response and any changes implemented as a result of COVID-19 and to identify opportunities going forward
Develop or redesign and re-establish services to support patients to keep well whilst awaiting treatment (prehabilitation) and recover following treatment (rehabilitation), to ensure safe and effective treatment during C-19 to patients.	We have weekly meetings with service managers for all the tumour sites where we share information and issues. Swansea Bay are working with Cardiff and Vale clinical lead for prehab2rehab to support cancer patients waiting for surgery with a prehabilitation information leaflet to support patients to optimise their health and well-being whilst waiting or surgery. The leaflet provides advice and support for a number interventions and is due to be launched as soon as the leaflet is available.		A framework has been developed and will be meetings are being planned with all MDT Leads and Service Managers to review their response and any changes implemented as a result of COVID-19 and to identify opportunities going forward
Ensure good communications and support between primary, secondary and tertiary diagnostic and treatment services in order to support patients, including the timely sharing of information e.g. end of treatment summaries.	There is a Macmillian funded GP post that provides and supports the Health Board's work on cancer and is a member of the Cancer Improvement Board. Communication with Primary care is key in the discharge process. SBU is currently in the process of transitioning away from the local electronic transfer of care solution (EToC) to the Welsh Clinical Portal's medicines transcription and e-discharge (MTeD) product. However, both solutions enable pharmacy and clinicians to generate an electronic discharge letter which is stored within patients' all-Wales digital patient records accessed via Welsh Clinical Portal, which is also sent electronically to GP practices in Wales.		Dr Eccles is working on what is planned to be an All Wales treatment summary document and part of a working group developing this document with a team from Cardiff. They are at the stage of developing an electronic version which will hopefully be piloted in Swansea Bay in the next few months. The summary aims to share information between the treating hospital team, the patient and the primary care team. This is not being

	While preparing a discharge letter, clinicians are able to refer to other elements of patients' digital records in WCP including the GP summary record, all-Wales test results, radiology reports and PACS images (except Aneurin Bevan UHB's PACS images), any letters generated using SBU's document management system (DMS) and many other e-forms including electronic outpatient consultation documentation. The all-Wales digital patient record also includes documentation generated at other Health Boards where SBU patients have also been under the care of another organisation. Prior to the 23rd April 2020 Swansea Bay completed Electronic transfers of care (EToC) on Surgical wards. With the rollout of the Welsh clinical portal and in line with Medical wards at Morriston, Surgical specialties have transmitted to using Discharge Advice Letters (DAL's). ETOC/DAL compliance has been monitored monthly since January 2016 the measures are by specialty, consultant and ward. Morriston delivery unit compliance trend shows that there has been a significant improvement since the roll out of DAL's. ETOC/DAL's performance is discussed at Morriston's Clinical Cabinet meeting monthly.  Morriston Managed Unit EDisc		done in response to COVID. However, there are definitely benefits in having an electronic summary at a time where virtual consultations may be more in use.