

Service Status Code:

Do not provide or
commission this service 0
Essential services unable to
be maintained 1
Essential services maintained
(in line with guidance) 2

June 2020 Essential Services Status Review

Essential Services	SERVICE CODE	
Access to primary care services (providing essential, additional and a limited range of enhanced services that fulfil the WHO high priority categories)		KEY RISKS AND ISSUES
Service Status - Primary Care Services	2	Plans developing in line with Recovery guidance, Each service area has already been impact assessed and a risk rating allocated to that service area
Service Status - General Medical Services	2	Plans developing in line with WG Recovery plan.
Service Status - Community pharmacy services	2	CPW have expressed concerns with re staffing issues if community pharmacy staff are required to self-isolate as part of the TTP scheme. HB PMM have advised local resilience plans should be made between pharmacies in clusters/ groups of multiples to ensure continuity of service.
Service Status - Red Alert urgent/emergency dental services	2	CDO indication that progress from Red to Amber in July 2020. Action to implement being undertaken
Service Status - Optometry services	2	All wales move from Red to Amber in July 2020. Action to progress being undertaken
Service Status - Community Nursing and Allied Health Professionals services	2	
Service Status - 111/Out of Hours Services	3	Services remodelled in line with guidance
Safeguarding services		KEY RISKS AND ISSUES
Service Status - Safeguarding services	2	Good arrangements in place with partners
Urgent Eye Care		KEY RISKS AND ISSUES
Service Status - Urgent Eye Care	2	Although we maintained the most urgent eye care services, many patients on follow-up lists/ waiting lists for surgery have exceeded the desired timeline for their delayed appointments. Plans are being drawn up for activity to be increased in outpatients. However, surgical services are still severely limited
Urgent surgery		KEY RISKS AND ISSUES
Service Status - Urgent surgery - overview	2	Limited theatre capacity available with theatre lists being allocated through a twice weekly Theatre Timetable Meeting. Theatre capacity is assigned from detail within a Health Board wide priority list compiled by the Surgeons. Limited capacity is resulting in a further backlog of patients and the risk of poorer outcomes. Plans consistently being received and challenged. Capacity is restricted due to workforce constraints, PPE, IPC and social distancing.
Service Status - Urgent surgery - Gynaecology and Breast	2	Gynaecology & Breast Surgery - cancer surgery has continued albeit with reduced capacity - alternative treatments offered where appropriate. No benign elective operating taking place.

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Service Status - Urgent surgery - Ophthalmology	2	Ophthalmology - surgery has continued for emergency and very urgent cases where there is a high risk of irreversible sight loss. Loss of theatre capacity has prevented access to routine surgery for most patients
Service Status - Urgent surgery - Thoracic	2	Thoracic - surgery has continued on very urgent cases. We have 2x surgeons in each of the 3 MDTs and a pooled operating list. Patients are proposed on the HB wide priority list as per other specialties for theatre access. Initially we did not have an elective non-COVID PACU pathway but this was put in place and thoracic surgery commenced. Significant reduction in patients being discussed at MDT and suitable or consenting for surgery. Combined discussions with C&V and WHSSC and Wales Cancer Network to develop South Wales supra MDT to consider prioritisation and response to fluctuating capacity and demand in both centres.
Service Status - Urgent surgery - Plastic Surgery	2	Plastic Surgery - limited trauma and elective access as per other specialties. Nature of some plastics cancer surgery e.g. melanoma allowed private hospital capacity to be utilised productively protecting available NHS theatre capacity. Plastics trauma has been limited due to increased ortho trauma but improving. Plastics surgery treatment centre in Morriston has been key to elective an minor trauma operating for plastics providing day case capacity and encouraging change sin practice (anaesthetic method etc..) to facilitate treatment previously done under GA in main theatres improving efficiency and outcomes/risk for patients
Service Status - Urgent surgery - Elective Orthopaedics	2	Elective Orthopaedics- severely restricted services. level 1a and 1b cases are being treated with trauma capacity increased at Morriston. level 2 spines being treated. Significant challenge with Level 3 and 4. . Orthopaedic theatre staff prioritising trauma operating. Majority of cases are RCS Priority 3 so wouldn't fit into the HB wide prioritisation of priority 2 theatre cases. Project group established to consider strategic direction of service and use of Neath Port Talbot Hospital as an elective orthopaedic centre post COVID. Capital design options being developed and implementation timescales will follow.
Service Status - Urgent surgery - Spinal	2	Spinal Surgery - limited emergency and elective capacity. Limited to priority 2 cases as per HB process. Flexible approach to capacity to deal with spinal trauma e.g. electives needing to be rescheduled. Around 1 list a week (sometimes 2) for spines at present versus 5 lists per week pre COVID.
Hip fracture surgery - Trauma	2	#NOF surgery has continued as level 1a and 1b. Capacity was restricted at start of COVID but trauma theatre lists have increased. Self assessment against WG Hip Fracture guidance underway. The HB wide #NOF improvement plan continues with weekly operational meetings with the multi - agency teams to improve the pathway and ensure all avenues are optimised for access to treatment.
Urgent cancer treatments		KEY RISKS AND ISSUES
Service Status - Urgent cancer treatments	2	Oncology- Reduction of capacity to deliver SACT and RT to meet social distancing rules of 2m and ensure safe Covid environment. Significant concern about coping with high volume of patient numbers as cancer surgery increases / screening resumes / delayed presentation of disease and ability of oncology team to assess and initiate treatment in a timely manner due to consultant clinic capacity / ability of treatment unit to accommodate numbers / pharmacy pressure etc. Haematology- Ability to maintain 'clean' access and limited exposure to personnel for patients attending hospital for assessment and treatment as general foot fall increases with resume of more services. Screening for patients prior to treatment in line with new Cancer Covid Framework for all Cancer oncology patients including Blood cancers and Solid tumours. Endoscopy - Reduction of capacity to deliver Diagnostic Endoscopy due to social distancing and need to allow for air flow changes. Workforce deployed back into the Endoscopy service and plans in place to re-instate all funded sessions. Due to IPC and SD requirements this will only provide 50/60% of previous capacity. Recovery plan developed and use of alternative diagnostic tests such as FIT Test utilised to aid diagnosis. No routine Endoscopy currently being undertaken as focus on prioritising Cancer and emergency work. Backlog of 1200 patients currently over 8 weeks. Re-introduction of National Bowel Screening service will further impact on timeliness of test.

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Major Trauma		KEY RISKS AND ISSUES
Major Trauma	3	Focus on emergency operating has dedicated provision to trauma cases and increased T&O and plastics consultant availability has meant double operating possible where required. However, post operative monitoring of skin flaps has been a challenge due to ward reconfiguration to support limited covid elective operating and specialist staffing availability. Plan to re introduce in next 2/52 with changes to layout of theatres in Morriston.
Cardiac services		KEY RISKS AND ISSUES
Rapid access clinics	2	Enhanced telephone triage and surveillance of waiting lists (including patients graded routine and urgent) and bringing clinically urgent patients into rapid access clinic as require. There is a sizeable waiting list for the rapid access chest pain clinics which has prompted review of the acceptance criteria and service model, to ensure that the rapid pathway can be maintained for the most urgent patients within 4-6 weeks, and create a 12-15 week pathway for those less urgent but still require diagnostic assessment.
Admission pathways (MI, class IV heart failure, arrhythmias, ACS, endocaritis, aortic stenosis)	2	Urgent and emergency admission pathways remain open with beds being managed via both green and red admission streams.
Essential diagnostics - ECG	2	Diagnostic services are available for very urgent patients only on Gorseinon Hospital site. ECG available to support urgent hot clinics.
Essential diagnostics - ECHO	2	Diagnostic services are available for very urgent patients only on Gorseinon Hospital site
Essential diagnostics - 24 hour ECH/event monitoring	2	Diagnostic services are available for very urgent patients only on Gorseinon Hospital site
Essential diagnostics - CT coronary angiogram	2	Service is available for very urgent patients only
Essential diagnostics - invasive coronary angiogram	2	Service is available for very urgent patients only
Essential diagnostics - stress/exercise tolerance test	2	diagnostic services are available for very urgent patients only on Gorseinon Hospital site
Essential diagnostics - Doppler stress echo	2	diagnostic services are available for very urgent patients only
Essential diagnostics -myardial perfusion scanning	2	Service is available for very urgent patients only
Essential diagnostics -cardiac CT/MRI	2	Service is available for very urgent patients only
Intervention - cardiac surgery	3	Intervention is available for urgent patients. Elective admission process fully adhered to and service is treating some elective patients alongside inpatient urgent cases. ITU bed capacity has increased for the service which can now start more fully utilising theatre staffing. ODP capacity has increased, creating a full second theatre team on many days. Standard risks of sickness within theatre teams and CITU having the potential to impact on ability to deliver
Intervention - ICD implantation	3	Intervention is available for clinically urgent patients. Elective patients as well as inpatients are being treated. Bed capacity on ward is part of capacity planning process to maximise capacity. Risk of sickness within teams having potential to impact on ability to deliver
Intervention -CRT implantation	3	Intervention is available for clinically urgent patients. Elective patients as well as inpatients are being treated. Bed capacity on ward is part of capacity planning process to maximise capacity. Risk of sickness within teams having potential to impact on ability to deliver
Intervention -cardiac ablation	3	Intervention is available for clinically urgent patients. Elective patients as well as inpatients are being treated. Bed capacity on ward is part of capacity planning process to maximise capacity. Risk of sickness within teams having potential to impact on ability to deliver
Intervention - PCI	3	Intervention is available for clinically urgent patients. Elective patients as well as inpatients are being treated. Bed capacity on ward is part of capacity planning process to maximise capacity. Risk of sickness within teams having potential to impact on ability to deliver
Intervention -NSTEMI	4	
Intervention - Primary PCI	3	Intervention is available for clinically urgent patients. Elective patients as well as inpatients are being treated. Bed capacity on ward is part of capacity planning process to maximise capacity. Risk of sickness within teams having potential to impact on ability to deliver
Intervention - congenital heart surgery	0	
Intervention - TAVI	3	Intervention is available for clinically urgent patients. Elective patients as well as inpatients are being treated. Bed capacity on ward is part of capacity planning process to maximise capacity. Risk of sickness within teams having potential to impact on ability to deliver

Essential Services	SERVICE CODE	
Artificial Limb & Appliance Services (ALAC)		KEY RISKS AND ISSUES
ALAC	2	Limited appointments have been undertaken from patients vehicles, as patients were not able to access the building due to environmental issues and the risk of infection for this vulnerable group of patients, which has caused a significant backlog. Patient access to the building will recommence on 29/06 and the service is following specific guidance from the British Society of Rehabilitation Medicine in line with all other Artificial Limb Appliance Services in the UK. Social distancing within the guidance will caused a reduction of capacity of approximately 60%, which will also effect interdependent services including Physiotherapy, OT and Psychology.
Life-saving medical services		KEY RISKS AND ISSUES
Service Status - Gastroenterology	2	All USC referral vetted and alternative to face to face appointment offered. Telephone Assessment and clinical validation undertaken and limited appointments available for USC Referrals. No capacity for routine referrals currently and backlog of over 900 patients waiting over 26 weeks. Administrative and clinical validation, attend anywhere and virtual assessment will support reduction of backlog.
Service Status - Stroke Care	3	Pathway for Stroke rehabilitation from Morriston to Singleton re-established during June 2020. SSNAP was suspended for April and May. It has been resumed from the 1st June 2020.
Service Status - Diabetic Care	3	The diabetes service has been maintained remotely during COVID 19. This has involved diabetes specialist nurses being responsive to patient's telephone queries and also doctors prospectively reviewing patients records to review any particularly problematic areas which need proactive intervention. However, we need to re introduce the regular review of patients with diabetes. In view of the social distancing measures which will be in place in OPD we propose to re introduce clinics in a combination of virtual and face to face clinic sessions.
Service Status - Diabetic Care (Diagnosis of new patients)	3	Limited capacity to see new patients but plan is to run on alternate weeks be re started on a weekly basis for 6-8 patients. Focus on problem cases such as emergency referrals, new patient referrals, patients with multiple problems and co-morbidities.
Service Status - Diabetic Care (DKA / hyperosmolar hyperglycaemic state)	4	Urgent DKA care provided via embedded pathway within hospital.
Service Status - Diabetic Care (Severe Hypoglycaemia)	4	Urgent DKA care provided via embedded pathway within hospital.
Service Status - Diabetic Care (Newly diagnosed patients especially where insulin control is problematic)	3	Reduced capacity but plan in place that problematic patients on insulin pumps continue to attend the face to face sessions if they are having problems whilst others who are more stable would be followed by virtual review. If diabetes clinics are not reinstated there will be an increase in the number of admissions to hospital with acute complications of diabetes such as hypoglycaemia and DKA. There will also be a risk of acute decompensation of chronic conditions such as acute kidney injury and foot sepsis. There will be an increased risk of cardiovascular complications in the longer term. Failure to provide adequate follow up for patients with diabetes also poses a threat of litigation.
Service Status - Diabetic Care (Diabetic Retinopathy and diabetic maculopathy)	3	
Service Status - Diabetic Care (Emergency podiatry services)	3	There are risks from increased reliance on virtual consultation in terms of identifying physical complications such as foot disease, Blood pressure management and injection site problems. Failure to adequately assess these areas will lead to increased risk of complications. There will need to be a strategy to identify these issues in the community with communication of the information between primary and secondary care.
Service Status - Neurological conditions	2	Most urgent cases only have been seen face 2 face - minimal ability. Clinics have been maintained via virtual review / telephone consultation generally - but this has reached a point where by reinstating face to face clinics has become a key priority. Neurology is predominantly an outpatient based service that reduces the number of emergency admissions that would otherwise occur.
Service Status - Rehabilitation	3	Rehabilitation services reinstated on the Singleton Site for Orth geriatric and Stroke Rehabilitation

Essential Services	SERVICE CODE	
Life-saving or life-impacting paediatric services		KEY RISKS AND ISSUES
Service Status - Paediatric intensive care and transport	2	Concern with staff sickness and shielding in a service which is already under pressure for staffing challenges
Service Status - Paediatric and neonatal emergency surgery	3	Risks of the lack of appropriate space/theatre time to undertake the number of urgent work necessary.
Service Status - Urgent cardiac surgery (at Bristol for South Wales population)	2	
Service Status - Urgent illness	4	
Service Status - Immunisations and vaccinations	4	
Service Status - Screening (Blood Spot)	4	
Service Status - Screening (Hearing)	4	
Service Status - Screening (New Born)	4	
Service Status - Screening (6 week physical exam)	4	
Service Status - Community paediatric services for children (with additional / continuous healthcare needs including care closer to home models and community hubs)	4	
Paediatric specialist services		KEY RISKS AND ISSUES
paediatric cardiology	2	
cystic fibrosis	2	Currently unable to bring patients on site due to shielding restrictions, however maintaining contact through virtual clinics. Concerns regarding available OPD space when patients can be seen face to face.
sleep service	2	
neurology and neurorehabilitation	2	Maintaining contact with patients, but requirement to bring on to site for appropriate meds management. General concern around OPD space availability.
Paediatric and neonatal emergency surgery	3	Risks of the lack of appropriate space/theatre time to undertake the number of urgent work necessary.
paediatric surgery	3	Risks of the lack of appropriate space/theatre time to undertake the number of urgent work necessary.
Neonatal services	2	Concern with staff sickness and shielding in a service which is already under pressure for staffing challenges
oncology services including paed radiotherapy	2	Increased risk around bringing the patients onto site, also the lack of available OPD space.
Cleft lip and palate services	2	Risk regarding the available space and appropriate theatre availability to see urgent patients Currently only a few primary palate surgeries are being undertaken where lists are available. As a service we are prioritising • Lip and vomer flap repairs between 3-6 months to facilitate the palate repair between 6-9 months • Palate repairs between 6-9 months • Paeds palate re-repair by age 5yrs 11mo. Surgery to this group is time sensitive and unless regular lists are allocated, patients outcomes will be affected. We are seeking to re-instate MDT outpatient clinics to address urgent concerns and treatments. Currently only baby clinics are taking place. Delay in outpatient treatment will also affect patient's long term outcomes in speech, dental, hearing and psychological well being.
Renal services	2	Reduced vascular access capacity due to fewer elective lists running at Morriston and Singleton Waiting lists growing due to only essential services being maintained. Risk of increased need for dialysis in future due to CKD patients deteriorating.
Endocrinology services	2	
Gastroenterology services	2	

Essential Services	SERVICE CODE	
Inherited metabolic disease	0	
cochlear implants	0	
transplantation	0	
Termination of Pregnancy		KEY RISKS AND ISSUES
Service Status - Termination of Pregnancy	2	scored from a community perspective only
Other infectious conditions (sexual non-sexual)		KEY RISKS AND ISSUES
Service Status - Other infectious conditions (sexual non-sexual)	2	Integrated Sexual Health Service
Service Status - Urgent services for patients	2	Integrated Sexual Health Service
Maternity Services		KEY RISKS AND ISSUES
Service Status - Maternity Services	2	Self assessment against maternity guidance demonstrated good compliance
Neonatal Services		KEY RISKS AND ISSUES
Service Status - Surgery for neonates	0	
Service Status - Isolation facilities for COVID-19 positive neonates	2	Self assessment against neonatal guidance demonstrated good compliance
Service Status - Usual access to neonatal transport and retrieval services	2	Self assessment against neonatal guidance demonstrated good compliance
Mental Health, NHS Learning Disability Services and Substance misuse		KEY RISKS AND ISSUES
Service Status - Crisis Services including perinatal care	3	Potential for increased referrals in next 12 months linked to COVID 19.
Service Status - Inpatient Services at varying levels of acuity	3	Potential for increased referrals in next 12 months linked to COVID 19.
Service Status - Community MH services that maintain a patient's condition stability (to prevent deterioration, e.g. administration of Depot injection)	3	Potential for increased referrals in next 12 months linked to COVID 19.
Service Status - Substance Misuse services that maintain a patient's condition stability (e.g., prescription and dispensing of opiate substitution therapies)	3	Potential for increased referrals in next 12 months linked to COVID 19.
Renal care-dialysis		KEY RISKS AND ISSUES
Service Status - Renal care-dialysis	2	some limitations in access to vascular access, resulting in backlog of patients
Urgent supply of medications and supplies including those required for the ongoing management of chronic diseases, including mental health conditions		KEY RISKS AND ISSUES
Service Status - Urgent supply of medications and supplies including those required for the ongoing management of chronic diseases, including mental health conditions	2	Shortages of a number of common drugs in acute and primary care. Supplies of critical care, renal dialysis fluids and palliative care drugs in the event of a second COVID surge. Staff availability as a consequence of shielding/social distancing and TTP and therefore ability to provide timely access to medicines and clinical services. Patients shielding and collection of medication from community pharmacy. Sustainability of systems implemented during COVID surge period.
Blood and Transplantation Services		KEY RISKS AND ISSUES
Service Status - Blood and Transplantation Services	4	
Service Status - Blood and Blood components	4	Potential shortage of available blood components due to reduction in capacity of blood service for collections as a consequence of social distancing measures at collection sites
Service Status - British Transplantation Society	0	
Service Status - Transplantation services	0	
Service Status - Stem Cell transplantation services	0	Decisions regarding proceeding to stem cells transplant are being risk assessed on a case by case basis with balance of benefit to increased infection risk paramount. Patient reluctance to consider stem cell transplant in the current climate once risk assessment discussions are undertaken is likely to be main deciding factor in uptake
Service Status - Solid Organ Services	0	
Service Status - Platelet Services	4	
Palliative Care		KEY RISKS AND ISSUES
Service Status - Palliative Care	2	

Essential Services	SERVICE CODE	
Emergency Ambulance Services		KEY RISKS AND ISSUES
Service Status - Emergency Ambulance Services		

Additional Services	
CT	2
MRI	2
US	2
X-ray	2
CT - Cardiology	2
Endoscopy	2
Bronchoscopy	2
Physiological testing	2
ECG	2
Electroencephalogram	2
Electromyography	2
Microbiology	2
Pathology	2
Haematology	2
Biochemistry	2
Phlebotomy	2
Occupational Therapy	2
Speech and Language Therapy	2
Dietetics	2
Podiatry	2
Physiotherapy	2