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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	26 May 2022	Agenda Item	2.1
Report Title	COVID-19 Commencement of Communications Phase and Local Progress		
Report Author	Andrea Folland, Nosocomial Review Team Business Manager		
Report Sponsor	Richard Evans, Executive Medical Director		
Presented by	Richard Evans, Executive Medical Director		
Freedom of Information	Open		
Purpose of the Report	<p>To provide the Board with:</p> <ul style="list-style-type: none"> • an update on work carried out, to confirm cases of Covid-19 which were contracted in healthcare settings (nosocomial); • assurance in terms of the process followed to date and for the next phase; and • an outline of next steps and timescales for consideration. 		
Key Issues	<p>In 2021, the Health Board established a Nosocomial Review Team (the Team) to confirm nosocomial cases of Covid-19 and complete this programme of work.</p> <p>The programme of work will cover all nosocomial cases, although the Team has focussed on deaths from nosocomial COVID-19. The next phase of work entails contacting families to notify them of the position and that a review will be completed. The purpose of the review is to identify learning to improve systems and processes. Any issues in care identified during review will also be addressed in line with the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011.</p> <p>It is proposed that communication with families commences in June 2022, working with stakeholders to ensure support is available.</p> <p>Once this work has completed, then the Team will commence work to review cases where patients survived contraction of COVID-19, to determine the nosocomial cases. Contact with those patients would then be made and the same process would be followed in terms of a review.</p>		
	Information	Discussion	Assurance
			Approval

Specific Action Required (please choose one only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Note the progress made in reviewing nosocomial COVID-19 cases within SBUHB to date and that this work is aligned to the requirements of the National Nosocomial COVID-19 Programme; and • APPROVE the communication approach and principles to take effect in June 2022. • APPROVE the Quality & Safety Committee to oversee and monitor progress with the programme of work. 			

COVID-19 Commencement of Communications Phase and Local Progress

1. IMPLEMENTATION OF THE NEXT PHASE OF NOSOCOMIAL COVID-19 REVIEW

1.1 BACKGROUND

Coronavirus is highly transmissible, especially in closed healthcare settings.

We know people can pass the virus on to others without showing any symptoms themselves.

The prevention of nosocomial transmission of COVID-19 infection has, as for all nations, been a major focus and challenge for Wales.

The NHS in Wales has worked incredibly hard throughout the pandemic to do all it can to keep the virus out of healthcare settings and to protect people being cared for, often in very difficult circumstances.

Strict infection prevention and control guidance has been followed and we have issued extensive guidance on social distancing, hospital visiting, ventilation and PPE. Testing for health and social care workers has been prioritised

Staff were among the first to be vaccinated and many millions of items of PPE have been used to help protect staff and patients.

Throughout the pandemic, the NHS in Wales, including Swansea Bay UHB, has followed the UK infection prevention and control guidance. This guidance has been regularly updated as we have learned more about coronavirus and how it spreads, including about how people can spread the virus without showing any symptoms.

Guidance has also been issued to the NHS and regularly updated about social distancing, bed spacing, staff and patient testing, ventilation and mask wearing.

It is clear that high community incidence of coronavirus results in a higher hospital admission rate. Nosocomial transmission appears then to follow on from hospital admissions.

Coronavirus has proved to be highly transmissible in all closed settings, even when individuals have no symptoms. Consequently, nosocomial transmission has been evident in all Welsh health boards, acute hospitals and many care homes.

Despite all the measures taken to safeguard against infections, very sadly people have died after acquiring COVID-19 in healthcare settings.

Health Boards in Wales have been carrying out reviews of patients who contracted COVID-19 to determine the cases which are deemed to be nosocomial (acquired in a healthcare setting). To date within SBUHB, this work has focussed on patients who contracted COVID-19 and then died.

In order that this work is consistent across Wales, a National Nosocomial COVID-19 Programme (NNCP) has been established, led by NHS Delivery Unit. The Nosocomial Review Teams of all Health Boards report into the programme fortnightly which

enables sharing of practice and collaboration on cross-cutting aspects. The NNCP also acts as a mechanism for providing update reports on this work to Welsh Government on behalf of Health Boards.

1.2 PRESENT POSITION

Swansea Bay UHB set up a Nosocomial Review Team in 2021 to identify patients who contracted COVID-19 while in healthcare settings. Reviews conducted by the team identify learning to improve systems and processes. Any issues in care provided are also identified and will be taken forward in line with the NHS (Concerns, Complaints and Redress Arrangements (Wales) Regulations 2011.

Given that the initial work of the Nosocomial Review Team has focussed on deaths from nosocomial COVID-19, the next phase of work entails contacting families to notify them of the position and that a review will be completed. We propose to begin contacting families in June 2022 and will work with stakeholders to ensure support is available.

Table 1 depicts:

- Row 1 - total number of incidents of nosocomial COVID-19 which have occurred within the health board healthcare settings (regardless of outcome to the patient);
- Row 2 - number of cases in which patients have died having acquired COVID-19 following a stay of 8 days or more in a healthcare setting; and
- Row 3 – includes patients who died having acquired COVID -19 following a stay in a healthcare setting of 7 days and less; community acquisitions and patients who acquired COVID-19 in a healthcare setting and survived.

Table 1 (data as at 09.05.2022):

	Wave 1 (27/2/2020 – 26/07/2020)	Wave 2 (27/07/2020 – 16/05/2021)	Wave 3 (17/05/2021 – 19/12/2021)	Wave 4 (20/12/2021 – 30/04/2022)	Total
Total incidents	300	1360	297	898	2,855
Under investigation	105	306	56	107	574
Investigation not commenced	195	1054	241	791	2, 281

The Nosocomial Review Team is currently focussing on reviewing the cases outlined in row 2.

All cases depicted in Table 1 will be considered for review during the full course of the programme. Communication will occur direct with patients where they survived contraction of COVID-19, rather than with relatives.

Work is underway by the NHS Delivery Unit to determine the likely scope of reviews required in the social care sector and the involvement of Health Boards in this.

Representatives from the Health Board have been instrumental in attending all-Wales groups to support this work going forward and in developing a communication toolkit to support the next phase; contacting families.

1.3 NEXT STEPS

1.3.1 Communication with families

The Health Board has reached a position where it is ready to start communicating with families and will adopt the following principles in doing so:

- **Working with stakeholders to support relatives**
 - Work with stakeholders to ensure they are briefed and are able to provide support to families if required (for example, the Community Health Council may be asked to provide advocacy support to families following the contact from the Health Board);
- **Effective communication and support for relatives**
 - Provide clarity on the purpose of contact and next steps in terms of the review process;
 - Provide timescales in terms of when we will complete the review;
 - Provide contact options:
 - Let's Talk telephone line details to be provided on initial contact, should relatives wish to speak to a member of staff. This will be available Monday to Friday 9am to 5pm;
 - E-mail inbox managed by the Nosocomial Review Team;
 - Health Board internet page providing contacts details, signposting relatives to sources of advice and support and including a frequently asked questions section. The content for this page is currently in development.
 - Support offered to families by the Health Board's Care After Death Team (providing practical and emotional support, as required, tailored to individual needs).
- **Complying with all-Wales approach** promoted by Welsh Government to ensure consistency in Wales.
- **Complying with the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011.**

The procedures and mechanisms required to enable the communication process to take place are based on prior experience and resources for similar, although smaller-scale, communication programmes. Compliance with the all-Wales approach has also been ensured.

As roll-out of the communications programme occurs, each stage will be monitored and evaluated in order that successive sets of communication can be conducted as smoothly as possible, taking account of any learning at each stage.

1.3.2 Process

The Health Board has changed the Terms of Reference of its original Nosocomial Death / Harm Scrutiny Panel, which will now be chaired by a Service Group Medical

Director to oversee the next phase. The broad principles around the process of this phase are:

- Communication with relatives will occur in cohorts, focussing on wave 1 cases, initially.
- Communication with families will commence in June 2022.
- From initial contact, the aim is to complete the review within 6 months and notify families of findings.
- Process governance will be ensured by the Scrutiny Panel and the process for redress / legal action / other outcome will be followed in accordance with the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011.

The above steps will be repeated for cases from waves 2 – 4 which resulted in death following nosocomial COVID-19, until all families affected have been considered within the review and communication process.

3 GOVERNANCE AND RISK ISSUES

There are a number of operational issues which are being worked through by the Nosocomial Review Team, the main one of which is the need to manage a high volume of cases in a timely manner. The team is ensuring that everyone is trained for the next phase and that the Scrutiny Panel is set up and fully functioning to ensure consistency in approach.

4 FINANCIAL IMPLICATIONS

Once the reviews have been completed, there may be financial implications in relation to compliance with the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 and further updates will be provided in this respect.

5 RECOMMENDATIONS

Members are requested to:

- **Note** the progress made in reviewing nosocomial COVID-19 cases within SBUHB to date and that this work is aligned to the requirements of the National Nosocomial COVID-19 Programme; and
- **APPROVE** the communication approach and principles to take effect in June 2022.
- **APPROVE** the Quality & Safety Committee to oversee and monitor progress with the programme of work.

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input type="checkbox"/>
Quality, Safety and Patient Experience		
Cases of complaint and concern are being prioritised for full review. Lessons identified documents have been recirculated via Datix Alerts and by email to triumvirates. Suggested methods of cascading and integrating learnings were incorporated.		
Financial Implications		
Limited financial implications are anticipated, in terms of the Team, given the recent allocation of WG funding to cover the next two years' work. Redress / legal action could result in financial implications over the next phases.		
Legal Implications (including equality and diversity assessment)		
Following review, cases may translate into redress or clinical negligence cases and further information will be provided to the Board once the reviews have started to be completed in full.		
Staffing Implications		
There may be a requirement to recruit a small number of staff to continue with the work of the programme. This will be conducted in line with Health Board process, with consideration given to the redeployment register.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
<ul style="list-style-type: none"> o To be considered following completion of the reviews. 		
Report History	Management Board and Quality & Safety Committee in December 2021	
Appendices	NIL	