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Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



		<b>Agenda Item</b>	<b>3.2</b>
<b>Health Board Meeting – 28<sup>th</sup> May 2020</b>			
<b>Freedom of Information Status</b>		Open	
<b>Reporting Committee</b>	Local Partnership Forum		
<b>Author</b>	Kim Clee, Workforce Manager		
<b>Lead Executive Director (s)</b>	Hazel Robinson, Director of Workforce and OD		
<b>Date of meeting</b>	28 <sup>th</sup> May 2020		
<b>Summary of key matters considered by the Health Board Partnership Forum at its meetings on 17<sup>th</sup> and 26<sup>th</sup> March 2<sup>nd</sup>, 9<sup>th</sup>, 16<sup>th</sup>, 23<sup>rd</sup> and 30<sup>th</sup> April and 7<sup>th</sup> May 2020.</b>			
<p>Since 17<sup>th</sup> March 2020, meetings of the Health Board Partnership Forum have been held on a weekly basis. The BMA have also now joined all LPF meetings over this period. All agenda items have related exclusively to matters concerning the Covid outbreak, as follows:</p> <p><b><u>1. General Covid 19 update</u></b></p> <p>To ensure LPF members are fully briefed each meeting received an update on the status of the outbreak, and details of the number of Covid patients currently in Swansea Bay hospitals, including numbers in Intensive Care.</p> <p>Other matters reported were as follows:</p> <p>An EPRR system of planning had been established, with Gold considering strategic issues, Silver looking at tactical matters and Bronze, operational issues.</p> <p>Scoping and planning work had been undertaken, in line with the Welsh Government directive urging Health Boards to suspend non-urgent outpatients' appointments and surgical admissions.</p> <p>Condolences were expressed to the families of staff members who had died of Covid. The Executive Team recognised the emotional and psychological impact this had on their colleagues and were discussing what support should be provided both immediately and in the future.</p> <p>The criteria for testing staff, and patients admitted with Covid symptoms, were described and it was reported that the expansion of testing capacity was being addressed on an all Wales basis. A second Covid staff testing hub had been established locally to increase capacity. A revised referral process had been introduced and the testing criteria expanded to maximise staff testing capacity.</p>			

Patients were being tested before discharge into care homes to offer reassurance to the care homes and their staff.

National guidance was expected in relation to risk assessments for the BAME workforce. Interim guidance would be introduced locally in the meantime.

Return to work guidance was set out for staff who have tested positive for Covid i.e. they could return to work after 7 days if they were fever free for 48 hours and felt well. If they had symptoms of any kind after 7 days (with the exception of the cough, which often persists) they should continue to isolate.

## **2. Personal Protective Equipment**

The Assistant Director of Health and Safety was managing the central stock control process, robust delivery arrangements had been established and all sites had sufficient stocks of PPE. A high level PPE cell meeting was held every morning looking at supply and distribution. Currently there was between 48 hours to a week's stock held centrally and in the Delivery Units.

The Royal Logistics Corps had supported the Health Board in establishing a PPE stock management process and an electronic tracking device was now being used to record consumption and link into reordering/restocking.

Work continued to ensure consistency in the use and availability of PPE. A PPE supply chain had been established with local manufacturers to supplement the national procurement process.

Revised UK guidance had been developed on PPE covering the recommendations for primary and secondary care settings, which should be followed consistently across all UK organisations, with central oversight to ensure adherence to the guidance across all Health Boards and Local Authorities.

Posters were available to explain the different levels of requirement for PPE and these had been widely circulated and made prominent on the website. Communication with staff around appropriate PPE was of paramount importance.

## **3. Workforce issues**

A Workforce update report was submitted to each meeting. A Silver group had been established to support communication of issues relating to the workforce. A regularly updated Frequently Asked Questions document had been issued, widely circulated and uploaded onto the intranet. This document was based on guidance developed by Welsh Government, in partnership.

The FAQ's include information on a wide range of matters including the following:

- The impact of school closures, measures to allow schools to remain open for key workers children and arrangements for staff who are unable to work because of child care issues.
- The appropriate working arrangements for pregnant employees
- Staff testing arrangements
- Shielding arrangements for vulnerable staff and household members, and associated pay arrangements.
- Time off in lieu and bank holiday arrangements during the outbreak
- Accommodation for key staff
- Home Office guidance on VISA's
- Changes to annual leave carry over.

A Covid Workforce helpline had been established to give advice on what the regulations mean for staff.

Other workforce matters were as follows:

In terms of routine workforce functions, most business had been paused for the time being, with the exception of ensuring staff pay arrangements, and OH and wellbeing services, as supporting staff was of critical importance. Employee relations cases involving staff that were suspended would be progressed but all other matters would be paused until further notice.

A number of plans were being progressed to increase staffing levels, including the deployment of medical and other clinical students, increased use of bank and deployment of recently retired staff. Current staff would be repurposed to undertake business critical roles.

Executive Directors would continue to visit hospital sites in order to be visible throughout the outbreak.

Where staff were able to work from home, they should do so and managers were encouraged to facilitate this wherever possible.

Staff were asked to be alert to inaccurate and damaging social media posts and to report any concerns.

#### **4.Occupational Health/ Health and Wellbeing update**

Occupational Health hours had been extended from 8.00am to 10.00pm, 7 days per week and staffing had been increased to provide support and advice.

The staff wellbeing team had also increased capacity, and enhanced its services and were dealing with calls concerned with stress and anxiety. A listening service was being developed for staff who were anxious or who wished to talk to someone after a particularly difficult shift.

Relaxation rooms had been established on each site where staff could go to rest and relax during or after busy shifts.

The Staff Psychology Service was providing additional support for staff, particularly in relation to bereavement. Mini Schwartz rounds had been developed based on the theme of “giving care, taking care”. The Wellbeing team had been providing increased support for staff in those areas where colleagues had died and a bereavement pathway had been developed to provide ongoing support for staff.

March on Stress had trained 10 staff on the 1-day TRIM course which was a risk assessment process used at the end of a shift to identify any staff who may need additional emotional support. A more extensive two-day course was planned to enhance this provision.

Very positive feedback has been received on the approach to staff well-being and support.

#### **5.Field Hospitals**

A presentation was given on the development of the field hospitals at LLandarcy and Bay Studios. LLandarcy would provide beds for patients at acuity level 2-3(i.e. those requiring nursing care) and Bay Field hospital would be for patients at acuity level 1- i.e. self-caring, medically fit for discharge but requiring some social care.

Core services would continue to be provided on the acute hospital sites as would surge capacity. The field hospitals would be brought on line in phases as a super-surge response to

support patient flow, and create capacity for acutely / critically ill patients on the hospital sites. Within this system, the emphasis remains on Home First wherever that is possible.

Advice had been received from military colleagues in relation to providing the best possible care in a field hospital setting and a standard operating procedure was being developed to ensure safe standards of care and proper governance.

There would be a blended approach to the staffing of the field hospitals with a mix of experienced staff working with staff appointed through other streams.

Recruitment of health care support workers, registered nursing staff and facilities staff was being undertaken centrally, as well as retire and return staff cohorts and student nurse workforce.

Staff would be deployed on a whole system basis with one workforce deployed across the Health Board as necessary. It was recognised and appreciated staff were being very flexible to ensure that appropriate staffing levels were maintained.

The deployment of staff was being managed on a daily basis to ensure the best solution for both patients and staff, with consistency in decision-making and movement of staff both within and between Delivery Units, based on the skill set of staff and a risk assessment.

Work was underway to ensure that the staff recruited for the field hospitals could be retained as a resource for the future, potentially through the use of bank contracts.

## **6.Social Distancing**

Although social distancing was well established in many areas work was still required to improve it. A checklist was under development setting out everything that needs to be considered to adhere to social distancing. Social distancing measures should not be imposed at the expense of safe and effective patient care, but there is an expectation that it will happen in all areas wherever it is possible to do so. There must be a recorded risk assessment where it is felt that the social distancing cannot be implemented. Any staff that could work from home should do so. Reminders of the responsibility to socially distance would be issued regularly.

## **7.Test, Trace and Protect**

A test, trace and protect strategy was being introduced, led by the Local Authorities, which is intended to limit the onward spread of the disease when the lockdown is eased, by widespread testing and contact tracing. Teams of contact tracers and contact advisors were being established ready to start from 1<sup>st</sup> June for a period of 9-12 months.

This would be a 7 day per week service with 8 teams in Swansea and 5 in Neath. Each team would have a clinical lead to be appointed by the Health Board. This would be a virtual model, with staff working from home rather than in a call centre environment. The Health Board is initially looking to repurpose some of our shielding staff who are not currently able to work on patient facing roles but could undertake this work from home. There would be some recruitment undertaken alongside, to backfill our substantive staff as they begin to go back to their normal work.

## **8. Moving to Recovery**

Essential services were being reviewed and plans to return to some normal services in a cautious and incremental way were being developed in line with Welsh Government guidance.

The complexity of delivering normal health services though a pandemic was recognised. Detailed plans were being developed for different services. Non-Covid areas would be

developed, pre admission processes and dedicated teams of staff would be introduced to minimise risk to patients and staff.

### **9. Serosurveillance**

The Health Board had agreed to participate in a study being undertaken by Public Health Wales relating to a new antibody test. A randomly selected sample of staff would be tested to identify the prevalence of Covid 19 exposure, using two different antibody tests to measure their effectiveness. This would be voluntary and staff identified as part of the sample were not obliged to participate.

#### **Key risks and issues/matters of concern of which the board needs to be made aware:**

None

#### **Delegated action by the committee:**

None.

#### **Main sources of information received:**

Verbal updates received from:

Keith Reid- Director of Public Health

Hazel Robinson-Director of Workforce

Mark Parsons- Assistant Director- Health and Safety

Dorothy Edwards- Deputy Director Transformation

Paul Dunning- Professional Lead- Health and wellbeing

Julian Quirk-Assistant Director of WF

Hannah Evans-Director of Transformation

Sharon Vickery-Assistant Director of Workforce

Joanne Abbott Davies- Assistant Director of Strategy and Partnerships.

Kathryn Jones- Assistant Director of Workforce

Presentation received from

Hilary Dover- Service Director

#### **Highlights from sub-groups reporting into this committee:**

None received.

#### **Matters referred to other committees**

None identified.

**Date of next meeting**

21 May 2020