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Health Board



<b>Meeting Date</b>	<b>27<sup>th</sup> May 2021</b>		<b>Agenda Item</b>	<b>2.1</b>
<b>Report Title</b>	<b>SBUHB Response to COVID-19</b>			
<b>Report Author</b>	Hannah Evans, Director of Transformation Karen Jones, Head of Emergency Preparedness Resilience & Response			
<b>Report Sponsor</b>	Dr Keith Reid, Director of Public Health			
<b>Presented by</b>	Dr Keith Reid, Director of Public Health			
<b>Freedom of Information</b>	Open			
<b>Purpose of the Report</b>	The purpose of this report is to provide an update on the Health Board's response to COVID-19.			
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>• The Board continues to operate in a Major Response mode due to the coronavirus pandemic.</li> <li>• C-19 incidence rates per 100,000 population are below the World Health Organisation thresholds of concern.</li> <li>• There is a clear and continued downward trajectory of incidence and the Health Board is de-escalating its response.</li> <li>• The Test, Track &amp; Protect (TTP) programme continues to support outbreak control; the uptake of testing has stabilised and positivity rate is now below 1%</li> <li>• The mass vaccination remains extremely successful in meeting key milestones.</li> <li>• The organisation continues to horizon scan for likely concurrent risks.</li> <li>• There is concern over the emergence of variants of concern within the UK and the potential impact of re-opening non-essential international travel.</li> <li>• Transition to recovery structures is currently under review</li> <li>• High risks remain concentrated within 3 themes: workforce, nosocomial transmission and capacity. However the workforce risks are now being managed within the HB corporate risk structure</li> </ul>			
<b>Specific Action Required</b> <i>(please choose one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> progress in responding to COVID-19</li> <li>• <b>NOTE</b> that transition to recovery is underway but that elements of response remain stood up and active and that arrangements for managing the Recovery across the South Wales LRF footprint using Civil Contingencies Act arrangements are still emerging</li> <li>• <b>NOTE</b> that a revised Prevention and Response Plan for the SBUHB area has been requested by Welsh Government and will be subject to testing via exercise</li> <li>• <b>NOTE</b> that the risk rating in relation to COVID exceeded the agreed threshold of 20 for some risks</li> </ul>
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# **UPDATE ON RESPONSE TO THE CORONAVIRUS PANDEMIC**

## **1. INTRODUCTION**

The purpose of this report is to provide assurance to the Board with regards to the Health Board's continued response to the COVID-19 (C-19) pandemic. Updates with regard to the vaccination programme and finance are submitted separately.

## **2. BACKGROUND**

The Board currently continues to operate in Major Incident Response mode to the COVID-19 pandemic. Consequently, associated Command, Control and Communication (C3) arrangements remain in place, flexing according to the situational intelligence. Capacity in the CCC has been reduced to reflect current status. The frequency of Gold Command meetings has been reduced. In parallel to this, an approach of de-escalation is being followed. However, there remain some outstanding risks to the current trajectory: principally, the emergence of new variants of concern; and associated with risks of re-seeding infection through the re-opening of international travel.

Since the last Board update in March 2021, the organisation has been focusing on the de-escalation process from the second wave of the pandemic and the transitional period as we head towards recovery. There is a steady and improving picture across Wales and a consequent decline in community prevalence and easements have not affected this improving trajectory at the time of writing. The Kent variant remains dominant in Wales but there is increased concern over emergent variants. These include the South African variant, the Brazilian variant and the Indian variant. The Indian variant has now led to clusters reported in London and other areas in England, Scotland and Ireland.

In line with the Welsh Government's Coronavirus Control Plan, a Regional Incident Management Team (IMT) continues to meet once weekly, reporting to the Health Protection Team in Welsh Government.

## **GOVERNANCE**

### **3.1 Leadership, Operational Management and Control Arrangements**

The COVID Coordination Centre (CCC) has continued to operate and the governance structure regularly reviewed to ensure fitness for purpose. Frequency of Gold and the respective Silver Cell meetings are reviewed to ensure they reflect system pressures and requirements. Gold meetings will reduce to once weekly from week commencing 17<sup>th</sup> May. Stakeholders are currently keen to retain oversight of the Health Board response via Gold Command. Maintaining situational awareness remains a concern, aligned with the risk of re-emergence of infections.

The South Wales Local Resilience Forum Strategic Coordination Group, (SCG) has been decommissioned and recovery coordination arrangements are now being progressed and will be communicated soon. A Transition to Recovery Certificate has been issued. The enhanced public health infrastructure to manage the implications of C-19 on a regional and sub-regional basis is to be retained. Some specialist

capabilities that were instituted as part of the C-19 response will also be retained. South Wales Police have also transitioned to recovery and a Recovery and Civil Contingency Coordinator has been appointed.

### **3.2 Epidemiology**

At the time of writing the incidence of cases within the community was low across SBUHB (<6 cases per 100K population per week) and below the Welsh Average (8.6 cases per 100K population per week). Testing numbers (PCR tests) have held up reasonably well at around 3500 tests per week and test positivity is consistently below 1%. Rates are stable or falling across all age groups and there are no geographical hotspots, excepting the occasional sporadic cluster.

The continuing emergence of variants, coupled with the re-introduction of international travel with the absence of effective frontier control mechanisms creates significant uncertainty over future patterns of disease which is not reflected in current modelling scenarios. The growing concern in the public health community about these risks has not yet been matched by engagement from government and the current proposals for continuing easements increase the risk.

### **3.3 Hospital Activity**

Since the previous Board report there has been a steady downward trajectory of hospital admissions due to COVID-19. For example, as of Friday 7<sup>th</sup> May there were 11 confirmed, 2 suspected and 77 recovered COVID cases in beds and no cases in critical care.

The digital intelligence and reporting mechanisms remain a key component of the dynamic decision making. The Intensive Care surge capacity in Enfy's Ward at Morriston has now been decommissioned. There is now an increase in non-COVID operational activity and unscheduled care volumes have increased again. The system continues to operate under enhanced Infection Prevention & Control measures which impinge on capacity.

### **3.4 System Wide Capacity Planning & Delivery**

The current COVID case rate is tracking below the Health Board most likely scenario modelling and case rates are now below the Welsh average. Both Public Health Wales and the WG Tactical Advisory Cell have indicated that the risk of the 3<sup>rd</sup> wave is likely to be in accordance to the most likely scenario modelling. This means that any increase in cases associated with a '3<sup>rd</sup> wave' will be able to be accommodated within our existing acute estate. Although there may be some disruption to usual activities the risk of this is considered low. There is currently limited modelling on the potential impact of Variants of Concern and on re-emergence of disease during winter.

The all-Wales Health and Social Care modelling identifies continued pressure in the care sector and reduced staffing leading to patient delays. It has also highlighted the increased use of intermediate care beds as a step down approach elsewhere in Wales. This correlates with the continued focus within SBUHB to reduce the number of clinically optimised patients remaining in the acute hospital beds. Investment of £1.75M has been committed to increasing Hospital 2 Home capacity and around £1M to developing a virtual ward model. Currently there is ongoing pressure with 18% of acute beds being occupied by patients who are not receiving acute clinical care. Locally, there has been a move to employ agency social workers to assist in patient

assessments but there have also been ongoing issues in domiciliary care provision (associated with sickness absence) and in district nursing capacity (again associated with sickness absence).

The Silver Operational Group has oversight of the system wide capacity planning and delivery with an additional remit for service recovery. Currently the COVID related elements in this group's work programme include:

- Review of processes in conjunction with Local Authority colleagues to reduce the number of discharge ready patients remaining in hospital beds and this includes use of therapist/nurse-led care packages and alternatives to acute hospital stay models.
- Planning requirements for the needs of patients diagnosed with Long COVID.

Visiting policy has been reviewed in light of the change in community incidence and a soft launch of the re-introduction of visitors was scheduled for introduction in the week of 10<sup>th</sup> May 2021. Visiting for end of care life has remained in place throughout the pandemic. Testing of visitors is not being promoted at the current time but other mitigations such as physical distancing and PPE use remain in place.

### **3.5 Workforce**

The most prominent staff concerns remain resilience and wellbeing and in particular fatigue due to the prolonged COVID response. Addressing staff wellbeing will require a particular focus during the de-escalation and recovery phases of the pandemic and becomes more critical as non-COVID operational pressures have re-emerged.

There has been an ongoing process of risk assessment and appropriate deployment to accommodate shielding staff returning to work. The levels of disruption associated with staff sickness absence are now significantly lower than at any time during the pandemic.

A local Agile Working Framework is being developed following the release of the all Wales Framework. This Framework supports the redeployment of staff from their substantive role and/or working pattern to other roles/patterns to support service needs.

### **3.6 Test, Trace and Protect & Sampling and Testing**

Around 6,000 Health Board staff are currently involved in the LFD programme and are undertaking twice weekly testing at home. This programme is now being extended to primary care. The continuation of this type of testing will be reviewed as part of a Welsh Government consideration of testing approaches.

The Point of Care Testing (POCT) initiative using Lumira devices has now rolled out in 3 clinical areas but will not currently be extended further. Access to rapid tests for acute admissions at Morriston has been the subject of continuing negotiation with PHW laboratories to ensure that capacity is available to meet demand.

### **3.7 Care Homes**

The Care Home sector had been at a high level of escalation since late last year with regional and local health Board mutual support playing a critical role in managing this risk. The situation has steadily improved and there are now no care homes of concern due to COVID related issues. Concern in the sector is related to current levels of occupancy which are insufficient to sustain some commercial providers when Government support is withdrawn.

### **3.8 Nosocomial Transmission**

Nosocomial transmission is now better managed than at any time in the pandemic. However, there remain sporadic cases in in-patients identified through the current testing regime and these are associated with significant disruption in flows and capacity. This is likely to remain a feature for the foreseeable future.

A Nosocomial Death/Harm investigation team and Scrutiny Panel has been established to review all adverse outcomes associated with nosocomial transmission and findings are updated in the Nosocomial Silver Group.

### **3.9 Emergency Preparedness, Resilience and Response (EPRR)**

The risk of concurrency (additional major incidents) during the pandemic remains high and close monitoring of a number of key risks has continued.

- The Recovery Coordination Group for the Skewen flooding incident remains in place and the Health Board will now attend only if there are any community health requirements.
- There was an issue with the supply of Beckton Dickson infusion giving sets and a separate business continuity structure was required to monitor the contingency arrangements, this has now been stood down and there are no further ongoing issues.
- There is continued monitoring of associated risks with regard to the EU Transition while further trade deals are awaited, e.g. Data sharing, this is managed via the EPRR Strategy Group.

### **3.10 De-escalation and transition to recovery**

Welsh Government has issued guidance on the revision of Health Board area COVID-19 Prevention and Response Plans and on the arrangements required for effective governance of ongoing responses at LHB level. A revised plan for the local area was submitted to Welsh Government and will be subject to testing via table top exercise in the coming weeks.

As noted above, the South Wales Local Resilience Forum transition to recovery process has commenced. The Health Board is waiting for further detail in terms of the SWLRF sub regional recovery group proposal. Also noted above, the Silver Operational Recovery Group is addressing the acute service recovery aspects.

Further consideration is now required in terms of the governance and management of the COVID-19 response structures that should remain stood up and how these elements stands alongside or is incorporated into the emergent recovery arrangements.

Elements of response such as mass vaccination, testing and ongoing public health response do not map simply onto existing governance arrangements within the Board. The elements requiring ongoing oversight and direction are:

- The transition from a pandemic to an endemic response mode while maintaining response readiness;
- Oversight of broader recovery risks (non-healthcare) and the arrangements to manage the SWLRF Strategic Coordination Group transferred risks (which are principally the ongoing public health response);
- Continued situational awareness and horizon scanning and maintaining appropriate alert status locally;

- Assessment of the pandemic impacts and potential future needs; and,
- Interface with wider multi sectoral recovery groups and management and integration of the existing LHB footprint pandemic structure such as IMT, Health Board and multi-agency cells.

Further work will be undertaken to establish appropriate mechanisms for managing the transition in concert with other Regional response agencies and in light of emergent guidance.

### **3.11 Communications & Engagement**

We have continued to use an organisation wide staff briefing, issued 3 times weekly, as a vehicle to communicate key messages and developments and to broadcast the progress of the pandemic.

A significant focus of communications activity is on the vaccination programme and the need to respond in an agile way to demand and capacity opportunities and challenges.

The Leadership Touchpoint event in April focused on learning from COVID. Over 100 members of staff joined the event which was chaired by Richard Evans, Deputy CEO. Chief Registrar Dr Julia Scaife, shared her reflection on the experiences of the trainees during COVID and a high level oversight of the emergent learning to date was also shared.

## **4. COVID RISKS**

The COVID risk register continues to be reviewed on a weekly basis at COVID GOLD Command meetings. This is in line with the mechanism for managing COVID risk established by the Board in November 2020. The Board has previously agreed that COVID related risks will be managed through the COVID Gold Command meetings, as they are Executive led. However, there has been a transfer of some cross-cutting risks to the Health Board Corporate Risk Register as more clinical activity has now resumed and because COVID risks impact on both response and the reset/recovery activities. These risks are: Workforce (Partnership working, Risk Score 20), Workforce (Resilience, Risk Score 25), and Whole Service Closure: (Risk score 20).

Additionally, some risks have been delegated to Silver Operational Group (HB) and Silver TTP Group (multi-agency) for management. These relate to specific operational responsibilities discharged through those groups.

Risk is currently highest in these areas:

- Workforce: The resilience of the workforce was escalated as a significant risk during December and has remained high (Risk score 25). The relationship with the Trades Unions also remain a high risk (Risk score 20).
- Nosocomial (Risk score 16): Transmission risks remain high; inpatient screening has helped to mitigate the risks in terms of allowing appropriate placement of patients in wards; this has been further strengthened by an inter-hospital transfer policy and currently the review of the visiting policy has taken account of the risk.
- Vaccination – reported on separately and principally associated with uncertainty of vaccine supply and the need to maintain suitable vaccination infrastructure

#### 4.1 Workforce Resilience

Discussion took place at the SBUHB Management Board meeting on 19<sup>th</sup> May on the Workforce Resilience risk rating, which at 25 exceeds the Board's tolerance. This discussion included an exploration as to whether the risk rating reflected a distinct whole system risk associated with loss of staff or whether it related to loss at individual service level of business critical staff due to COVID related pressures of fatigue, sickness, psychological distress or workforce flight from the Health Board / NHS.

Service Group Directors felt that the risk as expressed was over stated while acknowledging that the impact of the COVID on staff had been considerable. Existing Business Continuity plans within Service Groups already cover loss of business critical staff and would likely provide appropriate mitigation. There was scope for re-assessing the risk in relation to short-, medium- and long-term time horizons and a more granular consideration of the impacts of potential loss of staff. It was agreed that this Risk would be referred to the newly established Risk Group operating under the Director of Nursing for further consideration with a view to workforce resilience risk being managed on a Service Group basis.

#### 5. RECOMMENDATION

Board Members are asked to:

- **NOTE** progress in responding to COVID-19
- **NOTE** that transition to recovery is underway but that elements of response remain stood up and active and that arrangements for managing the Recovery across the South Wales LRF footprint using Civil Contingencies Act arrangements are still emerging
- **NOTE** that a revised Prevention and Response Plan for the SBUHB area has been requested by Welsh Government and will be subject to testing via exercise
- **NOTE** that the risk rating in relation to COVID has exceeded the agreed threshold of 20 for some risks but is declining.



Governance and Assurance		
<b>Link to Enabling Objectives</b> (please choose)	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	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"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
All indicators of quality, safety and patient experience continue to be monitoring and actions are in place to manage how staff are deployed to ensure that risk is balanced across the Health Board.		
Financial Implications		
Financial implications of the COVID-19 response are shared with the Board in a separate document. The Director of Finance has overarching responsibility for ensuring that the cost of our response (actual and planned response) are appropriately captured and assessed for discussion with Welsh Government. Planning cells have been asked to complete decision logs for all expenditure above £75k. In addition, a summary of financial decisions each week is being noted at Gold.		
Legal Implications (including equality and diversity assessment)		
Reporting the decisions made in terms of how the Health Board has managed risks and issues is important in anticipation of legal proceedings arising out of the COVID-19 pandemic. The appointment of the Archivist has been identified as evidence of good practice and Shared Services Legal Team have presented to the Board in January 2021. In addition there is a planned presentation; 26.03.21 by Debra Powell QC will present on Zoom "A Covid-19 Public Inquiry – Legal Framework and Likely Issues".		
Staffing Implications		
There are significant workforce implications as a result of responding to the Pandemic and these rest with the Workforce Silver Command to assess and respond to the workforce implications (short and medium term). The importance of focussing on the psychological impact of the pandemic on our current and future staff requirements is key and continues and is important to longer term recovery and resilience.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		

The seven elements of the Well-Being of Future Generations (Wales) Act (2015) will be incorporated into the Board's approach to Recovery.

**Report History**

- Board Meeting 30<sup>th</sup> April 2020
- Board Meeting 28<sup>th</sup> May 2020
- Board Meeting 25<sup>th</sup> June 2020
- Board Meeting 30<sup>th</sup> July 2020
- Board Meeting 24<sup>th</sup> September 2020
- Board Meeting 26<sup>th</sup> November 2020
- Board Meeting 28<sup>th</sup> January 2021
- Board Meeting 25<sup>th</sup> March 2021

**Appendices**

None attached.