Meeting Date	**26 November 2020**	**Agenda Item**	**2.1**
Report Title	**Responding to COVID-19**		
Report Author	Dorothy Edwards, Deputy Director of Transformation Karen Jones, Head of Emergency Preparedness Resilience & Response		
Report Sponsor	Dr Keith Reid, Director of Public Health		
Presented by	Dorothy Edwards, Deputy Director of Transformation Dr Keith Reid, Director of Public Health Karen Jones, Head of Emergency Preparedness Resilience and Response		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide an update on the Health Board response to COVID-19.		
Key Issues	The Board continues to respond to the coronavirus pandemic and from October and into November, there has been a considerable change in the pressure locally as a result of a significant and sustained increase in community transmission at the end of the summer. Local restrictions had minimal impact on the growth in cases. The 'Firebreak' has had an impact on community transmission but there remain concerns over the likely increase in cases that will occur in the run-up to the end of the year. The Board remains in full response mode and governance arrangements have adapted to meet the current demands. There are growing risks in a number of key areas including workforce challenges, which are hampering our ability to create additional surge capacity. There has been a considerable impact on the ability to deliver care as a consequence of in-hospital infections with significant numbers of patients infected and deaths associated with nosocomial transmission of COVID-19. There are growing concerns about the impact of COVID-19 within the care home sector with increasing numbers of homes affected. The Test, Trace and Protect Programme has also been under pressure over the last 6 weeks as the volume of positive cases in the community has increased. There are plans to expand the contact tracing workforce considerably and funding is being made available to improve the		

	sustainability of the workforce into next financial year. Access to testing (sampling) has grown with the introduction of Mobile Testing Units and a local walk-in centre. Planning for a vaccination programme is well underway and there are indications that a modest quantity of the vaccine could be available before Christmas. Access to PPE remains healthy and work continues to mitigate against risks as a result of EU Exit in January. Finally, the organisation has responded to a concurrent business continuity incident in October when the supplies of Roche pathology products were restricted due to logistical and supply issues within the company. A separate Gold command structure was in place to manage the risks but this has now been stood down.

Specific Action Required ***(please choose one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
	☒	☐	☒	☐
Recommendations	The Board are asked to: ○ Note progress in responding to COVID-19 and key activity in October and November ○ Note the overarching critical risks to the Health Board relating to the pandemic.			

UPDATE IN RESPONDING TO THE CORONAVIRUS PANDEMIC

1. INTRODUCTION

The purpose of this report is to update Swansea Bay University Health Board on the continuing response to the COVID-19 pandemic.

2. BACKGROUND

The Board established its preparedness and response framework to the global pandemic on the 31st January 2020 in response to the growing national and international threat from the Wuhan Coronavirus 2019. Since then, a significant amount of work has been undertaken across the Board both in terms of preparedness during February 2020 and in responding to the pandemic since March 2020. The response arrangements have remained in place, flexing in accordance to the situation.

Since the last Board report, it is clear that we are now in a second wave of the pandemic. Over the last 8 weeks, there has been a considerable increase in the incidence of COVID within Swansea Bay that is impacting on the delivery of primary, community and hospital services.

In August 2020, Welsh Government published its Coronavirus Control Plan for Wales which sets out how Wales will respond to increased levels of COVID-19. A series of triggers/early warning measures are set out within the plan. There was a relaxation of Wales lockdown measures on the 31st July 2020 and 28th August 2020. The first local lockdown came into force in the Caerphilly County Borough area, in response to the rising number of cases and Swansea L/A entered local restrictions 27th September 2020 as a result of 66 cases per 100,000 being recorded. This followed by Neath Port Talbot L/A entering local restrictions on the 28th September.

Under the Coronavirus Control Plan, an Incident Management Team (IMT) was established on 25th September. An SBAR was initially submitted after each IMT to Welsh Government and are now submitted twice weekly. A new format for SBAR reporting is required from week commencing 16th November which includes a focus on a range of settings: workplace, schools, universities and households; and weekly reporting on the situation in care homes.

Wales entered into a 'Firebreak' on Friday 23rd October which ended on Monday 9th November. Since the Firebreak, new rules have been introduced on a national basis in an attempt to keep the level of transmission under control. Shielding has not been formally reintroduced, although people who are at high risk are advised to ensure that they take sensible precautions.

There have been numerous changes to quarantine arrangements following international travel with a number of countries being added to a list of areas where returning travellers must observe quarantine. On 7th November, UK Government imposed further quarantine restrictions on travel to and from Denmark, following the emergence of mink variant SARS- CoV2 in humans in

North Jutland. Guidance was updated and issued on 13th November which requires specific actions in respect of the management of patients who are admitted to hospital following travel to Denmark.

3. GOVERNANCE

Leadership, Operational Management and Control Arrangements

The COVID Coordination Centre (CCC) has continued to operate and the governance structure has been amended further. Since the last Board meeting, Gold now meets three times a week, with combined Gold and operational calls over weekends from the 17th October 2020.

The response structure has been further refined and all the cells were asked to complete a review proforma in the summer in order to inform our planning ahead of winter and in readiness for further COVID resurgence. This was to provide assurance that our governance arrangements continue to be robust and transparent. Following the review, a number of changes have been made including strengthening financial decision making and reporting.

The South Wales Local Resilience Forum had fully transitioned to the Recovery Coordination Group, (RCG) and the Strategic Coordination Group, (SCG) moved into a dormancy phase at the end of July 2020.

However, in light of the changing situation across Wales, the Strategic Coordinating Group (SCG) reconvened in September and formally declared 'Major Incident Stand-by' on the 25th September 2020. The RCG, initially continued to meet fortnightly but has now been stood down as the SCG was activated. SITREPs are provided on a weekly basis via the South Wales Local Resilience Forum (SWLRF).

The South Wales Local Resilience Forum and Pan Wales Resilience have undertaken interim debriefs. There has been Health Board participation in both exercises and the reports have been submitted to the COVID-19 Gold meeting for further consideration. The multi-agency learning will be tracked via the South Wales Local Resilience Training and Coordination Group and any specific health requirements will be gleaned during this process. It was helpful that the Health Board held its own interim debrief prior to this process in order that we could contribute from a specific organisation learning perspective.

Public Health Wales undertook a pan Wales, strategic table top exercise on the 7th August 2020, with SBUHB participation. The learning was highlighted in the COVID-19 Gold meeting and this also helped to inform the Protect and Response planning arrangements.

Locally, winter plans were tested in September 2020; Ymarfer Byddwch Yn Barod: Exercise Be Prepared. The exercise was a very fast moving, intense table top to stress test current plans. A debrief report has been developed and this will be considered by Senior Leadership Team shortly.

The Board will recall agreement to appoint an archivist to support cataloguing and records management in preparation for enquiries. The archivist took up post in late October. Other organisations in Wales are following suit.

Epidemiology

There are indications that the all-Wales Firebreak has had an impact on the level of infection within communities in Swansea Bay. Incidence rates for the whoel Region fell from a peak of over 382 new cases per 100k population per week on the 5th November to a level of 217 cases on the 13th November. The accompanying reduction in the proportion of positive tests was from 24.8% to 17.3%. There is no evidence that this has, as yet, impacted on the rate of hospital admissions and the numbers of in-patients with a COVID diagnosis remains high.

The IMT provides a forum for sharing situational awareness and intelligence across agencies. In October, the profile of cases suggested community transmission was most significant amongst working age adults, and there have been numerous examples of work based transmission in both small and large employers in the region. In November, it is clear that the virus is also transmitting to older age-adults. Incidence levels have varied throughout the period between Swansea and Neath Port Talbot. Both areas have been in the upper quartile when compared to other Local Authority areas. In November, there has been a noticeable increase in the rates of transmission in care homes.

Hospital Activity

At the time of writing, there are around 235 patients with confirmed COVID-19 in hospital settings and a further 30 who are suspected. Rates of hospital admission have been increasing since mid October. However, a significant proportion of cases in hospital are as a consequence of nosocomial transmission.

Admissions to critical care have been stable over the early autumn period but have increased since 7th November. A plan is in place to activate a move into the Enfys ward if required.

Local modelling suggests that we are tracking around 6-8 weeks ahead of the previous Reasonable Worst Care Scenario (RWC) set out by Welsh Government mirroring the position elsewhere in Wales. WG have indicated that the RWC scenario is being updated.

Over the summer, the dashboard has been developed further, and additional intelligence added to support short-term forecasting and capacity management. This is being further refined and a specific workforce intelligence call has been created to improve oversight of system wide workforce issues and support deployment across the system.

System Wide Capacity Planning & Delivery

The Board submitted its Q3/Q4 plan at the end of October which set out capacity plans across 3 phases – normal, surge and super-surge. Since then further work has been undertaken on the capacity requirements.

Welsh Government confirmed that the planning assumptions issued on the 24th June remain extant which suggest that Wales needs to consider a contingency plan for 5,000 COVID acute beds and 350 critical care beds which translates into 621 acute beds for Swansea Bay and 46 critical care beds respectively.

Based on the current modelling, and with no mitigation arising from the Firebreak, our local short-term forecast suggests that by the beginning of December, the number of hospital beds required to accommodate COVID cases will be in the order of 350 and that at this point, we will exceed local surge capacity. The Board reaffirmed in its Q3/Q4 plan that we would only activate the Field Hospital once we had exhausted all internal and community capacity options.

Following a live exercise in early November, the Bay Field Hospital is now in 'stand-by' mode and can be activated with 72 hours notice. This means that up to 80 beds can be mobilised as part of a phase 1 activation plan (which would be operationalised in 3 phases 20/30/30). The Field Hospital Establishment Group and Operational Group now report to Operational Silver which means that there is cross system overview. A protocol has been developed which sets out the process for activation.

Unlike the first wave of the pandemic in the Spring, the Q3/Q4 plan set out the Board's response to the requirements within the national planning framework to continue to deliver a range of essential services, and where possible, routine care. Operational Silver have developed a framework that is intended to support decision making and action planning in the event of certain risks and scenarios materialising. It is not intended to be prescriptive but facilitative and brings together existing and interdependent work. A core set of assumptions have bene agreed to underpin the framework and support decision making. The Quality Impact Assessment (QIA) process that was enhanced in the spring to support the return of services, will be used to underpin decision making if the Board needs to consider stepping down the delivery of non-COVID activity. To date, activity on the green pathway at Morriston for patients who require urgent surgery has been maintained through Pembroke ward.

There has been an increase in Medically Fit to Discharge numbers over the summer period, and focussed action is underway jointly to address both individual delays, but also to take cross-system action on the underlying themes. Dedicated support is now in place to drive actions forward.

Workforce

Whilst underlying sickness absence remains at lower levels than 12 months ago, from 1st September the HB has seen a steady increase in total Covid related absence increasing from 330 to 586 as at 15th November. Asymptomatic absence has changed little, the increase is wholly attributable to Symptomatic related absence moving from 27 to close to 300. After a relatively slow climb through September the rate of increase has accelerated from mid-October. Tthe rates of increase are consistent across Service Groups but with the addition of localised outbreaks. A more nuanced set of early warning thresholds ('triggers') was established beyond the previous use of a crude overall total of 500 staff

absent. These revised triggers are reflected in the escalation policy document. Asymptomatic numbers remain below the GREEN threshold but Symptomatic absence has moved beyond the Amber Trigger. Although many staff have returned from shielding not all have been able to return to patient facing roles which it is believed has an impact on the relative pressure felt in units.

There are significant gaps in workforce availability, particularly in attracting qualified nursing, and local pressures in Intensive Care and on CPAP where a specific skill set is required. Specific actions are underway to block book agency support. A daily nurse workforce meeting is held to manage and mitigate risks.

The Board went out to tender to secure a partner to continue to deliver with the focus on Trauma Risk Management. The outcome of the tender is under review. A recent recruitment campaign was launched to the bank and this has been successful in generating a pool of Healthcare Support Workers (HCSW). A further social media campaign is underway to attract part time or recently retired professionals to support the COVID vaccination programme.

Test, Trace and Protect

The Test, Trace and Protect service continues to be a key aspect of the overall response to the management of COVID-19. The service was stable over the summer period, however, has been increasingly busy since September as the number of cases of COVID-19 has risen. Wales Audit Office have undertaken a review of all TTP programmes across Wales and their report is awaited. In light of the increase in workload, an external recruitment campaign has been undertaken to increase the Trace and Protect workforce from 50% to 100%.

A local Testing framework has been developed in response to the national framework which was released in the summer. The testing framework will continue to evolve, and has been agreed through the multi-agency arrangements.

The two Covid Testing Units [CTUs] at Margam and Liberty Stadium continue to support drive-through testing (general public, pre-operative testing, key workers), with skilled staff carrying out tests on individuals, and also provide the staff resource to test at care homes and at individual's homes, if they are unable to drive. The CTUs also provide home testing support for clients requiring a negative result before emergency admission to a care home. Across the two sites, there is capacity to test 1,106 drive through attendances per day, as well as providing home tests for those who can't travel and responding to care home outbreaks to provide whole home testing.

The following table sets out the level of testing activity since April 2020. Nationally, SBUHB remains consistently high in terms of its testing rates per 100,000 population.

Table 1: Testing Profile as at 15th November 2020

	drive through tests					drive through capacity %			
2020	NHS tests	Non NHS tests	Pre Op tests	public portal	total	capacity	% used	closed settings	home tests (non drivers)
April	1901	574	0	0	2475	2972	83%	0	0
May	888	2434	0	0	3322	7020	47%	2804	28
June	295	2649	104	2151	5199	8325	62%	1566	83
July	235	540	213	3410	4398	13905	32%	254	98
August	227	278	342	8123	8970	16740	54%	39	147
September	1431	3072	777	7799	13079	18308	71%	478	200
October	1616	4004	838	4648	11106	28810	39%	1045	530
November	825	1860	495	495	3675	32880	11%	739	138

A mobile testing unit (provided by the Department of Health & Social Care) delivers self-testing at seven sites across the region on a 7-day per week basis. A fixed based testing unit also commissioned by DHSC is sited at the Grand Theatre Swansea – both services are accessed via the UK Covid-19 booking portal and can provide an additional 408 tests per day.

As the disease prevalence increases, PHW has requested “whole home testing” for at least two care homes per day. This is activated when positive clusters within the home causes concern. As a result, a return to weekly “screening” testing has been implemented in October, to track and quickly mitigate any Covid-19 outbreaks in this vulnerable sector of the community - utilising the UK Government care homes portal to book tests delivered to the home.

Test results turnaround times continue to be a concern, particularly for those tests processed through Lighthouse Labs in England. There has been significant improvement however over the past 10 days and turnaround times for all labs are expected to improve as additional capacity comes online.

Funding has now been confirmed to the end of Q1 in 2021. It is evident that there is a need to extend the programme both in capacity and duration. There are concerns over the effectiveness of the current performance of TTP, which the Welsh Audit Office review may highlight. At present there remains a commitment to TTP as being a central element of the COVID response in Wales. However, expansion of the range of tests being deployed and the associated reporting routes

Supplies, Personal Protective Equipment (PPE) & Equipment

Nationally, the availability of items on the ‘restricted PPE’ list remains green, and locally a minimum level of 48 hours of stock has been maintained consistently on

all sites over the summer period, together with approximately 5 days stock held in central SBU storage. Central HB storage has now been re-located to the Bay Field Hospital. However, there are issues around the supply of some models of FFP3 masks and WG are continuing to source internationally. Locally, we are pursuing local options for enhancing our stock levels. A national stock management system (Stockwatch) is now in place.

On the 27th July 2020, it became compulsory to wear face coverings on public transport in Wales, and from 14th September, mandatory in shops. Local guidance for Health Board staff has been implemented. There have been no further changes to national PPE guidance since the summer.

Communications and Engagement

Communications activity continues to be varied and significant. Over the early Autumn period, significant communication activity has been managed through the regional TTP communications cell amplifying national and regional messages. Nationally, WG will be making additional PR resources available to local Health Boards as part of a broader programme of activity.

A joint statement was developed with Local Authorities and the Health Board setting out the impact of the ongoing pandemic and asking the public for support.

Managing Excess Deaths/Mass Fatalities

Further modelling work is underway within the SW Local Resilience Forum and as a result of this work, the Strategic Coordinating Group are advising against the continuation of the mass body storage facility in Cardiff (SW1) that is available to all partners. A letter is awaited from the SCG to individual partner organisations confirming requesting confirmation that alternative arrangements have been made. Locally, as part of the Q3/Q4 planning process we have reviewed the use of current body storage facilities, and confirmed an extension to the current arrangements for a further 3 months. The cost will be shared with Swansea and Neath Port Talbot Local Authorities.

COVID-19 Vaccination

Following the initial submission of a vaccination plan in early September, detailed planning has continued at pace and a revised Programme Delivery Plan was submitted to Welsh Government on 16th November. The delivery plan is aligned with the Board's extant Distribution of Counter Measures Planning framework, but has been enhanced into a formal Programme Plan using PRINCE 2 methodology.

The Board agreed its delivery mechanism in September which includes:

- A central Mass Vaccination Centre
- Satellite Vaccination Centres in both Swansea and Neath Port Talbot
- Local centres for staff at each acute hospital site

- An In-reach model to support the delivery of vaccine into closed settings and to reach housebound patients.

The UK government asked military planners to support a 'stress test' of all Health Board plans in early November. In firming up our plans, we have now agreed site locations for all of the fixed site locations as described above and detailed work is ongoing to bring these into operational use. There is a national requirement to review security arrangements and this will be undertaken in conjunction with relevant authorities.

The availability of a skilled workforce to immunise remains the biggest constraint, although there has been an encouraging response to a local social media campaign and interest from agencies who are keen to support. Changes to the regulatory arrangements that allow other groups of staff to become immunisers will support medium term planning, but in the short term, we will need to be flexible in deploying staff during the early phases of the programme. Although England has agreed to secure support from primary care to run vaccination centres, the Welsh model will continue to be led by Health Boards. Although we are hopeful of support from primary care colleagues to support delivery of the programme, particularly when it is extended to age-groups, there is currently no contractual framework in Wales to support this.

The first phase of the plans is focused on those who where there is a clear benefit from individual risk reduction. Interim guidance produced by the Joint Committee on Vaccination and Immunisation (JCVI) suggests that the first priority groups will be residents and staff in care homes together with front-line health and social care staff. Ensuring that the 'in-reach' and hospital delivery models are ready to be mobilised is a key priority. A national Welsh Immunisation System (WIS) is being developed and the Board has had access to early versions as part of User Acceptance Testing (UAT).

Current indications are that a modest amount of vaccine may be available in early December. Vaccine devlivery schedules remain subject to repeated updating and delivery of vaccine in December is subject to considerable uncertainty. Our plans remain adaptable to changes in the national planning parameters.

Care Homes

Care homes have experienced unprecedented challenges in responding to COVID and Welsh Government commissioned an external review of care homes carried out by Professor John Bolton, from the Institute of Public Care at Oxford University. The final report has been received and a local action plan developed without our partnership arrangements in response to the recommendations. The report will be reviewed by Senior Leadership Team in November and to consider how the sector is being supported as a whole.

Through the IMT mechanism and data from epidemiological reports and the TTP database, it is clear that there is growing concern about the sector as a whole

and both the fragility of independent sector providers and the impact of ongoing transmission in the sector.

Nosocomial Transmission

There have been numerous outbreaks of COVID-19 occur within hospital settings since September. These have been managed in line with the Board's Policy for Infection Outbreak/Incident Management Framework. The most significant outbreak has been in the cardiac centre and resulted in the postponement of planned cardiac procedures for a number of weeks (since re-started), however there are ongoing outbreaks across all of the acute hospital sites and also in our mental health and learning disability provision.

An Executive led Outbreak Control Team (OCT) meets multiple times a week to review the position, and regular reports are submitted to Welsh Government. A process is now in place to review harm arising from the outbreak and to investigate cases that have led to the death of patients. The review process has been initiated which will be aligned with the 'Putting Things Right' framework.

A Nosocomial Transmission Silver has been established and is meeting weekly to identify themes and lessons from the individual outbreaks and actions are set out in a nosocomial framework. It is very difficult to prevent spread in hospitals given the levels of transmission in the community. All of our hospital sites have pathways and processes in place to separate elective (non-COVID) from non-elective; and cohort areas for known COVID-positive patients, and another for those awaiting a test result. All of these areas follow strict policies on physical distancing and use of PPE, in line with national guidance. Unfortunately, it is clear that one of the key themes to emerge from reviews is a failure for staff to consistently follow guidelines on PPE and physical distancing when in the workplace. An active communication campaign is underway and actions will be strengthened in November with the introduction of a more formal role for local management teams in regularly auditing compliance with requirements through supported by a standardised audit.

Work carried out by the physical distancing cell has now been absorbed into the nosocomial work programme. Following a detailed review of physical bed spacing within hospital settings; PVC curtains have been installed widely across the Health Board estate where minimum bed spacing cannot be maintained.

A process has been agreed to review deaths to date in which nosocomial transmission has been a factor and to ensure alignment with the Putting Things Right Framework and to ensure any new learning is adopted as needed.

The incidence of nosocomial transmission has wider implications in terms of the availability of capacity with the need to close or curtail admissions to ward areas when the outbreak is active.

Emergency Preparedness, Resilience and Response (EPRR)

It has been recognised that the risk of concurrency during the pandemic has been high and a number of key risks have been closely monitored.

The Health Board declared level 3 Business Continuity on the 8th October 2020 due to a significant disruption in blood science and cellular pathology supplies. Business as usual was resumed early November, but a continued escalation process remains in place. Welsh Government have requested Roche to provide a 'lessons identified' register and to undertake a debrief. Once dates are confirmed the Health Board will hold a local debrief in order to inform this and a request of early sight of the lessons identified has been requested. This is particularly pertinent in terms of assurance as we near the end of the EU transition period.

Combined with this is the readiness required for the End of Transition (EU Exit) on the 31st December 2020, where there are a number of synergies in terms of the mitigation requirements for the risks during the COVID-19 pandemic and that for End of Transition (EU Exit) (now referred to as D-20) and in particular if there is not a trade deal. This work continues and at the time of writing, it remains unclear if there will be a deal or not. This work is overseen in the EPRR Strategy Group and a robust risk assessment and assurance process continues, building on the preparations that occurred during 2019. A Reasonable Worst Case Scenario for a no deal was released on the 16th October 2020 and currently this is being reviewed against the Wales Brexit Risks, following this the SWLRF risk register will be reviewed; these risks are included in the Health Board arrangements.

4. RISKS

The risk register continues to be reviewed on a weekly basis. There are now 18 risks on the risk register, 14 open and 4 closed. The risk profile has changed since the summer period and this reflects the current situation:

There are now 9 risks rated at 16 or above (Red) and include:

- Care Homes (risk score 20 – unchanged)
- Capacity Constraints (risk score 20 – worsened)
- Workforce shortages (risk score 20 – risk amended)
- Workforce recruitment (risk score 25 – risk amended)
- Delivery of essential services (risk score 20 – unchanged)
- Partnership working with staff representatives (risk score 16 – unchanged)
- Mass vaccination (risk score 16 – unchanged)
- Nosocomial Transmission (*new risk* added in October) (risk score 20 but will be reviewed in November)
- Business Continuity (*new risk* added in October) (risk score 20).

5. RECOMMENDATION

Members of the Board are asked to:

- Note progress in responding to COVID-19 and key activity in October and November 2020.

- Note the overarching critical risks to the Health Board relating to the pandemic.

Governance and Assurance		
Link to Enabling Objectives ***(please choose)***	**Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities**	
	Partnerships for Improving Health and Wellbeing	☐
	Co-Production and Health Literacy	☐
	Digitally Enabled Health and Wellbeing	☐
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☒
	Partnerships for Care	☒
	Excellent Staff	☒
	Digitally Enabled Care	☒
	Outstanding Research, Innovation, Education and Learning	☒
Health and Care Standards		
(please choose)	Staying Healthy	☒
	Safe Care	☒
	Effective Care	☒
	Dignified Care	☒
	Timely Care	☒
	Individual Care	☒
	Staff and Resources	☒
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 being developed and will be shared with the Board. 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 with effect from Friday 6th November.		
Legal Implications (including equality and diversity assessment)		
Reporting the decisions made in terms of how the Health Board has managed risks and issues will be important in terms of legal cases arising out of the COVID-19 pandemic. Further discussions will take place on how to ensure that the Board has an appropriate information management system in place to support record keeping.		
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 a key issue.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		

The Well-Being of Future Generations (Wales) Act (2015) will be assessed as part of the Board's approach to Recovery.	
Report History	• Board Meeting 30th April 2020 • Board Meeting 28th May 2020 • Board meeting 25th June 2020 • Board meeting 30th July 2020 • Board meeting 24th September 2020
Appendices	Appendix 1: Revised Governance Framework

COVID-19 GOVERNANCE ACROSS WEST GLAMORGAN

Links to National and LRF Cells:
SBUHB - Sian Harrop-Griffiths, Dorothy Edwards, Keith Reid, Karen L Jones
Swansea - Craig Gimblett, Adam Hill
NPT – Karen Jones, Nicola Pearce, Mike Roberts

National and LRF Cells

Links to National and LRF Cells

Joint Leaders Teleconference

Extraordinary Regional Partnership Board

COVID Coordination Centre

Communications Cell

Health Board GOLD Command
Keith Reid

Incident Management Team

Health and Social Care Interface Board
Chair: DH, SHG, AJ

West Glamorgan Health and Social Care Media Cell

Neath Port Talbot
IMT
Steven Phillips

Logistincs and Distribution Group Peter Jackson	Warning, Informing & Digital Services Group Karen Jones	Social Services & Health Group Andrew Jarrett	Mass Fatalities & Care of the Dead Group Craig Griffiths & Mike Roberts	Workforce Planning Group Nicola Pearce
Facilities Cleaning, Deep Cleaning Group Simon Brennan (TBC)	Regulatory Services & Enforcement Group Ceri Morris	Community Resilience & Humanitarian / Voluntary Assistance Group Caryn Furlow-Harris	Key Worker Provision & Vulnerable Learning Support Group Aled Jones	Financial Resilience Group Hywel Jenkins / Huw Hones

Swansea
COVID-19
CMT Group
Phil Roberts

Workforce
Lead:
Adrian Chard
Reported via Adam Hill

Core Group
Rob Stewart
Phil Roberts
(Steering Group)

Community Safety Partnership
Safer Swansea
Adam Hill
Paul Thomas
Weekly Update

Sit Rep for LRF
Collated by Craig not a group

Health Board Operational Silver (Tactical)

PCS Silver	Morriston Silver	Singleton and NPT Silver	MH&LD Silver	Reset and Recovery Working Groups	Workforce Deployment	Medicines Management	Mass Fatalities	Field Hospital Establishment Group	Modelling / Intelligence

Unit Bronze Infrastructure (as required by units) to manage operational issues

Multi Agency Test, Trace & Protect
Silver Chair: SHG

Multi Agency Testing Workstream	Multi Agency Operational	Multi Agency Comms & Engagement	Multi-Agency Regional Response Team

Scientific Technical and Advisory Cell

COVID-19 Community
Silver Command
Chairs: HD, DH, AJ

Whole System Early Warning Framework	PPE / Infection Control	Externally Commissioned Care	Escalating Issues from Recovery Board

Recovery Board
Chairs: DH, SHG, AJ

Key Priorities for the RPB and escalating issues from the Transformation Programme

Business Support
Communications
Finance

Regional Homelessness Cell
Escalation to Community Silver if Required

Neath Port Talbot – Safe and Well Programme
Karen Jones – Programme Director
Elinor Wellington: Programme Manager

Food and Logistics D Griffiths	Contact and Referrals C Cole	Volunteer Coordination J Heaney	Area Coordination Organised into 6 areas A Harris

Swansea Council- Daily Updates 1 hour
Martin Nicholls

Field Hospitals Nigel Williams	ICT Group Sarah Lackenby	Contact Centre Tracey McNulty	Food Support Sue Reed	Local Area Coordination Jon Franklin	Other Links Voluntary Groups Tracey McNulty
Building and Ongoing Discussions for Transport of Paitents	Ensuring Website / Email and Concerns Dev of New WebSite	New Contact Centre respond to queries from 6000 Shielded Letter	Food banks, Food Parcels and Sign Posting	Volunteer Groups, Shopping, Prescriptions, Signposting has been expanded across city	Links to SCVS Prescription Delivery and coordinate volunteer effort

Health Board Wide Silver Groups

Infrastructure (Dormant until activated)	Nosocomial Transmission	Strategic Immunisation	Workforce	PPE	Digital	Testing Cell Chair: KR
Equipment Supplied (Ordering) Financial Returns Capital Spend	Physical Distancing	COVID Vaccination Programme	Training Staff Health and Wellbeing Agile Working			Health Board Testing Workstream

Key

Reports directly to GOLD

Reports to Board with input from Gold

Chaired by DPH to support response

Decision Making

Advice

For Information and Sharing

GOLD: Decision Making
SILVER: Tactical Decision Making
BRONZE: Operational Decision Making

WALES WIDE GOVERNANCE

National

Minster for Health and Social Care

NHS Wales Executive Board

Andrew Goodall

Albert Heaney, Frank Atherton, Jean White, Samia Saeed-Edmonds

NHS Wales Medical Directors of Nursing & Midwifery, Directors of Public Health, Directors of Social Services

NHS Wales Health Boards, Trusts, HEIW, National Supporting Organisations

HSSG COVID-19 Planning & Response Cell

HSSG COVID-19 Planning & Response Group
Chair: Samia Saeed-Edmonds
Vice Chair: Gill Richardson

Technical Advisory Cell
Chair: Rob Orford

UK COVID-19
Health Countermeasures Network
Chair: David Goulding

Social Care
Co-chairs: Albert Heaney and Andrea Street

Primary & Community Care
Co-chairs: Dr Liam Taylor (ABUHB) and Paul Labourne

Acute Secondary Care
Co-chairs: Chris Jones, Andrew Sallows & Steve Curry (C&VUHB)

Workforce Deployment & Well-Being
Co-chair: Helen Arthur & Julie Rogers (HEIW)

Regional

Gold
South Wales Strategic Coordinating Group (DHP)
Weekly Meetings

Recovery Coordination Group
(Not yet established)

Silver
South Wales LRF Tactical Coordinating Group

Media Cell

Mass Fatalities

Bronze
Operational Co-ordination

Discussions and will task as and when required

- PPE
- Food Supply including dist to vulnerable groups
- Organisation resilience in the Social Care Sector
- Transport for Key Workers
- Information on vulnerable persons / shielded
- Homelessness
- Prison Releases
- Grass Fires
- Strategic Information and Intelligence Products
- Assess Risk and Develop a Working Strategy