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Health Board



<b>Meeting Date</b>	<b>05 April 2022</b>	<b>Agenda Item</b>	<b>3.3</b>
<b>Report Title</b>	<b>COVID-19 Health &amp; Safety Issues</b>		
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<b>Report Sponsor</b>	Darren Griffiths, Director of Finance & Performance		
<b>Presented by</b>	Mark Parsons, Assistant Director of Health & Safety		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To provide the Board's with an update on the response to ensure the safety of staff and patients in response to comply with the Health Protection (Coronavirus Restrictions) (Wales) Regulations 2020.		
<b>Key Issues</b>	<p>The Health Board has undertaken a range of work covering COVID-19, with the implementation of COVID risk assessments, physical distancing controls and the implementation of a health board PPE logistics hub, all of which have been updated during the period of the pandemic to comply with changes in guidance.</p> <p>The nosocomial group was set up to monitor guidance issued by WG and other sources and provide assurance to the Board, that guidance was assessed and where appropriate implemented. Risk assessments are monitored by the group, this includes bed spacing and environment.</p> <p>Effective communication is key to addressing the risks of non-adherence to the physical distancing requirement, with processes in place to review requests for physical measures (such as screens, floor markings etc.) have been prioritised, implemented and continue to be monitored as guidance is updated and issued.</p> <p>Cells have been set up to focus on certain areas; PPE logistics cell, Physical distancing cell and the Nosocomial Transmission cell to review nosocomial transmissions. The Nosocomial Transmission cell and also absorbed the physical distancing cell to prevent an overlap of tasks. There are also focus groups that review hospital visiting and report to the Nosocomial Transmission cell.</p> <p>Introduction of a COVID H&amp;S audit tool for all clinical wards and departments to complete weekly.</p>		

	There are also outbreak groups set up to manage outbreaks and feedback to the nosocomial cell and Gold command.			
<b>Specific Action Required</b> <i>(please choose one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations</b>	The Health and Safety Committee are asked to: <ul style="list-style-type: none"> <li>• <b>Note</b> the report</li> </ul>			

## **COVID-19 HEALTH & SAFETY ISSUES**

### **1. INTRODUCTION**

The purpose of this report is to provide the Health and Safety Committee with an update on COVID-19 main health and safety issues and includes visiting, nosocomial transmission, personal protective equipment (PPE) and Physical Distancing Measures within SBU Health Board during the coronavirus pandemic.

### **2. BACKGROUND**

Regulation 7A of The Health Protection (Coronavirus Restrictions) (Wales) Regulations 2020 requires that a person must have regard to guidance issued by the Welsh Ministers about reasonable measures to be taken to ensure that a distance of 2 metres is maintained between persons. This Regulation came into force on 7<sup>th</sup> April 2020.

The guidance establishes that this regulation applies to health and physical care settings. The duty under the Regulations falls on the person responsible for management control of the premises – in this case the Health Board.

The Guidance requires people to take “all reasonable measures” to maintain a distance of two metres between those in the workplace. While that is an objective test that is intended to be applied consistently, it is not an absolute rule that has to be applied all the time, in all circumstances. In addition, it is not a measure that will apply in the same way in all circumstances.”

This requires managers and employees doing what they can in the workplace to change the way they work to maintain physical distancing where practicable to do so.

In order to manage the work required to comply with the Physical Distancing Guidelines, a Physical Distancing cell was established in June 2020 and when the Physical Distancing cell was stood down in October 2020, the remaining work was absorbed and managed through the Nosocomial Transmission group. The Nosocomial Transmission Silver Group was established in October 2020 and is jointly chaired by the Medical Director and Director of Nursing and Patient Experience.

### **3. HEALTH & SAFETY**

As agreed at Gold Command meeting in April 2020, the health board produced generic guidance and risk assessment, this was discussed at Gold Command meeting in April 2020, and guidance and risk assessment that were issued to all Service Groups and Corporate Directorates, providing a checklist and risk assessment tool for all Service Groups/Corporate Departments to complete risk assessments in their individual areas.

As part of the Physical Distancing cell, a small working group (including staff side representatives) was established to undertake physical and virtual reviews of clinical and non-clinical areas and the risk assessments in July 2020. The aim of this review was to check for consistency of approach across sites. The review included all main

hospital sites as well as a sample of other sites and was concluded 04-Aug-20. The risk assessment reviews were extended slightly following requests for additional Risk Assessment reviews from HB Service Groups.

- The review included clinical areas, admin areas, outpatient areas and communal areas.
- Overall, HB Service Groups had implemented appropriate Physical Distancing measures and during the site-visits, guidance was provided on areas including; signage; spacing of seating equipment requirements and PPE.

A due diligence letter for landlords where our staff are based in premises not in our estate (for example, primary care settings) was issued to all landlords in Jul-20.

The risk assessments that were completed in the May-June of 2020 were reviewed as part of the Nosocomial Transmission group checking for consistency and updates or changes in response to outbreaks.

Further risk assessment reviews were undertaken in December 2020 and January 2021 following a COVID-19 spot check inspection by the HSE and a number of outbreaks to ensure appropriate control measures were in place where identified and appropriate for the area and also to share any lessons learnt.

In December 2020, the HSE provided 48 hours' notice that they would be attending Morriston Hospital to carry out a COVID-19 spot check/inspection on 10<sup>th</sup> December 2020. They inspected several clinical and non-clinical areas highlighting a number of areas for improvement and provided initial feedback at the end of the inspections.

A further virtual meeting took place with HSE to go over the fit testing procedure and the availability of the various models of FFP3 masks in areas the HSE questioned.

- Emergency Department
- Theatre
- Paediatrics
- Max Fax OPD
- ED X-ray

Photographic evidence of stores/supplies in each area was provided along with conformation of fit testing for the respective FFP3 masks.

A notice of charge was received on 8<sup>th</sup> January 2021, outlining breaches of legislation covering the following areas:

- Social distancing
- Ventilation
- Cleaning and hygiene
- Risk assessment
- Management arrangements

An action plan was developed and worked through with actions completed in April 2021 and submitted to the HSE. Further feedback was received prompting additional questions to be added to the COVID-19 audit tool that is completed twice a week.

Since the HSE inspection a number of site visits have been undertaken by health and safety and infection prevention and control to ensure measures were being applied consistently across the Health Board sites.

Ad-hock joint site inspections have continued to monitor implementation of measure introduced and to support staff where concerns have been raised, overall compliance has been positive.

#### **4. PATIENT VISITING – ACCESS & EGRESS**

Hospital visiting has had to be restricted during the pandemic as the safety of patients and staff is always the health board's top priority.

We currently as a Health Board support “visiting with a purpose” which includes last days of life, patients who are distressed or confused as examples. This covers the main acute hospital sites.

We have separate guidance in place for Maternity, Paediatrics and Neonatal which is also developed on a national basis. Mental Health and Learning Disabilities has slightly different guidance due to the need to offer rehabilitation and home visits as part of their care. Where appropriate, we have relaxed visiting (summer 2021) where the incidence in the community was low but only in some settings, Morryston Hospital due to the level of outbreak has always maintained restricted visiting.

The organisation participates in Welsh Government led meetings on hospital visiting on a two-week cycle. Throughout Wales all Health Boards are following the visiting with a purpose model due to the high level of community incidence of COVID-19 in the community and the continued outbreaks that present within our hospital sites.

We have, via our web page included our reasons for limiting visitors to protect vulnerable patients in our care and avoid where possible further transmission. Some individuals are without symptoms and can pass on what is a very transmissible infection without realising it and potentially cause harm.

Decisions to open up visiting are discussed weekly at the HB's GOLD meeting chaired by our Director of Public Health, which takes these factors into account.

The HB is looking at options to open up visiting when incidence/risks are reduced as we recognise the benefits to both patients and family together with enhanced communication, especially at times of discharge. It should be noted that we are not looking at open visiting at any time but a staged response still managing footfall in our sites, social distancing and other practical steps to protect patients in our care. The use of digital solutions to offer remote communication has been helpful but not an option for all patients but we would not want to lose some alternatives to face to face in the future.

We also review our communication strategy and update our website to ensure the latest advice is available and we are preparing to undertake a questionnaire wit our patients and the public on what they see as visiting in the future to influence our thinking with the CHC.

## **Access and Egress**

A review of access/egress points to the hospital sites has been undertaken to identify all areas used by staff, patients and visitors, this was to assess if there was potential to implement staff only access/egress points. It has identified that a number of doors would require being linked to the salto access system prior to implementing, costs for this have been requested. There are also challenges on access egress routes from the various car parks around the sites and there is potential to identify specific areas for staff parking to minimise the distance staff have to walk if a dedicated staff access/egress point is identified.

All access/egress points have been assessed to ensure appropriate mitigations are in place as staff, visitors enter the hospital. Hand hygiene stations and staff/volunteers in place to meet and greet to ensure hand hygiene and the wearing of appropriate PPE are followed.

## **5. NOSOCOMIAL TRANSMISSION**

Nosocomial infections are infections that develop during a hospital stay. There have been numerous outbreaks of COVID-19 that have occurred in hospital settings since the start of the pandemic. Nosocomial transmission is not unique to Swansea Bay and all Health Boards in Wales have had cases of transmission during the second wave. Outbreaks within hospital settings have been managed in line with the Board's Policy for Infection Outbreak/Incident Management Framework. These have had a significant impact on patient flow and have led to challenges in being able to safely staff core and surge capacity. However, whilst there were encouraging signs that the position was stabilising in some areas, the number of areas affected is less but transmission is still occurring. The outbreaks relate to a smaller numbers of staff and asymptomatic patients, being detected in the main due to routine testing regimes.

Service Groups chair Outbreak Control Group meetings (OBCG) regularly and keep the Executive Lead updated on the position. Situation updates are provided daily across the Health Board and posted on the Intranet. Welsh Government receive a daily update on the number of outbreaks and also Covid-19 related deaths associated to outbreaks wards.

The Board has recognised the risk of nosocomial transmission within its overarching Gold risk log and mitigating actions are in place. A nosocomial framework has been developed, and more recently, a baseline assessment against good practice issued by Welsh Government has been undertaken. A number of new actions are underway including a further focus on communication with staff based on sharing best practice to influence behavioral change. One of the key challenges is the physical environment which hampers the ability to effectively segregate patients due to a lack of cubicles and to maintain appropriate bed spacing and sufficient air flows. In addition to the physical environment challenges, the ability to timely discharge patients increases the risk of infection acquisition. The lack of sufficiently large common areas, rest rooms and changing facilities is also a factor for staff acquisitions.

## **Current position**

An outbreak is confirmed when there are two or more test-confirmed or clinically suspected cases of COVID-19 among individuals (for example patients, health care workers, other hospital staff and regular visitors, for example volunteers and chaplains) associated with a specific setting (for example a bay, ward or shared space), where at least one case (if a patient) has been identified as having illness onset after 8 days of admission to hospital.

For an outbreak, a daily report is required by Welsh Government that includes the following information:

- Location of the outbreak (hospital/ward),
- Number of new outbreaks and staff and patients affected,
- Cumulative position,
- Outbreak Trajectory (whether stable, improving or worsening),
- New deaths and cumulative deaths, and
- Actions underway.

## **Key learning**

Much of the learning of in-hospital transmission from both waves relates to human factors and the systems and processes that we have in place to manage patient flow. Key learning is summarised below:

- Ongoing risk assessment of all patients throughout the admission process, for signs of viral respiratory infection and prompt reporting.
- Strict compliance with Standard Infection Control Precautions (SICP) including personal protective equipment (PPE) requirements and hand hygiene must be adhered to by all. Some outbreak reviews have identified non-compliance with one or a number of the elements of SICP as a factor in nosocomial transmission.
- Patient movement should be kept to an absolute minimum. Patients may be asymptomatic with COVID-19 or incubating COVID-19 on admission. Movement around the hospital increases the risk of transmission and also being exposed to cases of COVID-19. Movement is kept to a minimum but given the challenges on individual sites, this has been challenging to maintain.
- Patients should be tested on admission. Some patients with COVID-19 will be asymptomatic or minimally symptomatic and so all admissions need to be risk assessed and screened.
- Patients with any symptoms of possible COVID-19 that develop following admission should be re-tested. Even if a patient tests negative on admission, they should be retested if they have any signs of COVID-19.
- There have been instances where staff with mild symptoms are continuing to attend work rather than self-isolating. This is challenging as symptoms can be confused with other conditions, however the message to staff needs to be clear and to advise that symptoms should be discussed with Occupational Health.
- If a patient on the ward develops COVID-19, patient movement should be stopped, and the situation discussed with IP&C to consider when exposed contacts should be tested.

- If an outbreak is detected on a ward, then the ward should be closed and all patient movement to and from the ward must be stopped. IP&C should be called, and an incident meeting set up.
- Patients should be advised to keep to their own bed area, not mix with other patients, wear masks as much as possible and decontaminate their hands frequently. At this time of high prevalence, all staff and patients must be considered as possibly infectious.
- Social Distancing rules must be reiterated and adhered to.

### **Governance and Risk**

The Nosocomial Transmission Silver Group was established in October 2020 and is jointly chaired by the Medical Director and Director of Nursing and Patient Experience. The Group has the following objectives:

- To oversee the implementation of Infection Prevention and Control guidance within SBUHB, considering national guidance issued by Welsh Government and/or Public Health Wales. This will include identifying recommendations to Health Board Gold Command on local interpretation of Personal Protective Equipment (PPE) guidance
- To oversee the implementation of pathways that minimise the spread of COVID-19 within hospital settings, including the appropriate segregation of patients who have a positive or negative test for COVID-19, and those who are suspected and awaiting a test result,
- To oversee the development and implementation of workforce plans and policies that minimise the risk of transmission between clinical areas
- To ensure the development of a robust process for reviewing incidences of confirmed or suspected nosocomial transmission; identifying and sharing lessons learned through an agreed all-Wales mechanism,
- To ensure that national guidance in respect of discharges to other care settings (such as care homes) is implemented within SBUHB,
- To provide rapid, expert advice on cases of nosocomial transmission and actions required to limit harm to supplement ongoing Incident Management
- To identify themes arising from case reviews of nosocomial transmission and apply learning to all settings,
- To provide advice on wider actions that may be required to limit the transmission of COVID-19 which could include, but are not limited to, hospital visiting and the management of footfall on hospital sites,
- To ensure that internal and external reporting of nosocomial transmission is accurate and timely
- To advise Health Board Gold Command on key decisions, risks and policies required to minimise the transmission of COVID-19 within healthcare settings, including the requirement for urgent action



## **National Policy**

On 3<sup>rd</sup> December, Welsh Government confirmed the establishment of a new testing approach using lateral flow devices that were to be rolled out to front-line staff to support identification of asymptomatic staff. The roll out began on 14<sup>th</sup> December 2020, with guidance on testing being regularly updated nationally and implemented locally. To date SBUHB have issued several managers guidance on isolation and testing based on the latest guidance issue by Welsh Government.

## **6. PPE - LOGISTICS**

Throughout the pandemic the HB has had a dedicated silver PPE cell to manage and distribute PPE to our service groups. The PPE cell continues to meet virtually once a week on a Monday, this ensures the HB has a good overview of the PPE position for the HB for the previous weekend and the coming week, this enables the HB to ensure supplies are more than sufficient to meet local demand and has proved to be a successful approach.

With national supplies having been in a very positive position for over 12 months and with supply chain contracts in place, the HB are in the process of moving from a central PPE hub to pre-pandemic ordering systems and will be phased, commencing in April 2022 through to the end of May 2022, with a level of contingency stock maintained centrally to ensure any disruption through the transition and in to Q2 can be serviced.

The PPE silver cell has been successful in procuring, storing, and distributing PPE and other items throughout the pandemic, ensuring that appropriate PPE was distributed to service groups to maintain the safety of our staff and patients.

## **7. SUMMARY of ACTIONS COMPLETED** (this is not an exhaustive list)

- Ensuring that the guidance from Welsh Government and other sources received, is implemented by all Health Board Service Groups, as far as is reasonably practicable.
- Reviewing the risk assessments completed to date for consistency and any gaps in assurance.
- Consideration of the operational guide and further work required to ensure full compliance and addressing any further guidance from the Nosocomial Transmission Group (NTG).
- Review of clinical areas and identifying potential reasonable steps that can be taken to reduce the risk of nosocomial transmission, this is continually reviewed.
- Coordination of further risk assessment work, including with partners in primary care and local authorities where Health Board staff that are in other premises.
- Coordinating a communications approach with staff and public
- Working with the PPE cell to consider the implications of further guidance on PPE requirements.
- Prioritising requests for investment in further physical distancing measures to ensure a consistent approach across the Health Board is met.
- Identifying cross Unit issues that require resolution.

- Identify 'Good Practice' and cascading this across the organisation.
- Updated safety audit tool following feedback from HSE.
- A review of all COVID-19 Risk Assessments that have been completed throughout the Health Board has been completed across all service groups.
- An electronic safety audit tool has been developed for use by site teams to develop a consistent approach to review compliance with prevention measures; this is now being used twice weekly by all units and is reviewed at Service Group level on a weekly basis. The questions in the audit tool focus on Physical Distancing and PPE in the area.
- Reviews/audits of PPE compliance by H&S and IP&C.
- A bespoke digital tool to support robust testing on admission has been created and is being used by all service delivery groups. Compliance with testing on admission has improved since the introduction of the tool which facilitates site teams having rapid patient level data and an overview of testing compliance.
- A robust protocol for managing elective patients via a 'green' pathway has been in place which includes testing on admission as well as a range of other areas. The green pathway at all hospital sites has been maintained despite outbreaks in other areas of hospitals.
- A baseline assessment of the Welsh Government Key standards for environmental cleanliness has been undertaken for Primary and Secondary care units to ensure the health board has met each of the points with the appropriate action.
- Prioritisation of equipment and ICT requests to facilitate remote/home working was established to ensure governance process was in place and a swift response was made to requests. Additional funding was allocated for ICT equipment to ensure demand is met across the Health Board to facilitate staff to work remotely.
- Reviewing 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. A Standard Operating Procedure has also been developed to manage intra-hospital flows.
- Communication campaigns focusing on behavioral change to encourage compliance with the basic requirements – good hand hygiene, physical distancing and PPE wearing, continual focus on messages via the Chief Executive Briefing and posters for use in all units.
- Identify and sharing the learning from incidents is ongoing.
- Reviewing PPE compliance and considering PPE policy issues as they arise.
- Specific action to address outbreak issues on individual sites in ongoing – for example, in managing the use of rest facilities and break-out areas to support physical distancing.

## **8. FINANCIAL IMPLICATIONS**

In response to the Regulations, the Health Board has incurred some expenditure to ensure that appropriate safeguards are in place to protect both staff and patients. Decisions on physical distancing measures were being coordinated via the Physical Distancing Cell to ensure that expenditure remains appropriate and proportionate and are now being managed through the Nosocomial Transmission Group.

## **9. RECOMMENDATIONS**

The Health and Safety Committee are asked to:

- **Note** the report

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> <i>(please choose)</i>	<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 type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
<b>Health and Care Standards</b>		
<i>(please choose)</i>	Staying Healthy	<input 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 type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
<b>Quality, Safety and Patient Experience</b>		
The Regulations place a duty on the Health Board to ensure the health and safety of staff, patients and visitors and to protect them from harm. The work undertaken through the Physical Distancing Cell will ensure that there is a structured approach to ensuring that risk is appropriately assessed and mitigated.		
<b>Financial Implications</b>		
The requirement to procure additional equipment (for example, screens, curtains and any additional equipment i.e. dignity pegs) has incurred additional financial expenditure. These are being captured against a COVID-19 cost code and will be captured as expenditure incurred during the pandemic. A process is in place to reviewing new equipment requests.		
<b>Legal Implications (including equality and diversity assessment)</b>		
Failure to comply with the Regulations could result in litigation.		
<b>Staffing Implications</b>		
The increase of cleanliness standards and frequencies across the Health Board will increase the workload for the domestic services team.		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
No specific implications identified.		
<b>Report History</b>	H&S committee June 2021	