Meeting Date	01 July 2021	Agenda Item	2.3
Report Title	COVID-19 Health & Safety Issues		
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Report Sponsor	Christine Williams, Interim Director of Nursing & Patent Experience		
Presented by	Mark Parsons, Assistant Director of Health & Safety		
Freedom of Information	Open		
Purpose of the Report	To set out the Board's response to ensure the safety of staff and patients in response to comply with the Health Protection (Coronavirus Restrictions) (Wales) Regulations 2020.		
Key Issues	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. A risk assessment process initiated in June 2020 has been finalised and audits were undertaken in July 2020. A due diligence process was also completed to seek assurance from landlords about staff who may be based in premises that are not owned by SBUHB. All risk assessments are currently monitored via the Nosocomial Transmission group. Following the issuing of the 'COVID-19 Guidance For Bed-Spacing in Healthcare Settings' on 26th June 2020, an assessment of the bed spacing measurements across the SBU estate was conducted by the H&S and IP&C teams and staff representatives and mitigating measures have now been implemented, in all required areas. Effective communication is key to addressing the risks of non-adherence to the 2m physical distancing requirement, ensuring a process was in place to review requests for physical measures (such as screens, floor markings etc.) have been prioritised and implemented. 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.

Introduction of a COVID H&S audit tool for all clinical wards and departments to complete twice weekly.

There are also outbreak groups set up to manage outbreaks and feedback to the nosocomial cell and Gold command.

Specific Action Required *(please choose one only)*	Information	Discussion	Assurance	Approval
	☒	☐	☒	☐

Recommendations	The Health and Safety Committee are asked to: • **Note** the report

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 7th 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 10th 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 8th 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.

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.

Reducing footfall on our sites has also helped to prevent the further spread of the virus, particularly during the first two waves.

The restrictions followed Welsh Government guidelines, which included the ability to make local decisions where appropriate.

Temporary visiting restrictions were first put into place in March 2020, including 3pm-4pm visiting, one visitor at a time, and no children. No visiting was allowed for patients with confirmed or suspected Covid-19.

These were kept under review and updated several times in light of revised Welsh Government guidance and local circumstances.

Although most visits were suspended, some continued, such as for childbirth, limited to the birth partner; for patients receiving end-of-life care; and those with dementia mental health issues or a condition like autism where not having a visitor would cause distress to the patient.

Recognising the importance of visitors to the well-being of all patients, the health board supported alternatives such as virtual visiting.

The communications team kept the public informed of the various changes, through website updates, social media and media statements.

The most recent change was in May this year, when reduced Covid-19 levels in our local communities allowed us to begin relaxing visiting restrictions across most of our sites.

The exception was Morriston Hospital because of ongoing Covid infections on some of the wards.

The HB website is regularly updated to keep people informed of the latest visiting position and was last updated on 10th May 2021. The update provided information on visiting for Singleton; NPTH and Gorseinon, there is also specific guidance for:

- Visiting patients in mental health and learning disabilities
- Visiting your baby in the neonatal unit
- Visiting your partner in the maternity services

New visiting rules

- Visiting is strictly by appointment only. However, please do not go straight to the ward. You must register first upon arrival. When you book your appointment you will be given further details about where to go.

- Routine visiting is only permitted for patients who have either been in hospital for a minimum of three weeks, or who are expected to be in hospital for several weeks because of their illness, injury or personal circumstances. Virtual visiting is encouraged for patients who are with us for a shorter time.

- Visiting is limited to the same one visitor/family member. However, if they have mobility issues or other difficulties attending independently, they can be accompanied by a carer.

- Visiting hours are 12 noon to 5pm only.

- No Covid-19 testing is required. However visitors must display no signs or symptoms of Covid-19 and be fit and well generally.

- Visitors must have no contact with a positive case of Covid-19 in the last 10 days, or any household member displaying any symptoms associated with Covid-19.

- Social distancing should be maintained at all times, and physical contact avoided.

- Face masks and any other appropriate protective equipment must be worn – ward staff will advise as necessary.

- Visitors must follow strict hand hygiene by washing their hands or using alcohol gel before, after and during visiting.

- Where possible, consider visiting (by arrangement with staff) at an outside space at the hospital, as infection risks are lower.

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 challenging in being able to staff core and surge capacity. However, there are encouraging signs that the position is stabilising in some areas, and whilst the number of areas is significant, in some cases, the outbreaks relate to a small number of staff and patients, demonstrating if action is taken quickly the outbreak can be contained.

An Executive led Outbreak Control Team (OCT) meets multiple times a week to review the position, and regular reports are submitted to Welsh Government.

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. The lack of sufficiently large common areas, rest rooms and changing facilities is also a factor.

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.

Reports are collated by the Infection Control and Prevention Team (IP&C) in conjunction with site teams. On 3rd December 2020, it was noted that out of the six areas captured (individual hospital sites plus Mental Health and Learning Disabilities), five areas were in a stable position and Mental Health was improving.

From 1st March 2020 to 31st March 2021, there have been over 28,900 positive cases of COVID-19 (SARS 2) from approximately 216,000 testing episodes.

The chart below shows the weekly number of laboratory confirmed COVID-19 cases admitted to SBUHB hospitals, and highlights the impact of the second wave of the pandemic.

Chart 1

Weekly number of confirmed case admissions* to all hospital wards, by health board of admission
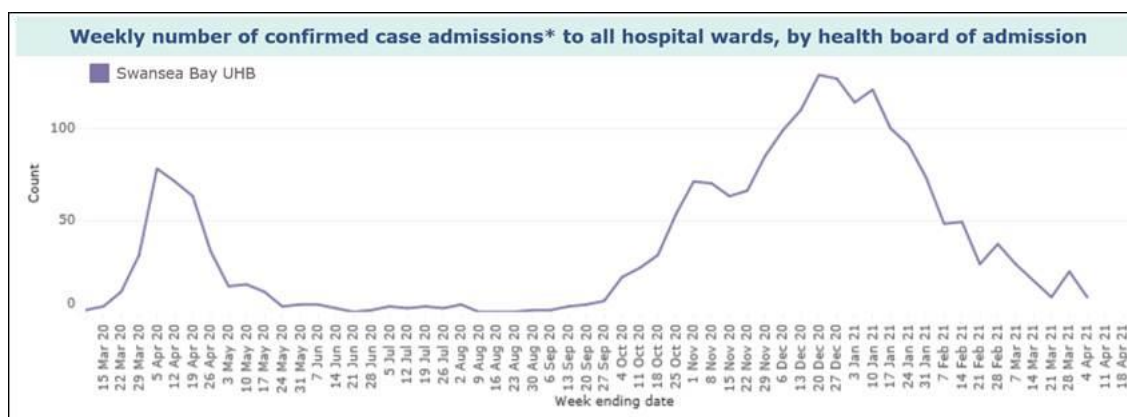
Source: Public Health Wales

Hospital transmission incidents have been managed in accordance with the Health Board's Outbreak Protocol. Locally, these have been managed by Service Group Operational Outbreak Control Groups, which report to the over-arching Health Board Outbreak Control Group, chaired by the Executive Nurse Director of Nursing and Patient Experience. The Public Health Wales Consultant for Communicable Disease Control is a member of this Health Board group also. A Situation Update Report is sent by the Infection Prevention and Control (IP&C) Team daily to the Health Board Outbreak Control Group, Executive Directors, Delivery Group Directors, COVID-19 IMT, and other relevant parties. An outbreak summary report is sent to Welsh Government daily.

Although the incidence of COVID-19 in the community has been reducing, maintaining vigilance is critical to reduce the risk of transmission. Delivery Groups have undertaken outbreak debriefs, reviewing and sharing lessons learned.

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:

- Strict compliance with personal protective equipment (PPE) requirements. Some outbreak reviews have identified non-compliance with PPE as a factor in nosocomial transmission,
- Patient movement should be kept to an absolute minimum. Patients may be incubating COVID-10 or asymptomatic with COVID-19. Movement increases the risk of spreading COVID-19 around the hospital. 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 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 advice that symptoms should be discussed with Occupational Health.
- If a patient on the ward develops COVID-19, then all patients in the same bay should be swabbed. Consideration should be given to swabbing the whole ward. Patient movement should be stopped, and the situation discussed with IP&C,
- Good infection control practices are not always able to be implemented effectively. 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. Recently discharged patients (within the last 7 days) should be traced and managed (put in isolation or brought back to the outbreak ward). 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, and
- 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 assumed control of the Physical Distancing cell and its actions. 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 oversee outstanding actions from the physical distancing cell and absorb work into the ongoing work programme,
- 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

Actions

Nosocomial Silver is meeting fortnightly to identify themes and lessons from the individual outbreaks and actions.

Welsh Government released a 16-point plan in November which identifies actions to limit, minimise and mitigate the risks associated with transmission in a healthcare setting. A baseline assessment has been undertaken to ensure the health board has met each of the points with the appropriate action and all outstanding actions have now been completed.

One of the early actions was the development of a comprehensive framework (in advance of the 16-point plan) focusing on the prevention of nosocomial infection and the response to outbreaks when they occur.

Key actions taken include:

- Patient testing has been increased to on admission, day three and day five with consideration of testing patients on day seven in areas of high nosocomial transmission. A patient testing standard operating procedure (SOP) is being drafted which includes details for inpatient testing and testing of patients prior to discharge. A business intelligence dashboard has been developed for testing patients upon admission, which is being updated to show the additional patient tests required.
- Pre-admission reverse transcription-polymerase chain reaction (RT-PCR) testing in all patients due to be admitted for elective treatment is in place.

- Reviewing pathways and processes in place to separate elective (non-COVID-19) from non-elective; and cohort areas for known COVID-19-positive patients, and another for those awaiting a test result. A SOP has also been developed to manage intra-hospital flows
- Communication campaigns focussing on behavioural 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.
- Implementation of a safety audit tool for use by site teams to develop a consistent approach to review compliance with prevention measures; this has been used by the management teams on wards across the health boards twice weekly from early December 2020 and is reviewed at Service Group level on a weekly basis.
- Commissioning of a bespoke digital tool to support robust patient testing on admission has been in operation since December 2020. Compliance with testing on admission has improved since the introduction of the tool which facilities site teams having rapid patient level data and an overview of testing compliance. This tool is being updated to help monitor patient testing for additional days throughout admission.
- Installation of mitigating measures following a review of physical bed spacing within hospital settings which has resulted in PVC curtains being installed widely across the Health Board estate where minimum bed spacing cannot be maintained.
- Identify and share the learning from a pilot scheme in Neath Port Talbot with a checklist that asks staff to consider if they have COVID-19 symptoms at the start of their shift.
- Reviewing PPE compliance and considering PPE policy issues as they arise.
- Specific action to address outbreak issues on individual sites – for example, in managing the use of rest facilities and break-out areas to support physical distancing.
- 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 patient testing SOP is being developed by the Nosocomial Transmission Group and is currently being updated following the release of the Welsh Government Framework for COVID-19 Testing for hospital patients in Wales.

National Policy

On 3rd December, Welsh Government confirmed the establishment of a new testing approach using lateral flow devices that will be rolled out to front-line staff to support identification of asymptomatic staff. The roll out began on 14th December 2020 and plans to include all Health Board Staff are underway. Details will be circulated to Service Groups in the coming months to provide the information needed for staff to use the test kits.

A baseline assessment against the Welsh Government key standards for environmental cleanliness and the associated costs and implications for ensuring they were achieved has been reviewed and approved. (Appendix One and Two).

Patient testing has been increased across the Health Board in line with the Welsh Government Framework for COVID-19 testing for hospital patients in Wales (Appendix Three) with a patient testing SOP being drafted and the testing on admission dashboard is being updated to monitor the patient testing.

The Nosocomial Transmission group are also working with Public Health Wales (PHW) to explore how behavioral change science and methodology may assist with the reduction in Nosocomial Transmission across the Health Board sites.

6. PPE - LOGISTICS

A dedicated silver PPE cell continues to meets every Monday and Friday virtually to oversee arrangements, and supply issues are included on the Health Board's COVID-19 dashboard. Updates are reported to the COVID-19 Gold meeting, at which any issues of concern are escalated.

The external ordering of PPE continues to be overseen centrally through the logistics cell, and storage facilities established at the Bay field Hospital PPE hub for receipt of all orders and for onward distribution. Each Service Delivery Group has identified PPE leads and deputies, and focal points agreed for local storage and distribution.

Distribution to the service delivery groups (SDGs) and community testing units (CTUs) sites received a 5 day week (Mon-Fri), delivery service from central stores (Bay Field Hospital PPE Hub). All arrangements are constantly assessed and can be amended at short notice to meet demand should this increase or decrease.

Clear processes for internal ordering are well established and implemented, with external orders made each day, based on up to date information on requirements.

Current usage levels are monitored and tracked by assessing orders. A modelling tool is in place to support the ongoing monitoring of PPE usage at each SDG, taking into account the detailed requirements and implications to the revised national guidance.

Nationally (Wales) have adopted the modelling tool developed by Deloitte in conjunction with the Health Boards, with NWSSP owning the modelling tool to assist in planning for PPE need going forward with reports feeding in to the PPE Execs Lead Group. This is used to cross reference against actual usage with the data analysed to provide demand forecasts to ensure sufficient supplies are procured.

NWSSP have developed and implemented a national reporting tool 'Stick Watch' where all Health Boards record PPE on a daily/weekly basis, this provides an overview of the national position and the ability to redistribute stock where required.

NWSSP have reported green on core items of PPE since end of May 2020, with current national levels based on current weekly usage reported as:

- FFP3 masks over 30 weeks
- Long sleeve gowns over 140 weeks
- Long cuff nitrile gloves over 318 weeks
- Fluid Replant Surgical Masks over 73 weeks

Locally SB has over 15 day's as a minimum held at the main PPE hub, with at least 2 days held locally in service group PPE hubs and this does not include stock held at ward and department level.

7. PHYSICAL DISTANCING

The Physical (Social) Distancing cell focused on areas that could help the Health Board comply with Physical (Social) Distancing Guidelines including risk assessments for all areas across all sites, bed spacing measurements to ensure they complied with Welsh Government guidance and regulations, provided communication for patients and staff, and management of equipment requests and prioritisation for equipment that can aide with Physical Distancing including PVC Curtains, Perspex screens and ICT Equipment.

Signage was produced and placed in appropriate areas i.e. floors, walls and doors identifying 2m spacing, maximum occupancy levels, one way systems, wearing of appropriate PPE and hand hygiene in clinical and non-clinical areas.

Welsh Government issued COVID-19 guidance for bed spacing in healthcare settings on 26th June 2020. Following this, all Service Groups within SBUHB undertook a review of the physical bed-spacing in all inpatient wards to assess the impact of changes across the Health Board estate and adopted a RAG rating:

- RED – beds are less than 2m apart. (Bed needs to be removed)

- AMBER – beds are more than 2m but less than 3.6m apart. (Bed requires mitigation/control measures)

- GREEN – beds comply with 3.6m and 3.7m guidance as set out by Welsh Government.

Following a review of the risk assessments of the bed spacing a potential loss of 236 beds was identified. The H&S and IP&C teams noted that there were inconsistencies in the bed spacing measurements that were originally provided. Therefore, a second assessment was completed, to ensure a consistent approach was used across the Health Board. The second assessment was completed by the health and safety team, and staff side representative in September 2020. The second review provided a consistent approach to the measurement, this indicated that with appropriate control measures, there would be no loss of beds, with the preferred control measure being PVC curtains. The PVC curtains were piloted on a ward and received positive feedback from staff and patients prior to rolling out the PVC Curtain installation across all required wards.

From the second bed spacing assessment, there were no beds highlighted as Red status and for the beds that were identified as Amber status, the mitigating measures were agreed in the Physical Distancing Cell (PVC curtains and screens) were implemented in these areas. The second assessment identified over 20% of assessed beds were Green status, meeting the minimum Welsh Government bed-spacing guidelines.

The only exception to the introduction of PVC curtains was in mental health wards, due to the potential risks to patients and staff occupying these wards.

The Mental Health wards across the Health Board are predominantly single bed occupancy rooms and as the Mental Health wards were classed as a 'support bubble', it was agreed that mitigation measures would not be required in Tonna Hospital, which is the only mental health ward that does not use single occupancy bedrooms.

The initial installation of PVC curtains began on 19-Oct-20 and was completed Sunday 08-Nov-20.

Of the original recommendation of 547 PVC Curtains, 510 curtains were installed in acute wards across all sites in the Health Board. The wards that were not completed during the initial installation was due to the wards having COVID-19 positive patients, with these being installed once the position changed.

The Bay Field Hospital was also assessed and PVC curtains were installed in Pennard and Baglan wards in preparation for COVID-19 super surge, this was completed in November 2020.

Physical Distancing Communication

The Physical Distancing communication has been proactive and regular since the Physical Distancing cell was established in June 2020 and has been managed as part of the Nosocomial Transmission group since October 2020.

- Physical Distancing is featured as a key topic at least weekly via the staff bulletin and we have been encouraging all staff to understand their individual and collective responsibilities to ensure safe working practices.
- A web page has been developed internally, so that all guidance for staff on physical distancing measures is held in one place. This page is regularly updated with Physical Distancing guidance and useful literature and posters.
- An external facing web page has been developed to ensure that visitors have access to important information about their visit to our sites
- The Medical Director has participated in a video addressed to medical staff to highlight responsibilities for setting a good example – within and out of the workplace setting.

Equipment Purchasing

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.

7. COMPLETED ACTIONS

A Physical Distancing cell was established in June 2020, chaired by the Chief Operating Officer to bring together the components of work needed to ensure the ongoing safety of both staff, patients and visitors. The group's main objectives included;

- Ensuring that the guidance from Welsh Government, which was received on 3rd June, 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).
- A review of clinical areas and identifying potential reasonable steps that can be taken to reduce the risk of nosocomial transmission.
- 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 facilities 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.

8. ONGOING ACTIONS

- 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.

9. 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.

10. RECOMMENDATIONS

The Health and Safety Committee are asked to:

- **Note** the report

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

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.

Financial Implications

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.

Legal Implications (including equality and diversity assessment)

Failure to comply with the Regulations could result in litigation.

Staffing Implications

The increase of cleanliness standards and frequencies across the Health Board will increase the workload for the domestic services team.

Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)

No specific implications identified.

Report History	None
Appendices	Appendix 1, 2 and 3.