



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>26 May 2020</b>	<b>Agenda Item</b>	<b>3.8</b>	
<b>Report Title</b>	Update on Primary & Community Care including Field Hospitals and Community Capacity in preparedness to COVID-19			
<b>Report Author</b>	Debra Rees, Quality & Safety Improvement Manager			
<b>Report Sponsor</b>	Hilary Dover, Unit Director			
<b>Presented by</b>	Hilary Dover, Unit Director Karl Bishop, Dental Director, Interim Quality and Safety Lead			
<b>Freedom of Information</b>	Open			
<b>Purpose of the Report</b>	The report aims to update the Quality and Safety Committee of the Covid-19 preparedness undertaken by Primary & Community Services, including Field Hospitals and Contracted Services.			
<b>Key Issues</b>	Primary & Community Services response to COVID-19 including Field Hospitals and Contracted Services; Governance arrangements; Impact assessments on service/risk to patients; Reactivation and Next Steps.			
<b>Specific Action Required</b> <i>(please choose one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations</b>	Members are asked to: <ul style="list-style-type: none"> <li><b>ENDORSE</b></li> </ul>			

# **Update on Primary & Community Care including Field Hospitals and Community Capacity in preparedness to COVID-19**

## **1. INTRODUCTION**

The report aims to update the Quality and Safety Committee of the Covid-19 preparedness undertaken by Primary & Community Services, including Field Hospitals and Contracted Services.

## **2. BACKGROUND**

In anticipation of patients presenting with COVID-19 symptoms to all areas of the Health Board, each Head of Service in PCSDU submitted a Business Continuity Plan to the Unit COVID-19 Silver group identifying essential services and those where it might be possible to reduce or cease. This enabled appropriate deployment of staff to areas of need following appropriate training and the development of new services to respond to COVID-19.

### **2.1 Unit COVID-19 Governance Arrangements**

In order to have clear lines of communication and facilitate strong working partnerships, the Governance arrangements include:

- Primary & Community Services Quality, Safety Improvement and Patient Experience meeting is now divided into COVID-19 and Non COVID-19 sections – Terms of Reference amended to reflect change.
- Daily Primary & Community Services Silver Triumvirate meeting to enable coordination of COVID-19 response and swift access to decision making.
- Twice weekly integrated Community Silver meeting with partners from Swansea and Neath Port Talbot.
- Weekly GMS clinical leadership forum established.
- Liaison with professional committees (Local Medical Committee and Local Dental Committee)
- Programme management structure in place to plan, implement and monitor COVID-19 related service change.
- The Unit Risk Register includes identified risks relating to COVID-19. Weekly meeting with Performance Team to ensure associated projects have initiated associated Risk and Issues Log.
- Impact on Datix: the corporate RLDatix team added the option within Datix for COVID-19 related issues.

- The Unit completes a monthly quality and safety exception report for the Health Board Quality and Safety Governance Group meeting, sharing quality triggers and identified learning (COVID-19 and non COVID-19).
- Continuation of Quality and Safety operational groups.
- Weekly all-Wales senior clinical leadership meetings for Unit Medical Director and Unit Dental Director.
- Unit Health & Care Standards submission date was achieved for corporate review.

## **2.2 Primary and Community Services Response to COVID-19:**

In response to the COVID 19 pandemic the Unit made significant changes to enable safe service provision for service users, and the staff providing the service. The following changes have been made:

### **i. Swansea Bay University Health Board provided services:**

- Implementation of telephone triage and across a wide range of services
- Virtual multi-disciplinary team management of complex Long Term Care cases.
- Increased surge capacity created as part of Health Board wide capacity plan for inpatient beds by increasing Community Hospital beds from 36 to 48.
- Rapid discharge protocols and pathways developed with Local Authority partners.
- Enhanced capability for remote working across primary and community services.
- Revised sexual health service pathways – Patient Administration System (PAS) (remote / minimal contact).
- Therapy services focus on flow and prevention of admission avoidance, e.g. H2H, Rapid Discharge.
- Extensive staff deployment from suspended services into COVID-19 response.
- Safeguarding continues to be a priority for the Unit, e.g. Looked After Children (LAC) and statutory work continues (remotely in the main) as regulations have not been relaxed. This includes working in close partnership with the Local Authority and ensuring plans are in place for vulnerable children and families. Health Visitors prioritise face-to-face contacts for birth visits and safeguarding. District nurses continue to prioritise end of life patients. Referrals to the Health Board Safeguarding Team continue via the Datix reporting system.

### **ii. Contractor Services (GP, Pharmacy, Dental and Optometry)**

- GPs, GDPs and Community Pharmacy – working behind closed doors (no walk in appointments permitted) and providing an initial triage service and follow-up face-to face consultation if necessary.

- Enhanced Bank Holiday and OOH working across Dental/ Pharmacy/ GP Practices.
- Development of cluster virtual ward model.

### **2.3 New Services:**

#### **i. SBU HB provided services**

- PPE co-ordination for primary care contractors
- Established COVID community testing unit
- Full commissioning of two Field Hospitals Bay/ Llandarcy
- Establishment of centralised cluster based phlebotomy
- Community Advanced Health Professional Verification of Death service
- Establishment of an Urgent Dental Care Unit for Covid-19 patients and AGPs supported by enhanced referral management centres
- Established 'Red Flag' Service where the most vulnerable patients can access the Podiatry and Orthotics clinics, initially via telephone triage (wounds/infections).
- Implementation of sexual health. 'ambulance' providing emergency sexual health medication to communities.
- New palliative care medication pathway, to mitigate low supply of essential palliative medications during the pandemic.

#### **ii. Contractor Services (GP, Pharmacy, Dental and Optometry)**

- Establishment of (COVID-19) primary care assessment centres.
- Establishment of urgent eye care centre / emergency dental unit
- Establishment of Heart Failure Hub providing rapid heart failure patient assessments
- Rapid Rollout of Digital Platforms Ask My GP / Attend Anywhere/ Consultant Connect

### **2.4 Impact Assessments**

Quality impact assessments have been undertaken by all Heads of Service and Team Managers to gain an update on the current view, and an indication of the risk for continuation with the status quo for the next 3 and 6 months in line with the Health Board reactivation framework.

This process identified areas of higher and lower risk, and associated themes regarding vulnerable patients, how they are 'really coping', the impact of patient 'fear of Covid-19', surge in demand when services return to work, sufficient workforce and impact of the Field Hospitals, paediatric development and the impact as a result of the gaps in service provision due to COVID-19.

For some teams remote systems of work (telephone/digital) have had a positive impact and they would likely keep and develop this further. The flexibility and resilience of the workforce has been highly commended.

A lessons learned log is being collated to inform future developments and reactivation working.

## **2.5 Field Hospitals**

The Unit operationally lead this HB project. An iterative Field Hospital Model of Care and Operational Policy has been developed for the Swansea Bay University Health Board Llandarcy and Bay Field Hospitals. The Field Hospitals will be an extension to the current legal entity and operating model of the Health Board. There is an agreed governance structure, and the Field Hospital Establishment Group and the Field Hospital Operational Group, have frequent progressive meetings. A Corporate Field Hospital Risk Register and a Unit Field Hospital Risk and Issues log are shared and dynamically reviewed.

Llandarcy Field Hospital will have operational capability for up to 323 beds, which will become available as additional capacity within the Health Board for patients with level 3 Ward care capacity from 18<sup>th</sup> May 2020. Patients will be selected who are recovering from COVID-19 but either need to improve physically or need on going medical interventions before going home. It is envisaged that this capacity will be accessed on a phased basis in line with demand. There is also a range of other supporting clinical and non-clinical accommodation available in the field hospital to fulfil operational requirements.

The Bay Field Hospital is currently under construction at the Bay Studios Business Park. It will have a total of 949 beds, which are being constructed in three phases. The first two phases comprise 421 ward beds including 6 triage beds, and will be handed over to the Health Board for commissioning to commence on 11<sup>th</sup> May 2020. The first phase of this capacity will be available to accept patients during the week commencing 18<sup>th</sup> May.

Bay Field Hospital will deliver routine low level care to patients who are predominantly self-caring, who have a clearly identified problem, with minimal other complicating factors, and/or may require occasional assistance with some activities of daily living.

## **2.6 COVID-19 – Reactivation and Next Steps**

The reactivation process has been informed by the National Direction; Policy; Operating Guidance (health and non-health) regarding the position on essential services /re-activation. The Unit is working with the Health Board Director of Transformation on reactivation, which has included collating performance data to check and establish where we are now.

Whole system thinking included consideration of social distancing requirements, suitable location/facilities, the use of new technology and availability of digital platforms; the workforce availability – many staff have been deployed to COVID-19 activities; and the expectations of patients, and partners in care provision.

Part of the review process identified COVID-19 changes we wish to / need to keep. The Heads of Service quality impact assessment of services for reactivation ensured a view on whether they were considered essential or priority services based on risk assessment. The GMS priority areas were to proactively contact for shielded or vulnerable patients including care homes, patients with mental health issues, enabling immunisations; patients needing cancer and/or chronic conditions management and maintaining safeguarding and screening. Community Pharmacy (no walk in appointments permitted) , provided emergency contraception and Common Ailments Scheme, and had increased delivery. GDS maintained open triage and undertake simple procedures. The Dental Hub is still required and work is progressing to this end.

The specified information will support and inform agreement on service reactivation proposals and phasing this according to real time data on COVID-19 behaviour. The Unit is developing a draft reactivation plan for the next 1, 2 and 3 months with a view to implementing the plan to reactive services with necessary adjustments. The reactivation plan will be reviewed and adjusted in line with national and local COVID-19 guidance.

### **3 GOVERNANCE AND RISK ISSUES**

In common with other service areas and throughout Wales, the Unit has identified the risk regarding a COVID-19 surge, aligned with a potential increase in patients presenting with other health conditions who may have delayed contacting health care services due to the impact of COVID-19.

The Unit completed quality impact assessments on the current status of service provision, including the assessment of risk to patients/service users if services remain in their current status, identifying which services can be re-established, what impact will this have on their staff, other services including the wider Health Board, and how quickly they can be stopped and staff deployed should a COVID-19 surge occur. This was presented at the Unit Quality, Safety and Patient Experience meeting 28 April, 2020.

All services provided within the Unit are vital for improved patient outcomes and prevention of deterioration/admission to acute care. Whilst the COVID-19 pandemic was peaking the Unit acted according to the health needs of the patients. The risk is changing – the Unit needs to act accordingly and maintain the ability to be reactive whilst planning proactively and is working within the Health Board reactivation framework to achieve this.

### **4 FINANCIAL IMPLICATIONS**

The estimated impact of the Unit's Covid19 preparedness actions on the financial position has been communicated into Corporate Finance via the Finance Business Partner. The Unit is monitoring the cost increases from new activities as well as cost reductions from services being stood down on a monthly basis and this will form part of the Unit Finance reporting pack.

## **5 RECOMMENDATION**

That the Committee notes the report and actions taken by the Unit regarding COVID-19 preparedness planning, and the steps taken towards reactivation working within the Health Board reactivation framework. This will support working towards potential future modelling – ‘the new normal post COVID-19’.

<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 checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
<b>Health and Care Standards</b>		
<i>(please choose)</i>	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
<b>Quality, Safety and Patient Experience</b>		
<p>The quality, safety and patient experience implications of the actions within the report identify the actions to keep patients and staff safe, ensure service provision where possible and identify deployment of staff with associated training to areas of need.</p>		
<b>Financial Implications</b>		
<p>The daily Triumvirate meetings have been used to expedite decisions where a quick response has been required to meet service needs. Any decisions that would have a substantial impact on costs have been escalated to the Executive team.</p>		
<b>Legal Implications (including equality and diversity assessment)</b>		
<p>The Unit and Health Board is working with evidence based information from Public Health Wales in relation to COVID-19, quality impact assessments on the changes to service provision have been undertaken to support potential service change via a Plan Do Study Act (PDSA) cycle in a proactive and reactive way due the nature of the COVID-19 pandemic. This includes the BAME risk assessment.</p>		
<b>Staffing Implications</b>		
<p>There are staffing implications with the Field Hospitals – some of the staffing for Llandarcy will be picked up the Primary &amp; Community Services from the Acute Clinical Team and other services via staff deployment. There will be staffing gaps within both Llandarcy and Bay Field Hospitals without support from the wider Health Board</p>		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		

The paper will have an impact on the “The Well-being of Future Generations (Wales) Act 2015, 5 ways of working as follows:

- **Long Term** - Quality Impact Assessment have been undertaken to identify the status of services in relation to patient need now and in the future as the impact of COVID-19 changes. The Unit will need to remain reactive to the need in the future and has planned for that.
- **Prevention** - Review of patient need against service provision is essential as Primary and Community Services excel at preventing patient deterioration by maintaining and improving health outcomes, and keeping patients at home when clinically safe to do so.
- **Integration** - The report will have a positive effect on the public body’s well-being goals
- **Collaboration** - Acting collaboratively with the public, partners internal and external to the Unit and Heath Board will ensure we meet the well-being objectives.
- **Involvement** - It is essential we involve as many people as possible reflecting the diversity of the area within the SBUHB footprint to meet our goals together.

<b>Report History</b>	None
<b>Appendices</b>	