Meeting Date	30 April 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 outline how Swansea Bay University Health Board is responding to the COVID-19 Pandemic.		
Key Issues	The Board is using its Pandemic Framework and a broader suite of emergency response plans to manage the COVID-19 pandemic.

A command structure is in place, following an inaugural Gold command meeting on the 31st January 2020, which includes strategic, tactical and operational response arrangements as well as a number of system wide groups focussing on particular aspects of our response. During February 2020 emergency preparedness was undertaken as part of the UK Government 'delay' phase and following a transition to the mitigation phase, the Health Board response period ensued.

In March and April, there has been an intense period of planning and preparedness occurring concurrently with the response and a significant amount of service change has taken place. The Board is responding effectively to the current volume of patients who are presenting in both primary care and acute care. We will have further capacity available on a flexible basis in field hospitals which supports our overall response plans in line with modelling assumptions shared by Welsh Government in early April 2020. We are working collaboratively with Local | | |

| | Authorities to make these available from end April/early May.

We have a significant focus on ensuring that our staff are provided with Personal Protective Equipment (PPE) and have responded throughout March and April to changes in UK guidance.

We are testing staff in line with Welsh Government guidance.

A central risk register is in place and key risks are monitored via daily Gold meeting where mitigating actions are discussed and approved. |
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Specific Action Required *(please choose one only)*	**Information**	**Discussion**	**Assurance**	**Approval**
	☐	☐	☒	☐

Recommendations	Members are asked to: o Note the governance arrangements supporting the Board's response to COVID-19 o Note progress in preparing for, and responding, to COVID-19 o Note the overarching critical risks to the Health Board at this time.

RESPONDING TO THE COVID-19 PANDEMIC

1. INTRODUCTION

The purpose of this report is to outline how Swansea Bay University Health Board are responding 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 but also in responding to the situation during March and April 2020.

The Board has an established Pandemic Framework and Tactical Plan as part of a broader suite of local, regional and national emergency response plans and these have been the foundation to guide the response to COVID-19. The response command, control and coordination operate in accordance to the principles and arrangements outlined within the SBUHB Major Incident Procedure and aligned to the Civil Contingencies Act 2004.

The Command Structure operates in accordance with the Standing Orders and Standing Financial Instructions of the organisation at all times utilising the flexibility for urgent decisions to be signed off with Chair's action when necessary.

To date, we have had 480 general COVID-19 admissions (those who have tested positively) into Swansea Bay Hospitals – this will include patients currently in hospital. There will be other COVID-related admissions who have not subsequently tested positive. To date, just under 12% of patients have been admitted to a critical care bed.

Tragically we have lost three health care workers from within the Swansea Bay NHS family, Linette Cruz, Jenelyn Carter and Sharon Bamford. We have paid tribute publicly to our colleagues who will be greatly missed by their family, friends and colleagues. We are supporting staff working in delivery units who are coming to terms with the loss of colleagues and also identifying how we can ensure ongoing support to their families.

We are operating in a rapidly changing situation and some of the areas covered in this report will undoubtedly have changed prior to the Board discussion.

3. GOVERNANCE

Leadership, Operational Management and Control Arrangements

In February 2020, when the Board fully stood up its emergency response arrangements initially, the structures included Gold, Silver and 6 Bronze Groups,

during this time a number of flow templates were prepared for further and specific detailed work at a service level, business continuity plans were reviewed and identified risks collated at each Unit level. A COVID-19 Coordination Centre (CCC) was operationalised and all COVID related planning and response activity has been coordinated through the CCC. The Director of Public Health is the overall Gold Commander and this is supported by an Operational Command role undertaken by the Deputy Director of Transformation and the Head of Emergency Preparedness Resilience and Response.

A Silver Command structure is in place at a Unit level and this is supplemented by a Silver Workforce Command, and more recently, an Infrastructure Silver. There are a range of support cells (working groups) who are shaping the overall planning arrangements required for the next phase of the response. The latest Command Structure is attached at Appendix 1. It should be noted that as this is a fast moving response, the architecture remains under regular review and will continue to evolve as situation changes.

The governance structure reflects our role as part of a wider public sector response to COVID-19, and in particular in ensuring an effective health and social care response. Partnership arrangements have been reviewed to ensure that we have a cohesive and responsive framework to enable decisions to be taken and this is reflected in the structure which identifies a Health and Social care Interface group which is meeting frequently. Jointly with Swansea and Neath Port Talbot Councils, Jack Straw (a retired NHS and local authority Chief Executive) has been engaged to provide senior strategic oversight of the key interface issues between health and social care.

The CCC maintains an overarching Gold Programme Plan that is reviewed weekly and submitted to Welsh Government on a periodic basis. In mid-March, Executive lead for each of the work programme areas were identified to strengthen leadership and provide an overarching command function across the Board. The Executive Team have now moved to a 7 day working model and on call arrangements have been strengthened with a dual-Gold function (one clinical, one non clinical) to support decision making over the out of hours period.

During the early phases of the response, Gold Command met once weekly moving to thrice weekly, and prior to Unit Silver command arrangements being established, there was a Health Board wide Silver Command. Both included key stakeholder partners from within and external to the Health Board Since 30th March, when our response arrangements stepped up further in response to the increasing volume of COVID-19 cases, Gold has met daily across the 7 day period. All Gold meetings are noted and a rolling action log maintained by a dedicated Gold loggist. Gold command used the Joint Emergency Service Interoperability Programme, (JESIP) principles from the outset to manage the rising tide emergency and consequently the Joint Decision Making (JDM) model within meetings, ensuring that Gold remains strategic in nature and is based on managing the overarching strategic risks to the organisation.

The escalation processes embedded within this response include:

- **Strategic:**
  - Set strategic direction
  - Co-ordinate responders
  - Prioritise resources
- **Tactical:**
  - Interprets strategic direction
  - Develops tactical plan
  - Co-ordinates activities and assets
- **Operational:**
  - Executes tactical plan
  - Commands single-service response
  - Co-ordinates actions

Since early April, we have had two dedicated Military Liaison Officers assigned to the Health Board who have been invaluable in helping us develop, test and refine our plans. We also have some further support available to help strengthen logistics in respect of PPE arrangements at Morriston and Singleton Hospitals following an all Wales review of distribution arrangements.

The following sections provide a high level overview of the work that has been undertaken to date in both preparing for, and responding to COVID-19:

System Wide Response

In response to models shared by Public Health Wales and Welsh Government, the Board developed its capacity response plans during late February/early March and also created a suite of pathways to ensure that patients are directed to the most appropriate service.

The foundation of our response is that that people have access to timely, responsive primary, community and social care services in line with our overall strategic direction. Our services have continued to operate and a significant amount of change and development has taken place to support an effective primary and community response. Dental, Optometry, Pharmacy and GP practices have all adapted working arrangements in line with national guidance and local needs. A key part of the adaptation for GP practices has been to work within their cluster footprint to establish 8 community hubs to provide a face to face assessment service for COVID patients. All GP practices moved quickly to adapt to digital solutions to support the management of patients. Within dentistry, a new Urgent Care Dental Hub was established to care for patients who have an urgent dental issue. Community services have adapted how they respond to the situation with a flexible response to a rapidly changing situation.

A Community Silver group was established early on which enables senior decision makers across health and social care meet regularly to ensure a joined up health and social care response. Through a focus on discharge a significant reduction in Medically Fit to Discharge (MFFD) patients has been evident since mid-March.

Early on in the response, each Delivery Unit was asked to develop response plans. On 4th April, the Chief Executive of NHS Wales asked Health Boards to reassess their

capacity plans taking into account the Reasonable Worst Case (RWC) modelling assumptions with 40% mitigation which assessed that Wales would require 900 critical care beds and an additional 10,000 general acute care beds to cope with the anticipated peaks in demand. For SBU, this equated to 112 critical care beds (increase from a baseline of 43 beds across general ICU and Cardiac Critical Care), and 1,242 additional general acute beds.

The plans have been developed in 4 key phases:

- **Phase 1** – repurpose and increase bed capacity within SBU hospital infrastructure and establish community hubs within primary care

- **Phase 2** – identify further 'surge' capacity within current hospital sites, supported by service transfer to other sites where feasible

- **Phase 3** – plan 'super surge' capacity within field hospital 1 – Llandarcy - to bring up to 316 beds on stream for patients requiring Level 2/3 care

- **Phase 4** – further 'super surge' capacity within field hospital beds 2 – Bay Studios – up to 963 beds to provide level 1 case in a number of distinct phases that can respond as the pandemic progresses.

A significant amount of service change has been mobilised in a short space of time to prepare for COVID-19. This includes the creation of COVID and non COVID emergency admission areas on all sites; step down care models in place; repurposing existing capacity on all sites; changes to flows between hospitals including service transfers, and a significant increase in critical care beds within Morriston Hospital. A separate log of all service changes has been developed and the Community Health Council are being kept appraised of developments on a weekly basis.

Together with Local Authority partners, plans for the opening of two field hospitals are well advanced, with Llandarcy Field Hospital available for use from the 29th April, and the first phase of Bay Studio Field Hospital during first week of May. The need to utilise this additional capacity will be kept under careful review and in conjunction with Welsh Government. As the modelling of the impact of the pandemic has been refined over recent weeks, the field hospitals can be brought into use at a scale that meets overall requirements. This provides the Board with assurance that if the impact of social distancing measures changes over time, this capacity can be flexed accordingly.

To support the rapid requirement for dedicated capacity and to provide 'headroom' for staff training, Welsh Government provided a 10 point framework for Health Boards to operate within on 10th March. Prior to this, Health Board were asked to submit service patient flow templates and guidance was forwarded for monitoring; this was based on the SBUHB submissions, noted as the exemplar. This included the requirement to postpone all routine, non-urgent outpatient appointments and elective surgery and this was actioned quickly to allow capacity for teams to prepare for COVID 19.

As part of our overall planning we need to plan for a rise in deaths as a result of the pandemic. Primacy for the development of an 'excess death' plan rests with the South Wales Local Resilience Forum (LRF) so we are working collaboratively with partners in the LRF to mobilise responses. In response to local needs, we are also making local provision to support families at this time and creating a 'Care after Death' hub to coordinate the provision of bereavement and support care.

A Capacity Delivery cell led by Chris White, is now overseeing all capacity related actions and decisions so that Gold Command has oversight and assurance on our plans. In totality across all 4 phases, the Health Board response provides sufficient capacity to manage the original number of cases who require acute care from the planning assumptions provided by Welsh Government and set out earlier.

In terms of critical care; we have plans to be able to increase ICU capacity from a core bed base of 43 up to 125 beds to be available towards end April/early May. This level of capacity should enable us to respond to the predicted peaks in critical care requirements under this revised modelling through the provision of a range of respiratory support including Continuous Positive Airway Pressure (CPAP) and high flow oxygen beds as well as invasive ventilation capacity. There are 4 key constraints in being able to translate this into functional capacity which include: workforce; equipment (ventilators etc.); critical care drugs and oxygen supply. All of these are noted as risks within the overarching risk register (see below).

This cell is also overseeing the implementation of a number of Welsh Government mandated 'pathways' including respiratory and primary care. Locally, there are a range of pathways and Standard Operating Procedures (SOPs) developed and these are currently under review to ensure that they are all fit for purpose and updated appropriately in line with national guidance.

Workforce

A Workforce Silver group is in place to coordinate workforce activity, prior to this a Bronze group was operational from February. Again a significant amount of work was mobilised in a short space of time, and this includes establishing a workforce helpline; significant expansion in occupational health capacity; recruitment hub as well as dealing with a significant amount of operational HR activity. Four detailed 'Frequently Asked Questions' have been published frequently. Following the UK Government's decision on 23rd March to implement social distancing measures, a significant volume of staff have been supported to work from home.

Workforce Silver are also overseeing the roll out support to ensure that staff health and well being is a critical aspect of our overall workforce plans. We have extended Staff Well Health and Well Being service which offers a 7 day response as well as targeted approaches into specific areas. We are also rolling out a trauma-focused peer support system designed to help people who have experienced a traumatic, or potentially traumatic, event called TRiM.

It is important that we are adopting a 'one workforce' approach to the management and delivery of services including the field hospital as they come on line. In the last week a new workforce deployment process has been put in place to

ensure that workforce risks are assessed across the system as a whole, and where necessary, staff are deployed to cover risk areas that may not be in their usual workplace. Staff accommodation has been procured to support the overall pandemic recognising that changes to rota's and working arrangements as well as requirements for self-isolation means that we needed more flexible provision to meet these needs.

Testing

The Board's approach on testing remains guided by Welsh Government guidance and the availability of laboratory capacity. A Community Testing Unit (CTU) has been operational since 8th March 2020, and although stood down briefly during March, is now fully functioning on a 7 day basis undertaking staff testing for those within priority categories as covered by Welsh Government guidance. Prior to this community testing was in place and had commenced on the 8th February 2020. A new approach to testing is being developed nationally, and the testing plans are being revised in line with the revised framework and we are now mobilising a 2nd CTU.

Supplies, Personal Protective Equipment (PPE) & Equipment

There is a significant requirement to support our workforce with the right PPE to carry out clinical roles in high risk and within 2 metres of patients who may be infected. This has been subject to frequent guidance issued at a UK and Wales level and the Board has responded appropriately to each change in guidance. Given the significant risk around PPE, a separate report has been provided to the Board. From the outset, a Logistics/Procurement bronze group was established and initially Chaired by the Head of Procurement Services. Infrastructure Silver is overseeing the procurement and supply of equipment, and a dedicated medicines management cell is overseeing risks around medicines supply.

Digital

One of the key facets of our approach has been in the delivery of digital solutions to support the pandemic, both in terms of the delivery of direct patient care as well as back office functions. The Board has successfully rolled out a number of digital solutions including technology that support clinicians in undertaking front line clinical care in a different way (for example, Attend Anywhere) as well as using existing technical solutions (such as the patient portal powered by PKB) by ramping up their rapid deployment. Office 365 has been deployed to most of the organisation and new innovative ways of allowing people to work remotely have been deployed. Existing systems have been upgraded at pace and deployed quickly, for example, the SIGNAL system which is underpinning our COVID-19 dashboard providing timely data and intelligence on the situation across our delivery units. Following establishment of the command and control structures, ascertained in the inaugural gold group on the 31st January 2020, a data cell was established in order to capture and monitor testing capability. Alongside this data was being captured to monitor performance and the impact of steadily increasing admissions of suspected COViD-19 patients on operational performance.

We have significantly increased the provision of laptop and tablet devices to staff across the Health Board and increased our network capabilities to maximise

home/remote working. Tablet devices have also been utilised to facilitate patient to family communication from covid19 wards. Furthermore, we have successfully trialled a virtual ward round, where a shielding lead consultant was able to interact with his team via a tablet as the team moved from patient to patient.

Communications

A communication plan and operational framework was developed in mid-March to support our internal and external communication. In the current era where news spreads quickly via non-traditional methods, we have to be proactive in managing communications, particularly with staff at this critical time. A daily communications bulletin is released to staff each day with 'hot topics'; new guidance releases; a focus on staff health and wellbeing and other information of general interest. This has been well received by staff. This is supported by a weekly video and written message from the Chief Executive.

We are making use of our extensive social media presence for more public facing messaging and also considering the use of radio for key messaging.   We have engaged positively with the media to share our work on service changes and the development of field hospitals. A weekly meeting is held with Health Board Partnership Forum and an update on COVID-19 is a standing agenda item.

Externally, twice weekly meetings are held between the Chair and Local Authority leaders. In additional a weekly Skype meeting takes place with AM's and MPs led by the Chair supported by a written briefing. There is a weekly written update to the Community Health Council.

Delivery of Essential Services & Recovery

Work has begun to shape the Board's approach to Recovery. A dedicated Recovery, Learning and Innovation work stream has been established. This group will have a clear interface with Gold command structure but will formally feed into a Recovery, Learning and Innovation Steering Group, chaired by an Independent Member and with membership from across IMs and Executive Directors. The scope of the work stream will be to focus on short term recovery actions (for example, ensuring that we can respond to the delivery of essential services once the immediate threat from COVID-19 diminishes) as well as medium and long term recovery actions, particularly focussing on how we use the significant transformation that has been undertaken as a platform for delivering financial and clinical service sustainability into the future. The work stream will also include required improvements to the organisation's operating model, specifically the learning and actions needed to respond to the KPMG suite of reports. A framework for recovery will be developed for testing with the Steering Group by the end April.

Ethical Framework

We have an active Clinical Ethic Group supporting our response arrangements and increasingly they will be helping us in planning and delivering our approach to recovery including how we bring essential services back on line.

Finance

We are working with Welsh Government in a transparent and open way to clearly show how the Health Board's considered response to COVID-10 is impacting finance. In addition to this we have modified our financial governance arrangements to facilitate agile and effective decision making whilst ensuring that the appropriate approvals and considerations are made of each decision. We are also developing a financial monitoring regime with a number of different facets which will enable reporting of the financial impacts of COVID-19 both in terms of additional cost to the Health Board but also in terms of cost avoided as our healthcare system shifts to address current pressures. All modifications to our processes are subject to routine review.

4. **RISKS**

A revised approach to the management of risks and issues in response to COVID-19 has been developed and aligns with the Health Board Risk Register. Given the fast moving situation, the structure is regularly assessing both risks and issues. Frequently risks are becoming issues, but as mitigating action is deployed, can translate back to being managed as risks. We have agreed that risks relating to COVID-19 will be managed and coordinated via the CCC and will be based on each Silver Command and working cells submitting a regular risk and issues log to the CCC. The CCC is maintaining an overarching risk log for all strategic risks rated at 20 or above and these will be reviewed on a daily basis at Gold meetings and then linked to the Health Board Risk Register. A risk of a pandemic has been a national, regional and local high risk for some time and is included on the corporate risk register as well as the EPRR specific risk register.

The key risks at a strategic level at the current time are:

- Access to critical care drugs and fluids and access to palliative care drugs
- Oxygen provision
- PPE
- Equipment
- Workforce
- Care Homes
- Capacity to manage a rise in COVID-19 cases
- Delivery of essential services.

5. **QUALITY, SAFETY & PATIENT EXPERIENCE**

During this challenging time, the Delivery Units are continuing to report into the Quality & Safety Governance Group both COVID and non COVID specific indicators, although this reporting is by way of exception in an abbreviated proportionate form. Reporting

of serious incidents, concerns/complaints, risks, patient experience, staff training, safeguarding and infection control continues.

A silver logistic daily nurse staffing cell has been established attended by the delivery Unit Nurse Directors. From these calls it is apparent that staffing of wards/units/other areas is a continual challenge at the present time, which may have an effect on quality, safety and patient experience. This daily logistic safety cell supports across the health board opportunities for deployment of nursing resources and identification of areas of risk and shared solutions to reduce that risk.

6. RECOMMENDATION

Members are asked to:

- o Note the governance arrangements supporting the Board's response to COVID-19
- o Note progress in preparing for, and responding, to COVID-19
- o Note the overarching critical risks to the Health Board at this time
- o Refer to a separate paper on the arrangements surrounding Personal Protective Equipment (PPE).

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.

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.

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. The Director of Workforce and Organisational Development is the lead for this work stream.

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	• No previous reports

Appendices	• Appendix 1: Draft West Glamorgan Regional Command structure