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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	28 January 2021	Agenda Item	2.1
Report Title	Responding to COVID-19		
Report Author	Karen Jones, Head of Emergency Preparedness Resilience & Response Hannah Evans, Director of Transformation		
Report Sponsor	Dr Keith Reid, Director of Public Health		
Presented by	Dr Keith Reid, Director of Public Health		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide an update on the Health Board's response to COVID-19.		
Key Issues	<ul style="list-style-type: none"> • The Board continues to operate in Major Response mode due to the coronavirus pandemic. • Whilst the 'Firebreak' in October/November 2020 provided a short reprieve, a period of increased and sustained pressure followed from late November into December with incidence rates per 100,000 population per week peaking at 858 for the Health Board Region and 1008 for Neath Port Talbot, amongst the highest in the UK. • Pressure has now eased although with rates still at 240 per 100,000 population they remain well above World Health Organisation thresholds. • At the height of the second peak, our ability to staff core and surge capacity was significantly reduced due to high rates of staff absences, this is now improving. • These pressures led to cessation of orthopaedic operating in Neath Port Talbot Hospital so that staff could be redeployed to support COVID capacity, • There has been a considerable impact on the ability to deliver care as a consequence of in-hospital (nosocomial) infections with significant numbers of patients (598) and staff (366) infected and deaths (136) associated with nosocomial transmission of COVID-19. • The care home sector remains under sustained pressure with a significant number of homes affected by staff absence. Health Board assistance has maintained business continuity within the residential care sector. 		

	<ul style="list-style-type: none"> • The Test, Trace and Protect Programme has grown with the introduction of Mobile Testing Units and a local walk-in centre however with uptake of PCR testing running at 60% of levels in December. • Access to PPE remains healthy and consequently this risk has been de-escalated. Full mitigations are in place against risks associated with the end of the EU Exit, however, to date these have not realised and we remain in a steady state. • The organisation continues to horizon scan for likely concurrent risks and issues, consequently the escalation framework and decision making tool is a standard agenda item as part of options and contingencies in the C-19 Gold and Silver meetings. 			
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE progress in responding to COVID-19, • NOTE that the risk rating in relation to COVID exceeded the agreed threshold of 20 for multiple risks in late December 2020. • CONSIDER how risks should be reported to the Board when they exceed the agreed threshold; and • CONSIDER whether the current mechanisms for holding COVID related risks scored at 25 are adequate. 			

UPDATE IN RESPONDING TO THE CORONAVIRUS PANDEMIC

1. INTRODUCTION

The purpose of this report is to update Swansea Bay University Health Board on the continuing response to the COVID-19 pandemic. Updates with regard to the vaccination programme and finance are submitted separately.

2. BACKGROUND

The Board established its preparedness and response framework to the COVID-19, (C-19) pandemic on 31st January 2020 with a decision to implement a Major Incident Response and associated Command, Control and Communication (C3) arrangements. Since then, a significant amount of work has been undertaken and is continuing across the Board. The command, control and coordination, together with the respective response arrangements remain in place, flexing in accordance to the situation.

Since the last Board update in November 2020, the organisation has been focusing its response to the second wave of the pandemic. After the initial benefits from the October “Firebreak” dissipated there was a considerable increase in the incidence of C-19 within Swansea Bay, impacting on the delivery of primary, community and hospital services. At the peak of the second wave during mid-December 2020, positive C-19 cases had risen to over 1,000 per 100,000 population.

As at 14 January 2021 incidence rates are 220 and 276 per 100,000 population in Swansea and Neath Port Talbot respectively indicating a reduction, but still high rate. It should be noted that there has been a drop in numbers presenting for testing so a note of caution is required.

In line with the Welsh Government’s Coronavirus Control Plan, a Regional Incident Management Team (IMT) was established on 25th September and the group have convened thrice weekly since, reporting weekly to Welsh Government. The scope of the reporting has widened to include an increased focus on workplaces, schools, universities and households as well the situation in care homes.

Since the last Board meeting, new variances of concern have been identified including the emergence of mink variant SARS- CoV2 in humans, UK New Variant of Concern and more recently, the South African and Brazilian variants. These variants are associated with increased transmissibility and the possibility of immune escape – a reduced effect of established immunity to prevent re-infection. Guidance has been updated with regard to the management of patients admitted to hospital following travel to these countries.

3. GOVERNANCE

3.1 Leadership, Operational Management and Control Arrangements

The COVID Coordination Centre (CCC) has continued to operate and the governance structure regularly reviewed to ensure fitness for purpose. Frequency of Gold and

Silver meetings are reviewed to ensure they reflect system pressures and requirements.

All cells have reviewed their arrangements and improvements in respect of strengthening financial decision making and highlight reporting have been made.

The South Wales Local Resilience Forum remains in Major Incident Stand-by and a Strategic Coordination Group, (SCG) is convened once a week with SITREP reporting to include Brexit through to Welsh Government.

Since the last Board report, a C-19 Archivist has taken up post supporting the cataloguing, indexing and records management process in preparation for and future inquiries. Other organisations in Wales are now following suit and Shared Services' Legal Team have recently commended our approach and have cited that it is evidence of good practice which they will be recommended for adoption by all Welsh NHS Organisations.

3.2 Epidemiology

Interruption in reporting and change in the overall testing numbers have affected our overall ability to understand patterns of disease across our region. Testing rates are currently only 60-65% of those during mid to late December. Positivity rates, which peaked at over 30% in December, remain high but have reduced to below 20% in both Local Authority areas.

Incidence rates for the whole of the region remain high, similar to levels seen in early December and significantly above the World Health Organisation threshold for concern, (5-6 times higher).

The IMT provides a forum for sharing situational awareness and intelligence across agencies. Currently, the profile of cases suggesting community transmission remains most significant amongst working age adults. However, numbers in adults 60 years and over are persistently high and rates have increased again in the 20-29 year old age band in Swansea. Concern remains about closed settings especially residential care and supported living with ongoing and new outbreaks.

Although the current position is improved, concern remains over the potential impact of the emergence of VOC1 (UK new variant) within our population. Surveillance suggests that levels locally are currently significantly lower than in other parts of South Wales. There is a risk that when this variant becomes established locally there will be a resurgence in case numbers, notwithstanding the current restrictions in place.

3.3 Hospital Activity

As at 21 January 2021, there are 131 patients with confirmed COVID-19 in hospital settings and a further 14 who are suspected and 269 patients in beds classified as "recovered". Rates of hospital admission had been increasing during November and December but currently there is a slight decline.

Admissions to critical care have been consistently high since early December which necessitated using the surge critical care capacity (Enfys ward) at Morriston. As at 21 January there were 6 COVID and 4 recovered patients in critical care and, based on this reduction, plans to retreat from Enfys being enacted. In addition, further surge

capacity plans have been invoked for the provision of Continuous Positive Airway Pressure, (CPAP).

Local modelling suggests that we are tracking in line with the most likely scenario except for fatalities, where the number of deaths recorded to date is higher than modelled. A revised Reasonable Worst Case Scenario (RWC) set out by Welsh Government was expected on the 15th January 2021 with consideration of the New Variants of Concern. There is a delay in its issue for further refinement of the modelling.

The SBUHB Digital Intelligence Dashboard has been further enhanced to incorporate short-term forecasting and capacity management and oversight of system wide workforce issues to support deployment across the system.

3.4 System Wide Capacity Planning & Delivery

The Board submitted its Q3/Q4 plan to Welsh Government at the end of October 2020, which set out capacity plans across 3 phases: normal, surge and super-surge. Capacity and surge planning is kept under weekly review through Operational Silver. Considerations against this plan include availability of staff to support surge, any flow challenges including MFFD position and decisions on any reduction of routine and essential services.

A framework and table of choices to support a “managed retreat” from routine and essential services has been developed and is managed through Operational Silver with a link into the COVID Clinical Leadership group. The purpose of this is to support identification of workforce who could be redeployed to support the staffing of surge and super surge. The framework and choices align with the Welsh Government issued “choices framework” and, following a letter from Andrew Goodall on 11 January, weekly updates on application of the choices framework are now submitted.

Using this approach, and in light of system pressures and situational awareness prevailing at the time, orthopaedic activity at Neath Port Talbot was suspended in mid-December to allow the ward to be utilised for additional surge capacity. The consequence of this decision was an additional circa 30 staffed beds into the system to support COVID demand. Week commencing 18 January was the review point for this decision and, based on an assessment of national regional and local intelligence, it has been agreed to plan for the restart of orthopaedic operating in the last week of February. This will be reviewed.

Through the annual planning process, detailed plans for the next phase of recovery will be developed. These plans will need to respond to the risks associated with outpatients, diagnostics and surgical waiting lists.

In order to optimise flow of patients through the acute care system and back into the community there is a suite of actions underway including: a review of inter hospital transfer policies and resources; and a relentless focus on ‘Medically Fit For Discharge’ patients. Dedicated support is now in place to drive actions forward and a review of the SAFER Policy with a set of KPIs for the ‘Clinically Optimised’ and ‘Discharge Ready’ patient will be developed

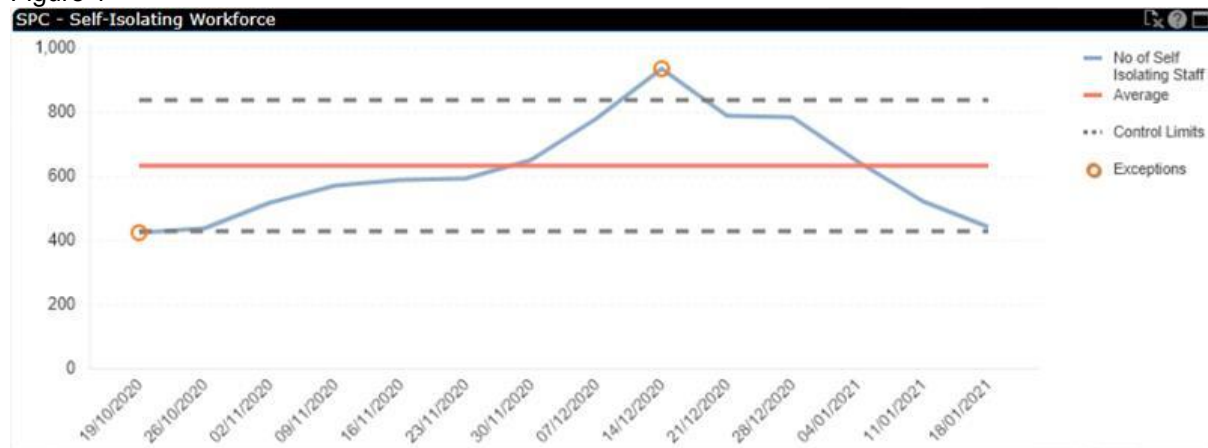
Following a live exercise in early November, the Bay Field Hospital has remained in ‘stand-by’ mode and can be activated with 72 hours’ notice. This means that up to 80

beds can be mobilised as part of a phase 1 activation plan (which would be operationalised in 3 stages of 20/30/30 beds). A protocol has been developed which sets out the process for activation.

3.5 Workforce

Figure 1 below demonstrates the trend of COVID related absence (symptomatic and asymptomatic staff), with significant numbers of staff off work throughout December. The chart shows that since January the numbers of staff unavailable for work has rapidly reduced, particularly in asymptomatic absence.

Figure 1 -



Despite the improved overall position there remain significant gaps in workforce availability as reflected on the COVID Strategic Risk Register. This is of particular concern in terms of registered nursing staff, and specialist areas such as Intensive Care and for the NIV and CPAP clinical areas. As part of risk mitigation, agency support was block booked. This help manage but not eliminate the risk.

To support the Immunisation Programme the recruitment campaign for ex NHS staff or healthcare workers with a current registration has been very successful generating over 250 prospective employees. The targeted social media approach and high profile media exposure in the ITV Wales Evening news featuring members of the Immunisation team was felt to have been instrumental in the campaign's success. The campaign continues to attract part time or recently retired professionals to support the COVID vaccination programme. Working closely with Job Centre Plus the health board's vocational training function recruited a high quality group of administration support staff for the Immunisation Booking Centre function with over 40 staff now engaged and staffing the centre.

3.6 Test, Trace and Protect

On a multiagency basis the approach agreed across the Swansea Bay area for the Trace and Protect element of the programme is as follows:

- During the December 2020 to Mid-January 2021, BRAG status was increased to RED, reflecting the Regional position across the (LHB and LAs). The increased

status reflected the extreme high demand across the programme. The TTP status has now been de-escalated to Amber to reflect the more manageable pressures within the system and demands on the contact tracing teams.

- A number of issues contributed to increased pressure in the TT system over this period. These included changes to the self-isolation period (from 9th December 2020); essential maintenance to the Welsh Laboratory Information System (LIMS) associated with some disruption in the flow of results; and, delayed transfer of results from the Light House Laboratory (LHL) system operated by commercial partners.
- To alleviate pressures within the system measures were put in place that included the prioritisation of cases for contact tracing using a local prioritisation framework; the use of electronic web-forms to enable the public to digitally submit their contacts; and the use of mutual aid arrangements to follow up cases and to contact trace. In addition, Local Authority staff were deployed to support this programme back from their core duties.
- A supporting communication plan is being kept live across the region to amplify local and national communications by Welsh Government to support the Test, Trace and Protect Strategy, utilising multiple media platforms to spread key messages to the wider population.
- Turnaround times have been a cause of concern. Further investigations are underway with Lighthouse Labs, PHW and the National TTP Team to resolve these issues.
- The impact on performance of the batching of test results (leading to irregular flow of results through the system) has now been resolved but is being carefully monitored in case of recurrence.
- Multi Agency Test, Trace and Protect Silver cell reviewed and modified their Terms of Reference, which now align with other Silver cells operating Regionally.
- Discussions are underway with Welsh Government on funding for all elements of TTP after Q1 in 2021-22. The outcome of these discussions will enable the development of the next workforce plan to support the Test, Trace & Protect programme going forward. Recruitment has been undertaken so that staffing across both Local Authority areas is now at 100% of agreed capacity

3.7 Sampling and Testing

Since the festive period there has been a reduced demand for testing locally following a short period in December where demand outstripped capacity. Reasons for reduction in demand are not yet fully understood. We continue to promote the idea that individuals should present for testing when symptomatic, no matter how mild.

There has been a focus on increasing testing capacity locally including:

- Increasing capacity across both Community Testing Units (CTUs) at Margam and Liberty, which continue to offer drive-through testing.
- Opening a Local Testing Site in the Grand Theatre, Swansea (walk-in centre); with an additional LTS established in Milland Road, Neath also as a walk in facility.

- Deploying a Mobile Testing Unit (MTU) providing a service at 7 locations across Swansea Bay with an additional MTU becoming available at the end of January. Sites for its deployment are being developed.
- Activation of a new Regional Testing Site to be located within the Baglan Industrial Estate, which will geographically provide for the Swansea Bay, Cwm Taf Morgannwg and Hywel Dda populations. This facility has been commissioned by DHSC and Welsh Government and will be operated and managed by a commercial provider. This is expected to be operational from w/c 25th January 2021 and anticipated capacity is circa 1,000 additional tests per day.

By the end of January the combined impact of these actions will be capacity for in excess of 3000 tests per day within the Swansea Bay Region.

We continue to run pilots in response to national initiatives on the use of Lateral Flow Devices. A revised Welsh Government National Testing Strategy is expected to be published before the Board meeting and is likely to push for a significant expansion of the use of Lateral Flow Devices in a wide range of settings. There is concern over this approach locally in terms of: the logistical arrangements required to deliver and support the use of these LFDs; consistency of application of the tests and the quality of the results obtained; the ability to co-ordinate the capture of results for appropriate action; and, the unintended consequences of negative tests on behaviour and compliance with restrictions.

Therefore:

- There is a risk that the reduction in sampling is leading to an under reporting of community rates of transmission and in spite of a push to increase activity, testing uptake continues to decline;
- The drive to increase capacity for testing coupled with the demand reduction could lead to a significant over provision. A decision has been made to prepare to withdraw from the Margam testing site and to redeploy the staff to support the Liberty facility as a consequence of the commissioning of the Baglan Regional Testing Site.
- The proposed adoption of LFD could impact on surveillance data and potentially skew understanding of our local epidemiology by under detection of cases because of the different test performance.

- *Appendix 2* shows regional testing capacity as at start of December 2020 and the anticipated increase by end of January 2021.

3.8 Supplies, Personal Protective Equipment (PPE) & Equipment

Nationally, the availability of items on the 'restricted PPE' list remains green, and locally a minimum level of 48 hours of stock has been maintained consistently on all sites over the summer period, together with approximately 5 days stock held in central health board storage. The central health board storage has now been re-located to the Bay Field Hospital. A national stock management system (Stockwatch) is now in place. Alternative FFP3 masks have now been procured, (140,000) in addition to the national stock and a fit testing programme is in place and an associated fit test register has been developed.

The current national PPE guidance, although reviewed frequently, has not changed, even taking into account current knowledge on the transmissibility of emergent variants. Consequently, the PPE risk register has been reviewed and the risk score reduced, based on national and local supplies.

3.9 Communications and Engagement

There remains significant communications and engagement activity to support the COVID response. There is a dedicated multi-agency Communication Cell aligned to TTP (and which also provides communications support to the wider response); and dedicated communication support has been aligned to the vaccination programme.

Prior to Christmas the focus of our external communication was conveying the importance of adherence to the guidelines. A number of means were used to get the messages across on the impact on health and care services and the gravity of the situation locally, including household letters, social media, radio and TV interviews. We secured significant local, regional and national coverage. This focus remains very important, alongside the priority of promoting the vaccination programme – to build confidence and maximise uptake in the priority groups. We are introducing a weekly stakeholder newsletter and public press statement dedicated to vaccination.

Internally we have a regular battle rhythm of communications in line with Gold meetings to ensure staff are kept up to date on key information relating to the COVID response. We will continue to review our communication channels to ensure we maximise effectiveness of our output in terms of reach. A recent example was a live online Q&A session with Executives on the vaccination programme, in which 600 staff participated.

The Executive Medical Director continues to chair a weekly COVID Clinical Leadership Group to engage with the senior medical leaders across the system on all COVID related issues.

3.10 Managing Excess Deaths/Mass Fatalities

The Health Board continues to have a temporary surge mortuary to accommodate an additional 100 bodies at Morriston if required. This surge facility was active for three weeks over the Christmas period and was used to avoid the need to transport the deceased across sites. The contract for this mortuary has been extended to March 31st 2021.

The Health Board continues to be able to access super surge capacity in SW1 Cardiff if required, and a new facility SW2 is being commissioned at Prince Charles Hospital in Merthyr. SW1 is being used extensively by C&V and CTM (LRF partners). These actions will ensure the requisite capacity is in place and thus reduce any risks.

The Executive team has supported work to improve services related to managing death processes and provide bereavement support to relatives by developing a 'Care After Death Centre' project. A newly appointed manager is now in place and this work

is developing at pace. The regular performance management arrangements will ensure that the benefits associated with this investment are realised.

3.11 Care Homes

Care homes have experienced unprecedented challenges in responding to COVID-19. Care Home residents and staff have been identified as the most vulnerable to mortality from COVID-19 infection – hence their priority for vaccination.

From the outset of the pandemic there has been a number of groups offering support to Care Homes. This support ranges from advice on Infection Prevention and Control (IP&C) through to directly staffing shifts in homes to ensure residents' safety and business continuity. There has also been duplication of effort and lack of clarity of responsibility within the sector and, within some of the groups, uncertainty as to how to escalate issues or to access specific technical expertise and support.

This situation was an issue of concern when the Regional IMT was convened and it appears that there has been improvement in this regard over the last few weeks. IMTs have been convened on a Local Authority footprint specifically to respond to the situation in Care Homes and this has helped improve direct access to specialist expertise in Health Protection. Concern remains over the EHO and IP&C capacity to offer prolonged support.

At the same time there has been the development of local approaches on to how to use capacity in the sector to support the needs of care home residents and those elsewhere in the healthcare. This has resulted in the implementation of a rapid response approach comprising a multi-disciplinary In-Reach Support Team who can be mobilised at short notice to support care homes facing catastrophic loss of staff due to outbreaks. Additionally, there is agreement to use capacity within the sector as intermediate care facility to assist in 'stepping down' patients from acute care. Both these approaches have now been deployed.

3.12 Nosocomial Transmission

COVID is easily transmitted from person to person and the spread of infection in hospital (nosocomial infection) is a recognised risk.

Outbreaks that have occurred have been managed in line with the Board's Policy for Infection Outbreak/Incident Management Framework, with an Executive-led Outbreak Control Team (OCT) meeting several times a week to review the position, and regular reports are submitted to Welsh Government. A process is now in place to review harm arising from the outbreak and to investigate cases that have led to the death of patients. The review process has been initiated which will be aligned with the 'Putting Things Right' framework.

A weekly Nosocomial Transmission Silver has been established with the aim of: firstly, implementing strategies and best practice to prevent nosocomial spread; and, secondly, implementing strategies to respond to nosocomial transmission where that occurs.

3.13 Emergency Preparedness, Resilience and Response (EPRR)

It has been recognised that the risk of concurrency during the pandemic has been high and close monitoring of a number of key risks has continued. During recent weeks, issues associated with adverse weather continue to be a high risk and contingency arrangements are in place. In addition, EPRR has worked closely with Community Testing, Field Hospital and Mass Vaccination Groups to ensure that appropriate business continuity, security and counter terrorism arrangements. The Business Continuity Plan for the Bay Field Hospital was tested on the 26th November 2020, learning from this exercise has been included to update the plans.

There has been a watching brief because the Mayor of London declared a major incident on the 8th January 2021 due the NHS being overwhelmed and the potential for a secondary impact on Wales as a result. In addition, the South West UK Burns Network and consequently the Burns Centre at Morriston has been supporting mutual aid for other Burns Networks as a result of the UK intensive care pressures, where only Morriston and Chelmsford have dedicated burns, intensive care beds.

Following the disruption of Roche blood science and cellular pathology supplies leading to a Health Board declaration of a level 3 Business Continuity incident on the 8th October 2020, a Health Board debrief is planned for the 27th January 2021. Currently the lessons identified register, requested by Welsh Government has not been received.

The Health Board also continued its contingency planning for the End of Transition (EU Exit) on the 31st December 2020. Following the ratification of a limited trade deal on the 30th December 2020, a review of the risks identified has been undertaken with the revised risk log presented to C-19 Gold on Monday 18th January 2021. This work is overseen in the EPRR Strategy Group and the service group assurance process is now complete. D-20 arrangements are overseen at a regional level by the South Wales Local Resilience Group where the national, regional and local risks are monitored. In addition, there continues to be Health Board representation at national D-20 groups.

4. COVID RISKS

The COVID risk register continues to be reviewed on a weekly basis at COVID GOLD Command meetings. This is in line with the mechanism for managing COVID risk established by the Board in November 2020.

The COVID risk profile changed significantly during December, reflecting an increase in risk associated with the rapidly increasing numbers of cases and the risk of the acute care system being overwhelmed. Several risks were unable to be fully mitigated and carried a post-mitigation score of 25 – ‘Expected’ to occur and with ‘Critical’ impact. The identification of these risks was associated with an escalation to Welsh Government requesting population level interventions against COVID as the only available effective mitigation.

Risk is currently concentrated in three main areas:

- Workforce – where risk arises from COVID related sickness absence, shortage of suitably skilled workforce and inability to recruit additional staff (temporary or permanent) to meet operational requirements. The resilience

of the workforce was also escalated as a significant risk during December. The relationships with the Trades Unions are also currently rated as a high risk

- Capacity constraints and operational pressures – arising from the need to create additional surge capacity, the compromise of normal services but also reflecting the impact of nosocomial transmission on operations.
- Care home sector – where risk is principally associated with the pressure on the sector leading to loss of business continuity and the perception of the acute sector as the ‘provider of last resort’.

The Board has previously agreed that COVID related risks will be managed through the COVID Gold Command meetings as they are Executive led. However, the Board’s tolerance of Risk currently sits at a threshold of 20. The Risks identified below were beyond that threshold as of 18th January:

- a. COVID related sickness absence, (risk score of 25)
- b. Workforce shortages (risk score 25 – risk escalated)
- c. Workforce recruitment (risk score 25 – risk unchanged)
- d. Workforce resilience, (new risk, risk score 25)
- e. Partnership working with staff representatives (risk score 25 – risk escalated)
- f. Capacity Constraints (risk score 25 – escalated)
- g. Nosocomial Transmission, (risk score 25 – risk escalated)

The Board will receive an update on the current risk scores associated with the identified COVID Risks.

However, the Board is invited to consider its risk tolerance in relation to COVID related risks and whether the risk management policy requires to be modified. In particular the Board is asked whether it wishes to receive specific information when risks of over 20 are identified and if so how that information should be reported. Additionally, the Board is asked to consider whether it is content for the current arrangement to continue, whereby COVID related risks are managed solely through the COVID GOLD Command function.

5. RECOMMENDATION

Members are asked to:

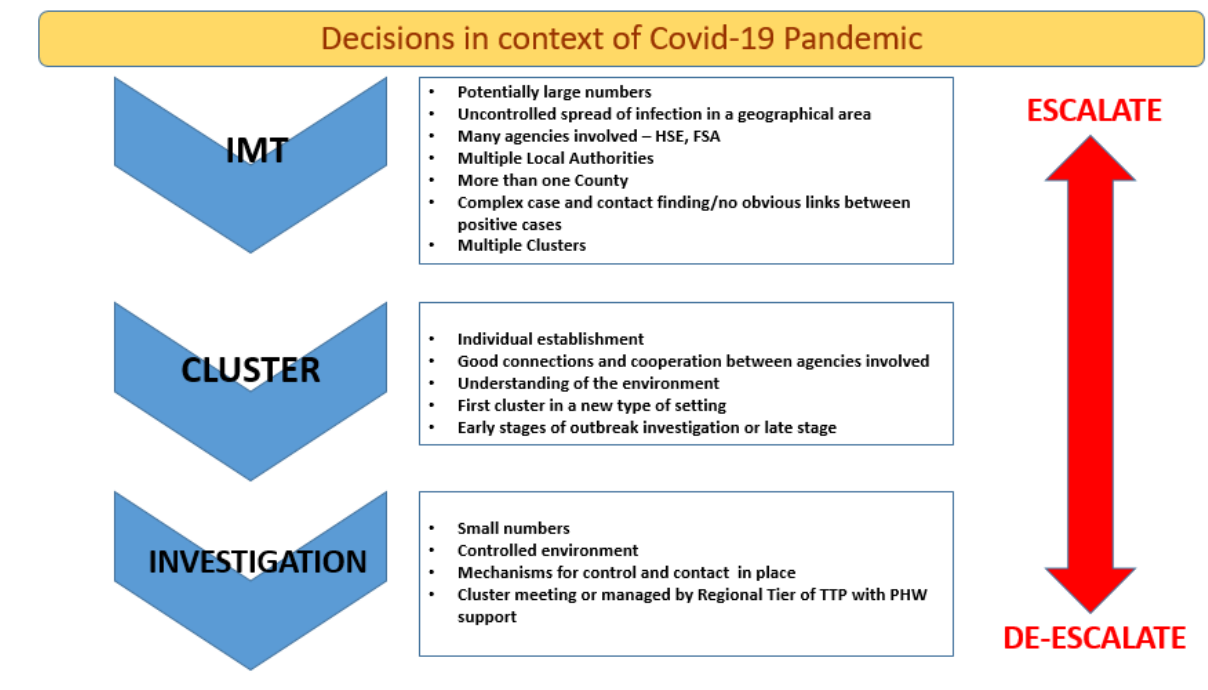
- **NOTE** progress in responding to COVID-19
- **NOTE** that the risk rating in relation to COVID exceeded the agreed threshold of 20 for multiple risks in late December 2020
- **CONSIDER** how risks should be reported to the Board when they exceed the agreed threshold; and
- **CONSIDER** whether the current mechanisms for holding COVID related risks scored at 25 are adequate.

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	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	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"/>
Health and Care Standards		
(please choose)	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"/>
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 shared with the Board in a separate document. The Director of Finance has overarching responsibility for ensuring that the cost of our response (actual and planned response) are appropriately captured and assessed for discussion with Welsh Government. Planning cells have been asked to complete decision logs for all expenditure above £75k. In addition, a summary of financial decisions each week is being noted at Gold.		
Legal Implications (including equality and diversity assessment)		
Reporting the decisions made in terms of how the Health Board has managed risks and issues is important in anticipation of legal proceedings arising out of the COVID-19 pandemic. Further discussions are taking place on how to ensure that the Board has an appropriate information management system in place to support record keeping. The appointment of the Archivist has been identified as evidence of good practice and Shared Services Legal Team are presenting to the Board in January 2021.		
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 key and continues.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		

The seven elements of the Well-Being of Future Generations (Wales) Act (2015) will be incorporated into the Board's approach to Recovery.	
Report History	<ul style="list-style-type: none"> • Board Meeting 30th April 2020 • Board Meeting 28th May 2020 • Board Meeting 25th June 2020 • Board Meeting 30th July 2020 • Board Meeting 24th September 2020 • Board Meeting 26th November 2020
Appendices	Appendix 1: Prevention and Response Plan Decision Tree Appendix 2: Testing Capacity: December 2020 – January 2021

Appendix 1

Prevention and Response Plan Decision Tree



Appendix 2

Testing capacity as at start of December 2020 and anticipated by end of January 2021

Site	Daily Capacity as at 1/12/2020	Daily Capacity by end Jan 2021	Change	% Change
Margam CTU	300	400	+100	+33%
Liberty RTS	806	906	+100	+12%
Mobile Testing Units	180	360 tbc	+180	+100%
Grand Theatre LTS (Swansea)	252	400	+148	+59%
Baglan RTS	0	1000 tbc (also available for CTM & HD populations)	+1000	+100%
Milland Road LTS (Neath)	0	288	+288	+100%
Totals	1,538	3,354	1,816	+118%