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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	25 June 2020	Agenda Item	3.1
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 provide an update on the Health Board response to COVID-19.		
Key Issues	<p>The Board is using its Pandemic Framework and a broader suite of emergency response plans to manage the COVID-19 pandemic.</p> <p>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.</p> <p>The focus in May and June has been on continuing to respond to COVID 19, but also ramping up in terms of the broader health protection work including testing, and the implementation of the Test, Track and Protect service in Wales.</p> <p>In parallel, work has continued on the delivery of essential services in line with the WG framework and this is covered elsewhere on the agenda.</p> <p>A central risk register is in place and key risks are monitored via weekly Gold meetings where mitigating actions are discussed and approved.</p>		
Specific Action Required (please choose one only)	Information	Discussion	Assurance
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			Approval
			<input type="checkbox"/>

Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the governance arrangements supporting the Board's response to COVID-19 • NOTE the updated position since the last response arrangements • NOTE the overarching critical risks to the Health Board at this time.
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UPDATE IN RESPONDING TO THE CORONAVIRUS PANDEMIC

1. INTRODUCTION

The purpose of this report is to outline how Swansea Bay University Health Board in continuing to respond to the 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 and in responding to the situation during March, April and into May

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.

As at 11th June 2020, we have had over 2,429 general COVID-19 admissions (which includes both suspected and confirmed), and 198 deaths (those who have tested positively and subsequently died within a 28 day period) into Swansea Bay Hospitals including current admissions. Nationally, it appears that around 7% of patients admitted to hospital have required ICU level care. To date, we have discharged or transferred 441 patients who were tested positive.

We capture the number of patients who are tested positively for COVID across staff, patients and others. During the 3rd week of April, the daily number of positive tests was over 50 but since 27th May there have been no more than 5 positive tests per day indicating that the rate of infection in the community is reducing.

3. GOVERNANCE

Leadership, Operational Management and Control Arrangements

The COVID Coordination Centre (CCC) has continued to operate and the governance structure remains in place. Since the last Board meeting the following changes have been made:

- The capacity delivery cell has been stood down as work has been subsumed into the Reset and Recovery work programme through the

Reset and Recovery Coordinating Group (which is reporting to the Senior Leadership Team)

- A new 'social distancing' cell has been created to oversee guidance on social distancing and ensure that regulations are correctly applied including guidance received from the WG Nosocomial Transmission Group (NTG)
- The TriM and psychological health and well being cell will shortly merge into a 'Staff Health and Well Being' cell.
- A new Health Board testing Silver is being established to provide a forum that supports Health Board testing including the requirement to roll out antibody testing.

Gold has continued to meet twice a weekly during May and June. Units have maintained Silver Command arrangements, including a dedicated Community Silver meeting that coordinates the health and social care response.

The CCC maintains an overarching Gold Programme Plan that is reviewed regularly and submitted to Welsh Government on a regular basis.

The response is in line with the SBUHB Pandemic Framework and Major Incident Response:

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

We continue to have support from the Military which has been of significant value and support to the Board. Our 2 original MLOs have now rotated to other duties and have been replaced by a single MLO who joined us in early June.

The response to the COVID-19 pandemic has been unprecedented and this has been having a devastating effect globally. During this time we are encouraged to look back, but also to look forward to where we want to go. In hindsight there are lessons that are worth remembering, therefore a series of 'hot debriefs' have been undertaken to capture and pursue the experiences and will become the base line of organisational learning in order to:

- Capture, share and track fast time lessons, issues and notable practice whilst still fresh in the memory

- The response phase is lengthy and there is a need to ensure lessons can be learned throughout the process
- Implement learning to improve recovery
- Adopt best practice

The reports received were collated and evaluated and the Head of EPRR delivered a presentation highlighting the overarching learning points to the COVID-19 Gold meeting on Monday 8th June 2020.

As well as a number of frustrations, difficulties and challenges highlighted, there have many positive aspects to the planning and response to date. The learning was largely grouped into the following categories for both identifying what went well as well as what did not go so well:

- Planning, preparedness, resilience and response
- Command, Control and Coordination
- Risks
- Roles and Responsibilities
- Human Factors
- Good practice and innovations
- Guidance

There was a wealth of key learnings summarised and the future vision articulated. Some examples include:

- Preparedness; further embedding and endorsement of Emergency Preparedness, Resilience and Response (EPRR) across the Health Board to ensure a higher priority is given to anticipatory planning;
- Response; flexibility, overwhelming sense of teamwork, engagement and partnership working, but there were some key risks with regard to the provision, stock management, distribution and guidance for PPE as an example;
- Command, control and coordination; strong, compassionate leadership, decision making at pace and reduced bureaucracy;
- Re-design of system architecture such as digital enhancements, workforce, communications, service modernisation and Health Board wide pathways introduced with matrix working;
- Further enhancement of risk based approach for planning and response;
- Judicious consideration of policies, procedures and guidance was evident

A detailed report will be presented to the Senior Leadership Team for further discussion in early July.

Since the last meeting, further discussions have taken place about how to ensure that the Board retains a comprehensive record of the emergency and its response. It is anticipated that the Health Board will be required to present to at least one, possibly more public enquiries and these could occur many years after the pandemic is over. In defence of any claim, or for the benefit of a formal inquiry, the organisation will require extensive documentation of all actions. It is

vital that the Health Board has resilient and comprehensive event logs. It is absolutely essential that these include decisions made and the reason, as well as decision considered but discounted and the reasons why. This documentation will also be invaluable to any internal debrief process. Therefore, throughout the planning and response, trained Loggists have been included in the command and control structure. In addition, administration support within the COVID-19 Coordination Centre has assisted in systematically highlighting, preserving and retaining all information.

During May, some Corporate members attended a seminar with regard to the legal aspects of a major incident response, presented by an experienced Solicitor Advocate; David Burrows-Sutcliffe. He highlighted the expectations of the Strategic Coordination Group, legal accountability and required competencies and organisation statutory duty. Incorporated within this were the requirements for record management processes. Consequently, it was agreed to pursue further the detail required to collate, catalogue, index and store all the digital and 'hard copy' information, Health Board wide with regard to the planning, response and recovery of the pandemic. The requirements will be presented to the Senior Leadership in early July, currently, there has been a high level agreement to explore the value of the appointment of an Archivist for this work. In summary, they would be responsible for the provision, care and management of permanent collections of information from the pandemic that are intended to preserve the past and allow others to discover it.

System Wide Capacity Planning & Delivery

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.

We are awaiting new modelling that we understand will be released in mid June as part of the Quarter 2 Operating Framework that will provide a Health Board level assessment that enables us to scenario plan against a model. Nationally it is likely that will be a series of indicators that can be used to provide early warning of changes to the 'R' value.

Our plans have 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 care in a number of distinct phases that can respond as the pandemic progresses.

Llandarcy Field Hospital was handed over to the Health Board at the end of April, and has work continues to operationalise the response arrangements including a period of testing and staff induction. Phase 1 of the Bay Field Hospital (420 beds) was officially opened on 5th May 2020 and has now been handed over. This phase will be fully operationalised so that it can be deployed at short notice. A Standard Operating Procedure (SOP) is in place that identifies the specific triggers for moving into ‘super surge’ provision and this is kept under regular review.

Our Q1 plan assumed that both field hospitals will remain available to us to support our overall response, recognising that Welsh Government will be taking a view of field hospital provision across Wales during June. Our quarter 2 submission will indicate our willingness to work on a regional footprint, providing that regional workforce models can be quickly activated if required.

A Health Board Command Centre has been established to coordinate the flow of patients across Swansea Bay UHB including Rapid Discharge, community “step up” and any additional surge or super surge capacity in the Field Hospitals. The Command Centre will also provide coordination of the traffic flow (including patients, pathology specimens, pharmacy and supplies) around existing sites and the Field Hospitals and be the point of contact for mortuary flow in a mass fatalities situation.

In line with the modelling assumptions issued by Welsh Government sufficient critical care capacity up to the level of 112 beds has been created. This has been achieved through repurposing existing critical care areas and creating new capacity within the Outpatient environment at Morriston. This offers a larger area that provides economies of scale in staffing solutions.

Finally, all pathways and Standard Operating Procedures are kept under review to ensure that they remain active and appropriate for the response phase.

Workforce

A Workforce Silver group is in place to coordinate workforce activity, prior to this a Bronze group was operational from February. This group have overseen the production and response of eight sets of Frequently Asked Questions.

There has been significant recruitment to support COVID activity and the additional staffing resource required for field hospital. However there have been high attrition rates at all points in the process and the number of applicants has decreased recently. Going forward, whilst there has been significant success in expanding the workforce as part of the COVID-19 response, through students,

returning professionals, and new recruits, much of this additional workforce is temporary and although this may not affect Q1, going forward into Q2 contingency plans need to be considered in the context of more sustainable workforce planning for the future.

The health board is also factoring the anticipated requirement and levels of workforce supply and deployment we need to provide to support other emerging priorities such as TTP. Plans are addressing solutions needed both in the short term and medium/long term. Workforce planning continues to need to be flexible and responsive as requirements and assumptions change.

Workforce Silver have overseen the development of a comprehensive staff health and well being service and have flexed capacity in both occupational health and broader well being services throughout the response. The Board has also invested in TRiM which is a trauma-focussed peer support system designed to help people who have experienced a traumatic event. The Health Board has been working with external partners to develop a trauma management model across the organisation.

This model is a trauma-focused peer support system compliant with the PTSD management guidelines produced by NICE. The approach is through peer-delivery with identified and suitably trained team members trained as practitioner's in order to facilitate the process within their own teams.

The purpose of the model is to:

- Keep employees, mentally well, resilient and functioning by providing support & information post incident
- Identify those who are not coping early enough to signpost them on to specialist support
- Demonstrate a legal and moral duty of care to employees both in times of crisis as well as during times of business as usual
- Help to break the stigma of mental health and needing to 'plough on' regardless
- Reduce the numbers of front line staff taking time of sick leave due to stress related illness

The model consists of a three phased approach. We are grateful that the Charitable Funds Committee (CFC) are supportive of the programme and have committed funds to enable the 3 phases to be rolled out so that TriM is embedded in the organisation.

Phase one - The upskilling of a small cohort of internal trainers to deliver REACTmh hour long sessions to supervisory staff. This enables them to identify and support colleagues experiencing trauma and stress. This phase is well under way with 18 REACTmh virtual training sessions completed and 132 supervisory train trained to date.

Phase two – The roll out of a 2 day Trauma Risk Management (TRiM) training programme to key staff within priority areas across SBUHB. This is currently being planned with key priority areas.

Phase three - When the COVID 19 crisis period is over the organisation aims to bolster the phase two support infrastructure with additional trained practitioners and Coordinators/Managers throughout the Health Board in order to meet longer term need.

The All Wales Covid -19 Risk Assessment Tool, which has replaced the previous temporary arrangement, has been actively promoted and made available to staff with local guidance reflected in FAQ.

Testing

Since April, the focus on testing has increased significantly. There are a number distinct areas of focus during April and May:

- Staff testing
- Testing in closed settings (care homes)
- Testing of other critical workers
- General Population Testing
- Test, Track and Protect Strategy.
- Serology (antibody) testing

Staff Testing

The Health Board began testing in March in line with a request by Welsh Government to set up a rapid Community Testing Unit (CTU) and this has been supplemented by the opening of a 2nd CTU at the Liberty Stadium in 8th May. Across both sites, this provides capacity in excess of 500 tests per day (with further capacity possible with extended opening hours).

The following table sets out how the Board has responded to testing since April via its Community Testing Units (CTUs):

Sector	April 2020	May 2020	June 2020 (up to 10 th June 2020)	Total
Drive Through testing*	2475	3322	1872	7669
Closed Settings	110	2656	861	3627
Home tests	Not recorded separately	28	29	57
Pre-operative testing	Not recorded separately	Not recorded separately	20	569
General Public**	Not available in April	Not available in May	569	11940

*Drive through includes both NHS and non NHS employees /family members **and** critical key workers from May 2020

**General Population denotes those who have booked via the government portal operational in June

From mid April, all tests have been carried out within 24 hours of referral; the majority on the same day. Data from Public Health Wales confirms that Swansea Bay University Health Board aggregate testing numbers have been consistently higher than other Health Boards in Wales. Given that there was no designated Mass Testing Facility located on our patch, this demonstrates how effective our local service has been.

Testing in Closed Setting

Testing in closed settings has been in place since Mid April. There have been a number of changes in national policy. Initially, under advice from Public Health Wales, we have tested individual resident(s), where Public Health Wales are concerned about an outbreak situation with a home. Since early May, the policy was adapted to respond to symptomatic staff and residents in homes with an outbreak. 184 tests were carried out on symptomatic residents prior to the policy change on 8th May. In early May, we were asked to systematically test care homes (both symptomatic and asymptomatic) who have more than 50 residents, and subsequently to test all care homes irrespective of size.

All older people's care home facilities that were registered with Care Inspectorate Wales (CIW) in April have been offered, and accepted support for testing for both staff and residents. This was concluded ahead of schedule on 6th June. As testing for care home staff is offered via our CTU, there may be a lag in fully completing testing in all homes from the date at which residents were initially tested. However, we are on track to have offered and visited all staff and residents in all care homes registered with Care Inspectorate Wales (CIW) by end of June.

The latest policy is that all care home staff should be tested weekly for four consecutive weeks from 15th June, which will be self administered within the home via kits ordered from the UK portal. We will also continue to test care homes where there is an outbreak and residents who initially tested negative will be tested again one week after initial testing.

Serology

On 4th June, Welsh Government asked Health Boards to begin the process of serology testing. The initial priority groups identified in the letter are:

- Healthcare workers, social care workers and residents, teachers and school staff

- For clinicians to use to guide patient management.

Health Boards were asked to arrange testing for teachers and other school staff from June 15th. Arrangements are in place to run the antibody testing programme for these staff from the Bay Field Hospital from 15th June. Initial discussions have taken place on a phased programme for health care workers to commence week beginning 22nd June and a verbal update will be provided at the meeting.

Supplies, Personal Protective Equipment (PPE) & Equipment

The availability of supplies, personal protective equipment and other equipment continues to be a focus of our response. The position on PPE availability has stabilised and from mid May, all local stores have held a minimum of 48 hours supply with further supplies held within HB stores. Locally, we have also sourced supplies of FFP2 masks and these have arrived and are being kept as contingency stock. With the focus on delivering an increased level of non COVID work and potential changes to national guidance on the supply of masks for both patients and staff, we are retaining a key focus on PPE and the cell continues to meet twice a week.

Access to critical care and palliative care drugs remains a risk, but is not impacting adversely on the delivery of care currently. The resumption of planned surgical procedures will impact on the availability of these drugs. However, a number of Supply Disruption Alert notices are in place as well as numerous Medicine Shortage Notices.

Communications and engagement

We continue to communicate with stakeholders including public, staff and external stakeholders. The main vehicle for staff communication is via a dedicated staff bulletin, weekly blog from the Chief Executive and intranet bulletins. The daily bulletin has now been stepped down to three times a week (in line with Gold meetings) and reflecting the current position.

Similarly, external stakeholder engagement reflects that we are in a different phase of our response. We continue to provide regular written and verbal briefing sessions with local Members of the Senedd and Members of Parliament, the Community Health Council, and Local Authorities and targeted briefings with other key stakeholders. We communicate public messages via social media channels and continue to have communications expertise available 7 days a week so that we can be responsive to new or emerging issues.

Fatalities

A fatalities group is in place, comprising of multi-agency partner organisations. An extensive work programme has ensued for the provision of fatalities during COVID-19. However, the work is being considered to support the South Wales Local Resilience Forum Mass Fatalities Group in terms wider planning. The work programme has progressed in a number of areas and is currently focussing on:

- Determining requirement for permanent additional body storage at Neath Port Talbot Hospital
- Mortuary Capacity is noted on Health Board dashboard and also the all Wales Dashboard
- If the Community Verification of Death Service should remain in place post COVID
- Development of a business case for the Sustainability of Care after Death Centre
- Current contract arrangements with Funeral Directors have been reviewed in order that flows from the Hospital mortuaries are maintained enabling continuous business continuity.

Social Distancing

As part of our broader response, we have also been focussing on actions to ensure that we are compliant with social distancing regulations within the Board. Guidance has been issued previously and we have used daily bulletins and Chief Executive messages to highlight the importance of these measures. Initial risk assessment against the checklist of requirements has been circulated and guidance has now been received from Welsh Government. In light of this a new social distancing cell has been established and will meet in late June. The Deputy Chief Executive will lead this work which will focus on ensuring that risk assessments are consistently reviewed; we have strong communications and messaging and that we are addressing both the environmental and behavioural issues. This is more pertinent given the advent of contact tracing that could have a disproportionate impact on parts of the Health Board.

Care Homes

The pandemic has impacted on care homes in a number of ways, and a number of Executive meetings have taken place to discuss how to respond to sustainability issues due to the loss of income, as well as broader risks. Additional Welsh Government funding has been made available to support the sector. A further meeting to assess the position in terms of the sector will take place later in June.

Digital

The Board received a comprehensive update on digital services in May 2020. Since then there has been a further increase in the number of devices (laptops and VPNs) issued to support home working. Office 365 migration is now completed which is a significant achievement. The team are also progressing the roll out of HEPMA (Electronic Prescribing) in further areas in NPT Hospital and electronic discharge communication (MTED) is also continuing to roll out. The digital team are also supporting the TTP programme as well as the establishing of serology testing in the Bay Field Hospital. A new 10Gb link will go live in Morriston to improve network capacity and the Signal system is being further enhanced including roll out into mortuaries.

4. RISKS

There are 13 risks on the overarching Gold risk log:

- Access to critical care drugs and fluids
- Access to palliative care drugs
- Oxygen provision
- PPE
- Equipment
- Workforce (2 risks)
- Care Homes
- Capacity
- Delivery of essential services.
- BAME
- Relationships with Staff Representatives
- Test, Track and Protect Programme.

The only risk now assessed at 25 is fragility of care homes. All other risks are now assessed at 20 or below. 8 risks are now in the amber category.

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. RECOMMENDATIONS

Members are asked to:

- **NOTE** the governance arrangements supporting the Board's response to COVID-19
- **NOTE** the updated position since the last response arrangements
- **NOTE** the overarching critical risks to the Health Board at this time.

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 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. Further discussions will take place on how to ensure that the Board has an appropriate information management system in place to support record keeping.		
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.		
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	<ul style="list-style-type: none"> • Board Meeting 30th April 2020 • Board Meeting 28th May 2020 	
Appendices	No appendices	

