Meeting Date	**28 May 2020**	**Agenda Item**	**2.1 (i)**
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	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. These have continued throughout April and into May though the response phase. 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. An update was provided to the Board at the end of April. Since then, the response phase has continued and it appears that the Health Board has now passed the first peak. Over the last 4 weeks there has been a significant focus on testing and this will continue to be a priority for Welsh Government and the Health Board over coming months. Discussions have focussed on testing arrangements for staff; residents and staff within care homes; and the		

	development of the 'Test, Trace & Protect' Framework (this is covered via a separate report). A central risk register is in place and key risks are monitored via weekly Gold meetings where mitigating actions are discussed and approved.			
Specific Action Required ***(please choose one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
	☐	☐	☒	☐
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.			

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.

Since the last meeting, we have tragically lost another colleague to COVID-19. Elizabeth Spooner, who had worked in Singleton Hospital for 41 years, died on 18th May 2020. Sadly, Elizabeth was the fourth member of the wider Swansea Bay NHS family who died as a result of COVID-19. Support is being offered to both families and colleagues of those who have lost their lives during the pandemic.

Up to 18th May, we have had over 1500 general COVID-19 admissions, and 192 deaths (those who have tested positively) into Swansea Bay Hospitals including current admissions. 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.

On the 7th May, we recorded the highest number of positive COVID-19 admissions in a single day (n=41). In March, the daily average confirmed admissions was 13; in April this had risen to 24 per day and in May (up to 18th) the current average is 18 per day. There will be other admissions who are initially suspected of COVID-19 but subsequently test negatively, as well as those who are positive but after a period of time are considered non infectious. These are also captured in our daily dashboard. Daily monitoring of admissions, together with other public health information suggests that we are now past the first peak and daily admissions are continuing to fall. There is a similar picture in terms of

critical care. Over the 7 day period 11th May to 18th May, there have been no new admissions to critical care of patients with confirmed COVID-19. To date, we have discharged 350 people from hospital care.

Nationally, advice from the Technical Advisory Cell (TAC) suggests that the 'R' (reproduction) rate is currently estimated at being between 0.8 and 0.85, though there is recognition that there could be regional differences. Compliance with social distancing measures in Wales is generally considered to be good, but there are areas that are causing concern including transmission within closed settings (care homes) and in hospital.

3. GOVERNANCE

Leadership, Operational Management and Control Arrangements

The COVID Coordination Centre (CCC) has continued to operate during April and May supporting the overall response. The governance structure remains fully operational and is regularly reviewed. Since the Board last received an update, a new Multi Agency Silver has been established to oversee the delivery of the Board's 'Test, Tracy and Protect' plan. Details are set out in a separate paper.

Since early May, the frequency of Gold Command meetings reflects the nature of the operational response, stepping down to thrice weekly, and from 18th May, twice weekly. 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 weekly basis. The Executive Team have continued to operate on 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. Weekend combined Gold/operational meetings continue to take place and this will be reviewed after 25th May.

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

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 have also drawn in further military support via the Military Aid to Civilian Authority (MACA) process for specific issues including logistics support as well as advice on establishing a Board wide Command Centre (in event of triggering surge and super-surge options).

Finally, we have carried out a 'hot debrief' exercise across the response framework. This has been undertaken by each of the response Silvers, planning and response cells as well as Executive level. A summary is being prepared for discussion at Gold so that any immediate learning can be implemented.

Wales Resilience Forum organised a recent seminar with a prominent Solicitor Advocate who provided a summary of the legal framework and likely areas of future scrutiny in the organisation's preparedness, response and recovery.

The following sections provide a high level update of the work that has been undertaken to date in both preparing for, and responding to COVID-19 since the last Board update.

System Wide Capacity Planning & Delivery

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.

During April, Community Hubs (based on clusters) have been available to respond to the need for face to face assessment of COVID-19 patients in primary care. Similarly, an emergency dental care hub has been operational within the Dental Training Unit at Port Talbot Resource Centre. Pharmacy services have remained operational throughout this period.

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 with circa 150 discharges and this has been sustained into May. New rapid discharge guidance has been developed and this is being rolled out from 10th June. New social work models to support remote assessment of hospital patients. The next phase of work will see the creation of specific discharge beds to be operational from mid June.

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 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.

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 weekly review.

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. In terms of functional usage: ventilator capacity is at 77% (87) with 72% availability of monitors (81), with the remainder available within 2-3 weeks.

Finally, all pathways and Standard Operating Procedures have been reviewed to ensure that they have been finalised and 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 8 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.

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.

There is a process in place for identifying 'hot spots' of staffing issues across the Board and consideration of deployment across Units. This has not been necessary but is part of the overall approach to ensuring that the Board can deliver services safely and that risk is appropriately understood and mitigated effectively.

At the beginning of May, Welsh Government asked Health Boards to undertake a risk assessment across its BAME staff in recognition of the potential disproportionate impact of COVID-19. This is currently underway using a temporary system developed and agreed between Wales health boards and Trusts in anticipation of a new WG sponsored BAME risk assessment being developed and mandated for use.

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
- Test, Trace 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 staff testing plan was based on guidance received from Welsh Government and whilst the Unit was originally established for NHS staff testing in line with guidance, the approach has broadened to respond to local need, mindful of the constraints around laboratory capacity in March and April. To date as at 18th May 2020, over 3,300 people have been tested through this route, with 70% of those drawn from SBUHB employees (including primary care contractors) and 30% from non NHS settings including social care, Police, Fire Service and others. From mid April, all tests have been carried out within 24 hours of referral; the majority on the same day.

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.

Prior to the early May bank holiday, we were asked to systematically test care homes (both symptomatic and asymptomatic) who have more than 50 residents and we have been responding to this on a targeted basis prioritising the homes at greatest risk. On 16th May, the Minister announced that all care homes will have the ability to access a test via a new social care portal launched as part of the wider UK approach to home testing. A further letter was received on 20th May requesting that Health Boards bring forward testing in all care homes with more than 50 residents who have not had an outbreak of COVID-19.

Since 8th May, 916 residents and 565 staff tests have been carried out in closed settings (care homes) by staff deployed from one or both of the Community Testing Units. In addition, care home staff (who may be away from the workplace at the time that CTU teams visit) continue to be tested via the CTUs at Liberty and Margam.

Mobile military units have also been deployed to support local testing approaches and have been invaluable in mobilising the Liberty Stadium quickly to being assessed as feasible to fully deployed in a week.

Critical Workers

There is an increasing focus on testing other critical workers (for example, those in industries that are part of a broader infrastructure response). There are 8 categories of critical workers, and the approach within Wales is to now offer the

ability for workers to access a home test (via Government portal) or be tested at one of the Population Sampling Centres across Wales, or via a local CTU. There is still detail to be worked through nationally to create an end-to-end process that allows for seamless booking; attendance and automated result process, but in practice, Health Boards will be expected to offer some local CTU capacity to support this process. There is also an expectation that this will be extended to the general population. We have publicised an email address and over the first 24 hours of this being live, 200 critical care workers have contacted us directly requesting a test.

Test, Trace & Protect

In late April, Health Boards were asked to respond with outline plans to a requirement to establish a comprehensive and significant Contact Tracing plan to support the next phase of the overall response. This is covered elsewhere on the Board agenda.

Serology

Details are being finalised, but it is likely that Health Boards will be asked to respond to a requirement for mass serology (antibody) testing in June. This will require a new approach as this will be based on venepuncture testing rather than the current process of swabbing. Alongside Test, Trace and Protect, this is likely to have significant workforce implications.

Supplies, Personal Protective Equipment (PPE) & Equipment

The availability of supplies, personal protective equipment and other equipment continues to be a focus of our response. In terms of PPE, it is fair to reflect that the overall availability of PPE has improved during April and into May, and all sites have access to a minimum of 48 hours stock locally, as well as further central supplies. The supply chain nationally appears more secure. In addition, the Board has continued to source local supplies where we are able to do so, to minimise overall risk. Increasing the delivery of essential services and triggering the move into 'super surge' capacity will have a significant impact on our rate of usage. A PPE modelling tool has now been deployed to assist in predicting requirements, and a specific tool has been developed for theatres and field hospitals.

Access to critical care and palliative care drugs remains a risk, but due to the decreasing pressure, is not impacting adversely on the delivery of care currently. However, a number of Supply Disruption Alert notices are in place as well as numerous Medicine Shortage Notices.

Digital

As reported to the Board in April, one of the most striking elements of the response to COVID-19 has been the significant digital transformation that has taken place. This is covered in a report elsewhere on the agenda.

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. We hold regular Partnership Forum sessions with Trade Union partners.

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.

Delivery of Essential Services & Recovery
The Board has established a Recovery, Learning and Innovation Steering Group chaired by Reena Owen. A Reset and Recovery Coordinating Group is now in place co-chaired by the Chief Operating Officer and Director of Transformation. A number of work cells have been established to focus on specific immediate and medium term recovery actions including:

- Primary and community
- Medicine/Single Acute Take
- Surgical
- Cancer & Palliative
- Diagnostics
- Mental Health and Learning Disabilities
- Outpatients.

Each of these is led by a member of the Senior Leadership Team with clinical leadership identified for each individual work stream. There will be overall support from the workforce and modelling cells. Scoping is underway and the first meeting of the Coordinating Group took place on 21st May 2020.

The operating model needs to be flexible to support:

- A fluctuating acute demand from COVID which is sensitive to policy decisions
- A continuing (albeit currently reduced) demand for general unscheduled care services
- An increasing service requirement for patients who have rehabilitation needs following COVID
- Delivering an appropriate level of ‘essential services’ for non-COVID activity, recognising the operational, infection prevention and control and clinical governance challenges this presents

- Significant workforce challenges in the form of staff availability, skills availability and staff resilience and wellbeing.

A Clinical Advisory Group is in place, chaired by the Associate Medical Director for Non Covid services, to support decision making and to make recommendations on:

- Pre-operative processes
- Patient information
- Approach to consent
- Approach for prioritisation.

Guidance and practice will be agile to emerging evidence and national guidance.

Fatalities

A fatalities group is in place, comprising of multi-agency partner organisations. An extensive work programme has ensued for the provision of fataltiies 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 Guidance

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. We have now also issued a checklist and risk assessment process and have asked all Directors and Units to conduct local risk assessments and to report that these have been completed by 30th May 2020.

Care Homes

The pandemic has impacted on care homes in a number of ways, and a number of Executive Team 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. As noted above, testing has also been a focus over the last few weeks. The Military Mobile Testing Units have been deployed to support,

but unfortunately there are limitations on their deployment into care homes. Further support is being offered to train testers within nursing home settings. Staffing across the sector remains vulnerable, and a protocol is in place to support care homes in emergency situations. A risk assessment process is in place and a dedicated workstream is reporting to Community Silver.

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. A more detailed financial section is set out within the Quarter 1 report, which is covered elsewhere on the agenda.

4. RISKS

A revised approach to the management of risks and issues has been developed and is awaiting Executive Team review. 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 are reviewed on a weekly basis and subsequently updated in Datix.

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.

Two new risks were added to the risk log on 1st May 2020. These are:

- Recognition of the potential disproportionate impact of COVID-19 on staff drawn from Black, Asian and Minority Ethnic backgrounds
- Relationships with Staff Representatives.

There are also risks around the delivery of the Test, Track and Protect Programme including financial, workforce and digital. These are set out in a separate report and as yet, we have not added these to the Strategic risk log.

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:

- **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	☐
	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	• Board Meeting 30th April 2020
Appendices	No appendices