

CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 May 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	COVID-19 Report and Update on the Health Board's Annual Plan
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Steve Moore, Chief Executive
SWYDDOG ADRODD: REPORTING OFFICER:	Steve Moore, Chief Executive

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This report provides the Board with an update on the ongoing response to the COVID-19 pandemic within the Hywel Dda University Health Board (HDdUHB) area. It also updates the Board on the progress with developing our Annual Plan for Recovery.

Cefndir / Background

Continuing the theme from my previous update to the Board, the situation regarding the COVID-19 pandemic remains positive, with rates of infection in our communities and hospitalisations remaining low and stable. Our local vaccination programme continues to make remarkable progress and, with many restrictions now being eased, it is likely that the protective effect of vaccination is being felt in both the level of community infection and the need for hospital care. Our hospitals remain busy, however, with non-COVID-19 demand returning to pre-pandemic levels, putting pressure on our staff and services whilst social distancing and PPE requirements continue to limit our capacity.

Despite this, the Executive Team has been able to turn its attention more fully to post pandemic recovery and has been developing our 2021/22 Plan for Recovery, the first draft of which was presented to Board at its meeting in March 2021.

This paper will set out the position at time of writing regarding our operational response, the work of our Gold Command, Silver, Bronze, Cells and the delivery of the vaccination programme. Executive Directors will verbally update at the meeting on the very latest position.

It will also set out the progress made in developing our Plan for Recovery and seek Board support for developments since our last Board meeting in public.

Asesiad / Assessment

Since our last meeting, infection rates have remained consistently low. However, the fact that we are still seeing a level of infection and new hospitalisations is a reminder that the virus is

still circulating in our communities and is still capable of causing serious illness. Continued adherence to the rules and guidelines set out by Welsh Government and receiving the vaccination when offered remain the most important ways for our local population to keep themselves and their loved ones safe. It has been a hallmark of the response in West Wales that our local population has shown its support for the hard work and dedication of our front line staff by complying so well with these rules and guidelines and have taken up the offer of a vaccine in such high numbers. Continuing to do so will enable us to recover more quickly and start to address the significant numbers of people now waiting for our services.

The table below shows the rate per 100,000 population and positivity rate (the proportion of those tested who receive a positive result) for each county compared to that set out in the March Board update.

County	Previous Update – 7 days to 28 th Feb (rate per 100k)	Latest update – 7 days to 12 th May (rate per 100k)	Previous Update – 7 days to 28 th Feb (positivity rate)	Latest update – 7 days to 12 th May (positivity rate)
Carmarthenshire	42.9	11.7	16.6%	1.0%
Ceredigion	19.3	8.3	15.3%	1.1%
Pembrokeshire	19.9	4.8	13.8%	0.5%
Hywel Dda	31.0	8.8	15.5%	0.9%

Since our last Board meeting, rates have fallen further, to levels not seen since last Summer. As such low levels, the data becomes “noisy” with small numbers of infections having a larger relative effect (especially at county level) but at time of writing, the overall trend in Wales continues to be downward or stable.

Operational Update

It is very encouraging to be able to report that the numbers of patients in our hospital beds with confirmed or suspected COVID-19 has fallen from the last report of 108 to zero (as at Thursday 13th May 2021) – the first time this has happened since the pandemic started. However, our hospitals and community services remain busy with occupancy across the 4 main hospital sites at 98% and the Field Hospital based in the Selwyn Samuel Centre, Llanelli, remains in operation and, at time of writing was 67% occupied (16 beds occupied out of 24 staffed beds). The Director of Operations will provide a verbal update on the latest operational position across the four hospitals at the meeting.

There are currently no active COVID-19 outbreaks in any of our hospitals. The Director of Nursing will provide a verbal update on the latest position at the Board meeting.

Staff sickness levels have continued to improve with the latest position being:

- General sickness rate – 4.0%
- COVID rate – 0.5%
- Shielding/self-isolating rate – 1.3%

This gives an overall sickness rate of 5.8% which compares with 10.2% at peak in December. The workforce team continues to support teams and provide advice and guidance on working from home arrangements as the pandemic continues to ease.

Vaccination Programme Update

The local vaccination programme continues to move at a remarkable pace. In line with the Welsh Government's milestone commitments, the Health Board successfully offered a first dose vaccine to all local people in the nine priority groups specified by the Joint Committee on Vaccinations and Immunisations (JCVI) by April 18th 2021. The programme has since moved into offering vaccinations to those under 50 and, following regulatory approval of the Moderna vaccine earlier in the year, Hywel Dda became the first place in the UK to administer doses to its local population. Our ability to do this was both a reflection of the strength of planning and coordination in the national team and a vote of confidence in the capability and professional approach of the Hywel Dda vaccination delivery team.

At time of writing, a remarkable 360,423 vaccinations have been administered – well over 200,000 since the Board last met in public. 243,673 of this number were first doses and, reflecting the significant ramping up of second dose delivery, 116,750 were second doses (a 10 fold increase from the last report).

We are now offering 3 different vaccines locally – Pfizer, Oxford AstraZeneca (OxAz) and Moderna using a mixture of GP practices and 7 Mass Vaccinations Centres (we are the only Health Board to have an operating model using 3 vaccines for reasons set out below).

With the recent change in advice from the JCVI regarding under 40 year olds being preferentially offered a vaccine other than OxAz at relatively short notice, the Health Board experienced a short lived slowdown in first dose delivery in the following week. Being able to offer the Moderna vaccine has been a major benefit to the local delivery programme, given its ease of handling compared to Pfizer, but with limited supplies it was unable fill the gap left by the OxAz guidance change. This required some fast work from the vaccine team for bookings already made and to realign the delivery plan to use Pfizer again. The logistical challenge remains daunting, with supply mix, changing guidance, second dose demand and delivery channels all requiring careful orchestration.

Despite this, the team has high confidence of meeting the end of July 2021 milestone to have offered a first dose vaccination to all eligible adults in the Hywel Dda area. To date, more than 76% of all adults have now received a first dose in Hywel Dda with 36% having had both doses. Uptake across the 9 priority groups in total is a remarkably high 89.4% and with our “no one left behind” policy, supported by rolling communications across all our social media and radio outlets, we are hopeful that it can grow even further.

Indications from the roll out to under 50s is also encouraging. At time of writing, two thirds of 45 – 49 years had received a first dose, almost three fifths of the 40 – 44 years and almost half of the 35 – 39 year olds have also been given a first dose. As we move down the age group, there is some concern that rates will reduce and our Communications Team, working with Welsh Government, are doing all they can to encourage uptake in these younger groups – not just to protect themselves but to also provide protection to their loved ones who may be more vulnerable to this awful virus.

Letters offering appointments to all remaining eligible adults are due to be sent out in the next few days and, supplies allowing, will be offering dates up to the end of June, leaving ample space in July to ensure no-one is left behind in our local area.

As the landscape continues to be highly fluid, the delivery plan continues to evolve and is being actively managed by the Tactical Group whilst delivery is driven by the Bronze Vaccine Group.

A verbal update on the latest position will be provided by the Director of Public Health.

Weekly Vaccination bulletins continue to keep our staff, partners and local population informed of the progress we are making.

Test, Trace and Protect (TTP) programme

The TTP system continues to work well, with no constraints in testing capacity or availability. Contact rates with index cases and their contacts remains high at 87% and 97% respectively within 48 hours respectively for the week commencing 8th May 2021.

In relation to community instances of infection; as reported above, the overall numbers are low and therefore subject to small number volatility. The Regional Incident Management Team (IMT) maintains its oversight of these instances and, at time of writing, was confident that they were arising from discrete, well defined sources. One of these relates to the industrial maritime industry in Pembrokeshire and the Regional IMT is exploring a bespoke solution with Welsh Government, given the importance of this industry.

Welsh Government recently requested that Health Boards refresh their Regional Prevention and Response Plans. This was in development at time of writing and will be shared with Board members once completed.

A revised Testing Delivery Plan has been developed and is attached at **Appendix 1**.

Welsh Government is currently revisiting the benefits/risks of asymptomatic testing in view of the current low prevalence rates and the risk associated with false positive results.

Welsh Government has considered the re-opening of hospital visiting and has advised Health Boards to take local decisions with respect to asymptomatic testing of visitors, dependent upon local circumstances including local COVID-19 prevalence rates. In view of our low prevalence rates, the implementation of 'booked' visiting arrangements, the continuation of appropriate infection prevention and control measures such as PPE, hand hygiene and social distancing and the practicalities associated with testing visitors on attending our hospital sites, the Executive Team has agreed not to implement visitor testing at this time. This decision will be kept under review, should circumstances change.

Gold Command Group

The Gold Command Group remains on standby, should additional decisions or changes to existing decisions be required. The group has met twice since the last Board meeting to consider and agree decisions as follows:

At a meeting held on **11th May 2021**, the Gold Group ratified an urgent decision taken the week before to supply oxygen concentrators and CPAP machines to India as part of a Wales wide effort to respond to the significant COVID-19 crisis that was unfolding in the country. Given the urgency and the need to respond at speed, individual Executives signed off the return of **450** concentrators and **50** CPAP machines to NHS Wales Shared Services on 7th May 2021, to join a consignment of equipment from across NHS Wales. The Gold Command Group reviewed the rationale and risks associated with this, supporting and ratifying the decisions made, which were based on the anticipated requirement of equipment at the Health Board to address future potential peaks and the equipment replacement requirement we have as a Health Board.

Across two meetings, the second on the **18th May 2021**, Gold Strategic Group were requested to consider the risks and support the extension of current fixed term contracts in the Testing Team until 31st March 2022, and approve an external recruitment advert for vacant posts for fixed term contracts to 31st March 2022. The associated risks involved with extending versus not extending the fixed term contracts for the Testing Team to March 2022 had been considered and agreed in principle by Tactical Group. It was recognised that the proposed staffing model was more cost effective, with the financial risk calculated at £10,198.25. The potential risk relating to the need to offer redundancy payments for those staff in post for two years or more was reviewed, with it recognised that at present this does not present a risk due to the time in post being 17 months. Furthermore, it was agreed to amend the job advert to cover both testing and vaccinating, in order to provide further flexibility. The Gold Command Group approved the extension of current fixed term contracts in the Testing Team to 31st March 2022 and approved recruitment to vacant posts on fixed term contracts to 31st March 2022.

Gold Level Cell Updates

The Executive Team continues to meet formally on a weekly basis to review and co-ordinate the work of both the Silver Tactical Group and the Gold level Cells. At the time of writing, all Cells were reporting no issues with their latest position and projections.

Progress with the Recovery Plan for 2021/22

Work on the development of our Recovery Plan for 2021/22 has continued since the version presented to Board as an initial draft in March. Progress with all Planning Objectives are reviewed weekly by the Executive Team and individual delivery plans are in development for every objective. There are two key areas where Board support/ratification is sought today to assist the finalisation of the plan and progress key elements of it, prior to Board approval of the full plan in June 2021, for onward submission to Welsh Government.

The first relates to our plan for recovery in our services. On 7th May 2021, The Health Board was notified that it had secured £11.322m of non-recurrent revenue funding and £2.513m of capital funding from the £100m announced by the government in April. This allows the team to begin the procurement process for additional demountable capacity at Prince Philip Hospital (for additional orthopaedic and endoscopy work), secure additional ophthalmology cases in the private sector and through internal waiting list initiatives, and provide additional activity across a range of diagnostic modalities and specialities through both internal initiatives and outsourcing. Additional funding sought for our Single Point of Contact/Waiting List Support plan is subject to further discussion with Welsh Government colleagues but we remain hopeful of being successful in securing this shortly.

The detailed delivery plans for all the above schemes are in development and will be finalised in time for inclusion in our final draft Recovery Plan for 2021/22 but given the scale of the challenge we face, it is encouraging that this early announcement of funding allows key decisions on procurement to be made.

There is, however, a risk related to the non-recurrent nature of this funding stream and the need for a multi-year contract for the supply of the demountable solution if value for money and sufficient impact on the backlog are to be secured. No contracts are yet being discussed however the Board is asked to support the Executive Team in principle to seek a contractual agreement of reasonable length to ensure value for money. Board scrutiny through a relevant committee will be secured prior to contract award when the actual financial risk is known. As the other elements of our plan involve insourcing or outsourcing

initiatives, there is no recurrent financial risk being assumed due to their flexible nature and our ability to halt them at short notice.

The second area where Board support is sought relates to minor changes to existing Planning Objectives. These objectives were largely signed off at Board in September 2020 (with two further additions agreed at Board in November 2020) and were the result of the work undertaken over the summer to review and consolidate all outstanding Board decisions from 201/7/18 onwards and align them with the Board's refreshed Strategic Objectives. As work has progressed on developing delivery plans it has become apparent that some require realignment and/or rewording and to maintain a clear audit trail, these are set out below for Board agreement:

Planning Objective	Proposed Change
<p>6D - Develop the capability for the routine capture of PROMS and implement in all clinical services within 3 years. Establish the required digital technology and clinical leadership and engagement to facilitate pathway redesign based on these insights and put in place impact measurement processes to evaluate changes at a pathway level.</p>	<p>Change of Executive Lead from Director of Finance to Medical Director/Deputy Chief Executive</p>
<p>2E - From April 2021, develop a programme of activities to increase our income from both new and existing opportunities and income streams to make a positive difference to the health, wellbeing and experience of patients, service users and staff across Hywel Dda University Health Board. Develop user friendly grant-making procedures, whilst maintaining good governance, so that staff are empowered to access our charitable funds and be innovative and proactive in their approaches to making a difference. Maximise opportunities to extend our reach and become more visible internally and externally so that more people across our region are aware of the charity's existence, its purpose and the importance of their support.</p>	<p>Change of wording to:</p> <p>From April 2021, develop a programme of activities which promote awareness of the Health Board's official charity and the opportunities available to raise and use funds to make a positive difference to the health, wellbeing and experience of patients, service users and staff across Hywel Dda University Health Board.</p> <p>Develop clear processes for evidencing the impact of our charitable expenditure on our patients, service users and staff fundraising activities and expenditure on our staff, the patients and the public with the aim of increasing our income and expenditure levels on an annual basis.</p>

If the Board supports these changes, they will then flow through to the final draft recovery plan for 2021/22 for Board review in June.

Argymhelliad / Recommendation

The Board is asked to:

- Ratify the Gold Command Group decisions:
 - Approve the extension of current fixed term contracts in the Testing Team to 31st March 2022;
 - Approve recruitment to vacant posts on fixed term contracts to 31st March 2022;

- Approve the release of 394 Nidek Oxygen Concentrators, 56 Devilbiss Healthcare Oxygen Concentrators and 50 CPAP machines as part of the humanitarian aid for India, recognising the monetary loss will need to be reported and approved by the Audit and Risk Assurance Committee at its next meeting.
- Provide in principle support to the Executive Team to seek to procure the demountable required over a longer period than the current non-recurrent funding allows for, and to request that the contract is scrutinised by the relevant committee prior to formal award.
- Approve the changes to Planning Objectives set out above.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	853 - Risk that Hywel Dda's response to COVID-19 will be insufficient to manage demand (Score 5) 854 - Risk that Hywel Dda's Response to COVID-19 will be larger than required for actual demand (Score 6) 855 - Risk that UHB's non-covid related services and support will not be given sufficient focus (Score 8)
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Included within the report
Rhestr Termiau: Glossary of Terms:	Included within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Hywel Dda University Health Board Gold Command Hywel Dda University Health Board Silver Tactical Hywel Dda University Health Board Bronze Group Chairs

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Any financial impacts and considerations are identified in the report.
Ansawdd / Gofal Claf: Quality / Patient Care:	Any issues are identified in the report

Gweithlu: Workforce:	Any issues are identified in the report
Risg: Risk:	Consideration and focus on risk is inherent within the report. Sound system of internal control helps to ensure any risks are identified, assessed and managed.
Cyfreithiol: Legal:	Any issues are identified in the report
Enw Da: Reputational:	Any issues are identified in the report
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable