



HEALTH & SAFETY ASSURANCE COMMITTEE PWYLLGOR ANSAWDD IECHYD A DIOGELWCH

DYDDIAD Y CYFARFOD: DATE OF MEETING:	07 September 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Development of a Toolkit for the Review of Staff Testing Positive for COVID-19
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mandy Rayani, Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Tim Harrison, Head of Health, Safety and Security

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

This paper is presented to the Health and Safety Assurance Committee (HSAC) in order to provide an update on the development of the COVID-19 Staff Investigation Toolkit which is nearing completion. The toolkit is being developed at an All-Wales level to ensure consistency when undertaking investigations where staff have a positive COVID-19 result, and it has been established by the organisation that an investigation is required into workplace factors.

Cefndir / Background

On 20th May 2020, an All-Wales COVID-19 Risk Management (Staff and Patient) Toolkit Steering Group was established. This Group originated at the Head of Patient Experience (HOPE) Network, a collaboration between the Head of Patient Experience from each Health Board and Trust in Wales, and the Welsh Risk Pool.

The role of the Group is to devise two principle toolkits to provide NHS Wales with one comprehensive approach to the recording and investigation of incidents relating to COVID-19 and the virus spreading amongst staff and patients, thereby demonstrating a robust and comprehensive approach to the management of the risk presented by the virus to staff and patients. It was agreed that in order to properly monitor and control the virus, a single toolkit that is accepted across Wales would be the optimal way to approach this.

The focus of this paper is on the staff version of the toolkit which is nearing completion.

Asesiad / Assessment

The investigation toolkit is comprised of 5 main parts:

- Staff Information;
- Timeline of events (14 day period);
- Investigation based around 4 key themes;
- Findings;
- Learning.

Depending on the nature of the incident, managers are able to use the complete toolkit (i.e. for staff death or serious illness requiring admission to an intensive treatment unit (ITU)) or they can select specific aspects of the toolkit for a targeted review of a specific factor. Below is an overview of each of the 5 parts:

Part 1 – Staff Information

The purpose of this section is to capture staff demographics which will help to inform the investigation. This part of the investigation should be completed within 48 hours of the staff incident being reported. The Lead Investigator can delegate completion of part 1 to the staff member's line manager. This section of the investigation toolkit can also be used in isolation to support other COVID-19 related incident investigations.

Part 2 – Timeline of Events (14 day Period)

It is essential that a timeline is completed to identify, wherever possible, exposures to the COVID-19 virus. The timeline should include 14 days from the date symptoms were reported (or where this is not known, the date of diagnosis or date of death). The Lead Investigator will complete the timeline with support from relevant staff. This part of the investigation should be completed within 5 days of the staff incident being reported. Any exposures and risks identified from the timeline will be included in the investigation analysis.

Part 3 - Investigation

The investigation element of the toolkit has been themed around 4 key areas:

- Environment;
- Personal Protective Equipment (PPE);
- Information;
- Support.

A series of investigation questions have been identified from the World Health Organisation (WHO) guidance and supporting material contained within "coronavirus disease (COVID-19) outbreak: rights, roles and responsibilities of health workers, including key considerations for occupational safety and health". The questions will identify care or service issues, including the use and availability of PPE. Depending on the nature and severity of the incident, the investigator may identify a need to investigate against all themes, or relevant themes only. This part of the investigation should be completed within 7 days of the incident being reported.

Part 4 - Findings

The information identified and obtained during parts 1-3 of the investigation will provide the basis of the final analysis which will include areas of good practice and any care or service delivery issues. The findings should be presented against each of the 4 key investigation themes. This needs to be completed by day 9 of the investigation.

Part 5 - Learning

An action plan should be produced to capture any recommendations and actions from the investigation.

Within the toolkit there are two additional resources; a PPE Self-Assessment and a Risk Assessment, which are outlined below.

PPE Assessment

Whilst not forming part of the investigation, a PPE Self-Assessment Audit has also been developed which can be completed by staff members following exposure to COVID-19 patients. The PPE Self-Assessment can be completed with appropriate staff to help

determine whether an incident has occurred. The findings from the PPE Self-Assessment will identify whether further investigation should be undertaken.

Risk Assessment

A generic COVID-19 Risk Assessment template has been developed to enable the organisation and service areas to complete an assessment relating to the Infection Prevention and Control (IPC) measures in place during the pandemic and to identify management of risks.

Although the final version requires approval by the Hope Network, a number of Health Boards in Wales have been using the draft version when a staff death or serious illness requiring ITU has occurred, and the HDdUHB will be adopting the same approach.

Argymhelliad / Recommendation

For the Health and Safety Assurance Committee to note the development of the COVID-19 Staff Investigation Toolkit.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	5.8 Ensure there is a process of review of findings of safety management system audits and seek assurance that corrective actions are put in place.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1.1 Health Promotion, Protection and Improvement 2.1 Managing Risk and Promoting Health and Safety 7.1 Workforce
Nodau Gwella Ansawdd: Quality Improvement Goal(s):	Focus On What Matters To Patients, Service users, Their Families and Carers, and Our Staff
Amcanion Strategol y BIP: UHB Strategic Objectives:	2. Living and working well.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	COVID-19 Staff Investigation Toolkit
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Assurance Committee:	Information provided via the All Wales COVID-19 Risk Management (Staff and Patient) Toolkit Steering Group and the Hope Network.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No expected impact.
Ansawdd / Gofal Claf: Quality / Patient Care:	N/A
Gweithlu: Workforce:	No adverse impact for the investigating of an incident.
Risg: Risk:	Risk mitigation in place in terms of PPE, safe systems of work and safe environments.
Cyfreithiol: Legal:	RIDDOR Health and Safety at Work Act 1974 Management of Health and Safety at Work Regulations
Enw Da: Reputational:	Potential for political or media interest following staff death.
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	Has EqIA screening been undertaken? No Has a full EqIA been undertaken? No