



**PWYLLGOR CYNLLUNIO POBL A SICRWYDD PERFFORMIAD
PEOPLE PLANNING AND PERFORMANCE ASSURANCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	10 February 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Delayed Implementation of Routine Asymptomatic Testing of Health Board Patient-facing Staff with Lateral Flow Devices (LFDs)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Alison Shakeshaft, Director of Therapies and Health Science
SWYDDOG ADRODD: REPORTING OFFICER:	Alison Shakeshaft, Director of Therapies and Health Science

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The attached Risk Assessment regarding the delayed implementation of routine asymptomatic testing of Health Board patient-facing staff with Lateral Flow Devices (LFDs) was considered by the Executive Team on 27th January 2021.

The Executive Team approved the recommendation to implement a phased approach to the routine asymptomatic testing of Health Board patient-facing staff with LFDs as follows:

- To implement the offer of testing to the chemotherapy teams (80 staff) from 1st February 2021, followed by a roll out plan to offer to all patient-facing staff (circa 7,900 Health Board staff, 1,300 + Primary Care staff) by 31st July 2021.

This is dependent upon the final national Standard Operating Procedure (SOP) and Frequently Asked Questions (FAQs) being made available in the very near future and the national digital reporting solution in place mid-February 2021.

If the national digital reporting solution is delayed, the offer of testing to the chemotherapy teams (80 staff) from 1st February 2021 will be implemented, with an interim manual reporting process, followed by an adjusted roll out plan to offer testing to all patient-facing staff **once** the national digital solution is available. A longer timeline for full implementation will need to be determined.

The People, Planning and Performance Assurance Committee is asked to receive assurance from the attached Risk Assessment regarding the delayed implementation of routine asymptomatic testing of Health Board patient-facing staff with Lateral Flow Devices (LFDs), and support the Executive Team decision to implement a phased approach to the routine asymptomatic testing of these patient-facing staff with LFDs.

Cefndir / Background

In December 2020, Welsh Government (WG) requested that health and social care commenced routine, twice-weekly testing of asymptomatic staff using LFDs in order to seek out COVID-19 infection amongst patient-facing staff. The request at that time was to implement testing through a pathfinder approach, with organisations to decide which staff groups to target and how large or small a cohort of staff to test in order to develop and test the process. It was anticipated that testing would commence prior to Christmas 2020 with a plan for wider roll out to all patient-facing staff from mid-January 2021, assuming the digital link was in place. Within Hywel Dda University Health Board (HDdUHB), this equates to circa 7,900 Health Board staff plus Primary Care staff in excess of 1,300 (this figure does not include dentistry, optometry or community pharmacy).

Prior to Christmas 2020, a decision was made to delay the implementation until 2021 based on an assessment of the risks associated with implementation versus the risks of delaying implementation. As a result, HDdUHB was the only Health Board not to implement routine asymptomatic staff testing at that time.

A review of the risk assessment during January 2021, and learning from the pathfinder programmes across NHS Wales, has significantly reduced the risk associated with implementation, resulting in the current decision to implement testing from 1st February 2020 with the chemotherapy teams, with wider roll out pending the availability of a digital solution for recording, reporting and managing test results.

Asesiad / Assessment

Since the Executive Team decision on 27th January 2021, routine testing of asymptomatic staff using LFDs has been introduced week commencing 1 February 2021 across the chemotherapy teams (80 staff) using a paper-based reporting system.

The final national SOP and FAQs have not yet been received, however the latest version has been adapted for use in HDdUHB to enable the testing to commence.

The digital reporting solution has been demonstrated on a small scale to health and social care colleagues, raising a number of concerns regarding its ease of use and applicability to Wales, however, access to the system has not yet been received.

The decision to delay further roll-out of asymptomatic staff testing until the digital solution has been made available remains valid. Furthermore, an assessment of its fitness for purpose once it is made available will need to be undertaken to ensure staff are able to use it and positive results are linked directly to the Tracing Team CRM system to enable tracing to commence.

Further detail can be found in the attached paper.

Argymhelliad / Recommendation

The People Planning and Performance Assurance Committee is asked to receive assurance from the attached Risk Assessment regarding the delayed implementation of routine asymptomatic testing of Health Board patient-facing staff with Lateral Flow Devices (LFDs), and support the Executive Team decision to implement a phased approach to the routine asymptomatic testing of these patient-facing staff with LFDs as follows:

- To implement the offer of testing to the chemotherapy teams (80 staff) from 1st February 2021 (already implemented); follow by a
- Roll out plan to offer testing to all patient-facing staff (circa 7,900 Health Board staff plus in excess of 1,300 Primary Care staff by 31st July 2021.

This is dependent upon the availability of a fit for purpose, national digital reporting solution by mid-February 2021.

If the national digital reporting solution is delayed, an adjusted roll out plan to offer testing to all patient-facing staff will be required to commence **once** the national digital solution is available. A longer timeline for full implementation will need to be determined.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	4.9 Seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Delayed implementation of routine asymptomatic testing of Health Board patient-facing staff with Lateral Flow Devices (LFDs) Datix Risk Register Reference - 1037 Score - 2 x 2 = 4
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
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	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

Gwybodaeth Ychwanegol:	
Further Information:	
Ar sail tystiolaeth: Evidence Base:	Public Health Wales advice – various reports
Rhestr Termau:	

Glossary of Terms:	
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cynllunio Pobl a Sicrwydd Perfformiad: Parties / Committees consulted prior to People Planning and Performance Assurance Committee:	Formal Executive Team 27 th January 2021

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No additional direct financial costs except potential 1 wte to administer the roll-out plan (TBD)
Ansawdd / Gofal Claf: Quality / Patient Care:	Potential to identify small number of asymptomatic staff who are COVID-19 positive (likely less than 1% of those tested).
Gweithlu: Workforce:	Unlikely to identify many staff so little impact on the workforce availability.
Risg: Risk:	See attached risk assessment
Cyfreithiol: Legal:	N/A
Enw Da: Reputational:	Some risk of political or media interest due to delay in implementation as National Testing Strategy has been refreshed and released.
Gyfrinachedd: Privacy:	As yet unknown until digital solution is released. Paper based staff data will only be shared with COVID team lead. Anonymised high level data will be shared with the Command Centre and WG (no individual data)
Cydraddoldeb: Equality:	No equality assessment undertaken – testing will be offered to all patient-facing staff during roll-out

