

Hywel Dda UHB - Risk Assessment Form

Datix ref: Date of entry:	21/1/2021	Any previous reference number:	N/A
Name of person identifying risk :	Alison Shakeshaft	Contact email/phone:	Alison.shakeshaft3@wales.nhs.uk

Risk Ownership

Executive Directorate:	Alison Shakeshaft, Executive Director of Therapies and Health Science
Delegated Risk Owner: (OPS ONLY)	Alison Shakeshaft, Executive Director of Therapies and Health Science
Management/Service Lead:	Alison Shakeshaft, Executive Director of Therapies and Health Science

Risk Location

Directorate:	All Health Board Services	Service or Department:	All Health Board Services
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Risk Identification

Title of risk:	Delayed implementation of routine asymptomatic testing of Health Board patient-facing staff with Lateral Flow Devices (LFDs)				
Date risk identified:	21/1/2021	How risk was identified (risk source):		Through development of the plan to implement the testing programme	
Type of Risk choose one ✓			Operational	✓	Project

Recommendation:

Outline the Recommendation for Executive Team Consideration
<p>Recommendation: The Executive Team is asked to approve the decision to implement a phased approach to the routine asymptomatic testing of Health Board patient-facing staff with LFDs as follows:</p> <ul style="list-style-type: none"> To implement the offer of testing to the chemotherapy teams (80 staff) from 1 February 2021, followed by a roll out plan to offer to all patient-facing staff (circa 7,900 Health Board staff plus Primary Care staff, numbers to be determined) by 31 July 2021. <p>This is dependent upon the final national SOP and FAQs being made available in the very near future and the national digital reporting solution in place mid-February 2021.</p> <p>If the national digital reporting solution is delayed we will implement the offer of testing to the chemotherapy teams (80 staff) from 1 February 2021, 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.</p>

Risk Matrix	Likelihood →				
Severity ↓	Rare - 1	Unlikely - 2	Possible - 3	Likely - 4	Almost certain - 5
Catastrophic - 5	5	10	15	20	25
Major - 4	4	8	12	16	20
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Benefits:

Outline the Benefits

Despite the small number of positive cases expected to be identified from twice-weekly asymptomatic testing of patient-facing staff (1-2% from other NHS Wales pathfinders at current prevalence rates, likely to decrease further with vaccination programme), finding positive staff and implementing self-isolation and tracing as early as possible may have a positive impact on reducing transmission of COVID-19. There is a clear expectation within WG and stakeholders that this type of testing is implemented across NHS Wales.

Implementation of routine patient-facing staff testing may provide confidence to staff and the public.

The chemotherapy team was the highest priority team identified in December 2020 due the vulnerability of the patient group, who are asked to self-isolate and are tested for COVID-19 prior to commencing chemotherapy.

The benefit of waiting until the digital solution is in place prior to wider roll out is to avoid the wide scale use of an interim manual reporting, recording and management system, which will be resource heavy, at a time when the vaccination programme should take higher priority. NHS Wales as a whole has expressed this position to WG.

Current Reality & Costs:

Outline the Current Reality & Costs

December 2020

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 left 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, this equates to circa 7,900 Health Board staff plus an as yet unquantified number of staff in Primary Care.

With input from the General Managers and County Directors, we identified a number of teams across primary, community and secondary care for the pathfinder phase (circa 220 staff).

At that time, there were no agreed processes in place, the national Standard Operating Procedure (SOP) and Frequently Asked Questions (FAQs) were still under development, and discussions were ongoing regarding how staff would be trained and assessed as competent to use the kits. There were logistical issues with delivering the test kits and these were not received in the Health Board until 16 December 2020. Following receipt of the kits, we undertook testing on a small number of staff within the Testing Team, to test the testing process and identified some practical and logistical issues with the kits including how they could be split between multiple staff members as they are packed in bulk packs of 25.

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There were also significant concerns within the Health Board regarding the low sensitivity of the LFDs (50%) and the associated failure to detect half of all asymptomatic positive cases. Additionally, despite the reported high specificity (99.94%) of the test, there were concerns that false positive results, could result in staff needing to self-isolate unnecessarily further impacting on already significant staffing shortfalls.

The following risk was identified relating to the implementation of routine twice-weekly testing of asymptomatic Health Board staff in December 2020, which led to the Health Board delaying the implementation:

- Further de-stabilisation of the workforce in areas already under significant pressure with up to 14% staff sickness in some clinical services in addition to vacancies, staff self-isolating or shielding.

This was due to:

- Anticipated false positive results associated with this testing methodology in asymptomatic individuals at the current prevalence rate of disease.
- At the time that implementation was requested by WG (December 2020), there were significant staffing deficits across the Health Board (e.g. w/c 14 December 2020 up to 50% staff in some community teams either COVID-19 positive or self-isolating) with some clinical areas unable to deliver services (e.g. Llandovery Hospital was closed temporarily in December 2020). There was a high level of concern regarding the ability to maintain safe services.

This could have led to:

- Unmanageable staffing deficits from a high number of staff unnecessarily self-isolating whilst waiting for a confirmatory RT-PCR test result
- Increased significant harm/death to patients from reduced Health Board staff and services.

In addition there were concerns regarding:

- The lack of an electronic process to manage the recording or reporting of results and no digital link to automatically flow results into the CRM. (This is still under development). This would cause a significant administrative burden of manual reporting and recording of results.
- Rushed implementation without clear processes. A draft SOP and FAQs were distributed prior to Christmas 2020 but these required further work.

The perceived risk score associated with implementing the testing programme at December 2020 was:

Further de-stabilisation of the workforce in areas already under significant pressure with up to 14% staff sickness in some clinical services in addition to vacancies, staff self-isolating or shielding.

Current likelihood	4	× Current impact	5	= Current risk rating	20
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Following detailed consideration of the risk at the time, and discussions between the Directors of Therapies and Health Science, Nursing, Quality, Safety and Experience and Workforce and Organisational Development on 17 December 2020, a decision was made to not rush the process over the Christmas period, as staffing levels were fragile and command centre/testing cell staff were less available to support the introduction of the process.

The following risk was identified with regards to delaying the implementation:

- Reputational harm and/or increasing pressure from WG, staff and stakeholders to deliver the LFD programme at pace, whilst we continue to delay the implementation.

This was due to:

- Hywel Dda University Health Board being the only Health Board to have not implemented routine asymptomatic staff testing prior to Christmas. Other organisations have implemented it to some degree having developed interim manual or electronic processes, whilst awaiting the national solution.

The perceived risk score associated with not implementing the testing programme at December 2020 was:

Reputational harm and/or increasing pressure from WG and staff to deliver the LFD programme at pace, whilst we continue to delay the implementation.

Current likelihood	3	× Current impact	3	= Current risk rating	9
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On balance of risk, the risk of implementation was greater than the risk associated with delaying implementation.

This decision and further updates regarding the continued delayed implementation has been reported to Tactical Group, Public Health Gold Cell, the Executive Team and WG on a regular basis.

Update as at 21 January 2021

Since the start of the 2021, WG has been in the process of updating the SOP and FAQs with learning from other Health Boards, Trusts and the Welsh Ambulance Services Trust (WAST) who have progressed the pathfinder phase.

The Testing Cell has continued to hold off the implementation of the staff-testing programme whilst:

- the SOP and FAQs are being finalised
- learning from other organisations is made available
- the national digital solution is delivered.

The updated SOP was received by the Health Board on 21 January 2021, however, a number of minor issues have been identified and returned to WG for clarification.

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Anecdotal learning from the rest of NHS Wales has shown:

- Low numbers of positive results (typically 1-2%)
- Little or no concern around false positive rates when confirmed by RT-PCR
- Little impact on numbers of staff requiring self-isolation affecting staffing levels
- Significant challenges regarding manual reporting and recording of test results
- Some issues with incomplete or problematic test kits
- Logistical issues with test kit ordering and delivery scheduling

The low numbers of positive results and little impact on staffing availability alleviates the concerns regarding these back in December 2020 and, as such, the risk has been reassessed as reduced with this regard.

Despite some organisations developing interim electronic systems, the consensus view from NHS Wales agreed at the 'Asymptomatic Testing of NHS Wales Staff & Social Care Staff with Lateral Flow Devices Group' on 21 January 2021, is that they are unable to rollout the testing programme more widely until the national digital solution is in place. WG Test, Trace and Protect leads are in support of this decision.

To implement and roll out routine testing to all Health Board patient-facing staff (circa 7,900 staff) plus Primary Care staff, without the national digital solution, would require a significant resource with in excess of 7,900 paper forms being submitted for recording, collation and reporting each week.

The national digital solution is expected to be imminent, leading to a decision not to use in-house resources to develop a very short-term, interim digital solution, taking resource away from other high priority areas such as the vaccination programme.

The risk to patient care is deemed to be minimal as we would expect to identify only 1% staff tested to be positive (less than 1 staff member in the initial cohort, circa 79 staff members from full roll out to 7,900 Health Board staff). In addition staff should be wearing appropriate PPE, following strict infection prevention and control guidelines and practising appropriate social distancing rules. We have seen a reduction in nosocomial outbreaks in our hospitals during January 2021, in the absence of the proactive testing

The risk assessed (below) on 21 January 2021 relates to the risk of reputational harm and/or increasing pressure from WG, politicians, staff and the public to deliver the LFD programme at pace with the recommendation to delay full roll out until the national digital solution is in place.

If the digital solution is available mid-February, the roll out plan will be to extend the offer of testing to all patient-facing staff over the coming months to be completed by 31 July 2021.

If the national digital solution is delayed, the roll our plan will need to be extended.

However, WG has been informed that we have not yet implemented the programme, with the reasons for this decision and no pressure or criticism has yet been received. WG also recognise and support the NHS Wales view that full roll out requires the national digital solution.

Whilst there were calls from staff in December 2020 for routine testing, there have been very few requests or queries received since the New Year. However, this may increase once the refreshed national Testing Strategy is published later this week.

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Risk Statement:

Describe the risk, work activity, environment or process being assessed. What is the risk to the Health Board?

There is a risk of criticism and increasing pressure from WG, politicians, staff and the public to deliver the LFD programme at pace.

This is caused by the Health Board delaying full roll out until the national digital solution is in place.

This could lead to impact/effect on local or national media interest, increased scrutiny and a reduction in stakeholder confidence.

Location of the Risk All patient-facing staff groups

What is the cost of correcting the loss if the risk materialises:

No financial cost identified

What is the financial cost based on?

No financial cost

Please \sqrt the one DOMAIN under which this risk lies:

Safety, patient staff or public		Quality, Complaints or Audit		Workforce & OD	
Statutory Duty or Inspection		Adverse Publicity or Reputation	\sqrt	Business Objectives or Projects	
Finance including Claims		Service/Business interruptions/disruptions		Environmental	

Inherent Risk Score (Likelihood x Severity = Risk Score)

What is the score **WITHOUT** any control measures?

Using the risk matrix overleaf, evaluate the **inherent** risk rating. This is the risk score **WITHOUT** control measures in place.

Inherent likelihood	4	x Inherent impact	4	= Inherent risk rating	16
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Control Measures currently in place - List the current control measures in place to minimise the potential impact of harm and reduce the risk, these must be **IN PLACE AND WORKING** to be a control.

Current Control measures

WG, Tactical Group, Public Health Gold and the Executive Team have been kept informed of the decision to delay and the reasons why.

Phased plan agreed to implement with the chemotherapy teams from 1 February 2021, extending the offer of testing to all patient-facing staff by 31 July 2021 if digital solution is in place by mid-February 2021.

Current Risk Score (Likelihood x Severity = Risk Score)

Using the risk matrix below, identify the **current** risk rating. This is the risk score **WITH** control measures in place.

Current likelihood	2	x Current impact	2	= Current risk rating	4
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Risk Action Plan Please specify actions that address the cause of the risk (clear and concise)

Actions must be SMART: Specific, Measurable, Achievable, Realistic and Time-bound.	By whom	By when	Cost of action
Implement routine testing to Chemotherapy Staff	Alison Shakeshaft	1/2/2021	No direct costs
Start wider roll out plan from 15 February 2021	Alison Shakeshaft	15/2/2021	
Review risk and roll out plan if digital solution is not in place by mid- February 2021	Alison Shakeshaft	28/2/2021	

Target Risk Score (Likelihood x Severity = Risk Score)

Using the risk matrix, identify the target risk rating. This is the risk score you are trying to achieve when the actions are put in place.					
Target likelihood	1	× Target impact	2	= Target risk rating	2

Risk Review & Monitoring (for management completion)

Identify the Lead Assurance Committee or Sub-Committee this risk should be reported to?	QSEAC				
Identify the local management group should this risk should be monitored at?	HB Testing Cell				
Is this risk to be entered onto your service risk register in Datix? (yes/no)		Frequency of review.	15 February 2021		

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