



COVID-19 Activity Update

May 2021

Situation

The current position locally, in respect of COVID-19, has improved significantly during recent weeks however, the impact of the pandemic on patients and staff will continue for the foreseeable time.

Low levels of infection remain within the community (rate of 10.8:100,000 with positivity rate of 1.1% as at 6th May 2021) however, there are currently no COVID-19 related admissions in any of the Health Board's hospitals as at 14th May 2021.

Social distancing (Risk 1016), use of PPE, and other Standard IPC measures remain in place until such time that Welsh Government (WG) guidance and policy changes. However, maintaining compliance with social distancing is becoming challenging as wider lockdown easements are introduced.

Vaccination uptake has been positive: 348,386 vaccines administered as at 14th May 2021. The Health Board are still on target to have offered all eligible adults an invitation for their first dose by the end of May 2021.

Testing capacity and the testing system remain sound and capable of dealing well in excess of current demand.

Non-COVID-19 activity levels have increased, with pinch points being seen in A&E departments, resulting in some off-load delays. However, acute sites are operating at circa 98% occupancy with the Ysbyty Enfys Selwyn Samuel (YESS) Field Hospital currently remaining open.

Risks and Mitigation

Risk	Mitigation
1. Harm from COVID-19 itself	<p>No serious incident investigations have, at present, a root cause which directly relates to this risk. Emerging incidental learning (e.g. documentation of rationale for swab being taken) and good practice (e.g. early discussions regarding ceilings of care) has been highlighted.</p> <ul style="list-style-type: none"> • All Wales hospital acquired COVID-19 infection review toolkit (patient) • Individual patient reviews underway. • Thematic review – ward basis using findings of individual reviews and other information e.g. outbreak management • Discussion regarding pan Wales team to undertake the reviews
2. Harm from overwhelmed NHS and social care system	<p>Some incidents, including Never Events, where the root cause relates to this risk e.g. changes in working environment</p> <ul style="list-style-type: none"> • Current consideration when undertaking Root Cause Analysis (RCA) or proportionate investigations • New Datix captures whether the incident is related to COVID-19 and also prompts for further information on investigation
3. Harm from reduction in non COVID-19 activity	<p>Some incidents at present where this harm has been selected following management review. Review of these incidents and rationale for selection required.</p> <ul style="list-style-type: none"> • Current consideration when undertaking RCA or proportionate investigations • New Datix captures whether the incident is related to COVID-19 and also prompts for further information on investigation
4. Harm from wider societal actions/ lockdown	<p>No incidents at present the root cause relates to these risks.</p> <ul style="list-style-type: none"> • Current consideration when undertaking RCA or proportionate investigations • New Datix captures whether the incident is related to COVID-19 and also prompts for further information on investigation

Risks and Mitigation

Risk	Mitigation
<p>Testing Risk 1017</p> <p>There is a risk that the UHB will not be able to identify local community outbreaks of COVID-19 rapidly and take appropriate action promptly’.</p>	<p>This was reviewed on 18th May 2021 with the risk score reduced to 1x5 = 5. The Regional Incident Management Team has recently agreed a range of options for rapidly responding to outbreaks and variants of concern. The risk has been removed from the Corporate Risk Register.</p>
<p>Vaccination Risk 1030</p> <p>Reputational risk if the Health Board is perceived to not deliver the mass vaccination programme.</p>	<p>The Health Board has flexed and demonstrated agility through the vaccination plans established in line with vaccine availability including the introduction of a third vaccine Moderna. This is the only Health Board to be working with 3 separate vaccines. The rapid review of future vaccination sites is being led by the Emergency Planning lead to ensure that there is no pause to the programme. Uptake has continued well and the Health Board is working with the Local Authority (LA) teams across the three counties (The Phoenix Partnership (TTP) staff) to support proactive calling of the population 3 days prior to their appointment.</p>

Risks and Mitigations (continued)

Risk	Mitigation
<p>Social Distancing Risk 1016 - Risk of non compliance with Regulations 16 of the Health Protection (Coronavirus Restrictions) (No.5) (Wales) Regulations 2020 (the “Coronavirus Regulations”)</p>	<p>Bed spacing currently remains at a distance of at least 2 metres apart. Risk mitigation measures including fixed and temporary screens have been installed.</p> <p>2m social distancing remains despite remobilisation of operational services. Due to the successful vaccine programme, the consequence/impact this risk poses should reduce in time.</p> <p>Bronze Groups and individual Departments have social distance/COVID-19 risk assessments. Changes are being experienced regarding accommodation of returning staff, provision of face-to-face training, visiting arrangements for patients etc. Accommodation group in place. As lockdown restrictions ease, the Health Board will have to adapt to national guidance. In the meantime, there are clear benefits for maintaining social/physical distancing in terms of infection prevention and control. Staff reminded of the continued need to adhere to the measures in place across NHS sites.</p>
<p>Delivery of Quarter 3 /4 Operating Plan Risk 1027 - There is a risk there will be disruption to the delivery of Q1 Recovery Plans. This is caused by increasing fragility within the Urgent & Emergency Care (UEC) system, the continuing impact of COVID-19 on available beds, and staffing resources and delays in discharges that are beyond the remit of the Health Board.</p>	<p>Additional Health Care Support Workers (HCSWs) have been appointed, aligned to the acute response teams, to support failing community care capacity (secondary to COVID-19 outbreak).</p> <p>Each County System is reviewing and revising UEC Improvement plans, supported by a Programme Management Structure in UEC Improvement.</p> <p>The Health Board has submitted phased urgent primary care development proposals to WG, itemising plans for clinical navigation and enhanced GP Out of Hours (OOH) provision, the introduction of a streaming hub, roll out of the Contact First model and expansion of Same Day Emergency Care (SDEC) models. These component elements are designed to reduce conveyance and conversion rates, improve the clinical management of complex patients, and further support discharges within 72 hours of admission.</p>

Recommendation

QSEAC members are requested to:

- Note the updated information provided.
- Take assurance that the Health Board has systems and processes in place to respond to, and monitor, emerging trends and issues associated with COVID-19.
- Take assurance that, whilst the local COVID-19 rate is currently low, continued monitoring of the local and national situation is being undertaken and the Health Board is adapting and adopting to changes and requirements at pace.