

Update on the Review of Nosocomial COVID-19 Infections and other COVID-19 related Matters

Situation

- The purpose of this report is to provide the Quality, Safety and Experience Committee (QSEC) with an update with regards to the Health Board review of suspected in-patient nosocomial COVID infections.
- The Health Board is using the all Wales Protocol for the Review of Patient Hospital Onset COVID-19 Infections and the supporting toolkit to support the review process. The aim of the review is to:
 - Understand the factors that contributed to the 48 outbreaks experienced during October 2020 and February 2021;
 - Identify the impact on patients; and
 - Identify potential learning from the outbreaks which will be shared across the organisation.
- This report summarises an interim position in regard to the early learning from themes identified through a small proportion of thematic reviews undertaken at this time.
- The report also provides an update with regards to other COVID-19 related activity.

Review of COVID-19 HCAI incident

(Appendix 1 of the Protocol for the Review of Patient Hospital Onset COVID-19 Infections)

Patient receives positive COVID-19 diagnosis

An initial determination is required using the agreed nationally agreed surveillance in order to determine the level of investigation.
Weekly surveillance will be provided by Public Health Wales from ICNet

Community Onset

Indeterminate

Probable & Actual

No further
investigation
required

No

Patient death

Yes

Report incident via
Datix

Patient death

Yes

Report incident via
Datix

No

Undertake a review using COVID-19 review toolkit

Has an outbreak been declared?

Yes

Commence outbreak management and
investigate in accordance with local
outbreak procedures. Report outbreak
on Datix

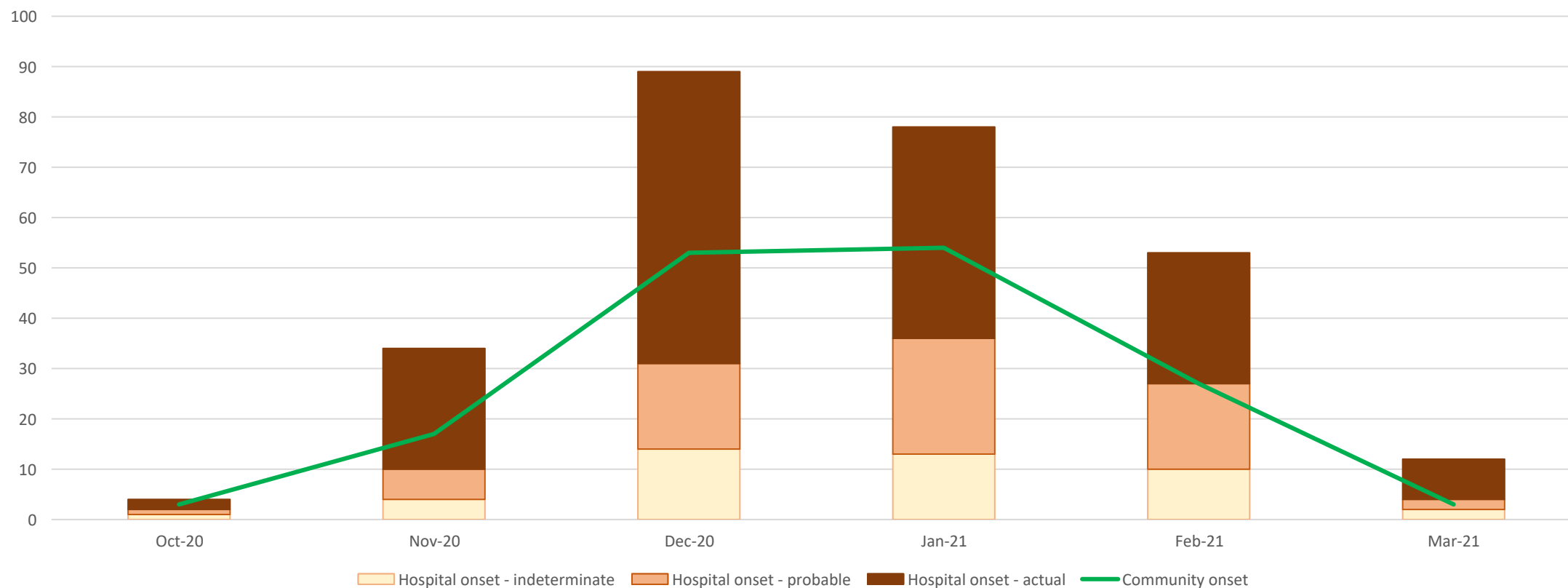
No

Undertake proportionate and timely
investigation.

Community onset	specimens taken on day of admission or day after
Hospital onset - indeterminate	specimens taken on days 3 to 7 of admission
Hospital onset - probable	specimens taken on days 8 to 14 of admission
Hospital onset - actual	specimens taken >14 days after admission

Nosocomial COVID Infections

October 2020 – March 2021

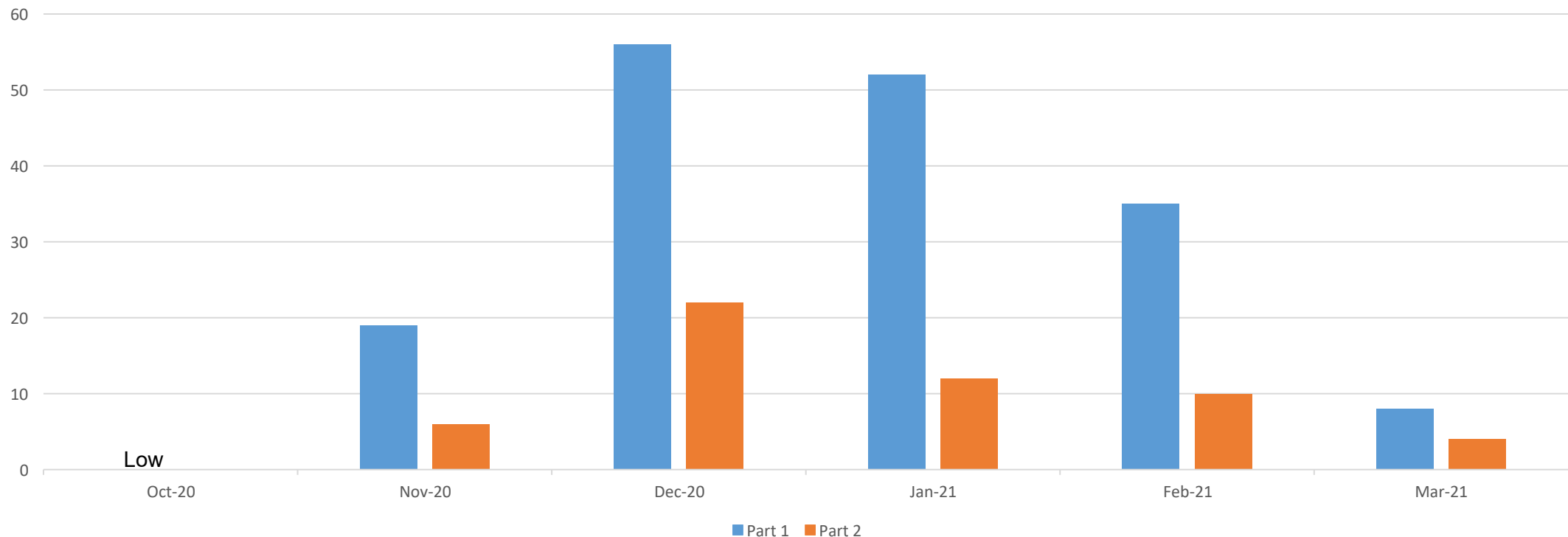


This is provisional data which has been gathered using the data reported of in-patients who have died within 28 days of a positive COVID infection and admission information from WPAS.

The surveillance definition may change as the review for each patient is completed and the final report produced.

COVID-19 included as Cause of Death

October 2020 – March 2021



This is provisional data.

As the review for each patient is completed and further data gathered the figures will change.

Outbreak Reviews – Position as at 15/06/2021

Ward / Site	Month of outbreak	Outbreak duration (days)	Number of patients who contracted Covid	Number of patients who died	Number of staff who contracted Covid	Number of patient reviews completed	% of Completed patient Reviews
Ward 9 PPH	Oct 2020		15	<5	17	10	66.67%
Y Banwy BGH	Oct 2020	20	11	<5	14	11	100%
Cysgod y Cwm, AVH	Nov 2020	35	14	<5	17	12	85.7%
Cadog, GGH	Nov 2020	34	16	8	20	14	87.5%
Gwenllian, GGH	Nov 2020	23	31	16	28	17	54.8%
Dewi, GGH	Nov 2020	24	22	6	37	17	77.3%
Ward 1, LCH	Nov 2020	21	14	6	18	11	78.5%
Merlin, GGH	Nov 2020	21	12	5	27	7	58.3%
Steffan, GGH	Nov 2020	17	10	<5	20	6	60%
Cledau GGH	Dec 2020	16	8	<5	10	7	87.5%
Ward 4, PPH	Dec 2020	22	19	5	22	9	47.4%
Dyfi East, BGH	Jan 2021	16	13	<5	12	12	92.3%
Teifi, GGH	Jan 2021	49	35	8	28	17	48.6%

Learning identified (so far)

Areas for improvement

- COVID testing when symptomatic e.g. patient diagnosed and admitted with an infection (not COVID), patient has spike in temperature which was attributed to current infection, COVID test not taken but patient later identified as COVID-positive.
- Routine re-testing of in-patients. It must be noted the guidance on COVID testing changed as wave 2 progressed.
- Documentation of communication with patient or their next of kin.
- Compliance with hand hygiene less than 85% in some areas (audit result from month prior to ward outbreak).
- Track and trace documentation for staff providing care.
- Documentation of where a patient is nursed e.g. bed 1.

Good practice

- Documentation of the rationale for the swab being taken.
- Testing on admission and prior to transfer (this quickly became more robust as wave 2 progressed).
- Compliance with hand hygiene excellent in some areas (100%) (audit result from month prior to ward outbreak).
- Good audit results for cleaning standards (above 80%; most areas 100%).
- Family Liaison Officers to maintain communication with families.

Challenges

- Wandering patients
- Aging estate
- Capacity for testing (early stages of wave 2)

Nosocomial COVID-19 Infections - next steps with regards to the review process

- To continue to progress the individual patient reviews (currently 70% complete) and progress thematic review of each outbreak (proposal that report be produced for each outbreak).
- To continue with peer review of random selection of completed patient reviews.
- To establish Multidisciplinary Control Group to discuss each draft report.
- To contact each patient or their next of kin.
- To issue 7-minute briefing with learning identified so far (learning was also shared throughout the outbreak control groups).
- To present final reports at Directorate Quality and Governance meetings, Listening and Learning Sub Committee, and other appropriate fora.

Update: other related COVID-19 matters

The current position locally, in respect of COVID-19, has seen a significant increase in community acquired infection rates. The impact of the pandemic on patients and staff will continue for the foreseeable future.

Levels of infection remain high within the Health Board community (a rate of 103.5:100,000 with a positivity rate of 7.3% as at 26th July 2021). A rise in infection amongst patients and staff across hospital, care home and community settings has also been seen.

Update	Risk	Mitigation
Testing Testing capacity and the testing system remain robust although there has been a recent conversation in relation to the TTP review being undertaken, in line with the guidance for reducing restrictions from 7 th August 2021. This could result in an increased demand on testing via the Community Testing Units locally and the PHW laboratories. Currently there is not an issue with testing capacity being offered to the general public via the Regional Testing Centre/ Mobile Testing Units function.	There is a revised risk that the Health Board (HB) will not be able facilitate the potential increased demand for testing of our Health and social care +/- All 'critical workers' to fulfil the 'Test to Release' guidance that is pending review from Welsh Government (WG). <i>(Risk 1017)</i>	Risk 1017 was reviewed on 18 th May 2021 with the risk score reduced to 1x5 = 5, removing the risk from the Corporate Risk Register. Work is currently underway to urgently develop the pathway to enable this form of testing pending WG Guidance. As a result consideration is being given to reinstating risk 1017.
Vaccination Vaccination uptake has been positive, with 348,386 vaccines administered as at 14 th May 2021. The HB is still on target to have offered all eligible adults an invitation for their first dose by the end of May 2021.	Reputational risk if the HB is perceived not to be delivering the mass vaccination programme. <i>(Risk 1030)</i>	The HB has flexed and demonstrated agility through the vaccination plans established in line with vaccine availability including the introduction of a third vaccine (Moderna). The HB is the only HB in Wales 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 HB is working with the Local Authority teams across the three counties (The Phoenix Partnership (TTP) staff) to support proactive phone calls made to members of the public 3 days prior to their appointment.

Update: other COVID-19 related matters (continued)

Update	Risk	Mitigation
Social Distancing Social distancing, use of PPE, and other Standard Infection Prevention and Control measures remain in place until such time that WG guidance and policy changes. However, maintaining compliance with social distancing is becoming challenging as wider lockdown easements are introduced.	Risk of non compliance with Regulations 16 of the Health Protection (Coronavirus Restrictions) (No.5) (Wales) Regulations 2020 (the “Coronavirus Regulations”) <i>(Risk 1016)</i>	<p>Bed spacing currently remains at a distance of at least 2 metres apart. Risk mitigation measures including fixed and temporary screens have been put in place.</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 undertake 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. An Accommodation Group has been established.</p> <p>As lockdown restrictions ease, the HB 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 are reminded of the continued need to adhere to the measures in place across NHS sites.</p>
Delivery of Quarter 3 /4 Operating Plan Non-COVID-19 activity levels have increased, with high service demand being seen in A&E departments, resulting in some patient handover delays. However, acute sites are operating at circa 98% occupancy.	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 HB. <i>(Risk 1027)</i>	<p>Additional Health Care Support Workers (HCSWs) have been appointed, aligned to the acute response teams, to mitigate challenges to community care capacity (secondary to COVID-19 outbreak). Each County System is reviewing and revising UEC Improvement plans, supported by a Programme Management Structure in UEC Improvement.</p> <p>The HB has submitted phased Urgent Primary Care development proposals to WG, itemising plans for clinical navigation and enhanced GP Out of Hours provision, the introduction of a streaming hub, roll out of the <i>Contact First</i> model and expansion of Same Day Emergency Care 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

The Quality, Safety and Experience Committee is asked to:

- Note the information provided in the report
- Take assurance that the Health Board is reviewing all cases where nosocomial COVID infection is suspected and taking action to address areas for learning and improvement.
- 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 rising, continued monitoring of the local and national situation is being undertaken and the Health Board is adapting to and adopting changes and requirements at pace.