



Update on COVID-19 related matters and Emergency Winter Operational Planning

Situation

The purpose of this report is to provide the Quality, Safety and Experience Committee (QSEC) with an update with regards

- COVID-19 related activity; and
- Operational matters being managed on a daily basis, with associated mitigation undertaken by staff during a time of exceptional pressures.

Update: other 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.

<i>Case Incidence per 100,000</i>	<i>18/11 to 24/11 (change from 11/11 to 17/11)</i>
Carmarthenshire	470.4 ↓ 37.6
Ceredigion	247.6 ↓ 5.5
Pembrokeshire	527.0 ↓ 16.6
Wales	476.7 ↓ 45.1

<i>Test Positivity %</i>	<i>18/11 to 24/11 (change from 11/11 to 17/11)</i>
Carmarthenshire	16.6% ↓ 0.7%
Ceredigion	12.1% ↑ 0.2%
Pembrokeshire	18.6% ↓ 1.8%
Wales	17.0% ↓ 2.0%

Update	Risk	Mitigation
1. Harm from COVID-19 itself	<p><i>Vaccination</i> <i>Vaccination uptake has been positive, with 348,386 vaccines administered as at 14th 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.</i> <i>Reputational risk if the HB is perceived not to be delivering the mass vaccination programme.</i> <i>(Risk 1030)</i> <i>This risk can be closed now as it relates to 1st doses- everyone eligible has now been offered a 1st dose</i></p> <p><i>New risks-</i> <i>JCVI have updated their guidance in light of the spread of a new Covid-19 variant, Omicron. All 16-17yo's will now receive 2 doses of Pfizer vaccine 8+ weeks apart, and all over 18's are eligible for a booster vaccine 3months+ after their 2nd dose. There is a risk that Hywel Dda, like the rest of Wales, will struggle to increase delivery capacity sufficiently to quickly deliver vaccine to newly eligible groups.</i></p>	<p>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.</p> <p>We are working with the national team and local partners to ensure we can deliver the new asks locally, mapping the sites and staff needed and ensuring innovative and new approaches to maximise delivery. There are ongoing challenges around need for a 15 minute wait post mRNA vaccination, which means many primary care partners will struggle to come on board with delivery at the present moment, but we are continuing with these discussions. Primary Care have been delivering booster vaccines to care home residents, and all other eligible groups are receiving covid-19 boosters at our mass vaccination centres. We are currently at an interval of 24 weeks from 2nd dose to booster, and offering boosters to our 55-60 age group. This is in line with the rest of Wales.</p>
	<p>Review of suspected inpatient nosocomial COVID infection Update</p>	<p>Good progress has been made with the individual patient reviews and drafting of the thematic review of each outbreak during Wave 2 Multidisciplinary Team meeting arranged with Directorate to discuss each draft report Individual patient reviews for Wave 3 underway and outbreak debrief meetings now being held to ensure early capture of data for thematic review of each outbreak during Wave 3</p>

Update	Risk	Mitigation
<p>2. Harm from overwhelmed NHS and social care system</p>	<p>Delivery of integrated community and acute unscheduled care services</p> <p>Operational pressures and increasing levels of demand above staffed capacity are impacting on the consistent delivery of timely and high quality urgent and emergency care.</p> <p>The operational teams are taking action on a daily basis to reduce associated risks</p> <p><i>(Risk 1027)</i></p>	<p>A governance structure has been put in place which will monitor and oversee the implementation of actions to mitigate against the issues and risks. Examples of actions include:</p> <ul style="list-style-type: none"> • Daily management systems in place to manage unscheduled care risks on daily basis including multiple daily multi-site calls in times of escalation which include efficient handover from Welsh Ambulance Services NHS Trust (WAST) into Emergency Department (ED). • Reviews of patients admitted to surged areas to ensure patient acuity and dependency is monitored and controlled. • Operational procedures in place to manage patients in areas outside of ward or departments. • Joint workplan with WAST and 111 implemented across Hywel Dda. • Integrated whole system, urgent and emergency care plan agreed • Same Day Emergency Care (SDEC) models continuously reviewed and refined to maximise impact on admission avoidance. • Establishment of a D2A Escalation Transfer panel which provides senior oversight of delays, assesses risk of the delay to the patient and organisation in terms of flow compromise.
	<p>Disruption to the delivery of planned care services set out in the Annual Recovery Plan 2021/22</p> <p>The impact of urgent and emergency care pressures (as reflected in Risk 1027) and a continuing significant deficit in available staffing resources to support green pathways for urgent and cancer pathway patients is disrupted.</p> <p><i>(Risk 1048)</i></p>	<p>Examples of actions to mitigate the risks include:</p> <ul style="list-style-type: none"> • Prioritised review of patients based on an agreed risk stratification model. • Provision of 'green' pathway beds on 4 sites (where staffing allows) • The staffing position continues to be monitored on a daily basis in accordance with safe staffing principles. • Delivery plans in place supported by daily, weekly and monthly monitoring arrangements. • Outpatient transformation programme in place with a continuing focus on alternatives to face to face delivery of outpatient care to enable increases in care volumes delivered. • Risk assessed establishment of AMBER post-operative critical care pathway as a more practical alternative to dedicated GREEN post-operative critical care pathway to increase the flow of appropriate patients. • Comprehensive programme of outsourcing of planned care volumes in place utilising capacity available vis independent sector providers

Update: other COVID-19 related matters (continued)

Update	Risk	Mitigation
<p>4. Harm from wider societal actions/ lockdown</p>	<p>Social Distancing Social distancing, use of PPE, and other Standard Infection Prevention and Control measures remain in place. Latest WG guidance supersedes the previous UK IPC COVID-19 guidance for maintaining services within health and care settings to allow organisations to assess and manage the ongoing delivery of service provision throughout the winter period 2021 to 2022.</p> <p>Main changes/updates:</p> <ul style="list-style-type: none"> • universal use of face masks for staff and face masks/ coverings for all patients/visitors to remain as an IPC measure within health and care settings over the winter period. • physical distancing should be at least 1 metre, increasing whenever feasible to 2 metres across all health and care settings • physical distancing should remain at 2 metres where patients with suspected or confirmed respiratory infection are being cared for or managed • screening, triaging and testing for SARS-CoV-2 continues over the winter period. Testing for other respiratory pathogens will depend on the health and care setting according to local / country-specific testing strategies / frameworks and data <p>However, maintaining compliance with social distancing is becoming challenging as wider lockdown easements are introduced.</p> <p>Risk of non compliance with Regulations 16 of the Health Protection (Coronavirus Restrictions) (No.5) (Wales) Regulations 2020 (the “Coronavirus Regulations”)</p>	<p>Social Distance risk assessments have been revised to reflect the latest guidance, which has been communicated to staff, however successful management of the risk depends on staff, visitors or patients adhering to the social distance guidance or using the 'Key Controls' measures in place.</p> <p>Examples of actions to mitigate the risks include:</p> <ul style="list-style-type: none"> • Social distancing information on patient appointment letters, leaflets • One way pedestrian walkways • Controlled access into surgical wards and theatres • Hospital bed screens installed in identified wards in order to maximise inpatient capacity and minimise bed losses • Additional accommodation in Trinity St David's Campus to improve social distancing • Patient visiting arrangements recently updated including agreed timeslots and management arrangements

Recommendation

The Quality, Safety and Experience Committee is asked to:

- Note the information provided in the report
- Note the challenging position within the unscheduled care system and the day to day decisions being taken by the operational teams are mitigating risk
- Take assurance that the Health Board are 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, there is continued monitoring of the COVID-19 situation within the community and National position and the Health Board is adapting to and adopting changes and requirements at pace.