

CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 November 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Update on Hywel Dda University Health Board Response to the COVID-19 Pandemic
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Steve Moore, Chief Executive
SWYDDOG ADRODD: REPORTING OFFICER:	Steve Moore, Chief Executive

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

This report provides the Board with an update on the ongoing response to the COVID-19 pandemic within the Hywel Dda University Health Board (HDdUHB) area.

Cefndir / Background

This report provides an update to the Board on the work that has been progressed since the previous Public Board meeting on 24th September 2020.

Asesiad / Assessment

Since the previous update to the Health Board, COVID-19 infection rates in Wales have continued to rise and, at the time of writing, a “fire-break” lockdown is in operation across Wales.

Whilst levels of infection and hospitalisation of patients with COVID-19 remain comparatively low in the HDdUHB area, they have been increasing. At the time of writing, there were 62 patients in hospital beds with suspected or confirmed COVID-19. This is significantly higher than the previous Board update when 17 patients with suspected COVID-19 were hospitalised within HDdUHB sites and is equivalent to the peak in the first wave. Much of this rise is recent and relates, in part, to local hospital outbreaks in Prince Philip Hospital (PPH) and Bronglais General Hospital (BGH) and more latterly in Glangwili General Hospital (GGH). These outbreaks have been quickly brought under control and the numbers in hospital connected to them has started to decrease. The Director of Nursing, Quality and Patient Experience will provide a verbal update on the latest position at the Board meeting.

The task of keeping COVID-19 infections out of closed settings such as hospitals becomes harder as the rates in community infection rise. Notwithstanding the fact that the HDdUHB area has low rates in comparison with the rest of Wales (and much of the UK), these rates have risen sharply since the previous Board meeting, particularly in Carmarthenshire. In the 7 days leading up to 3rd November 2020, Public Health Wales (PHW) surveillance data shows the

rate of infections across our 3 counties as 115.7 per 100,000. This is considerably below the Welsh average for the same period of 254.9 per 100,000. Within that, Ceredigion and Pembrokeshire are approximately at the 50 per 100,000 “red” threshold however, Carmarthenshire is at 184.9 per 100,000. The Director of Public Health will provide the latest overview of community infection rates at the Board meeting.

For the same period, the rate of positive tests as a proportion of all tests undertaken on HDdUHB residents is 12.3% and is above the 5% threshold in all 3 counties (with Carmarthenshire the highest at 16.3% and the other 2 counties at 6.6% each). The comparable all-Wales rate is 18.7%.

Whilst these trends are of concern, our teams have undertaken a great deal of work during the previous months, culminating in the development of our Winter Readiness and Quarter 3/4 Plans, both of which are attached to this report. I am extremely grateful to our front line managers and clinicians, as well as the whole Executive Team for bringing together such a professional and comprehensive plan for the coming winter.

Quarter 3 - Quarter 4 Winter Preparedness Plan Summary

Attached at Appendix 1 is the comprehensive HDdUHB Quarter 3 and 4 response with respect to COVID-19. We have sought to respond to the Welsh Government (WG) NHS Wales COVID-19 Operating Framework under the following headings:

- Local prevention and response plans, including Test, Trace and Protect
- Essential Services
- Preparing Urgent and Emergency Care Services for Winter
- Working with Partners
- Organisations Capacity Plans
- Organisational Workforce Plans
- Finance Plans
- Research and development
- EU Transition
- Stakeholder Management, Communication and Engagement
- Framework Minimum Dataset

The detail is contained in Appendix 1 and, at time of writing, we continue to work through this with WG colleagues. As noted below, the Tactical Group has confirmed to the Gold Command Group that this plan delivers the Planning Requirements agreed by Gold Command in September 2020 (with one exception as discussed below).

Confirmation of Gold Command Planning Requirements

As the local response to the pandemic has developed during the previous 10 months, the complexity of requirements agreed by the Gold Command Group has increased. A stocktake meeting took place in September 2020 to review and summarise the current set of planning requirements in order to ensure that the Tactical Group and Gold-level cells had clarity going into the winter planning process. These are set out below and the Board is asked to ratify them on behalf of the Gold Command Group.

Current Gold Command Group Planning Requirements

1. TACTICAL GROUP

- *To establish sufficient capacity (existing hospital and Field Hospital (FH) sites) to accommodate 613 COVID-19 patients during Q3/Q4 and 47 Intensive Care Unit (ICU) COVID-19 positive beds. The Tactical Group should assume that the peak in COVID-19 patients will coincide with non COVID-19 winter peaks and plan to have sufficient capacity for both, concurrently. Additional FH beds should be capable of being mobilised at a maximum of 14 days' notice of their operational need.*
- *All hospital beds (including FH beds) comply with social distancing guidance and reasonable steps are made to minimise the loss of capacity. The Tactical Group is to instruct all directorates to undertake social distancing risk assessments and instruct Bronze Groups to commence the process of introducing identified measures prioritised according to the risks identified (Gold Command Group meeting 16th June 2020).*
- *Red/Green separation to be embedded for the next 12 months between and/or within all sites and services (Primary, Community, Long Term Care, Secondary Care, Mental Health & Learning Disabilities (MH & LD)).*
- *A prioritised risk-based plan to restart services that have been suspended or scaled back in the initial response to COVID-19 which limits visits to hospital sites to a minimum.*
 - *Accompanied by a clinically prioritised scale-back plan to complement the unscheduled care escalation plan.*
- *Develop, agree and implement a care and residential home support and escalation plan.*
- *Comply with WG guidance on the availability of essential services.*
- *To deliver the operational requirements arising from the Public Health Cell in relation to TTP and vaccination plans.*

2. TACTICAL GROUP – CONFIRMATION OF READINESS INSTRUCTION

In order to ensure the above is in place prior to a potential peak of the scale set out above, Gold Command issued an additional instruction regarding timescales for delivery of the above as follows:

- *A week by week capacity plan for the next 12 weeks from week commencing 21st September 2020.*
 - *Modelling Cell to produce week by week occupied bed forecast from today's actual occupied beds to 613 in 12 weeks and extend functional capacity weekly plan to inform.*
 - *A week by week plan to produce sufficient equipment, Oxygen (including testing supply) and consumables in place for each week according to the model.*
 - *A week by week plan to produce sufficient bed capacity in all sites (including FH) to meet forecast COVID-19 and non-COVID-19 demand.*
 - *A week by week plan to produce sufficient mortuary capacity to meet the peak and the weekly capacity need.*
 - *A week by week staffing plan (including new, temporary, substantive and staffing models) which for additional staff maximises the number securable at very short notice and minimises substantive appointments.*

Workforce prioritised in the following order:

- *Reviewing ratios / rotas*

- *Bank*
 - *Redeployment*
 - *Agency*
 - *Appointments*
- *A week by week capacity plan for the next 12 weeks for Care Homes, Primary care and Community Services to deal with the anticipated peak.*

Special Requirements

- *This is an assurance request which doesn't override existing Gold Command decisions (for example essential services and elective restarted). If in delivering the above, these decisions require review then Tactical Group will need to request this of Gold Command.*
- *Tactical Group to ensure that in its work and the work of its Bronze Groups in those areas where there is competing demand for staff, capacity or equipment, Tactical Group needs to ensure prioritisation of areas that would minimise overall harm.*

3. PUBLIC HEALTH CELL

- *An immediate real-time reverse transcription polymerase chain reaction (RT-PCR) testing plan with the capacity to test and report all symptomatic people in the local population and*
 - *In light of UK portal issues recently experienced, strengthen our local RT-PCR testing offer, the aim of which is to reduce local reliance on the Department of Health & Social Care (DHSC) model and provide less than 24 hour turnaround times and access for all symptomatic people and all asymptomatic patients and key workers to local testing capacity in the HDdUHB area.*
- *From June 2020, establish and operate the HDdUHB Test, Trace and Protect service*
 - *To develop a Test, Trace and Protect (TTP) dashboard to include the "leakage rate" from those receiving positive tests to contacting their contacts to self-isolate.*
- *An immediate testing plan for key workers in the health and care sector and for those supporting vulnerable groups who are self-isolating.*
- *Immediately implement a "quarantine" plan for care/residential home discharges to minimise the transfer of asymptomatic COVID-19 positive residents back to the home setting.*
- *By September 2020, develop a prioritised plan to restart Public Health and wellbeing services that have been suspended or scaled back in the initial response to COVID-19 which limits visits to hospital and other care sites to a minimum/*
- *To establish mass vaccination infrastructure and processes, the scale and size of which will be informed by WG guidance, capable of being implemented from 5th October 2020.*
- *From July 2020, establish an antibody testing service which is capable of providing sufficient capacity to offer tests to priority groups as directed by WG (initially teachers and staff supporting child care hubs but likely to evolve over time).*

4. PERSONAL PROTECTIVE EQUIPMENT (PPE) CELL

- *From March 2020, establish an efficient and sustainable plan to predict, source, organise and distribute PPE to health and care services (including domiciliary care, care homes and residential homes).*

5. SOCIAL DISTANCING CELL

- *With immediate effect, ensure that the HDdUHB complies with all guidance in relation to social distancing measures across all sites (including FHs) and for all services.*

6. **MODELLING CELL**

- *From March 2020, build and maintain a model to monitor COVID-19 outbreaks and model the timing and extent of demand surges capable of giving maximum possible notice of critical care surges (working with the WG modelling group).*
 - *Provide advice to Bronze Groups and other Cell leads on reasonable planning assumptions regarding the timing and size of peaks based on the latest transmission model and actual experience.*

7. **COMMAND CENTRE**

- *From March 2020, manage all COVID-19 related enquiries.*
- *From March 2020, receive and communicate out to relevant groups (Bronze, Silver, Gold and Cells), all COVID-19 related policy and guidance from national bodies, regulators and advisors.*
- *From March 2020, manage local access to COVID-19 testing (antibody and RT-PCR).*
- *From October 2020, establish a process to maintain personalised contact with all patients currently waiting for elective care which will:*
 - *Keep them regularly informed of their current expected wait.*
 - *Offer a single point of contact should they need to contact us.*
 - *Provide advice on self-management options whilst waiting.*
 - *Offer advice on what to do if their symptoms deteriorate.*
 - *Establish a systematic approach to measuring harm – bringing together the clinically.*
 - *Assessed harm and harm self-assessed by the patient and use this to inform waiting list prioritisation.*
 - *Offer alternative treatment options if appropriate.*

The Tactical Group has confirmed to Gold Command that the Winter Preparedness Plan (Appendix 2) meets the requirements set out in Section 1 above and complies with WG guidance with one exception. The plan describes arrangements to staff up to 33 ICU beds (including 3 currently used for elective work); this is short of the WG request to establish 47 and is largely driven by staffing availability. However, recent experience indicates that the use of ICU is proving to be less prevalent than in the first wave across Wales. This is thought to be due to clinical learning and the adoption of continuous positive airway pressure (CPAP) for patients who would have previously been admitted to ICU. As a result, current modelling suggests ICU usage is much lower locally than the 7-8% assumed in the WG planning numbers communicated to the HDdUHB in the summer. 33 ICU beds should be sufficient to provide care at this lower level as a proportion of the realistic worst case scenario. Assurance regarding this planning difference will be provided to the People, Planning and Performance Assurance Committee (PPPAC) as part of its review of the whole Winter Preparedness and Q3/Q4 Plan.

Below are updates from the Gold-level cells

1. **Public Health Cell**

Seasonal Influenza Plan 2020/21

The plan was presented to Board in September 2020 and, at the time of writing, all areas of the campaign are reporting unprecedented demand which is reflected in the latest uptake data (IVOR data up to 27.10.20, below). Current uptake in over 65s, under 65s at risk, children 2-3 years old and HDdUHB staff is at levels we would usually expect to see in late November or early December. Carmarthenshire clusters currently have the highest uptake within the

HDdUHB area and figures compare favourably with Wales as a whole. The figures below include 6,032 flu vaccinations given by community pharmacies, which again is significantly higher than usual for this point in the season.

Summary by Health Board and Local Authority (27oct2020)										
		Children 2 to 3 years			Clinical risk 6m to 64y			65y and older		
		Denominator	Immunised	Uptake (%)	Denominator	Immunised	Uptake (%)	Denominator	Immunised	Uptake (%)
Hywel Dda UHB	Carmarthenshire	3,564	1,426	40.0%	24,374	8,339	34.2%	43,916	28,022	63.8%
	Ceredigion	1,440	411	28.5%	10,579	2,045	19.3%	23,857	10,272	43.1%
	Pembrokeshire	2,253	840	37.3%	15,926	4,014	25.2%	31,786	14,799	46.6%
	HD Total	7,257	2,677	36.9%	50,879	14,398	28.3%	99,559	53,093	53.3%
Wales	Wales	66,033	21,922	33.2%	431,459	109,893	25.5%	696,162	399,478	57.4%

In addition to the above, our Occupational Health Team have so far recorded 5,317 vaccinations of staff members, which is only 500 below the total number vaccinated the previous season. Whilst uptake data for social care and domiciliary staff is not yet available, we are aware from Community Pharmacy colleagues of a much higher than usual demand from this traditionally low-uptake cohort.

For local school children, over half of primary schools in the HDdUHB area have now been visited and uptake is comparable with other Health Board areas. At the time of writing, 10,826 vaccinations have been given to 4-10 year olds – 73.7% of the total (Wales average – 73.2%). Further sessions will be arranged to vaccinate children unable to attend the first round of visits.

High demand early in the season has resulted in some temporary pressure on vaccine supply:

- Some GP practices have delayed clinics for over 65s while awaiting additional supplies of adjuvanted trivalent vaccine (aTIV).
- Community pharmacies report demand exceeding supply for all groups and appointments for the public and outreach clinics for social care staff being halted. It is estimated that demand has been double the available supply for appointments.

There are no supply issues with live attenuated intranasal vaccine (LAIV) for 2-3 year-olds and the schools programme. WG have made additional supplies available and there have been no delays with delivery.

As previously reported to the Board, high demand was anticipated prior to the start of the vaccination season and practices were advised at an early stage to increase their orders with suppliers. In addition the Health Board secured a reserve supply of 1,000 aTIV and 7,344 quadravalent vaccines (QIVc) which represents approximately 10% of last year's practice uptake in the over 65s and under 65s cohorts. To mitigate the above pressures, practices have been able to order a pro-rata share of these vaccines and community pharmacies will receive additional supplies where demand is high and clinics are arranged.

These mitigations are in place to ensure continuation of the programme whilst new supplies are awaited. WG have secured an additional stock of QIVe for under 65s and aTIV for over 65s and delivery is due to begin in the week commencing 9th November 2020. The Director of Public Health will provide a verbal update on the latest position at the Board meeting.

COVID-19 Mass Vaccination Plan

A local implementation plan for a mass vaccination programme continues to be developed, although this remains a challenge in the absence of specific information on the timing, types and supply arrangements for such a vaccine. The Director of Public Health will provide a verbal update on the latest position at the Board meeting.

Testing

The Health Board has developed a robust Operational Testing Delivery Plan based on demand modelling and assumed testing capacity across both the Welsh and UK DHSC systems. This is a live document and has been updated for the Board meeting in line with changing testing requirements over recent weeks (see Appendix 3).

The previously reported issues with limited access to community testing has been resolved and individuals are now able to easily book a test locally without any delay. Our current community testing capacity is more than sufficient to meet current and expected future demands.

A more recent challenge has been in relation to poor turnaround times for results reported via the UK system and the lighthouse laboratories. In response to this, we have protected Health Board delivered testing for Health and Social Care critical staff to maintain access to rapid test results and support the Health and Social Care workforce.

Testing for anyone who is symptomatic, including the general public, is now available in Aberystwyth, Carmarthen, Llanelli and Haverfordwest. We have additional HDdUHB testing sites in each of these towns and Cardigan, which are not open to general public access, however are protected for pre-operative and pre-treatment testing e.g. prior to chemotherapy and critical Health and Social Care staff.

The HDdUHB testing team has reviewed the Operational Delivery Plan and developed a sustainable workforce plan to increase the access to HDdUHB delivered testing via the Public Health Wales laboratories. We are continuing to work to increase HDdUHB capacity further to reach a more equal balance across the two systems. This will give us the best flexibility between systems as issues arise, e.g. with turnaround times in either part of the system.

We have successfully been able to respond to targeted testing in a number of care homes and localities in line with specific incidents. The workforce plan includes resource for a targeted care home/domiciliary care testing team in each county as demand will inevitably rise as we move through the winter period.

We have also recently introduced routine testing of all emergency and unplanned admissions to our hospitals.

TTP - Incident and Hospital-Based Outbreak Management Team Arrangements

As the number of clusters of infections have risen, a growing number of Incident Management Teams (IMTs) and hospital based outbreak management teams have been established to identify possible sources, understand the epidemiology and provide real time advice to WG on transmission patterns and mitigations. This has prompted a review by the Director of Public Health and the establishment of standing county specific IMTs to manage all clusters in the area and provide unified advice to WG on the local situation as it evolves. The Director of Public Health will provide a verbal update on progress with this revised approach at the Board meeting.

Hospital based outbreaks will continue to be managed by the Heads of Nursing, supported by a wider team, on each main hospital site as per the HDdUHB's existing hospital outbreak plan. They will provide updates to the county IMTs in order that a single county based report can be provided to WG and the Regional TTP Group.

TTP – Strengthening Our Approach

In addition to reviewing and streamlining our approach to IMTs, the Director of Public Health is working with Public Health Wales and the 3 local authorities to establish a regional level team of retrospective contract tracers to augment the work of the county based contact tracers. Whilst we have been doing this to some degree in the HDdUHB area, building a dedicated team will be an important addition to our TTP “tool box” where the source of confirmed infections are uncertain. This team will contact index cases according to specific criteria with a view to seeking likely sources for their infection, looking back over a period of up to 2 weeks. By doing so, spreading events may be identified that will allow for active case finding by the TTP team. This will complement the work of the existing contact tracing teams who are focused on limiting forward transmission by index cases.

2. Personal Protective Equipment (PPE) Cell

The PPE Cell is working collaboratively with social care leads in each Local Authority on finalising the regional PPE plan to ensure we maintain a sustainable position for PPE during the coming months. The local arrangements have considered both an extended COVID-19 impact and implications that may arise as a consequence of Brexit, in line with the national plan developed by NHS Wales Shared Services Partnership. The plan will be taken to the Integrated Executive Group at the beginning of November 2020. PPE continues to be available for all staff in line with latest guidance.

3. Modelling Cell

The modelling cell continues to support the Operational Tactical Group with forecasting for winter and is providing weekly updates to the Gold Command Group on functional capacity, near term demand forecasts and model tracking.

4. Social Distancing Cell

The Social Distancing Cell has confirmed that the planned prioritised works have been completed across our sites and additional works identified are being risk assessed and considered accordingly. Additional steps are being taken to provide a supportive approach in promoting social distancing both within and outside work environments as well as compliance monitoring which has been included within routine audits and quality surveillance mechanisms.

Other Issues

Supporting the health and wellbeing of staff across HDdUHB has never been more important. The breadth of issues summarised above and contained in our Winter Preparedness Plan demonstrates that, unlike in early March 2020, we are aiming to maintain many more services throughout the next 6 months whilst also managing new activities such as the TTP process. Together these things will reduce harm to our population whilst placing much greater strain on our hard working staff at all levels. Since March 2020 we have been developing and expanding our health and wellbeing support and now have a wide ranging set of support services.

The Chair and I have established regularly meetings with the Director of Workforce and OD and Clinical Lead for Psychological Services in HDdUHB to continue to explore additional actions we can take to improve the support we give. We recently asked our front line Trade Union (TU) representatives to become “Wellbeing Ambassadors” for the organisation, making themselves available to staff when they need someone to talk to or need signposting to other support. I am very grateful for the enthusiastic way that our TU representatives have embraced this request and the Director of Workforce and OD has been arranging training for them in order that they can start this without delay.

We are currently exploring other ways in which we can support staff in a positive way and I will provide a verbal update on this at the Board meeting.

Argymhelliad / Recommendation

The Board is asked to:

- Ratify the Gold Command Group Planning Requirements as set out above.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	853 - Risk that Hywel Dda's response to COVID-19 will be insufficient to manage demand (Score 5) 854 - Risk that Hywel Dda's Response to COVID-19 will be larger than required for actual demand (Score 6) 855 - Risk that UHB's non-covid related services and support will not be given sufficient focus (Score 8)
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Included within the report
Rhestr Termiau: Glossary of Terms:	Included within the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Hywel Dda University Health Board Gold Command Hywel Dda University Health Board Silver Tactical Hywel Dda University Health Board Bronze Group Chairs

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Any financial impacts and considerations are identified in the report.
Ansawdd / Gofal Claf: Quality / Patient Care:	Any issues are identified in the report
Gweithlu: Workforce:	Any issues are identified in the report
Risg: Risk:	Consideration and focus on risk is inherent within the report. Sound system of internal control helps to ensure any risks are identified, assessed and managed.
Cyfreithiol: Legal:	Any issues are identified in the report
Enw Da: Reputational:	Any issues are identified in the report
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable