

## CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	27 January 2022
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	Operational Update and Progress Report on the Health Board's Annual Recovery Plan for 2021/22
<b>CYFARWYDDWR ARWEINIOL:</b> <b>LEAD DIRECTOR:</b>	Steve Moore, Chief Executive
<b>SWYDDOG ADRODD:</b> <b>REPORTING OFFICER:</b>	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 as well as a wider operational update within the Hywel Dda University Health Board area. It also updates the Board on progress with key elements of our Annual Plan for Recovery.

##### Cefndir / Background

The operational outlook for health and care services in the Hywel Dda area has changed significantly in the short period since our last Board meeting. The emergence of the Omicron variant in early December 2021 is leading to unprecedented levels of community transmission and has prompted a rapid acceleration in the roll out of the vaccine booster programme across the UK.

Whilst hospitalisations of COVID-19 positive patients are currently below previous peaks, they are rising steadily. More positively, admissions to ICU/Critical Care have continued to fall, which reflect both the protective effect of the vaccines and new treatment options.

Every stage of this pandemic has presented a different set of challenges and in this current wave there is considerable concern, locally and nationally, about staffing availability. With such high levels of community transmission, the Operational Planning & Delivery Programme Group has been actively planning for abnormally high levels of staff absence. At time of writing this report, the peak of staff absences is expected to occur in mid-January 2022 and I have set out in the assessment section further detail on the actions we plan to take. A more detailed verbal update will be provided at the meeting on the actions taken and the latest staffing position.

This current crisis will cast a long shadow on our staff who are facing huge cumulative challenges to keep essential services running and for our population who, at times, may struggle to access the care they need in a timely manner. My last report highlighted the continued focus we have had as a Health Board on senior level visibility and pastoral care for our staff, as well as recovery for our services. The current crisis only serves to underline the need for this as we emerge from the Omicron wave.

However, the emerging data for Omicron is pointing increasingly strongly to lower hospitalisation risk, shorter length of stay and reduced risk of death (although the data in relation to the latter are limited due to the time lag and recent emergence of this variant). Studies are consistently demonstrating that vaccines remain the strongest defence, with the most recent ones indicating that the individual risk of hospitalisation after 3 doses is more than 80% lower than for an unvaccinated individual. This serves to underline the importance of encouraging everyone who is eligible to take up an offer of the vaccine. With more than 800,000 now delivered to our population – including over 200,000 boosters/3<sup>rd</sup> doses, our vaccination teams have been playing a vital part in protecting both the health of our local population and the delivery of essential front line services.

Despite the pressure in the system, progress with our Recovery Plan for 2021/22 continues wherever we have the capacity to do so. Our aim to develop a Programme Business Case for the ‘A Healthier Mid & West Wales’ Strategy is one of the most significant milestones we have reached since the last meeting and is the subject of a separate agenda item. I have set out below highlights of other milestones we have reached, although the Board will be aware that detailed updates continue to be reviewed and scrutinised at the appropriate Board committees.

### Asesiad / Assessment

Since our last meeting, infection rates have increased to levels not seen since the start of this pandemic in early 2020. This is driven by the emergence in late 2021 of the Omicron variant of concern, now the dominant strain across the UK – a variant that is significantly more transmissible than the variant it displaces – Delta – and has the ability to infect previously vaccinated or infected individuals. These characteristics, coupled with less stringent restrictions on individual freedoms than were in place last winter, are driving a very large wave of infections.

The table below shows the rate per 100,000 population and positivity rate (the proportion of those tested who receive a positive result) for each county compared to that set out in the November 2021 Board update.

County	Previous update – 7 days to 5 <sup>th</sup> Nov 2021 (rate per 100k)	Latest update – 7 days to 2 <sup>nd</sup> Jan 2022 (rate per 100k)	Previous update – 7 days to 5 <sup>th</sup> Nov 2021 (positivity rate)	Latest update – 7 days to 2 <sup>nd</sup> Jan 2022 (positivity rate)
<b>Carmarthenshire</b>	473.8	2029.4	17.8%	47.2%
<b>Ceredigion</b>	418.2	1807.6	17.0%	48.5%
<b>Pembrokeshire</b>	506.3	1724.5	17.8%	45.9%
<b>Hywel Dda</b>	<b>473.8</b>	<b>1888.8</b>	<b>18.4%</b>	<b>47.0%</b>

At time of writing, Hywel Dda had the second lowest level of infections in Wales, which gives a sense of the remarkable scale and speed of the increases being seen. Rates are rising fastest in the 26 – 59 year olds, which stand at 2751.8 per 100,000 but they are now increasing in every age group. This is a cause for concern, as older people have generally been at higher risk of hospitalisation throughout the pandemic. The rate for 60s and over is currently 800.0 per 100,000.

As infections rise, the risk of outbreaks in hospitals and closure of care homes to admission also rise. At time of writing, there are 6 active outbreaks and 1 outbreak that has been closed. All are being managed by our Outbreak Control Teams (OCTs) and in accordance with our policies and procedures. The Director of Nursing and Director of Primary Care, Community and Long Term Care will provide verbal updates on the latest position at the Board Meeting.

### Vaccination Programme Update

Following the extensions to the Vaccine Programme agreed by the Joint Committee on Vaccinations and Immunisations (JCVI), our vaccination team has delivered a rapid acceleration in our local vaccination programme. I am pleased to report that, as a result, we were able to meet the revised milestones announced by Welsh Government in December 2021 to ensure all eligible people in our local population were offered a booster jab by 31<sup>st</sup> December 2021. I am grateful to our colleagues in primary care – general practice and community pharmacy – who stepped forward to support and enhance the work of our Mass Vaccination Centres to ensure this success.

The Vaccination Programme continues across the Hywel Dda area and we will continue to ensure that no-one is left behind. At time of writing our local position was:

	<b>Total Administered</b>	<b>% of total population</b>	<b>% of eligible population</b>	<b>% of 2<sup>nd</sup> dosed who have now had a booster</b>
1 <sup>st</sup>	310,855	79.1%	85.9%	
2 <sup>nd</sup>	290,823	74.0%	80.4%	
3 <sup>rd</sup> and Boosters	205,829	52.4%	59.5%	70.8%
<b>Total</b>	<b>807,507</b>			

Note: since the last meeting, the JCVI extended the booster programme to include everyone over the age of 18 (plus specific categories of the 16-17 year old population) – 345,595 people in Hywel Dda.

As a measure of the acceleration of the programme, our teams, supported by primary care, have administered almost 150,000 vaccinations since my last report.

The Director of Therapies and Health Science will be able to provide the latest position at the meeting

### Operational Update

Our operational position remains extremely challenged, although unscheduled care demand has been largely within the planning parameters expected for the winter period. With additional capacity secured in Llys-y-Bryn, Amman Valley Hospital and through block purchasing, physical space is likely to be sufficient based on Reasonable Worst Case (RWC) modelling.

However, a more significant concern at time of writing is availability of staffing. Currently sickness absence rates remain at approximately 8% overall – high by historical standards but similar to those we have experienced in Quarter 3. The concern is that with such high levels of community transmission, there is a strong possibility that this position will deteriorate quickly. There are already some anecdotal reports of community based teams experiencing very high levels of sickness not yet captured in the Electronic Staff Record system.

The Operational Planning & Delivery Programme Group has, therefore, focussed its attention on planning for a total absence rate of up to 30% in the coming weeks. This figure is based on a combination of “normal” sickness levels (c5%), COVID-19 induced sickness/self-isolation (c15%) and the Health Board’s current vacancy rate (c10%). Whilst there are reasons to believe that this is a pessimistic forecast it will be useful to ‘stress-test’ our plans and ensure actions are taken early enough to safeguard, as far as possible, all essential services.

At time of writing, the following actions were being explored or pursued:

- The Workforce team has been deployed into local sites to collect real-time sickness absence data at regular points throughout the day. A workforce central desk is also being scoped to collate an organisational overview at regular points each day. This will allow for real-time decision making by site teams and the Operational Planning & Delivery Programme Group;
- All escalation plans were, at time of writing, being reviewed;
- A decision to stand down all remaining routine planned work (with some exceptions) from Monday 10<sup>th</sup> January 2022 has been made by the Operational Planning & Delivery Programme Group. This decision is consistent with the current Gold Command Requirement to use the NHS Wales Choices Framework to manage peaks in COVID and other unscheduled care demand. Doing this in advance of a potentially serious staffing challenge will allow for 24-48 hours of planning and communication with staff;
- All urgent cancer services (with some limited exceptions) will be centralised onto the Prince Philip Hospital (PPH) site to protect, as far as possible, this potentially life-saving intervention from disruption;
- The Operational Planning & Delivery Programme Group has increased its meeting frequency to at least twice weekly (likely to be three times on a needs basis);
- Rapid dissemination of an Internal and External Communications Plan, including local political representatives and the Community Health Council (CHC).

These actions will be kept under constant review and are hoped to be short lived. The Board should note that, if these measures prove insufficient, the Gold Command Group will be convened to consider carefully whether some essential services may also need to be curtailed. Should this occur, it is likely that we would declare a Business Continuity Incident through the appropriate governance route.

As previously mentioned, the number of COVID-19 patients in our beds continues to rise and is adding to the complexity of operational delivery. At time of writing there were 101 COVID patients (including 15 suspected) in our beds, 6 of which are in Critical Care. These numbers continue to be far lower than would be expected given the infection rates in our communities but are likely to continue their upward trajectory.

This is proving to be a fast moving, dynamic situation. As such, the Director of Operations and Director of Primary Care, Community and Long Term Care will provide the latest position at the meeting.

### **Gold Command Group**

Gold Command Group decisions as follows:

**7<sup>th</sup> December 2021** – Enhancement Payment Rates - Gold Command Group supported the decision to extend the local enhanced pay rate scheme until 3<sup>rd</sup> January 2022.

**15<sup>th</sup> December 2021** – Vaccination Service Recruitment Process - Gold Command Group supported the proposed risk assessment approach to on-boarding for the registrant, administrator and volunteer roles within the Vaccination Service to be undertaken at pace.

**15<sup>th</sup> December 2021** – Risk Assessment for Infection, Prevention & Control (IPC) - Gold Command Group supported the following:

- All staff working within 'Red' pathways/areas must be fit tested/checked before 22<sup>nd</sup> December 2021. This will include respiratory wards and Accident & Emergency (A&E).
- Where staff are unable to wear a disposable FFP3, an alternative must be sourced and fit tested.
- Staff in these areas will move from FRSM to FFP3 on 22<sup>nd</sup> December 2021, not only for aerosol generating procedures (AGPs), but on a sessional basis.
- In light of the forthcoming Bank Holidays, a clear decision is needed on when any agreed change is implemented and/or what would trigger the change as outlined above.
- All wards that declare an outbreak should move staff to use of FFP3 for the duration of the outbreak and then step back down when the outbreak is closed. This means that the process of updating fit testing requirements in all relevant wards/departments should also start 15<sup>th</sup> December 2021.
- The change in policy will be kept under review on a weekly basis.
- Any change in PPE outside of the areas highlighted above must be considered following a local risk assessment in collaboration with the IPC team and with their approval.
- To date there has been no groundswell of demand from staff for increased use of FFP3 masks, however the Director of Nursing will seek further views/feedback via senior nurses.
- The current guidelines advise against the use of FFP2 as an alternative to FFP3 unless as part of a contingency plan. This will be kept under review with the potential for use as an increase in protection over and above a FRSM (not as a substitute for FFP3) and in line with any further guidance/changes in national policy.

**Post Meeting Note** – An additionality/amendment to the recommendations presented to Gold Command on 15<sup>th</sup> December 2021 has been approved via Chair's Action (20<sup>th</sup> December 2021) - The Risk Assessment for Infection, Prevention & Control (IP&C) SBAR presented to the meeting has been re-visited by the Director of Nursing in light of feedback from operational leads and the outcome of the PPE cell meeting held on 17<sup>th</sup> December 2021. It was agreed to 'ready' areas for a switch of masks pending local risk assessment and expert IP&C advice. As discussed at Gold Command on 15<sup>th</sup> December 2021, fit testing is being undertaken in readiness, therefore there is no change to this instruction. Additional/amended recommendations are as follows:

- Staff will remain in FRSM until the risk assessment indicates a change is required. Any change in PPE must be considered following a local risk assessment in collaboration with the IPC team and with their approval. This approach will ensure that the appropriate hierarchy of control are in place and the most appropriate mask for the environment and care required is identified. Any decision to switch to FFP3 masks will be considered on a case by case basis initially and/or, as indicated. GOLD is asked to confirm that the Executive Director of Nursing is instructed to determine the wider move to FFP3, through the expert advice of the IP&C team, without additional recourse to a further GOLD instruction.
- All wards that declare an outbreak: The OCT should consider moving to use of FFP3 for the duration of the outbreak if, following an assessment of the hierarchy of controls indicates that the number of positive cases necessitates the change. This decision will be reviewed when the outbreak is closed. This means that the process of updating fit testing requirements in all relevant wards/departments should start this week (w/c 20/12/21). (This is a new requirement from current practice).

- Triggering the change in PPE need not be triggered on all 4 sites simultaneously but in response to local circumstances and local risk assessment
- A similar process will need to be agreed; on a risk assessment basis; for stepping down any changes to PPE.

**23<sup>rd</sup> December 2021** – Updated Testing Guidance for HDdUHB Staff - Gold Command Group supported:

- Recommendation 1 – for asymptomatic staff, the Health Board **strongly recommends** that **all members of staff and contractors** undertake and report an LFD test before each shift. This is especially important for those working in close contact with patients and service users in order to safeguard those who are vulnerable in our care.
- Recommendation 2 – for those staff identified as a contact of a positive COVID-19 individual, the Health Board **continues to encourage all non-patient facing staff and contractors** who are fully vaccinated and identified as a contact to undertake and report an LFD test each day for 10 days.
- To remove the current requirement in Health Board guidance for staff identified as a contact of a positive COVID-19 individual to **undertake** a day 8 PCR, in line with current Welsh Government guidance.

**31<sup>st</sup> December 2021** – Updated Testing Guidance for HDdUHB Staff - Gold Command Group agreed that:

- In regard to staff who test positive for COVID-19, the HDdUHB local documents be amended from “SHOULD” to “MUST” in relation to staff needing to have two negative LFDs on days six and seven prior to returning to the workplace on day eight.

**13<sup>th</sup> January 2022 (Virtual meeting)** – Vaccination Recruitment Processes - Gold Command Group agreed:

- To amend the Gold Command Instruction to stipulate that employment contracts can only be agreed up until the date that funding from Welsh Government is available.

**18<sup>th</sup> January 2022 (virtual meeting)** – Amendments to Gold planning instructions - Gold Command Group agreed the following amendments:

<b>Existing</b>	<b>Proposed</b>
<p><b>Operational Planning &amp; Delivery Programme Group/Tactical</b> To continue to deliver the local Mass Vaccination Programme Delivery Plan in accordance with the milestones and requirements set out by Welsh Government.</p> <p>Financial and workforce commitments will be limited to a quarterly basis with exceptions to this requiring specific agreement through Gold Command Group Meetings.</p>	<p><b>PH Cell</b> To continue to deliver the local Mass Vaccination Programme Delivery Plan in accordance with the milestones and requirements set out by Welsh Government.</p> <p>Financial and workforce commitments will be limited to the timescales set out by Welsh Government for funding. Going beyond these timescales will require a Gold Command Group decision</p>
<p><b>PH Cell</b> Through 2021/22, continue to deliver the local Testing Plan in accordance with the latest Welsh Government requirements. This will encompass</p>	<p><b>PH Cell</b> Continue to deliver the local Testing Plan in accordance with the latest Welsh Government requirements.</p>

symptomatic testing, asymptomatic screening and antibody testing using PCR, Lateral Flow Devices and new technologies which become available and are mandated by Welsh Government.

Financial and workforce commitments will be limited to a quarterly basis with exceptions to this requiring specific agreement through Gold Command Group Meetings.

Financial and workforce commitments will be limited to the timescales set out by Welsh Government for funding. Going beyond these timescales will require a Gold Command Group decision

### Gold Level Cell Updates

The Executive Team continues to meet formally on a weekly basis to review and co-ordinate the work of the Operational Planning & Delivery Programme Group/Tactical and the Gold level Cells. At the time of writing, all Cells were reporting no issues with their latest position and projections, other than those detailed above.

The Chief Executive has reinstated weekly meetings with Independent Members to ensure the Board are fully sighted on decisions to be taken, potential impacts on local populations, the workforce, associated risks and decision making process when the local choices framework has to be enacted.

### Update on our Recovery Plan for 2021/22

Work continues on delivery of our Recovery Plan for 2021/22 although current and sustained service pressures have impacted the timescales for some of the 55 Planning Objectives included in our plan:

- 4 are complete
- 2 are ahead of plan
- 32 are on track
- 15 are behind
- 2 not reported in latest review period

Detailed reports have been received by the appropriate committees and are available for Board Members to assess progress. This month marks an important moment for a number of significant Planning Objectives related to the implementation of the Board's Strategy – *A Healthier Mid & West Wales* – with the Programme Business Case (PBC) being presented for Board ratification. Following this, the PBC will then be forwarded to Welsh Government to seek their support to progress the work of developing outline business cases for the various elements of our ambitious plan (POs 5C, 5D, 5E, 5F).

Work in relation to People, Culture and Organisational Development has also continued, although in some areas at a slower pace due to current service pressures. Our first Customer Services Training programme has been developed and is ready to implement when pressures ease (PO 1C). 100 Health and Wellbeing champions have, so far, been recruited across the organisation and an Eco-therapy referral pathway agreed, with staff due to commence in post in March 2022 to support its roll out (PO 1I). A new Clinical Education Manager commenced in January to support the development of our ambitious Clinical

Education Plan (PO 2D) and the evolution of our Command Centre into a Central Communication Hub continues, albeit at a slower pace than originally planned (PO 1B) We have also now developed a detailed financial road map, based on the extensive work previously led by the Director of Finance on understanding the underlying causes of our deficit. This road map includes making progress on the design assumptions that underpinned our clinical strategy and is being actively discussed with Welsh Government colleagues as part of the development of our Integrated Medium Term Plan (IMTP) (POs 6A, 6C 6K).

A second cohort of staff have recently completed our new education programme – *Bringing Value to Life* – embedding Value Based Healthcare thinking throughout the organisation. Subject to service pressures, a third cohort is planned to possibly include staff from Powys teaching Health Board and Betsi Cadwaladr University Health Board (PO 6E).

Where relevant, current Planning Objectives will be incorporated into the IMTP, in some cases in amended form, alongside new Planning Objectives to continue to drive us towards our long term purpose and 6 Strategic Objectives.

### Argymhelliad / Recommendation

The Board is asked to:

- Ratify the Gold Command Group decisions as set out above;
- Note the wider update in relation to our Annual Recovery Plan 2021/22 and on-going COVID-19 response.

### **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): <a href="#">Hyperlink to NHS Wales Health &amp; Care Standards</a>	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives: <a href="#">Hyperlink to HDdUHB Strategic Objectives</a>	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	9. All HDdUHB Well-being Objectives apply

### **Gwybodaeth Ychwanegol:**

#### **Further Information:**

Ar sail tystiolaeth: Evidence Base:	Included within the report
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Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partïon / 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 Operational Planning & Delivery Programme Meeting/Group Hywel Dda University Health Board Bronze Group Chairs

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Any financial impacts and considerations are identified in the report.
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Any issues are identified in the report
<b>Gweithlu:</b> <b>Workforce:</b>	Any issues are identified in the report
<b>Risg:</b> <b>Risk:</b>	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.
<b>Cyfreithiol:</b> <b>Legal:</b>	Any issues are identified in the report
<b>Enw Da:</b> <b>Reputational:</b>	Any issues are identified in the report
<b>Gyfrinachedd:</b> <b>Privacy:</b>	Not applicable
<b>Cydraddoldeb:</b> <b>Equality:</b>	Not applicable