GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Bae Abertawe
Swansea Bay University Health Board

COVID 19 : EVIDENCE TO THE HEALTH, SOCIAL CARE & SPORTS COMMITTEE

10TH July 2020

1. INTRODUCTION

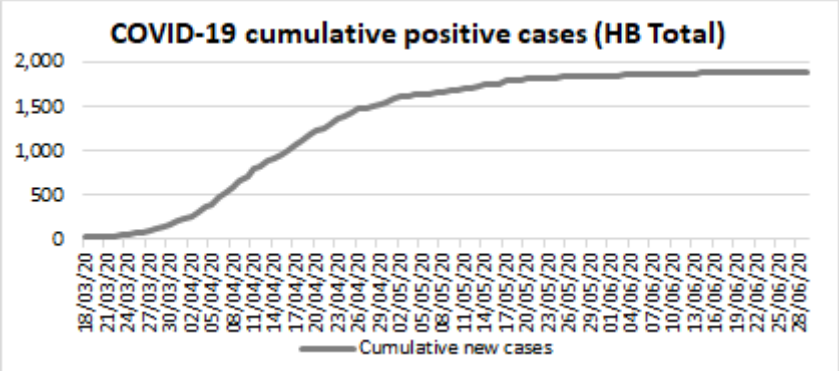
1.1 Swansea Bay University Health Board (SBUHB) welcomes the opportunity to respond to the Health, Social Care and Sport Committee's inquiry into the COVID-19 outbreak.

2. RESPONDING TO THE COVID 19 PANDEMIC

Overview

2.1 The challenges posed by COVID-19 are immense and over the last 4 months the Health Board has needed to adapt its services at an unprecedented scale in order to meet the demand arising out of COVID-19 and to continue to deliver safe care.

2.2 The pandemic is not over. The Health Board remains on a 'response' footing, alert to the very real potential of future surges of transmission of COVID-19 in our community. This continues to have a very significant impact on both the volume and nature of service delivery. Figure 1 below illustrates the cumulative number of confirmed COVID-19 case in the Swansea Bay region since the 18th of March.



2.3 The Health Board established a Pandemic Framework and Tactical Plan as part of a broader suite of local, regional and national emergency response plans and these guided the response to COVID-19. These response arrangements are aligned with the Civil Contingencies Act 2004. A dedicated COVID-19 Coordination Centre was established 16 March 2020.

2.4 A whole system approach to creating flexible capacity within the Health Board was adopted and has allowed for extensive innovation in how we care for patients at home, in the community or in hospital. Working with partners, sufficient capacity was in place to support the first peak of COVID-19 cases during April. This was achieved by remodelling existing capacity; creating surge options on hospital sites and in the community; and developing resilience in our system through working with partners in the development of additional field hospital provision at Llandarcy and the Bay Studios in Swansea.

2.5 The Health Board developed an integrated dashboard providing real-time information on a range of critical measures. A local predictive demand model was also developed, providing short-term (up to 10 days) forecasts to enable rapid adjustment of plans.

Operational Arrangements

2.6 Services have been adapted to manage both the flow of COVID-19 patients (including those who are suspected of being infected) and patients assumed to be non-COVID-19. An initial capacity plan was developed in line with Welsh Government (WG) direction. The modelling received, supported by local clinical judgements, indicated the requirement for significant additional acute and critical care beds within the Health Board to meet reasonable worst-case estimates of COVID-19 demand. Plans for quarter 2 are currently being refined in the light of new national modelling and planning assumptions provided by Welsh Government.

Primary Care

2.7 New ways of working were adopted within Primary Care. New innovative models have been created including Community Hubs for managing COVID-19 in the community, the introduction of new triage systems, and a shift to digital technology and remote consulting. Arrangements for all primary care contractors (General Practice, Dental, Optometry and Pharmacy) are managed in line with Welsh Government guidance.

Community Services

2.8 Core community services have been maintained to support patients to remain in their own homes. Community staff have also been deployed flexibly to support other services such as community testing.

Social Care

2.9 As part of our oversight arrangements, a Community Silver cell, spanning health, social care and the third sector, has supported the accelerated development of new integrated care models. The Health Board has worked very closely with Local Authority colleagues over support to care homes, including on the provision of testing for COVID-19.

Mental Health

2.10 Mental Health services have been adapted so that they could be maintained during the pandemic, including through the use of virtual appointments, where appropriate, streamlined referrals routes and points of contact, and the provision of isolation facilities to manage COVID-19 patients with mental health problems who needed hospital admission.

Hospital Services

2.11 New pathways for COVID-19 patients were created at each of our acute hospital sites - Morriston, Singleton and Neath Port Talbot. Many changes were in line with our Clinical Services Plan but have been able to be enacted quickly through agile and

adaptive clinical and managerial responses. An example of this is the creation of a Single Point of Access for Paediatrics at Morriston that integrates the service offered by Emergency Physicians and Paediatric specialists.

2.12 Additional critical care capacity was created to maintain a separation of known COVID-19 positive patients from others. This enabled us to respond to the first peak and further capacity is now available to support future peaks in demand.

Test, Trace and Protect

2.13 Antigen testing began in February and the first Community Testing Unit (CTU) in Margam opened in March, followed by a second CTU at the Liberty Stadium in May. To date, in excess of 15,500 antigen tests and 11,200 antibody (serology) tests have been undertaken. Data from Public Health Wales confirms that the SBUHB aggregate testing numbers have been consistently high when compared with other Health Boards in Wales. Testing of all care home residents and staff was completed in mid-June. A regional Test, Trace and Protect service is live and there are 14 local contact tracing teams in place across Swansea and Neath Port Talbot.

<u>Key Issues</u>

Workforce

2.14 We pay tribute to the professionalism, commitment and compassion shown by our staff in responding to the pandemic, as well as staff in partner organisations.

2.15 During the pandemic over 1,000 additional staff were recruited and over 900 staff retrained or upskilled in new roles to support the COVID-19 effort. This includes over 150 additional clinical staff trained to provide critical care; nearly 200 non-clinical staff trained to undertake Healthcare Support Worker roles; and significant numbers trained to undertake new roles in our COVID-19 testing units. Staff have been deployed flexibly and there has been positive feedback on the opportunities created to develop new workforce models.

2.16 Supporting staff wellbeing has been a critical feature of the Health Board's response, recognising the enormity of what staff are dealing with. Several wellbeing initiatives and support arrangements are in place. Occupational health and staff well-being services have been expanded and operate 7 days a week. A Trauma Risk Management approach has been adopted to support long term psychological health and well-being. Through collaborative working with Trade Union partners, the Board has undertaken a detailed review of the impact of COVID-19 on local staff and has supported the national development of a risk assessment tool that is currently being used to identify and support staff who may be at disproportionate risk from COVID-19.

Personal Protective Equipment (PPE)

2.17 The Health Board has sufficient supplies of PPE and supply chains are currently stable. Where necessary we have sourced local supplies as well as accessed the national supply chain. Early in our response we developed a stock control system and a PPE model to support stock management and the military provided support to ensure that our systems are robust. There were several changes in guidance during

April, and we continue to manage PPE in line with national guidance. The Health Board has distributed almost 2.5 million items of PPE since 30th March 2020.

Digital

2.18 One of the key facets of our approach has been the delivery of digital solutions to support the pandemic, both in terms of the delivery of direct patient care as well as back office functions. A number of innovative solutions have been rolled out to support clinicians to provide care in new ways. These include video consulting platforms; applications enabling clinicians from primary and secondary care to engage directly for advice on patient management and patient facing applications that empower patients to manage their own care. New systems that support patient flow; manage electronic prescribing and support day to day business (such as Office 365) have been deployed rapidly.

3. **IMPACT ON ROUTINE SERVICES**

Creating COVID-19 capacity

3.1 The Minister for Health and Social Services announced on 13th March 2020 a number of key COVID-19 related actions NHS Wales should take. These actions included guidance to suspend a range of activity to enable dedicated capacity for COVID-19 to be built up and to protect vulnerable patients.

3.2 As a result of the Minister's announcement, SBUHB took the following action:

- Non-urgent outpatient appointments were suspended with a number of exceptions mainly in the areas of paediatrics, neonatology, ophthalmology, oncology and renal services. Urgent outpatient activity has continued albeit adapted and delivered through different modalities using digital technology.
- Non-urgent surgical admissions and procedures were suspended, and for a 2-week period to allow intensive upskilling of theatre staff in critical care, some urgent procedures, such as cancer surgeries, were postponed. Emergency surgery continued to be prioritised daily.

Accessing Care

3.3 Although access to essential and emergency services has been maintained in common with other parts of the NHS, there was a considerable decrease in the number of patients accessing care during March and April. This was evident through a decrease in the number of patients attending Emergency Departments (see figure 2); as well as a significant decrease in patients being referred for outpatient assessment (see figure 3). The level of emergency demand increased in May and continues to increase (currently averaging around 80% of expected seasonal activity).

Figure 2: Attendance at Emergency Departments within Swansea Bay

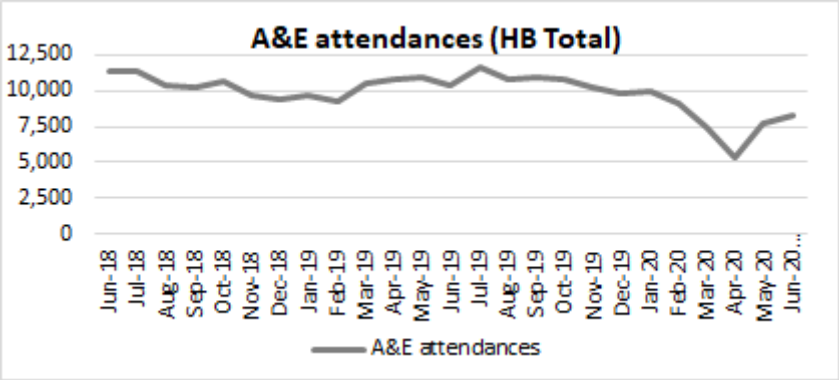
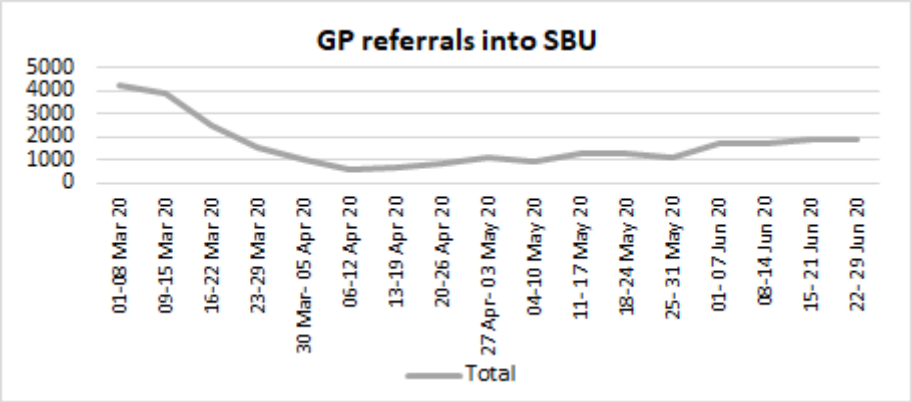


Figure 3: Number of new Outpatient Referrals into Swansea Bay



3.4 Numerous high-profile communications have been delivered nationally and locally to remind patients that the NHS in Wales remains open and emergency or urgent care can be accessed in the community and in hospitals. In the Swansea Bay region this has included the Chair and the Chief Executive publishing an open letter in the local press encouraging the local population to access care appropriately.

<u>Accessing Primary Care</u>

3.5 All GP practices have remained open during the pandemic but have operated "behind closed doors" (that is, no walk-in appointments permitted and only those patients pre-assessed via phone triage being given face-to-face appointments). At the height of the first peak about 60 GPs (about 25%) were absent from work as a result of a need to self-isolate. The number has reduced over recent weeks and currently stands at 2. A national escalation tool has been launched for GP practices.

3.6 There has been rapid deployment of digital platforms to assist virtual working and continuity of services during the pandemic. The *Ask My GP* platform, allowing digital interaction between patients and practices, has been launched and has already been adopted by over half of practices. We continue to support others to take advantage of

the platform. Similarly, *Attend Anywhere (a* video consulting service that enables people to have health and social care appointments from home or wherever is convenient), was also made available to GP Practices nationally on 7th April, and 78% of SBUHB practices to date have utilised the technology.

3.7 *Consultant Connect* is an application enabling primary care clinicians to directly access advice and guidance from secondary care clinicians to support patient. It can potentially reduce referrals between clinicians or delays in accessing advice. It was launched on 8th April and 39 out of 49 practices have utilised the service to date with 255 calls made. In addition, cluster funds have been used extensively to support GP practices to respond to the pandemic and embrace mobile working through the provision of mobile devices.

3.8 Primary Care Cluster COVID assessment hubs were set up in 7 cluster areas covering 32 practices. Currently due to a lack of demand only three are currently operating but the others can be re-established if needed.

Accessing Mental Health Services

3.9 The Health Board continues to provide mental health services with adjustments made to take account of infection prevention and control advice as well as to comply with lockdown restrictions. This has meant a reduction in face-to-face contacts with alternative approaches implemented to undertake assessments or provide support. Where the only means to provide services was by direct contact this has continued to take place with staff taking all appropriate safeguards to maintain their safety as well as that of patients including social distancing and use of PPE

3.10 All referrals for Primary Mental Health assessments under Part 1 of the Mental Health Measure have been received and processed in line with the 28-day target via a telephone assessment/triage model during the pandemic. Community staff risk assessed their caseload to prioritise regular contact and welfare checks. Most of this was undertaken via the phone but some face-to-face patient visits were undertaken where necessary.

3.11 Monitoring clinics for specific treatments have been maintained with suitable social distancing procedures for people attending community teams. This includes Lithium clinics for bipolar disorder, clozapine atypical antipsychotic medication monitoring and depot antipsychotic treatment clinics.

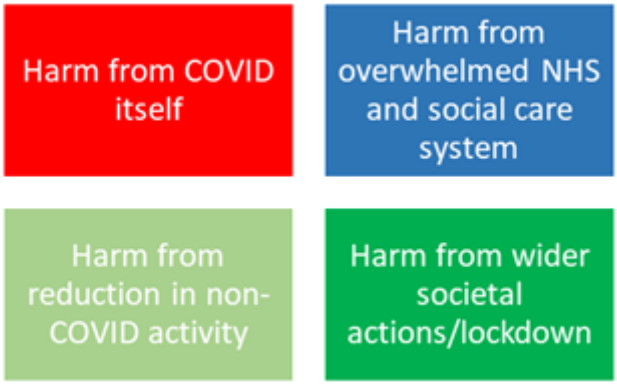
3.12 The crisis/home treatment and inpatients services continued to operate as normal.

3.13 Child and Adolescent Mental Health Services have fast-tracked the implementation of a Single Point of Referral Team (SPORT). SPORT activity has gradually increased over the course of the pandemic and SPORT interventions (consultation, advice, self-help support / resources, signposting, etc.) are likely to be contributing to the ongoing pattern of reduced referrals into both primary and secondary CAMHS services.

4. RESET AND RECVOERY

Essential Services

4.1 Welsh Government is framing the national COVID-19 response and the work of "essential services" against 4 key harms. Underpinning the four harms framework is guidance on essential services which was initially issued as part of a national Quarter 1 Operating Framework and reissued and updated under the Quarter 2 Operating Framework.



4.2 The essential services framework is based on World Health Organisation (WHO) guidance. It is complemented by a suite of additional guidance documents focused on specific services.

4.3 A SBUHB baseline assessment against the Essential Services Framework has been undertaken. Positively, there are no services categorised as essential that have been stopped in their entirety, and we continue to expand services where it is appropriate and safe to do so. We are focusing particularly on surgery, diagnostics and primary care recovery.

Reset and Recovery

4.4 As the NHS in Wales moves towards a new phase in the response to the pandemic, in addition to providing a high standard of care to patients with Covid-19 and maintaining essential services, there is a need to provide a variety of other services, including planned surgery and diagnostic procedures. A Reset and Recovery Programme is underway to focus on the delivery of essential services and to ensure that the benefits of service change evident through the pandemic are maximised.

4.5 The approach to the maintenance or reintroduction of essential services is clinically-led and quality-driven. Features of the approach include:

- An overarching clinical governance framework that ensures a strategic approach to best practice and clinical governance in the context of essential services. This includes references to national guidelines, the national COVID-19 pathway, co-production with patients, informed consent best practice and infection prevention and control requirements;
- Establishment of a Clinical Advisory Group to advise on local policies and processes that align with all-Wales and UK evidence and guidance;

- Deployment of a Quality Impact Assessment (QIA) process, overseen by clinical Executive Directors and supported by a QIA panel to assess the reinstatement of activity to ensure it is structured, controlled and based on effective risk management;
- Use of established quality processes such as incident reporting where delays due to COVID-19 have potentially resulted in harm; and
- Using clinical teams to prioritise patients for treatments.

4.6 Sophisticated demand and capacity models have been developed by the Health Board to aid with the detailed planning. The models illustrate the likely impact of various levels of COVID-19 demand and other factors on the general and critical care bed base. A complex interaction of several factors influences the capacity available, most notably workforce.

4.7 Infection prevention and control is a significant component of this next phase where the need to minimise nosocomial (in-hospital) transmission of Covid-19 is critical. A self-assessment against guidance produced by the NHS Wales Nosocomial Transmission Group is being taken forward; and locally a Social Distancing Cell has been established which focuses on physical distancing requirements as well as behaviour aspects. This is critical as the development of the Test, Track and Protect programme could have a significant impact on NHS services if social distancing is not maintained.

5. **CONCLUSION AND KEY LEARNING POINTS**

5.1 The impact of the COVID-19 pandemic has already been far-reaching for healthcare and wider society. Tragically, there has been the loss of many lives in our hospitals and our communities, including of Health Board staff members. Our condolences go out to the family, friends and colleagues of those who lost their lives to COVID-19.

5.2 While unprecedented in modern times, the scale of the first peak of COVID-19 related demand was nevertheless mitigated to some extent by the sacrifices made by our local populations in abiding by the lockdown measures introduced by the Welsh Government. The Health Board is very grateful. The additional capacity created, in line with appropriate assumptions and modelling of a reasonable worse case scenario, has allowed for COVID-19 demand to date to be met.

5.3 The Health Board has demonstrated an ability to respond and adapt to the demands with pace, energy and purpose. We are grateful to all our staff and partners for the part they have played in that effort to date.

5.4 In several areas the response to the pandemic has required or enabled a transformation in the way services are delivered that the Health Board will be ‘locking in’ as the new normal. This includes the extensive use of digital platforms; the

strengthened integration of health and social care; and new models of care, for instance in outpatients and unscheduled care.

5.5 The pandemic is still with us and its impact will be long-lasting. Recognising this, it is critical that the Health Board takes a cautious and adaptive approach to the delivery and reinstatement of non-COVID-19 services. It is doing so in a way that it patient-centred, clinically-led and quality driven.