

Agenda – Health, Social Care and Sport Committee

Meeting Venue:

For further information contact:

Video Conferencing via Zoom

Sarah Beasley

Meeting date: 21 May 2020

Committee Clerk

Meeting time: 09.00

0300 200 6565

SeneddHealth@senedd.wales

In accordance with Standing Order 34.19, the Chair has determined that the public are excluded from the Committee's meeting in order to protect public health. This meeting will be broadcast live on www.senedd.tv.

Informal pre-meeting (09.00–09.30)

1 Introductions, apologies, substitutions and declarations of interest

(09.30)

2 COVID-19: Evidence session with the Welsh Local Government Association

(09.30–10.30)

(Pages 1 – 21)

Cllr Huw David, WLGA Spokesperson for Health and Social Care and Leader of Bridgend County Borough Council

Cllr Andrew Morgan, WLGA Leader and Leader of Rhondda Cynon Taff County Borough Council

Research brief

3 Motion under Standing Order 17.42 (ix) to resolve to exclude the public from item 4 of today's meeting

(10.30)



Break (10.30–10.40)

4 COVID–19: Consideration of evidence

(10.40–11.00)

5 COVID–19: Evidence session with local health boards

(11.00–12.30)

(Pages 22 – 41)

Ann Lloyd, Chair – Aneurin Bevan University Health Board

Judith Paget, Chief Executive – Aneurin Bevan University Health Board

Dr Sarah Aitken, Interim Medical Director – Aneurin Bevan University Health Board (Gold Commander)

Mark Polin, Chair – Betsi Cadwaladr University Health Board

Simon Dean, Interim Chief Executive Officer – Betsi Cadwaladr University Health Board

Dr Chris Stockport, Executive Director Primary Care and Community Services Betsi Cadwaladr University Health Board (Gold Commander)

Paper 1 – Aneurin Bevan University Health Board

Paper 2 – Welsh NHS Confederation

6 Motion under Standing Order 17.42 (ix) to resolve to exclude the public from the remainder of this meeting

(12.30)

7 COVID–19: Consideration of evidence

(12.30–12.40)

8 Forward Work Programme

(12.40–13.00)

(Pages 42 – 45)

Document is Restricted



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Aneurin Bevan
University Health Board

**EVIDENCE TO THE HEALTH,
SOCIAL CARE & SPORTS
COMMITTEE**

21ST MAY 2020

1. INTRODUCTION

This written submission is made to the Health, Social Care and Sport Committee prior to the Aneurin Bevan University Health Board evidence session on the 21st May 2020.

2. THE COVID-19 PANDEMIC IN GWENT

- 2.1 Figures 1 and 2 below show the timeline of patients in general hospital beds and critical care beds who tested positive for COVID-19 in Aneurin Bevan University Health Board Hospitals from the 1st March until the 10th of May 2020. The graphs show the rapid increase that started early in March and accelerated, reaching a peak around Easter weekend on 10th – 13th April 2020 following the start of the Government’s lockdown measures on 24th March, two weeks earlier.
- 2.2 At the peak there were 49 patients in critical care, the normal maximum capacity in critical care within the Health Board being 28 patients. Had the lockdown measures not come into effect when they did, this peak would definitely have been higher in our opinion.
- 2.3 Prior to the 9th March 2020, the UK Public Health COVID-19 testing strategy required a history of travelling abroad and the Health Board were not authorised to test patients they suspected had COVID-19 who had not travelled to certain countries. Once the guidance changed on 9th March 2020 to allow testing of hospital patients with symptoms of pneumonia, it became quickly apparent that patients without a history of travelling abroad were being admitted with COVID-19 as shown in Figure 1. A subsequent investigation by the Health Board concluded that there was evidence of community spread of COVID-19 in Gwent by 6th March 2020, which is consistent with the rapid acceleration of the outbreak from that time.

Figure 1 – Inpatient Occupied Beds

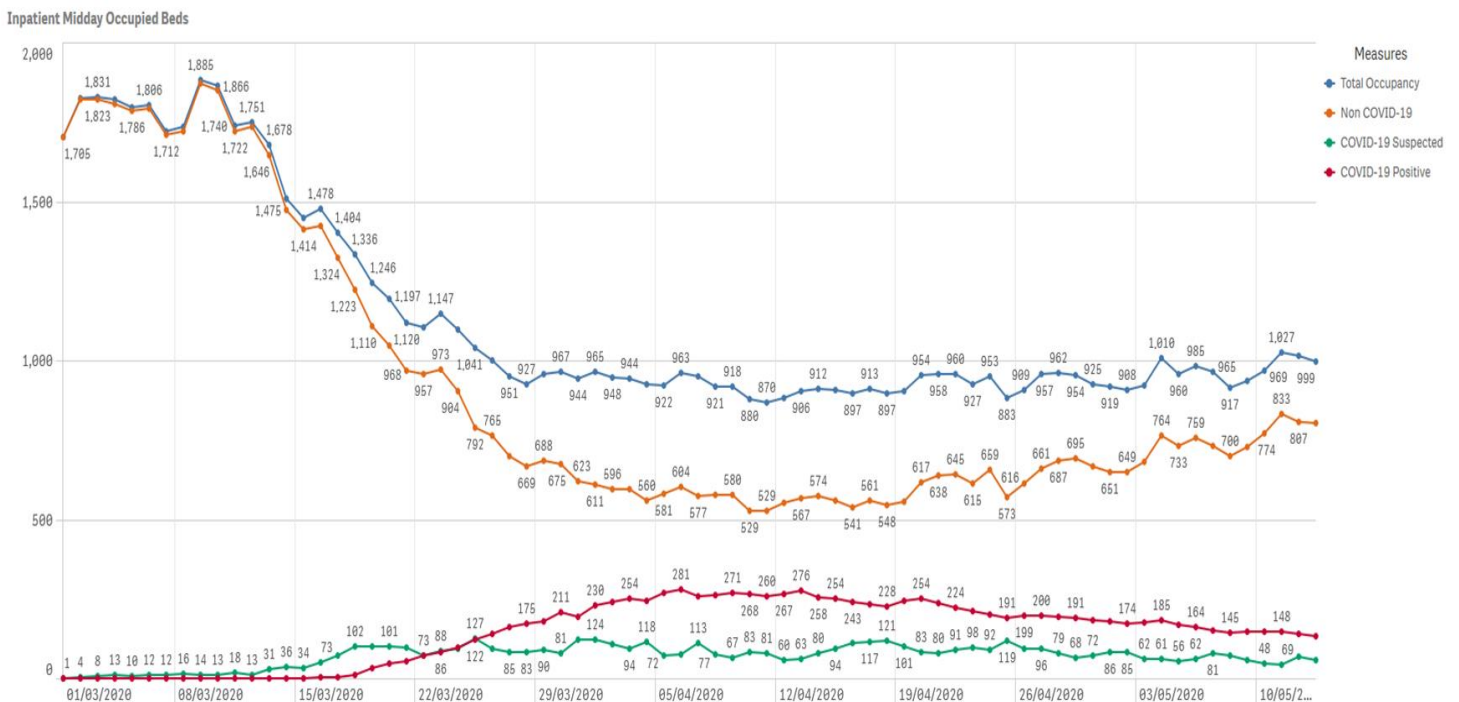
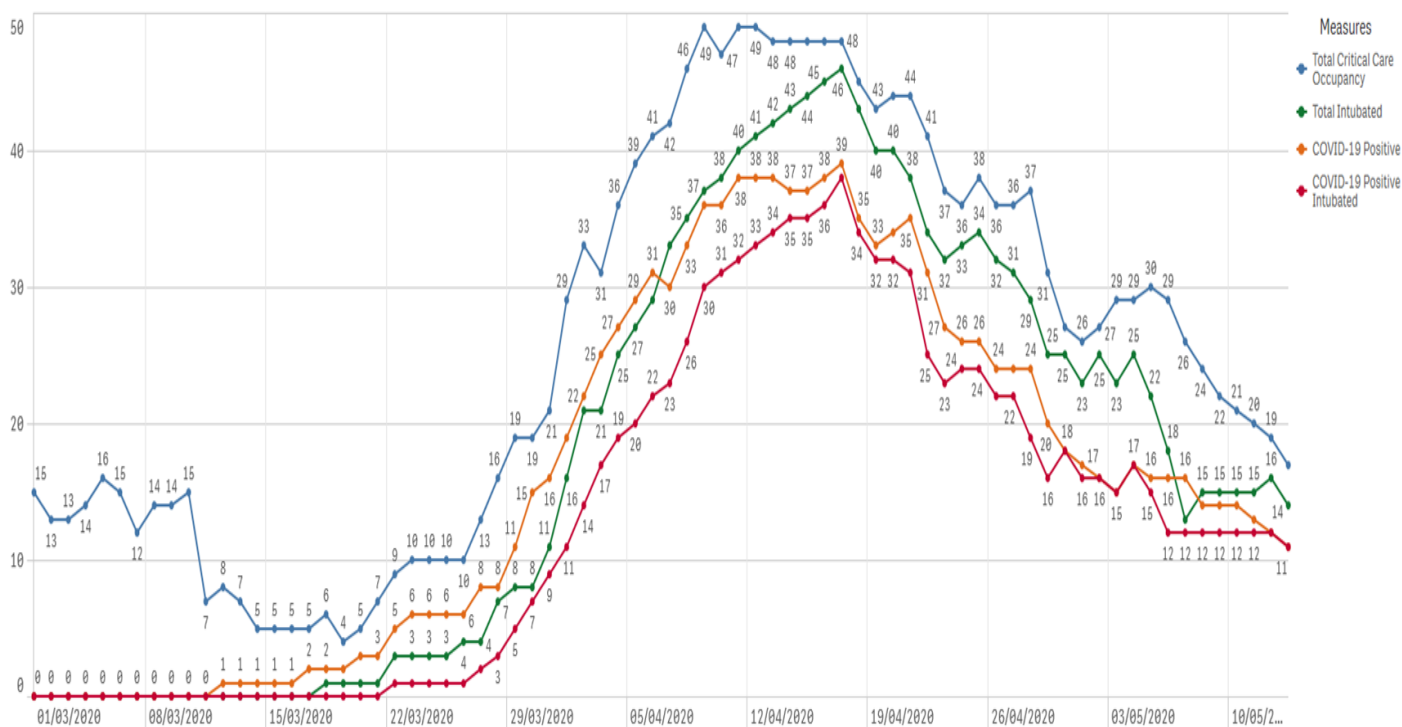


Figure 2 - Critical Care Occupied Beds

Critical Care Midday Occupied Beds



3. STRATEGIC RESPONSE

3.1 The Health Board has set out its approach to managing the pandemic through the ‘Aneurin Bevan University Health Board COVID-19 Response’. The key priorities were:

- Saving lives
- Minimising the spread of COVID-19
- Reducing harm
- Protecting our staff and keeping them safe
- Creating capacity across the system to respond to COVID-19
- Maintaining as many essential services as possible

3.2 In line with our responsibilities as a category 1 responder, under the Civil Contingencies Act 2004, we have worked proactively with Welsh Government through our emergency planning structures to develop our response to COVID-19. The Health Board has organised emergency management and incident command protocols, organising the Health Board’s assets into strategic/gold, tactical/silver and operational/bronze structures for mitigation, preparedness, response and recovery.

3.3 The Health Board is an active partner of the Gwent Local Resilience Forum (GLRF). The GLRF established a Strategic Co-ordination Group to meet in response to COVID-19, from 13th March 2020, and established a number of multi-agency tactical subgroups.

- 3.4 The Health Board's COVID-19 Command Structure was introduced on 12th February 2020, and adjusted by COVID-19 Strategic Group on 25th March 2020. It has ensured a dynamic and fluid command and control structure to effectively manage the Health Board's response to COVID-19 and to adapt as the situation evolved from containment to the delay phase.

3.1 Board Governance

- 3.1.1 The Health Board's fundamental role and purpose has not changed during the COVID-19 pandemic. However it was recognised that in such a fast moving emergency, the Health Board needed to be agile and use good governance as an enabler to facilitate an effective response to the pandemic and also maintain oversight. Based on guidance received from Welsh Government, the Health Board adjusted its governance and assurance arrangements, including streamlining its Board and committee structure along with increased remote working, holding shortened and more focused meetings and agreeing temporary changes to the Scheme of Delegation to support rapid decision making through its COVID-19 structure.

4. OPERATIONAL RESPONSE

- 4.1 Given the need for a swift response in Gwent, due to the early community spread ahead of the rest of Wales, rapid service transformation was triggered, clinically led, to ensure the organisational (& GLRF) priorities were met.

4.1 Primary Care and Community

- 4.1.1 The Primary Care Team, rapidly established a leadership cell of senior GPs and primary care practitioners to support and guide the redesign of local primary care and community services to support safe service delivery.
- 4.1.2 Virtual consultation facilities were rolled out across all GP practices within two weeks, to ensure safe access to services for patients and maintenance of primary care services. Typically, 4,000 a day of virtual consultations have taken place across the Health Board area.
- 4.1.3 Each Neighbourhood Care Network (GP Cluster) developed a COVID-19 'assessment hub', supporting face to face assessment of patients following the deployment of the All Wales primary care pathway. District Nurses and community teams transformed the way they provided services to ensure continued provision of direct patient care at home.
- 4.1.4 Community Hospitals have played a vital role in the provision of step down care for patients with (and without) COVID-19, requiring rehabilitation, recuperation and palliative care.

4.2 Mental Health and Learning Disability

- 4.2.1 A senior leadership team co-ordinated the re-design of community and inpatient services across all tiers, including the Road to Well-being Foundation Tier, Primary Care Mental Health Support and Secondary Care Mental Health services.

- 4.2.2 Pathways have also been designed and implemented in order to provide inpatient and community staff with guidance on how to provide care during this period. Technology has been used to deliver clinical assessments and interventions and there has been extensive work with third sector partners across the Gwent area.
- 4.2.3 A Community Well-being Information Group was also established to co-ordinate the development of relevant well-being information for both the general population and specific at risk groups, such as those working within Care Homes. The multidisciplinary team have been active in supporting the psychological well-being of patients through the distribution of 'rainbow activity packs', which have been well received by patients and the public.
- 4.2.4 Learning Disabilities services in the community have continued using technology of virtual sessions and group work.

4.3 Children and Young People

- 4.3.1 Throughout the COVID-19 staff have been prioritised to support vulnerable children through maintaining existing packages of care and support, mitigating the effects of school closures and maintaining essential services. The Health Board has used an integrated service approach to continue delivering the Healthy Child Wales programme, which has included establishing immunisation hubs, increased Sparkle charity support workers to provide respite hours at Serennu Children's Centre and School Nurses directly contacting 80 young people to support emotional health and well-being.
- 4.3.2 Children and Adolescent Mental Health Services (CAMHS) developed a 24/7 clinical helpline for any professional who needed advice and support. We have maintained clinical activity in CAMHS using technology to provide support to young people and their families.
- 4.3.3 Acute paediatric admissions initially reduced but are now starting to increase. Outpatient activity has largely been virtual but 'hot' clinics are in place with community consultants.

4.4 Acute Hospitals

- 4.4.1 The Health Board took immediate action to organise acute services and segregate departments, including:
- Suspending non-urgent surgical admissions and procedures, whilst ensuring access for emergency and urgent surgery
 - Introducing hospital/departmental zoning to ensure segregation of COVID-19 and non-COVID patients
 - Expediting discharge of vulnerable patients from acute and community hospitals
 - Introducing pre-hospital screening for the effective and efficient management of patient admission based on presenting symptomatology
 - Defining the role and functions of each of our hospitals in the management of patients with COVID-19 and maintaining essential services
 - Moving departments in order to release staff and physical capacity across our hospital system

- 4.4.2 This resulted in mass repurposing of wards and departments across the three main hospital sites at the Royal Gwent Hospital, Nevill Hall Hospital and Ysbyty Ystrad Fawr. Despite the challenging times, teams worked innovatively to provide outpatient services for the most vulnerable and have delivered 86,530 outpatient assessments. This has been through a combination of face to face appointments for those with cancer, very urgent patients or those needing a physical examination. For other patients there has been a combination of telephone appointments, and virtual/skype assessments.

4.5 Demand and Capacity Modelling

- 4.5.1 During March the Planning Team undertook a significant piece of work, in liaison with Welsh Government, to understand the best and worst case scenarios and potential patient demand impact, enabling an early and clear understanding of the bed capacity that may be required across the Health Board in order to respond to projected demand from COVID-19.
- 4.5.2 This work was based on a number of mitigation factors and emerging research and led to a detailed surge capacity plan for hospital beds, including ventilated capacity. This work included surge plans within existing hospital sites, the commissioning of St Joseph's Hospital for continued elective work, and the decision to prepare for the early opening of the ward areas of the Grange University Hospital, which was initially planned to be opened at the end of April 2020. Multi-agency planning was also undertaken for the consideration of health and social care capacity via the International Conference Centre. However, as a result of public compliance with lockdown measures the Health Board has managed COVID-19 within its existing bed base (circa 1,500 beds) and in response to the peak of COVID-19 infections, the Health Board increased its ventilated bed numbers, from 28 to 49 at its peak over the Easter weekend.

5. PUTTING PEOPLE FIRST

- 5.1 The Health Board's approach to keeping staff safe mirrors the priorities of the Welsh Government Preparedness Framework and is summarised below:

5.2 Testing

- 5.2.1 The Coronavirus Testing Unit (CTU) for testing of key healthcare workers was set up in Llanfrechfa Grange Hospital site on 14th March 2020. Two other Testing Units were commissioned, ahead of the move to Rodney Parade in Newport on 26th March 2020, in preparation for mass testing. The Rodney Parade Unit, managed by the Health Board, is designed as a drive-through population-sampling centre and has capacity to accommodate 600 tests a day, together with home testing for certain groups. Following agreed governance arrangements, testing of GLRF partners at Rodney Parade commenced on 17th April 2020, in line with request from Public Health Wales. As at 14th May 2020, 3,193 Health Board staff and 1,334 GLRF key workers have been tested. Of this number, 31% Health Board staff and 17% GLRF have had a COVID-19 positive result.

5.2.2 We have also introduced rapid testing at the front door of Emergency Departments and wards at the Royal Gwent and Nevill Hall Hospitals. In total 30 tests a day can be undertaken; 20 at Royal Gwent Hospital and 10 at Nevill Hall Hospital.

5.3 **Personal Protective Equipment and Fit Testing**

5.3.1 A Personal Protection Equipment (PPE) Operational Cell was rapidly established on 16th March 2020 in recognition that PPE, procurement and distribution, was vital for staff and patient safety and having confidence through robust arrangements for infection prevention and control. There has been effective liaison with National Shared Services Partnership for Wales, the establishment of PPE hubs at key strategic places across Gwent and the allocation of an Executive Lead for PPE. The Health Board has established clear processes for procuring, securing, flow and delivery of PPE. In addition, a mass training programme for PPE Fit Testing of staff was established 17th March 2020.

5.3.2 The Health Board has also benefitted from the expertise of the Military, who have undertaken a local review of PPE end to end supply chain, which has enabled improvements to be made. Whilst PPE has been a key national issue, frequently reported in the media, the Health Board has felt the management and supply of PPE has been effective, with any risks well managed through escalation processes.

5.3.3 The Health Board has consistently worked to the national PPE guidance and the multiple nationally driven changes in PPE guidance have been centrally co-ordinated through the Health Board's Infection Prevention and Control Team. The team has worked tirelessly to ensure local interpretation and development of visuals for staff, working with Medical Illustration, to ensure diligent compliance with guidance.

5.4 **Staff Well-being**

5.4.1 The Health Board's staff response to COVID-19 has been truly remarkable. They have been receptive, proactive, agile and professional despite the unknown and a natural fear factor.

5.4.2 The Health Board has had considerable success with an external COVID-19 recruitment campaign which resulted in over 750 offers of employment, including doctors, registered nurses and healthcare support workers. The Health Board has worked with partners to engage students, facilities staff, had mutual support from other Health Boards and an excellent response from volunteers.

5.4.3 Over 200 existing members of staff have been redeployed to provide additional capacity on the front line. 317 Registered Nurses have received clinical skills training to enable them to be redeployed and/or return to practice.

5.4.4 Staff absence has been monitored and reported weekly to ensure that the right support is in place for all staff, whether that is access to testing, occupational health advice or well-being services. Overall absence peaked at 16.9% in early April and reduced to 10.89% during May.

- 5.4.5 An evidenced based well-being plan has been introduced offering psychological well-being support through a hub and spoke model across the Health Board which includes a well-being helpline.
- 5.4.6 The Health Board has ensured our staff side representatives are involved and updated, including weekly skype meetings involving representatives from the British Medical Association and the Royal College of Nursing.
- 5.4.7 The Health Board is working with Public Health Wales on the increased risk of poor COVID-19 outcomes for BAME communities and seeking to communicate with BAME communities across Gwent in their first languages. As a Health Board a BAME risk assessment has been put in place for staff, as part of the COVID-19 integrated vulnerable groups risk assessment, to identify any staff at risk and to ensure effective mitigating actions to protect staff.

5.5 Supporting Ethical Decision Making

- 5.5.1 A National Framework for ethical guidance was received from the Chief Medical Officer and discussed by COVID-19 Strategic Group on the 14th April 2020. The Framework offers useful guidance and has been adapted locally, resulting in the development of an Ethical Framework for clinicians, as well as the establishment of a Health Board Clinical Ethics Committee as a support mechanism to guide decision-making in challenging times.

5.6 Patients and Families

- 5.6.1 The Patient Centred Care Team has held a key role in the management and engagement of communities, as well as working collaboratively with third sector partners. This work stream has been vitally important to ensure families remained connected with their loved ones, particularly in light of the imposition of 'no hospital visiting' as a result of lockdown. Patient and family connectivity has been facilitated by the use of technology in hospitals to enable face time and telephone contact, with kind donations from local companies. The Health Board has also established a messaging service, called 'Messages from Home', where family members send emails into the Health Board and these are downloaded and taken to patients.
- 5.6.2 The generosity of the public has been tremendous and a dedicated Donations Cell has been established to manage and distribute all donations for patients and staff.

6. THE MANAGEMENT OF AND SUPPORT FOR CLOSED SETTINGS - CARE HOMES AND PRISONS

6.1 Care Homes

- 6.1.1 At the beginning of the pandemic the Health Board issued COVID-19 guidance to care homes and independent contractors and has been responding to frequently asked questions and facilitating operational support to care homes and care for people with dementia. Care Homes are equipped with *Attend Anywhere* for remote video consultations with many GPs now undertaking virtual 'ward rounds'.

- 6.1.2 Care Homes are working with GPs, community teams and frailty consultants to review Anticipatory Care Plans and are having discussions with residents about how COVID-19 may cause residents to become critically unwell and supporting residents to make decisions about whether hospital admission is what they want if they become ill with COVID-19.
- 6.1.3 The Health Board has produced Standard Operating Procedures for patients being discharged from hospital to care homes, for new admissions from the community and transfers between homes.
- 6.1.4 The Health Board has been working with local Environmental Health Officers (EHO) who have a key role to play in supporting care homes to address the challenges of COVID-19. The Health Board has organised a series of training briefings for EHOs provided by Infection Prevention & Control and Complex Care clinicians and the Integration and Professional Development Team.
- 6.1.5 The Health Board and Local Authority Commissioning Teams undertake a SitRep twice a week to ensure shared situation awareness across the care home sector and rapid and effective local response. The Health Board has an Executive led Closed Setting Group who provides strategic direction along with a Community Care Sub Group of the GLRF which brings together local authority partners in social services and environmental health.
- 6.1.6 Symptomatic care home staff are currently offered appointments for testing at Rodney Parade through GLRF partners. Since the change in Welsh Government policy to test all care home staff and residents this has been scaled up with a Care Setting Testing Hub established allowing care homes to directly contact the Health Board to arrange testing.
- 6.1.7 In addition to the lead role that Public Health Wales has for investigating and managing outbreaks in care homes, the Health Board's registered nurses in Complex Care and Infection Control nurses have undertaken a number of site visits to support care homes that have been managing outbreaks.
- 6.1.8 Since the recent change in policy the home testing team have tested 459 staff and residents across nine care homes. A schedule has now been agreed to test the remaining 11 larger care homes with more than 50 beds. Additional care homes that have had outbreaks in the previous 28 days will also be offered testing by the Health Board.

6.2 Prisons

- 6.2.1 The first reported case of COVID-19 at Her Majesty's Prisons (HMP) in Gwent was at Usk prison on 30th March 2020 and was an in-mate. The first Prison Officer testing positive was on 18th March 2020 and was at Prescoed Prison. Testing of inpatients and prison staff commenced on 9th April 2020 in line with national guidance. To assist with control of the outbreak, GLRF and the Health Board provided a 6 bedded enhanced care suite at Usk Prison on 13th April 2020.
- 6.2.2 Both Prisons have been stable with no COVID-19 positive patients since 19th April 2020. The Health Board's Prison Health Care Team are working with the HMP team and Public Health Wales and following the approved COVID guidance.

7. STAKEHOLDERS AND COMMUNITY ENGAGEMENT

- 7.1 The Health Board's Corporate Communications Team, alongside Public Health Wales, have been very actively conveying communications/messages throughout the progression of the COVID-19 pandemic in Gwent. There has been daily communication with communities, stakeholders and staff, often using clinical staff to convey messages. With a significant amount of the population at home and with inaccurate information circulating, the Health Board identified the need to increase social media followers and to be seen as a trusted source for health information in Gwent. Working with GLRF partners, followers on the Health Board's Facebook page increased from 22,000 to 92,000. Conversations are taking place 7 days a week, 9am to 9pm through social media channels, with the average reach for posts being over 300,000.
- 7.2 There is a daily commitment to engage with Community Health Council colleagues. Members of the Senedd are being briefed on a weekly basis by phone by the Chief Executive and Medical Director, with a written brief that follows. Local Authority, Police, Ambulance and Fire partners are briefed through the GLRF structures.

8. SHARING LEARNING

- 8.1 Through a wide range of professional networks there have been considerable opportunities for sharing learning across the spectrum of settings and professions. These have included sharing learning and advice on governance, streamlined recruitment processes, risk assessments for vulnerable groups including pregnant women and a specific BAME staff protocol and risk assessment, revised scheme of delegation and the Health Board shared with others our approach to developing capacity, workforce and financial plans.

8.2 Research, Development and Innovation

- 8.2.1 Research and clinical trials is one of the four elements of the UK COVID-19 Action Plan published in March 2020. The Health Board is playing an active part with Health Board patients participating in 11 national COVID-19 clinical trials offering different drugs in randomised, controlled trials. All patients admitted to Intensive Care are participating in at least one clinical trial and in an 8-week period, 618 Health Board patients were recruited to these clinical trials. The Health Board is also undertaking a 100 cases series review, which seeks to examine the illness trajectory and healthcare contacts of 100 patients admitted to Gwent Hospitals during the COVID-19 pandemic.
- 8.2.2 The Health Board is also co-ordinating a project that will capture the significant novel and innovative practice taking place across the NHS during the COVID-19 pandemic. With interest and support from Welsh Government, the project has now been extended across all NHS Wales organisations. This will enable the capture of innovation at local, organisational and national levels, which has the opportunity to provide significant learning and value. This work involves a range of partners such as the Welsh NHS Confederation, Bevan Commission, Life Sciences Hub Wales and innovation leads from all NHS Wales organisations, who are adding significant breadth and depth to the project.

9. WHERE IS THE HEALTH BOARD NOW?

9.1 Impact on non-COVID-19 work and reintroduction

- 9.1.1 Since the beginning of the pandemic, there has been a reduction in the number of people accessing health services generally. Additional communication has been put in place to remind the public that the Health Board is open for business.
- 9.1.2 The Health Board has used the Welsh Government's Essential Services Framework to assess each of our services and provide a service status on whether essential services are being maintained. Our assessment is that the majority of services are being maintained, albeit there are some impacts on services such as endoscopy, cancer services and some surgery.
- 9.1.3 In April 2020, Urgent Suspected Cancer referrals were down to 61% compared to April 2019. In May 2020, to date, referrals continue to be lower than last rate, but are increasing (48% month to date).
- 9.1.4 During the period of the pandemic we have seen an improvement from 48% to 82% in patients on the cancer pathway being seen within 10 days from receiving the referral. Virtual clinics are in place for all tumour sites and there are regular discussions between patients and their clinicians regarding care and treatment plans. Compared to before the pandemic we have also seen the average waiting time for those on the cancer pathways needing an MRI or CT scan reduce from 12 days to 7 days.
- 9.1.5 The British Society of Gastroenterologists recommended that only emergency endoscopy should take place during the early stages of the COVID-19 crisis. The Health Board has developed new pathways to manage the risks, and patients are being sent a Symptomatic FIT test and clinically assessed for an alternative radiological investigation.
- 9.1.6 The Health Board is currently preparing a revised non-COVID activity plan to reintroduce services where it is safe to do so. This will be based on the principles outlined by the Welsh Government Operating Framework, with a focus on safely reintroducing services with a clinical risk managed approach. The Health Board's Reset Plan will cover:
- Ongoing safe and resilient management of COVID-19 including operational case management, capacity, equipment and staffing
 - Resilience of surge planning especially within critical care
 - Workforce wellbeing and protection
 - Delivery and ongoing review of essential services
 - Evaluating and embedding new ways of working including transformation of outpatients and digital solutions
 - Safe streaming and separation of COVID-19 and non-COVID to deliver more elective activity across outpatient, diagnostic and treatment pathways – between and within sites, and using the independent sector
 - Confirming the role that the Grange University Hospital will play
 - Agreeing governance arrangements for evaluating the effectiveness and risks of the plan

9.2 Preparing for community 'testing, track and protect'

- 9.2.1 On 24th April 2020, Welsh Government published the 'Leading Wales out of the coronavirus pandemic: A framework for recovery', and subsequently the 'Test, Trace Protect' Plan was published on 13th May 2020. Within these documents, it sets out the plan for contact tracing which includes case identification and contact management.
- 9.2.2 Contact tracing is an essential measure as part of the COVID-19 response, in conjunction with active case finding and testing, and wider measures such as social distancing. The swift set up and on-going operation of the Contact Tracing Service will be a major factor in enabling the social and economic recovery in Gwent.
- 9.2.3 Health Boards and Local Authorities working together were asked to prepare a high level draft operational plan for Contact Tracing. A task and finish group involving the five Local Authorities, Health Board and local Public Health Team has been established under the auspices of the Gwent Strategic Coordinating Group to develop a draft operational plan. The group is working to develop the operational plan to set out how the Contact Tracing service could be implemented and fully scaled up pending decisions by Welsh Government, including the interface with community testing programme, a national Data Management System, and confirmation of funding for workforce and premises costs.

15th May 2020

Introduction

	The Welsh NHS Confederation response to the Health, Social Care and Sport Committee's inquiry into the COVID-19 outbreak, and its management, on health and social care in Wales.
Contact:	Assistant Director, Welsh NHS Confederation.
Date:	13 May 2020

1. The Welsh NHS Confederation welcomes the opportunity to respond to the Health, Social Care and Sport Committee's inquiry into the COVID-19 outbreak, and its management, on health and social care in Wales. The Welsh NHS Confederation represents the seven Local Health Boards, three NHS Trusts and Health Education and Improvement Wales (HEIW). We also host [NHS Wales Employers](#).
2. Since the beginning of March our priority has been supporting and representing our members to respond to COVID-19. Our engagement with our members has focused on the active support of Executive Director Peer Groups' response to COVID-19, with over 150 meetings in the past two months, including significant support to Assistant Medical Directors Peer Group meetings and the Workforce and Organisational Development (W&OD) Directors Peer Group, facilitated by NHS Wales Employers. NHS Wales Employers have worked with colleagues across Welsh Government and with trade union partners to provide ongoing clarity to ensure that the advice, guidance and support to NHS staff is joined up. To date, NHS Wales Employers have published three updated versions of their [Frequently Asked Questions for NHS Managers and Employers](#).
3. In addition to supporting members, we have been working closely with our partners in other parts of the health and care system to ensure we can provide a 'whole system' perspective. Throughout this time, we have continued to work with our stakeholders, including Royal Colleges, third sector and social care organisations, to respond to the pandemic so that we can highlight any issues and offer potential solutions to the Welsh Government. We have held bi-weekly meetings with members of our Policy Forum, made up of over 60 health and care organisations, to keep them informed of the most up to date developments and share information and intelligence so that the sector is aware of the key issues and priorities.

Summary

4. The challenges posed by COVID-19 are considerable and over the last two months we have been experiencing unprecedented demand on all our health and care services. NHS organisations have shown flexibility and innovation throughout this period by delivering a remarkable response to COVID-19. Since receiving the first coronavirus patient in early March, NHS Wales has developed and enabled sufficient critical capacity in the system to deal with the anticipated surge in demand. It is a huge credit to our health and care services in Wales, and to the response by the public to the measures put in place, that we have not exceeded NHS capacity throughout the COVID-19 pandemic so far. The measures put in place by Health Boards and Trusts,

working with partners, has been one of the outstanding success stories as we all continue to fight this virus.

5. The response to COVID-19 could not have happened without the excellent partnership working across Wales with local government, the voluntary sector and the private sector. Our briefing, [Partnership working across Wales to support the response to COVID-19](#), highlights just some of the partnership working, from providing increased services digitally to support people to stay at home, to working with local government and the private sector to increase bed capacity across the system, and the donations of personal protective equipment (PPE). In particular throughout the pandemic there has been close partnership working and co-operation between the NHS and social care to ensure critical connections are in place to support patient pathways. From the beginning, there has been a focus on service users receiving support from social care, including in care home settings, and the NHS has been working with social care partners to understand the risks and mitigate them.
6. Throughout this time testing has been key and will continue to be a priority in the future. We welcome the Test, Trace and Protect strategy published recently by the Welsh Government, which will help us move to the next stage of the response to the virus. The Plan outlines three major activities for concerted public health action at scale. These are; Increasing testing of critical workers to enable them to return to work; a new system of home testing for the public if they have coronavirus symptoms; and a new app to track symptoms in the general population and contact others who have symptoms or have tested positive.
7. We must recognise and acknowledge the dedication and commitment of our staff, who have gone about dealing with this pandemic with professionalism and courage in the face of extremely difficult circumstances. They continue to demonstrate they are our most important asset. The call for additional staff was significant, whether from health professionals returning to service or health professional students wanting to be part of the NHS response.
8. Finally, we would like to acknowledge the significant support from the public and patients in complying with the lock down measures. This support has saved lives and has protected the NHS now and in the future. The community response to COVID-19 is highlighted through our recent publication, [Community spirit and resilience in response to COVID-19](#). We are grateful to everyone in Wales who are following the measures.

Key areas

The NHS response and increasing capacity

9. In just a matter of weeks, national and local NHS and social care leaders have worked together effectively to bring about the necessary changes to successfully manage and meet the expected demand on NHS services. NHS organisations have created a significant amount of additional surge capacity when preparing for the anticipated peak in COVID-19 cases, including physical space and the necessary workforce.
10. The initial NHS planning and preparation for COVID-19 included the suspension of significant activity in order to free up capacity and staff to prepare. These actions have

been critical in ensuring the NHS was able to respond effectively to the needs of COVID-19 patients in Wales. The NHS discharged hospitalised patients with non-COVID-19 issues swiftly, allowing sufficient ICU bed capacity to be made available. More than 7,000 extra beds have been created with new field hospitals across Wales opening to ensure the NHS could deliver the best possible care to those who need it most. This, and other new ways of working, have been delivered at pace and scale and will help transform the way services are delivered to patients beyond the pandemic.

11. While the modelling of predicted numbers of COVID-19 patients led to the building of increased capacity through the introduction of field hospitals, fortunately the public response to the measures put in place to minimise the peak has meant that the NHS, to date, has not needed to utilise the surge capacity at the scale originally predicted. So far the NHS has been able to manage the demand, however, the field hospitals have not been constructed in vain and have delivered a valuable resource, as they may be needed in the future to provide step down care to support patients to be discharged from hospital or be needed to treat COVID-19 patients should there be a second peak.
12. Wales, like the rest of the world, is still learning about COVID-19 and progress of the virus is difficult to determine. While, based on the monitoring of a range of data over the last fortnight, it appears that the first peak has passed in Wales, like all other nations, we do not have certainty about the future profile of COVID-19 demand. This means it remains vital to retain the ability to respond effectively to an increase in COVID-19 patients and to ensure any future peaks do not overwhelm NHS services.

Health and care workforce

13. The commitment of NHS staff, who have shown tremendous courage and bravery in the face of the COVID-19 pandemic, is to be acknowledged and respected. The NHS has had significant success in expanding the workforce to cope with the increase in demand in response to COVID-19, through returning professionals, students and new recruits. Guidance regarding progression, redeployment, rotations, appraisals, education programme updates and more can be found on HEIW [website](#). We must also acknowledge the logistical achievements health leaders have delivered in redeploying staff to expand critical care capacity and the speed at which new field hospitals have been constructed. Tribute must be given to members of our NHS family who have tragically died in the line of duty.
14. In planning our services for the months ahead, there is a clear focus on the wellbeing of the NHS workforce, and in particular those frontline and support staff who have been under significant pressure in responding to COVID-19. All staff can now access [wellbeing resources](#), developed by HEIW in partnership with staff health and wellbeing leads across NHS Wales and Trade Union partners, to look after their own health during this time and we have been encouraging staff who feel they need it to utilise this service.
15. NHS Wales Employers has been at the forefront of co-ordinating the W&OD response to the outbreak at an all Wales level. NHS Wales Employers have been supporting, facilitating and chairing the virtual W&OD peer group meetings, which initially met

three times per week (recently reduced to twice weekly), and developing a series of Frequently Asked Questions to guide managers and staff in their approach to the outbreak (including any variations to terms and conditions of service). This has involved facilitating partnership working at an all Wales level, including the development of a Joint Statement on industrial relations and facilities during the pandemic, and representing the service at the weekly Welsh Partnership Forum Business Committees and Workforce Redeployment and Wellbeing Groups (which forms part of the overall Welsh Government response to the outbreak). NHS Wales Employers have led on the development of a number of other products which support the service, including homeworking guidance and a set of principles to underpin the movement of staff within and between organisations as required due to the changing demands on the service.

16. NHS Wales Employers have also kept in close contact with colleagues in England, Scotland and Northern Ireland to ensure a consistent approach to the workforce response across the 4 countries, where possible, and to explain where the approach in Wales differs from other countries. As a result, they have worked closely with Welsh Government officials to ensure that the response in Wales is in line with UK and Welsh Government policy and advice; and that this direction of travel is appropriately and effectively communicated to organisations and their staff.

Primary care

17. Health and care staff have created and embraced new ways of working to respond to COVID-19 challenges. Innovative new care models have been developed to continue the delivery of vital services in primary care settings. These include the significant shift in terms of digitally supported ways of working such as cluster models, virtual clinics, triage processes, and remote consulting. These effective models have been developed to support delivery of safe services in primary care settings, with significant leadership and cooperation from independent contractor colleagues.

18. Health Boards (HB), working with each of the 64 Primary Care Clusters, have established hubs for people presenting with symptoms of COVID-19. A Directed Enhanced Service (DES) was established for GPs to open over the Easter weekend with over 50% of practices opened and 111/OOHs data showing a positive, significant impact. A video consultation platform for GP appointments (in and out of hours) has been rolled out by TEC Cymru and a communications platform to enable GPs and others to access specialist advice and reduce the need for secondary care referrals is in place. GP Practices are working from home with patient consultations via telephone or video. The process has been further enhanced by providing access to the Digital Health & Care Record, enabling all recent diagnostic results and documents to be readily available.

19. Community pharmacy services have been under significant pressure and have introduced new ways of working to manage patient care safely and efficiently and to continue essential services including dispensing services, emergency medication services, emergency contraception and advice, and treatment for common ailments. All routine dental care, treatments and check-ups have been cancelled with 15 emergency dental centres put in place across Wales. In optometry services, a number of practices remain open for emergency and essential eye care services within each

cluster. This enables Independent Prescribing qualified practitioners to manage more cases and reduce the need for secondary care intervention.

Testing

20. As highlighted within Public Health Wales's written evidence to the Committee, in the delay phase Public Health Wales has been working with partners, including the Life Sciences Hub and the Welsh Government, to expand the antigen testing capacity in Wales. Starting off from a baseline capacity of 350 antigen (PCR) tests per day they have now increased it to 2350 per day. The testing capacity will continue to increase over the coming weeks. We welcome the development of testing centres throughout Wales and the mobile testing spots which are likely to form a crucial part of increasing our capacity to test and our response to COVID-19.

Personal protective equipment (PPE)

21. Currently the NHS has enough supplies of PPE across Wales. Through the work led by NHS Wales Shared Services Partnership (NWSSP), the current PPE situation is stable and NWSSP have secured reliable pipeline of orders to meet demand from both health and social care sectors. Given that a high demand for PPE in the health and social care sector is likely to continue over the longer term, and with increasing need for PPE in other community settings, NWSSP will continue to work with Life Science Hub to ensure that adequate stock levels are maintained in Wales. As of the 12th of May the total number of items issued across health and social care since the 9th of March is 88m, with 14million of those having been issued in the last 7 days. The total number of items in stock is over 37m and 227m further units of PPE have been ordered. This will be reassuring to staff on some level as they will be able to get the PPE they desperately need, but staff will want to hear this supply is sustainable for what promises to be a significant period of time.
22. In relation to future supply needs, Deloitte have been supporting the Finance Delivery Unit and NWSSP in the development of supply and demand reporting and modelling for PPE. Supply dashboards and KPI's have been completed and now form part of the daily reporting process. Given the changing variables on PPE demand, including disease progression, and system choices in relation to future service and activity provision, this model will continue to iterate and refine as system choices become clearer over forthcoming weeks.
23. Finally, we are calling on Welsh manufacturers to come forward and produce PPE for our NHS using the [Life Sciences Innovations Hub](#). The Hub has recently been developed to enable industry to upload offers of support and supply items, including face masks, visors, gowns, shoe covers, gloves, hand sanitisation, beds and mattresses etc.

Health inequalities

24. There is emerging evidence to suggest COVID-19 is having a disproportionate impact on staff and patients from Black and Minority Ethnic (BAME) groups. The Intensive Care National Audit and Research Centre have found that around 34 per cent of more

than 3,000 critically ill coronavirus patients were from a BME background. NHS organisations in Wales are exploring emerging evidence to better understand the reasons behind this and are providing information to the Welsh Government. NHS Wales Employers recently released a [statement](#) with ADSS Cymru and Welsh Government to clearly highlight that as employers there is a duty of care to our health and social care workforce and the need to ensure that robust policies and support services guidance is in place. This includes ensuring that employers are able to undertake proper risk assessments for those individuals who may potentially be more vulnerable in the workplace, including those from a BAME background.

25. In addition, the recent report published by the [Office of National Statistics](#) highlights that people living in Wales' most deprived areas are more likely to die of COVID-19 than those in more affluent places. The report highlighted 44.6 COVID-19 deaths for every 100,000 people in the poorest 20% of communities in Wales compared to 23.2 deaths per 100,000 people in the wealthiest 20% of communities.
26. Public Health Wales NHS Trust is currently undertaking a Health Impact Assessment of COVID-19, considering the population groups who could be more impacted than others by the social distancing measures introduced e.g. gender, age etc It will build a picture of the range of impacts (both positive and negative) of COVID-19 and the policy responses on health and well-being for the short, medium and longer term.

Mental health, wellbeing and loneliness and social isolation

27. This period of lockdown will undoubtedly be challenging for a large section of society and we understand those anxieties and concerns. Maintaining connections with friends and family is vital during this difficult time.
28. As highlighted in the recent report published by the Wales Centre for Public Policy, [Loneliness in Lockdown](#), the ongoing COVID-19 pandemic and current lockdown means that issues of loneliness and social isolation are more pressing and likely to become more widespread than ever before in the coming months. Furthermore, conventional approaches to tackling loneliness and social isolation are challenged by the social distancing measures in place across the UK, creating a need to look at the opportunities and challenges associated with the role technology can play in connecting people and communities.
29. Mental health services and support continues to be available as far as it is possible to do so. The Welsh Government has established the Mental Health Incident Group (MHIG) to support Health Boards and Trusts by providing advice and guidance on managing and delivering mental health services and supporting staff wellbeing at this very difficult time. In relation to supporting the public's health and wellbeing, Public Health Wales has recently launched a wellbeing campaign, [How Are You Doing](#). The campaign has been created to support people to look after their physical and mental wellbeing and ensure public health is protected during the isolation period.

Non-COVID patients accessing NHS services

30. While health and care organisations are focused on managing the response to COVID-19, there are widespread concerns that patients with very serious health conditions

may not be using the NHS during this pandemic, a trend that has also been experienced in other countries. We are seeing significant decreases in people accessing services, for example a reduction in Emergency Department attendance by 60%, which may mean that people are not presenting when they should. This could lead to late diagnoses which in some situations could lead to severe complications or even prove to be fatal e.g. a drop in the number of people presenting with heart, respiratory and stroke symptoms.

31. Health Boards across Wales are delivering most essential services throughout this pandemic and working internally and regionally to reinstate essential services. Effective delivery of pathways for delivering most essential services have ensured that non-COVID patients are protected. There is also the need to be cautious and agile when delivering services, given the risks associated with bringing these services back. The message to the public is that the NHS is still open for business. If people can manage their condition at home, then they should do so, but if people have experienced a serious issue then they must go to the hospital and access the care they need.

Post-COVID planning

32. NHS leaders agree there is a need to deliver essential health services for the population and where possible recommence more routine care. However, this needs to be done progressively, and with caution, through ensuring flexibility and agility that NHS leaders have evidenced over recent months. While capacity does exist in some parts of the system to support the re-introduction of routine services, this is a local operational decision for Health Boards and Trusts in conjunction with relevant partners. A clear set of factors need to be in place to inform these local decisions.
33. Furthermore, the system transformation that we have seen over the last two months must not stall. The outbreak has shown the benefit of a whole system approach and coordinated action. For example, the rapid acceleration of digital transformation in primary and secondary care due to COVID-19 needs to be embedded.
34. Finally, the resilience and dedication of the health and care workforce needs to be recognised because it will take time for the NHS and social care to fully recover. A significant number of health and social care vacancies will struggle to be recruited internationally due to the proposed policies within the future points-based immigration system. The social value of these roles, currently highlighted as 'key workers' in response to COVID-19 pressures, indicate the importance of continued overseas supply post January 2021.

Consistent messages and communication

35. Across NHS organisations there has been consistent messages and communication. Throughout the pandemic NHS organisations Heads of Communication have worked closely together to ensure clear and consistent messages, both at a national and local level. There has been a range of guidance and public facing campaigns developed by Public Health Wales NHS Trust and implemented across health and social care, and wider sectors. These messages have included raising awareness of the signs and

symptoms of COVID-19, the guidance around what is deemed essential travel and raising awareness of the COVID-19 tracker.

Agenda Item 8

By virtue of paragraph(s) vi of Standing Order 17.42

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