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Ein cyf / Our ref: xx/xx/xx/CE20-2076/2615

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Dyddiad / Date: 7th August 2020

Dear XXXXXXXX

I am writing further to your correspondence received on 31 July 2020, in relation to concerns raised to Healthcare Inspectorate Wales regarding the safety of staff and patients during COVID-19 outbreak at Wrexham Maelor Hospital.

Thank you for bringing this matter to my attention. The issues raised within the letter are concerning. As such, I would like to assure you that we have looked into the issues raised and would like to provide HIW with the following assurances;

- 1. Testing of staff – we have been informed that staff have stated that the health board had de-escalated a number of Covid-19 units prior to the current surge in Covid-19 positive patients, and at that time staff were redeployed to Covid-19 free wards without being tested. Please provide information about the steps the health board are taking to minimise the risk of staff transmission of Covid-19.**

Across our hospital sites we are actively testing staff and patients in line with national testing guidelines. All staff COVID positive test results that are potentially workplace acquired are recorded on Datix and our health and safety team review each case to identify any hot spots or learning.

Staff working on Covid-19 wards wear the same PPE and apply the same mandated Infection Prevention and Control (IPC) precautions as they do on non Covid-19 wards and other areas. This is due to the escalation into sustained transmission several months ago. As such, staff will wear PPE in accordance with national guidelines for clinical tasks and staff are encouraged to socially distance, and where this is not possible to wear the correct PPE such as face masks or coverings, in non-clinical settings.

As part of ensuring that our staff have the right information, weekly Covid-19 announcements are circulated to all staff within the Health Board where advice and updated information in relation to IPC and personal protective equipment (PPE) is reiterated to prevent the spread of COVID-19. The announcement also includes a



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Frequently Asked Questions' document for staff to refer to which is provided by our Workforce team. The document includes updated government guidance and includes information on Test, Trace, and Protect (TTP).

More recently, our staff have been informed that in order to strengthen the measures we have in place, the Board has made a decision to encourage staff, patients and visitors, where healthcare is delivered, to wear a face covering or face mask in all public and communal areas. This includes places such as canteens, changing rooms, waiting rooms and entrance areas. To support this, staff and public information posters are in the process of being made available throughout our hospitals.

For clinical staff who may not access this information as readily as non-clinical, the message of safety including face coverings is reiterated through daily safety briefings, active challenge in the clinical and non-clinical areas, information cascade, social media (where appropriate) and team meetings.

2. Delays in test results - A XXXXXXXXXXX XXXXXXXXXXX XXXXXXXXXXX who was admitted to Wrexham Maelor Hospital on Thursday 23rd July 2020, and discharged on Saturday 25th July 2020 reported being swabbed for Covid-19 within 3 hours of admission, but didn't receive a telephone call advising that the test result was negative until Sunday 26th July 2020. Please provide information about the provision of Covid-19 test results and how this informs clinical decision making.

I would like to assure you that all admissions at the Maelor are currently being screened for COVID-19. Most of our COVID-19 screening swabs are processed in the central Public Health Wales laboratory at Rhyl. We have capacity to test all patients with a 24 hour result. Any patient discharged is based on clinical decision making. Additional information and advice given would depend on the result.

Results are usually available electronically for clinicians to view within 24 hours. We also have the provision of performing local rapid testing for suspected COVID-19 patients. The results are usually available within 4 hours.

Results are also directly fed back electronically to our Infection prevention team. If a patient is found to be positive they are managed on a dedicated COVID-19 ward by respiratory physicians. Negative patients are managed on a ward based on their care needs. This allow us to maintain our green and red areas in the hospital thereby minimising in-hospital spread.

In terms of this particular incident relating to the XXXXXXXX XXXXXXXXXXXXXX XXXXXXXX, it is difficult to comment without knowing the full details of this case, but it is apparent that as a Health Board we need to ensure that we have a consistent internal process across the organisation for informing patients about their results both before and after discharge. This is an area of work which we will take forward with immediate effect.



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3. Mixing Covid-19 and non Covid-19 on wards – it has been alleged that Covid-19 positive and non-Covid-19 patients are mixed together on Morris Ward.

Due to increased swabbing, patients were identified as being positive whilst on Morris Ward. As a result of this, the patients deemed to be non-Covid who were on the ward at the time were classed as exposed patients. With support of our Infection Prevention and Control Team, the ward remained closed and patients were cohorted based on their infection status. I am assured that all IPC measures were in place on the ward.

In addition, to support our outbreak control measures, we have universal testing in place for all patients.

4. Movement of patients between wards - It is alleged that there is an increase in patients being moved around to different wards, and this is causing distress to patients who do not have Covid-19. Please provide assurance that suspected and confirmed Covid-19 patients are isolated from patients who do not have Covid-19.

I am able to provide you with assurance that cohorting of patients who are suspected to have Covid-19 and test positive for Covid -19 is in place. I am sorry to hear that there have been reports of patients moving to different wards and for any distress this may have caused. Whilst it is difficult to comment without specific examples, I can confirm that that we are actively monitoring our policy that patient moves only occur if there is a clinical need to do so. This may be due to their medical or urgical condition or indeed because of a need to cohort due to infection.

5. Please provide information in relation to the current Hospital Acquired Infection rates at Wrexham Maelor and provide assurance about the actions being taken by the Health Board.

I can confirm that this is provided on the Public Health Wales and the Office for National Statistics websites. From 6 July 2020, 41% of positives were from screening specimens taken 14 days after admission. This is because we mass tested all inpatients and staff on wards that had positive patients. Since 24 July 2020, as outlined above, with our universal testing every patient is screened on admission regardless of symptoms.

Controlling outbreaks of any infection are guided by the Health Board outbreak management policy and process. This includes the convening of an outbreak management team, implementation off additional measures such are increased screening and cohorting, and regular review and auditing of actions for assurance.

Regular updates and assurance are reported to the Health Board's Quality & Safety Group chaired by **XXXX XXXX**, Deputy CEO / Executive Director of Nursing & Midwifery, and up to the Quality, Safety and Experience Committee.



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We are issuing daily updates to our partners, stakeholders, and local representatives. We have been sharing these with **XXXXXX XXXXXX**, our relationship inspector from HIW, and I hope they are proving useful in offering information and assurance.

I do hope that this letter provides assurance in relation to the concerns raised. Should you have any further queries in relation to this matter, please do not hesitate to contact me.

Yours sincerely

XXXXXXXXXX

XXXXXXXX XXXXXX

Prif Weithredwr Dros Dro

Interim Chief Executive

Cc **XXXXXX XXXXXX**, Executive Medical Director

XXXX XXXXX, Deputy CEO / Executive Director of Nursing & Midwifery