

## CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	29 July 2021
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	COVID-19 Report and Update on the Health Board's Annual Plan
<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 within the Hywel Dda University Health Board (HDdUHB) area. It also updates the Board on progress with our Annual Plan for Recovery.

##### Cefndir / Background

The situation regarding the COVID-19 pandemic has changed markedly since my last update. Infection rates in our communities have risen significantly from the low point reported for the 6<sup>th</sup> May 2021. Some of this was expected as more restrictions were lifted, especially those related to mixing in indoor space, but is likely to have been accelerated by the more infectious Delta Variant which is now prevalent across Wales.

Whilst we are now in the early stages of the third wave of this pandemic, we are also in the final stages of the largest Mass Vaccination Programme in NHS history. In common with the rest of Wales, our local vaccination programme continues to make remarkable progress and, with many restrictions now being eased, it is likely that the protective effect of vaccination is being felt in both the level of community infection and the need for hospital care. At time of writing, hospitalisation rates remain at around their lowest recorded level since the pandemic began.

However, our hospitals remain busy, with non-COVID-19 demand returning to pre-pandemic levels, putting pressure on our staff and services whilst social distancing and PPE requirements continue to limit our capacity. This is at a time when staff at all levels across the Health Board and in Primary Care are also working hard to begin the process of recovery, reduce waiting times and improve access.

With approval of Our Plan for Recovery 2021/22 at Public Board in June 2021, the Executive Team has been developing and implementing the 59 Planning Objectives we set ourselves for this year. In a development from my reports to Board during 2020/21, this report will provide an overview of progress across the whole plan alongside the operational update on our on-going pandemic response.

## Asesiad / Assessment

Since our last meeting, infection rates have increased significantly – equivalent to a doubling on average every 9.4 days. The number of COVID PCR tests giving positive results has also increased but to a lesser degree.

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 May 2021 Board update.

<b>County</b>	<b>Previous update – 7 days to 6<sup>th</sup> May (rate per 100k)</b>	<b>Latest update – 7 days to 9<sup>th</sup> July 2021 (rate per 100k)</b>	<b>Previous update – 7 days to 6<sup>th</sup> May (positivity rate)</b>	<b>Latest update – 7 days to 9<sup>th</sup> July (positivity rate)</b>
<b>Carmarthenshire</b>	9.5	89.5	1.0%	5.4%
<b>Ceredigion</b>	8.3	97.7	1.0%	6.1%
<b>Pembrokeshire</b>	14.3	58.8	1.5%	3.8%
<b>Hywel Dda</b>	<b>10.8</b>	<b>81.1</b>	<b>1.1%</b>	<b>5.1%</b>

Infection rates are increasing in all age groups but to a much more muted degree in the older age groups who have the highest levels of vaccination. As an illustration of this, rates for the 25 and under age group have risen from approximately 30 per 100,000 in early June to around 145 per 100,000 now whilst rates for 60s and over have risen from around 8 per 100,000 to 29 per 100,000 over the same period.

With further easing of restrictions, and taking into account the time lag between infections and hospitalisations, it is almost certain that we will see more cases in our hospitals in the coming weeks. At time of writing, there were 7 positive cases and 4 suspected cases in our main hospital sites (with some of these in ITU) – although it should be noted that these numbers remain historically low.

With better summer weather, school holidays and an increasingly large proportion of our population having the benefit of 2 doses, there is room for cautious optimism that this wave will not be as severe as the one experienced over the winter when the vaccination campaign had only just started. Risks remain and the Health Board will continue to follow all the guidance and advice from Welsh Government and the Joint Committee on Vaccinations and Immunisations (JCVI).

### **Vaccination Programme Update**

Hywel Dda continues to be the only Health Board in Wales to be systematically offering all 3 UK approved vaccines – PfizerBioNtech, Oxford AstraZeneca (OxAz) and Moderna. Progress through the JCVI priority groupings continues and the Health Board successfully achieved the Welsh Government milestone to offer all eligible adults (18 and older) at least a first dose by the end of July 2021. In common with the rest of Wales, this milestone was achieved considerably ahead of that deadline, with invitations sent out to that whole population by mid-June for clinics running into early July. Widespread communications through all media channels ensured that anyone not receiving such an invite could, nevertheless, receive their 1<sup>st</sup> dose by that date. The Command Centre has worked tirelessly to ensure no-one has been left behind.

Demand for 1<sup>st</sup> doses has slowed in the last few weeks which has led to more targeted approaches to ensure receiving a jab is as easy as possible. The Mid and West Wales Fire and Rescue Service have kindly allowed us to use one of their vehicles so we can offer mobile “pop up” clinics around the area. So far, this service has run in Cross Hands, Pembroke Dock and Llanybydder, with more locations planned.

At time of writing, we surpassed another remarkable milestone, with 507,534 vaccinations administered to our local population – approximately 120,000 more than last reported to Board in May 2021. 280,789 of this number were first doses and, reflecting the continued significant ramping-up of second dose delivery, 226,745 were second doses (more than double the last report).

This means that over 87% of our eligible population has received at least a single dose and almost 71% have now received both. For our total population, these figures are 72.5% and 58.5% respectively.

The Director of Public Health will provide a verbal update on the latest position.

### **Operational Update**

As set out above, the number of patients in our hospitals with confirmed or suspected COVID has risen to 11 overall – low by historic standards but no longer at zero as I was able to report at the previous meeting.

Our hospitals and community services remain exceptionally busy, with occupancy across the 4 main hospital sites close to 100% at times. The Operations Group reports pressure on beds, social care capacity and staffing shortfalls as the main challenges. Whilst sickness levels are only slightly above pre-COVID levels now, fatigue and the desire for staff to take some leave are all playing a part in the current system wide pressure. As a partial mitigation, the Field Hospital based in the Selwyn Samuel Centre, Llanelli has now been placed into hibernation, enabling the staff to be brought back onto the main sites.

There are currently no active COVID-19 outbreaks in any of our hospitals, although with community infection rates rising, the risks are increasing. Staff are being reminded to adhere to Infection Prevention and Control measures. The Director of Nursing will provide a verbal update on the latest position at the Board meeting.

Primary Care is also similarly under pressure with backlogs in chronic conditions management and higher than usual levels of tourist visitors putting additional demands on primary care staff who are also fatigued and needing to take leave.

The level of pressure seems unlikely to reduce in the foreseeable future which places more emphasis on the actions set out in our “Recovery Plan for 2021/22”, particularly support for staff health & wellbeing and the work now underway to implement a comprehensive 24/7 out of hospital urgent care response.

Work continues to expand planned care services with theatre capacity across the 4 sites now at approximately 70% and use of the independent sector providing additional short-term capacity. However, with site pressures remaining high there are likely to be times in the coming weeks and months when planned inpatient activity may need to be postponed to deal with unscheduled care pressures and demand for intensive care beds. Indeed, at time of writing, planned orthopaedic inpatient surgery at Prince Philip Hospital had been temporarily suspended for 11 days (15<sup>th</sup> July to 26<sup>th</sup> July) due to pressure on beds and ICU. Patients

affected by this are being offered surgery at alternative sites wherever possible. Orthopaedic surgery at Withybush General Hospital has also been temporarily paused, due to the need to isolate patients who returned COVID positive test results on admission, although this is likely to resolve in the near future allowing surgery to recommence.

The Director of Operations will provide the latest position at the meeting.

### **Gold Command Group**

On 13<sup>th</sup> July 2021, the Gold Command Group met to consider a proposal to extend the UHB's COVID-19 Fixed Term Contracts (due to terminate in September 2021) until March 2022; this had been considered by the Tactical Group on 23<sup>rd</sup> June 2021. Tactical Group had considered the risks to this extension, in particular the risk around employment opportunities for those individuals and any HR process linked with the return to normal workforce levels. This risk will be mitigated by UHB wide actions throughout 2021/22 to encourage all those members of staff on Fixed Term Contracts to apply for any permanent vacancies. This will help to stabilise the substantive workforce and provide employment security for these individuals, and will be reviewed in February 2022.

The Gold Command Group agreed to the proposal and is seeking Board ratification.

### **Gold Level Cell Updates**

The Executive Team continues to meet formally on a weekly basis to review and co-ordinate the work of both the Silver Tactical Group and the Gold level Cells. At the time of writing, all Cells were reporting no issues with their latest position and projections.

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

Following Board approval, our Recovery Plan for 2021/22 was forwarded to Welsh Government for comment and support. At time of writing, feedback was awaited. Should it arrive before the Board meeting, I will provide a verbal update.

Through the course of the year, it is my intention to bring specific updates on progress with Planning Objectives as appendices to this paper. There will also be opportunities for the Board to explore progress on the more significant, challenging and ambitious Planning Objectives in Seminar sessions, prior to Public Board meetings.

The purpose of this report is, therefore, to give an overall sense of progress across the whole plan whilst highlighting key areas of interest, success and challenge. Read alongside the Board Assurance Framework and Performance Report it should enable the Board to maintain an effective oversight of everything the organisation is working on and the progress we are making towards our Strategic Objectives. I would hope to have all these elements in place from September 2021, at which point the new Board Committee Structure should also be operational to bring assurance into this triangulation. I would welcome feedback from Board members on how this report should develop and evolve over the coming months. In setting out my initial update below, I have followed the structure of the plan approved at Board in June 2021.

#### **1. Rest, Recovery and Recuperation of our staff**

There are 10 Planning Objectives included in this section of our plan from ensuring we are delivering the basics in relation to staff support, training and development to

maximising the use of our charitable funds to improve the health, wellbeing and experience of staff and patients.

We are on track to have completed our staff facing “discover” report by the end of September along with a refreshed dashboard to monitor compliance with delivery framework targets. In June we appointed the first 5 Relationship Managers and are continuing our recruitment campaign for the remaining posts. Once on-board, a full development programme will be run for the new recruits before embedding them in our teams across the organisation. Their first task will be to develop an initial set of OD plans in their respective areas for implementation by April 2022.

We have also recruited multi-skilled induction tutors and constructed a virtual induction programme as part of the work on Planning Objective 1F. The next stage is to design an automated on-boarding process for new employees, which is on course for October 2021. Plans for our full review of HR policies, employee relationship matters and equitable access to training across all staff groups in Hywel Dda are also on track and, together, will transform our relationship with staff.

The content and governance arrangements for our customer service development programme (Planning Objective 1.C) will be completed this month and delivery is on track for delivery from the autumn. Evaluation is built into this so that we can continue to hone and improve our training as it progresses.

The development of a comprehensive programme for nurturing our talent, leadership training, succession planning and coaching is on-going. By August 2021, a knowledge and skills gap analysis for all leaders across the organisation will be completed and by the end of the year, the full programme will be in place using best practice. The first cohort is expected to complete the programme by the summer of 2022 and in the meantime, all existing leadership programmes continue to be delivered.

In relation to our plans to promote our charitable funds and use them to best effect in supporting the health and wellbeing of our staff, we have recently recruited an Arts and Humanities co-ordinator and are developing a proposal for a staff lottery to be launched early in 2022, following consideration and approval by the Charitable Funds Committee.

At this early stage in the delivery of our plan, all actions remain on track and delivery timescales are unchanged. A verbal update on latest position regarding the above, or any of the Planning Objectives in this section of our Recovery Plan, not specifically highlighted above, can be provided by the relevant Director at the meeting.

## 2. Recovery across our whole system

There are 21 Planning Objectives in this section (including extant Gold Command Requirements) and work is underway to ensure progress is made in all areas. The Board recently received a detailed update on the work of the community team to develop and implement a comprehensive and sustainable 24/7 community and primary care unscheduled care service model in seminar. That work continues and is on track to be operational by the end of September 2021. A full paper detailing this will come to Board as an appendix to my September report (Planning Objective 5.J).

The refreshed Prevention and Response Plans detailing the on-going local arrangements for Test, Trace and Protect (TTP) have been forwarded to Welsh

Government as has our latest Mass Vaccination Programme Delivery Plan. Both have been shared with Board Members for information.

Progress with recovery in planned care services (Gold Command Instruction – page 51 of the Recovery Plan) are on track. However, as mentioned in the operational update above, risks are increasing that short-term postponement of inpatient elective cases will occur in the coming weeks and months whilst the hospitals remain under pressure and COVID demand grows. This will lead to longer time scales for patients waiting for our services and every effort will be made to minimise the impact and manage the clinical risks on a case by case basis.

Beyond our initial expansion plans, we have opened detailed discussions with Welsh Government on making faster progress towards zero waits over 36 weeks. At the time of writing, no further announcements on additional funding to support this have been made and it may be necessary to proceed 'at risk' to ensure we are doing all we can to rapidly eliminate long waits. Should this be the case, Board support will be sought prior to any decisions being made and I will send an Accountable Officer letter to the Director General of Health and Social Care in Welsh Government.

Our work on establishing a single, Health Board wide Single Point of Contact (Planning Objective 1.B) and putting in place a Waiting List Support Programme (Planning Objective 1.E) continues to gather pace, with interest from the Bevan Commission due to the scale of what we are looking to do. By July 2022 we aim to have offered access to our support programme to all elective patients with a full evaluation completed by the following month. In parallel, we will be developing our plan to have one single point of access for every contact with the Health Board, merging multiple access points and providing a consistent, high quality, bi-lingual service to our staff, patients, population and partners. This will take a number of years to deliver fully but will transform the experience of interacting with the Health Board by electronic and telephonic means.

We recently established a Children and Young People working group to identify key priorities which they are on course to do by October 2021 (Planning Objective 5.I). A detailed paper on these priorities and an implementation plan will be presented to Board in January 2022 and the group will also feed its work into the work of the Regional Partnership Board. In the shorter term, action is being taken to improve access to ADHD and ASD services.

Work also continues to implement the remaining elements of our Transforming Mental Health strategy and to develop our Transforming Learning Disabilities strategy (Planning Objective 5.G). A specific update on progress will be presented at the January 2022 Board meeting, with many actions due for completion in Quarter 3.

9.6 WTE dieticians have now been recruited to support delivery of the dietetics expansion plan agreed at Board in September 2019 (Planning Objective 5.L) and 230 therapy staff will be provided with level 1 "Making Every Contact Count" training by December 2021 (Planning Objective 4.E).

Additionally, the Health Board is establishing a single access route for patients suffering from long COVID. Based on experience elsewhere in Wales and ONS data, up to 300 people in the Hywel Dda area could be suffering from long COVID. Whilst actual numbers presenting so far have been far fewer, being able to offer a single point of access to a specialist multi-disciplinary team and evidence based assessment

and clinical management frameworks will ensure we can offer the best possible support to our rural population. This will be in place by September 2021.

Relevant Executives will be able to provide verbal updates on the latest position on the above and the other Planning Objectives at the meeting.

### 3. Building for our future

The Transformation Steering Group is fully operational and an update on its activities is included in my update report earlier on the agenda. A number of Planning Objectives are in development for consideration by Board in September 2021, including further actions in relation to developing our social model for health, engaging with the food system and some early thinking on strengthening our approach to Welsh Language and Culture to go beyond the delivery of the standards. Planning Objective 3.D has therefore been achieved.

The Executive Team recently received a progress update from the Medical Director/Deputy Chief Executive in relation to Planning Objective 3.G – to develop and implement a 3-year strategic plan to increase research, development and innovation. There is a great of work currently underway and, following the planned external peer review to be completed in Quarter 2, a full update will be presented to Board in September 2021.

Work on the Programme Business Case (PBC) for the new hospital in the south of the Hywel Dda area and the repurposing of the existing Glangwili and Withybush sites continues to progress. The engagement process with the local population to learn from their experiences of the pandemic and ask for possible land nominations has now concluded and the feedback is being collated. The PBC is expected to be presented to Board in the autumn – later than planned, largely due to delays in data modelling. This is not expected to have an impact on the overall timescales to completion and I have asked the Planning Team to review the planning milestones beyond October and advise on where the time can be recovered. This will be reported back to the next steering group.

### 4. Building our capability to deliver

From September 2021, the Director of Finance will provide updates on this section of the Recovery Plan at each meeting in his role as chair of the Strategic Enabling Group. Progress continues to be made on all 7 Planning Objectives in this section and Executive Leads are reporting that they remain on track.

In relation to Planning Objective 5.M – implementing the existing national requirements in relation to clinical and other all-Wales IT systems – an update will be provided to the relevant assurance committee following a review by the Executive Team in June 2021.

### 5. Finance and Workforce

The 7 Planning Objectives in this section are focussed on ensuring we complete our journey to financial sustainability. The most significant element of this work is the development of our “route map” to financial recovery describing the actions we will be taking over the coming years to systematically eliminate our deficit, up to and including the building of the new hospital.

To enable the existing Planning Objective 6.A to be achieved, the Executive Team recently agreed an additional Planning Objective for the Director of Operations to take forward:

*By September 2021 develop a plan to achieve, as a minimum, the design assumptions set out in “A Healthier Mid and West Wales” related to the new hospital build on the current health board acute hospital sites. The aim will be to achieve these measures fully by March 2023 and the plan should set out expected trajectories towards this over 2021/22 and 2022/23. The design assumptions in relation to this objective are:*

- *A 40% reduction in emergency admissions for ACS related conditions*
- *A reduction in length of stay to the median of our peer group*
- *A 25% reduction in follow up outpatient appointments*
- *A 4.3% reduction in the overall level of A&E & MIU attendances*
- *30% of A&E attendances shifted to MIUs*
- *50% of patients in acute beds to step down to community beds/home within 72 hours*
- *90% of new and follow up outpatient appointments to take place in a community setting (including virtually)*
- *50% of day cases in medical specialties to take place in community settings*

*The baseline of the above is 2019/20. The plan will set out the net financial and workforce implications as well as expected trajectories so that it can inform the Health Board’s route map to financial recovery.*

The development of this plan, alongside the positive financial impact from other elements of our wider Recovery Plan will allow the Director of Finance to construct a detailed financial route map over the summer. He will work closely with Welsh Government and the Sustainable Resources Committee with the aim of having an agreed plan for presentation to Board as part of the IMTP paper in September 2021 that achieves financial balance for the Health Board from 2022/23.

In the meantime, other planning objectives in this section remain on track for delivery.

## 6. Our Governance Arrangements

In relation to our Board Assurance Framework (BAF), the initial work is complete on identifying measures and principle risks. Work is now underway with the Executive Team to identify controls, assurance and mitigations to complete the risk sections. The Director of Finance and Board Secretary have also developed a draft version of the full BAF including outcome measures and relevant performance measures using our PowerBI platform. This is in the process of being populated and early feedback will be sought from Board members before presenting our new BAF at the public board meeting in September 2021.

## 7. Future Plans

15 Planning Objectives agreed at Board in September 2020 have been delayed due to the COVID-19 pandemic. These will be reviewed by the Executive Team over the summer, with proposals for their future delivery brought forward for Board consideration in September 2021.



## Argymhelliad / Recommendation

The Board is asked to:

- Ratify the Gold Command Group decision as set out above;
- Approve the new Planning Objective in relation to delivery of the design assumptions underpinning our “Healthier Mid and West Wales Programme”;
- Adjust the Board Forward Plan to include the detailed updates on specific Planning Objectives proposed above (5.J, 5.I, 5.G, 3.G);
- Request that the relevant assurance committee reviews progress with Planning Objective 5.M;
- Note the wider update in relation to our Recovery Plan 2021/22 and on-going COVID-19 response.

<b>Amcanion: (rhaid cwblhau) Objectives: (must be completed)</b>	
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

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Included within the report
Rhestr Termiau: Glossary of Terms:	ADHD – Attention Deficit Hyperactivity Disorder ASD – Autism Spectrum Disorder ONS – Office for National Statistics ACS – Ambulatory Care Sensitive IMTP – Integrated Medium Term Plan
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Hywel Dda University Health Board Gold Command Hywel Dda University Health Board Silver Tactical Hywel Dda University Health Board Bronze Group Chairs

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