PWYLLGOR ARCHWILIO A SICRWYDD RISG
AUDIT AND RISK ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	09 June 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Overview and Performance Report (Section of HDdUHB Annual Report 2021-22)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Huw Thomas, Director of Finance Joanne Wilson, Board Secretary

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

The Audit & Risk Assurance Committee (ARAC) is asked to approve the Performance Report chapter of the Hywel Dda University Health Board (HDdUHB) Annual Report 2021/22, ensuring that it reflects, in line with guidance in the NHS Wales Manual for Accounts 2021/22, an analysis of the main business, performance and accountabilities, key achievements and successes of the organisation between April 2021 and March 2022.

Cefndir / Background

All NHS bodies are required to publish, as a single document, the Annual Report and Accounts following strict guidance set out by Welsh Government in the NHS Wales Manual for Accounts 2021-22 (Chapter 3). The Annual Report and Accounts is a suite of reports and includes:

- A **Performance Report** which must include an overview of performance in 2020/21. In light of the ongoing impact the COVID 19 pandemic has had on the delivery of NHS Services in 2021/22, performance-reporting has been integrated into a quality focus narrative report to demonstrate the context of 'what the Health Board has been able to deliver and why'.
- An **Accountability Report** which must include a Corporate Governance Report, Annual Governance Statement, a Remuneration and Staff Report and a Parliamentary Accountability and Audit Report;
- A full set of **audited accounts** to include the primary financial statements and notes.

In 2021-22, there is no requirement to prepare a separate Annual Quality Statement as this information should be contained within the Performance Report. The above suite of documents is ratified independently through the University Health Board and its Committees. The final publication comprises the entire suite of documents and must be made available for distribution at the UHB's Annual General Meeting to be held on 28th July 2022.

Asesiad / Assessment

The COVID-19 pandemic was declared by the World Health Organisation on 11th March 2020 and has continued during 2020, 2021 and 2022.

Our response to the pandemic has continued throughout 2021/22 and, as such, the focus of the report continues to reflect the impact the pandemic had on the delivery of services and, in particular, those deemed Essential Services as advised by Welsh Government.

Prior to Board, the performance report was reviewed and agreed, as follows:

- Executive Directors reviewed the first draft of the Performance Report virtually.
- The draft Performance Report was forwarded to the Chairs of SDODC and QSEC on 27th April 2022 and ARAC on 5th May 2022 for review, prior to submission to auditors and Welsh Government.
- The Chair and Chief Executive also received the draft Performance Report for review on 27th April 2022.
- All feedback received has been addressed ahead of submission to ARAC and Board for approval on 9th June 2022.

The Annual Report (including the Performance Report, Accountability Report and Financial Statements (Accounts)) are required to be completed and submitted to Welsh Government by 15th June 2022, and presented at the planned Annual General Meeting on 28th July 2022.

Argymhelliad / Recommendation

The Audit and Risk Assurance Committee is asked to approve the Performance Report chapter of the 2021/22 Annual Report for onward ratification of Board.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 The purpose of the Audit and Risk Assurance Committee is to advise and assure the Board and the Accountable Officer on whether effective arrangements are in place, through the design and operation of the UHB's system of assurance, to support them in their decision taking and in discharging their accountabilities for securing the achievement of the UHB's objectives, in accordance with the standards of good governance determined for the NHS in Wales.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable

Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	NHS Wales 2020/21 Manual for Accounts
Rhestr Termau: Glossary of Terms:	ARAC – Audit & Risk Assurance Committee SDODC - Strategic Development and Operational Delivery Committee QSEC – Quality, Safety & Experience Committee
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: Parties / Committees consulted prior to Audit and Risk Assurance Committee:	The Performance Report has been reviewed by Executive Directors, including the Director of Finance, Chairs of SDODC/QSEC, and ARAC (first draft). Welsh Government have confirmed they do not need sight of the Performance Report prior to Board approval.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not applicable. Due to a reduced workload for our Translation Team in light of coronavirus, it is expected the Annual Report will be translated in-house this year.
Ansawdd / Gofal Claf: Quality / Patient Care:	Not applicable
Gweithlu: Workforce:	Not applicable
Risg: Risk:	Associated risk is non-compliance due to unforeseen circumstances and tight deadlines. The process has been actively managed to minimise risks.
Cyfreithiol: Legal:	Associated legal impact is non-compliance with statutory duty to produce Annual Report and Accounts in time for the Annual General Meeting due to unforeseen circumstances and tight deadlines. The process is being actively managed to minimise risks.
Enw Da: Reputational:	Potential for media interest once the Annual Report is published.
Gyfrinachedd: Privacy:	Not applicable – statutory requirement.
Cydraddoldeb: Equality:	Not applicable – statutory requirement.

Hywel Dda University Health Board

Annual Report and Accounts 2021-2022

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

What our Annual Report will tell you

Our Annual Report suite of documents tell you about your health board, the care we provide and what we do to plan, deliver, and improve healthcare for you.

Due to another extraordinary year, our 2021/22 reports are written in the context of how we have continued to respond to the COVID-19 pandemic, while delivering care and services, and starting our recovery from its impact. It is made up of three parts:

Performance report

This report will tell you about the challenges we have faced and how we have addressed them, as well as achievements and progress made. It includes information about the direct response provided to COVID-19, along with the impacts on other areas of health and care. It details how we have performed against Welsh Government targets and our actions to improve. It also describes how we have maintained a focus on safety and quality during the pandemic and considers what we have learnt and how this will inform future work.

Accountability report

This report details our key accountability requirements under the Companies Act 2006 and The Large and Medium-sized Companies and Groups (Accounts and Reports) Regulations 2008 (as adapted for public sector organisations). It includes our Annual Governance Statement (AGS), which provides information about how we manage and control our resources and risks and comply with governance arrangements.

Financial accounts

Our summarised Financial Statements detail how we have spent our money and met our obligations under The National Health Service Finance (Wales) Act 2014.

How to contact us

Publications in print or alternative formats/languages are available on request by contacting us:

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Instagram: HywelDdaUHB
LinkedIn: hywel-dda-university-health-board
Twitter: @HywelDdaHB
YouTube: hywelddahealthboard1

Hywel Dda University Health Board is a Local Health Board established under section 11 of the National Health Service (Wales) Act 2006.

Contents

Welcome from our Chair and Chief Executive

While our Annual Report reflects on yet another extraordinary year, it also enables us to thank everyone who has made so many personal sacrifices to keep yourself, your loved ones and your neighbours safe over the last year. Even when another new COVID-19 variant, Omicron, was identified earlier in the winter, everyone dug deep to step up to the challenge yet again.

We thank everyone working in and with Hywel Dda University Health Board, whatever your role, all our volunteers, and our partners, for your extraordinary service caring for patients and our communities in the face of this pandemic.

The second anniversary of the first UK lockdown was marked with a national Day of Reflection (23 March 2022) when we remembered those who lost their lives to COVID-19 in Carmarthenshire, Ceredigion and Pembrokeshire since the start of the pandemic. They and their families remain in our thoughts always. We reflected on the inspiring stories shared in our staff podcast series (https://hyweldda.libsyn.com/), which will help us to learn and improve, showing the value of our staff and what they have achieved in difficult circumstances.

Access to a wide range of services has been constrained over the past two years, resulting in delays in treatment and care within our health board. We are deeply sorry if you have experienced delays and access to your care and treatment. We detail in this report the ways in which we are trying to introduce restart services and tackle the backlog of patients who are waiting through initiatives, such as the waiting list support service, new one-stop diagnostic clinics and additional capacity to provide care.

Our staff across acute, primary and community care settings and have worked tirelessly to continue delivering care. In both physical and mental health care, they have gone above and beyond every day in the face of unparalleled pressures and challenges. A key priority for us is to continue to support our staff at a time when many are exhausted, and the future is uncertain.

Despite our current position, and the unknown course of the pandemic, there is undeniably cause for optimism. As of 31 March 2022, 867,173 vaccines had been delivered to people in the three counties. Additionally, 700,000 RT-PCR tests have been undertaken within the Hywel Dda region. Achieving this was no small feat and the success of our vaccination programme undoubtedly changed the course of the pandemic. Everyone has stepped up to give as many vaccines as possible and to deliver the Test Trace Protect service to safeguard our communities. We are grateful to everyone who has been part of these vital services.

We recognise that the restrictions on hospital visiting have also been difficult for patients and their relatives. We are grateful for your patience and for understanding that the safety of those in our care, and our staff delivering health care services, is of paramount importance.

We have focused on doing everything we can to ensure we are there for you when you need our care and services. Now, we must begin to adjust to the ‘new normal’ and begin

addressing the significant issues we face, particularly in relation to the unprecedented backlogs for services created by the pandemic.

We recently submitted a Programme Business Case (PBC) to Welsh Government in support of our strategy, 'A Healthier Mid and West Wales'. The PBC is an ambitious plan for a £1.3 billion investment in health across our patch. This offers us hope and a vision for the future, focused on care closer to home and a social model for health. Our plan for the next three years (2022-25) is dynamic and responsive to a changing environment, while continuing to put people at the heart of what we do as we work to recover.

We look forward to continuing to work closely with our clinicians, staff, partners, and our communities in taking this work forward this year, with recommendations for the new hospital site, along with the associated clinical, workforce and financial implications and economic benefits, to be presented to our Board in August 2022.

While it has been a very challenging period, we recognise and value the achievements and successes of our staff. Many of our staff have won awards or been recognised in different ways for their incredible work and we could not be prouder of them and what they achieve every single day. At the time of writing this report, we have received the news that we have 11 incredible finalists covering seven of the categories in this year's National BAME Health and Care Awards with an awards ceremony on 9 June. This is a fantastic achievement and is testament to the dedication and hard work of everyone involved.

Through the year, we have also welcomed some exciting new developments to our facilities, including a new state-of-the-art MRI scanner installed at Withybush Hospital; two new operating theatres being built at Prince Philip Hospital; a new clinical research centre and multi-million pound maternity ward both opened at Glangwili Hospital. A fundraising appeal was also launched to raise the remaining £500,000 needed to provide a purpose-built chemotherapy day unit at Bronglais Hospital. Thanks to the generosity of our communities, the appeal has raised more than £73,000 at the time preparing this Annual Report.

We have also successfully led the way in Wales with various projects, such as our community outreach workers helping Black, Asian, and minority ethnic people living in our area during the COVID-19 pandemic. Additionally, nurses in South Pembrokeshire and Withybush hospitals have been the first to go live with the new digital Welsh Nursing Care Record (WNCR), enabling smarter, patient-centred ways of working.

As we have done for the last two years, we will continue to do everything we can to keep mid and west Wales as safe as possible from coronavirus. With the more recent easing of restrictions and reduction in public testing and contact tracing, we are learning to live with the impact of COVID-19. We encourage everyone to continue the behaviours we know protect us, so together we can keep Hywel Dda safe.

Maria Battle, Chair

Signed: _____
9 June 2022

Steve Moore, Chief Executive

Signed: _____
on 9 June 2022

Chapter 1

Performance Report

About us

Hywel Dda University Health Board plans and provides NHS healthcare services for people living in Carmarthenshire, Ceredigion, Pembrokeshire, and bordering counties. Our 12,476 members of staff provide primary, community, in-hospital, mental health and learning disabilities services for a quarter of the landmass of Wales. We do this in partnership with three local authorities and public, private and third sector colleagues, including our volunteers, through:

- Four main hospitals: Bronglais Hospital in Aberystwyth; Glangwili Hospital in Carmarthen; Prince Philip Hospital in Llanelli; and Withybush Hospital in Haverfordwest.
- Five community hospitals: Amman Valley and Llandovery hospitals in Carmarthenshire; Tregaron Hospital in Ceredigion; and Tenby and South Pembrokeshire hospitals in Pembrokeshire.
- Two integrated care centres: Aberaeron and Cardigan in Ceredigion, and a number of other community settings e.g. Bro Preseli, Crymych.
- 48 general practices (four of which are health board managed practices); 53 dental practices (including four orthodontic); 98 community pharmacies; 43 general ophthalmic practices (43 providing Eye Health Examination Wales services and 32 providing low vision services); domiciliary only providers and health centres.
- Numerous locations providing mental health and learning disabilities services.
- Highly specialised services commissioned by Welsh Health Specialised Services Committee.
- Sure Start joint services with Carmarthenshire, Ceredigion, and Pembrokeshire local authorities.

The population we serve

Population projection

By 2025 our total resident population is estimated to be at about 390,000 people. In addition, we also provide care for large numbers of tourists and students.

Welsh language

The proportion of residents who can speak Welsh is 48%.

Ageing population

The average age of people in the three counties is increasing steadily, we have a higher proportion of older people than average across Wales. Those aged 65 and over currently comprise a quarter of the health board's population. Projections suggest that by 2043 there will be almost 125,000 people living in Hywel Dda aged over 65, of which almost 22,000 will be aged over 85.

Health inequalities

Variation in healthy behaviours leads to variation in health outcomes, this is also influenced by levels of deprivation.

Changing patterns of disease

We anticipate that frailty will become increasingly important in Hywel Dda over the next ten years and is projected to increase by 4% per annum. As our population ages this is leading to an increase in the number of people in our area with one or more chronic condition. In 2020, Dementia and Alzheimer's disease along with Ischaemic heart diseases were the main causes of death in England and Wales. The COVID-19 pandemic has negatively impacted on the health of many individuals. Lockdowns have resulted in an increase of people experiencing mental health issues, particularly anxiety and depression. In addition to this, high risk individuals needed to isolate for long periods which has led to deconditioning and increased frailty for some of our residents.

Tobacco

Almost one in eight adults (13%) in our area smoke. Smoking is a significant risk factor for many diseases and early death. Making Every Contact Count (MECC) has been used primarily to encourage behaviour change on smoking, weight, alcohol, and physical activity. However, we envisage a broader conversation picking up any one of the many factors that influence health and well-being relevant to each person. Having a brief non-judgemental conversation, when the appropriate opportunity comes up, can support people to take responsibility for their own health and well-being. MECC can lead to improvements in people's health, help people consider their health behaviour, and make changes.

Food

4% of people in our area do not eat enough fruit and vegetables, and almost three in five people (61%) are overweight or obese. The health board is using the Obesity Pathway Transformation Fund monies for 2021/22 to further strengthen our specialist multi-disciplinary team (MDT) weight management service in line with national standards to enable improved access and equity.

Physical activity

Over 25% of adults in our area do not take enough regular physical activity to benefit their health. Over a quarter of our population are inactive.

Social isolation and loneliness

15% of our population report feeling lonely. Providing single points of access for information, advice, and assistance for the public, in line with the Social Services and Well-being Wales Act that facilitates access to a directory of services in their local community, such as DEWIS Cymru.

Introduction

In March 2020, the Welsh Government took the unprecedented decision to pause the Integrated Medium Term Plan (IMTP) and annual planning process to enable NHS Wales organisations to focus their attention on the immediate preparations for and response to the COVID-19 pandemic, advising that routine planning arrangements would be restarted at a more appropriate time.

Given the continuation of the pandemic, the Welsh Government requested an annual plan for 2021/22, rather than an IMTP. In March 2021, the board approved its draft Annual Recovery Plan 2021/22 which set out to the organisation and the Welsh Government our priorities for 2021/22. The full plan was submitted to the board in June 2021 for final approval and subsequently submitted to the Welsh Government. The strategic objectives and planning objectives, approved by the board in September 2020, formed the foundations of the plan with the focus, first and foremost, on: how the health board continues to address, and recover from, the COVID-19 pandemic; how we will support staff to recover after the challenges of the past year; and how we will lay the foundations to recover our system/services and support communities to thrive.

Our plan recognised a planned deficit in the 2021/22 financial year and did not recover the cumulative deficit incurred to date (which was reset to 1 April 2020). As a result of this, we presented a budget which breached our statutory financial duty for the three-year period. The health board had a deficit position of £35.4 million in 2018/19, £34.9m in 2019/20 and £24.9m in 2020/21. We know that financial planning and the delivery of our strategy is needed for long-term financial stability and sustainability.

We recognise the seismic shift that COVID-19 has had on planning, deployment and implementation of systems, structures, and services. The impact has been both significant and dynamic and cannot be underestimated. It has changed and advanced the way we approach our planning, meaning that many changes previously identified for the longer-term have been implemented sooner than envisaged, with digital enablement being a prime example of this. This means that planning and assumptions were re-thought, along with their timelines, as the health board moved into a transformational period. Despite the challenges and fundamental changes encountered during 2021/22, there have been unexpected opportunities presented to reset, accelerate, and expedite, where appropriate, to transform services.

The development of our plan for 2022/25 is underway and was submitted to the Welsh Government in March 2022 as required. The likelihood is that the health board will again not be able to meet its statutory obligation to produce a financially balanced plan over the plan's lifecycle.

Our underlying deficit has worsened over the last two financial years following the gaps in delivery of recurrent savings in 2020/21 and 2021/22.

We are committed to addressing these challenges and are in the process of constructing a clear core plan, focusing on recovery, which will allow us to get back on track with our financial roadmap. For 2022/23 this will be coupled with ensuring that the exceptional economic challenges we face next year are well described and assessed. A significant

review of our COVID-19 response is already underway, which will be transitioned into the new normal through our plans.

Value based health care approaches are being taken across the whole organisation, and it is our aspiration that a target operating model can be constructed to focus our delivery of services in the most optimum way for our patients, with this forming a critical part of our approach to the medium-term outlook and aligning with the design assumptions set out in our strategy and recent Programme Business Case.

We are clear on our long-term destination - articulated in our strategy "A Healthier Mid and West Wales" and reinforced in our Programme Business Case. Reaching that destination requires progress across a number of domains, which we have termed ‘strategic objectives’.

These strategic objectives relate to our people (staff, service users and communities) and our services. Our plan sets out the specific actions, termed ‘planning objectives’, we are taking to make progress in each of these domains. In this way we remain focused on our strategic direction and ensure our day-to-day activities are explicitly aligned, and contributing to, our strategic direction. We have used this approach throughout the year, and it is now well embedded into our business practices.

Each planning objective is led by an executive director and aligned to a committee of the board, with regular update reports provided at every other committee meeting. Our board assurance framework tracks progress and the impact of these actions on our strategic outcome measures.

Our approach to planning now revolves around these strategic and planning objectives, with a systematic review of the planning objectives a critical aspect of the organisation's planning cycle. In the development of this plan, we have undertaken this review, with many planning objectives completed and updated and others revised. Our board formally signs-off all planning objectives and they are not altered or removed without board approval, demonstrating our openness and accountability to the population we serve.

The development of planning objectives takes account of a range of factors, including: our risks and performance, the Minister's priorities, Welsh Government policies and legislation, and work in support of our strategy.

In 2021/22 we took the opportunity to review our committee structures to ensure increased alignment with our strategic objectives:

- Strategic Development and Operational Delivery Committee – responsible for the seeking assurance on delivery of strategic objectives 4 and 5. (4. The best health and well-being for our communities; and 5. Safe, sustainable, accessible, and kind care). This committee also holds the overarching responsibility for the development of our plan and assurance in its delivery.
- People, Culture and Organisational Development Committee – receives assurance on delivery of planning objectives under strategic objectives 1, 2 and 3. (1. Putting people at the heart of everything we do; 2. Working together to be the best we can be; and 3. Striving to deliver and develop excellent services).
- Sustainable Resources Committee – receives an assurance on all planning objectives under strategic objective 6 (Sustainable use of resources) with a focus on financial performance and planning.

We continue to monitor delivery of our Annual Plan 2021/22 and our board outcome measures through the committees of the board and through the board assurance framework. The board assurance framework (BAF) enables the board to focus its attention on areas of poor performance in terms of progress against delivery of planning objectives (which are the core pillars of our plan), slow or no impact on agreed outcome measures, significant risks to the achievement of strategic objectives, where there is little confidence in the assurances provided. Delivery of planning objectives will also be regularly reviewed by committees. Committees may also identify and advise of weaknesses in the assurances that have been provided to them. Steps are now being taken to develop the BAF so that its focus moves away from a 'process tool' and towards informing board agendas and providing information on outcomes.

Throughout 2021/22 we monitored our progress against the NHS delivery framework measures, escalating any concerns to board or committee monthly. We aligned each of the measures to one of our six strategic objectives.

As at the end of March 2022, five planning objectives had been completed. One was ahead of schedule and 32 remained on track, with 15 that continued to be behind schedule. Quarterly action reports are also reported through our Strategic Development and Operational Delivery Committee.

The planning objectives not yet achieved through 2021/22 will continue as part of the planning objectives used to structure our 2022/23 plan.

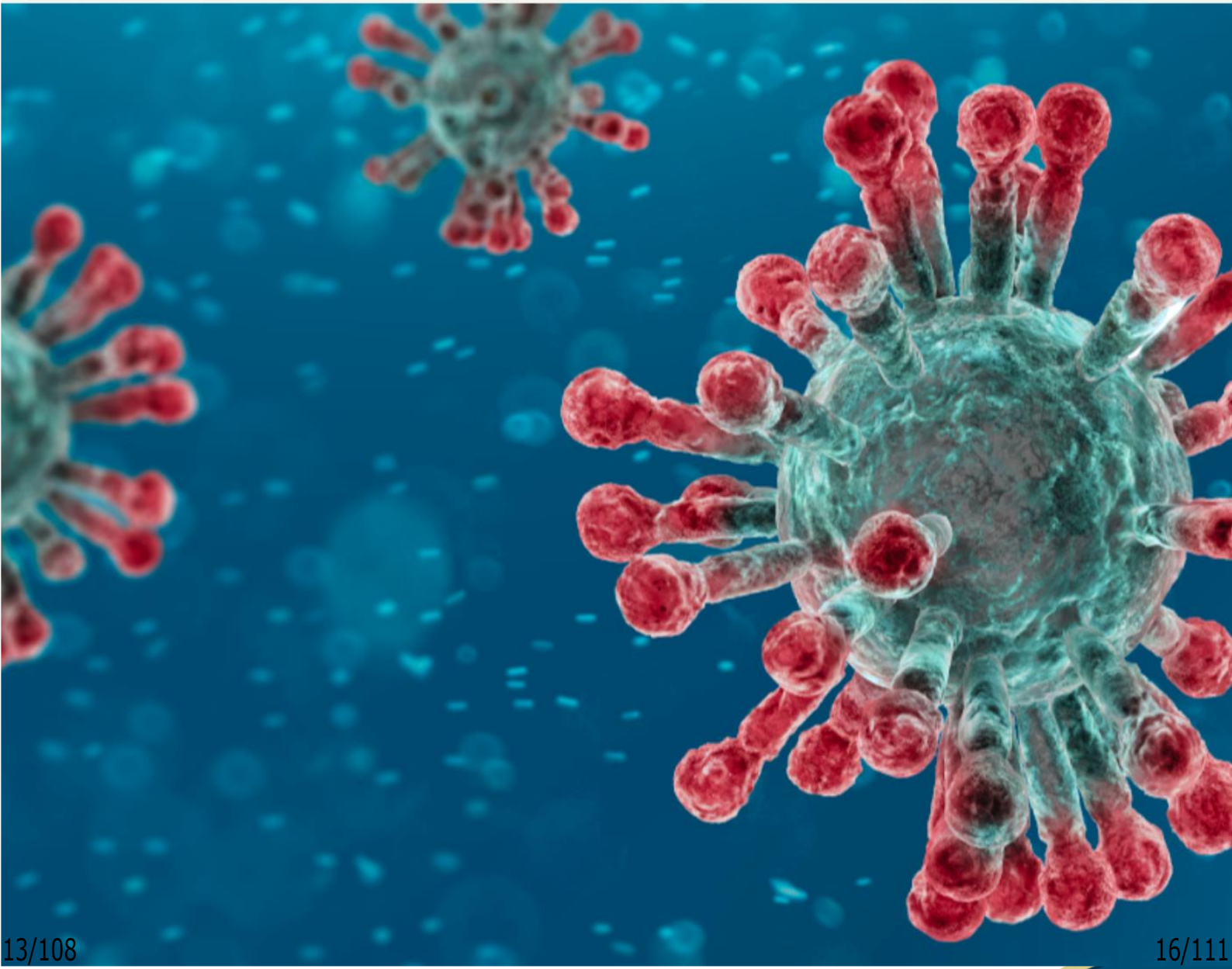
The Health and Social Care (Quality and Engagement) (Wales) Act 2020 has introduced two new requirements to come into force legally in April 2023:

- **The Duty of Quality** is designed to ensure that we have whole system way of working to provide safe, effective, person-centred, timely, efficient, and equitable healthcare in the context of a learning culture; and

- **The Duty of Candour** seeks to promote a culture of openness and improves the quality of care within the health service by encouraging organisational learning, avoiding future incidents.

These new reporting requirements will be captured through processes in place for 2023/24. In the meantime, we anticipate that there will be a non-statutory implementation in autumn 2022. The reporting process for 2022/23 will be a hybrid approach allowing for quality reporting indicators to be tested and for measures and narrative concepts to be developed as part of the implementation phase. In the meantime, quality reporting requirements are embedded throughout the performance section of this Annual Report.

Impact of COVID-19 on our delivery of services



Impact of COVID-19 on our delivery of services

COVID-19 has continued to be of significant impact on our health service and wider communities through 2021/22.

We have responded and made changes required to ensure that we were able to keep our communities as safe as possible and to meet emerging guidance. This has involved continued close working with partners involved in health and care, as well as communities themselves, at a scale never seen before.

Our staff, partners and communities in Carmarthenshire, Ceredigion, Pembrokeshire, and borders, have worked together with commitment, innovation, and kindness.

The NHS Wales Operating Framework acknowledged the massive impact COVID-19 has on NHS and social care and the need for us the do our best to minimise harm.

Four types of harm were identified by the framework:

- Harm from COVID-19 itself
- Harm from overwhelmed NHS and social services
- Harm from reduction in non-COVID-19 activity
- Harm from wider societal actions/lockdown

The narrative of this Annual Report provides the detail on the constant balance we have endeavoured to maintain to provide a COVID-19 response, to provide critical healthcare in our hospitals, primary care services and community-based care, and to reduce risk and harm.

We summarise below our approach to the four harms, and the risks we identified as having the potential to impact our delivery of essential services or performance against targets, along with some of our mitigations to manage and reduce the risk.

Some of these risks are new COVID-19 related risks, while others are previously existing risks that have been exacerbated due to COVID-19. This section gives our position and risk scores as of 31 March 2022. For further details please see:

- The planning and delivery of safe, effective, and quality services section on page 21 of this document.
- Risk profile section of the Annual Governance Statement chapter in this report.
- Corporate Risk Register update prepared for March 2022 Board meeting.

Additionally, we monitor and publish monthly key measures (including those that relate to the four harms) so we can identify where we are performing well or where and how we make further improvements. Read our performance information here.

Harm from COVID-19 itself

To reduce the direct harm from COVID-19 itself, the health board has put a range of actions in place:

- We have established and engaged across a number of regional groups including the Regional Incident Management Team (IMT), Outbreak Control Teams (OCTs), the Dyfed Powys Local Resilience Forum (LRF) and Strategic Coordination Group (SCG)
- We have jointly agreed and implemented local plans to support the changing requirements around the Test, Trace, Protect (TTP) programme, including flexible testing arrangements in response to outbreaks and areas of high incidence, promotion of regular health and social care staff testing, testing in care homes, education, and workplaces and to support tourism and returning travellers (see pages 22, 31).
- We have supported our care homes and hospitals with infection, prevention and control assessments and advice and to prevent and manage outbreaks (see pages 44-46).
- We have established a Long COVID-19 service to support those with longer-term impacts of the virus (see page 31).
- We have implemented a successful vaccination programme, as of 31 March 2022, 867,173 COVID-19 vaccinations had been delivered to our residents and staff. This is a continuing programme based on the principle of leaving no one behind.
- Partners from health, local authorities and the third sector formed a Vaccine Equity Group. This group has set out to provide good information for people disproportionately affected by COVID-19. This includes people with protected characteristics, such as those from ethnic minority backgrounds and people with disabilities, those at socio-economic disadvantage living in communities with high deprivation or social exclusion, those within marginalised or under-served groups such as asylum or sanctuary seekers, people experiencing homelessness, people involved in the justice system, mental health clients and people from Traveller communities who do not regularly access traditional healthcare services. Some solutions put in place included provision of information in alternative languages and formats, bespoke vaccination clinics for ease of access and to meet the needs of various groups, access to bespoke clinical advice and opportunities to ask questions. The mobile vaccination vehicle, kindly donated by the fire service provided vaccination clinics in places geographically distant to the mass vaccination centres and for students in higher education.

All of these have been underpinned by regular, consistent, and focused staff and public communications with partners across the region, including local authorities and other public sector organisations, social care, education, tourism, and local businesses to safeguard our communities.

- **Risk 1016 - There is a risk of increasing COVID-19 infections across the health board due to staff and others not adhering to the health board guidance and national social distance legislation (risk score 10: high)**

  We have undertaken social distance risk assessments which highlight ways to allow services to be re-introduced while maintaining the social distance measures. We have continued to encourage staff, visitors, or patients to adhere to the social distance

guidance. As well as the more routine measures such as hand sanitiser stations and use of personal protective equipment including face coverings, some of the measures we have put in place to reduce the risk include installations of safety screens in hospital and ward/clinic reception areas; regular review of our patient visiting guidance including the introduction of agreed timeslots; and continuing to encourage staff to use of IT systems such as Microsoft Teams to reduce the need for face-to-face meetings.

Harm from an overwhelmed NHS and social services

The health board's analytics department have continued to collate, analyse, and present data. This has included case rates, including by county, forward-looking forecasting of rates, admissions, bed occupancy and lengths of stay. This has helped inform our decision-making on the preparations and interventions to provide care safely at all stages of the pandemic, including during waves and in response to new variants.

The NHS Choices Framework has enabled us the flexibility to restart and provide as much care as possible, and conversely to postpone areas of planned care when we have needed to for safety reasons. For example, in October 2021 we took the difficult decision to temporarily suspend elective (planned) orthopaedic surgery at Prince Philip Hospital, Llanelli, and Withybush Hospital, Haverfordwest, so we could provide bed capacity and reduce pressure on our unscheduled care system. In January, a number of measures were taken to maintain the most critical of services. This included urgent cancer surgery for our population being provided primarily only from Prince Philip Hospital, in Llanelli; and less urgent outpatient and therapy clinics being rescheduled.

Our community services have also made tremendous efforts to provide services in different ways and reduce pressure on emergency and unscheduled care. For example, community care centres have been used to provide clinics traditionally operated from acute hospitals, as well as virtual clinics, so that care can be provided closer to home. In our IMTP we express a desire to extend further opening hours of these centres and to enable additional services to be provided from them.

In partnership with our local authorities and allied health professionals in primary and secondary care, we continued to support care homes on the prevention and management of COVID-19 outbreaks. This helped reduce unnecessary admissions of COVID-19 positive residents to hospitals, enabling them to remain within their home environments.

Also, at numerous points in the year, we have had to align our staffing to the most critical need, and our staff have been extremely flexible, for which we are grateful. We acknowledge our services are built on our staff and therefore supporting their well-being during these challenging times has been a critical priority for us. You can read more about the enhancements we have made to our staff psychological and well-being services in the workforce management chapter of this report (from page 82).

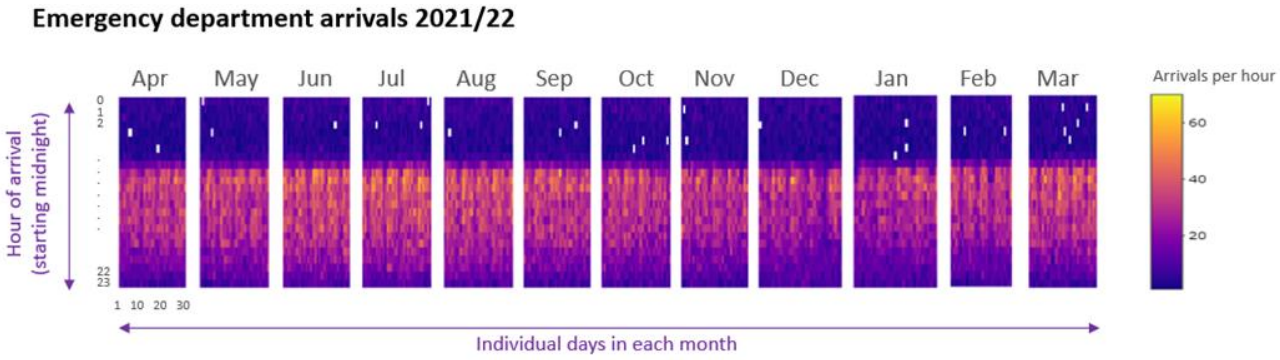
Risk 1219 - There is a risk there will be insufficient workforce available to deliver services required for "Recovery" and the continued response to COVID-19 and other respiratory infections, as outlined in the health board's annual plans 2021/22 (risk score 14: extreme)

This is caused by new variants of COVID-19, increase in the severity and dispersal of respiratory viruses within the population (in children and adults) which could mean an increase in infections and outbreaks within acute, community and social care facilities. As well as the more routine measures such as efficient rostering practice and use of bank and agency, we are continuing to prioritise the recruitment and onboarding of new employees to the highest areas of risk in terms of maintaining service delivery.

Risk 1027 - There is a risk to the consistent delivery of timely and high quality urgent and emergency care (risk score 20: extreme)

This is caused by increasing fragility within the urgent and emergency care (UEC) system, increasing levels of demand above staffed capacity, the impact of COVID-19 on available whole system bed and staffing resources and delays in discharges across the care system which are beyond the direct influence of the health board. We have comprehensive management systems in place to manage the unscheduled care risks daily; processes in place to review the patients admitted to surged areas to ensure patient acuity and dependency is monitored and controlled; processes to ensure regular review of long-stay patients; and considered alternative models of medical oversight.

Our health analytics team have undertaken work to visualise the level of activity arriving at the emergency departments (ED) across Hywel Dda. The advanced analytics platform, developed within the health board, has produced the following heat map. It summarises the number of arrivals to ED every hour, of every day, for the entire year. The dark colours represent less arrivals in an hour compared to the light colours. Being able to see the demand across the whole service in a single visual can help support management decisions.



Risk 1342 - There is a risk that the health board will be unable to plan and respond effectively to the pandemic and make effective decisions on critical business continuity issues, the application of Local Choices Framework and delivery of essential services (risk score 12: high)

We rely on the daily COVID-19 case reports to enable us to monitor, track and plan our response to COVID-19. These daily case reports only include polymerase chain reaction (PCR) test results and do not reflect the recent shift in testing policy to a greater reliance on lateral flow device (LFD) test results. The health board continues to have processes and systems in place for collection of data to allow for daily reporting and monitoring of PCR positive cases per 100,000, daily reporting and monitoring of hospitalised cases split by

those that are undergoing active treatment for COVID-19, recovering from COVID-19 and those who have tested positive for COVID-19 as a secondary diagnosis, daily reporting and monitoring of staff sickness absence during anticipated two-week peak period and daily data on incidences and outbreaks in local schools, year groups and classes related to COVID-19. The health board's analytics department collate, analyse and present data to inform decision-making.

Harm from reduction in non-COVID-19 activity

Throughout the pandemic we have strived to maintain our most critical and urgent services, and to restart and recover services that have been impacted by the pandemic response. We are focused on recovery and establishing a 'new normal' for health and care delivery. That said, pressures on our urgent and emergency care system have remained significant, with long waits in our emergency departments and discharge challenges and so we have strived to strike the right balance between providing the services needed but in a safe and clinically prioritised way.

Some measures taken to mitigate the impact of reduction in non-COVID activity and address waiting lists are included below:

Rapid Diagnosis Clinic (RDC) - we opened an RDC in Prince Philip Hospital, Llanelli in October 2021. This has allowed the referral of people from across our area with non-specific but concerning symptoms, aiming to detect those who may have cancer earlier. The plan is to develop further RDCs at sites across the health board.

Waiting list initiative - we have launched a Waiting List Support Service to certain patient groups (orthopaedics and ear, nose and throat (ENT), with more to follow) to support patients awaiting surgery. The service provided patients awaiting treatment clinical support and well-being advice over the telephone and via email. This gives patients a single point of contact and guidance should symptoms deteriorate. We are also able to signpost patients to online well-being resources in help them to maintain and optimise their health.

Modular theatres – work began in December and is due to be finished in spring 2022 to open two new operating theatres at Prince Philip Hospital in Llanelli. This will help us to tackle surgical waiting lists and ease pressures across the region.

Risk 1048 - There is a risk there will be disruption to the delivery of planned care services set out in the Annual Recovery Plan 2021/22 (risk score 16: extreme)

This is caused by the impact of urgent and emergency care pressures (as reflected in risk 1027) and a continuing significant deficit in available staffing resources to support green pathways for urgent and cancer pathway patients. The health board has a comprehensive management system in place to manage planned care risks daily; implemented a risk stratification model for prioritising the review of patients; implemented a 'green' pathway on the four acute sites; escalation plans for acute and community hospitals; and an outpatient transformation programme which has a continuing focus on alternatives to face-to-face delivery of outpatient care to enable increases in care volumes delivered.

Risk 1350 - There is a risk of the health board not being able to meet the 75% target for waiting times in the Ministerial Measures for 2022/26 for the Single Cancer Pathway (SCP) (risk score 12: high)

The impact of COVID-19 has increased the risk of the health board being unable to meet the target. The delays are caused by diagnostic capacity issues across the health board in line with the infection control guidance that remains in place. The main area of concern is radiology. As well as continuing to hold virtual appointments via digital solutions, some of the additional actions we have taken to reduce the risk include establishing a cancer tracking team to allow patients to be proactively tracked through their pathways; implementing a four-week follow up process for patients whose treatments have change or have been suspended (some through patient choice) as a result of COVID-19; and establishing a SCP Diagnostic Group to review the capacity and demand for diagnostic services including the capacity required for a seven-day turnaround diagnostic service.

Harm from wider societal actions/lockdown

In relation to reducing harm from the wider societal actions and lockdown, the health board has:

- implemented virtual consultations to enable care to be delivered whenever possible in lockdown/periods of restrictions using the Attend Anywhere platform;
- maintained telephone contact with service users and carers known to the mental health and learning disabilities services in place of face-to-face contact. Face-to-face contacts were resumed as soon as guidance allowed, with appropriate infection, prevention and control (IPC) procedures;
- provided the hospital wards with iPads to facilitate and maintain contact with family and friends in the absence of visiting;
- maintained a digital texting initiative, known as ChatHealth, to provide confidential health advice and support for issues such as emotional health including anxiety, low mood, bullying, physical health and sexual health by sending an anonymous text message;
- employed a significant number of temporary staff and volunteers from our communities to support our COVID-19 response, including the TTP and vaccination programmes;
- employed community outreach workers, thanks to funding from NHS Charities Together and in response to a Welsh Government report, to help tackle inequalities and the adverse effects of the COVID-19 pandemic experienced by Black, Asian and minority ethnic communities.
- Read more about how we have worked with partners and our communities to tackle health inequalities in our Director of Public Health's Annual Report

Risk 1307 - There is a risk that the health board will not meet its statutory duty to breakeven against its capital resource limit for 2021/22 (risk score 10: high)

Significant uncertainty lies in the delivery of the capital programme in 2021/22 due to a number of factors which lie outside of the health board's control, including:

- supply chain issues
- global shortage of key components including glass and steel

- greater delivery lead time for digital and medical equipment
- impact of COVID-19, for example, unable to complete programmes of work in live hospital environment, labour shortages due to self-isolation, and
- local supply issues of key construction materials such as concrete.

As well as ensuring that as key areas of concern emerge there is timely financial reporting to the Sustainable Resources Committee, the board and Welsh Government, we have prioritised replacement medical and digital equipment lists which have lead times for delivery included and regular meetings are held to monitor spend profiles with escalation measure put in place immediately, where required.

Risk 1032 - There is a risk that the length of time mental health and learning disability clients (specifically the Specialist Child and Adolescent Mental Health Service (S-CAMHS), Autism Spectrum Disorder (ASD), memory assessment and psychology services for intervention) are waiting for assessment and diagnosis will continue to increase during 2021/22 (risk score 16: extreme)

This is caused by new environmental (due to social distancing measures) constraints to undertake required face-to-face assessments and patients' reluctance to attend clinics due to the risk of COVID-19, as well as certain elements of some assessments being restricted due to other agencies, such as education, providing limited services at present. As well as continuing to hold virtual appointments via digital solutions, providing information regarding community support, well-being at home and guidance, and clinical prioritisation regarding assessment and treatment of service users, we have provided additional funding for recruitment; strengthening interdepartmental working between the Mental Health and Learning Disability Directorate and Women and Children's Directorate; and processes in place to ensure individuals on waiting lists are being contacted periodically through the wait for assessment/treatment to monitor any alteration in presentation.

Planning and delivery of safe, effective and quality services for COVID-19 care

Planning and delivery of safe, effective and quality services for COVID-19 care

Regional response to Test Trace Protect

The NHS Wales Test Trace Protect (TTP) service was introduced in June 2020 across Carmarthenshire, Ceredigion and Pembrokeshire to identify and contact trace SARS-coronavirus-2, which causes COVID-19, to protect our communities, and provide advice and support.

Three county-specific Incident Management Teams (IMTs) and a Regional IMT, set up at the beginning of the pandemic, continued to operate. These enabled excellent continuous engagement and partnership working to respond to increases in transmission in a collaborative and co-ordinated way.

Throughout 2021/22 our Command Centre continued to provide a regional co-ordination hub, bringing together teams from the health board, Public Health Wales, and the area's three local authorities to work together to contain the spread of the virus.

The health board, Public Health Wales and local authorities produced a joint Hywel Dda Area Local COVID-19 Prevention and Response Plan to set out our direction and delivery mechanisms. It was supported by a joint communication plan to deliver, amplify, or adapt at a local level, the Welsh Government's Keep Wales Safe, and Test Trace Protect communication strategies.

A Regional Communications Group was set up with representation from local authorities, the police, and higher education providers to enable a collaborative approach to informing and communicating with our communities in a consistent and engaging way.

Contact tracing

We have continued to work closely with our partners, particularly Public Health Wales and the local authorities, to deliver regionally co-ordinated local contact tracing teams. They comprise a mix of clinical and non-clinical staff who support those who test positive, and their close contacts, to isolate and stay safe.

In partnership with the local Public Heath Wales team, we established the Regional Response Cell (RRC) within the Command Centre. This team brings together consultants in public health, operational managers and nurses who provide support to the local tracing teams and directly deal with healthcare settings. The team works to support complex settings (care homes and hospitals) as well as co-ordinating partnership working across the region.

Through strong contact tracing, testing response and multi-agency focus (via both IMTs or hospital outbreak control teams) we have been able to respond to situations rapidly and robustly as needed.

Effective local and regional communications planning has also ensured consistent and clear messaging across the partner agencies and sharing of resources, such as videos of healthcare staff and local community influencers, while maintaining the key campaign focus. This resulted in a mostly positive response from the public in terms of compliance with isolation and 'stay safe' requests. However, we have also seen evidence on social media particularly about people's fears, anxiety or misunderstanding. All partner agencies worked hard to respond to concerns, inaccuracies and misinformation, encouraging people to get their information from official sources.

We continue to work collaboratively on contact tracing in the region and to rapidly address emerging concerns, and to share learning and intelligence. This strong partnership work ensures we are aligned, correct and consistent in our regional approach to TTP, and in line with Welsh Government and Public Health Wales policy and campaigns.

Redesign of primary care services to provide COVID-19 care

GP practices

All GP practices within Hywel Dda maintained the delivery of essential services throughout 2021/22.

GP practices continued to support the vaccination programme, with the majority of practices providing second doses across our communities by the end of June 2021. Booster clinics were supported in the latter part of 2021, where practices played a key role in vaccinating care home residents and housebound patients. At the same time, practices were making inroads into their flu campaigns, with weekend and evening clinics in some practices.

Individual GP practices started to report increases in workload early in 2021/22. By the end of summer, there was widespread reporting of increasing pressures and demands on services, exacerbated by challenges in the wider system. Pressures continued into the autumn and winter, with increases in COVID-19 positive cases and isolation due to household contacts. All practices remained open throughout 2021/22.

A shortage in blood bottle supplies impacted on disease management monitoring in practices in the latter part of 2021. A number of reset and recovery schemes (such as learning disabilities annual reviews, blood test reviews and secondary care generated phlebotomy) were introduced to help address the backlogs identified.

Our aim for 2021/22 was to tender expressions of interest in returning the health board managed practices back to independent contractor status, however, this work continued to be stalled due to the pandemic.

The Physician's Assistant (PA) Development Programme was originally funded through Pacesetter funding and, whilst due to the pandemic it was difficult to get early traction on the development of this programme, the appointment of a development manager in 2021 has led to an agreed programme of development and education being developed with the first intake of GP-PAs being brought in as part of the original programme in November 2021. It is anticipated that, following an evaluation of the first cohort, additional recruitment will happen in 2022/23 and in subsequent years as the programme develops, and seen as an exemplar for GP-PA training and development.

With the national focus considering contract reform across all professional groups, it is hoped that this will lead to greater parity and transparency of contractual arrangements across all four contractor professions.

A plan to provide primary care services for Ukrainian refugees residing within the welcome centre and the community was put in place at the end of the year.

Pharmacy services

Following on from the challenging time in 2020/21 for community pharmacies, the last year has seen a return to more normal levels and frequency of dispensing. However, maintaining pharmacy services has been more problematic due to a much higher number of the workforce testing positive for COVID-19. This resulted in 2021/22 being a year with the highest number of temporary closures of pharmacies since records were maintained.

Most of the closures have impacted areas within Pembrokeshire and are a mix of vacancies and COVID-19 related. This looks set to continue into 2022/23.

Levels of national enhanced service provision within community pharmacies have increased during 2021/22 and for some services, for examples, common ailments have been higher than pre-COVID. During 2020/21, the first year of the pandemic, 9,309 patients accessed the common ailments service. During 2021/22 this increased to 12,529 for the period April 2021 to January 2022 and represents only 10 months activity so far.

We have also worked to re-establish the local triage and treat service which offers a first-aid service for people with minor injuries. This service, while not suspended during 2020/21 was left to the discretion of individual pharmacy teams. During 2021/22 there has been renewed interest in offering this service.

A new local enhanced service was developed during the latter half of the year to enable urinary tract infection testing and treatment, if indicated, for women aged 16-64. This has been taken up by 63 pharmacies out of the 98 pharmacies within Hywel Dda.

Independent prescribing within pharmacies was first commissioned in June 2020 at four pharmacies and utilised the skill of trained professionals to deliver consultations for acute conditions and contraceptive services. During its first year of operation just over 1,200 consultations were carried out. The COVID-19 pandemic interrupted the training and completion of independent prescribing courses for pharmacists which delayed the expansion of this service. During 2021/22 the four existing sites have become established and a further four sites have been added. A total of 2,822 consultations have been provided in 2021/22 and these have offered a first point of access for patients in the localities where the service is commissioned.

General dental services

The health board has continued to work with dental practices to support them with contract reform plans and resetting of services following the pandemic. Dental practices continued to experience difficulties with staff shortages and the provision of services due to the ongoing COVID-19 infection control requirements, this did result in reduced access to routine dental care. In line with Welsh Government guidance priority was given to urgent care and the

health board commissioned additional urgent care sessions. Additional funding was received from Welsh Government to reduce the waiting time for orthodontic care, a waiting list initiative was undertaken which resulted in a significant number of patients accessing treatment. The Dental Services Team worked closely with practices to ensure they were supported to demonstrate and deliver continuous improvement in access.

Community dental service

The community dental service (CDS) is a referral only service for vulnerable adults and children, and as part of the service, provides dental care under conscious sedation, which is available at all community sites.

During the COVID-19 pandemic, changes were put in place to ensure that dental services were able to comply with the national infection control procedures introduced to ensure patient and staff safety. Through the CDS, we established an urgent dental centre in each county to provide urgent dental procedures to patients and aerosol generating procedures (AGPs). From March 2020 the CDS has provided urgent dental services in addition to providing care to their regular vulnerable patients. For an interim period, the CDS service at Withybush Hospital was stood down to reduce patient footfall at the acute site; this service was transferred to Winch Lane Health Centre to ensure continued access for patients and has since been reinstated.

One of the biggest challenges to resetting services during this period was the need to ensure enough air changes per hour in each dental surgery to undertake AGPs. Without measurement of the air changes, it meant that fallow times between patients could be in excess 90 minutes. To improve this situation Welsh Government provided funding to support dental practices to install air change systems and the health board match-funded this grant. In addition, we invested £140,000 in an air change system for seven of the CDS clinic sites. As part of reset the service re-introduced the paediatric general anaesthetic assessment service to ensure that children's dental needs are reviewed to ensure that treatment under general anaesthetic is provided after all other sedation options have been reviewed.

The CDS continued to support residents in care homes with the domiciliary dental service.

Optometry

During 2021/22, optometric services in Wales continued to work in amber phase in line with national guidance, which meant that all services had to be offered to those with the highest clinical need. Despite the continued pressure as a result of the pandemic, all optometry practices in Hywel Dda continued to provide all services, including urgent and routine eye care, to patients within primary care. A number of additional eye care pathways were also developed and implemented. These pathways were designed to allow patients to be seen in their local optometric practice for the treatment and monitoring of a range of eye care conditions, rather than attending their GP or local hospital. An example of this is the Independent Prescribing Optometric Service, which allows optometrists with the independent prescribing qualification to manage and treat a range of conditions within their practice, that would have previously required a referral to the nearest eye casualty service.

This service proved to be a success in the earlier part of 2021/22, and so was expanded towards the end of the year to allow more patients to benefit from the service.

Redesign of community services to provide COVID-19 care

During the past year, our community services in Carmarthenshire, Ceredigion, and Pembrokeshire have supported delivery of a whole-system response. This means we have put people at the centre of what we do. The aim has been to surround them with resilient primary, community and hospital-based care through better integration between services, including social care and third sector. This provides seamless care for the person, as close to (or within) home, whenever possible.

This way of working is in line with national, regional and local direction and policy, including the Welsh Government's plan for health and social care – A Healthier Wales, and the health board's long-term vision for health and care – A Healthier Mid and West Wales.

The NHS Wales Operating Framework from the Welsh Government in response to the pandemic, outlined the need to maintain essential services in the community as well as in hospitals. We have needed to be flexible and adaptable to respond to transmission rates of COVID-19 in our communities.

Many of our integration projects are funded through the Welsh Government's Integrated Care Fund and Transformation Fund, which are delivered through the West Wales Care Partnership. See the Delivering in Partnership section from page 75).

Our focus is on strengthening community and primary care services so that, where appropriate, people can receive care closer to home rather than in hospital, while ensuring they can access the services they need, such as diagnostics and same day assessments.

We have strengthened our 'care closer to home' approach with social care colleagues to reduce conveyance and admission rates and implementing 'discharge to recover' and 'assess' pathways.

The health board successfully secured funding from Macmillan Cancer Support for the 'Right by You' programme of work on:

- co-producing with a range of stakeholders (including people in our local communities with cancer and our partner organisations) an improved way of working that focuses on individual and community well-being through an asset based approach;
- working towards the ambitions of improved local access to information, advice and assistance through the development of a model based on local and national best practice that meets the specific needs of our local communities;
- better supporting people with cancer as well as the wider health and social care economy;
- adopting an approach from the start which facilitates improvements in current working models, links with the strategic transformation agenda and embeds good practice models in existing services.

The project is fixed term and whilst based in Cardigan, has a catchment area of 20 miles, therefore covers parts of each of the three counties.

We have also been successful in securing Macmillan Cancer Support funding for a virtual reality pilot for palliative and end of life patients. The pilot is aiming to improve the quality of life and well-being for people who are living with a life-threatening illness and facing physical, psychological, social and spiritual challenges, and their families. Due to the pandemic patients are reporting greater levels of isolation and vulnerability. Whilst the use of virtual reality equipment in the clinical setting has proved to be incredibly valuable, less research has so far been undertaken in the community or home setting. We want to work with patients and their families and carers to explore the value in these settings, especially for those living in isolated rural areas. This could potentially reduce the risk of admission to acute site due to social isolation and loneliness; reduce the need for analgesia and anxiolytics due to increased feeling of well-being; and improve well-being and quality of life for patients and their carers.

Community pharmacy staff from across Carmarthenshire Ceredigion and Pembrokeshire took part in mental health first aid training to support their patients and own mental health, as well as that of their colleagues. Pharmacists, pharmacy technicians and dispensers from across 35 pharmacies attended online training to equip them with the tools to support their own mental health and that of their colleagues and encourage them to access timely support when needed. In addition, the training provides the participants with the knowledge to identify suspected mental health conditions in patients, and the skills to start a conversation surrounding mental health.

District nursing

We have updated a draft of our three county-wide district nursing service specification. It highlights the need for consistent, equitable and standardised working practices across all three counties, aligning to the national strategic programme of work around the Neighbourhood District Nursing Model.

Funding from Welsh Government is enabling us to further develop the Neighbourhood District Nursing Model to establish several new roles, including:

- a senior peer nurse advocate to work closely with senior nurses and district nurse team leaders to enhance integrated working across localities;
- a practice and professional development nurse focused on supporting and developing the community health care support worker workforce; and
- recurrent funding to increase both health care support worker and assistant practitioner roles across the three county community nursing teams.

We have put in place patient experience feedback processes across the three counties through CIVICA, so that we can continue to learn from feedback and inform service delivery.

An e-scheduling system, Malinko, has now been fully implemented across Carmarthenshire, Ceredigion and Pembrokeshire, with national work continuing to agree standardised reporting and metrics deliverable from the system. Malinko is demonstrating opportunities for improving service efficiency and maximising use of resources, reducing duplication of care where possible and improving the patient experience.

Our district nursing service continues to comply with the Chief Nursing Officer's interim district nursing principles, as well as participating in the national work around the Welsh levels of care acuity and dependency tool, quality indicators in district nursing and professional judgement.

We will be publishing our community nursing annual report in August 2022 highlighting all key achievements and new initiatives, including ear micro suctioning clinics, trial without catheter clinics and collaborative leg ulcer and lymphoedema pathway developments, all of which are in the early stages of implementation.

Health visiting

Our health visiting service works with children aged 0-5 years and their families with the focus on early intervention and prevention along with school readiness. The primary function of the health visiting service is to assess and support the child and family in the early years (0-5 years). The key priority of the service is to deliver the Healthy Child Wales Programme (HCWP) to all children living in Carmarthenshire, Ceredigion and Pembrokeshire. The HCWP is a standardised approach to service delivery throughout Wales and was implemented in 2016. This is a universal programme for all children in Wales and includes a family resilience assessment (FRAIT) and an assessment of child and family needs. The assessment determines the level of intervention for the family and child, whether it be universal, enhanced or intensive. All health visiting interventions are underpinned by key public health messages, targeting health inequalities and aim to improve health outcomes for all children.

Children's public health nursing has been pivotal throughout the pandemic in making a difference to children, families and the communities despite many challenges. This includes the continued delivery of support to children and families by the health visiting service using a blended approach, often when other services had totally reduced delivery. The service is committed to safeguarding the health and welfare of all children aged 0-5 years and aims to achieve key priorities that also include supporting families to make long term health enhancing choices; to ensure secure emotional attachment for children through supporting positive parent child relationships; promote positive maternal and family emotional health and resilience; assist children to meet growth and developmental milestones enabling them to achieve school readiness; to support the transition from home into the school environment and to mitigate the effects of poverty on early childhood and adverse childhood experiences (ACES).

The main challenge during the pandemic was to try and maintain a level of service and ensure children were safeguarded. In the initial stages, the health visiting service had to cease from home visits and innovative ways had to be sought in how to reach families, to include the setting up of central hubs in the communities along with central telephone lines for ease of access for families and virtual contacts to families, eventually including the use of 'Attend Anywhere'. Throughout, due to the staffing deficits and pandemic the emotional well-being of staff was paramount, weekly virtual communication and support meetings were set up plus the continued publication of the bi-monthly newsletter which celebrates achievements, shares good practice was essential in keeping morale high and the service to families being delivered.

Some examples of locality-based developments across our three counties include:

Carmarthenshire

We have scaled up our urgent primary care provision in the last year to provide a multi-disciplinary rapid response to patients in the community within two to eight hours. Additional care and support provision is available for people who are vulnerable and frail at home. These patients are cared for on our 'virtual ward' in their own homes until they recover and can live independently. Where 24/7 care oversight is needed, we have commissioned additional community beds in a care home in Llanelli to provide 'step up' and 'step down' (from acute hospital) care. We have increased our bed capacity in Amman Valley Hospital, and assessment beds are available in nursing and residential homes when an individual requires it, for a period of up to six weeks.

Technology Enabled Care (TEC) provide digital solutions to monitoring health and care needs of our patients remotely. Telecare is already well established in the provision of care and support while Telehealth monitoring of chronic conditions such as respiratory and heart disease is an opportunity that we are embedding into our health care provision.

We are also exploring the use of ARMED technology in frail adults particularly to provide early warning of increased risk of falls for our frail elderly. This allows us to better anticipate patients' needs, avoid hospital admission and injury, and also maximise our district nurse capacity knowing that patients can be monitored digitally.

Social prescribers in each of our cluster areas have demonstrated improved health outcomes for the population that they have supported. We now have six social prescriber posts (two for each cluster area) in the county who signpost individuals to services that meet their felt and expressed health needs. Working with the Public Services Board partners, Carmarthenshire Association of Voluntary Services, rural and town councils, we aspire to create a network of providers in developing resilient and stronger communities.

As part of considering and modernising our community infrastructure, our outline business case for a health and well-being centre in Cross Hands was reviewed by stakeholders to ensure that it remains fit for purpose following the COVID-19 pandemic. We anticipate submitting this to Welsh Government for approval in June 2022.

Earlier this year, a submission to UK Government Levelling Up Fund made by Carmarthenshire County Council was successful. This will allow the development of a 'Well-being Hwb' and provision of accommodation for health services in the town centre with the health board as a key partner.

The 'Pentre Awel' development progresses at pace with construction due for completion in 2024. This will provide Llanelli and surrounding areas with a 'state of the art' leisure complex co-designed with our physiotherapy team to ensure a seamless care pathway between therapy and exercise provision (including a hydrotherapy suite). Working in partnership with the local authority and universities, the Pentre Awel development will also accommodate our research facilities and provide much needed space for training and education to support future workforce sustainability.

Ceredigion

We have expanded Tregaron Community Hospital to a 20-bedded facility on a temporary basis through Welsh Government COVID-19 funding. This is helping patient flow from acute hospitals for those with complex discharge needs.

Our interim placement scheme in Ceredigion (part funded by the Integrated Care Fund) helped patients requiring 24-hour nursing monitoring to be placed in an independent nursing home for a period of up to six weeks. The scheme has enabled timely assessment (in line with the discharge to assess model) as well as preventing hospital admission. We have seen a significant increase in its use during 2021-22 (an increase of 30% from pre-pandemic levels) improving patient flow through the wider system and delivering appropriate care close to home.

In late 2021, we introduced the Same Day Urgent Care service in Cardigan Integrated Care Centre in a phased way. The service has been designed to prevent unnecessary demand on our acute sites by delivering appropriate diagnostic and treatment in the community.

The time critical ophthalmology clinics have expanded and continued to be delivered out of Aberaeron and Cardigan integrated care centres throughout the pandemic.

Pembrokeshire

The Falls Team has seen a significant increase in demand with their 500th referral in September. The team provide monthly education sessions for care home staff and deliver an important pathway for the Welsh Ambulance Services NHS Trust (WAST) to use for those people who fall without serious injury.

Working with the primary care clusters has been important and several beneficial new schemes have been introduced, for example, respiratory care and education in schools for young people, increasing first contact physiotherapists in GP practices, Dance to Health and increasing the Community Connectors.

We have worked with Pembrokeshire County Council and Pembrokeshire Association of Voluntary Services to build community connectedness in our communities through the new communities hub. This recognises the isolating impact COVID-19 has in our communities and provides a co-ordinated mechanism to connect people in communities, working together to meet needs and reduce the harmful impacts of isolation. Specialist connectors have also been introduced for young people, those living with dementia and to enable better digital connections and use of technology.

The community teams, third sector, social care and primary care have continued to work together to identify those people who need a more co-ordinated approach to care, planning and supporting to meet needs collectively. Care co-ordinators have been put in place to support this process and in South Pembrokeshire the cluster has commenced with a scheme focusing on identifying those who may be at risk of further health deterioration and potential admission to hospital.

Our Intermediate Care Team seeks to rapidly respond to people experiencing a significant increase in their needs, either to enable them to stay at home rather than go into hospital, or to support them home safely after an admission. We have brought together doctors,

nurses, therapists, social workers and support workers to first assess needs that might be complex and then put in place a short-term response until independence is recovered or long-term care is available. At the end of the year this team was supporting an average of 60 people in a community 'ward' each day and we hope this can continue to grow.

Therapy services

The COVID-19 pandemic impacted therapy services significantly in several ways: in the way services evolved to continue to support patients across our care settings and within their own homes; and also responding to the increased acuity and complexity of patients presenting for care following periods of lockdown and service interruption.

In the acute stages of the pandemic and during successive waves, therapy services needed to respond, not only to the urgent clinical needs of COVID-19 patients, but also to requests for therapists' redeployment to urgent services. To ensure that our service users continued to be able to access effective support and rehabilitation, therapy services continued to use virtual and digital solutions such as Attend Anywhere to provide individual and group session support and have been capturing patient outcome and experience data using online platforms.

Therapy services have also been increasingly required to respond to a new and growing cohort of individuals with post-COVID-19 syndrome (known as Long COVID), and in September 2021 a dedicated community based Long Covid Syndrome Service was established to provide specialist multi-disciplinary support for individuals suffering from Long COVID. The service aims to enable patients to take control and responsibility for their ongoing health and well-being and equips them with skills and knowledge to manage their ongoing rehabilitation needs. With support from multi-professional rehabilitation professionals, including therapy assistant practitioners, occupational therapists, physiotherapists, dietitians, psychologists and advanced nurse practitioners, the service provides a comprehensive individualised person-centred assessment utilising National Institute for Health and Clinical Excellence (NICE) recommended Long COVID assessment tools.

Design and implementation of testing and immunisation for COVID-19

COVID-19 testing

We first commenced community testing for COVID-19 in March 2020. Since that time, the demands for testing, national strategy and testing infrastructure have changed frequently and quite dramatically. We developed a robust testing infrastructure, which has been responsive to the changing expectations from Welsh Government, as the national testing strategy developed. We continue to provide COVID-19 testing to anyone who needs it.

Over the past year the provision of testing has included:

- those with COVID-19 symptoms in the community
- identified contacts of COVID-19 positive individuals

- patients prior to surgery and chemotherapy
- all patients on admission to hospital
- all inpatients routinely every five days
- inpatients when they become symptomatic
- patients prior to discharge to or admission to a care home, or home with domiciliary care support
- residents within care homes
- all care home and ward residents/patients and staff in response to outbreaks
- our population as appropriate in response to outbreaks or the identification of a new variant of concern
- routine asymptomatic testing of health and social care staff, teaching staff and students with lateral flow devices (LFDs)
- public access to LFDs for routine asymptomatic testing.

From 1 April 2021 to 31 March 2022, 700,000 real time polymerase chain reaction (RT-PCR) tests were carried out within the health board region.

The rates of COVID-19 infection across Carmarthenshire, Ceredigion and Pembrokeshire, and the positivity rates of RT-PCR testing, have fluctuated dramatically across the year. In April 2021, our region saw rates of 7.7 cases per 100,000 population and a positivity rate of 1% for around 3,000 RT-PCR tests per week. At the highest peak in January 2022 these rates increased to around 1,900 cases per 100,000 population and 48% positivity for around 15,000 tests per week.

We are currently using a range of testing methodologies, including RT-PCR and point of care testing (POCT). Previously, we also provided antibody testing, which has now been discontinued on a national basis.

The national strategy for testing over the past year included:

- supporting NHS clinical care – diagnosing those who are infected so that clinical judgments can be made to ensure the best care;
- protecting our NHS and social care services and individuals who are our most vulnerable;
- targeting outbreaks and enhancing community surveillance to prevent the spread of the disease amongst our population;
- supporting our education system and the health and well-being of our children and young people, enabling them to realise their potential;
- identifying contacts of positive cases to prevent them from potentially spreading the infection if they were to become infected and infectious, and maintaining key services;
- promoting economic, social, cultural and environmental well-being and recovery.

Symptomatic community testing, including critical workers

During the past year, the vast majority of our symptomatic community testing, including critical workers, has been delivered via the UK testing system. Tests were booked through the UK government portal or 119 and swabs were analysed in the UK Lighthouse Laboratories. Testing via this route was also offered to identified contacts of COVID-19 positive cases.

At times of high demand, or where issues relating to the UK system adversely affected access to testing or longer than acceptable turnaround times for results, we stepped up our own delivery of testing via the community testing units (CTUs). This allowed us to deliver testing to health and social care workers to support the availability of our workforce, enabling them to return to work as quickly as possible to help maintain critical service delivery.

We continued to provide testing to symptomatic individuals who could not attend a testing site, for example, the housebound and international travellers with a suspected variant of concern. This was delivered through a home visit by our CTU staff.

Modelling work was frequently reviewed to maximise daily community RT-PCR testing throughout the year in response to changing demand. Additional mobile testing units were located across Carmarthenshire, Ceredigion and Pembrokeshire in line with local increased demand and allowed us to respond effectively to clusters or outbreaks in specific areas.

We continually worked with our partners and other health boards in relation to mutual aid and supporting testing for people who live or work across our boundaries or travel into our communities, such as students and visitors/tourists.

We continually communicated with our local community throughout the pandemic on the criteria for testing and its importance in keeping people safe. We also provided practical information on how to access testing and the need for self-isolation while waiting for results or following a positive result. We used a combination of updates through traditional media and key stakeholders, web resources, social media advertising and promotion, and production of hard copy information and radio adverts for those not using digital media. We also used and signposted to British Sign Language resources and guidance in alternative languages.

Access to RT-PCR testing for the public ceased on 31 March 2022, at present replaced with the use of LFDs for symptomatic testing. Going forward into 2022-23, we will continue to provide RT-PCR testing for symptomatic health and social care staff.

Care home testing

We have continued to offer both symptomatic and asymptomatic testing in outbreak and incident management scenarios across the care home sector. This testing was delivered in conjunction with the weekly asymptomatic testing of staff via the UK government portal and was central to identifying infection cases in individual homes that founded the basis of all decision making in declaring outbreaks and incidents.

During 2021/22, we carried out testing for 859 care home staff and 14,873 care home residents via the Public Health Wales (PHW) laboratories. In addition, the UK government portal provided 255,373 RT-PCR tests for regular staff testing.

This approach helped the care homes to identify residents and staff who tested positive for the virus, to appropriately zone positive patients, to advise staff to self-isolate and reduce the risk of spread across the home (and possibly the wider care home sector).

Inpatient testing

We have continued to test patients on admission to hospital and routinely during their stay in line with Welsh Government requirements. This has been mostly via RT-PCR tests, however, in November 2021 we introduced a rapid point of care test (POCT) (Roche Cobas Liat) into our admitting units for paediatric services to support grouping of patients with viral respiratory illnesses. This test is used to identify respiratory syncytial virus (RSV) and COVID-19.

Similarly, in January 2022, rapid SARS-CoV-2 antigen testing was expanded to unscheduled adult admissions at the four acute hospitals using the Abbott ID NOW POCT.

Whilst admission testing will continue into 2022-23, routine repeat inpatient testing has now ceased. We will, however, continue to test where patients develop symptoms, or where indicated in the case of a hospital outbreak.

Asymptomatic testing

We have always directed all asymptomatic testing of pre-operative and pre-chemotherapy patients via the health board CTUs and PHW laboratories to ensure rapid turnaround times for results. This testing will continue into 2022-23.

These facilities are supporting one-stop clinics for pre-chemotherapy RT-PCR testing and phlebotomy. They are also being utilised as COVID-19 vaccinations centres, maximising facilities and staffing resources. Consideration is being given regarding the longer-term continuation of phlebotomy at such community sites, rather than returning fully to hospital-based phlebotomy services post-COVID-19.

Health board testing staff based at these sites are also supporting testing within care homes for symptomatic residents, mass home testing in response to outbreaks and domiciliary testing where required.

In February 2021, we began offering LFDs to health board staff and students for routine asymptomatic testing. This testing is not mandatory, and staff can reserve the right to decline the offer. The offer of twice-weekly LFD testing is also being made to all primary care contractors.

Over the past year, routine asymptomatic LFD testing was rolled out across a wide range of workplaces including education, public services and private companies and businesses. LFD tests were latterly made available for the public via community pharmacies and LFD Direct, with tests ordered on the UK government portal and delivered to their home.

Routine availability of LFD kits for asymptomatic testing ceased on 31 March 2022, however, we will continue to provide LFDs to health and social care staff during 2022-23 in line with Welsh Government policy.

COVID-19 vaccination programme

Our COVID-19 vaccination programme for the three counties continues to support the wider Welsh Government Strategy for Vaccination, which includes the priorities, vaccination infrastructure, and vaccination community strategy.

The aim of our COVID-19 vaccination programme remains to protect those who are at most risk from serious illness or death from the virus and deliver the vaccine to them and those who are at risk of transmitting infection to multiple vulnerable persons or other staff in a health or care environment.

Based on the advice from the Joint Committee on Vaccination and Immunisation (JCVI), we continue to strive to offer everyone eligible their primary or booster vaccinations.

To offer protection and vaccinate people as quickly as we can, we are using different, complementary ways to deliver COVID-19 vaccinations. In this way, we use all our strengths to offer vaccination to our community.

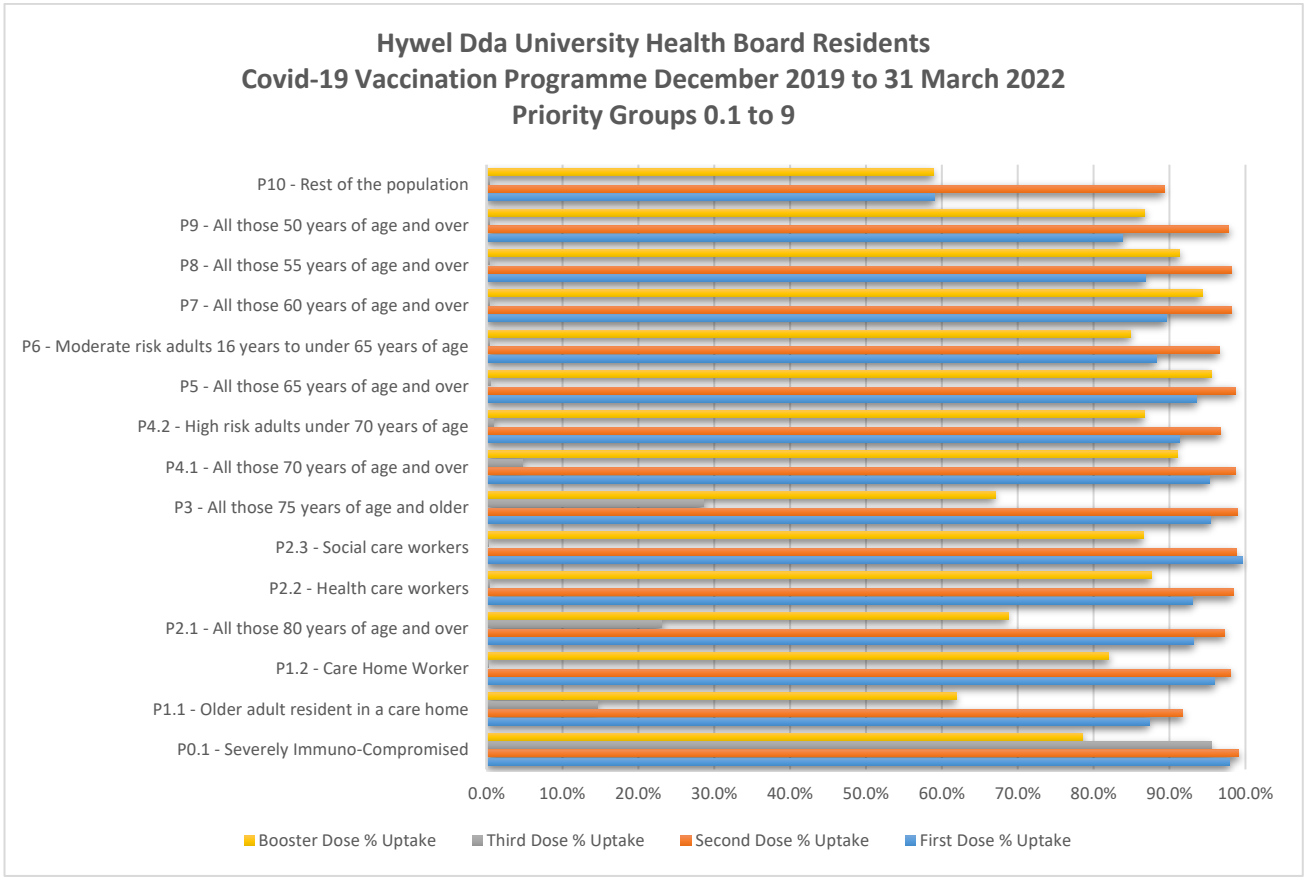
This means some people have or will receive their vaccinations through their GP surgery or community pharmacy, whilst others will be invited to their nearest mass vaccination centre, where vaccine is delivered by health board staff.

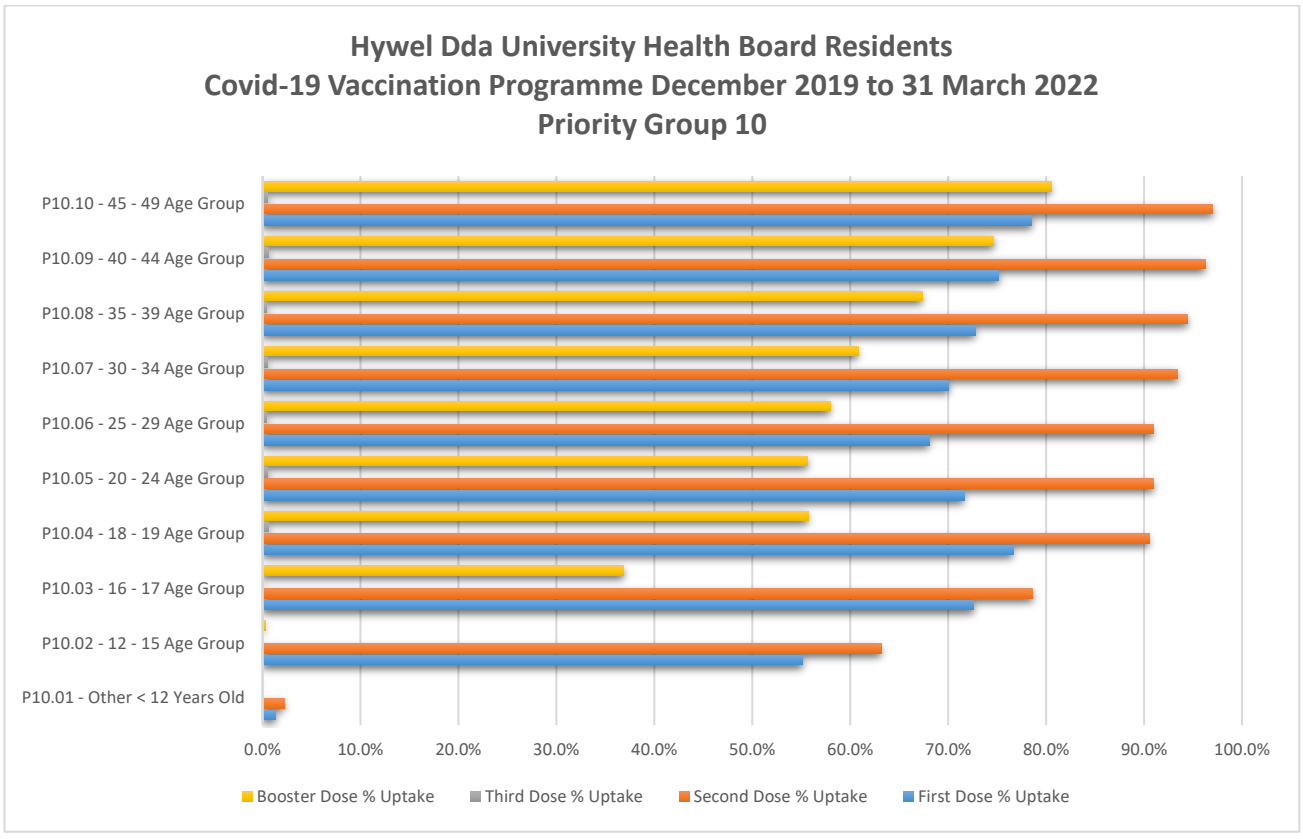
We also vaccinate target groups in other ways where necessary, for example, we have undertaken vaccination in the hospital to care for long term patients or service users. We have also held 'pop-up' clinics for certain communities, such as travellers, unpaid carers and those people who are homeless. This aims to minimise any impact of health inequalities and ensure no one is left behind in our communities.

Flexibility of delivery is crucial to meeting the guidance of eligibility as set out by the JCVI and on occasions priority groups will be invited in for vaccination at the same time so that we can make maximum use of the vaccine supplies provided to us. As the programme has now reached our younger population, we aim to support our younger children through clinics in our mass vaccination centres or additional 'pop up' clinics setting that are suitable for this younger group. We aim to ensure the environment is adapted for the needs of this younger group to prevent any distress and support a positive experience.

Uptake of the vaccine has been exceptionally high to date and as the vaccine programme moves into the booster phases, we will continue to work to protect as many people as possible and ensure all residents can access a vaccine. We also have the lowest wastage rates in Wales.

As of 31 March 2022, 867,173 COVID-19 vaccinations had been delivered to our residents and staff – 315,323 first doses, 300,306 second doses, 19,806 third doses (severely immunosuppressed only) and 231,738 first boosters. The detail as per JCVI priority group is shown in the image below:


Hywel Dda University Health Board Residents
Covid-19 Vaccination Programme December 2019 to 31 March 2022
Priority Groups 0.1 to 9
P10 - Rest of the population
P9 - All those 50 years of age and over
P8 - All those 55 years of age and over
P7 - All those 60 years of age and over
P6 - Moderate risk adults 16 years to under 65 years of age
P5 - All those 65 years of age and over
P4.2 - High risk adults under 70 years of age
P4.1 - All those 70 years of age and over
P3 - All those 75 years of age and older
P2.3 - Social care workers
P2.2 - Health care workers
P2.1 - All those 80 years of age and over
P1.2 - Care Home Worker
P1.1 - Older adult resident in a care home
P0.1 - Severely Immuno-Compromised
0.0% 10.0% 20.0% 30.0% 40.0% 50.0% 60.0% 70.0% 80.0% 90.0% 100.0%
Booster Dose % Uptake
Third Dose % Uptake
Second Dose % Uptake
First Dose % Uptake


Hywel Dda University Health Board Residents
Covid-19 Vaccination Programme December 2019 to 31 March 2022
Priority Group 10
P10.10 - 45 - 49 Age Group
P10.09 - 40 - 44 Age Group
P10.08 - 35 - 39 Age Group
P10.07 - 30 - 34 Age Group
P10.06 - 25 - 29 Age Group
P10.05 - 20 - 24 Age Group
P10.04 - 18 - 19 Age Group
P10.03 - 16 - 17 Age Group
P10.02 - 12 - 15 Age Group
P10.01 - Other < 12 Years Old
0.0% 10.0% 20.0% 30.0% 40.0% 50.0% 60.0% 70.0% 80.0% 90.0% 100.0%
Booster Dose % Uptake
Third Dose % Uptake
Second Dose % Uptake
First Dose % Uptake

We are especially proud of our vaccination teams – made up of immunisers from across acute, primary and community settings and supported by administrative teams and volunteers – when they were able to respond to vaccine availability, enabling us to be the first health board in the UK to offer the Moderna vaccination at the start of April 2021. Their response across all our delivery settings to the acceleration of the booster roll out during the autumn period in response to the Omicron outbreak and the need to vaccinate our eligible population to a reduced interval timescale, was outstanding.

Seasonal flu

There was concern that a challenging flu season, in addition to the COVID-19 pandemic and associated vaccination programme, could have resulted in significant additional pressure and overwhelmed the NHS and care system. Therefore, a revised strategy was developed to deliver the flu vaccine in a safe and timely manner to protect eligible groups in the community.

Partners in primary care maintained their plans to accommodate social distancing requirements, enhanced infection prevention and control measures, as well as appointment only systems with the aim of vaccinating as many people as possible.

The aim was to explore the opportunity for administration of flu vaccine and COVID-19 booster vaccination at the same time. Due to the timescale of the availability of both vaccines the opportunities were limited for this flu season, however, it remains an aspiration for future programmes.

The contribution of the health board's School Nursing Service resulted in the programme for primary school children being delivered alongside the addition of a programme for secondary school children. Despite challenges due to the circulating COVID-19 infection due to the Omicron variant, they successfully delivered the enhanced school programmes with very good uptake across all ages.

This was complemented by an external communications and public relations exercise that aligned with Welsh Government's vaccination strategy. Part of this campaign included a significant investment to reach the non-digital audience, such as newspaper adverts across the three counties to replicate the success received the previous year, along with radio adverts. Meanwhile, all schools were provided with flu promotion materials to issue directly to parents.

The table below illustrates the uptake of flu vaccination in our communities for all eligible groups (note the 2021/22 data is provisional at the time of preparing this report):

Cohort	2021/22 Uptake (%)	2020/21 Uptake (%)	% Change	Wales uptake 2021-22
Over 65s	75.9%	73.6%	2.3%	78.0%
Under 65s with chronic conditions	47.4%	49.8%	-2.4%	48.2%
2-3 year olds	47.0%	55.1%	-8.1%	41.0%
School aged children (4-10 year olds)	68.46%	87.1%	-18.64%	
School aged children (11-15 year olds) Note: excludes vaccinations in GP surgeries and home-schooled children	64.6%	n/a	n/a	59.8%
Hywel Dda staff (direct patient contact) Note: staff denominator has increased, even though the number staff immunised has increased this is not reflected in % uptake rate	53.9%	55.1%	-1.2%	

Through this combined effort we:

- vaccinated a cohort of people in our communities aged between 50-64 years old following confirmation from Welsh Government this group was to continue as a priority;
- began and finished the programme early (99% uptake completed by the end of December 2020);
- improved our uptake rates in all eligible cohort groups by 6-16%;
- vaccinated more people than ever against seasonal flu despite being the middle of a global pandemic.

Meanwhile, our Occupational Health Team, supported by peer vaccinators, led on the roll out of the flu vaccine to staff. The logistical issues of delivering a vaccination programme within the constraints of COVID-19 guidance and an increasing wave of the Omicron variant was managed through exceptional partnership working and the need to be as flexible and responsive as possible.

The programme was supported by a communications and staff engagement campaign, which highlighted available clinics and how to access vaccines. The flu vaccination programme ran between September 2021 and 31 March 22; uptake was 54% with 6,880 staff vaccinated against flu, higher than previous years.

Redesign of acute services to provide COVID-19 care

Critical care

Going into year two of the COVID-19 response, the number of available critical care ventilated beds remained within funded capacity of 22. This was due to the challenges related to the availability of suitably skilled staff, including agency, and a recurrent vacancy factor which saw a flow out of skilled staff and recruitment of novices. In addition, as many external services continued their provision in year two, the staff pool trained up in year one to assist in the critical care bed base expansion were not available.

All critical care locations did feel the challenge across the peak of the third wave of COVID-19. With twice daily cross-site meetings, patient cohorts and staffing were discussed; and risks were assessed resulting in patient or staff moves to assure safety concerns could be mitigated and addressed. It should be noted that, when able, many nursing staff moved at short notice to other locations in support of optimising staff numbers in locations of higher patient acuity need.

The inability to safely segregate COVID-19 patients noted in year one, has continued across year two. This has placed significant pressures on all staff disciplines on making decisions on best options for patient flow and placement. The funding for installing side rooms into existing bed base across all four sites has been obtained and installation commenced. This will improve site ability to appropriately segregate patients in the future.

The launch and availability of the Acute Critical Care Transfer Service (ACCTS Cymru) has been a significant asset to the critical care service from its launch in August 2021; facilitating transfers across the health board and beyond in support of assessed patient need.

Field hospitals

Our 2020/21 annual report described how the health board's field hospital arrangements were set up and commissioned to the point of being brought into a state of operational readiness. This was made possible through collaborative working with local authority and town council partners along with the private sector. The arrangements included providing nine field hospital sites offering 915 inpatient beds distributed across Carmarthenshire, Ceredigion and Pembrokeshire as a precautionary measure to tackle the impact of increased acute and community hospital site admissions. Three of these field hospital sites experienced inpatient activity namely:

- Ysbyty Enfys Caerfyrddin (Carmarthen Leisure Centre) June 2020 – August 2020: activity 32 patients
- Ysbyty Enfys Selwyn Samuel (Selwyn Samuel Centre) November 2020 – June 2021: activity 263 patients
- Ysbyty Enfys Carreg Las (Bluestone) December 2020 – March 2021: activity 86 patients.

Other sites were used to support vaccination demands and broader local health needs, such as accommodation for training and development and associated clinical back office functions.

The most recent waves of coronavirus did not increase demand to the point where field hospital support was needed. All premises that were adapted for field hospital purposes have now been returned to their owners except for Selwyn Samuel Centre in Llanelli; work is in progress to return the building to its former use and is scheduled to complete in April 2022.

Overall, the health board's field hospital provision is considered a successful venture with a high degree of patient satisfaction for the care received, with no complaints received. Positive remarks from Health Inspectorate Wales, low levels of incidents and a total of

5,367 bed days saved which otherwise would have created further pressures on acute and community hospital beds.

Emergency care

Our urgent and emergency care (UEC) model has been reviewed and redesigned reflecting those priorities outlined in the six national policy goals.

Our planned regional outcomes for the six goals are as follows:

1. Co-ordination for at risk groups - planning and support to help high risk or vulnerable people and their carers to remain independent at home, preventing the need for urgent care.

2. Signposting - information, advice or assistance to signpost people who want, or need, urgent support or treatment to the right place, first time.

3. Preventing admission or attendance - community alternatives to attendance at an emergency department and/or admission to acute hospital for people who need urgent care but would benefit from staying at, or as close as possible, to home.

4. Rapid response in crisis - the fastest and best response at times of crisis for people who are in imminent danger of loss of life, are seriously ill or injured, or in mental health crisis.

5. Great hospital care - optimal hospital-based care for people who need short term, or ongoing, assessment and treatment for as long as it adds benefit.

6. Home first approach and reduce risk of readmission - a home-from-hospital when ready approach, with proactive support to reduce chance of readmission.

These recognise the need for us to strengthen community services and care for people at home not in hospital, but to also ensure timely access to diagnostics and assessment in same day emergency care (SDEC) facilities that allows patients to return home to their own bed.

Our UEC model and resource investment has therefore focused on strengthening urgent primary care services, SDEC and ‘wrap around’ care so that frail people who require a level of support receive this at home rather than in hospital.

Examples of how we are strengthening community and urgent primary care services are available from page 23.

In September a new project was commenced to rapidly expand the wrap-around care that is provided in each county to deliver additional 'bridging' care at home. This with the intention of growing the whole home-based care workforce to meet the needs of those people in hospital unable to get home safely without it. 24 new healthcare support workers were recruited and trained and deployed into community settings across the region. In Carmarthenshire, they enabled the earlier opening of additional beds in Amman Valley Hospital; in Ceredigion, they supported gaps in fragile community teams at the peak of the third wave; and in Pembrokeshire, they supported an additional run being opened in the existing bridging service. Although the numbers recruited were less than sought, there were important lessons learnt and feedback from patients and staff to support future recruitment and workforce development.

Temporary paediatric service change

In September 2021, we agreed to extend a temporary service change to ensure the safe treatment of seriously unwell children in the south of the Hywel Dda area.

In spring 2020, the children's daytime unit and its specialist staff at Withybush Hospital, Haverfordwest (called a Paediatric Ambulatory Care Unit or Puffin Ward locally), were moved to Glangwili Hospital, Carmarthen. This was due to the necessity to use the area for the hospital's COVID-19 response.

It has meant that children under 16 with serious illnesses or injuries have been treated at Glangwili Hospital, where there is a co-located Emergency Department and specialist children's services staff including an overnight children's ward, and children's high dependency unit (which are not available at Withybush Hospital).

The extension of this service change was agreed in a board meeting in the context of the continuation of the pandemic response, but also due to the expected increase in the number of children likely to have respiratory viruses in the winter of 2021/22. In anticipation of more children becoming unwell from respiratory viruses, we invested in more equipment and high dependency beds at Glangwili Hospital. This has enabled children to have their definitive treatment more quickly and has also allowed for children to be monitored by specialists if they deteriorate.

In the interim period, Withybush Hospital treats children with minor injuries, via the minor injury unit and Emergency and Unscheduled Care Unit, and provides booked outpatient appointments. A communication campaign to advise parents in Pembrokeshire and the south of Ceredigion of where they can access children's hospital care has been undertaken and included radio advertisements and a household leaflet drop.

A review of the temporary service change is ongoing and will report back to the health board later in 2022. We are working closely with Hywel Dda Community Health Council to ensure the review has the appropriate scrutiny and that we measure outcomes for children and young people, as well as patient experiences, and the views of our communities.

Planning and delivery of safe, effective and quality services for non COVID-19 care

Planning and delivery of safe, effective and quality services for non-COVID-19 care

Despite the challenging year, there have been many significant achievements across the health board this year in areas of care beyond COVID-19. Here are some examples:

- **Opening of the Special Care Baby Unit at Glangwili Hospital** as part of a £25.2m Welsh Government investment. The new obstetric and neonatal facilities provide five standard birthing rooms with en-suite; one birthing room with a fixed pool; one birthing room equipped to deal with multiple or complex births; and a six bedded enhanced monitoring unit. The unit will also improve the working environment for staff, with an appropriate area for teaching and multi-disciplinary working.
- **New CT scanner at Glangwili Hospital and replacement MRI scanner at Withybush Hospital.** These state-of-the-art scanners will greatly improve the patient experience with increased resolution and faster scan times.
- **Stonewall silver employer award** in recognition of our commitment to inclusion of lesbian, gay, bi, trans and queer people in the workplace. Initiatives include an LGBTQ+ Staff Network, for LGBTQ+ staff and allies, staff training sessions, and delivering LGBT inclusive services, and celebrating key annual events, such as LGBT History Month, Pride, and Trans Visibility Day.
- Developing with partners the **Carmarthen Hwb** and advancing the **Pentre Awel** development bringing together a range of health, well-being, learning and cultural services to support people of all ages to access key services all under one roof.
- The submission of our outline business case to Welsh Government for our **Cross Hands Well-being Centre**. The centre will provide an integrated health and social care network of services for the Amman Gwendraeth area, accommodating two local GP practices (Tumble and Penygroes), a library, family centre, community pharmacy and also community police support officers and voluntary sector groups.
- **New online access to information** for our population through platforms such as DrDoctor and Patient Knows Best to improve your patient experience and access to NHS services and information.
- A brand-new **clinical research centre** opened at Glangwili Hospital, providing access to new research opportunities to patients in west Wales. This new dedicated space will reduce the pressures on other departments within the hospital and makes Carmarthenshire a more attractive site to conduct potentially life-changing research. This centre will offer patients the opportunity to participate in clinical trials that offer earlier access to the very latest treatments and therapies. The £250,000 investment has seen the development of bespoke clinical rooms to treat and monitor patients and a

multifunctional lab space with state-of-the-art facilities to enable sample processing independently from other busy departments.

- **Quality Data Provider award for elective surgery at Bronglais Hospital.** The hospital was named as a National Joint Registry (NJR) Quality Data Provider after successfully completing a national programme of local data audits. The hospital's orthopaedic team received the award for elective surgery. The NJR monitors the performance of hip, knee, ankle, elbow, and shoulder joint replacement operations to improve clinical outcomes for the benefit of patients, clinicians, and industry. The registry collects high quality orthopaedic data to provide evidence to support patient safety, standards in quality of care, and overall cost effectiveness in joint replacement surgery.
- **Mental health support schemes.** Across mid and west Wales, GP practices have commissioned a range of schemes to help patients with low level mental health, isolation, and loneliness. These non-clinical interventions deliver a different approach to supporting patients and are designed to improve patients' mental health and well-being. Other innovative mental health projects include the appointment of mental health practitioners; mental health first aid in pharmacies; working with mental health agencies; and charities to provide counselling, resources, and support to people across all age groups with mental health issues.
- **Specialist endometriosis nurses** have been appointed in each health board in Wales to improve services for the chronic condition, which affects one in 10 women.
- **Miracle spray saves life.** A miracle spray saved the life of an overdose victim in Carmarthenshire as a result of a joint trial with Dyfed Powys Police. The trial, which began in January 2022, involves police officers carrying the nasal spray Nyxoid to help reduce deaths from drug overdoses and to refer people to the Dyfed Drug and Alcohol Service (DDAS) for support. The trial is operating in Llanelli, Aberystwyth, Pembroke Dock, and Llandrindod Wells for six months.

Delivery of infection control measures to deliver COVID-19 and non-COVID-19 care

Management of safe personal protective equipment

The management of personal protective equipment (PPE) has been driven through a dedicated PPE Cell, chaired by the health board's Director of Nursing, Quality and Patient Experience. Once systems were established and there was confidence in supply chains, which have been consistent throughout the year, the cell reduced its meeting frequency. Training in the use of PPE has been provided by the Infection Prevention and Control (IPC) Team in multiple formats, including posters, videos and in person where needed. The Health and Safety Team has supported with 'train the trainer' sessions for fit-testing specialist respiratory masks and hoods. Both teams supported the testing and procurement of additional and specialised PPE.

Redesign of local estate to deliver safe services during COVID-19 (outpatients, theatres, diagnostics)

Our IPC Team worked with health services throughout the pandemic to review patient flow and ensure patient and staff safety is maintained. Services were supported through expert advice on mitigation and risk assessments where appropriate. Pathways of care in our hospitals have been reviewed and developed throughout the pandemic, in response to COVID-19 modelling information, emerging new variants of concern and new or updated national guidance.

Significant work and investment have been made to improve the capacity of isolation facilities, maintain social distancing requirements and improve ventilation in our closed settings. Capital investment has been secured for screens, Bioquell Pods, Redirooms, air humidifiers and for the conversion of isolation suites to negative pressure suites.

We deliver a number of outpatient services across our community hospitals and other settings, where community nursing staff support consultant and nurse led clinics. A standard operating procedure for delivering outpatient services from community facilities during COVID-19 was adopted across the health board having initially been led by Ceredigion county.

Arrangements were also in place across community settings and services, such as outpatient clinics, to ensure these were safe and accessible for our population. For example, in Ceredigion, additional domestic support was put in place to enhance cleaning and meet and greet functions; and a process put in place to ensuring patients were familiar with the COVID-19 arrangements on site and reassuring patients that it was safe for them to attend their appointments.

Local communication with the community to support them making the right choices

The health board's Communications Team continually communicated relevant and timely messaging, supported by the IPC Team, to inform and reassure local communities on national and local requirements and how to stay safe during the pandemic. This included messaging around attending GP practices, pharmacies, and self-care. The IPC Team has continued to support the Regional Response Cell and local authorities in mitigating risks associated with COVID-19 and other infections in care homes across our three counties. The assessments, action plans and support across these premises have played a significant part in care home outbreaks across the health board. The IPC Team has also supported all community services including community hospitals, health board community clinics, managed GP practices, out-of-hours GPs, primary care, integrated care centres, community nursing, children's community services, dental and therapies on COVID-19 measures, processes, and risk assessments.

The implications from this additional requirement

The last year has, again, tested the resilience of the health board's IPC Team, stretching resources across multiple areas of healthcare and into the community, supporting education, the fire service and private companies in their pandemic response. While

endeavouring to continue services, face-to-face training was suspended, and some locality meetings were cancelled.

The IPC Team is a small, specialist team. The recruitment of additional resource has helped to support the team's specialist practitioners and sustain the routine work around infection prevention and reduction. During this time, the health board recruited a substantive consultant practitioner in infection prevention. This role provides additional expert clinical care, senior leadership, and strategic delivery of the infection prevention service, while further developing an integrated preventative approach to infection prevention and control across the health board (including community settings such as care homes). A seven-day-a-week service has been successfully piloted and is continuing currently.

An integrated infection prevention nursing role has also been designed and evaluated in partnership with, and funded by, Carmarthenshire County Council. This is a substantive, jointly managed, post provides ongoing support to our communities. Our hospital and community IPC teams have, throughout the pandemic, visited wards, care homes and GP practices to assess IPC measures for COVID-19 and outbreaks; support staff and residents; deliver training; provide mitigating actions to prevent onward transmission of COVID-19; and to protect vulnerable residents and staff. These on the ground assessments, action plans and support have played a significant part in care home outbreaks across the health board.

Delivery of essential services

Welsh Government issued guidance for the essential services that must continue throughout the COVID-19 pandemic to ensure patients have access to necessary care and treatments in a safe environment. That guidance can be viewed here:

www.wales.nhs.uk/COVID19essentialservicesguidance

A summary of our essential services provisions as of 31 March 2022 is included below:

Normal services that are continuing

- Emergency ambulance services

Intermediate services that are being delivered

- Maternity services

Essential services that are being maintained in line with guidance

- Access to primary care services - General Medical Services, community pharmacy, red alert urgent / emergency dental services, optometry services, community nursing / allied health professionals and 111.
- Acute services - urgent eye care, urgent surgery and urgent cancer treatments.
- Additional services - health visiting, community neurorehabilitation, self-management & well-being and school nursing.
- Blood and transfusion services.
- Diagnostics.

- Life-saving/impacting paediatric services - paediatric intensive care and transport, paediatric neonatal emergency surgery, paediatric services for urgent illness, immunisations, vaccinations, infant screening and community paediatric services for children.
- Life-saving medical services - interventional cardiology, acute coronary syndromes, gastroenterology, stroke care, diabetic care, neurological conditions and rehabilitation.
- Mental health, learning disability services and substance misuse.
- Neonatal services - surgery for neonates, isolation facilities for COVID-19, access to neonatal transport and retrieval services.
- Other infectious conditions.
- Palliative care.
- Renal care-dialysis.
- Safeguarding services.
- Termination of pregnancy.
- Therapies.
- Urgent supply of medications and supplies.

Essential services we are currently unable to maintain

GP out-of-hours service

- The number of consultations closed as telephone advice during 2021-2022 rose to approximately 75-80% of total contacts. More recently this level has reduced and there is a slow move back to pre-COVID-19 management of patients with approximately 60% of current levels of calls closed as telephone advice with no further contact or follow-up required. During quarter four of 2021-2022, there was an average monthly demand of 3,364 calls. Over this same period calls have been managed across the following distribution:
  - Treatment centre 18%
  - Home visits 5%
  - Referred to Welsh Ambulance Services NHS Trust (WAST) 7%
  - Referred to emergency department 6%
  - Referred to secondary care 4%
- Individual call complexity has also shown signs of change over time with the average time per call taking double from the previous pre-COVID-19 average of 11 minutes. If this pattern were to continue the impact would be a reduction in calls dispersed per hour per GP to a maximum of three.
- The 111 service has consistently dispersed additional calls before they impact the local out-of-hours service and this amounts to an additional third of calls. In line with previous patterns of referral into out-of-hours, the Carmarthenshire centres continue to see the greatest demand, and Pembrokeshire continues to disperse more via home visiting.
- The service has seen success in recruiting eight additional salaried GPs, however, the net positive impact has not been as significant as was hoped due to some being recruited from the locum resource. A more settled position was seen over the latter part of the year although this was not a consistent picture across the three counties.

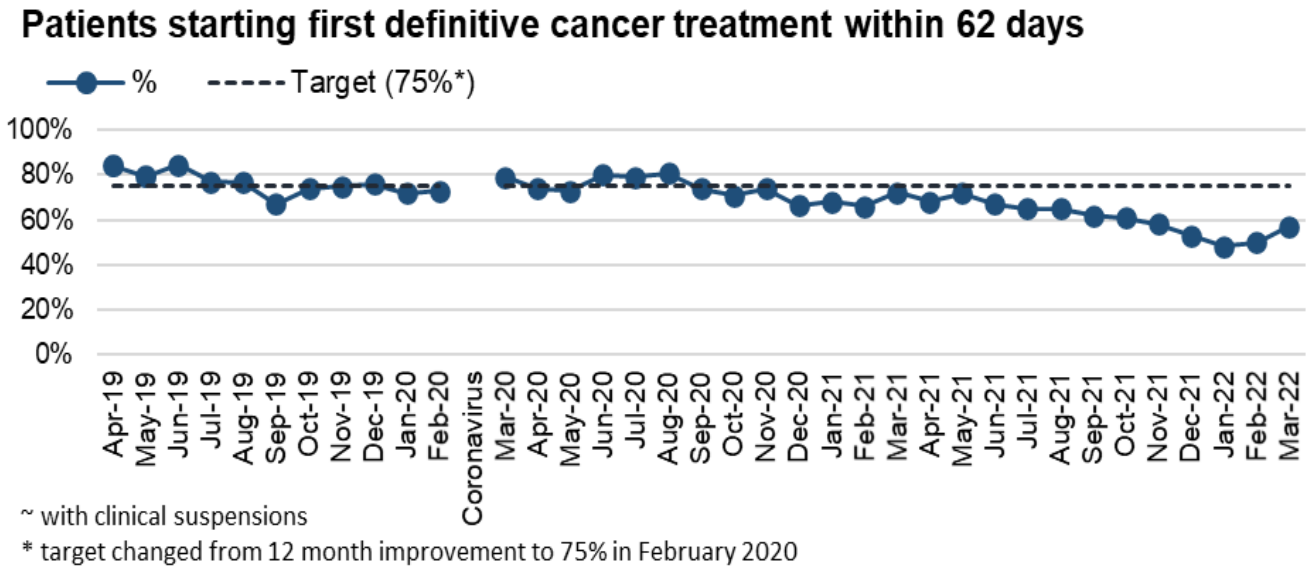
- Overall availability of locum GPs support has continued to reduce, however, the transfer of some into salaried positions should not strictly be considered a capacity loss. Daytime practice and out-of-hours continue to draw on the same pool of human resource and work continues to balance out this position. Weekend shift fill remains the greatest service challenge with a level three (70-79%) being on average the best sustained achieved levels of fill rate over the past twelve months. Weekdays (not including bank holidays) have an average shift fill at level one (>90%).
- The recent departure of some advanced nurse practitioner resource due to taking up work elsewhere is a further loss to note and, although this has limited bearing on weekday shifts, it is beginning to have some impact on weekend resilience. The advanced paramedic practitioner pilot in partnership with WAST continues and remains an important resource contribution to the overall service. All the advanced practitioners available to the out-of-hours service have been key in allowing the needs of patients across the health board to be managed in the most appropriate and timely way.
- The temporary reduction in services at Prince Philip Hospital, Llanelli and Llynyfran Surgery in Llandysul, has remained in place due to persistently fragile rotas across the entirety of the out-of-hours service and the limited ability to safely increase the provision of clinicians at these two centres without destabilising the remaining three bases continues to pose challenges.
- A new clinical and non-clinical rostering system will go live in May 2022 and will make shifts available and individuals' wishes to commit administratively more efficient to manage and communicate with the team. This is expected to improve clinical service resilience long with capacity within the administrative team.

Cancer

The national guidance for cancer services during the COVID-19 pandemic requires us to:

- ensure urgent cancer diagnosis, treatment and care continue as well as possible to avoid preventable morbidity and mortality;
- treat cancer patients in line with the prioritisation categories set out by the Wales Cancer Network;
- maintain all cancer services.

We did not meet the 75% target for cancer patients commencing treatment within 62 days from point of suspicion during 2021/22. This is due to several factors including diagnostic capacity issues due to infection control guidance, particularly in radiology. COVID-19 related sickness, staff vacancies and planned annual leave has further impacted performance. Performance for quarter three has been declining due to the increase in COVID-19 related sickness, management of COVID-19 related flows and the overall impact on diagnostic and critical care. The consequence of which resulted in short-term planned and unplanned step down of activity within outpatients and planned surgery.



Impact on our patients

We need to ensure a continued effective response to COVID-19, whilst providing essential services within the outpatient services and to adhere to Welsh Government guidance on social distancing and to avoid unnecessary visits to the hospital setting. Therefore, the introduction of face-to-face clinic consultations has required careful consideration. Most of the face-to-face outpatient appointments (in breast, head and neck, skin and gynaecology) required physical examinations or procedures. Virtual appointments are being undertaken via digital solutions such as Attend Anywhere.

We have implemented a Cancer Pathway Review Panel to identify any risk for those patients who have not received their treatment within 146 days from their point of suspicion. To date, no harm has been identified.

Outpatient appointment oncology clinics are being held via telephone consultation and virtually where needed; supported by the Oncology Clinical Nurse Specialist (CNS) Team. Chemotherapy/systematic anti-cancer therapy (SACT) is still being administered on all four hospital sites. All six levels of SACT continue to be administered. The current waiting time for chemotherapy is 15 days across the health board sites.

At the beginning of the pandemic, a non-clinical cancer helpline was set up for patients, relatives, and professionals to access advice and support from external agencies and charities. This has strong links with the local authority. This is now a substantive service.

During the last year, visiting was restricted as per Welsh Government guidance. Currently, family and friends can attend Hywel Dda hospitals on a limited basis, with prior agreement with hospital staff and in line with current Welsh Government guidance. Patient Support Services remain in place for patients or visitors to contact with any questions and concerns.

Key issues and risks

The COVID-19 pandemic has affected our delivery of essential cancer services:

- The impact of COVID-19 has increased the risk of being unable to meet the target. The delays are caused by diagnostic capacity issues across the health board in line with the infection control guidance that remains in place. The main area of concern is radiology.
- A decrease in capacity for appointments and results reporting within radiology, due to COVID-19 related sickness, current vacancies and planned annual leave within two of the four health board sites. Patients have been offered alternative appointments on other sites, however, some patients have not agreed to attend and have requested an appointment close to home.
- Cancer performance has been on a downward course due to the increase in COVID-19 related sickness, management of COVID-19 related flows and the overall impact on diagnostic and critical care. The consequence of which resulted in short term planned and unplanned step down of activity within outpatients and planned surgery. Clinics and elective cancer surgery with green pathway and green intensive care unit (ITU) / high dependency unit (HDU) have now been reinstated on all four acute hospital sites.
- At the beginning of March 2021, we saw a 38% increase in urgent suspected cancer referrals when compared with the same period in 2020. By the end of September 2021, the number of referrals had increased by a further 10%.
- We have strived to ensure that our elective cancer surgery with green pathway and green ITU/HDU remains in place. There have been occasions during the peak of the pandemic when surgery has been relocated to Prince Philip Hospital, except for head and neck surgery, which remained in Glangwili Hospital. This was mainly due to limited availability of critical care beds and staffing issues.
- All tertiary (specialist) cancer surgery was resumed.
- At the start of the pandemic, endoscopy was centralised in Glangwili Hospital. Following the first lockdown in 2020, Endoscopy services were reinstated on all four hospital sites, with capacity increasing to 53%. With the introduction of a green pathway in endoscopy in June 2021, capacity has increased and is now at 87%.
- In addition to the points highlighted above, we experienced an increase in demand beyond available capacity for cancer patients requiring diagnostic investigations.

Key actions taken to ensure continued delivery of essential cancer services

- At the start of the pandemic, a telephone helpline for concerned cancer patients was introduced to provide advice and support. This helpline remains in place.
- A Single Cancer Pathway (SCP) Diagnostic Group with all the relevant service managers is in place to look at the capacity and demand for diagnostic services, looking at what capacity is required for a seven-day turnaround diagnostic service.
- A Rapid Diagnosis Clinic (RDC) was launched within the health board in October 2021. Currently one clinic per week is being held in Prince Philip Hospital. Plans are being looked at to roll this service out across all three counties.
- As per the Wales Bowel Cancer Initiative, a successful faecal immunochemical test (FIT10) screening in the management of urgent suspected cancer (USC) patients on a colorectal pathway was implemented in June 2020. This initiative is due to be rolled out to primary care by the endoscopy service in early 2022.

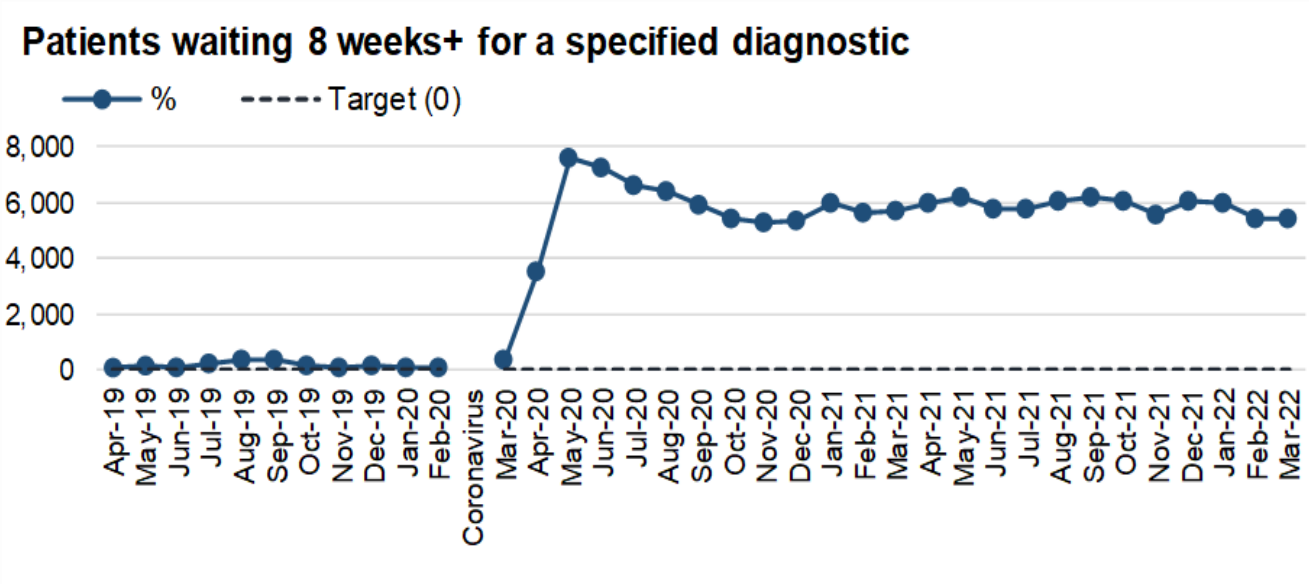
- Digital delivery of care was implemented during the first wave of the pandemic, resulting in two-thirds of patients receiving virtual appointments and only a third requiring face to face appointments.
- We have implemented a Cancer Pathway Review Panel.

Diagnostics

The national diagnostic essential services guidance requires us to:

- minimise the risks associated with COVID-19.
- look for local flexible solutions to safely maximise capacity.
- provide timely imaging and diagnostic tests for eligible emergency (within 24 hours) and urgent (within 72 hours) diagnostics, such as major trauma, cancer, cardiac, gastroenterology and stroke patients.
- ensure patients have access to the necessary information to enable them to make an informed decision on whether to proceed with a planned diagnostic test and/or surgery.

In April 2021, there were 5,989 patients waiting over eight weeks for a specified diagnostic. The number of breaches has remained at a relatively consistent level over the last 12 months, in March 2022 there were 5,403 breaches. Waits for radiology, endoscopy and neurophysiology show the highest number of patients waiting across diagnostics services in Hywel Dda.



Impact on our patients

- The restrictions in capacity have limited endoscopy to being able to undertake priority one (P1) and priority two (P2) patients only. The P1 patients are all dated within the ten working days. P2 patients are currently waiting five months to be dated where the guidance is four weeks. Priorities three, four and surveillance patients are not currently being dated within the health board unless they are expedited due to changing symptoms. Where patients' symptoms change, they are given an urgent review and the endoscopy procedure is undertaken if deemed necessary. Work is continuing to validate the patients waiting and we are sending out letters explaining to patients what to do in the case of changing symptoms.

- Rapid recovery from the pandemic has been constrained within radiology due to staff shortages and continued absences related to COVID-19. Across the four main hospital radiology departments, additional sessions have been held where possible during evenings and weekends to create additional appointment slots which have been more convenient for some of our patients and has shown a reduction in the number of patients waiting eight weeks plus for a radiology diagnostic examination.
- Radiology has continued with equipment replacement which will ensure that equipment breakdowns are minimised, and the latest technology is utilised within our departments leading to improved performance.
- Longer waits for cardiac diagnostics has resulted in delays in clinical diagnosis and a longer than typical/desired whole pathway for patients. This will have also had the associated consequence of patients re-presenting with symptoms at primary care, accident and emergency and acute hospital admission.
- COVID-19 backlog and recovery work has involved the outsourcing a proportion of cardiac computerised tomography (CCT) and cardiac magnetic resonance imaging (MRI) activity to St Joseph's Hospital, Newport which has required patients to travel further for this diagnostic. Despite this, feedback from a patient experience perspective has been positive and complimentary.
- There has been an increase in the number of patients contacting the cardiology service with concerns and anxiety related to delays in diagnostics.

Key issues and risks

As seen in the chart above, the COVID-19 pandemic continues to significantly impact on our performance for the delivery of diagnostic services:

- Capacity has significantly reduced due to the required infection control measures and reduction in services during the Omicron variant.
- Staffing shortages due to COVID-19 isolation and vacancies have affected our capacity to address backlogs and reduce waiting times.
- Continued capacity pressures, equipment failure and COVID-19 precautions are all potential risks that could impact our ability to meet target.
- There has been a sustained increase in cardiology referrals during 2021/22 due to COVID-19 backlog and recovery, as well as the cardiology follow-up recovery initiative.
- Trans-oesophageal Echocardiogram (ECHO) or dobutamine stress ECHO test capacity has been recovered to near pre-COVID-19 level during 2021/22.

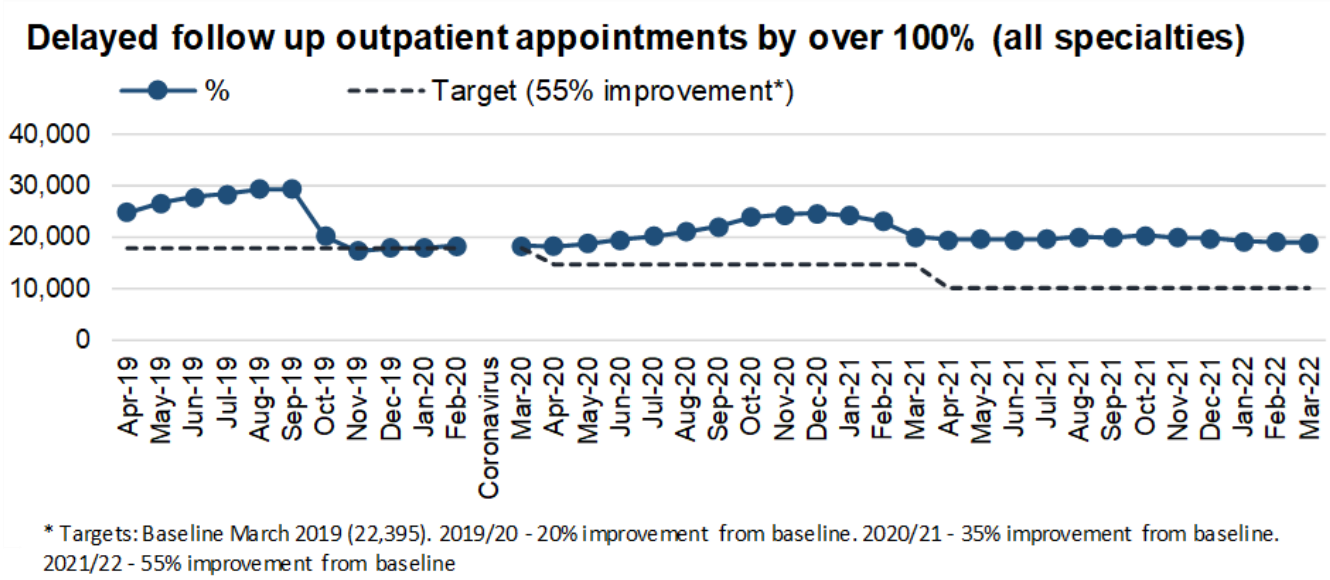
Key actions taken to ensure continued delivery of essential diagnostic services

- Continuous demand and capacity optimisation, investigation of outsourcing options, clinical validation and recruitment and revising pathways to meet changing needs throughout the year.
- Maintained services for urgent and suspected cancer work.
- Linked with colleagues across Wales for a review of the overall picture and possible solution to assist with post COVID-19 recovery.
- Waiting list validation and robust triage of referrals.

- Six-day working established at Glangwili Hospital to maintain social distancing and increase the number of cardiology diagnostic tests undertaken.
- Some cardiology services were moved off-site to facilitate social distancing.
- COVID-19 recovery funded outsourced capacity for computerised tomography coronary angiography (CTCA) and cardiac MRI at St Joseph's Hospital, Newport during 2021/22.
- COVID-19 recovery funded enhanced and double-time rate payment to internal staff has assisted in addressing ECHO and cardiac monitor capacity shortfalls during 2021/22.
- Cardiac physiology demand and capacity exercise has identified historic and chronic workforce deficit which will continue to drive challenges in undertaking timely cardiac diagnostics.
- Cardiac physiology workforce deficits are identified as a key service risk and investment need in 2022/25 Integrated Medium Term Plan (IMTP).
- A capsule endoscopy service was introduced in 2022 to further reduce demand for scoping capacity.
- Screens continue to be used in our endoscopy waiting and recovery areas to help increase capacity safely. A green pathway was established allowing endoscopy capacity to increase back to 87%.
- Additional lists in-house to be established to further reduce P2 waiting times.
- All priority one endoscopy patients were dated within two weeks.
- Faecal immunochemical tests continued in line with national programme guidelines.

Outpatients

In March 2022, 66,418 patients were waiting on a follow-up list and 18,941 (28.5%) were delayed by over 100% of their target date for a follow appointment, which is an improvement of 1,153 compared to March 2021.



* Targets: Baseline March 2019 (22,395). 2019/20 - 20% improvement from baseline. 2020/21 - 35% improvement from baseline. 2021/22 - 55% improvement from baseline

We have had to look at more flexible solutions to safely maximise capacity. These objectives align with the three-year Welsh Government Outpatient Transformation Strategy. Examples of more flexible and innovative solutions include advances in digital platforms such as Attend Anywhere and Consultant Connect. Both applications have had a positive

effect on patients waiting for their appointment with 30% of all outpatient activity during 21/22 being undertaken virtually.

The service continues to roll out See on Symptoms (SOS) and Patient Initiated Follow-Up (PIFU) pathways for both new and follow-up patients. In 2021/22, 6,461 follow ups (3.9%) were allocated an outcome of either SOS/PIFU, which has reduced demand for follow-up appointments.

Impact on our patients

The national guidance for outpatient services during the COVID-19 pandemic has required us to minimise the risks associated with COVID-19 transmission for patients. This has been achieved by reducing the number of patients in each clinical session. Additionally, the outpatient nursing teams have continued to provide high standards of cleanliness in maintaining infection prevention and control measures across the four acute sites. COVID-19 screens have been purchased and installed across all sites. Feedback from patients on the screens has been very positive including how safe, protected, and reassured they feel when attending all outpatient departments.

Outpatient nursing teams have adjusted and strengthened throughout the pandemic and maintain a positive approach to new ways of working to ensure we provide the best patient-centric care. The nursing teams across the four sites are prepared for future challenges in relation to reset and recovery plans and continue to prioritise patient safety, quality, and patient experience for all. The teams have continued to achieve positive feedback from individual compliments, and via the Feel Good Friday initiative. The service also enjoys regular appraisal via Envoy. The nursing teams engage in projects to enhance patient care/service provision and the senior nurse is currently engaged in an EQIiP (Enabling Quality Improvement in Practice) project to improve services for patients with sensory deficits.

Key issues and risks

The COVID-19 pandemic has resulted in reduced face-to-face capacity for outpatient appointments. This is primarily due to reduced staffing levels and infection control constraints. Throughput is less than before the pandemic due to these constraints.

Key actions taken to ensure continued delivery of essential outpatient services

- We have embraced and implemented new ways of working to increase outpatient capacity which includes undertaking virtual activity as an alternative to face-to-face.
- A virtual hub in Glangwili Hospital has been created so that medical staff have a dedicated area to undertake virtual appointments with patients.
- All patients waiting for either their first or follow-up appointment have been validated by internal or external validators to ensure appointments are kept for those who need it most and unnecessary referrals or appointments are removed. Validation is targeted at those follow-ups delayed by over 100%.
- Face-to-face contact has continued where necessary for urgent patients.
- Building on the success of our patient waiting list support team, we are working to establish a single point of contact for patients to enable timely responses and advice.

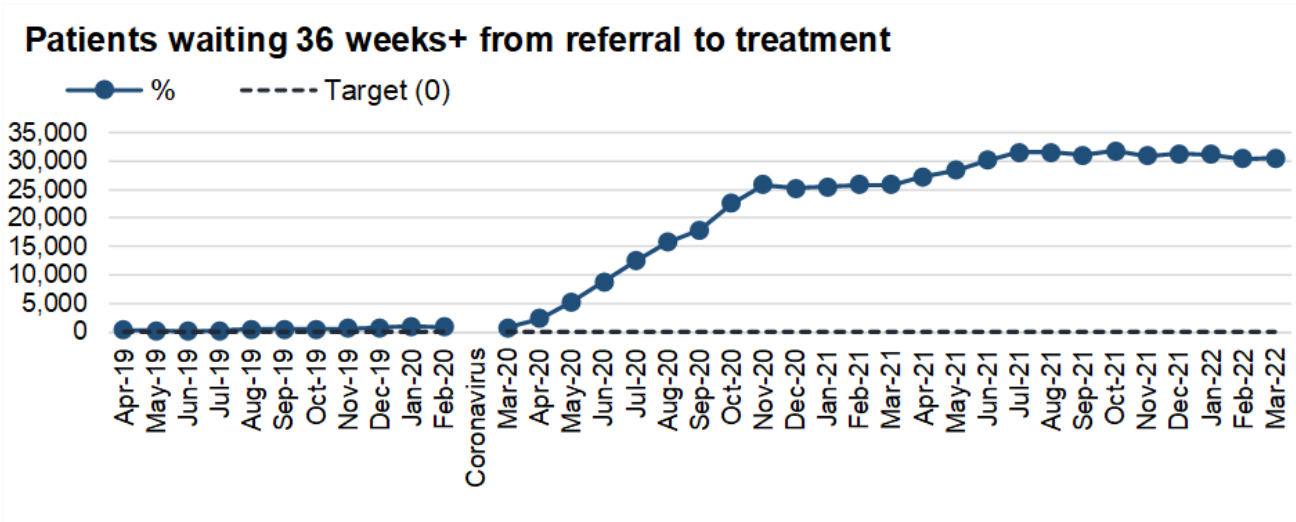
- Continued use of SOS and PIFU pathways in two ways as part of validation and after a patient has had a follow-up appointment.
- Innovative transformation pathways are being developed utilising the Welsh Government Outpatient Department (OPD) transformation fund. These include:
  - maximising optometry services in primary care for a number of eye conditions;
  - developing pre-habilitation programmes for patients waiting a long time for treatment;
  - developing virtual group consultations with a dedicated co-ordinator.

Managing our waiting lists and identifying those at higher clinical risk or harm

During the COVID-19 pandemic, the national guidance for planned care services requires us to:

- ensure patients have access to the necessary information to enable them to make an informed decision on whether to proceed with surgery;
- look for local flexible solutions to safely maximise capacity;
- minimise the risks associated with COVID-19;
- risk assess patients and prioritise accordingly so those at higher clinical risk or risk of harm are treated first.

While we have been working hard to steadily increase capacity to see and treat patients where possible in 2021/22, the pandemic has continued to impact upon planned care activity while we adhere to related government restrictions to keep us safe. There has been additional impact during the various waves of COVID-19 cases throughout the period, where planned care activity had to be scaled back with only emergency and urgent cancer care continuing. As a result, the number of patients waiting 36 weeks or more from referral to treatment (all stages) increased from 25,868 in March 2021 to 30,542 in March 2022. However, performance in 2021/22 has steadied when compared to the impact on performance during the first year of the pandemic.



Impact on our patients

We are working hard to minimise the impact the pandemic has had on our patients.

- Urgent and emergency care pressures have continued to impact upon elective bed capacity; however, the health board will benefit in the new financial year with protected areas at Prince Philip, Withybush and Bronglais hospitals. This, along with the investment and development of the demountable unit at Prince Philip Hospital, will increase day surgery capacity for the health board and access to treatment for patients.
- We are actively working with experienced focus teams via Waiting List Support Services (WLSS) to both contact and support our long waiting patients. This includes developing rehabilitation and pre-habilitation programmes to both aid stability while waiting an optimal health pre-surgery. This service is working alongside operational teams to gain valuable patient feedback whilst also utilising positive feedback via our Patient Advice and Liaison Service (PALS) and communications teams. Supportive resources are provided for people awaiting surgery. This information can be found on our website (https://hduhb.nhs.wales/healthcare/covid-19-information/) by selecting 'restarting services' or 'preparing for treatment'.
- Patients who have accessed external services through the outsourcing route have been communicated with and patient experience data has been collected. Regular patient experience reports are received from our outsource partners, with feedback from patients generally very positive.
- The planned care directorate have a robust governance process where all incidents, reviews and safeguarding are discussed, action plans developed, and teams are encouraged to work collaboratively to improve processes to give the highest quality patient care.

Key issues and risks

- Capacity in clinics and theatres continues to be reduced when compared to pre-pandemic levels; this is primarily due to social distancing and stringent infection control measures to keep us safe. This is constantly reviewed in line with national guidance.
- Exceptional levels of pressure continue to impact; predominantly upon activity levels, staffing levels through sickness and self-isolation, and the requirement to maintain adequate flow within acute sites to treat both COVID-19 and non-COVID-19 patients.
- Temporary pauses to planned operations have been necessary during 2021/22. This has added to the backlogs and put pressure on recovery plans.
- Significant pressures have been felt in the private sector, limiting our ability to outsource planned care activity. However, extensive work has been undertaken to increase outsourced activity throughout the year wherever possible.
- The need to prevent patients having major surgery while they have COVID-19 except for life, limb, or sight-saving procedures, as their outcomes are likely to be poor.
- There is still public concern about attending acute hospitals. To allay this apprehension, the current Welsh Government advice is that appropriate face coverings are worn in all healthcare settings. This continues to be endorsed within the health board.
- There continues to be significant risk regarding staff vacancies to ensure safe staffing levels to support planned operations. Operational teams work with the medical and nursing workforce teams to remedy this.

In line with national guidelines, our clinical staff are working to risk assess every patient waiting for an inpatient or day case procedure. As of 31 March 2022, we had risk assessed

76% of patients on the waiting list, of which 6% (1,035 patients) were assessed as needing their operation within four weeks due to clinical need or a risk of harm. The breakdown by specialty is included below.

Patients who have had their outpatient and/or diagnostic appointments and are now waiting for an inpatient or day case procedure as of 31 March 2022.

Specialty	P1* Operation needed within 72 hours	P2 Surgery can be delayed up to 4 weeks	P3 Surgery can be delayed up to 3 months	P4 Surgery can be delayed >3 months	Waiting to be risk assessed	Total patients waiting
Trauma & Orthopaedics		404	1727	3305	107	5543
Urology		297	448	886	1188	2819
Ophthalmology		37	394	1842	16	2289
General Surgery		102	220	922	620	1864
Gastroenterology		2	2		1158	1162
Gynaecology		82	312	499	117	1010
Colorectal		57	84	90	339	570
Pain Management			164	379	6	549
ENT		35	120	301	20	476
Breast		18	4	18	78	118
Other specialties		1	9	14	399	423
All specialties		1035	3484	8256	4048	16823

*P1 covers urgent cancer and emergency which is prioritised

Key actions taken to ensure continued delivery of essential planned care services

- We continue to plan our recovery. Planned surgery has continued at Bronglais Hospital, restarted at Prince Philip Hospital for orthopaedics, and Ward 9 in Withybush Hospital has reopened and started to treat patients. Cancer continues to be treated across all sites with a focused centre at Prince Philip Hospital. Specialty based cancer continues at Glangwili Hospital. Plans to reinstate further capacity during 2022/23 include:
  - repurposing Amman Valley Day Surgery Unit to deliver five days per week cataract surgery. This will involve the relocation of the age-related macular degeneration (AMD) service to the outpatients area;
  - a demountable unit at Prince Philip Hospital to provide additional day surgery access for the health board with an opening date of May 2022;
  - developing an enhanced care unit (PACU) at Prince Philip Hospital and Withybush Hospital to reduce critical care demand for elective patients.

- Where possible, patients are offered appointments/procedures in the private sector, with 6,849 appointments/procedures delivered in this way in 2021/22. Further outsourcing will be delivered in 2022/23.
- Virtual appointments are provided as an alternative to face-to-face appointments where possible to mitigate the reduction in outpatient capacity. A virtual hub has been established at Glangwili Hospital to facilitate virtual appointments, with others to follow in 2022/23. We are now urgently scoping returning outpatient activity to pre-pandemic levels using virtual and face-to-face appointments.
- The initial aim is to reduce the number of patients waiting over 104 weeks to zero by March 2023, as part of phase one of the ministerial measures to provide access to timely planned care.
- We have developed a revised post-COVID-19 watchtower planned care monitoring programme where we will monitor progress.
- We have implemented pre-assessment and screening pathways, including social isolation pre- and post-operatively with COVID-19 screens 72 hours pre-operation.
- Validation of all waiting lists has continued throughout the pandemic, both internally and through an external technical validation service.
- The health board has engaged with an external agency, Lightfoot, which has been working closely with key specialties on recovery plans. There is also an internal reset and recovery process, which is currently led operationally at watchtower. Key numerical messaging and lengths of time to recover is revised and reported to the executive team which will then inform the board.

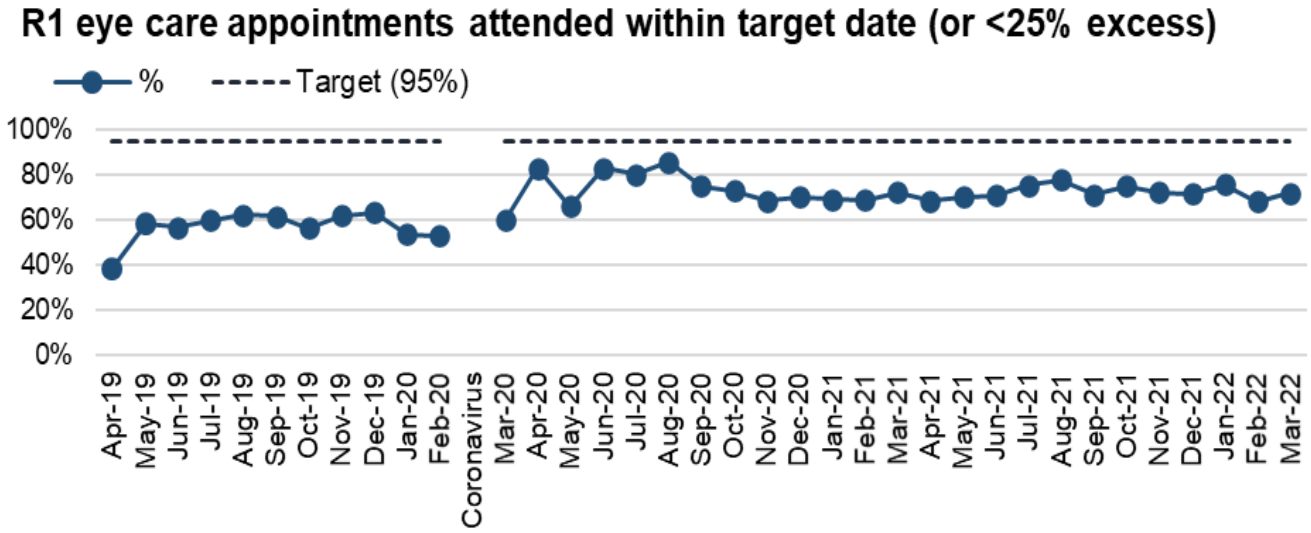
Eye care

The national guidance for eye care services during the COVID-19 pandemic requires us to:

- ensure urgent patients are seen and reviewed as appropriate;
- ensure strategies are implemented that mitigate the loss of hospital-based ophthalmology outpatient capacity.

During 2021/22, the NHS delivery framework definition of this measure was revised from recording R1 patients (those at risk of irreversible harm or significant patient adverse outcome if the target date is missed) waiting within their clinical target date for care and treatment to R1 appointments attended within their clinical target date or 25% beyond their clinical target date.

This revised definition illustrates that since the onset of the pandemic, performance for R1 appointments attended improved when compared to pre-pandemic. This can be attributed to the severe lack of capacity available during the early stages of the pandemic, where only the very most urgent/emergency R1 patients were able to be seen. Following an initial improvement to near the 95% target, performance has steadied from September 2020 at lower levels following the re-opening of more general ophthalmology clinics.



Impact on our patients

- Overall positive feedback has been received from patients seen in the independent sector for their operation as part of outsourcing arrangements. Feedback shows that patients are very grateful for having an appointment despite the current pressures being faced.
- The Eye Care Liaison Officer (ECLO) provides patient feedback directly to the service regarding patient experiences, both positive and negative, with ophthalmology services across the health board.
- As part of quarterly Eye Care Collaborative Group (ECCG) meetings, we can receive patient feedback through third sector organisations and we use this to inform service changes and improvements to ensure patients are satisfied with the care they receive.
- The service team is proactively meeting with patient groups, such as Wales Council of the Blind (WCB), to listen to experiences and feedback from patients and use this as a learning tool. This has been delayed during the pandemic, however, is due to restart during the first quarter of 2022/23.
- Audit and governance meetings (bimonthly) have recommenced, which provide tools for further learning.
- Following the independent review into eye care in Wales (Pyott report), an action plan has been developed and progress will be monitored through both the ECCG and ARCH (A Regional Collaboration for Health).
- During 2022/23, the service aims to establish a patient feedback mechanism that will allow for patient feedback to be shared in future reports.

Key issues and risks

The COVID-19 pandemic continues to impact on our performance for the delivery of essential eye care services:

- Due to the nature of examinations and tests required for ophthalmology appointments, the service is heavily reliant on face-to-face activity, which is still limited. Use of virtual appointments as an alternative is not suitable for the vast majority of ophthalmology patients.

- Routine surgery and face-to-face outpatient capacity continues to be reduced when compared to pre-pandemic levels. This is due to factors such as infection prevention and control measures restricting patient flow and staff shortages through sickness and periods of isolation.
- Reduction in availability of outsourcing for cataract appointments/procedures throughout the pandemic due to extreme levels of pressure in the independent sector.
- New patients experienced longer waits due to the combined impact of pandemic related restrictions, an increased backlog of patients created by the pandemic, lack of clinical space and a shortage of consultant ophthalmologists and experienced non-medical ophthalmic staff.

Key actions taken to ensure continued delivery of essential eye care services

Ophthalmology services have been reconfigured to meet essential urgent care where required:

- We have maintained treatments and reviews for imminently sight threatening or life-threatening conditions throughout the pandemic (prioritising those patients most at risk):
  - Every referral received is triaged and allocated a clinically determined health risk factor.
  - Glaucoma patients currently waiting are being re-prioritised by the clinical team to determine the level of risk on a case-by-case basis. These cases will fall into one of six new categories of R1 patients to ensure those most at risk are seen first.
  - Services continue to be provided 24-hours-a-day, via an on-call consultant rota for emergencies.
- The telephone triage of emergency eye casualties by a senior clinician has reduced attendance, with patients being managed via other routes, including independent prescribers in optometric practices.
- We are continuing to re-establish outpatient clinics and theatres across the health board where possible with the ambition to increase our internal capacity beyond the levels available pre-pandemic.
- We have recommenced ARCH workshops and we continue to work closely with Swansea Bay University Health Board (SBUHB) to develop a regional response and solutions for the short, mid and long term. This includes:
  - regional plans for the recovery of cataract surgery. This involves the repurpose of Amman Valley Hospital Day Surgery Unit for cataract surgery, relocating the AMD service to the outpatients area. This will provide five days per week cataract operating capacity;
  - South West Wales Glaucoma Service has commenced, supported by the SBUHB clinical lead. It will support the reduction in waits for glaucoma follow up appointments by developing a service within Hywel Dda on our acute sites and in community optometric practices.
- The intravitreal injection therapy service has continued for all patients throughout the pandemic, however, increased non-medical injectors and clinic space is required to meet the demand on the service, which is growing by 13% per year.
- Outsourcing arrangements to the independent sector began during 21/22 with 2,388 cases delivered to date.

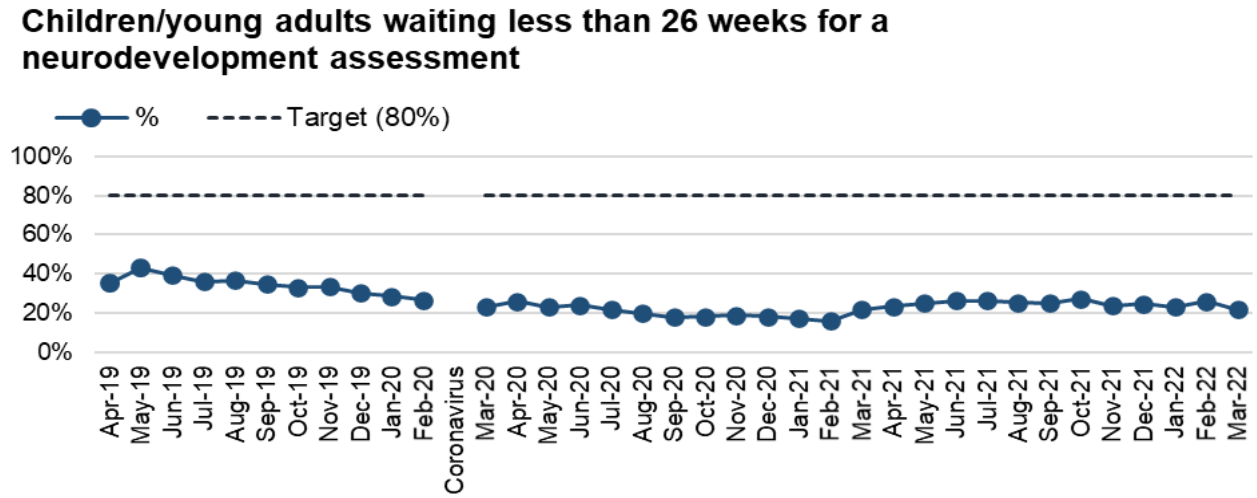
- Where possible, virtual activity is delivered, including:
  - virtual diabetic retinopathy clinics using Consultant Connect, which commenced in February 2022;
  - a research study is underway allowing stable AMD patients to be followed up in optometric practices with virtual consultant oversight.

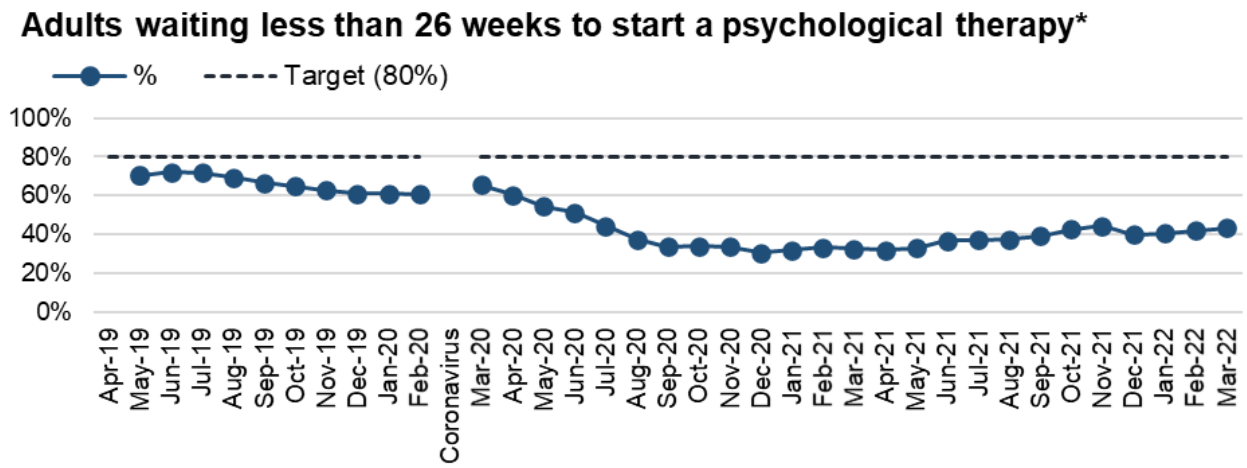
Mental health services

The national guidance for mental health services during the COVID-19 pandemic requires us to:

- continue to provide Mental Health Act (the Act) assessments, both in and out of hospitals;
- provide a range of mental health and learning disability inpatient care settings for both informal patients and patients detained under the Act. This includes medical, nursing and therapeutic interventions delivered by the multi-disciplinary team, to promote recovery and ensure patient safety;
- undertake mental health examinations in emergency departments or other general hospital settings following self-harm or where mental health problems may be indicated;
- provide the five functions of the Local Primary Mental Health Support Service assessment;
- work jointly across mental health and specialist eating disorders teams to deliver monitoring, support and treatment in community and home settings.

We did not meet the target throughout 2021/22 for children and young people requiring a neurodevelopmental assessment and adults waiting for a psychological therapy.





Our Mental Health and Learning Disabilities Directorate has been working with local authority partners and the third sector to ensure that there is broad provision of services available at the point when they are required. To enable this, we have strengthened Tier 0 services so that our population can more readily get help and support and safeguard the more specialist services so that these are available at the point of need. We have continued to invest in and strengthen our out-of-hours services and liaison services again to enable more timely mental health input.

Impact on our patients

- In 2021/22 we have maintained visiting where reasonably practicable, the main constraint being where we have had COVID-19 outbreaks.
- All clients waiting over 26 weeks for an intervention receive a keeping in contact letter to reassure clients that they are important to us. Within this we provide signposting options for third sector help, SilverCloud online counselling service and links to the health board's website.
- To ensure regular and up-to-date feedback is received from service users and inpatients, the Mental Health and Learning Disabilities Directorate has launched its own QR code and feedback form to ascertain the patient's view of the service provided both in the inpatient areas and in the community.
- To ensure the directorate learns from all incidents within the directorate (not just serious incidents), a monthly governance report is compiled which outlines trends, themes, increases and decreases in self harm, falls, unexpected deaths, and suspected suicides. The governance report, alongside feedback from Her Majesty's coroners, is shared and circulated with all staff within the directorate. Over the last 12 months a discharge audit has been completed to ensure adequate discharge planning takes place from inpatient areas. The outcomes of this audit were positive with only a few action points required to be addressed.
- A suicide prevention officer has been appointed to ensure that guidance and themes from the National Confidential Inquiry into Suicide and Safety (NCISH) is shared widely and staff are aware of a changing picture of needs within mental health services. This information is also available to all staff via the Quality Assurance and Professional Development (QAPD) SharePoint site.

- Incident investigations that are completed under 'Putting Things Right' guidance are shared widely with the teams involved in the patient care and on the finalisation of the internal review. All staff are made aware of the recommendations and improvement plans are completed and operational services lead on the implementation of the actions.

Key issues and risks

The COVID-19 pandemic has impacted on our performance for the delivery of essential mental health services:

- We have witnessed social impacts of the pandemic have an impact on people emotionally, presenting as anxiety or depression, or as practical unmet needs, rather than as mental health conditions which require diagnosis and treatment. This has been evident in the increased acuity of patients being seen. We therefore expect that people will need more Tier 0 / Tier 1 type of support.
- We are working with the all-Wales network of COVID-19 Mental Health and Learning Disabilities Directors and Welsh Government leads to look at ways of strengthening the availability of Tier 0 services as there is a recognition that the pandemic will have a far-reaching impact on people's resilience and mental well-being. We have also been working with local authority and third sector colleagues locally to strengthen Tier 0 provision. These services must be robust so that secondary mental health services can be safeguarded to meet the potential increase in demand, due to the pandemic, in a way that allows those who require access to do so in a timely manner.
- Staff vacancies across the directorate, with 17% of all posts currently vacant. This includes professional and administrative roles. Additionally, there can be difficulty retaining staff, worsened by a national shortage of registered mental health practitioners.
- Accommodation pressures across the directorate are impacting upon capacity, both in terms of providing appointments as well as providing workspace for clinical and administrative staff. Increased year on year additional funding from Welsh Government to further develop and enhance services has worsened this situation.
- Use of digital platforms have been accelerated throughout the year to provide virtual opportunities where appropriate. There continue to be challenges sourcing appropriate equipment to extend the use of this facility.
- Staff sickness rates in mental health services are above health board averages, although have been in line with other mental health services in Wales.
- We continue to receive a steady volume of autistic spectrum disorders (ASD) and attention deficit hyperactivity disorder (ADHD) referrals which require diagnostic assessments. The team numbers are small and require suitably trained staff; this means that service provision is highly sensitive to vacancies and absences.
- Higher patient ‘did not attend’ (DNA) rates experienced in mental health services than the health board average.

Key actions taken to ensure continued delivery of essential mental health services

- After the first wave of the pandemic, due to competing priorities, work to develop a mental health and learning disabilities single point of contact had halted. We are now working to implement the mental health 111 service which will be 24/7.

- A core principle of our vision was the development of 24/7 community services across the three counties. We began piloting the integration of community mental health teams to deliver a 24/7 drop-in service in Ceredigion before the pandemic. During the pandemic, we built on this by co-locating and integrating our crisis resolution home treatment teams and community mental health teams to provide seven day a week mental health services.
- Third sector commissioned services have adapted throughout the pandemic to offer telephone/online services on a three-county basis where possible. They continually update local directories of services.
- We are working with partners, including the third sector, to provide out-of-hours sanctuaries and pilot hospitality bed provisions, providing places of safety for people in mental distress who are detained by the police under Section 136 of the Mental Health Act.
- The above developments have enabled an accelerated delivery of our strategy in line with the delivery of our transforming mental health programme.
- Work is ongoing to scope options for filling our vacancies. We are exploring other types of roles to backfill areas of deficit – however, certain statutory duties may only be undertaken by medics, in line with the Mental Health Act and Mental Health Measure. Additionally:
  - a recruitment campaign is underway in disciplines including medical and psychology;
  - use of bank, agency and locum staff wherever possible to backfill vacancies and sickness.
- Seven-day-a-week working is in place in a number of areas.
- The directorate is prioritising the repurpose and reuse of accommodation across the health board to increase capacity.
- Opportunities to provide additional capacity within the independent sector are continually explored, with child and adolescent ASD looking to commence some appointments with an independent provider in the new financial year.
- Use of virtual platforms to deliver more capacity as an alternative to face-to-face where possible.
- Implementation of therapeutic groups has been scoped and will be piloted.
- Development and integration of the Welsh Patient Administration System (WPAS) into the whole of the directorate will assist with monitoring waiting lists and demand and capacity planning. WPAS is being rolled out in a phased approach.

Dignified care

The past year has been challenging with the ongoing demands from the pandemic and maintaining the provision of dignified care to all our patients has been a priority for all staff. Due to the second wave of COVID-19 (27 July 2020 to 16 May 2021) our services experienced extreme pressure which impacted on our population and inpatient services. A similar position was experienced during the third wave (17 May 2021 to 19 December 2021) and during the peak of Omicron, which impacted on our population and inpatient services. Primary care and community services maintained regular clinical reviews for our patients, which included, where appropriate, end-of-life-care plans for COVID-19 patients.

There are representatives from our clinical teams on the National Dementia Hospital Charter which will be launched in April 2022 following which there will be workstreams set up to support implementation of the charter and will be a priority for the coming year.

We continue to work in partnership, including with local authorities and third sector, to support those with sensory loss, in line with the All-Wales Standards for Accessible Communication and Information for People with Sensory Loss. We strive to ensure those patients who have sensory loss receive accessible services and information, with the provision of information in alternative formats and access to interpreters if needed. Staff have received training on sensory loss during the year, including sessions on British Sign Language. Information on the ways in which staff can support service users, including pre-arranging interpreters, using digital interpretation and telephone options, using communication aids, and providing information in accessible formats are set out in the recently updated Interpretation and Translation Policy.

In line with all health boards across Wales we are undertaking a review of hospital acquired COVID-19 infections to ensure that there is learning and improvements within the health board. The review methodology includes consideration of the findings of the mortality review undertaken, the clinical decisions made such as end of life care planning and the management of each outbreak. The learning will be presented on a thematic review basis by hospital site.

Within mental health and learning disabilities services measures were put in place to maintain patients' dignity during COVID-19 restrictions. During this difficult time mental health ward staff responded by facilitating 'virtual visits' using electronic devices such as iPads and laptops to provide contact with patients' loved ones. Patients also made use of the RITA systems on a regular basis. Patients who were hard of hearing used an amplified hearing device provided by the wards to a good effect so that they could communicate effectively; speakers for these devices were also provided by the health board. It was plainly apparent that both patients and families felt reassured following the virtual contact. Relatives were also encouraged to continue to bring treats for their loved ones enjoy on the wards. They also brought other property to the wards with the continued support and guidance from the health board's Infection Control Team.

Clinical reviews were also carried out on a regular basis. These were either face-to-face or virtual consultations throughout all the restrictions; in addition, staff updated each family/carer by telephone on a weekly basis. It was distressing for families and carers not to be able to have face-to face contact with their loved ones, so staff provided emotional support and compassion for families, particularly for spouses. The older adults mental health wards' Twitter account was used to show the therapeutic activities carried out on the ward, obviously always adhering to confidentiality and ensuring the patients' dignity was upheld. Relatives were informed about this and were encouraged to look at the account for reassurance.

Due to the restrictions that were implemented because of COVID-19 pandemic, patients in clinical areas were unable to see their relatives face-to-face because of the high risk of infection. After advice from Infection Control Team and following strict PPE protocols, measures were introduced to support those patients whose mental state was compromised

by lack of contact with family. For example, some patients' nutritional intake was reduced by the stress and distress caused by the separation from their loved ones. These patients' relatives were then afforded private visits in such a way to reduce the chance of introducing any infections on the wards. The effect of this face-to-face contact made discernible improvements to the patients' well-being and mental state, at the same time as maintaining dignity and a high level of person-centred care.

Putting things right

Putting things right

Putting people at the heart of everything we do

As a health board, we manage concerns is in accordance with The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011. Read more here about 'Putting Things Right: Raising your concerns about the NHS'

The aim of 'Putting Things Right' is to have a single and supportive process for people to raise concerns, and to provide an effective and timely response based on the principles of openness and honesty. Learning from concerns is an essential part of this process. Further information on what we have done in response to the feedback we have received and the outcomes of investigations into concerns is explained below.

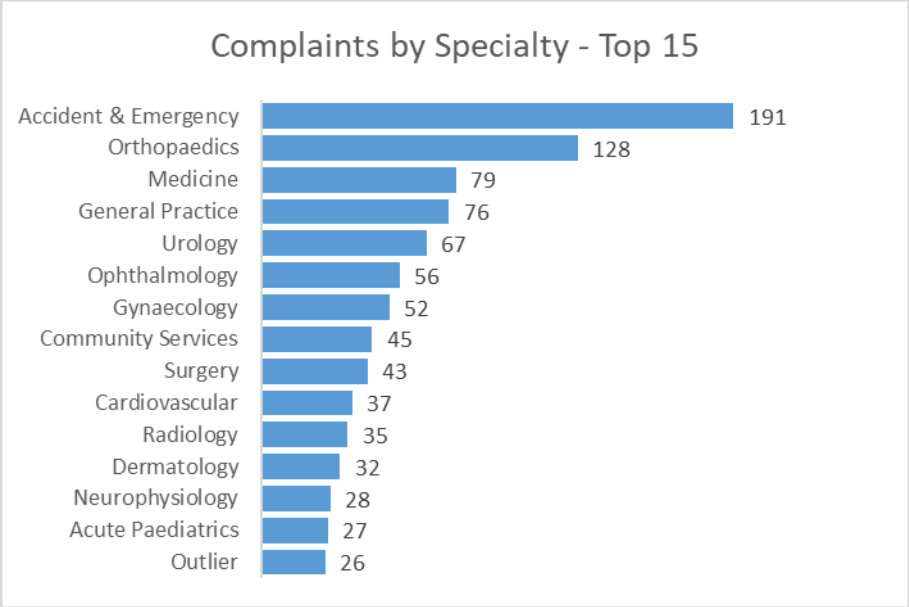
Concerns (complaints)

During the period 1 April 2021 to 31 March 2022, we received 2,244 concerns (complaints) which were managed in accordance with the Putting Things Right regulations.

We are fully committed to resolving complaints in a timely way and most of our concerns can be managed within 30 working days.

When this is not possible (such as when complaints involve multiple agencies, or when a complaint is about a very serious event), our aim is to resolve complex matters within six months. Improving the timeliness and outcomes of the concerns process is a priority for us to ensure any remedial actions can be addressed as quickly as possible. During the year, we responded to 62% of concerns received, within 30 working days. Of those exceeding this target 26% were responded to within six months and 12% exceeded six months. Meanwhile, 20 of these concerns were referred to the NHS Redress Scheme.

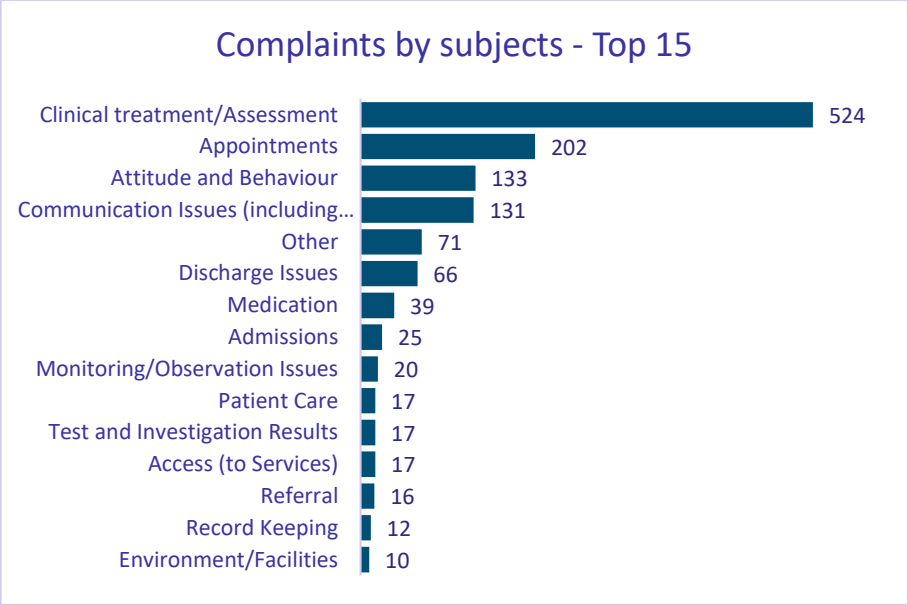
The number of complaints by specialty is set out below:



The specialties receiving the highest number of concerns were our A&E departments, medicine, general practice and orthopaedic services. These numbers must be taken in the context of the high volume of patient activity and contacts in these areas as well as the additional pressures the services experienced because of the COVID-19 pandemic.

For general practice, there are currently 49 practices (four of which are health board managed practices). The number above represents the total number of concerns received across general practice.

The main reason people raise complaints is because of clinical treatment and assessment, appointment waiting times, attitude and behaviour and communication issues. The table below shows the top 15 themes of complaints.



During the year, many non-urgent services have been suspended, for patient safety reasons in line with Welsh Government guidance relating to the COVID-19 pandemic. This has understandably caused concern for our patients about waiting times and appointments. Communication was another cause for concern, particularly for families and loved ones who were unable to visit their relatives who were staying in our hospital wards. This was a challenging time for all concerned including our staff. Throughout the year we have tried to resume as full a range of services as possible, providing that patient and visitor safety could be maintained.

Public Services Ombudsman for Wales

During the period 2021/22 a total of 76 complaints were referred to the Public Services Ombudsman for Wales (PSOW). Of these, 37 resulted in an investigation, of which four settlement agreements were reached, one upheld, 10 partly upheld, two not upheld and 20 are ongoing.

Of the remaining 39, 30 were recorded as queries; comprising of 10 early resolutions, nine not investigated, four investigations commenced and seven awaiting further instruction. Nine complaints were rejected outright by the PSOW.

Of the complaints that resulted in an investigation, 11 of all complaints were relating to unscheduled care, a further 10 related to scheduled, nine were within primary care, five within women and children, and two within mental health and learning disabilities.

Core themes recorded within the findings of ombudsman reports relate to:

- Communication, including communications with patient, families, and other health boards;
- Delays, including delays in assessments, reviews and diagnostics;
- Records, including poor record keeping, inaccuracies, omissions and discrepancies;
- Complaint handling, including delays in completion of investigations, missed opportunities for reflective learning, failures to consider breach of duty.

Patient experience and learning from complaints

We are highly committed to improving patient experience through the feedback we receive, whether these are positive experiences, or instances where concerns and complaints are raised. When people tell us that their experience could have been better, we use this to direct our own learning and improvement as a health board.

Electronic methods of providing feedback, such as our Friends and Family Test, the online patient survey and The Big Thank You, as well as printed cards and ward surveys enable people to share their feedback, swiftly and easily, and provide us with valuable information to support continuous improvement.

We are currently implementing a new electronic patient experience system, which will be available across all our services, including community services.

Our board receives details of the feedback received from service users at each of its meetings and is informed of what is being done to improve patient experience. The patient experience reports, which include patient stories about a range of experiences can be found at https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2022/

Last year we told you about our Improving Experience Charter which sets out what our service users can expect when using our services. It sets out several pledges that we call ‘always experiences’. We continue to implement the charter and reporting on progress through our improving experience board report.

Learning from feedback is an essential element to the management of concerns. Without feedback from our service users and our staff, we will not be able to continually improve services for patient safety.

The summary below shows some of the important feedback received and what we have done to make changes:

You said	We did
You need us to keep working on communication. While pressures on the ward are recognised, the ability to get meaningful updates on the well-being of relatives and loved ones is important.	Last year, a new role – the Family Liaison Officer - was introduced onto wards and in some community facilities. The main purpose of the role during the pandemic was to support communication between patients, their families and ward staff, as well as enhancing patient experience. Owing to the positive feedback received by patients, this role is going to continue and will focus on enhancing patient and family experience in a hospital setting. This will be fully evaluated throughout the year as the role develops. We will also be delivering additional training to all staff on the importance of effective communication.
As a health board, we need to be better prepared to receive people with sensory impairments at our emergency departments and for outpatient appointments.	Reception and screening staff will be better prepared to receive people with sensory loss. Staff will be equipped with British Sign Language charts to help with communication, which have been translated into Welsh and issued across the health board.
After the opportunity to identify a diabetic patient was missed when attending a minor injuries unit, you said we need to ensure that staff are adequately trained and equipped to recognise diabetes in our younger patients.	We have equipped our minor injuries unit with a machine used to measure blood glucose measurements, and triage nurses have been asked to consider its use when young people present with certain symptoms. This has been supported with the use of online diabetic learning resources to support staff knowledge.
Having the opportunity to visit people in hospital when they are at the end of life can have a profound effect on the patient, their family, and our staff. We need to keep this at the forefront of our planning around visiting arrangements.	We have reviewed the arrangements for visiting end of life patients. Staff have been provided with training opportunities relevant to end of life care, and compliance is being monitored by senior nurses on the wards. We continue to reiterate the need for good communication with family members when they are facing the difficulty of losing a loved one.
While delays can be expected, the experience of waiting in A&E was made more difficult by the physical environment. Seating within	We have recognised the physical environment within A&E at Glangwili Hospital as a challenge and needing improvement. We have purchased new seating and screening to help improve the experience.

waiting areas could be better, particularly in Glangwili Hospital.	
Staff in A&E need more training on mental health and learning disabilities.	All staff within the A&E Department are aware of the need for reasonable adjustments when assessing patients with mental health or learning disabilities. There is a teaching regime in place for our doctors working in the emergency departments, and there will be a wider training plan for nurses and health care support workers, so that they act as advocates and are equipped with the knowledge to support this specific patient group.

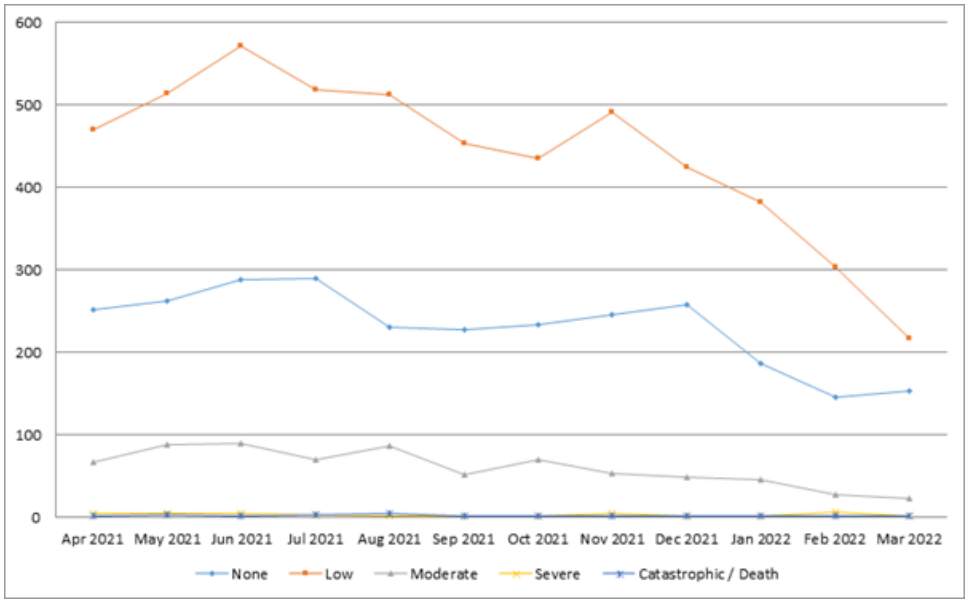
Concerns (incidents)

On 1 April 2021, we introduced the Once for Wales Concerns Management System, DatixCymru. The system is designed to specifically meet the needs of NHS Wales organisations and allows for a consistent approach across Wales for recording concerns. The health board was the first organisation in Wales to go live with DatixCymru.

During the period 1 April 2021 to 31 March 2022, 14,165 patient safety concerns (incidents) were reported.

The introduction of DatixCymru has altered the way in which severity of harm is recorded. The new system allows the reporter to give an initial indication of the harm to the person affected. Following investigation, the investigating officer confirms the level of harm (this is recorded separately, and the initial rating given on reporting is unchanged).

The run chart below shows the severity harm following investigation of the patient safety incident:



Of the 14,165 patient safety incidents reported, 7,173 have been investigated and closed. 3,254 incidents have had the severity amended; 2233 incidents were downgraded whilst 901 incidents were upgraded.

Pressure damage and moisture damage incidents continue to be the highest reported incident (3,178 pressure damage and 3,387 moisture damage incidents), followed by accident, injury and behaviour (including violence and aggression).

Of the 3,178 incidents reporting pressure damage, 1,696 were present before admission to the clinical area.

For each pressure damage incident a focused review is undertaken. In 43 cases, where the focused review has been completed, the pressure damage (which had developed or worsened during care) was deemed to be avoidable. Of these cases, 15 incidents are grade three, four or unstageable pressure damage.

Pressure damage incident scrutiny panels are held by heads of nursing with their teams. The panel consider the findings of the focused review, consider the wider learning, and approve the incident record for closure if appropriate.

The Quality Assurance and Safety Team and the Tissue Viability Nursing Team have introduced a corporate scrutiny panel to review and reduce the duplicate pressure damage incident reports and ensure consistency of grading of pressure damage in the incident report forms.

Quality improvement work is also underway to consider the appropriate management of incidents where pressure damage is reported as being present on admission. Most cases are not known to district nursing services or other health board services and it is these incidents where there may be potential learning.

Nosocomial COVID-19 infections

We are undertaking reviews of suspected nosocomial infections, in line with the all-Wales Protocol for the Review of Patient Hospital Onset COVID-19 Infections. On conclusion of the initial review using the all-Wales toolkit, and where it is assessed or suspected that an action or inaction has or is likely to have caused or contributed to the patient's unexpected or avoidable death, or caused or contributed to severe harm to the patient, a proportionate investigation is also undertaken in line with Putting Things Right. Read further information regarding the learning from these reviews is provided to the Quality, Safety and Experience Committee.

Nationally reportable incidents

A patient safety incident is nationally reported within seven working days from the occurrence, or point of knowledge, if it is assessed or suspected that an action or inaction in the course of a service user's treatment or care, in any healthcare setting, has, or is likely to have caused or contributed to their unexpected or avoidable death, or caused or contributed to severe harm. Read further information about the requirement to report incidents to the NHS Wales Delivery Unit.

Between 1 April 2021 and 31 March 2022, 24 reportable incidents were reported to the NHS Wales Delivery Unit.

	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4	Total
Behaviour (including violence and aggression)	0	1	1	0	2
Infection Prevention and Control	0	1	0	0	1
Maternity adverse occurrence	1	0	1	0	2
Medication, IV Fluids	0	0	0	1	1
Patient/service user death	0	0	4	7	11
Pressure Damage, Moisture Damage	1	2	2	0	5
Treatment, Procedure	0	0	0	2	2
Total	2	4	8	10	24

Delivering in partnership

Delivering in partnership

A Healthier Mid and West Wales: Our Future Generations Living Well

We have a shared vision with our communities for us to live healthy, joyful lives.

We published our long-term health and care strategy, A Healthier Mid and West Wales: Our Future Generations Living Well in 2018. The strategy sets out our ambition to shift from a service that just treats illness to one that keeps people well, prevents ill-health or worsening of ill health, and provides help people need early on. We have taken significant steps towards our strategy during 2021/22.

Engagement with our communities and land selection process

Between May and June 2021, we held a six-week engagement exercise, called Building a Healthier Future after COVID-19, with staff, patients and their families, and the wider public. The purpose of this was to find out how the pandemic had affected people's health and care, and access to it, and to understand the implications of these experiences in relation to our health and care strategy.

You can read the feedback report here: https:/www.haveyoursay.hduhb.wales.nhs.uk/building-a-healthier-future-after-covid-19

This information is now being used to inform the delivery of our services.

An example of this is the process and land selection for a new hospital in the south of the Hywel Dda UHB area. In our engagement exercise, we asked people for nominations of possible sites between the zone of St Clears and Narberth; and also to tell us what was important to them in the selection of a site.

Some sites were suggested as part of the engagement exercise and there was significant feedback about the areas of importance in site selection. Common concerns were around the potential distance to the hospital for communities furthest away, public transport links, parking, the importance of attracting and retaining staff, and cost of a new hospital.

As a result of the engagement exercise, sites suggested by members of the public were assessed against criteria, including areas of importance to the public, as part of technical review of the 'long list' by the health board in October 2021.

As part of the next phase, and to ensure continued engagement from the public, we have invited groups and individuals across the three counties of Carmarthenshire, Ceredigion and Pembrokeshire, to submit an expression of interest to be part of the process to further assess and evaluate shortlisted sites. This will result in a recommendation on the best location for the new hospital to the health board later in 2022.

We are receiving support and advice on the process from the Consultation Institute - a not-for-profit, independent body, which provides guidance on best practice for engaging with communities.

Submission of programme business plan

Additionally, as part of business planning for programmes of this type in Wales, we submitted a Programme Business Case (PBC) to the Welsh Government in February 2022. Read the full PBC here.

This is the first, high level document, to try and secure Welsh Government endorsement for the programme and support the funding for more detailed work (outline business cases).

We hope this will eventually lead to Welsh Government investment of up to £1.3billion in the buildings and infrastructure we need to deliver our long-term strategy.

This is a long-term programme which will take more than a decade to deliver. For example, we expect the new urgent and planned care hospital will take until at least the end of 2029 to open.

We intend to continue regular engagement, and possibly consult on parts of the programme, with patients, public, staff, and partners during this process.

Partnership approach to health and care

The pandemic has demonstrated how communities can work together to support the most vulnerable. The pandemic has caused a decrease of personal resilience for some individuals as they have had very limited social opportunities. With support from the Welsh Government Transformation Fund (Programme 7), engagement with local communities to enable community resilience has continued.

We have an integrated management structure in Carmarthenshire which is jointly responsible for the planning, delivery and evaluation of care of our population. The regional Integrated Executive Group (IEG) membership includes directors of social services and health board executive directors. The IEG has been instrumental in directing integrated strategy to enhance integrated service provision for the population including discharge arrangements for our inpatient population. Risks and issues for urgent and emergency care are brought to the attention of the IEG to consideration and action as appropriate.

Cwtch service

The Cwtch service in Ceredigion delivers low level domiciliary care to prevent or delay the requirement for long term assessment and provision. Funded by the Integrated Care Fund and delivered by the British Red Cross, the service receives an average of 100 referrals per quarter with approximately a 50:50 split between support for hospital discharges and support to prevent hospital admissions; on average only one person per quarter is referred to the local authority for ongoing support following provision from Cwtch. The service delivers assistance and support for meal preparation and personal care; medication prompting; domestic tasks and shopping, but more importantly encourages confidence to maintain self-care.

Trial without catheter clinic

Building on the success of the community catheter clinic for patients, we developed a clinical pathway for a ‘trial without catheter’ (TWOC) for ambulatory patients in Pembrokeshire. With over 400 people with long-term indwelling catheters in

Pembrokeshire, a specialist, nurse-led community TWOC pilot clinic was introduced to help reduce waiting times. The impact of COVID-19 resulted in delays of between eight to 12 months to access a TWOC appointment (prior to the pandemic, the average wait for an appointment was six to eight months). Since the first clinic on in May 2021 in Tenby Cottage Hospital, nine new patients have attended clinic, four with successful outcomes. This new initiative will be adapted following lessons learned during its pilot phase so it can be rolled out across Ceredigion and Carmarthenshire. Initial feedback on the TWOC approach is extremely positive, with praise for the professionalism and knowledge of the clinical team, as well as the clinical environment and surroundings. The clinic is running extremely well and has been nominated for a Royal College of Nursing community award.

Advanced heart failure supportive care project (Bevan Commission) pilot

Following a pilot completed and evaluated at the end of March 2021, we have developed a successful collaboration bringing the heart failure palliative care multi-disciplinary team (comprising the heart failure clinical nurse specialist, occupational therapist, cardiologist and palliative care consultant) into normal working hours. This has created an opportunity to work more closely with the Paul Sartori Foundation, Shalom House and the wider palliative care support. The planned clinic-based approach with visiting third sector support did not materialise due to COVID-19 restrictions, so most have been seen at home or accommodated in the re-established face-to-face clinics.

Remote cardiac monitoring

We have introduced remote cardiac monitoring for people in Pembrokeshire who are able to undertake some physical measures at home. Providing blood pressure monitors helps patients to monitor themselves without needing face-to-face contact. This has led to the development of a telehealth system enabling patients who have heart failure and chronic obstructive pulmonary disease (COPD) to self-monitor their conditions, supported by a professional monitoring platform, before having a virtual or online appointment). Investment has also been made in other technology enabled care equipment specifically to deliver pre-habilitation for patients waiting for musculoskeletal surgery.

Palliative care respite

Working with Shalom in St Davids, Pembrokeshire, we supported the trial of three respite periods for people with a palliative diagnosis to support them and their families to continue to cope with their care at home. The trial ran between January and March for one period of four days each month, and the feedback from those attending and their families has been very positive.

Supporting social care and ensuring safe discharge

During 2020-21, each of our three counties have increased their intermediate care offer through Transformation Programme 3 funding. This includes collaborative interventions such as the recruitment of additional health and social care workers, increasing home-based care and reablement to support people to return or stay at home.

Working with and supporting nursing homes

We continue to work collaboratively as a system, with regular and effective joint care meetings with care home communications which have significantly reduced the risk care home patients being admitted into hospital.

A health board-wide Care Home Risk and Escalation Policy is in place and outlines our approach to supporting compromised care homes to ensure sustainability of care when faced with risk.

West Wales Regional Dementia Strategy

The West Wales Regional Partnership have co-produced a dementia strategy highlighting what matters to people living with dementia and their families. It outlines the priority areas needed to deliver this expressed need. A regional programme manager has been appointed to implement the strategy and its associated plan.

Palliative and End of Life Care Strategy

We have developed a robust strategy to ensure everyone at the end of life is able to access the specialist care and holistic support they need. The Palliative and End of Life Care Strategy, approved by our board in March 2022, considers the estimates of palliative care need and sets out a sustainable workforce plan to meet these increasing needs. It sets out in detail the background to its development, a summary of the population needs analysis carried out, best practice, the service model pathway and the approach to and ambitions for implementing the service model.

Working with our partners on research opportunities

We established two exciting new partnerships with Aberystwyth University and the University of Wales Trinity Saint David (UWTSD) providing us with greater opportunities for education, research and innovation in transforming healthcare across Carmarthenshire, Ceredigion and Pembrokeshire. A new clinical research facility opened at Aberystwyth University as part of the new collaboration, offering a day-to-day focal point for staff to collaborate on education, research and innovation. UWTSD and the health board already work in collaboration on a number of initiatives and the new arrangement will enable greater opportunity for collaboration in relation to workforce development, research, enterprise and innovation, particularly post-COVID-19.

The developments are part of a Memorandum of Understanding (MoU) between the health board and each of the two universities, designed to transform healthcare and support the delivery of the health board's 'A Healthier Mid and West Wales' strategy.

Initiatives to improve the health and well-being of people in Wales are in progress thanks to a new collaboration between the health board and the Welsh Wound Innovation Centre. An MoU between the organisations will see innovative solutions being developed to promote opportunities across wound care technology research. The health board's role will be delivered by the Tritech Institute to provide specific services in innovative healthcare solutions.

Digital nursing documentation

Nursing staff within the health board were the first in Wales to go live with the new national Welsh Nursing Clinical Record (WNCR). The health board was also the first in Wales to implement the programme across the whole organisation.

The aim of the WNCR is to provide one standard set of digital nursing records to enhance the safety and effectiveness of care for the population of Wales irrespective of location, and improve patient, carer and staff experience. WNCR forms part of a national vision to ultimately have consistent information standards within all patient populations and healthcare settings across Wales.

Phase one of the WNCR project features the adult inpatient assessment, six core risk assessments, patient notes and discharge checklist. Nationally, Digital Health Care Wales, digital and specialist nursing leaders continue the application and data standards development. Within Hywel Dda, we have seen an extensive WNCR rollout across all adult inpatient wards and supporting departments in acute and community hospitals during the last 12 months, despite pressures from the ongoing pandemic.

Detailed project planning, recurrent Welsh Government funding and effective communication and training for teams prior to WNCR rollout have proved critical to the successful implementation. The WNCR project team have engaged and communicated regularly with corporate and operational nursing and multi-disciplinary teams. This engagement has extended to local universities to ensure that WNCR and informatics are integral to future nursing careers within pre-and post-registration nurse education.

The role of our Stakeholder Reference Group

The Stakeholder Reference Group (SRG) provides a forum for engagement and input among stakeholders from across the communities we serve. Its aim is to consider and reach a balanced stakeholder perspective to inform our decision making.

The group has membership from a wide range of stakeholders who have an interest in, and whose own role and activities may be impacted by heath board decisions. Members include community partners, provide organisations, and special interest groups.

Four meetings of Hywel Dda SRG took place during 2021/22, which provided SRG members with opportunities to discuss, comment, and make recommendations to the health board on the following listed areas of work. This has ensured active involvement and direction from stakeholders in these key areas of health board business:

- Healthier West Wales Transformation Programme/Funding (Integrated Care Fund)
- Engagement/Engagement HQ
- Charter for Young People/Early Adopter
- Building a Healthier Future after COVID-19
- Regional Partnership Board Population Assessment and Public Services Boards Well-being Assessment
- Role and Remit of HDdUHB Ethics Panel
- Draft Integrated Medium Term Plan 2022/25 and the Planning Objectives for 2022/23
- Best Approach to Reflect the Populations ‘Lived Experience’ of the Health Board

- Draft Regional Dementia Strategy
- Community Development Outreach Team (CDOT)
- Improving Patient Experience/Improving Experience Charter (IEC)

Dyfed Powys Local Resilience Forum

Dyfed Powys Local Resilience Forum (LRF) is a multi-agency partnership made up of representatives from local public services, including the emergency services, local authorities, the NHS, the Environment Agency and others. These agencies are known as Category 1 Responders, as defined by the Civil Contingencies Act. The LRF is supported by other organisations, known as Category 2 responders, such as the Highways Agency and public utility companies. They have a responsibility to co-operate with Category 1 organisations and to share relevant information with the LRF. The geographical area the forum covers is based on Dyfed Powys Police area.

The LRF also works with other partners in the military and voluntary sectors who provide a valuable contribution to LRF work in emergency preparedness. The LRF aims to plan and prepare for localised incidents and catastrophic emergencies. It works to identify potential risks and produce emergency plans to either prevent or mitigate the impact of any incident on their local communities.

The Dyfed Powys LRF supported planning for an increase in deaths during the pandemic and co-ordinated the development of additional facilities during the peak of the pandemic to support existing NHS facilities and funeral director/crematoria sectors. As the excess deaths and hospital admissions reduced, then these additional facilities were stood down. Processes for reactivation if required in future are being detailed in updated pandemic response arrangements. A number of tactical and operational sub groups were also set up to support the regional response and facilitate requests from partner agencies.

Workforce management and well-being

Workforce management and well-being

Culture and workforce experience

We want every day in Hywel Dda University Health Board to be a good day in work'. We are on a culture change journey and our staff have set out for us the aspiration for the culture they want in Hywel Dda.

2021/22 saw a real period of listening to what is important to our staff to ensure the next steps we take on our journey are the right ones. Our Discovery Report gave us the opportunity to understand our staff experiences through COVID-19 and we have shaped a framework for culture change through Our People Culture Plan. We co-created this with our trade unions and ensured it reflects what our staff say are important to them.

Organisation development relationship managers

We recruited a team of new roles to help enable more good days at work across the health board. Our new organisation development relationship managers and assistant managers started to work with our leadership teams, staff and staff side, in developing new ways of working together to help us see things differently across our organisation. We began work in some key areas, based on risk and opportunity.

Staff well-being

Staff Psychological Well-being Service

The Staff Psychological Well-being Service continued to ensure easy and rapid access to resources and support for staff, teams, and managers. Provision evolved in response to changing circumstances and focused on maintaining rapid access, assuring the quality of well-being resources, managing the weight of well-being related messages to avoid overwhelm and finding ways to reach all our staff groups. Our staff psychological well-being intranet site launched in 2021, providing information and signposting to a range of guides, resources, and services to support the mental health and resilience of individuals and teams.

A number of initiatives covering a range of mental health topics were made available to staff, including a series of Well-being@Work Webinars, bespoke 'rest and recovery' sessions, and workshops covering the themes of well-being in nature. A new 'Spaces for Listening' Facilitators Network provides support and a safe learning environment for facilitators.

An innovative programme of Recovery in Nature: Ecotherapy Retreats for staff was funded by NHS Charities Together. This programme was designed for staff who are on sick leave, or at risk of sickness absence due to work related stress or burnout. We continue to support the green health agenda in Hywel Dda, contributing to the improvement of green spaces inside and out, with a focus on how the natural environment supports psychological well-being.

Access for staff to an online mindfulness training programme was funded with support offered by a mindfulness lead.

There was a steady increase in the number of staff accessing one-to-one psychological support service, with an increase in the level of distress and risk at first contact. Care pathways were clarified to ensure that an appropriate response, including signposting elsewhere when necessary. We have built and maintained our links with primary and secondary mental health service teams to expedite access for staff where needed. Access to the Employee Assistance Programme, Care First, continued with the majority of contacts being for one-off appointments. Evaluation remains a key aspect of service improvement and a range of measures are used including service user satisfaction surveys, clinical outcomes measures and longitudinal measures for specific programmes.

Support was provided to programmes such as the Nurse Preceptorship Programme and Medical Education Programme for Doctors continues, with a focus on sustaining mental health in challenging times.

There was an increase in the number of requests for team support around well-being at work and these are now discussed as part of the wider commissioning process to ensure a co-ordinated approach and the best use of resources.

Well-being Champions Network

In August 2021, we launched our Well-being Champions Network to provide a supportive forum for staff to share ideas and link up with services and other support that promote staff well-being. The aim of our champions is to:

- promote health and well-being within the workplace;
- publicise health and well-being initiatives, awareness days and calendar events;
- advise and direct staff to appropriate support services;
- share the needs of staff to help shape our staff health and well-being agenda.

125 staff registered to undertake the role and over 50 champions are already fully trained, with further sessions planned.

Occupational health

The Occupational Health Service introduced key performance indicators to measure demand and waiting times to deliver core activities. Data is now used to evaluate the effectiveness and efficiency of the service to support capacity planning so that peaks in activity can be managed.

The main priority for the service during 2020/21 was to ensure employees and managers had access to advice when they needed it. There was a sharp increase in demand for occupational health advice due to COVID-19 which created significant waiting times.

Reducing the waiting list, while continuing to provide an occupational health service which met the needs of employees, managers and the health board, was a significant challenge. We simplified the waiting list by prioritising and checking in with managers to confirm if appointments were still required, which proved to be an effective solution. The

Occupational Health Service continued to accept both self and manager referrals to ensure staff were given a choice on how to access.

The service worked closely with recruitment to ensure clearance times were reduced, optimising turnaround times to allow employees to start work. This relieved pressures related to vacancies.

Occupational health clinicians linked in regularly with the public health and infection control teams to ensure all COVID-19 advice was consistent and based upon the evidence available at the time. Managers were supported to manage risk to staff with underlying health conditions and/or with clinically extremely vulnerable status by the provision of individual occupational health advice. COVID-19 advice requests were prioritised on arrival to ensure advice was timely and attendance optimal wherever possible.

All Wales networking increased within occupational health, ensuring that occupational health staff were aware of all health and well-being support options available to staff as demand was high and waiting times increased accordingly. Networking via Health Education and Improvement Wales continued to share good practice and ensured equal availability of support services throughout Wales.

The All-Wales COVID-19 Risk Assessment Tool was used to assess the level of risk for staff in developing more serious symptoms throughout the year. No periods of shielding were advised in 2021/22; however, those who remained on the shielding list were advised to take extra precautions to keep themselves safe, as well as following latest guidance. Most staff who were shielding returned to work, either to their substantive role or redeployed to a different role where risk remain an issue.

The flu vaccination programme between September 2021 and 31 March 22 saw an uptake of 54% (6,880 staff) vaccinated against flu. Our organisation was the only health board or trust in Wales to increase the numbers of staff vaccinated against flu during this season.

Menopause cafes

Virtual menopause cafes were established in response to staff interest. Menopause cafes offer a safe environment for any staff to meet, chat, learn, share experiences and gain support on menopause related issues.

Reflection Book

During 2021, staff in the workforce and organisational development directorate produced a book of memories of their experiences moving into and supporting staff through the global pandemic. Individuals from the directorate contributed articles, messages, photos and poems which together created a keepsake of sentiments and memories of the united effort of the team during such a challenging and unique time.

Staff benefits

Following its relaunch in June 2021, we saw a significant increase in the number of staff signing up to our ‘Hapi’ benefits app, with just under 50% of the workforce benefiting. The relaunch was supported by a comprehensive communication strategy including developing posters, promoting at induction and organisational development events, social media posts

and including a signpost in staff email signatures. The improvements and continued evolution of 'Hapi' saw staff saving £3,500 in discounted high street vouchers alone. Looking ahead, we anticipate that 'Hapi' will become an important support mechanism putting benefits and well-being in one easily accessible app for staff.

Ensuring safe staffing levels

Recruitment activity in response to the pandemic continued into 2021/22, with staff appointed into COVID-19 specific positions since the start of the pandemic, including to support the mass vaccination programme and the Test Trace Protect service.

Our overall workforce increased by 213 whole time equivalent as of March 2022 and we appointed over 1,577 (1,303 whole time equivalent) staff through our continued recruitment efforts during 2021/22. This included many appointments to our contingent workforce supply of bank and fixed term contracts under our mass resourcing efforts for COVID-19.

It is the health board's strategic intent to support economic local recovery via the provision of permanent employment for our local population. Recognising that many individuals came forward to apply for roles that supported the work of the pandemic, we initiated a number of 'internal only' recruitment campaigns to recognise the commitment of those individuals, with security of permanent employment in the health sector.

Significant shifts in stabilising and developing our workforce in 2021/22 have been progressed, including our systems and approaches that support the wider health and social care workforce. We have:

- continued to develop our workforce intelligence to demonstrate and monitor the changes through performance dashboards;
- strengthened our approaches to workforce planning for the health and social care system developing forums and tools;
- invested in cultural change through a number of initiatives including organisational development relationship manager roles;
- continued to develop integrated partnership working with local authorities/social care, for example, shared staff induction programmes, integrated roles and piloted the 'bridging service' for domiciliary care options.

Identifying and training staff to undertake new roles

We have started to create new roles to support the ethos and concept of the 'team around the patient/family/child', such as the family liaison officer role. Key to our workforce strategy and development is to explore new support roles and to create a pipeline of future health and social care professionals. We have used the means available to us, through governance frameworks and training contracts, to develop new roles with extended and advanced skills. We have seen the success of this approach in the development and expansion of the Apprenticeship Academy and this will continue to evolve as we put in place new pilot development pathways, such as the therapy assistant practitioner.

In addition, we have supported a number of staff to access training and development opportunities, including:

- helping 268 staff to undertake Diploma/NVQ work-based courses supplied through either personal learning account funding, apprenticeships, or further education funding. Courses range from the Institute of Management qualifications, project management, cookery, and medical administration;
- securing funding to support 92 staff to undertake their Level 4 Higher Education Certificate in Health Care Studies through Swansea University. This qualification is aimed at growing our existing healthcare support workers so they can progress into assistant practitioner roles or progress to their nursing degree;
- supporting 202 staff to access our internal higher awards/study leave process to start or continue their study at a higher education level and undertake PhDs, higher education certificates and masters qualifications. In addition, staff have been given the opportunity to undertake bespoke training specific to their role, with 766 study leave applications approved to support staff training needs;
- supporting 82 non-registered allied healthcare professional staff to work towards various Level 3 Therapies qualifications as part of our internal Agored Training Centre. Assessors and quality assurance networks have been developed along with a robust internal quality assurance process. The last three virtual external quality assurance audits by Agored Cymru were positively received.

Level 4 therapies pilot

As part of the career pathway development for therapies staff, the health board is leading a pilot with Swansea Bay University Health Board, Health Education and Improvement Wales and University of Wales Trinity Saint David to deliver the first Level 4 in Therapies qualification in Wales. In 2021/22, 23 staff from our organisation signed up to complete the qualification. Service leads and subject matter experts supported development of the curriculum and a joint assessment process agreed. The first programme will be delivered over 18 months. There is interest across the rest of Wales to deliver the same programme.

Joint induction programme

Working in partnership with social care, the Clinical Education Team supported the development of a bespoke joint health and social care induction. This new induction is the first in Wales to deliver induction training jointly for care support workers from community care, care homes and domiciliary care, learning disabilities, mental health, and children's settings. The programme has demonstrated increased confidence and competence, improvements in practice and better care outcomes. 216 people across health and social care attended the programme and 134 people will undertake the All-Wales Induction Framework Qualification.

Partnership working across the health board and Carmarthenshire, Ceredigion and Pembrokeshire local authorities increased, with the appointment of the first integrated learning and development training advisor, the first step to increasing core care skills for all care support worker roles. Read the evaluation report here.

Clinical induction programme

A three-day bespoke clinical induction programme, during the mass recruitment programme, was attended by 476 staff. The Clinical Induction Team adapted the education and training programme to a blended approach consisting of three face-to-face days, and three virtual days. Several additional services undertook elements of the programme, including pharmacy, Delta Well-being, and the Welsh Ambulance Service NHS Trust. The first primary care staff member undertook the programme and evaluated well. Places will continue to be offered to primary care staff in 2022/23. The All-Wales Primary Care Group have sought evaluation and feedback to undertake a similar process across Wales.

Enhanced care unit

A training programme was developed with service, theatre staff, critical care staff, ward managers and specialist nurses in preparation for the opening of the enhanced care units in Prince Philip Hospital. A self-assessment and competency document was devised and offered to relevant staff.

Training and use of retired staff

During 2021/22, 132 individuals retired and returned to work for the health board. The health board is to be represented at the new All-Wales Task and Finish Group established to review the retire and return policy across Wales. A review of the health board's retirement policy is underway as we recognise that retention of staff considering retirement, albeit in reduced hours or alternative roles, is critical.

Role of employee/professional advisory groups

We continued to work closely with our staff-side and trade union partners throughout the pandemic and in relation to the recovery agenda. The Director of Workforce and Organisational Development met regularly with staff-side chairs from each county and these focused weekly meetings have continued with members of the workforce team and trade union partners.

Partnership Forum and Local Negotiation Committee meetings continued to be held on a remote basis. Frequently asked questions were regularly updated in conjunction with all Wales links and mechanisms remained in place to address staff concerns and deal with queries as they arose. Specific task and finish groups involving trade union partners were held throughout the year to implement pay enhancements and help with initiatives relating to carrying over annual leave.

BAME advisory group

The Black, Asian and Minority Ethnic (BAME) Advisory Group took forward a range of actions to address inequality for minority ethnic staff, covering a number of key themes:

- Raising awareness of diversity and inclusion
- Supporting our staff
- Reviewing our organisational data

- Strengthening management awareness, capacity and capability about diversity and inclusion issues.

As a step towards celebrating and understanding each other more, and to gain inspiration and strength from all our beliefs, the Advisory Group produced a calendar of religious festivals and events in 2021. The aim of the calendar was to support timetabling, work scheduling and event planning to help provide an inclusive environment, enabling participation from all our staff and visitors. The calendar was distributed to all staff and volunteers and highlights key diversity days, the main faith days observed and celebrated and awareness raising dates.

A wide range of dates were formally acknowledged and celebrated using social media and global emails to raise awareness amongst the staff and our population. In August 2021, a week-long programme of activities celebrated 20 years since the arrival of our first group of Filipino staff. In November 2021, to celebrate Diwali, staff helped to create a video which was shared on our health board's Twitter and Facebook accounts.

The BAME staff network was launched in September 2021. The network has over 70 members who are part of a Microsoft Teams channel which is used to share information and share opportunities with staff.

A key achievement of the Advisory Group was its success in raising awareness of the lived experiences of existing minority ethnic staff and ensuring that the concerns and lived experiences of members are acted upon. A Bullying and Harassment Task and Finish Group was created which led to regular meetings, allowing staff to discuss concerns regarding dignity at work, grievance procedures, exit interviews and many other issues experienced.

The Advisory Group also commissioned a review of BAME staff dismissals over a 10-year period to identify any indication of disproportionate impact on staff from minority ethnic groups. The report provided assurance that no evidence of disproportionate impact had been found, however, a number of recommendations were made to ensure that more positive action can be taken to support staff going through the disciplinary process.

We are proud that our progress and achievements have been recognised in this year's National BAME Health and Care Awards. Eleven incredible finalists have been shortlisted in the categories for clinical champion (2), community initiative of the year (4), digital champion (1), inspiring diversity and inclusion lead (1), mental health initiative (1), outstanding achievement (1) and outstanding corporate achievement of the year (1). Winners will be announced on 9 June 2022.

Review of Covid-19 staff deaths

Sadly, the health board reported one staff death as a result of COVID-19. Guidance and support were provided to the family and work colleagues.

Future Workforce

Apprenticeship Academy 2021/2022

Following the success of the 2019 apprentice programme, the 2021 intake of 72 apprentices provided a greater scope of opportunities including digital services, patient experience, mechanical engineering, electrical engineering, plumbing, workforce development, corporate governance, and the healthcare apprentice programme.

The healthcare apprenticeship is one of the biggest programmes we currently offer, creating a career pathway to becoming an adult general nurse and supporting workforce shortages. A further 55 apprentices joined our clinical teams throughout the health board in September 2021. Our apprenticeship completion rates were consistently higher than the national average for Wales.

Apprentices support our future workforce and make a difference to the resilience of our workforce every day. During winter pressures 2021, our newest healthcare apprentices were given additional training, increased their competencies and were deployed to reinforce the testing and vaccination programme in our response to COVID-19.

Volunteers supporting mass vaccination centres

Mass vaccination centres were supported by 434 volunteers, and 277 remained deployed in March 2022.

We have been overwhelmed with the number of people who came forward to offer their support to one of the largest vaccination programmes in NHS history. While the pandemic brought with it many challenges, the vaccination programme, together with all the volunteers from varied walks of life, has been a heart-warming silver lining.

With the acceleration of the MVC programme in December 2021, we received another 292 enquiries about helping with the programme, which further demonstrated its popularity and true community spirit coming into its own.

New volunteer roles / volunteers moving into health board employment

A new suite of volunteering opportunities was developed during COVID-19, including field hospital volunteers, MVC programme volunteers and gardening. With agreement that volunteers could re-enter all areas post COVID-19 restrictions, with appropriate control measures, the interest in volunteering soared with greater interest than ever before. Many volunteers moved onto paid work within the health board and was the first step in the workforce for many, having gathered invaluable skills through volunteering.

University research pilot scheme

Our Future Workforce and Research, Innovation and Improvement departments, together with the University of Wales Trinity Saint David and Aberystwyth University, worked collaboratively on the development of an academic engagement programme during 2021/22. The programme aimed to provide work-based learning for students, related to their academic courses, developing their employability skills through engagement with the programme. It provided an opportunity to support student studies, informing their career

pathway, supporting their development in preparing for the field of work, and enhancing our partnership working with these universities.

We also developed a summer university engagement programme, as a four-week pilot in July and August 2021, in collaboration with University of Wales Trinity Saint David and Aberystwyth University. Applications were open to second and third year undergraduate or postgraduate students studying in west Wales.

Students were required to work virtually in multi-disciplinary groups looking at a particular health needs from different disciplinary perspectives. The four-week programme resulted in a presentation of findings to senior members of the health board, offering mentoring and training for skills required in the workplace.

Partnership working with local county voluntary councils

Throughout the year, we worked with our strategic partners in the local county voluntary councils (CVCs) across Carmarthenshire Association of Voluntary Services (CAVS), Ceredigion Association of Voluntary Organisations (CAVO) and Pembrokeshire Association of Voluntary Services (PAVS). All CVCs were instrumental in the success of the vaccination programme within Hywel Dda, ensuring that we had a constant supply of volunteers readily available to support. Within Pembrokeshire, we worked with PAVS to bring Volunteering Matters into Pembrokeshire Intermediate Voluntary Organisations Team (PIVOT) as part of that multi-agency approach to supporting people at the time of increased need.

Work experience

In 2021/22, 19 participants were placed following the reintroduction of Future Workforce work experience placements.

Traineeship programme: supporting into employment

We developed a traineeship programme, working with local training providers to expand our traineeship offer.

Careers Wales, schools and educational establishments

We worked with Careers Wales, schools, colleges, and further education providers throughout 2021/22 keeping them informed about developments and COVID-19 restrictions. We delivered several sessions to schools promoting our Future Workforce function and the health board was represented at the Careers Wales virtual high impact event in March 2022.

The well-being of our future generations

The well-being of our future generations

The Well-being of Future Generations (Wales) Act 2015 requires individual organisation actions, as well as collaborative working with Public Services Boards (PSBs) and wider partners.

The Act also sets out where change needs to happen within seven corporate functions of an organisation: corporate planning; workforce planning; performance management; financial planning; risk; assets, and procurement. These are the parts of the organisation that should be seeking to do things differently as they affect the rest of the organisation's services.

We refreshed our well-being objectives in November 2019 and have not made any changes to them as they continue to have strategic relevance to our vision and mission to become a population health focused organisation. Our well-being objectives align to more than one of the national well-being goals but broadly fall into four themes: environment and climate change; workforce planning and development; early intervention and prevention; collaboration, involvement and engagement. Our well-being objectives are to:

1. Plan and deliver services to increase our contribution to low carbon.
2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS.
3. Promote the natural environment and capacity to adapt to climate change.
4. Improve population health through prevention and early intervention, supporting people to live happy and healthy lives.
5. Offer a diverse range of employment opportunities which support people to fulfil their potential.
6. Contribute to global well-being through developing international networks and sharing of expertise.
7. Plan and deliver services to enable people to participate in social and green solutions for health. Encouraging community participation through the medium of Welsh.
8. Transform our communities through collaboration with people, communities, and partners.

During 2021/22 we have been working closely with our executive directors, linking our well-being objectives to the organisation's planning and strategic objectives and specific portfolios of work. Within this section of our Annual Report we have provided some examples of our how we have made progress to meet our well-being objectives through the lens of the five ways of working set out in the Act.

Integration

We continue to work with our partner organisations to find ways of accelerating partnership arrangements. For example, as part of the health board's commitment to reduce its carbon footprint and contribute towards the Welsh NHS aspirational target to be 'net zero' on emissions by 2030 a Transport and Sustainable Travel Group has been created. The group includes personnel from different departments in the health board such as finance,

transport, estates, workforce and communications, as well as Knowles Fleet, an external vehicle provider for the health board. The purpose of this group is to develop projects and initiatives to help us tackle climate change and key activities have included promoting awareness and educating staff on the benefits of electric vehicles. As a result of this engagement campaign there has been a 227% increase in the number of electric vehicles secured or ordered by the health board in a six-month period. This brings the total number of electric vehicles across the whole health board fleet; including business use only, salary sacrifice and salary deduction lease car schemes to 128, with 66 fully electric vehicles currently in use, and 62 fully electric vehicles on order. This figure does not include hybrid electric vehicles, of which there are a total of 58 either in use or on order.

Involvement

During the year we have sought to engage with the public in a range of conversations including in the development of the Public Services Board (PSB) Assessment of Local Well-being. Each county had a separate well-being survey to find out what matters most for people and communities. Listening and understanding as well as analysing the feedback has been essential and using our knowledge of the languages used in our local communities the health board's Community Development Outreach Team was able to promote involvement from minority ethnic communities and provide access to surveys in Arabic, Polish and Romanian. This work has been essential to encouraging our diverse communities to have their voices heard.

The coronavirus pandemic has had a major impact on health and care services. As a result, the health board carried out an engagement exercise during the spring of 2021, to learn from the public about how the pandemic had affected their health and care, and access to healthcare services. The public were also asked for their feedback in relation to the health board's long-term strategy to develop and build a new hospital in the south of the Hywel Dda area and this represents our continued commitment to involvement and co-production.

Long term

Public bodies are facing the challenge of an ageing population and the impact that this has on our available workforce. The Apprenticeship Academy scheme is a key example of work we are doing to take a longer-term approach to contribute to 'A Prosperous Wales'. It supports us to invest in local wealth building and contributes to our own well-being objective to offer a diverse range of employment opportunities which support people to reach their full potential. The structured programme is open to anyone aged 16 and above and offers a variety of learning experiences in the workplace, as well as offering the opportunity to attend college or a training centre to gain qualifications. Of the places offered for apprentices in the 2021 cohort, 63 apprentices are still participating in the programme.

This year a pilot initiative was undertaken to fund and support a member of nursing staff to complete a postgraduate degree (MSc Social Research Methods) on a full-time basis over a 12-month period. This initiative demonstrates the health board's commitment to developing the research capability and capacity of our nursing staff, investing in our workforce by enabling a staff nurse to take dedicated time away from clinical duties to undertake the Swansea University programme. This initiative establishes a route to support

nurses to pursue postgraduate studies and build an academic career route, while developing research knowledge and skills within the health board.

Prevention

The health board's health and care strategy - A Healthier Mid and West Wales: Our future generations living well – sets out a strategic vision for services that are safe, sustainable, accessible and kind for current future generations. The strategy is based on the implementation of an integrated social model of health and well-being which signals a shift from our current focus on hospital-based care and treatment towards a focus on prevention and building the resilience of people and communities.

We established a Community Development Outreach Team (CDOT) to engage with our minority ethnic communities and their work has played a key role in supporting those who were reluctant to engage with the health board's COVID-19 vaccination programme. They were a key member of the Vaccine Equity Group which was formed by the health board to improve information and access to COVID-19 vaccinations for those groups who often struggle to access healthcare services or who already suffer inequalities in health. The team have also facilitated access to information in an individual's first language if this is not Welsh or English. This has resulted in public health messages and information being translated into 17 different languages and demonstrates the cultural diversity within Hywel Dda.

Collaboration

Our partnership arrangements with PSBs created a variety of opportunities for collaboration. One example is the work which has been ongoing in Pembrokeshire. PSB partners have come together with businesses and local community organisations, with an ambition to develop a five-year climate adaptation strategy. This work is about coping with future changes to the climate in Pembrokeshire and is focused on the following:

- Climate adaptation which helps to minimise risks from changes resulting from past emission, including unpredictable severe weather; sea level rise; changes in natural systems that we rely on.
- Climate risks: multiple risks likely to arise from changes to our climate: which may impact on the local economy; natural environment; infrastructure; communities; people's well-being both now and in the future.
- Climate resilience: ensuring that the county can deal with the risks from climate change and be prepared for the future.

Our work has also included action within our corporate areas and services. We are cognisant that we are a large anchor institution for west Wales and we can effect positive change on the economy and in our communities, including their wider determinants of health. We have several planning objectives aligned to this work in key areas such as workforce, procurement and decarbonisation. To support the work within those areas, the health board has been working with external partners and Public Health Wales to develop a deprivation mapping tool which enables the user to layer different data sets on top of various publicly available deprivation indices (for example, Welsh Index of Multiple Deprivation) and locations of key services (for example, GPs and pharmacies). Our system

will also add in additional data sets such as our estate, procurement spend and recruitment information. We have just finalised the deprivation map and work will commence to consider how the tool can be best used.

The potential outcome for our communities through using this tool within the established workstreams could be significant. For example:

- Recruitment: Workforce are already working with communities to understand the barriers faced by individuals with regards to employment. A programme is being developed which supports those from our most deprived or marginalised communities to gain employment within the health board. The mapping tool can be used to support with the identification of key communities.
- Procurement: Procurement are already considering how we best incorporate social value into our procurement processes. The aim is to use the skills, capabilities, supply chain and recruitment potential of our suppliers to positively impact our communities. The mapping tool can be used to visually show our suppliers where the highest areas of need are.
- Environment: We have a significant estates programme within the health board and can use the mapping tool to consider the location of our estate alongside the deprivation information to inform future location and estate strategies.

This section of the Annual Report has provided an overview of some of our work to deliver the ambition of the Well-being of Future Generations Act. We also publish a separate Well-being Objectives Annual Report 2021-22 on our website that will provide more detail about our progress to meet our well-being objectives and evidence of our contribution to the national well-being goals.

Read further information about our Well-being Statement and Objectives, the PSB Well-being Plans and our Well-being Objectives Annual Report here

Embracing our Welsh language

Welsh language

We want to be the first health board in Wales where both English and Welsh are treated with equal status (Health and Care Standards: Dignified Care). In this way, we will embrace the spirit of our Welsh language as well as comply with the Welsh Language Standards.

The Welsh Language Standards, effective from 30 May 2019, are a set of statutory requirements which clearly identify our responsibilities to provide excellent bilingual services. These can be accessed via the Welsh Language Services section on our website.

Our organisation is passionate about the Welsh language and we are ambitious to achieve and go beyond our statutory duties. We recognise that delivery is not always consistent across our sites and teams. Our culture needs to evolve for us to deliver a seamless bilingual service to people who use our NHS and care services, and this is a long-term endeavour.

The Welsh language is one of the treasures of Wales. It is part of what defines us as people and as a nation. The health board aims to deliver a bilingual healthcare service to the public and facilitate staff to use the Welsh language naturally within the workplace. We aim to be an exemplar in this area, leading by example by promoting and facilitating increased use of Welsh by our own workforce. Whether a fluent speaker, a speaker lacking in confidence who wishes to improve their skills, or a new speaker, the workplace provides opportunities to use, practise and learn Welsh.

We will report our progress on targets set to achieve our ambitions and statutory obligations for the Welsh language in our annual Welsh Language report, which will be published on our website.

Language skills of staff

The language skills of our staff, in accordance with Welsh Language Standards 116 and 117, are captured and recorded on the electronic staff record system (ESR). As of 31 March 2022 96% of staff have recorded their Welsh language skills as follows:

0 – No skills/Dim sgiliau – 3,935
1 – Entry/Mynediad – 2,632
2 – Foundation/Sylfaen – 992
3 – Intermediate/Canolradd – 857
4 – Higher/Uwch – 873
5 – Proficiency/Hyfedredd – 1,273
Not recorded on ESR – 430
Grand total – 10,992

The number of new and vacant posts that were advertised during the year, recorded as per those where Welsh language skills were essential or desirable, and the number where Welsh needs to be learnt or where Welsh was not necessary, are reported below:

Total number of health board vacancies in 2021/2022 advertised as:	
Welsh language skills are essential	76
Welsh language skills are desirable	2855
Welsh language skills need to be learnt when appointed to the post	0
Welsh language skills are not necessary	26
Total number of vacancies advertised 01/04/2021 to 31/03/2022	2957

Welsh language related complaints

Two Welsh language service complaints were received by the health board during 2021/22. Both complaints were investigated by the Welsh Language Commissioner within the year.

Complaint 1: A complainant telephoned the health board's COVID-19 enquiries helpline (0300 303 8322) on various occasions over a period of six weeks and was unhappy with the lack of Welsh language services received. The health board reported on a series of action points from the Welsh Language Commissioner in March 2022.

Complaint 2: The second complaint related to one of the health board's mass vaccination centres. The complainant reported that after registering at the desk, and receiving a leaflet about the vaccine, they were directed to another desk to provide their contact details, along with other information. Following this, the complainant was given a form containing these details, which they allege was in English only. The health board is required to report on four action points from the Welsh Language Board by the end of April 2022.

Sustainability

Sustainability

While providing a separate sustainability report is not required as part of our 2021-22 Annual Report, the matter of sustainability remains a high priority for the organisation. Actions to ensure we work within and develop an improved sustainable environment are referred to below. The data used to provide the information has come from verified, invoiced data which is recorded and monitored via internal management systems.

*Waste Management

In 2021-22 the health board developed a waste strategy with targets to reduce 'total waste', increase recycling and divert waste from landfill in line with Government targets by 2030. A baseline year of 2018-19 has been used to reflect a 'normal' pre-COVID-19 year. Since the baseline year, we have increased recycling from 45% to 48% (prorated 2021-22). This has exceeded our waste strategy target to achieve 45% recycling by 2021-22. In 2021-22 the health board also rolled out source segregated recycling at Withybush Hospital and will continue to roll out source segregated recycling on the community and health centre sites in 2022-23. We expect this to increase recycling rates on a similar level to the increases seen from introducing source segregated recycling on the other acute sites (Bronglais and Prince Philip hospitals) in 2017/18 and 2018/19.

The total amount of waste recycled is now circa 750 tonnes. We managed to divert more landfill waste for recovery with an average of 50% of waste going to landfill in 2020-21 now being sent for recovery. This has exceeded our waste strategy target to recover 25% of waste being sent to landfill by 2022-23. These improvements have reduced the emissions produced from waste by circa 69% since the baseline year. There has been a small increase in overall waste costs primarily due to rate and landfill charge increases.

Warp It

In July 2018 we signed up to use Warp IT, an online furniture and equipment reuse platform. To date, over 1,122 staff have committed to reusing items no longer needed by others, avoiding waste disposal of nearly 63 tonnes, and preventing 226 tonnes of CO2e emissions.

ISO 14001

Our Environmental Team has continued to maintain the Environmental Management System in line with the ISO 14001 standard, including the production of annual objectives and targets and presenting a management review of performance via formal committee. Following a surveillance visit in November 2021, we have successfully maintained the accreditation with no major or minor non-conformances raised.

*Utilities

The total predicted consumption of all utilities for 2021/22 is estimated to be 96,359,293 KWhrs producing 19,185 TCO2. Actual consumption for 2020/21 was 96,737,462 KWhrs producing 19,640 TCO2. Subject to national pressure and current market influences there has been a significant increase in utility costs that the health board continues to monitor and report upon.

Electricity, oil and biomass consumptions are all marginally higher than last year although these increases were all more than offset by a 4% decrease in gas consumption.

This lower gas consumption over 2021/22 can be attributed to generally milder weather over the year. Electricity consumption was slightly higher (4%) than the previous year mainly due to the additional load at Glangwili Hospital attributed to the new women's and children's unit, and staff across the health board returning to work from COVID-19 home working. Increase in oil and biomass consumption can also be attributed to the commissioning and running of the new women's and children's unit at Glangwili Hospital. Combined heat and power (CHP) use was similar to the previous year with only a marginal increase of around 3%. The health board established a 10-year energy performance contract with Centrica in 2014/15 to deliver guaranteed financial and carbon savings. The energy performance contract (EPC) is anticipated to save around 1,040 TCO2 during 2021/22.

Gas, oil and electricity have all seen substantial unit rate increases throughout the year which combined are now on average 36% higher than last year. This is due to market influences outside the control of the health board. A decrease in the electricity CO2 conversion factor is the main contributory factor towards the overall lower CO2 produced over 2021/22.

Water consumption has seen an increase from a total of 269,931 M3 costing £739,747 in 2020/21 to an estimated 282,137 M3 costing £782,271 in 2021/22. This increase in consumption can be attributed to the extended period of tank flushing and the ongoing theatre building work, both at Prince Philip Hospital. We use a company to manage and monitor our water consumption in the health board. Estimated consumption and financial savings in 2021-22 are £65,000 and 44,162 M3 respectively. The consumption saving has saved 17.7 tCo2e.

***Note**: Actual consumption for the last two months of 2021-22 for waste and utilities has been estimated as a complete year of invoices are not received until the month of May.

Transport

We have been working hard to ensure that the actions set out within the NHS Wales decarbonisation strategy are implemented. This includes a number of initiatives:

- The promotion of electric vehicle use amongst departments and staff;
- Introduction of telematics tracking across a number of health board vehicles, with full rollout planned for 2022/23;

- The completion of reviews across our main site to assess the potential for installing electric vehicle charging infrastructure. We aim to begin the introduction of electric vehicle charging units across our sites in the 2022/23 financial year;
- The further development of onsite infrastructure to promote a greater us of active travel;
- Increased support provided to staff to enable a greater uptake of home and agile working.

As a result of the actions taken to date there has been considerable progress in our drive to reduce carbon emissions to meet those targets set out within the decarbonisation strategy. Key improvements include:

- As of 31 March 2021 we had a total of 35 electric vehicles in place across the health board's business use only and lease car scheme fleets. This number has now increased to 128 electric vehicles either in place or on order, representing an increase of 265% over the course of the last financial year. We expect this number to increase substantially over the course of the next financial year as we implement electric vehicle charging infrastructure on our sites and begin the transition of our business use only fleet to electric vehicles;
- There was a significant reduction in the total number of business miles travelled within the health board between 2018/19 and 2020/21. This saw mileage reduce from 10.2m to 6.5m, a reduction of 36% over the period. While we are still awaiting the final figures for 2021/22, it is anticipated that this positive trend will continue as the good practice relating to home working, agile working, telehealth and teleconferencing continues to be embedded as part of operational practices;
- The reduction in business mileage seen between 2018/19 and 2020/21 has also been reflected in the CO2e emissions seen over the period, with total emissions for the period reducing from 2,109 tonnes CO2e to 1,343 tonnes CO2e. We expect the level of CO2e emissions to decrease further in future years as the number of electric vehicles utilised by departments and staff as a proportion of total vehicles continues to increase.

Other initiatives

Decarbonisation/energy efficiency projects

Projects in the process of being completed or planned for delivery in 21/22 – 22/23 following secured government funding on existing assets include:

- Roof mounted photovoltaic (PV) installations at Bronglais, Withybush and South Pembrokeshire hospitals;
- Solar carports at South Pembrokeshire Hospital;
- LED lighting project at Bronglais Hospital;
- Ground mounted solar farm project at Hafan Derwen site – 0.45MW;
- Installation of four 7KW chargers at each acute hospital site and the purchase of seven electric fleet vans;
- Air source heat pump installation at Cardigan Integrated Care Centre.

Key benefits of all these schemes are carbon reduction, improved site resilience and revenue savings.

Carbon awareness programme

We are developing a carbon literacy programme, alongside wider public and staff engagement to support awareness and whole organisation change. The health board is part of the Circular Economy Innovations Programme, via Welsh Government funding, facilitated through Swansea University. Its aim is to raise decarbonisation awareness and public sector partnerships have developed within the Swansea Bay City Region Public Sector to jointly develop and deliver awareness. Our carbon literacy programme will deliver three layers of competency amongst our colleagues - awareness, practitioner and leader – and this will drive positive behaviour change, leading us towards our sustainable development ambitions. The health board is a member of the National Programme for Climate Change and Decarbonisation for Health and Social Care in Wales, and also of several environmental and climate change groups, which are all important contributors for us to capture best practice as part of our continuous improvement drive.

Green spaces

We have Green Health groups on all four acute hospital sites and at South Pembrokeshire Hospital. The more established groups at Withybush and Glangwili hospitals have a number of ongoing projects, with both sites having created miniature wildflower meadows as part of Plantlife's Magnificent Meadows project. Other projects at these sites include the development of a number of areas to enhance biodiversity and provide green spaces for patients, staff and visitors. Staff at Glangwili Hospital are currently working with Keep Wales Tidy to develop the large green space near Teilo, involving tree planting and the installation of two raised beds for native plants and wildflowers. The group at Withybush Hospital has been linking in with Pembrokeshire County Council as part of the Cleddau Reaches Project, involving a walkway from the hospital to a path along the River Cleddau. Around 200 native trees have been donated to Withybush Hospital and South Pembrokeshire Hospital as part of the NHS Forest project. Each site is to be given a tree to plant as part of The Queen's Green Canopy initiative to mark Her Majesty's Platinum Jubilee in 2022. With the support of our midwives, other NHS Wales staff we joined up with Pembrokeshire Nature Partnership to plant 3,810 trees in two years to celebrate the Queen's Green Canopy project. With each tree planted representing a baby born, they will soon have a flourishing woodland for families to enjoy for generations to come. This is a brilliant example of local project partnerships creating greener spaces and helping to benefit personal well-being. A short video was produced about the project here.

Our Green Health groups at Prince Philip and Bronglais hospitals are in the earlier stages of project development, with a growing interest across both sites. The Environment Team has recently had biodiversity surveys carried out on a number of sites which will provide the Green Health groups with further ideas for promoting green space.

Conclusion and forward look

Conclusion and forward look

In moving forward into 2022/23, we must not forget what we have learnt over the last 12 months, nor what we have continued to deliver and the advancements made during challenging times for our sector.

Throughout the past year we have seen increasing demand across our urgent and planned care systems, greater pressure on primary care services, substantial walk-in demand at our emergency departments, significant pressures in social care and high levels of sickness across our workforce. Despite continued constraints on capacity, we have sought to maintain services as best we can and restart many routine services.

We have worked hard to steadily increase capacity to see and treat patients where possible in 2021/22, the pandemic continued to have an impact while we adhered to related government restrictions to keep us safe. The various waves of COVID-19 cases meant we had to scale back some planned care with only emergency and urgent cancer care continuing. As a result, the number of patients waiting for treatment increased, although performance has steadied when compared to the impact on performance during the first year of the pandemic.

To proactively address some of the challenges faced, we worked flexibly and quickly adapted where we needed to – focusing on providing services for those at greatest need. With support from Welsh Government, we invested in modular theatres at Prince Philip Hospital to increase day surgery capacity. We also developed waiting list initiatives to contact and support our long waiting patients and worked on our community same day COVID-19 care. Significant work was done on admissions avoidance, working in partnership with our community and social care colleagues, aiming to reduce the pressures on our services.

Alongside this, we continued to manage our response to COVID-19. We worked with our multi-agency partners across the region to continue protecting our communities, local public services and the NHS as the pandemic continued. Our vaccination programme has been very successful, with an exceptionally high uptake of the vaccine to date. As our vaccine programme moves into the booster phases, we will continue to work to protect as many people as possible and ensure all residents can access a vaccine. The demands for testing, national strategy, and testing infrastructure have changed frequently and quite dramatically during the pandemic. As a result, we developed a robust testing infrastructure, which has been responsive to the Welsh Government's evolving national testing strategy. We continue to provide COVID-19 testing to anyone who needs it.

We are proud of all our staff and everything they have achieved in the last year - for their tireless efforts to deliver health care during unprecedented pressures and challenges. The impact of the past two years on our colleagues has been significant. We will continue to support our staff and their well-being as we begin to recover and recuperate from the impact of the pandemic by listening to their experiences and what is important to them. We want every day in Hywel Dda University Health Board to be 'a good day in work'- for both

our current and future workforce - and Our People Culture Plan will help us on our culture change journey.

Our three-year plan for 2022-2025 recognises that the strength of the health board lies in its people, both those who work in the health and care system and the communities we serve. It acknowledges the impact the pandemic has had on individuals, teams, families, and society. Consequently, our priorities and actions put our people at the heart of everything we do, recognising that the route out of the pandemic and towards our strategic vision will come from our people, in the same way it has through COVID-19.

Our strategy is ambitious and far-reaching, seeking to ensure mid and west Wales has a health and care system that will serve the population for decades into the future. It offers a truly once in a lifetime opportunity to reset the system and establish a sustainable, high-quality model for our future generations. We see our potential contribution to mid and west Wales in the broadest sense, not only in direct healthcare provision, as important as that is, but also the impact we can have as the largest employer and a significant contributor to the economy. We can, for example, play a major role in supporting our population to develop rewarding careers, support our local businesses and the regenerations of our towns, and provide leadership in the resetting of our society as we seek to address societal challenges like decarbonisation.

As a result, our three-year plan reflects the breadth of that ambition. Over the course of 2022 to 2025 we intend to take significant strides towards this vision, whilst at the same time continuing to respond to COVID-19 and addressing the legacy of the pandemic. Achieving our vision of a healthier mid and west Wales will require the organisation to have a clear focus (our six priorities for 2022/23), a route map to the strategic vision (our planning objectives), a way of measuring progress (our priority measures for 2022/23 and our strategic outcome measures) and robust oversight and risk management (our board assurance framework and revised committee structure). The key elements are now in place and our focus moves to delivery of the new models.

During 2022/23 we will:

- continue to be prepared for COVID-19 and any subsequent variants and surges in infections, so that we can be flexible in meeting any changes to demand in our system. This will include our vaccination programme, our testing programme; and understanding and responding to inpatient bed demand;
- focus on the recovery of our planned care activity and support patients whilst they wait – this will be aided by the opening of the new day surgery unit in Prince Philip Hospital and through increased efficiencies in our system, and through our programme of work centred on outpatient transformation;
- support our workforce and further develop our route map to workforce sustainability, including our overseas recruitment campaign;
- continue the redesign of our urgent and emergency care system, aligned to the six national policy goals;
- further strengthen our relationships with our neighbouring health boards through regional initiatives such as A Regional Collaboration for Health (ARCH) and Mid Wales Joint Committee for Health and Care;

- deliver savings resulting from our opportunities framework and work with Welsh Government on our route map to financial sustainability;
- continue work on our strategy ‘A Healthier Mid and West Wales’, with an emphasis in the coming year on our outline business case;
- build upon the work of our seven clusters, with a particular emphasis on our accelerated cluster design, and through our integrated locality planning;
- accelerate our work in the digital; value-based healthcare; research and innovation; foundational economy and quality management spheres; and
- continue to learn from our planning objectives.

We do not underestimate the challenges we face as an organisation as we go into 2022/23, but we are prepared for them and see the next period as an opportunity to reset the system to put us on course for making our strategic vision - a healthier mid and west Wales - a reality.