

**PWYLLGOR ARCHWILIO A SICRWYDD RISG
AUDIT AND RISK ASSURANCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 August 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Enhanced Monitoring Update: Report on the Joint Executive Team Meeting held on 7 th July 2021
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Steve Moore, Chief Executive
SWYDDOG ADRODD: REPORTING OFFICER:	Sian-Marie James, Assistant Director of Corporate Legal Services & Public Affairs

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The purpose of this report is to update Audit & Risk Assurance Committee (ARAC) members on the recent Joint Executive Team meeting held with Welsh Government on 7th July 2021.

Cefndir / Background

Pre-COVID-19, members of the Executive Team and I met bi-annually with the Chief Executive NHS Wales and members of his senior team as a Joint Executive Team (JET). These meetings have resumed by Teams virtually, with the most recent meeting held on 7th July 2021.

Asesiad / Assessment

This was a positive meeting that started with an overview of the last year, followed by an update on the University Health Board's (UHB) performance during 2020/21, the key challenges ahead, our plans for 2021/22, and finally how we are planning to reset and recover our health system going forward.

As always, I was pleased with the level of discussion at the meeting and my team valued the opportunity to discuss progress and challenges on their areas of responsibility and appreciated the feedback from the Health and Social Services Group's Executive Team. The meeting allowed the UHB to demonstrate how it was learning lessons from the last unprecedented year to ensure its future was even stronger. Our aim as an Executive Team is to have a Three Year Plan and to return to routine monitoring.

The Chief Executive NHS Wales reiterated his thanks to all the UHB's staff for their unstinting commitment during the pandemic. There is confidence that the UHB will deliver its strategic plan and its recovery programme and it must ensure that it converts into a post pandemic organisation that has resilience but can still deliver Public Health within its resources.

A copy of the letter from the Chief Executive NHS Wales following the JET meeting is attached at **Appendix 1**.

Argymhelliad / Recommendation

The Audit & Risk Assurance Committee is asked to note the update on the JET meeting held on 7th July 2021 and the response from the Chief Executive NHS Wales at **Appendix 1**.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference Cyfeirnod Cylch Gorchwyl y Pwyllgor	3.24 The Committee shall request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control.
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 Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	Copy of the letter from the Chief Executive NHS Wales dated 19 th July 2021 is attached at Appendix 1.
Rhestr Termau: Glossary of Terms:	Included within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: Parties / Committees consulted prior to Audit and Risk Assurance Committee:	This update was provided to Board on 29 th July 2021.

Effaith: (rhaid cwblhau)

Impact: (must be completed)

Ariannol / Gwerth am Arian: Financial / Service:	Any issues are identified in the report.
Ansawdd / Gofal Claf: Quality / Patient Care:	Any issues are identified in the report.

Gweithlu: Workforce:	Any issues are identified in the report.
Risg: Risk:	This report provides evidence of current key issues at both a local and national level, which reflect national and local objectives and development of the partnership agenda at national, regional and local levels. Ensuring that ARAC is sighted on key areas of its business, and on national strategic priorities and issues, is essential to assurance processes and related risks.
Cyfreithiol: Legal:	Any issues are identified in the report.
Enw Da: Reputational:	Any issues are identified in the report.
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	<ul style="list-style-type: none"> • Has EqIA screening been undertaken? Not on the Report • Has a full EqIA been undertaken? Not on the Report

Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/
Prif Weithredwr GIG Cymru
Grŵp Iechyd a Gwasanaethau Cymdeithasol

Director General Health and Social Services/
NHS Wales Chief Executive
Health and Social Services Group



Llywodraeth Cymru
Welsh Government

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Our Ref: AG/MR/SB

19 July 2021

Dear Steve

Hywel Dda University Health Board End Year JET meeting

Thank you for attending the JET meeting on 7 July with your Executive Team to discuss your organisation's end year position across a number of key areas and for providing the papers beforehand to aid the discussion, as these form an important part of the official record for the meeting. Due to the current pandemic, the meeting was held using Teams.

I felt it was important to have this meeting now, given normal services and activities have continued during the last year and it is important to acknowledge this. We have continued to have contact regarding escalation. I would like to pass on my personal thanks to you and your leadership team for the support and work you have done over the last 16 months. This has been a difficult time both personally and professionally for everyone.

You began the meeting by introducing some new members of your team and by providing apologies. You stated that putting the slides together had been cathartic for you and helped to summarise and put into perspective the year you had been through. You reported you had been proud to be a part of the team in the way they had responded to the pandemic. Your planning for dealing with the pandemic had started in January 2020 and you were clear of the command and control structures that were put in place and the role of the Executive Team. You had a communication plan in place to keep all stakeholders updated and there were weekly meetings held with the CHC, local authority partners and politicians and this built up a level of trust. You highlighted the command centre had been a single point of contact centre for the health board which had helped when staff and partners needed to seek advice and support. You reported that from the outset, you had a recovery,

learning and innovation group that looked at capturing all the learning and this has now become your transformation group.

You developed an ethics panel and this has been part of the day to day working of the Board and enabled discussion around difficult decision making. The panel was used to decide whether in the early stages of the pandemic it was safe for you to lend resources to colleagues further east and was also used by local authority colleagues. Your Board meetings were all accessible electronically and decisions around gold command were shared with IMs and ratified at public Board meetings, which you felt maintained that level of transparency with the public. You reported your structured assessment from Audit Wales came back with no recommendations and this was a reflection on the work of the governance team within the health board.

With regard to some high level points on performance in 2020-21, you reported there were a number of local successes. The local vaccination programme had been, and continues to be, a success and you were the first health board to deploy vaccines to every GP practice, due to the fact that they were unable to draw down from the national system. You were the first health board to administer the Moderna vaccine. You were the first to open a community testing unit and were one of the first in the country to provide contact tracing in relation to TTP and have a 90% success rate. Alongside this, you dealt with the setting up of the Penally Asylum seekers camp and delivered a primary care response to the residents and the respiratory team had stepped up as well. You set up nine field hospital sites, and the blueprint was used across Wales. This helped develop a different look across Wales as they were used more as step down facilities. The majority of your field hospitals have now been decommissioned, but you have placed a couple of sites into hibernation as additional capacity if required later. On PPE, you worked well with your local authority partners to ensure there was sufficient supplies for everyone and this ensured that you never ran out of stock.

On workforce, there was a remarkable achievement to recruit the number of staff you did, with some of those now looking to join the workforce permanently. You held weekly meetings with your trade union side to keep them updated on what was happening. This additional recruitment helped you ensure patients were treated in a dignified manner. You developed a comprehensive risk and escalation policy for Care homes and shared that with colleagues across Wales. You reconfigured your hospital sites into red and green areas and this enabled your Gold command to be able to see what capacity was available. You maintained your mental health service and had accelerated the implementation of Transforming Mental Health strategy that had started just prior to the pandemic starting. You acknowledged there were challenges to maintaining essential services and you had cancelled some operations over the winter period due to ITU capacity, but there was flexibility in the system and you learned a lot of what the organisation was capable of. As with all organisations, you felt that if you knew then what you know now, you may have reacted differently in the first wave, but all decisions made were clinically led. The aim going forward is not to revert back to the situation seen pre-COVID.

You had maintained primary care services, with a rapid move to digital overnight and this is something you are looking to build on. On finance, it was pleasing to see you delivered your planned financial outturn, though I recognise there were some challenges. You maintained your governance structures and your committees continued to meet throughout the pandemic. The due diligence that was put in place enabled you to take the corrective action at the right time and you were grateful for the support of Welsh Government colleagues. You had good partnership working with WAST, local authority partners and universities and recognised the importance of this, particularly in terms of TTP. There was

good collaborative working through your silver tactical meeting across primary, community and social care to ensure the best outcomes for patients, with meetings taking place regularly with all partners.

On nosocomial transmission, you felt you were fortunate to have lower levels of community transmission, but there was a real focus in the health board on this. The main challenge faced was due to the estate infrastructure, with many of the buildings being old and not having many single rooms, so you found it difficult to isolate patients. You are going through your COVID reviews to see what learning can be gained. You are carrying out 562 reviews, with 262 of those on people who passed away. There were 48 outbreaks between October and February across all services within the health board, but you had taken the opportunity to learn at every stage. You had implemented social distancing requirements early on in the pandemic. It is important these reviews take place as it is part of the overall governance process into the pandemic and it is important for you to have the narrative in place to support you. You highlighted that additional Quality and Safety Committee meetings had taken place and a lot of the information was already in the public domain, though you are still getting questioned on certain aspects of the rules that are in place. I would like to pass my thanks on to Mandy Rayani for the work she did in the national nosocomial group.

On early years and children, you are trying to understand the challenges faced in terms of catching up and delivering services. Some staff were previously deployed, but these have returned to their substantive roles and in terms of school nursing, these staff may be redeployed over the summer period when the schools are closed, but the aim is for them to be back working from September onwards. You reported you had continued your partnership forum throughout the pandemic and had met with your trade union partners three times a week at the start, though this had reduced to twice a week now. You developed a staff well-being plan and this was amended as you went through the pandemic.

On performance and the on-going challenges, you acknowledged it had been a difficult time. You highlighted the on-going public health challenges and the pandemic not being over, with infection rates two and a half times higher than they were the previous week. The need to continue with the vaccination programme and TTP remains a high priority. You recognise the need to address health inequalities, which due to the pandemic may have got worse and the increased pressure on mental health services, not only in young people, but also on the older population and the needs in terms of dementia care. Pre-pandemic, you were on track to deliver no over 36 week waits for the second successive year, but this had increased now to 28,000 and there is an unmet need to be resolved that is just starting to be seen in primary care. You reported the impact around long-COVID is still unclear and how this will affect the capacity available. You are aware of the challenges for unscheduled care and there has been increased pressures on your main hospital sites that has affected the escalation levels. Workforce remains a challenge going forward and you acknowledged you have always struggled to attract staff and had high agency use. You are looking to address the financial deficit and to come out stronger, with the aim of returning to routine monitoring.

We then looked in more detail at your plans for 2021-22. You reported the local modelling team said that you have sufficient bed capacity for the coming winter period, but the challenge will be in terms of staffing, particularly registered nurses. If the worst came to the worst, you stated that you may need to look at staffing ratios. You have a vaccine delivery plan, but note it is difficult to plan as you do not know what the requirements will be. You have developed a plan for a possible increase in respiratory conditions in children. Your recovery plan sets out how planned care will recover, looking at maximising capacity locally, which is around 70% now given the on-going IP & C measures that are in place. You have some positive regional working with Swansea Bay around cataracts, with a regional model

for staff across two sites. You are continuing the outpatient transformation work and working closely with the Planned Care Programme team. You are procuring a modular solution for the Prince Phillip site and you have made a commitment to fund this going forward. In terms of clearing backlog, you highlighted you are looking to address the underlying capacity gap, plus the additional gap caused by the on-going shortfall due to IP & C measures. It was agreed that a further conversation would be held outside of the meeting on the modelling assumptions that have been made.

In terms of cancer, you reported there are plans in place for single cancer pathway to show improvement up to at least 75% by March 2022. You have put plans in place to support those patients who are currently on a waiting list, with the pandemic command centre now becoming a single point of contact centre for patients which will result in better customer care. This is alongside the waiting list support you are putting in place, where there is personalised contact with all patients who are waiting which will help you assess all patients who are waiting. You reported primary care is going through a program of catch up, both in terms of the unmet need as well as those with long term chronic conditions who have not been seen. You are working on your mental health and learning disability plan and completing the roll out of transforming mental health and this is being enhanced alongside work around children and young people.

You reported there is a great deal of work underway in terms of urgent and emergency care and this will come to fruition over the summer months. We welcome the engagement with Welsh Government colleagues around the Six Goals for Unscheduled Care and recognise the long standing workforce difficulties. The aim will be for you is how to make the roles more attractive so as you get people wanting to come and work for you and you highlighted this is already underway with the use of remote working for GPs and you are looking at transformation at a local level. You highlighted an exercise that had taken place at Prince Phillip Hospital where GPs were leading on SDEC and out of nine patients seen, only one was admitted. The GPs and consultants are working together to develop health pathways.

You reported there are daily conversations around capacity and the impact on recovery plans and not wanting to compromise the position. You highlighted there are issues around discharge into domiciliary care and you are talking with your local authority partners as there are similar workforce challenges in social care. You reported there are still issues around discharging patients with negative COVID tests and there are significant voids in Care homes. You appreciated the additional funding announced to help with this.

In terms of the urgent primary care centre, you are using a virtual response and making use of the 111 first model to try and reduce the amount of demand that is arriving inappropriately. Your clusters are developing workforce plans and having joined up conversations to meet the needs of the population they serve. On 111 first, you have recruited the GPs into the model and you are working through the SLA and MOU. You reported you already had SDEC in place and you are looking at how you can move some of that activity from secondary to primary and community care, recognising that A&E may not be the most appropriate setting for all patients. There are further meetings planned with Welsh Government and stakeholders around funding. It is important moving forward that you do justice to all the good work that is going on within the health board and it will need to be brought out in the annual plan. You reported that there had been a small blip in terms of developing the annual plan, recognising it was under developed in March, primarily due to dealing with the pandemic, but this had been resolved and the plan was full of ambition. It will be important for this ambition to be realised.

You reported that over recent weeks there was an increasing level of concern from patients and politicians that they were unable to access services they were previously able to and you are looking into those concerns. You also highlighted there were a number of GPs reporting increased levels of anger directed at them due to the new ways of working. This is not acceptable. You are working with colleagues on a communication plan to ensure that patients are aware of the changes and that those that need to be seen will be seen, but it may be by a different healthcare professional to what they usually saw. You are looking at how you can better support domiciliary care workers as at the moment, they have little contact with colleagues and you working with social care colleagues to help deliver a multi-professional response. It is important for you to keep us updated and to have further conversations.

We then moved on to the wider reset and recovery. You reported there was a joint mission with partners and were looking at how to build the ambition into the way of working. You reported the Exec team reviews progress against the plan on a weekly basis and regular updates are provided to your Board. You highlighted the way of working within the health board has changed significantly and there had been services changes. You reported that everyone was clear of their roles and they felt empowered and you had the trust in them to do what was right. You recognise the importance of maintaining this as we come out of the pandemic. You stated you had done a significant amount of work last summer and had reviewed every decision that the Board had been made over the previous three years. This has led to you developing your organisational objectives, which are linked to your pre-existing organisational values. This is linked to your clinical services strategy and making sustainable use of resources. You are putting steps in place to allow teams to see how they will achieve their aims. Each area has its own Exec lead.

You have set up a transformation steering group that contains external members, with the aim of finding new and better planning objectives to include in the three year planning cycle, but with the benefit of transformation already being in place. You have a strategic enabling group that is looking at how to make the organisation go faster. There has been a radical redesign of the way things are carried out and there is a new Board Assurance framework being developed. You reported there were three committees focussed on planning; one around people and culture, one around planning and the third around sustainable use of resources. You highlighted your recovery plan starts with your staff and you are looking at meaningful ways you can thank staff. You have carried out a discovery report to understand what staff have been through and how to deal with the workforce challenges and the HR culture. You are in the process of embedding your organisational development managers who will be able to support teams and are looking at how to get better leverage of charitable funds. You are looking at how you can expand your existing apprenticeship programme and how you can grow your own staff.

You are exploring how you can accelerate the shift of services to primary and community care and are looking at experimental ways to support localities and developing locality plans and clusters to ensure you can support people and keep them out of hospital. This is building on Make Every Contact Count. With regard to mental health, there were challenges pre-pandemic that you are addressing through the Transforming Mental Health and you are developing a business case for the new hospital, which will link with the repurposing of both Glangwili and Withybush Hospitals. You are implementing the Bronglais strategy and looking at how you can reduce your carbon footprint. As part of the changes, you reported you are looking at how to support performance management internally to drive further improvement and how to make Hywel Dda an attractive place to work.

This work is supported by your digital plan which addresses the challenges under the planning objectives that you've set. Your aim is to get back to financial balance and Welsh Government colleagues and the FDU will be happy to work alongside you. It was pleasing to note the alignment between the workforce, finance and service delivery and recognise the ambition around value based healthcare. You will need to look at driving the technical efficiency and at a recurrent savings plan and you reported the Board has already asked for this to be a priority as you do not want to be adding to your underlying deficit. You are working with Lightfoot and building on the previous work done with KPMG and DeLoitte and are implementing a new rostering system.

You are looking to develop an approvable IMTP and you feel the plans you have in place will help you achieve that. There will be a need for you to maintain conversations with Welsh Government colleagues as you progress your plans and we are happy to work alongside you as necessary. You have recognised the need to expand and build on the social model for health, but realise the financial deficit will make that more difficult than for an organisation that is in balance as there isn't the same opportunity to invest in multi-year plans. This will need to be discussed further over the coming months.

On population health, you have lost a couple of years due to COVID, but there is an opportunity now to build on the prevention work that was achieved during the pandemic. This is an area of work that everyone has a role to play in achieving, not just the Director of Public Health. The aim is to become a population health focussed organisation, as there are strands of population health in all areas of work and it is important to understand what the health inequalities are and we are happy to work alongside you on this. We will need to have a further conversation around workforce planning for primary care as there are opportunities for you to learn from others that have already been through the process. As part of your Board assurance framework, you reported you are listening to feedback and having conversations with partners and using patient stories at your Board meetings. You are building on the conversations you are having with your communities and using real life examples to inform the work.

In summary, this had been a good meeting. You have recognised the challenges ahead and this has provided an audit trail. Can I reiterate my thanks to you and your Executive team, and also to the wider Hywel Dda staff for the way they have stepped up to the challenges over the last year and the resilience shown in the response to a public health emergency. Your planning mechanism is strong and you appear to be coming at it in a different way thanks to COVID. We will come alongside and support you in taking this forward and there will need to be further discussions around finances. You need to deliver a resilient unscheduled care system as this will help deliver other areas. You recognise the need to deploy your existing resources in a different way. There is a lot of confidence in the organisation to deliver and we will help you to deliver it.

Yours sincerely



Dr Andrew Goodall CBE