Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR ARCHWILIO A SICRWYDD RISG
AUDIT AND RISK ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	05 May 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Hywel Dda University Health Board Draft Performance Report Chapter of the Annual Report and Accounts 2020-21
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Joanne Wilson, Board Secretary Huw Thomas, Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Tracy Price, Performance Manager

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 Committee is asked to approve the Performance Report chapter of the Hywel Dda University Health Board (HDdUHB) Annual Report 2020/21, ensuring that it reflects, in line with guidance in the NHS Wales Manual for Accounts 2020/21, an analysis of the main business, performance and accountabilities, key achievements and successes of the organisation between April 2020 and March 2021.

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 2020-21 (Chapter 3). The Annual Report and Accounts is a suite of reports and includes:

- A **Performance Report** is to provide information on the Heath Board, its main objectives and strategies and the principal risks that it faces. It must provide a fair, balanced and understandable analysis of the entity's performance, in line with the overarching requirement for the annual report and accounts to be fair, balanced and understandable.
- 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 2020-21, 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 29th July 2021.

Asesiad / Assessment

The COVID-19 pandemic was declared by the World Health Organisation on 11th March 2020 and has continued during 2020/21.

The timing of the response to the pandemic has coincided with the end of the financial year and has impacted on the usual arrangements for end of year reporting, with the focus of the report shining a light on the impact the pandemic had on the delivery of services and in particular those deemed Essential Services as advised by Welsh Government.

Independent Members, Executive Directors and the Chair of QSEAC have reviewed virtually.

Argymhelliad / Recommendation

The Audit & Risk Assurance Committee is asked to approve the Performance Report chapter of the 2020/21 Annual Report for onward ratification of Board, recognising this has been approved by the current Chair of QSEAC.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference Cyfeirnod Cylch Gorchwyl y Pwyllgor	4.1 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:	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners. 5. Deliver, as a minimum requirement, outcome and delivery framework work targets and specifically eliminate the need for unnecessary travel & waiting times, as well as return the organisation to a sound financial footing over the lifetime of this plan
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:	PPPAC – People, Planning & Performance Assurance Committee BPPAC – Business Planning & Performance Assurance Committee
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Due to coronavirus, there was no PPPAC meeting in April 2020. In lieu of this, the Performance Report was reviewed virtually and cleared the week commencing 11th May 2020 by the previous Chair of BPPAC and current Chair of PPPAC. 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 2020/2021

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

What will this Annual Report tell you?

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

Due to the extraordinary nature of the year of 2020/21, this year's reports are written in the context of how we have planned, responded, and delivered care during the COVID-19 pandemic.

The Annual Report 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 for COVID-19 but also the impacts on other areas of health and care. It details how we have performed against our 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. 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

If you require publications in printed or alternative formats/languages, please contact us via:

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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

As we come to the financial close of the year 2020/21 it is an opportune moment to reflect on what we have lived through side-by-side as colleagues, friends, and members of our community. It has been an extraordinary year, where many of us as individuals and collectively as a community, have faced the COVID-19 global pandemic - one of the biggest challenges of our lifetime.

To be part of the National Health Service during this time has been a challenge and a privilege. We are so proud of the efforts made by our staff, partners, and communities to keep everyone safe. Your hard-work and contributions have undoubtedly made a positive difference and we may have experienced for more loss and sacrifice without those efforts - thank you sincerely.

As we write this welcome, we also mark the anniversary of the first UK lockdown on a national Day of Reflection (23 March 2021). On this day we remembered the 476* people who died from COVID-19 in the Hywel Dda University Health Board area since the start of the pandemic. Loved ones lost before their time, but always remembered, and our thoughts and sympathies are still with those they left behind grieving.

Alongside remembrance and reflection, we have also turned our attentions to the recovery and learning that is necessary as we start to emerge out of the pandemic. The hugely successful COVID-19 vaccination programme, which is saving lives and helping protect us all, has given us all hope and the opportunity to plan and be ready for a brighter future.

But we have a lot of work to do to re-build and reinstate planned and non-urgent work that had to be paused because of the pandemic and restrictions. We are particularly saddened that there are far more of you waiting longer for planned surgery, and we are aware of the detrimental impact this can have on your quality of life. We are writing to people on waiting lists (starting with those waiting the longest first) to apologise and ensure you know how and when to report any worsening of your condition which may affect our prioritisation. You can keep up-to-date on the re-starting and expansion of planned care services here: https://hduhb.nhs.wales/healthcare/covid-19-information/restarting-services/

We are also about to launch a pilot Waiting List Support Service, initially in a single specialty, with the aim of rolling out to all specialities later in the year. These patients will be provided with a single point of contact and enhanced support whilst they wait. General advice to people on how to remain well whilst awaiting surgery, which can improve outcomes after surgery, is available here: https://hduhb.nhs.wales/healthcare/covid-19-information/preparing-for-treatment-lifestyle-advice/

Without the pandemic however, we would unlikely have seen the speed of the digital roll out and community-based care that we have been able to provide in people's own homes, or closer to them. For example, in March last year only 1% of outpatient appointments we carried out online, but as at January this year, 28% of outpatient appointments were carried out in this manner, with valuable feedback from patients. Whilst many people can access services digitally, we know there are some who cannot and we will continue to engage with patients through a variety of ways, including non-digital.

We are also continuing to support staff with their own health and well-being with a range of psychological and well-being services. Many are exhausted and they and their families have made great personal sacrifices. It has been humbling and inspirational to listen to their

experiences and see how they have looked after each other as well as their patients. They need some time to rest and recover before the full resumption of all services.

The COVID-19 pandemic and our response to it has underlined the need for clarity in setting out our objectives as a health board. Indeed, one of the key lessons learnt from staff feedback so far is the importance of having a small number of clear organisational objectives.

Between the first and second waves of the pandemic, we carried out a piece of work to take stock of the decisions made by the Board during the past three years, our progress so far in achieving our strategic vision, as set out in our long-term health and care strategy, A Healthier Mid and West Wales: Our Future Generations Living Well, along with learning from the first wave of the pandemic.

The result has been a refreshed set of strategic objectives to set-out what we are driving towards during the next three years. They are a combination of already existing organisational values and objectives around our services:

1. Putting people are the heart of everything we do
2. Working together to be the best we can be
3. Striving to deliver and develop excellent services
4. The best health and well-being for our communities
5. Safe, sustainable, accessible, and kind care
6. Sustainable use of resources

Annual Plan for 2021/22 is a recovery plan which focuses on how we will recover from the pandemic, how we will support staff to recover, and how we lay the foundations to recover NHS and care services and support to our communities. Following the revision of instructions in March 2021 from Welsh Government to all Health Boards and Trusts across Wales, all plans for 2021/22 were to be submitted in draft form by the end of March 2021. We presented our draft plan at our Public Board in March 2021, and this was approved for onward submission to Welsh Government. Final plans are expected to be submitted following Board approval by the end of June 2021.

We will use what we have learnt and all our experiences to inform what we do and how we do things moving forward. To this end, we want to make things better for our communities, our staff and our patients so we can all live in a healthier mid and west Wales.

Maria Battle, Chair

Steve Moore, **Chief Executive**

Signed: _____ _____

Date: _____ _____

*figures correct as at 16 March 2021

Chapter 1

Performance Report

About us

Hywel Dda University Health Board plans and provides NHS healthcare services for Carmarthenshire, Ceredigion, Pembrokeshire, and its bordering counties. Our 12,400 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 our three local authorities and public, private and third sector colleagues, including our volunteers, through:

- **Four** main hospitals: Bronglais General in Aberystwyth, Glangwili General in Carmarthen, Prince Philip in Llanelli and Withybush General in Haverfordwest;
- **Five** community hospitals: Amman Valley and Llandovery in Carmarthenshire; Tregaron in Ceredigion; and Tenby and South Pembrokeshire Hospital Health and Social Care Resource Centre in Pembrokeshire;
- **Two** integrated care centres, Aberaeron and Cardigan in Ceredigion;
- **48** general practices (**four** of which are health board managed practices), **49** dental practices (including **three** orthodontic), **98** community pharmacies, **44** general ophthalmic practices (**44** providing Eye Health Examination Wales and **30** 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.

Commented [TP(dU-PM)1]: This is provisional, final figure to follow

The population we serve

Population projection: our total population is estimated at 387,300 and by 2028 is predicted to rise in Carmarthenshire (+2.4%) and Pembrokeshire (+2.1%) but decrease in Ceredigion (-3.3%).

Ageing population: The average age of people in the three counties is increasing steadily, with all three local authority areas projected to have an increase of people aged 65 and over by 2028. The largest predicted increase in this age group is for Pembrokeshire (+18.8%).

Changing patterns of disease: As our population ages there are an increasing number of people in our area with one or more chronic condition. In 2019, dementia, Alzheimer's disease, heart disease, respiratory disease, stroke, and cancer were the main causes of death in England and Wales.

Tobacco: Almost one in five adults (19%) in our area smoke. Smoking is a significant risk factor for many diseases and early death. Making Every Contact Count (MMEC) 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: Three in every four people in our area do not eat enough fruit and vegetables, and almost 3 in 5 people (59%) are overweight or obese. The HB are using the Obesity Pathway Transformation Fund monies for 2020/21 to further strengthen of our specialist MDT weight management service in line with National Standards to enable improved access and equity.

Physical activity: Over 40% 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: 16.2% of our population report feeling lonely. Providing single points of access for Information, Advice and Assistance, in line with the Social Services and Well-being Wales Act for the public that facilitates access to a directory of services in their local community, such as DEWIS Cymru.

Welsh language: The proportion of Hywel Dda residents of all ages who can speak Welsh is 47%.

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

Introduction

Hywel Dda University Health Board was needed to carefully monitor and forecast potential impacts of the COVID-19 pandemic on our population so that we could respond in the strongest way to keep our communities safe.

All NHS and care services have had to adapt to the aim of keeping as many people at home as possible but also making sure that those needing timely healthcare (including screening, diagnosis, and testing, as well as treatment) receive it. This process and our responses had to change often during 2020/21. This was the case during the first and second 'peaks' of high COVID-19 infections in our communities and in response to the subsequent pressure on our NHS staff and services. This was particularly the case during and following the second wave in late 2020.

We outline in this report how we have worked within the NHS Wales Operating Framework to keep essential services within community, primary, and secondary care but also allowed for flexibility and adaptability to respond to peaks of community transmission rates, and any specific impacts we have seen because of changes.

In this context, quality and safety of our community has been of paramount importance. Indeed, to ensure this focus and the close monitoring to support it, we increased the opportunity for additional scrutiny through our Quality, Safety and Experience Assurance Committee. Clinical leadership has been strengthened, as detailed later in this report, as well as the introduction of a Clinical Ethics Panel to consider the ethical challenges our frontline clinicians face and those faced by local authorities in relation to visiting in care homes. We have also, through our planning and quarterly updates to the Welsh Government, considered and addressed at all stages, four types of harm from the pandemic:

1. Harm from COVID-19 itself
2. Harm from an overwhelmed NHS and social care system
3. Harm from reduction in non-COVID-19 activity
4. Harm from wider societal actions/lockdown

We have identified throughout this report some of the actions we have taken to avoid these four harms.

Similarly, we have referenced where we are meeting the requirements of the Health and Care Standards and thus improving the quality of care and patient experience. The Health and Care Standards themes are as follows:

- Staying Healthy – how we ensure that people in Carmarthenshire, Ceredigion and Pembrokeshire are well informed to manage their own health and well-being.
- Safe Care – how we ensure that people in the three counties are protected and supported from harm and supported to protect themselves from known harm.

- Effective Care – the arrangements we have in place for people in the three counties to receive the right care and support as locally as possible and are enabled to contribute to making that care successful.
- Dignified Care – how we make sure people in the three counties are treated with dignity and respected and treat others the same.
- Timely Care – the arrangements we must ensure that people in the three counties have timely access to services based on clinical needs and are actively involved in decisions about their care.
- Individual Care – how we treat people in the three counties as individuals, reflecting their own needs and responsibilities.
- Staff and Resources – the information we have available for people in the three counties to understand how their NHS is resourced and make clear how we make careful use of them.

We will detail throughout this report the extraordinary response, achievements and innovation that has been achieved as we have responded to the global pandemic. For example, following the first wave of the pandemic we undertook a piece of 'discover' work to understand and learn from changes to services and teams because of the pandemic response.

We learnt that some of our long-term ambitions in our strategy, A Healthier Mid and West Wales, have been partly delivered through necessity. A demonstration of this in action would be the shift towards delivering some services virtually through online platforms. This could have a positive impact on access to services for patients, as well as improve the productivity of health services and reduce our carbon footprint by avoiding the need for patients to travel. We recognise, however, that not everyone has the means to access virtual services and we will continue to engage with patients through a variety of ways, including non-digital.

You can read more about our learning and how it will inform our work going forward in our Annual Plan (insert link)

Impact of COVID-19 on our delivery of services

Hywel Dda University Health Board had to respond quickly to the pandemic. This meant changing many aspects of how we work to keep people safe. It is testament to the skill, knowledge and professionalism of our staff that this was achieved in weeks and months as opposed to years.

We worked 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 worked together to keep each other safe, and we saw commitment, innovation and kindness.

At the start of the COVID-19 pandemic, Welsh Government issued guidance for essential services that had to continue to ensure patients had access to necessary care and treatments in a safe environment (www.wales.nhs.uk/COVID19essentialservicesguidance).

Risks

Below is a summary of the risks we identified as having the potential to impact our delivery of essential services and 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 and others are previously existing risks which have been exacerbated due to COVID-19.

This section gives our position and risk scores as at 31 March 2021. For further details see:

- The Delivery of essential services section.
- Risk Profile section of the Annual Governance Statement chapter in this report.
- Corporate Risk Register update prepared for March 2021 Board meeting (available https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2021/board-agenda-and-papers-25th-march-2021/25th-march-2021-documents/item-3-6-corporate-risk-register/).

Harm from COVID itself

Risk 1017 - Test, Trace and Protect (TTP) Programme being unable to quickly identify and contain local outbreaks	High (10)

At times during 2020, there was insufficient laboratory testing capacity available to meet the significant rise in demand for COVID-19 tests. This resulted in the public being unable to book testing locally, if at all, and delays of up to 10 days for test results. This had serious implications for the TTP programme. Access to testing has been resolved with no delays in accessing tests. Test turnaround times have also improved greatly. As a result, the risk score was reduced from 15 to 10. (Health and Care Standards: Safe Care)

Harm from an overwhelmed NHS and social care system

Risk 1018 - Insufficient workforce to support delivery of essential services	Extreme (16)

Workforce was a key constraint in our ability to respond effectively to COVID-19 surges and maintain essential services. Challenges included COVID-19 infections and outbreaks within acute, community and social care facilities which could lead to increased sickness absence directly due to COVID-19 and/or self-isolation of staff, as well as the ability to recruit new staff quickly for support. This could in turn impact/affect our ability to staff field hospitals, manage surge capacity within general hospitals, effectively manage the impact from COVID-19

outbreaks and deliver a mass vaccination programme. Our pandemic Command structure are monitoring and managing this risk. (Health and Care Standards: Staff and Resources)

Risk 853 - Our COVID-19 response will be insufficient to address peaks in demand (bed space, workforce, equipment/consumables)	Moderate (5)

This risk could lead to an impact/effect on difficult triaging decisions for our clinicians, poor quality and safety for patients and an inability to accommodate every patient that needs us. A series of processes and controls are in place to mitigate the risk, for example, established a modelling cell to provide forecasts of expected COVID-19 cases and hospital admissions, opened field hospital beds to support the acute sites. (Health and Care Standards: Timely Care)

Risk 854 - Our COVID-19 response proves to be larger than needed for actual demand	Low (3)

This risk could be impacted by inaccurate modelling assumptions or changes in the progression of the pandemic. The direction from Welsh Government was to over rather than under provide. Our modelling cell is linked to the Welsh Government modelling group and other health boards to ensure our models are regularly updated to incorporate the latest intelligence as the pandemic progresses. (Health and Care Standards: Staff and Resources)

Harm from a reduction in non-COVID-19 activity

Risk 684 - Lack of agreed replacement programme for radiology equipment across the health board	Extreme (20)

Our imaging equipment requires significant periods of urgent and planned maintenance, creating downtime in use which puts significant pressures on all diagnostic which in turn results in some delays for some patients in diagnosis and treatment. At the end of March 2021, equipment failure results in up to a week downtime which puts significant pressures on all diagnostic services. Welsh Government have agreed funding for one new CT scanner and one new MRI scanner in 2021/22 (out of 5 scanners required). In the meantime, controls and processes are in place to mitigate the risk, such as service maintenance contracts, daily quality assurance checks, disaster recovery plan in place. (Health and Care Standards: Effective Care)

Risk 855 - We will be unable to address the issues that arise in non-COVID related services and support functions	Extreme (16)

A winter surge in COVID-19 demand coinciding with usual winter pressures and the rapid roll out of a Mass Vaccination Programme led to all non-essential services have being suspended with staff redeployed to where needed and only the most urgent surgery being undertaken. Our clinicians continue to review patients on a case-by-case basis to ensure those at greatest clinical risk or risk of harm are seen first. We are using all available capacity at Werndale Hospital to support cancer and urgent surgery. (Health and Care Standards: Timely Care)

Risk 1027 - Delivery of integrated community and acute unscheduled care services	Extreme (16)

This risk could lead to an impact on the quality of care provided, significant clinical deterioration of patients, delays in care and poorer outcomes, increased incidents of a serious nature relating to ambulance handover delays at the front door and delayed ambulance response to community emergency calls, increasing pressure of adverse publicity/reduction in stakeholder confidence and increased scrutiny from regulators. As

such, a wide range of processes and controls are in place to mitigate. For example, daily virtual meetings for all sites, review of patients admitted to surge areas to ensure their acuity and dependency is monitored and controlled, discharge lounge for patients about to be discharged, joint workplan with the Wales Ambulance Service Trust. Due to the uncertainty surrounding any data modelling and the implications of restrictions lifting on future COVID and non-COVID-19 demand, the situation remains fluid and changeable. (Health and Care Standards: Timely Care and Safe Care)

Risk 1032 - Timely access to assessment and diagnosis for Mental Health and Learning Disabilities clients	Extreme (16)

Referrals for autism spectrum disorder (ASD) have continued throughout the pandemic at approximately the same level as pre-COVID-19. The service was experiencing significant waiting times because of demand levels. Due to the constraints to undertake the required face-to-face assessments, the implementation of social distancing and, in some instances patients' reluctance to attend clinics due to the risk of COVID-19, there had been an impact on the service's ability to see the same volume of service users. IT/virtual platforms are used where appropriate. Patients are prioritised on clinical need. Individuals on waiting lists are being contacted periodically through the wait for assessment/treatment to monitor any alteration in their condition. (Health and Care Standards: Timely Care and Safe Care)

Risk 1048 - Risk to the delivery of planned care services set out in the Quarter 3/4 Operating Plan	Extreme (16)

Work to re-start elective surgery began in June 2020. During the summer/autumn period, significant progress was achieved in recovering cancer pathway surgical backlogs, which had developed earlier in the pandemic. Our surgical response was significantly restricted over the Christmas / new year period due to a significant increase in COVID-19 cases and admissions. Surgery for emergency and urgent cases recommenced in January 2021 and we plan to restart other elective surgery as soon as it is safe and practical to do so. The plans we have outlined do however reflect the maximum capacity we can achieve within the footprint of our existing hospital sites, particularly during the first half of 2021. (Health and Care Standards: Timely Care)

Risk 633 - Ability to meet the 75% target for waiting times for 2020/21 for the new Single Cancer Pathway (SCP)	High (12)

This risk is caused by a lack of capacity to meet an expected increase in demand for diagnostics and treatment delays at our tertiary centre. Recommendations from the Royal Colleges to suspend diagnostics and some surgery that are aerosol generating during COVID-19 also impact on our ability to meet the SCP target. To help mitigate this risk we have used Werndale Hospital near Carmarthen for surgery. We have a COVID-19 escalation plan in place. We are working jointly with regional partners to offer patients on a tertiary pathway surgery within the three counties. (Health and Care Standards: Timely Care)

Harm from wider societal actions/lockdown

Risk 1016 - Increased COVID-19 infections from poor adherence to social distancing	High (10)

This could lead to an impact on increased levels of staff absence due to COVID-19 infection and self-isolation, which in turn could lead to some essential services being closed. Social distancing guidance and signs are available for staff, patients, and visitors. Safety screens have been installed in our hospital, ward, and clinic reception areas. Hand sanitiser stations are available across all sites. (Health and Care Standards: Staying Healthy)

Modelling cell

In addition to Imperial College London modelling of COVID-19 cases, and in response to potential impacts from Government restrictions, we re-directed some of our resource to form a Hywel Dda University Health Board modelling cell. The role was to use national modelling and adapt for the Hywel Dda community so we could predict future demand and align our capacity accordingly. This proved enormously beneficial to our operational teams.

Making Data Count in Hywel Dda

Making Data Count is an approach based on the use of statistical process control (SPC) charts to tell a story with data. SPC charts are beginning to be used in the NHS for quality control and to help understand whether system changes result in improvement. Plotting data over time, instead of using a RAG (red amber green) rating, can help inform better decision-making. SPC charts help change the discussion at Board and Committees to richer conversations, using the data to drive improvement rather than judgement. In 2020/21, our Board agreed a shift to using SPC reporting. We started using some SPC charts for performance reporting in February 2020 and aim to shift performance reporting to full SPC reporting by summer 2021.

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

Command Centre

A Command Centre was set up as part of the health board's COVID-19 response, to provide staff with a single place for authoritative, up-to-date information. It has been hugely successful in replying to enquiries through telephone and email and a valued service. The Command Centre houses specialist 'stations' that are staffed by subject specialists for primary care, public health, workforce, occupational health, infection prevention and control and COVID-19 testing. All contacts are logged on to a specifically designed database and given to the right specialty team for response and action. The service was targeted at staff and stakeholders during the first phase of the pandemic but has developed and grown to support the wider public on testing and vaccination which ensures that our staff and the wider public are informed to manage their own health, have the right support and are able to contribute to making care successful (Health and Care Standards: Effective Care).

One of the critical roles of the Command Centre was the development of a team to manage and co-ordinate the significant, and rapidly evolving, information, guidance and clinical advice received in relation to COVID-19. We developed a process to ensure that specialist information and new clinical guidance was appropriately approved, updated and available. This included the consideration of national COVID-19 guidance by clinical leads, assessing any impact on local pathways and services, and the development of local guidance, as necessary. All approved guidance and resources were then made available to clinical and operational teams on specially developed internal webpages and communicated via daily emails to all staff. See more on the future of this function on pages xx

Commented [YC2]: Editor's note: put page reference to conclusion and future plans in here

Clinical Ethics Panel

Clinically led decision-making and scrutiny has been at the forefront Hywel Dda University Health Board's duty and commitment to maintain quality and safety of care. In response to the onset of the COVID-19, the Hywel Dda Ethics Panel was established in April 2020. It is chaired by Board Chair Maria Battle, and Vice-Chair, Dr Phil Kloer, Medical Director and Deputy CEO, and attended by representatives from a wide range of internal and external stakeholders. Recognising the difficult decisions frontline clinicians may have to make, the purpose of the committee is to ensure that decisions about care are made ethically and in accordance with health board values. The panel considers and advises on strategical ethical questions faced by the organisation and communicates this with clinical teams.

A regional response to Test Trace Protect (TTP)

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 cause COVID-19, to protect our communities, and provide advice and support.

Three county-specific Incident Management Teams (IMTs) and a Regional IMT were set up within the area. These enabled excellent engagement and partnership working to respond to increases in transmission in a collaborative and co-ordinated way.

The health board's Command Centre provided 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 also 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.

Testing

See pages xx for information on COVID-19 associated testing.

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Contact tracing

Hywel Dda University Health Board collaborated with 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.

Contact tracing trials began prior to the formal TTP launch date in June, most notably in Ceredigion. The national Case Management & Contact Tracing system (known as the CRM system) came into effect on 9 June 2020 allowing monitoring of data, trends and reporting to further inform the region's response to the pandemic.

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.

Redesigning our primary care services

Our primary care services have played a crucial role in the response to the COVID-19 pandemic.

We ensured all primary care staff were provided with the necessary personal protective equipment (PPE). We also encouraged all primary care contractors to use the national escalation and reporting tools to help identify and address any rising levels of pressure as they started to occur.

A GP Cluster is a group of GP practices from a close geographical location. Financial support was offered to Clusters to purchase additional IT equipment to enable staff to work effectively from home. IT has been a critical enabler for maintaining essential services during the pandemic. We will continue to build on the digital advances in 2021/22 to allow our contractors to work as efficiently as possible whilst ensuring patients only travel when necessary and have access to timely and appropriate care.

GP practices

All GP practices within the Hywel Dda University Health Board area maintained the delivery of essential services throughout 2020/21. Business continuity planning underpinned the protection of all core services.

The GP practices were also provided with a local pathway for rapid COVID-19 testing of symptomatic frontline staff. Whilst a small number of practices were affected by staff infection rates, all apart from one remained open throughout 2020/21.

Our aim for 2020/21 was to tender expressions of interest in returning the health board Managed Practices back to independent contractor status but this work stalled due to the pandemic. The four managed practices played a key role in our COVID-19 vaccination programme through early trialling and sharing their rapid learning with other practices. All GP practices in Hywel Dda signed up to deliver the COVID-19 vaccination for priority groups 1-6. Practices were encouraged to work together to maximise the use of vaccine supplies and they worked collaboratively to vaccinate care home residents.

During the pandemic we have seen several GPs relocate to the area to take up partnerships and salaried positions within some of our GP practices that had historically found it difficult to recruit to vacancies.

Pharmacy

Even though the community pharmacies were significantly impacted early in the first wave with an increased demand for repeat medication, they all sustained service delivery throughout. To maintain and deliver pharmacy enhanced services, all pharmacies were offered access to the NHS Video Consulting Service so that this could be used as an option where needed. Our Clusters were asked to support community pharmacies during the first wave of the pandemic. This was supplemented with a small level of financial support to recognise the additional work pressure experienced during the early weeks / months to dispense repeat medications.

A small number of pharmacies were affected by staff infection rates, but all managed to maintain service provision throughout 2020/21.

Dentistry

The Community Dental Service played a key role in supporting the provision of urgent dental care to patients during the pandemic through the development of Urgent Dental Centre (UDC). A review of each community dental site identified a need to install air change systems. To support the dental practices to return to an improved level of patient flow, the health board match funded the allocation from Welsh Government to assist practices in their purchase of these air flow systems and return to normal patient activity levels from April 2021.

A small number of dental practices were affected by staff infection rates and two had to close for a period. Alternative arrangements were put in place for the patients of those dental practices for the duration of the closures.

During the amber phase of the pandemic all dental practices carried out an assessment of clinical and oral risk on each patient seen. This will inform commissioning of services moving forward.

Optometry

During the red phase of the pandemic, we developed our pathways and services to enhance local provision of optometry services for patients. In line with the national guidance, we implemented four optometric pathways which ran successfully. A proposal has been submitted to mainstream these services as part of the ongoing development of eye care pathways.

A small number of practices were affected by staff infection rates, but no optometric practices were required to close.

Some optometrists have been delivering the COVID-19 vaccine through our Mass Vaccination Centres.

Therapy services

Our acute, community and locality teams worked together to develop a plan for delivering therapy services during the pandemic. In line with the Welsh pandemic response, direct therapy service provision was limited to urgent or essential services, such as tissue viability/wound care, rehabilitation/obviating functional decline, and patients not appropriate or responsive to virtual or digital support.

Some examples to highlight:

- Occupational therapy - we maintained occupational therapy capacity in the community to support surge / additional capacity in step down beds (community and field hospitals). We also prioritised occupational therapy support for care home residents.
- Physiotherapy – in quarter two we increased face to face community support to rapid response, such as rehabilitation at home to support those at high risk of functional decline, falls or hospital admission.
- Dietetics – our specialist nurses supported those patients in the community on tube feeding to avoid escalation and presentation at A&E.

Redesigning our community services

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 COVID-19 pandemic presented us with extremely challenging issues to respond to, but our approach to support people in this way continued and is outlined below. 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, during the pandemic. We have needed to be flexible and adaptable to respond to transmission rates of COVID-19 in our communities.

We outline below how we have considered and addressed the four types of harm outlined in the Operating Framework, namely:

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

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 (more information on this can be found in our chapter on Delivering in Partnership on page xx).

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To build strong communities - reducing harm from wider societal actions/lockdown

- We worked with partners to help voluntary services and community groups to provide support to local people – through the Connect to Kindness programme, support hubs and volunteer programmes – and we want to build on this in the future
- Community connectors and social prescribers, people who link others to activities and organisations to improve their quality of life, have been supporting people
- The Delta Connect project was rolled out to all counties and is using technology at home (Technology Enabled Care/TEC) to support more than 2,500 people to live independently, and to connect users with families and healthcare professionals for a response if needed

For prevention and to help yourself - reducing harm from reduction in non-COVID-19 activity

- New support, such as tests you can carry out at home, were provided to measure oxygen levels in the blood for some patients recovering from COVID-19. This has helped people coming out of hospital to self-manage at home and for them and their health professionals to be aware if their condition worsened
- Pembrokeshire Falls Service became fully established in 2020 and developed a Staying Fit and Healthy support package. Delivered through Connect Pembrokeshire, it helps people improve strength and fitness, and is particularly aimed at people who were shielding or in lockdown
- We started to develop Integrated Community Networks launching in Milford Haven opportunities for the wide range of partner organisations in the network area to come together, share expertise, knowledge and skills to benefit the population
- We implemented virtual & digital solutions to Education Programmes for Patients
- We rolled out digital solutions to support Community Nursing Teams manage their visits and caseloads more effectively.

Help when you needed it - reducing harm from an overwhelmed NHS and social care system

- We worked with hospital teams to ensure community resources and buildings were used to support urgent outpatient care and clinics as much as possible
- Phlebotomy services previously provided in acute or community hospitals were transferred to community-based locations such as the Antioch Centre, Llanelli, and managed by appointments only to ensure social distancing and maintain safety
- We increased the number of beds in the community where we could assess people's needs in a more homely setting and to ensure we could meet their future needs in the most appropriate way
- Dedicated nursing teams, such as the Acute Response Teams have been providing care traditionally provided in hospitals to avoid admissions to hospitals or reduce lengths of stay
- We provided people with the equipment they needed to help them stay at home safely
- Video lines were provided for access to bereavement care for people during this crisis
- Our clinical and support staff used online and telephone to contact people, which helped reduce delays in providing people with the support they need
- A community nursing 'hub' was set up in Pembrokeshire to join up patient care in cluster areas – it can receive up to 760 calls per month with more than 500 referrals
- In April 2020 Pembrokeshire Intermediate Care Team was established to help patients remain or return home by providing a joined-up way to receive and screen referrals; and provide therapy led reablement support or step-down beds

Help long term - reducing harm from an overwhelmed NHS and social care system

- In partnership with our local authorities and allied health professionals in primary and secondary care, we supported care homes on the prevention and management of COVID-19 outbreaks. This helped ensure continuity of care for residents and support for staff working in the sector. In-reach support was provided to reduce unnecessary admissions of COVID positive residents to hospitals, enabling them to remain within their home environments.
- Hospice at home with clinical nurse specialist availability 24/7 and access to consultant specialist palliative care and geriatricians
- Step-up or step-down to community pathways were used in field and community hospitals to support the wider NHS and social care system
- To support carers for and people with dementia, we are introducing Admiral Nurses across the health board to provide increased care and support.

Help in hospital - reducing harm from COVID-19 itself

- We increased bed numbers in our community hospitals to provide additional capacity so we could care for patients during the pandemic
- This included providing additional inpatient beds at Cleddau Ward, in South Pembrokeshire Hospital, Pembroke Dock; at Tregaron Hospital, in Ceredigion;
- Pembrokeshire community team, GP practices and out-of-hours services worked together to convert Haverfordwest Health Centre as an area where COVID positive patients could be seen (stood down in March 2021)

Emergency and urgent care needs have continued to be met in the community in unprecedented circumstances. However, during times when the pandemic has had the highest impact, we have needed to withdraw some community-based clinics and services or change the way they are accessed. For example, to keep people safe during the pandemic and align our resources where they were needed most, we have had to:

- Temporarily close our Minor Injury Unit, in Cardigan, Ceredigion; and Llandovery, Carmarthenshire
- Prioritise Community Nurse activity to urgent and essential care, reducing more routine treatments
- Visit fewer people at home and introduce community-based clinics for those people who can travel to receive treatment

Throughout the year, close monitoring has taken place and we have re-instated services as soon as we have been able to, communicating this to our local communities.

Design and implementation of testing and immunisation for COVID-19

COVID-19 Testing

Hywel Dda University Health Board first began antigen testing, which detects if a person has the virus, in February 2020. This was first within people's own homes and then within our first two Coronavirus Testing Units (CTUs) in Cardigan and Carmarthen.

Our aim was to provide COVID-19 testing to anyone who needed it and to make it as accessible as possible for our rural communities. Provision for testing has grown and adapted through-out the pandemic.

Testing staff and other critical workers

Early in the pandemic, and in accordance with the Chief Medical Officer's advice in March 2020, we tested symptomatic health board staff. We also worked closely with other public bodies in the Hywel Dda area, making local arrangements to allow symptomatic critical workers, such as those in wider health and social care, ambulance service, local authorities, police, fire, education, food, retail, transport, public services, and unpaid carers to get quick access to a free test. This allowed them to return to work as soon as they felt better, if their result was negative, helping maintain critical services to our population.

Community testing

We have since developed a hybrid model of testing to protect our wider communities. This has been delivered between health board managed and delivered services, and through the UK-model delivery. Additional community testing units, including mobile testing units, have been provided throughout Carmarthenshire, Ceredigion and Pembrokeshire. Locations of units have changed during the pandemic to respond effectively to clusters or outbreaks in specific areas. People have been able to book a test by visiting the Welsh Government website (www.gov.wales/apply-coronavirus-test) and choosing either an appointment at a drive-through testing centre or ordering a home testing kit. Those without digital access were able to book a test by calling the free 119 number.

We regularly reviewed our testing capacity across the region, including neighbouring areas, such as Powys, and continually worked with our partners and other health boards in relation to mutual aid and supporting people who live or work across our boundaries or travel into our communities, such as for students. We also put in place a pathway for visitors and tourists to the area to appropriate access testing and supported this with communication campaigns and working with tourist providers during peak visiting season.

Our current testing units are in:

- Carmarthen Showground, Carmarthen (drive-through)
- Local Authority Car Park, Canolfan Rheidol, Aberystwyth (drive-through and walk-in)
- Pembrokeshire Archives Car Park, Haverfordwest (drive-through and walk-in)
- Dafen Yard, Heol Cropin, Dafen, Llanelli (drive-through)

From 1 March 2020 to 31 March 2021, 181,983 people within the Hywel Dda area were tested with 15,879 receiving positive COVID-19 antigen test results (8.7% positivity rate).

The total number of tests completed will differ and are likely to be higher than the number of individuals tested. Antigen lateral flow tests are not included in these figures. [Source: Public Health Wales]

As could be expected given the unprecedented pandemic situation, the health board faced some challenges and opportunities along the way as the testing need changed. We have been able to respond quickly and appropriately to meet local demand and keep communities safe. For example, when there was a high increase in demand for tests across the UK in September 2020, people experienced problems in booking a test via the UK portal. The health board quickly reassured people that there was local testing capacity within Carmarthenshire, Ceredigion and Pembrokeshire (providing a temporary local route through for people experiencing problems) and reassuring people that they should not need to travel excessive distances to access a test.

We have communicated with our local community through-out the pandemic on the criteria for testing (and its importance in keeping people safe). We have also provided practical information on how to access testing and the need for self-isolation whilst results are awaited or following a positive result. We used a combination of updates through traditional media and with 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.

Use of case studies was helpful in raising awareness among our Black, Asian and minority ethnic community. For example, a local couple, critical in the NHS response to COVID-19 shared their story of how testing helped give them, their families and their work colleagues peace of mind, whilst also allowing them to get back to delivering frontline care to patients at Glangwili Hospital, Carmarthen.

The national NHS COVID-19 app launched on 24 September 2020 across Wales and England we encouraged people in Wales to download and use the app to help reduce and manage the spread of COVID-19. It also allowed people to book a test and get their result quickly, working alongside the existing manual contact tracing system.

Care home testing

The health board flexibly deployed staff members and worked with the military to enable testing within the care home sector.

We underwent a phased and targeted approach to both symptomatic and mass testing across the care home sector, beginning with those homes that had experienced the first outbreaks of COVID-19, and then moving onto all ‘closed-settings’. During 2020/21 tests were carried out for 9,802 care home staff and 14,254 care home residents (note: this testing does not include routine weekly PCR staff testing through the UK portal.

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). More information on support for care homes is available on page xx onwards.

Antibody testing (have I had the virus?)

In June 2020, the Chief Medical Officer asked health boards in Wales to start antibody testing, which tests whether someone has been exposed to the coronavirus infection and developed antibodies.

Within Hywel Dda we began a programme of antibody testing to help us better understand the prevalence of COVID-19 in different work groups and how the disease spreads.

A huge amount of effort, at pace, was put into introducing antibody testing as a phased approach across the region, beginning in mid-June 2020. Hywel Dda University Health Board provided the first drive-through antibody testing service in the UK. Teachers and other school staff operating school hubs were the first group of key workers to be offered the test, followed by other priority groups including healthcare workers, primary care staff, social care workers and residents, and patients as directed by clinicians for patient management.

Due to the rise in cases in the autumn, our focus increased on antigen testing for staff and to do this effectively, we paused the antibody test for staff at the beginning of October.

Asymptomatic testing

In March 2021, we began a phased programme of asymptomatic (no symptoms) staff testing for COVID-19 using Lateral Flow Devices (LFD). The intention is to roll out the offer of LFD test kits to all staff and students in Hywel Dda University Health Board by 31 May 2021. The aim is to help to reduce onward transmission of COVID-19 by identifying asymptomatic positive staff, and thus enabling self-isolation and tracing to take place as early as possible and provide confidence to our staff and the public.

Additionally, we put in place a system to test patients due to attend hospital for a procedure or treatment in line with infection prevention and control measures and to aid a gradual return of services where appropriate.

COVID-19 vaccination programme

Faced with the biggest contribution to population health in decades, the largest vaccination programme ever delivered by the NHS began in the Hywel Dda area on 8 December 2020.

The Hywel Dda University Health Board COVID-19 Vaccination Delivery Group is chaired by our Director of Public Health and includes representatives from across health, local government and partner agencies. The COVID-19 vaccination programme for the Hywel Dda University Health Board area supports the wider Welsh Government Strategy for Vaccination.

The aim of our COVID-19 vaccination programme is to protect those who are at most risk from serious illness or death from COVID-19 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), Hywel Dda University Health Board aims to offer everyone in group 10 their first dose of the vaccine by the end of July, subject to supply.

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, whilst others will be invited to their nearest Mass Vaccination Centre, where vaccine is delivered by health board staff.

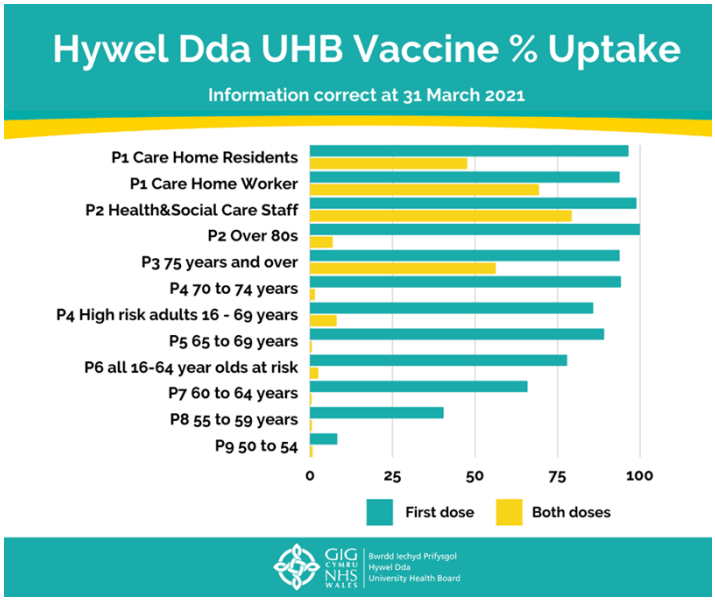
We also vaccinate target groups in other ways where necessary, for example we have undertaken vaccination in the hospital or care for long term patients or service users. We have also held 'pop-up' clinics for certain communities such as travellers, unpaid carers and those people who are homeless. This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

We also, in the future, plan to work with partners such as community pharmacists on delivery of the vaccination programme.

Sometimes two 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 in the Hywel Dda UHB area.

Uptake of the vaccine has been exceptionally high to date and as the vaccine programme moves into the younger and healthier groups, we will continue to work to protect as many people as possible and ensure all Hywel Dda residents are able to access a vaccine.

As at 31 March 2021, Hywel Dda University Health Board had delivered 224,309 COVID-19 vaccinations – 185,005 first doses and 39,301 second doses. The detail as per JCVI priority group is detailed in the image below:



We were especially proud of our vaccination teams – made up of immunisers from across acute, primary and community settings and supported by administrative teams – 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.

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 adapted 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 contribution of the health board's School Nursing Service resulted in the programme for primary school children being delivered within the severe constraints of access to pupils. But despite this, the Hywel Dda team delivered the highest percentage uptake in this group of any health board in Wales.

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

Overall, the provisional data for the 2020/21 programme has shown increased demand for flu vaccination in our communities and a significant increase in uptake in all eligible groups:

Cohort	Hywel Dda Uptake 2020-21	Change from last season	Wales uptake 2020-21
Over 65s	73.6%	Up 8.7%	76.5%
Under 65s with chronic conditions	49.8%	Up 9.5%	51%
2-3-year-olds	55.1%	Up 6.6%	56.3%
School aged children (4-11-year-olds)	87.1%	Up 15.9%	72.4%
Hywel Dda staff (direct patient contact)	55.1%	Up 5.7%	65.2%

This combined effort resulted in the following:

- Vaccinated a whole new cohort of people in our communities aged between 50-64 years old following new guidance from Welsh Government.

- 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, the health board's 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 was managed through exceptional partnership working and the need to be as flexible and responsive as possible.

The programme was delivered over an expedited timeframe in preparation for the launch of the COVID-19 vaccination programme. It was supported by a communications and staff engagement campaign, which highlighted available clinics and how to access vaccines. The result was 6,653 health board staff received a flu vaccination. This was an increase of 789 on the previous season.

Redesign of acute services to provide COVID-19 care

Field hospitals

At the start of the COVID-19 pandemic, the health board was working to Welsh Government guidance in relation to the number of beds. Nine field hospitals providing 915 beds were set up across the three counties, as a precautionary measure to help ensure we had enough capacity to treat a potential increase in hospital admissions. The hospitals were constructed and commissioned rapidly - within one month. This was achieved by not only the hard work and dedication of our staff but also the remarkable efforts of our partners, contractors, local communities and volunteers. From the outset it was clear that we could not predict the way the virus would spread and affect our local population, and we knew that being flexible in our use of these facilities would be key to the way we cared for patients. We are proud to have been able to have brought some of our field hospitals into operational use to help manage acute and community demand, particularly during the second wave and to have done so with a high degree of patient experience feedback. The key sites included Ystwyth Enfys Caerfyrddin (Carmarthen Leisure Centre), Ysbyty Enfys Selwyn Samuel (Selwyn Samuel Centre), and Ysbyty Enfys Carreg Las (Bluestone). While patients were not treated at all sites, from clinical use and training, to testing and vaccination, they each played an important role in our response to the pandemic. At the end of March 2021, Ysbyty Enfys Selwyn Samuel remains open to inpatients. The field hospital campaign has received positive feedback from Health Inspectorate Wales during their field hospital inspections carried out in the autumn of 2020. Thankfully, most of the field hospitals were not needed. Taking a pragmatic and cautious approach, we have returned most field hospitals to their original use whilst retaining some to have access to beds if there is a future demand in the event of a possible third wave of the virus. A summary is provided below:

County	Field hospital site	Beds initially set up	Position as at 31 March 2021
Carmarthenshire	Carmarthen Leisure Centre	93	Standby with potential to open 24 beds
	Selwyn Samuel Centre	120	Retained as a surge facility with 28 beds
	Llanelli Leisure Centre	95	Returned to former use
	Parc-y-Scarlets Barn	253	Returned to former use
	Parc-y-Scarlets Stadium	80	Returned to former use
Ceredigion	Cardigan Leisure Centre	48	Retained as a Test Trace & Protect and Mass Vaccination facility
	Aberystwyth Leisure Centre	51	Returned to former use
	Aberystwyth School	52	Returned to former use
Pembrokeshire	Bluestone, Narberth	123	Returned to former use

Critical care

As part of our COVID-19 response, the number of critical care ventilated beds increased across our four acute hospitals. However, this increase was subject to available staffing levels and sufficient medical stock.

Following a review of recommendations from The Faculty of Intensive Care Medicine on staffing levels and after an internal review of our critical care staff, their skills and those staff who could be redeployed back into critical care from external roles, it was assessed that 33 advanced respiratory support (level 3) beds could be supported with safe staffing levels and the recommended skill set. This is compared to 22 level 3 beds pre-pandemic. The increase was subject to all staff being released from their main core roles, all planned (elective) surgery suspended, availability of agency staff and was dependent on the availability and presence of health care support workers. This also assumed that the nurse / patient ratio moved from the traditional one critical care skilled nurse per one level 3 patient, to one critical care skilled nurse per one patient and supervising a non-critical care skilled nurse with a second level 3 patient.

Critical care medical stock to support the ventilated beds was calculated based on every ventilated patient requiring average daily dose as per guidelines from the Royal College of Anaesthetists and stock was moved rapidly across acute sites where required.

Emergency care

COVID preparedness through winter

The six goals for urgent emergency care were first published by Welsh Government in the NHS Wales COVID-19 Operating Framework for Quarters 3 and 4 of 2020/2021. The framework allows us to describe our whole system approach to ensuring patient flow through acute hospitals is as efficient as it can be and enhance access to emergency services routinely and at times of escalated demand and pressure.

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 / 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.

To support a rapid and effective response to COVID-19, our acute hospital teams significantly reconfigured the way in which care, clinical pathways and staffing resources were organised across each of our hospital sites. Examples include:

- Reconfiguration of existing emergency departments and hospital facilities to support COVID-19 (red), non-COVID-19 (green) and suspected (amber) streams. We triaged at hospital front doors initially using 'tents' which were replaced with cabins as we entered the winter period.
- Use of digital technology to support virtual board rounds & multi-disciplinary team discussions whilst supporting social distancing measures.
- Redirection of pathways to support opening of Continuous Positive Airway Pressure (CPAP) designated and COVID wards.
- In March 2020, the Paediatric Ambulatory Care Unit (PACU) at Withybush General Hospital, also known as Puffin Ward, was converted into a green pathway Minor Injuries Unit for adults and children. Families with children suffering minor injuries are still able to access care at Withybush via the MIU. Those children with acute illness, including those who need to stay in hospital overnight, are cared for in Cilgerran children's ward at Glangwili Hospital.
- Structured daily clinical handover & briefing sessions between staff in red and green zones with a focus on new admissions, discharge planning, PPE, equipment, oxygen usage, staff resources and clinical education based on experience of managing COVID-19 patients.
- We introduced single medical rotas to ensure the red and green zones could be managed as the original split rotas for these areas were unsustainable.
- We reviewed and amended the use of our community hospitals to meet the changing needs, such as opening a 25-bed ward in South Pembrokeshire Hospital and eight additional beds in Tregaron Hospital for step-down and discharge to facilitate better hospital flow.

Development of new emergency care measures

New measures are being developed for emergency care, as part of the Welsh Government's Change the conversation initiative. The measures will attempt to change the conversation of what good looks like for a patient journey through an emergency department (ED) that is supplementary to the traditional four hour and 12 hour wait targets.

Three experimental measures were introduced in November 2020 across our three major emergency departments as part of the National Emergency Department Quality & Delivery Framework Programme (EDQDF). These measures will help to better describe and understand what happens to patients between the front and back doors of emergency departments, and support improvements to patient and staff experiences, clinical outcomes and value. The measures are:

- Time from patient arrival at A&E to triage-by-triage category
- Time from patient arrival to contact with an A&E clinical decision maker
- A record of the A&E discharge time and destination of every patient when they leave

We set up a working group to develop our approach and to start capturing data around these measures. We acknowledged there is still some data clarification and refinement required

both locally and at a national level. In March 2021, a national "next steps" improvement plan session was held, and the following actions were agreed for 2021/22:

- Digital Health and Care Wales (DHCW) is a new special health authority (established on 1st April 2021) created to take forward the digital transformation needed for better health and care in Wales. DHCW will share the new measures production plan on a regular basis to resolve any potential future quality assurance issues with the reporting of these measures as they arise.
- Regular engagement with Heads of Information through the national group to support local improvement plans.
- Monthly communications to ensure key stakeholders are kept informed of developments and improvements in the data each month.

'Contact First' with 111 service and Physician Triage & Assessment & Streaming with WAST

In December 2020, the Chief Executive of NHS Wales requested that all health boards:

- Work with the 111 service to deliver 'Contact First'
- Support the Welsh Ambulance Service Trust (WAST) in providing clinical resource for Physician Triage Assessment & Streaming (PTAS)

'Contact First' with the 111 service

The 'Contact First' service is for people who were not requiring emergency care but need urgent care (within the next 8 hours). People who need this urgent care currently telephone the 111 service and may be given the advice to attend an Accident and Emergency (A&E) department or a Minor Injury Unit (MIU).

'Contact First' will stream these calls through to a local hub to schedule attendance at A&E / MIU. This helps limit the number of people waiting in A&E / MIU due to the environmental constraints that COVID-19 placed on those services. To meet this request, the health board formed an Urgent Care Working Group to oversee progress and to drive and manage our local response. The group had representation from clinicians and managers across our whole system and included national 111, Urgent Primary Care and Contact First leads, GP Out of Hours, GP Leads, Welsh Ambulance Service Trust, Secondary Care clinicians and Local Authorities. A model was developed which considered the opportunities given the stablished 111 service in Hywel Dda, the local need and a whole-system urgent care approach.

The progression of this urgent care model will bring together various projects, to enable significant transformation of our pathways and in delivering 'Contact First' we aim to:

- develop a local Urgent Care Streaming Hub to manage individuals from 111 and provide scheduled appointments for these and other services inclusive of Same Day Emergency Care, Hot Clinics*, and Urgent Primary Care access.
- manage more effectively those who self-present to A&E and MIU.
- reduce demand in A&E and MIU.
- develop a local directory of services (including alternate pathways) to support the hub and 111.

We are developing a phased approach to deliver 'Contact First' in line with the national timescales with phase 1 commencing in April 2021.

* A Hot Clinic is a consultant-led clinic that provides rapid access to assessment and is generally condition / speciality based e.g. respiratory, cardiac.

Physician Triage & Assessment & Streaming with WAST
All health boards were requested to support Welsh Ambulance Service Trust (WAST) in providing clinical resource, Physician Triage Assessment & Streaming (PTAS) to remotely clinically review individuals who were waiting on the WAST queue. When an individual dials 999, the calls flow through a control room and are placed in a queue or stack according to their clinical need awaiting an ambulance. At the time of the request, WAST was seeing very high numbers of individuals waiting for ambulances and numbers of ambulances delayed outside of emergency departments across Wales. The intended outcome was to reduce the number of individuals requiring onward transport via ambulance to an emergency department and as such this would reduce delays.

We have been working closely with WAST to develop this GP-led triage service in Hywel Dda. Remote working GPs have been employed in readiness to launch and a standard operation procedure and a memorandum of understanding are currently being agreed with WAST. Once operational we hope this service will support and be integral to our Urgent Care Streaming Hub.

COVID-19 mortality reporting and surveillance

To ensure appropriate monitoring and reporting processes were in place in relation to COVID-19 deaths at our hospital sites, we put in place new protocols for relevant clinical staff. This included new documentation and guidelines for reporting COVID-19 deaths and completing the COVID-19 mortality surveillance in the Welsh Clinical Portal (WCP) digital patient record. This information was distributed to staff and made available on the intranet.

During the year, we carried out a mortality-based review of the impact of COVID-19 on those waiting at home for treatment, as well as comparisons to All Wales performance and time-trend analysis. Our analysis of reported COVID-19 deaths in Hywel Dda has shown a trend consistent with the bed capacity at each hospital and the age profile of inpatient deaths is consistent between hospital sites. The total number of COVID-19 deaths here, both PHW reported and the Office for National Statistics (ONS), are significantly lower than the Wales average and the distribution is consistent with the rest of Wales and the reported number of confirmed cases per 100,000 population.

We will be reviewing this information against patient outcome, patient experience, carer feedback and staff experience during the pandemic to gain a more informed picture of the impact on the population of Hywel Dda.

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

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

Management of safe PPE - training and supplies

At the early stages of the pandemic in 2020 there were numerous changes to national guidance in relation to Personal Protective Equipment (PPE). This impacted on healthcare staff confidence across the UK, with concerns being raised in relation to effectiveness (efficacy) of the PPE. There were also concerns about supply of PPE due to the increase in demand globally.

The health board responded by establishing both internal (organisational) and regional PPE 'cells' or working groups. The cells addressed emerging issues and coordinated demand and supply, as well as monitored effectiveness and appropriate use.

Local PPE hubs were established and a strong process for buying (procurement) and distributing PPE in collaboration with our partners. Throughout the pandemic the health board has been able to sustain the supply of PPE to our frontline workers, despite times where such supply was limited. This has required, frequently adapting local policy in response to changes in the evidence base and national guidance.

This also necessitated strong and regular communication and training and education with the workforce. Throughout the year, training has been delivered to all healthcare staff in relation to putting on (donning) and taking off (doffing) PPE safely to minimise the risk of transmission of infection. This training has been supplemented by videos and training resources available on internal communication platforms.

Redesign of local estate to deliver safe services during COVID-19

Early in the pandemic, the Welsh Government introduced regulation on social and physical distancing measures aimed at reducing social interaction between people to reduce the transmission of COVID-19. This regulation included maintaining two metres away from others when outdoors and in enclosed spaces outside the home setting.

This included healthcare environments and as such a social distancing working group (cell) was established to progress the recommendations and to keep patients and staff safe. This group also worked closely with the three bronze groups for acute, community and primary care services, which have met throughout the pandemic.

These forums have constantly considered the healthcare environment and adapted processes so that we can sustain services safely, wherever possible, keeping both patients and staff safe. They have been constant and flexible in their approach so that they can respond to changing legislation, guidance and service demand.

To comply with guidance and re-mobilise our core healthcare services, and as part of business continuity, high, medium and low risk areas were established in all our healthcare facilities. This helped minimise the risk of transmission of infection to patients and staff.

Parts of our current estate are older with more than half of our buildings over 30 years old, which can present additional challenges around the management of infection prevention and control. Some services have been re-located away from acute hospital sites to dedicated testing units, such as COVID-19 testing and phlebotomy services. Some facilities have been changed to enable separation of 'green' and 'red' activity and pathways. For example, theatre recover areas were changed to 'green' Critical Care Units.

A tremendous amount of time and effort, as well as required investment, has been put towards this effort. This has included:

- re-designing our hospitals, community and primary care settings to include 'green' 'amber' and 'red' areas, segregated entrances, exits and one-way systems, and designating maximum numbers of people allowed in different areas.
- training for staff in how they can maintain a safe distance whilst undertaking working practices (including for newly recruited staff).
- erection of screens as physical barriers between bed spaces or working areas to avoid transmission.
- A visibility campaign including erections of large signage, floor stickers and posters.

Further details can be found in the Annual Governance Statement

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

The success of infection control measures to deliver both COVID-19 and non-COVID-19 care relies on our communities, both staff and the wider population, being aware of and complying with the measures in place to protect us all.

Having clear and up-to-date information has been a pivotal part of our approach, and a consistent consideration due to both changes in guidance and how we have experienced the pandemic within the Hywel Dda University Health Board area specifically. The regional communications response has played a fundamental role, with support from partners in local authorities and the wider public sector, in being able to respond to and target priority audiences and specific issues at different points of the pandemic.

For example, the first wave did not impact as quickly on the Hywel Dda University Health Board population as other areas of the UK, and we spent this time learning from others experiences and preparing our staff and public around COVID-19 infection prevention and control measures. This included production of multiple internal staff-facing, and external public-facing resources and campaigns. Some examples:

- local videos with staff experts on correct use of PPE for health, nursing home and social care staff
- formation of a clinical communications group to ensure appropriate clinical sign-off, including infection prevention and control, to products (such as posters and videos being produced at a local level)
- a web resource to provide specific local amplification and addendums connected with national policy and in line with specific experience and access to PPE locally
- production and distribution of materials for the visibility campaign on our sites and within primary care settings

We also needed to respond to emerging issues and enquiries, which were unforeseen. For example, we were overwhelmed at the amazing response from our communities to assist

and help the NHS and its staff. However, we needed to help manage these offers of help to protect individuals from risk of infection and to adhere to compliance with government restrictions of the time. This led to us, in conjunction with Hywel Dda Health Charities, launching a 'Spread the Kindness campaign' to encourage support of the nature that kept people at home and provided us with donations through centralised systems, such as online giving, so we could protect people from risk of harm.

As we started to see an increase in the impact of COVID on our communities, we were able to use feedback from staff and the public to inform our communication activity. This was collected over channels such as social media, but also from patient experiences shared or seen by Hywel Dda Community Health Council. This helped us to address specific fears and anxieties seen in our own communities around infection prevention control measures. For example, we produced:

- a video used on social media and digital screens in health settings to prepare patients for what to expect when they came to hospital and to reduce anxiety and fear
- a targeted video for people with learning difficulties around the pathways and what to expect in terms of use of PPE and patient pathways into health settings
- hard copy patient leaflets for both inpatients and outpatients, and a web resource, on necessary arrangements for distancing and hygiene
- an 'explainer' animation used by Family Liaison Officers with patients to foster understanding and compliance

Through intelligence provided by contact tracing teams and Incident Management Teams we have been able to align resource to specific geographical or demographic issues. For example, targeted communication and engagement campaigns around the need for distancing and compliance with other government measures took place in towns such as Llanelli and Cardigan. Other campaigns focused on risk factors and increases in cases connected with communities. For example, we provided supportive communication materials and supported online events and direct communication on the need and benefits of distancing with students in Aberystwyth and amongst our traveller community in Pembrokeshire.

We have been grateful to our communities for engaging in our communication campaigns and encouraging others to follow official sources of communication. We have benefitted from good working relationships with local traditional media, as well as with social media groups and individuals. This has helped us grow our audience and ensure more people have access to official sources of information. For example, we have more than four times as many Facebook followers now (55,581 as at 31 March 2021) than prior to the peak of the first wave of the pandemic (when there were 13,722 as at March 14 2020).

Summary of implications from infection control measures

This has been a year like no other for the global population, including those working in healthcare. Huge resources have been diverted to the COVID effort, and we have faced significant challenges in both the first and second wave of the pandemic. This has included the challenge of our own healthcare staff being required to shield or self-isolate following exposure to the virus.

We have worked alongside our partners in health and social care to support the care home sector throughout this pandemic and have faced significant challenges in managing the flow

of patients and residents through the healthcare system as COVID-19 has resulted in temporary closure of facilities. We are also mindful that restrictions to hospital visiting, and for people accompanying loved ones to health care appointments (such as scans) has had an impact on individuals and the well-being of some of our patients. These restrictions were put in place due to the difficulties in maintaining social distancing in these environments at given times (see more on page xx of this report)

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As part of Infection Prevention & Control measures, we are providing every doctor with up to five sets of dark grey scrub suits for use in clinical areas outside of theatres, and outbreak areas. All doctors are encouraged to wear their new scrubs whilst on clinical sites. This will:

- allow clinical staff to adhere to infection prevention and control protocols
- enable clinical staff to be bare below the elbow in the workplace to enable effective hand washing techniques
- differentiate between staff working in different clinical areas and clearly identify outbreak areas

We have been fortunate that other communicable diseases have not added a significant burden this year. It is possible that precautions implemented to control the spread of COVID-19 has also controlled the transmission of seasonal flu and norovirus.

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 (www.wales.nhs.uk/COVID19essentialservicesguidance).

A summary of essential services provision in Hywel Dda as at 31 March 2021 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 & 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 services

Although we were unable to meet all elements of the essential services guidance, we continued to provide GP out-of-hours care and took actions to address the gap. These included:

- During 2020/21 overall demand reduced by 12% and calls completed by telephone consultation increased by 26%. Face-to-face consultations reduced by 66% in treatment centres and 48% home visits.
- Staff moved base to spread cover in a geographically appropriate way.
- We are working to employ salaried GPs.
- We are investigating options for virtual consultations.
- Our new clinical operating system (Salus) has a projected go live date of September 2021.
- We are developing a new IT rota system (RotaMaster), which will allow vacant shifts to be advertised and booked 24 hours a day.

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.
- reinstate all cancer services as soon as it is safe and feasible to do so.

<When data is available, update chart to 31st March 2021 position and add a sentence or two to explain how our performance has been affected this financial year>. The predicted SCP performance for March 21 is 67%. The requirement for cancer patients to self-isolate pre-treatment has impacted on performance across Wales.

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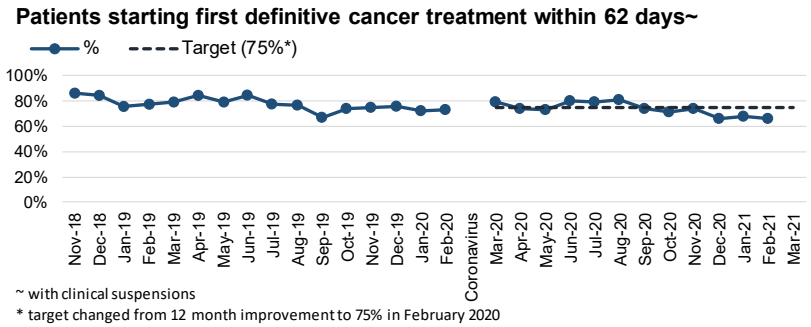


Key issues and risks

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

- At the beginning of March 2020, we saw a 49% reduction in urgent suspected cancer referrals when compared with the same period in 2019. By the end of August 2020, the number of referrals had increased to almost normal numbers.
- Some cancer surgery was suspended in 2020/21 for patients requiring intensive care / high dependency support post operatively due to limited availability of critical care beds.
- Due to an increase in COVID-19 cases and the impact of the critical care pathway, a temporary pause was put on a number of elective cancer operations from the 18 December 2020 until the 20 January 2021 with only a limited number of life threatening clinically prioritised operations being undertaken.
- All tertiary (specialist) cancer surgery was suspended in March 2020 for a period of time.
- Bronchoscopies were limited in-line with national guidance.

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

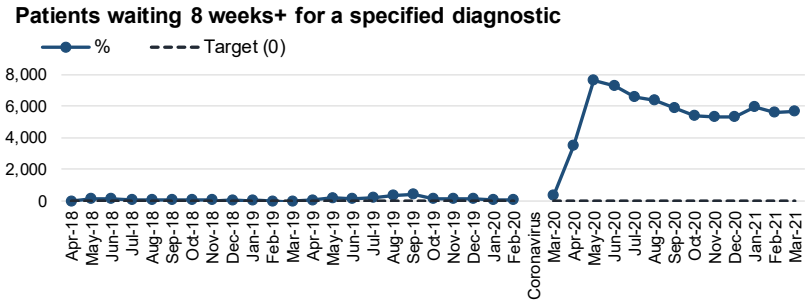
- At the start of the pandemic, a telephone helpline for concerned cancer patients was introduced, to provide advice and support. A patient information leaflet for cancer patients including helpline numbers was also developed and widely circulated.
- Since April 2020, we have commissioned Werndale Private Hospital to support our urgent cancer outpatient and surgical pathways.
- We have been working with multi-disciplinary teams across Hywel Dda and Swansea Bay Health Boards to enable tertiary centre surgeons to provide outreach surgery for both Gynaecology and Urology.
- We are investigating required diagnostics capacity levels to ensure a 7-day turnaround.
- Plans are being progressed in accordance with the Welsh Government guidance to further increase the volume of cancer diagnostic and surgical cases undertaken at our four acute hospital sites.

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.

Due to restrictions imposed at the start of the COVID-19 pandemic, the number of patients waiting longer than 8 weeks for a diagnostic test increased sharply from 54 breaches in February 2020 to 7,615 in May 2020. Improvements were then seen with breaches reducing month-on-month. However, the number of breaches has steadied since January 2021.



Key issues and risks

As seen in the chart above, the COVID pandemic has impacted on our performance for the delivery of diagnostic services:

- Capacity has significantly reduced due to the required infection control measures.
- Towards the end of the financial year there was an increase in urgent cancer and cardiology referrals, possibly due to late presentation due to anxiety around COVID-19.
- Unable to provide trans-oesophageal echo or dobutamine stress echo tests due to staff capacity and space constraints.
- Capacity pressures, equipment failure and COVID precautions are all potential risks that could impact our ability to meet target.

Key actions taken to ensure continued delivery of essential diagnostic services

- Continuous demand and capacity optimisation, investigation of outsourcing options, clinical validation, 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.
- Additional capacity for computerised tomography (CT) was acquired, with staff undertaking extra sessions to provide the required additional capacity.
- Some cardiology services were moved off-site to facilitate social distancing.
- 7-day working established to maintain social distancing and increase the number of cardiology diagnostic tests undertaken.
- Robust triage of cardiology diagnostic waiting list to ensure the most urgent cases are prioritised first.
- Planning to implement a capsule endoscopy service in 2021/22 to further reduce demand for scoping capacity.
- Introduced screens in our endoscopy waiting and recovery areas to help increase capacity safely.
- Investigating the use of air filtration units to reduce downtime between each patient and therefore increase capacity.
- All priority one endoscopy patients were dated within 2 weeks.
- Faecal immunochemical tests continued in line with national programme guidelines.

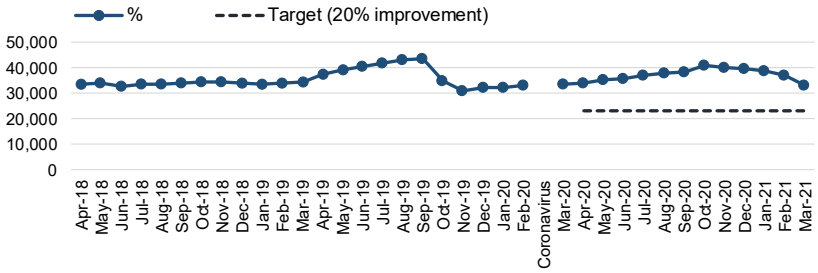
Outpatients

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

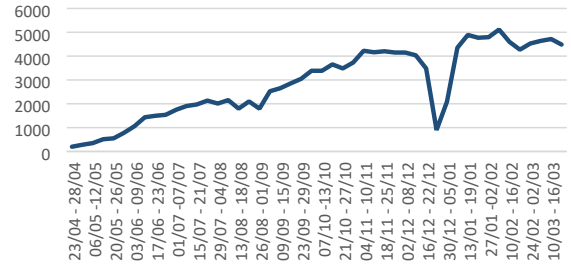
- Minimise the risks associated with COVID-19.
- Look for flexible solutions to safely maximise capacity.

Due to advances in digital technology, our performance for delayed outpatient appointments has not been greatly affected by the COVID-19 pandemic. In March 2021 there were 32,972 patients waiting longer than their target date for a follow up outpatient appointment, which is a reduction of 448 (1.3%).

Delayed follow up outpatient appointments (all specialties)



Remote consultations in secondary care (using AttendAnywhere)



Except for Christmas 2020 when there was a temporary reduction in remote consultations, the number of consultations being undertaken remotely per week increasing from around 300 in April 2020 to 4500 in March 2021.

Key issues and risks

The COVID pandemic has resulted in reduced face-to-face capacity for outpatient appointments. This is primarily due to reduced staffing levels and infection control constraints.

Key actions taken to ensure continued delivery of essential outpatient services

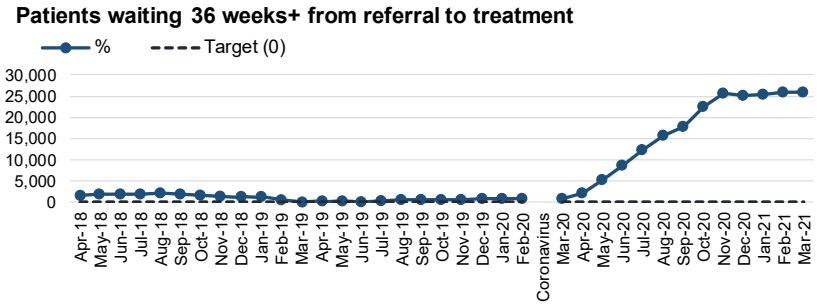
- We have embraced and implemented new ways of working to increase outpatient capacity and reduce delays. These include virtual outpatient reviews and Consultant connect.
- Face to face contact has continued where necessary for urgent patients.
- We have contacted all patients who have waited over 52 weeks for treatment. Building on the success of our COVID Command Centre, we are also working to establish a single point of contact for patients to enable timely responses and advice.
- We are adding patients to the See on Symptoms (SOS) and Patient Initiated Follow-up (PIFU) pathways in two ways. Firstly, as part of validation and secondly after a patient has had a follow up appointment. In March 2021 there were 920 patients added to an SOS / PIFU pathway. In 2021/22 we will be actively monitoring how many patients call back for a consultation.

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.

The pandemic and related government restrictions to keep us safe, have naturally had detrimental impacts to access to care. Whilst emergency and urgent cancer care has continued, we have had to stop or reduce planned care for significant periods of time during the last 18 months. This has included postponements of planned operations or procedures and as a result far more of you are waiting longer than we would like. As a result, the number of patients waiting 36 weeks or more for referral to treatment (all stages) increased from 722 in March 2020 to 25,868 in March 2021. The chart below shows how the number of breaches increased until November 2020 but then steadied for the remainder of the financial year.



Key issues and risks

As shown above, the COVID pandemic has impacted heavily on our planned care performance.

- It will take a long time to treat the increased number of patients on our waiting list.
- Due to a sharp increase in COVID-19 cases, a temporary pause was put on planned operations from the 18th of December until the 20th of January 2020.
- Lower numbers of patients are being treated compared to pre-pandemic; this is primarily due to social distancing and stringent infection control measures.
- The need to prevent patients having major surgery while they have COVID except for life, limb or sight-saving procedures, as their outcomes are likely to be poor.
- Significant public concern about attending acute hospitals.
- There is a significant risk regarding ward staffing vacancies to ensure safe staffing levels to support planned operations.

In-line with national guidelines, our clinical staff are working to risk assess every patient waiting for an inpatient or day case procedure. As at the 31 March 2021, we had risk assessed 73% of patients on the waiting list, of which 6% (842 patients) were assessed as needing their operation within 4 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 at 31 March 2021.

Specialty	1 Operation needed within 72 hours	2 Surgery can be delayed up to 4 weeks	3 Surgery can be delayed up to 3 months	4 Surgery can be delayed >3 months	Waiting to be risk assessed	**Total patients waiting**
Trauma & Orthopaedics		382	995	2,879	181	**4,437**
Ophthalmology		32	328	2,621	13	**2,994**
Urology		143	242	373	1,416	**2,174**
General Surgery		166	337	830	568	**1,901**
Gastroenterology			6		874	**880**
Gynaecology		43	183	237	269	**732**
Pain Management		3	69	252	71	**395**
ENT		28	89	234	15	**366**
Colorectal		40	58	71	168	**337**
Cardiology					114	**114**
Other specialties		5	6	5	286	**302**
All specialties		**842**	**2313**	**7502**	**3975**	**14,632**

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

- Following the temporary pause, we recommenced planned operations for urgent patients at the end of January 2020.
- We are working to ensure those at highest clinical risk or risk of harm are identified so that they can be treated as a priority.
- We continue to plan to restart planned surgery for priority groups 2 and 3 as soon as it is safe and feasible to do so.
- We have developed a revised post-COVID watchtower planned care monitoring programme.
- Patients are offered treatments in line with policy across our four acute sites, to enable equity of time and care delivery. Regular review of progress is undertaken at the weekly watchtower meeting.
- We have implemented pre-assessment and screening pathways, including social isolation pre and post operatively with COVID screens 72 hours pre-operation.
- We have written to patients waiting for 52 weeks for treatment to check if they still need their operation. We intend to write to more patients in 2021/22. In the meantime, we have provided some supportive resources for people awaiting surgery. Please click on 're-starting services' or 'preparing for treatment' at https://hduhb.nhs.wales/healthcare/covid-19-information/.

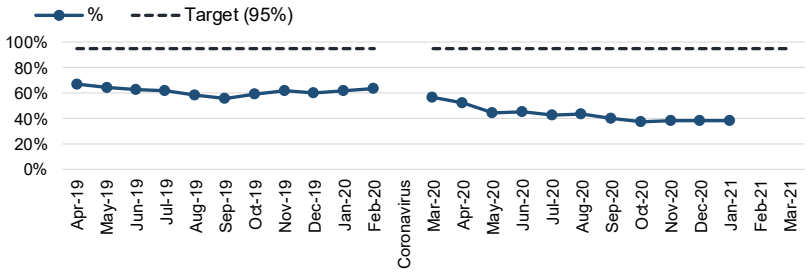
Eye care

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.

<Update chart when data is available (to March position) and add a sentence or two to explain how our performance has been affected this financial year>.

R1 eye care patients seen by target date (or <25% excess)



Key issues and risks

The COVID pandemic has impacted on our performance for the delivery of essential eye care services:

- Some patients have chosen not to attend hospital appointments due to COVID-19 concerns.
- Routine surgery and face to face outpatient activity has been postponed.
- Due to our eye care population demographics, most patients require hospital transport which has affected attendance.
- New patients experienced longer waits due to the combined impact of pandemic related restrictions and a shortage of consultant ophthalmologists.
- Glaucoma patients, on the follow up review, have not had regular diagnostic tests as these cannot be undertaken virtually.

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

- Ophthalmology services reconfigured to meet essential urgent care where required;
- Increase in collaborative working with community optometric practices.
- The telephone triage of emergency eye casualties by a senior clinician reduced attendance by 50%, with patients being managed via other routes, including independent prescribers in optometric practices.
- We have started working on a business case to provide a sustainable age-related macular degeneration service with care closer to home.
- We have maintained treatments and reviews for imminently sight threatening or life-threatening conditions (prioritised those patients most at risk).

- Patients waiting over 100% of their target date have their notes reviewed by a doctor to determine the appropriate action.
- Clinicians triaged patients waiting beyond 25% of their target date;
- Urgent cataract procedures were undertaken on our behalf by Werndale Hospital.
- Patients waiting over 100% of their target date have their notes reviewed by a doctor to determine the appropriate action.
- Service provided 24 hours a day, via an on-call consultant rota for emergencies.
- Clinicians review and contact patients in advance of treatment, with patients requiring a negative COVID result pre-operation.
- The intravitreal injection therapy service continued for all patients.
- We continue to work closely with Swansea Bay University Health Board to develop a regional response and solutions for the short/mid and long term.
- The age-related macular degeneration service has implemented a one-stop service which has increased the number of patients seen.
- Started developing phased plans to increase capacity in 2021/22, whilst adhering to national guidelines.

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 our hospitals.
- Provide a range of mental health and learning disability inpatient care settings for both informal patients and patients detained under the Act. The care must include a range of medical, nursing and therapeutic interventions delivered by the multidisciplinary team in line with Matrics Cymru designed to promote recovery and ensure patient safety.
- Undertake mental health examination 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 (LPMHSS) assessment.
- Joint working across mental health and specialist eating disorders teams to deliver monitoring, support and treatment in community and home settings

<Add neuro and psych charts (to March position when data is available) and a sentence or two to explain how our performance has been affected this financial year>.
<insert charts>

Key issues and risks

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

- After the first wave of the pandemic, we reported that, due to competing priorities, work to develop a Mental Health and Learning Disabilities Single Point of Contact had halted.
- We are expecting some of the social impacts of the pandemic to 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. 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. There is a recognition that the pandemic will have a far-reaching impact on people's resilience and mental well-being both as a direct consequence of experiencing COVID-19 itself but also the knock-on impact of economic decline and associated austerity. We have also been working with local authority and third sector colleagues locally to strengthen Tier 0 provision. There is a recognition that 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 in our Specialist Child and Adolescent Mental Health Service.
- We continue to receive a large 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.

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

- A core principle of our vision was the development of 24/7 community services across Hywel Dda. 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 7-day mental health services. We also tested the development of a temporary Centralised 136 Assessment Unit.
- During the first wave of the pandemic, third sector-commissioned services adapted to offer telephone/online services on a 3-county basis where possible. Throughout the pandemic work has continued to work closely with the third sector and referrals to those services are up by 20% during the pandemic. They also do a huge amount of work to continually update local directories of services.
- We worked 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.
- Work to develop the Single Point of Contact service recommenced and progressed at pace. We secured Welsh Government funding to pilot a Single Point of Contact for mental health services via 111. The pilot began in January 2021 and triages calls from people requiring mental health support at all levels of need, including calls from carers. The service also supports affected by the social impacts of the pandemic. Over time, we will build a multi-disciplinary team element to the 111 service, providing a 'one-stop shop' approach to people requiring mental health support. We are training primary care staff to take part in the pilot, so that locally staff will know how to signpost people to services.
- 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.
- To improve our ASD / ADHD assessment capacity we are undertaking a range of actions, such as:
  - working with the Delivery Unit on demand and capacity modelling.
  - developing a recruitment plan.
  - investigating the use of weekend clinics.

Dignified care

Due to a reduction in non-urgent activity and lower than expected rates of hospital admissions due to COVID-19 in the first wave of the pandemic, the health board was able to maintain provision of dignified care to all our patients. During the busier second wave, which had a greater impact on our population and inpatient services, clinical areas ensured that dignified care and regular clinical review was maintained for patients. This included, where appropriate, end-of-life-care plans for COVID patients.

Within primary care and community services, we also continued to treat patients with dignity and respect throughout the pandemic.

We continue to work in partnership, including 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 and are familiar with the ways in which they can support service users, including pre-arranging interpreters, using communication aids, and providing information in accessible formats.

We have a specialist resource in our Mental Capacity Team which provide direct support to clinicians with implementing the Act. The Team were suspended from visiting clinical areas during the first lockdown but maintained ‘virtual’ contact. A careful risk assessment has enabled their return to hospital wards to support the processes of assessing decision-making capacity and making best interest decisions, providing an important safeguard in respect of patient autonomy and patient-centred decision-making.

Like many health bodies in Wales, we are undertaking a review of hospital acquired COVID 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. We recognise that, given the numbers of cases, these individual and thematic reviews will take longer to complete and anticipates that the first thematic review report will be presented within six months from outbreak.

Capacity constraints lessons learnt throughout the year

Putting Things Right

Our process for managing concerns is in accordance with The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011. For detailed information about 'Putting Things Right: Raising your concerns about the NHS' please follow the website link: http://www.wales.nhs.uk/sitesplus/862/page/40398

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.

During the period 1st April 2020 and 31st March 2021, we have received ***** concerns that were managed in accordance with the Putting Things Right process.

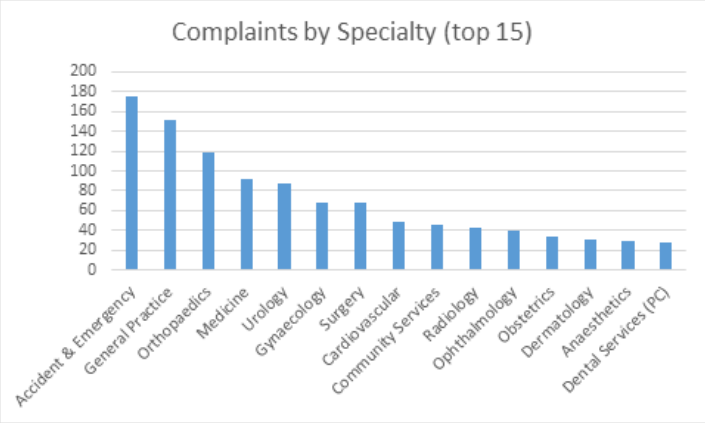
The health board is highly committed to resolving complaints within 30 working days.

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 the health board, ensuring that any remedial actions can be addressed as quickly as possible.

During the year, we responded to **% of concerns received, within 30 working days and **% within six months.

*** of these concerns were deemed to be upheld/partly upheld following investigation.

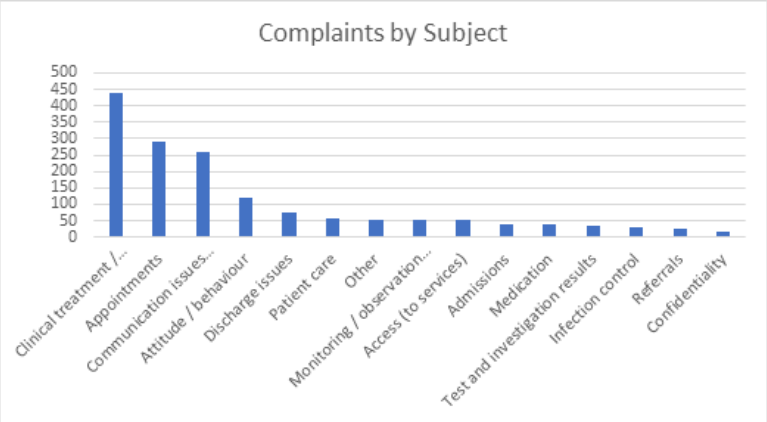
The number of complaints by specialty is set out below:



The specialties receiving the highest number of concerns, are our A&E departments, 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.

For General Practice, there are currently ** practices within our health board area, including ** managed practices. The number above represents the total number of concerns received across general practice.

The reason for raising complaints, as shown in the table below, relates to waiting times, clinical treatment, communications, including concerns relating to the COVID-19 pandemic.



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 caused concern for many of 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 difficult time for all concerned including our staff.

Table of top 3 subjects by top 15 specialties – to be included

Public Services Ombudsman for Wales

**** concerns were raised with the Ombudsman during this year. This is a reduction of **% in the number of complaints raised from the previous year. The number of concerns raised about complaints handling has also reduced by **%. There has been a small increase of **% in the numbers of investigation reports that have been upheld/partly upheld. We ensure that immediate action is taken to address any findings made by the Ombudsman. All reports are reviewed by our Listening and Learning Sub-Committee, who also assure the Board that action has been taken and within the agreed timeframes.

Commented [YC7]: (awaiting issue of PSOW annual figures so figures correspond with the Annual letter for Board).

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Patient experience and learning from concerns

We are highly committed to improving the patient experience and learning from both positive experiences of care, concerns, and complaints.

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 the health board with valuable information to support continuous improvement. The range of ways in which feedback can be provided will be improved during this coming year when we look forward to implementing a new electronic patient experience system.

Our Board receives details of the feedback received from service users at each Board meeting and is informed of what is being done to improve patient experience. You can access the patient experience reports, which include patient stories about a range of experiences here (insert link to Board section web).

This year, we approved our Improving Experience Charter which sets out what our service users can expect when using our services. It sets out a number of pledges that we call 'always experiences'. We will be working hard to implement the Charter during the 2021 and will be reporting on progress through our Improving Experience Board report. (insert link to Charter on website).

Insert annual figures for contacts and feedback

Learning from feedback is an essential element to the management of concerns. Without feedback from our service users and our staff, the health board 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
There was a lack of communication with staff on wards and some people could not receive timely updates on the well-being of their relatives and loved ones. There was also limited opportunity to speak to patients, which was distressing for all.	A new role was introduced onto wards and in some community facilities to undertake family liaison. The purpose of the role was to help proactive communication to support patients connecting with their loved ones; virtual visiting via i-pads, telephone calls or e-mails; supporting the patient experience on the ward; and help of collection and return of clothing/laundry. This service was received very positively by patients, relatives and staff and we are looking at how this role can be extended as part of the future workforce.
You were concerned about delays in receiving your out-patient appointment.	To try and maintain appointments during the Pandemic, we provided virtual appointments via video-calling or by telephone. Very positive feedback was received about the service, which reduced patient's travelling and waiting times at the hospital. We will continue to provide some appointments in this way, but also appreciate that face to face appointments are also important.

You Said	We did
You were concerned about your waiting time for a hospital procedure.	Regrettably, the COVID-19 pandemic will have significant effects on the waiting times and waiting lists across many of our specialties. This is also a concern for us and we are considering ways in which we can address this. Maintaining communication with patients and is the most important priority with people who are waiting on a list for treatment. We set up a single point of contact process during the year, starting with our orthopaedic patients. We will be extending this to other waiting lists as quickly as possible.
The wait for your medications in the discharge lounge was unacceptable for a modern service.	The Pharmacy Team has reviewed the process for this, ensuring that waiting times are minimised and there are no delays in accessing transport arrangements.
You experienced long waiting times at the A&E department, and there was poor communication about expected waiting times and access to food/drink.	We understand that at very busy periods in our emergency departments, that patients can wait longer than we would like and that when there is a lack of communication about expected wait times, this can cause additional distress and concern. There are vending machines available to ensure access to drinks and food. We have also been receiving support from organisations such as the Red Cross to provide additional support to patients during their time in the department. Other improvements we are currently working on include signage and announcements on waiting times, better support with food and drink arrangements and improved communication with family members. We will be ensuring that feedback from our patients is being reviewed regularly.

Incidents and investigations

In view of the pressures on the frontline teams, our Quality Assurance and Safety Team increased scrutiny on incidents reported, which were escalated / highlighted as required. All our reported incidents are now reviewed daily (Monday to Friday), whereas previously the focus had been on the more serious incidents. A weekly overview thematic report is also produced by the Quality Assurance and Safety Team for internal scrutiny and to inform our weekly Clinical Executives quality and safety meetings.

Commented [TP(dU-PM)10R10]: @Cathie Steele (Hywel Dda UHB - Head of Quality & Goverance) will provide figures for the final version in May

Commented [YC9]: We say we have increased but do we know by how much i.e. how many reviews or investigations as compared to other years?

Patient safety

Despite the challenges posed by the COVID-19 pandemic, the health board has made substantial progress in work to improve consistency and standardised reporting for quality and safety. This includes the following development of processes and mechanisms to support directorates and county teams to ensure the delivery of safe, effective, and quality services, and to escalate and share learning:

- Review and analysis following a serious incident (or proportionate investigation where the impact is lower) for learning and improvement.
- Introduction of a Listening and Learning Sub-Committee to reviews and scrutinises serious incidents and investigation findings.
- Strengthened clinical leadership through the appointment of a Clinical Director for Clinical Effectiveness, Clinical Director for Clinical Audit and Clinical Leads for Quality Improvement.

While the requirement for the collection of clinical audit data has been suspended due to the pandemic, the health board has maintained as much participation as possible, referenced on page xx, due to our commitment to delivery of safe, effective, and quality services for patients. Many projects have continued including several key projects and we have been able to demonstrate positive outcomes (see the National Hip Fracture Database section below for one key example).

Commented [TP(dU-PM)11]: Note to editor – add page reference

Local clinical audit activity also fell because of the pandemic, which has meant a considerable number of audits have not been undertaken. As a result, services will have been unable to demonstrate through audit, their ability to meet standards of care and there will have been little, or no improvement work being undertaken during this time.

The health board has resumed its programme of Whole Hospital Audit meetings (WHAM) for 2021 in line with pre-COVID-19 plans. Four dates have been agreed for 2021 to support shared learning through clinical audit. The health board will continue to finalise the outcomes of the 2019/21 programme ready for reporting in August 2021. Development of the 2021/22 programme is also underway.

Throughout 2020/21, the health board has continued to work on ways to improve consistency and standardised reporting for quality and safety. Whilst some of this work has been challenging during the COVID-19 pandemic, there has been substantial progress.

We have developed processes and mechanism to support directorates and county teams to consider and ensure the delivery of safe, effective, and quality services and to escalate and share learning.

Quality improvement

The health board embedded a Quality Improvement Framework within the organisation prior to COVID-19 pandemic. Staff in the quality and improvement team were re-deployed, bringing their expertise to support the frontline in the COVID-19 response both clinically and operationally. Whilst this paused some organisational-wide quality improvement work, it did not stop or pause all quality improvement.

For example, some team members were critical in the establishment of the Command Centre which has provided a fundamental part of our response and the improved ability for people to contact us and get the information they need.

Other team members were embedded in operational teams and have been able to support quality improvement during the pandemic and from within the teams themselves. For example, because of joint working on quality improvement, we now provide same day emergency care in our main hospitals. We call these SDEC or ambulatory emergency care units. They offer a way of providing care so certain patients who come to hospital can be

quickly assessed, diagnosed, and treated without being admitted to a ward. They then go home the same day their care is provided. Currently around 115 people per week are seen through the units and 90% of people stay less than 4 hours. Plans are in place to increase the number of people being cared for in these units over the next few months. We are looking at how similar urgent care ways of working could help in our community based minor injury units and GP-out-of-hours service.

As we come out of the second phase of the pandemic we are now looking forwards and working on a quality management system that will help us achieve our quality improvement goals by building our use of quality improvement in business strategy. This will help us to plan, know whether we are achieving our goals and outcomes, continuously improve and provide control and reassurance. We have also re-established our vehicle to support teams to progress quality improvement in their areas. The Enabling Quality Improvement in Practice scheme is now progressing through online, virtual support from specialists in QI and by providing a peer environment. New projects range from how we can avoid missed fractures to expansion of trials for withdrawing catheters for patients safely in hospital and potentially community environments.

Safeguarding

During the pandemic and the first lockdown, the corporate safeguarding team cancelled all safeguarding training, but quickly responded to the evolving situation and were the first service to innovate with the delivery of online training via Microsoft Teams. This has been highly successful in increasing compliance with adult safeguarding training particularly and feedback remains positive. This approach to training delivery enabled continuity of training during the second wave and will be continued in the future.

In December 2020, the Looked After Children Team recruited a Looked After Children Specialist Nurse specifically for our most vulnerable children in residential homes. This innovative new role was developed in line with the Provision for Local Authority and Private Residential Children's Home Guideline for Hywel Dda University Health Board (2017). The current team were unable to meet the recommendations in the guideline. The role is the first Looked After Children (LAC) post of its kind within Wales. The pandemic and lockdown brought challenges in how the nurse would engage with children and young people in residential care. Face-to-face contacts were halted to reduce the spread of infection and to protect the young people within residential care as well as the LAC Nurse. Despite this, contact was made with all the residential children's homes to establish new lines of communication with the children and young people through virtual (online) means.

It was recognised that the children/young people placed within the residential children's homes may require additional emotional support and a platform to discuss their thoughts and worries with the LAC nurse. Virtual clinics were set up and offered to all residential placements during lockdown. The clinics offered the children/young people in placement an opportunity to 'check in' and ask questions about their health or ask questions about their worries relating to coronavirus. Out of the 22 residential placements, four care homes indicated they wanted the virtual clinics for their young people, with seven children taking the opportunity to talk with the LAC nurse. Feedback from the managers in the residential homes following the virtual clinics was positive and children reported they enjoyed seeing 'a different face' and someone to talk to about their worries.

All Looked After Children Health assessments continue to be offered to children/young people via whichever remote platform they feel most comfortable with (Skype/Microsoft Teams/ telephone etc).

During the second wave of the pandemic members of the corporate safeguarding team were redeployed to clinical services to support the demand in operational services. The corporate safeguarding team business continuity plan was implemented, and the service maintained a single point of contact for partners and employees of the health board and continued to engage in multi-agency meetings.

We actively promoted making every contact count to identify people at risk of abuse and neglect during the pandemic and we progressed and led on the Regional Procedure for the Management of Injuries in Non-Mobile Children and the Procedure for Monitoring Vulnerable People who were not brought or did not attend appointments. We continue to participate in statutory multi-agency reviews to ensure that lessons continue to be learned to safeguard people at risk of abuse and neglect. This includes Child Practice Reviews, Adult Practice Reviews and Multi-Agency Practitioner Forums and Domestic Homicide Reviews.

Changes to visiting - impact and lessons learnt

The 'NHS Wales Hospital Visiting during the Coronavirus Outbreak: Guidance and Supplementary Statement' came into effect on 30 November 2020. It set out the baseline for visiting in Wales during the pandemic but acknowledges and recognises the need for health providers to depart from the guidance in certain incidences. This includes when there are rising levels of COVID-19 transmission in localities, such as levels which result in a national lockdown and/or evidence of nosocomial transmission in a particular setting. Conversely it also allows for health care providers to depart from guidance in the incidence of falling levels of transmission in their local area.

This has allowed us at Hywel Dda University Health Board to make decision locally regarding hospital visiting, in collaboration with Public Health Wales, and enabled us to demonstrate compassion and allow for flexibility in visiting arrangements to respond to increasing or falling transmission.

We are constantly reviewing visiting arrangements to ensure that along with patient and staff safety we also promote patient's experience. Where face to face visiting cannot be facilitated, our nursing staff and family liaison officers have been able to support virtual (online) visits between patients and relatives.

Nurse Staffing Levels

The Nurse Staffing Levels (Wales) Act (NSLWA) (Section 25B) currently requires that all adult medical and surgical wards calculate and take all reasonable steps to maintain, nurse staffing levels that enable sensitive care to be provided to all patients.

Complying with these statutory requirements during the pandemic and, during the second wave, has been enormously challenging.

Calculated nurse staffing levels have needed to be reviewed on a frequent basis as wards have changed clinical specialty, patient acuity patterns, bed numbers and patient pathways as well as implementing new infection prevention measures as the health board responded to the pandemic.

Further challenges arose in keeping the agreed staffing levels with the pre-existing registered nurse vacancy position worsened by higher sickness levels and staff absence and supporting the staffing of added in-patient capacity.

In responding to our statutory responsibilities, systems were set up to regularly review and (re) calculate the nurse staffing levels required for each adult ward; and many steps, appropriate to each acute hospital site, were taken to ensure that all reasonable steps were taken to support nurse staffing levels.

Amongst many other steps, the deployment of registered nurses (and other clinical staff) from other services into these wards, the recruitment of more Health Care Support Workers and the availability of incentivised additional hours payments were key mitigation steps taken.

Despite these and the many other steps taken to maintain staffing levels, there were, nevertheless, periods when wards on each acute site worked at escalated nurse staffing positions during the winter months of 2021/22. Any patient safety risks that arose during these times were mitigated through intense and robust operational communications and hour by hour planning of the most effective deployment of staff on each acute hospital site.

In this way, the requirements within the Nurse Staffing Levels (Wales) Act can be shown to have been met, even in the most challenging of circumstances that have existed during 2021/22.

In addition to the specific requirements laid out in Section 25B of the Act, the health board also has a principal duty ‘to have regard to providing sufficient nurses to care for patients sensitively’ (in both its provided and commissioned services). The detailed evidence to show how this duty has been discharged across all the Board’s nursing services is laid out in the NSLWA Annual Assurance report presented to the Board in May 2021.

National Hip Fracture Database (NHFD)

The NHFD is a clinically led web-based audit of hip fracture care and secondary prevention in England, Wales, and Northern Ireland. The report published on 14th January 2021 uses a set of six NHFD key performance indicators (KPIs) to describe how the quality of patient care varies between hospitals and changes over time. These KPIs complement the range of data on assessment, operative care, rehabilitation, follow up and outcomes presented throughout the report.

The recent report has reflected the improvements that have been embedded for patients admitted to hospital with hip and femoral fractures. Our hospital sites achieved 100% in several standards with Bronglais General Hospital achieving 5th best (of 175 hospitals) in many categories. We delivered the best in Wales for patients returning to their original residence within 120 days, with Glangwili General Hospital and Bronglais General Hospital achieving top quartile results. Bronglais General Hospital achieved 5th lowest mortality for case mix which has been identified as an incredible achievement as 30% of patients are American Society of Anaesthesiologists (ASA) grade 4/5, which is double the national average. This has received personal recognition from the National Audit Leads.

Delivering in partnership

The role of the Stakeholder Reference Group (SRG)

The Stakeholder Reference Group (SRG) provides a forum for engagement and input amongst stakeholders from across the communities served by the health board. Its aim is to consider and reach a balanced stakeholder perspective to inform the health board's 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 decision of the health board. Members include community partners, provide organisations, and special interest groups.

Two meetings of Hywel Dda SRG took place during 2020/21, other meetings were deferred as part of the health board's response to dealing with the COVID pandemic.

SRG members were provided 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.

- Transformation Programme
- Regional Winter Plans 2020/21
- Patient Experience Charter
- Strategic Discover Report – Applying the Initial Learning from our Pandemic Response to the Health and Care Strategy
- Stakeholder Management System and Engagement Tool
- Children and Young People Participation Standards

An example if SRG input in action involved an idea from the group when discussing the voice of children and young people around a children's rights charter, but from a regional perspective.

Following this, the health board has been exploring the idea with partners and whilst local authorities already have charters in place, we are now working with Dyfed Powys Police, the Office of Dyfed Powys Police Crime Commissioner and Mid and West Wales Fire and Rescue Service on a joint 'blue light' charter, supported by the Children's Commissioner.

SRG members also received presentations from the following groups and organisations for information and discussion:

- Strategic Partnerships, Diversity and Inclusion Team provided an overview of their work of working and supporting vulnerable groups and provided assurance that the health board are committed in developing an accessible and inclusive organisation, culture, and environment not only for patients but also for its employees.
- Welsh Ambulance Service Trust provided SRG Members with an overview of the pressures the service was experiencing. An update on WAST performance identified the significant amount of work undertaken on discharges and getting patients home safely, as well as preventing admission to hospital.

Supporting care homes, social care, and safe discharge

Our health board has worked closely with social care and independent care home providers in our area throughout the last year. Our shared purpose has been to protect the health of residents and staff and to ensure people with COVID-19 are treated with dignity and respect and involved in decisions about their care.

A wide range of key workers from across the sector have worked together in exemplary ways. This has included hospital clinicians collaborating with GPs and community teams to care for residents in their home, or in hospital when needed.

Our Long-Term Care Team supported safe discharge from hospitals to care homes, representing 161 ‘discharge to assess’ pathways between 18/03/2020 and 23/02/21. The team also provided support in the prevention and management of out-breaks and with COVID-19 testing and results.

During the first wave (March 2020-September 2020), daily monitoring calls were made to nursing homes to find any concerns with PPE, staff or training, or end-of-life support. Since October 2020, this has been integrated into the weekly monitoring calls.

Regular statutory care reviews were kept throughout 2020/21, although these were via MS Teams as opposed to on-site.

Technology has also been used to keep contact between care homes and other healthcare professionals. A support group with senior leadership and guest speakers was formed for nursing home managers.

Throughout the pandemic we have continued to signpost care home staff to well-being and professional development / training resources.

The West Wales Care Partnership, under the direction of the statutory Regional Partnership Board, has ensured collaboration in support of our care homes through a regional care home action plan.

This was developed in the context of the rapid national report by Professor John Bolton. It addresses areas including infection prevention, sector stability and resilience, sustaining the workforce and pastoral or welfare support.

Learning from the first wave of the pandemic, which has been integrated into the action plan, included:

- The need for clear and consistent communication, which is now provided by regional partners to the sector.
- Formation of a Contingency Planning Group to ensure planning and systems and processes for possible provider failure.
- Development of a Regional Nursing and Residential Care Home Risk and Escalation Management Policy to mitigate risk of harm to residents, prevent avoidable deaths, ensure timely and appropriate support for recovery after an escalation, and minimise impact of potential care home failure on the wider health and social care system.

Safeguarding

Along with multi-agency partners of the Mid and West Wales Regional Safeguarding Board, the health board was concerned that children and adults at risk of abuse and neglect and victims of domestic abuse and sexual violence were not being seen the pandemic and lockdowns. We have also seen an increase in self-harm in young people and an increase in Looked After Children during the pandemic.

As a member of the multi-agency Mid and West Wales Regional Safeguarding Board, we responded through COVID-19 response meetings which took place fortnightly basis during the initial peak of the pandemic. The response group shared good practice and addressed the challenges faced in safeguarding people at risk of abuse and neglect.

The corporate safeguarding team took every opportunity to make staff aware that safeguarding remained a priority and to make very contact count and be alert to abuse and neglect.

We have seen an increase in child safeguarding reports known as Multi Agency Referral Forms (MARFs) to Local Authorities made by our own staff during the pandemic. During the latter three quarters of 2019-2020 the number of reports per quarter remained consistent. This trend continued during Quarter 1 2020-2021; however, this period saw the commencement of the COVID-19 pandemic restrictions. Quarter 2 2020-2021 saw the review of the COVID-19 restrictions and subsequent removal of the 'lockdown', resulting in services returning and becoming accessible to children and families and the opportunities to disclose increasing. During this period, the health board saw a 58% increase in the number of MARF's submitted by health board employees. This provides assurance that health board staff continued to discharge their statutory duty to report a child at risk of abuse or neglect.

Responding to a report, about a child who is at risk of harm, abuse, or neglect, is the responsibility of the relevant local authority social services who gather information to determine the action that should follow. This may include working collaboratively with the police if the child is at immediate risk of significant harm and/or a criminal offence may have been committed.

Management of plans for excess deaths

The Local Resilience Forum (LRF) has supported the planning for an increase in deaths during the pandemic and has co-ordinated the development of additional facilities if they be needed to enhance the existing NHS facilities and Funeral Director/Crematoria sectors.

Additionally, the LRF has developed a COVID-19 Resources Sub-Group which facilitates requests for assistance from any of the partner agencies, be it additional staff, equipment, or premises.

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

'A Healthier Mid and West Wales: Our Future Generations Living Well' is an ambitious programme of change. It is funded through the Welsh Government's Transformation Fund and delivered via the West Wales Care Partnership, under the direction of the Regional Partnership Board. Transitional funding of £6m has been awarded to support these programmes in 2021-22.

Three core programmes of work are funded and their impact will inform decisions in the coming year on whether new models of care will be permanently established, through mainstream funding beyond March 2022.

CONNECT programme

The CONNECT programme is the first of its kind in Wales and is based on prevention and early intervention to support people to maintain their independence for longer. It uses personalised well-being assessments and plans to identify appropriate support for individuals to maintain physical and mental well-being, utilising pro-active well-being calls to help identify any potential health and well-being issues for people and any changes to their personal circumstances. Support packages offered through CONNECT include a range of technology enabled care (TEC), digital support to connect clients with their communities and families, and a 24/7 welfare response service for those clients who need it. Almost 2,500 people are already being supported by the scheme, which was particularly helpful during lockdown to people shielding. It is a key part of our work to reduce loneliness and isolation and improve digital inclusion.

Fast tracked, consistent integration

Fast access community teams are being established across our region to provide a range of different support to people in their own homes and prevent their condition or health from worsening, potentially resulting in admission to hospital. There is involvement from primary care colleagues across the three counties to agree delivery to meet specific local need. Common to all will be a re-focus on primary care to provide timely and effective emergency care. We intend to build on learning from the COVID-19 pandemic as we develop this programme.

Creating connections for all

This programme seeks to build community resilience and active citizenship across our area. There are several interconnected activities that have progressed this year:

- Time banking (through 'connect to' platforms) to match people who need specific help to those wanting to volunteer.
- Incentivising volunteering
- Creating local action hubs in communities to stimulate voluntary activity.
- Promoting the 'connect to kindness' approach to celebrate acts of kindness in communities and encourage local people to reach out to each other and promote local action.
- A skills programme for paid staff and volunteers who support community development.

In addition, the Transformation Fund provides capacity for performance and evaluation and continuous engagement in support of the programme. It also supports the West Wales Research, Innovation, and Improvement Coordination Hub (RIICH). This is one of seven across Wales supporting the whole health and care sector in building an evidence-based approach to change and facilitating shared learning within and beyond the region.

Communications

A joint communication plan for COVID-19 response and recovery was established between the health board, and the three local authorities. Its aim was to support and deliver, as well as amplify or adapt at a local level, the Welsh Government Keep Wales Safe, and Test Trace Protect communication strategies.

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

This included targeted activities and communication about official guidance and advice, good hygiene measures, how to get a test, contact tracing and what it means, when to self-isolate, and information about local and national restrictions. In addition, this involved responding promptly to individual and multiple clusters, incidents, and outbreaks, in a co-ordinated and consistent way. We also planned for peak times in the year, such as the impact of tourism during the summer holidays and challenges such as the emergence of seasonal flu in the winter months.

The agencies continue to meet regularly in their joint response to this situation and working through the formal Dyfed Powys Local Resilience Forum (LRF). The LRF is a multi-agency partnership made up of representatives from public services including police, other emergency services, local authorities, the NHS, Natural Resources Wales, and others.

We responded swiftly to reports of scamming, liaising with our Local Resilience Forum members, particularly Dyfed Powys Police, and advising communities about misinformation and the need to seek information from official sources only.

Workforce management and well-being

Ensuring safe staffing levels

The pandemic demanded an urgent response from the Workforce and Organisation Development (WOD) function to mobilise our existing workforce and maximise new workforce availability. A mass recruitment campaign took place in March/April 2020 and in addition to this staff were deployed from non-essential services and departments to roles which were deemed to be vital for the Covid response.

A Covid 19 Workforce Planning Group was established to regularly review capacity and demand modelling undertaken for Covid, Non-Covid and Planned Care requirements by our operational service teams. There were limiting factors - the 2-meter rule on social distancing; the need to maintain staffing levels within the Nurse Staffing Act (NSA) and the availability of additional Registered Nurses (RNs) to be able to safely staff surge areas.

Due to the nature of the imminent impact of the pandemic options were limited for increasing the registrant workforce, therefore, as an escalation measure “workforce stretch” was considered and an escalation plan was developed as last resort. This was alongside other measures including alternative support roles and a “team around the patient model” in acute and field hospital settings.

New ways of working and alternative workforce models were assessed for Field Hospitals, Test Trace & Protect and latterly Mass Vaccination and continue to develop.

Actions focussed on additional mass recruitment campaigns during the Summer and Autumn to address predicted shortfalls in our workforce availability identified in our Quarter 3 and 4 service delivery plans. The availability of our temporary workforce capacity (additional hours, overtime, bank, and agency) was maximised via a range of proactive measures of engagement with staff, bank workers and agencies.

The extent of the recruitment exercises has been unprecedented in terms of numbers recruited; however, it positioned the health board well in terms of the support staff required to respond to the pandemic.

Identifying and training staff to undertake new roles

Staff were deployed from non-essential services and departments to roles which were deemed to be vital for the Covid response.

Initially a Deployment Centre was established. This enabled requests for additional staff and new roles to be processed. It also supported change whereby existing staff whose skill sets could support these requests, could be deployed to meet these priorities. This deployment process also enabled those staff who were shielding or who had other underlying health issues to be able to deliver care for our patients through different working arrangements.

A registered nurse redeployment programme was developed to support nurses to go back into clinical practice from corporate or non-clinical roles when there was a need. A 3.5-day condensed training programme was developed by specialist practitioners, supported with background reading and the opportunity to undertake further e-learning modules. Facilities staff were trained in ‘dual roles’ to work in the Field Hospitals. In addition to the clinical training, the introduction of the Family Liaison Office (FLO) role allowed our patients contact with their loved ones. A comprehensive two-day training programme was developed, centred around our values, patient experience and communication.

Training and use of retired staff

A number of registrants who had previously retired or allowed their professional registration to lapse for other reasons and left the NHS in recent years were asked to re-register and help the health service to tackle the increase in demand associated with COVID-19. All those who were considered as potentially being able to support Hywel Dda University Health Board were contacted by the workforce team to discuss individual circumstances and areas where they may be able to help. A number of offers of employment were made with many returning to support the immunisation programme. All those offered employment completed mandatory training as well as training specific to the role being fulfilled.

Well-being initiatives for staff

The *Well-being initiatives for staff Welsh Health Circular* set out the expectation for all NHS health boards and trusts in Wales to support the health and well-being of their workforce by facilitating access to the coherent and coordinated package of support which has been made available. This includes support to complete the COVID-19 Workforce Risk Assessment Tool, promoting access to the free multi-layered well-being support offer and ensuring access to the Covid-19 Life Assurance Scheme for eligible beneficiaries of frontline staff should they die in service because of being affected by COVID-19. The health board is confident that it meets the expectations set out in the circular.

The Staff Psychological Well-being service continues to deliver existing services addressing team well-being, supporting managers and staff, and providing one to one psychological support. Investment was made in our in-house counselling provision with an expansion of the team from October 2020 onwards. We also continued our Employee Assistance Programme, which is a 24/7 bilingual counselling service, delivered through Care First. We are contributing to the evidence base for well-being at work through participation in appropriate research studies in collaboration with neighbouring universities. Arrangements are in hand to continue to develop a responsive framework for building organisational and individual resilience including:

- a peer support and psychoeducational model for preventing and managing stress and psychological trauma.
- a programme for Psychological Flexibility (ACT in the Workplace) for individuals, teams, and input into leadership development
- nature based Well-being Programme for staff at risk of burnout or on sick leave due to stress.
- regular Listening Spaces for staff from various sites and professions to come together to share experiences and gain peer support.

Managers were routinely encouraged to ensure risk assessments were undertaken for all staff, including those shielding. Those staff members who were deemed to be high risk or who were immunocompromised were either encouraged to work from home or deployed to alternative roles.

During 2021, the Chair of the health board has also set-up a group of experts, including the military and partners from the third sector, to advise on how best we support the rest and recovery of staff coming out of the pandemic. To rebuild stronger, we need a solid foundation, and this is achieved by supporting and ensuring the welfare of our staff who deliver or enable the care we provide.

This will be informed by a second ‘discover’ project to understand more about the experience of staff during the pandemic and how this can support their res, recovery, and recuperation in the years to come.

No COVID-19-related staff deaths were recorded.

Role of Employee/Professional Advisory Groups

A key commitment from the workforce and organisational development team was to continue to work in close partnership with staff-side partners (trade unions) during these challenging times. This has been built on existing relationships. During the pandemic, the Director of Workforce and Organisational Development has met twice weekly with the staff-side chairs from each county and with online meetings of the Partnership Forum. Frequently asked questions are regularly updated, and mechanisms are in pace to address staff concerns and deal with queries as they arise. This included the availability of workforce and organisational development specialty response to staff enquiries received through the Command Centre.

The specific risks faced by our Black and Minority Ethnic staff was raised by Welsh Government in early May, following growing evidence of a potential for heightened vulnerability for this category of staff. The health board's preparation for COVID-19 included undertaking risk assessments in March for all staff defined as being potentially vulnerable based on health status and age which resulted in redeployment away from red areas and in some cases working from home/shielding. An additional risk assessment was introduced later to ensure our Black, Asian and minority ethnic staff deemed to be at extreme risk could be redeployed. The chair of the health board also conducted a listening exercise with key members of these groups. A formal Black and Minority Ethnic Advisory Group to the Board has been formed as a result. Terms of reference for this group include advising the health board on mainstreaming equality, diversity, and inclusion and to provide a forum to discuss, influence and advise on issues affecting staff with key decision makers.

Speak Up Safely

Through leadership from our health board Chair and the Director of Nursing and Quality Improvement, has in 2020/21 strengthened support for staff to raise concerns through introduction of Speak Up Safely. Champions, who are passionate about living our values and improving the culture of openness are at various levels of seniority, and are providing staff with a good listening to discuss their concerns. The champion will either guide the member of staff as to the most appropriate route for resolution of the concern, such as where there is an overlap with a workforce policy; or escalate the concern to an ambassador. The Speak Up Safely Ambassadors are a group of senior staff who, like the champions, believe that an open culture is important in the organisation and who believe that those members of staff raising concerns should not fear retribution for bringing an issue to the attention of the senior team. We currently have five Ambassadors, while 16 members of staff have confirmed that they would like to be champions and will be receiving training for the role.

Each concern raised under within the health board under all Wales Raising Concerns Protocol is reviewed by the Speak Up Safely Ambassadors. An ambassador is allocated to each concern and the Ambassador will link with the person raising the concern to ensure they are supported and are kept up to date with the action being taken to investigate the issue they have raised.

This is a new scheme, and we look forward to reporting progress in the next annual report.

Decision making and governance

Our Board and Committees

The Board is accountable for governance, risk management and internal control. All Board members share corporate responsibility for formulating strategy, ensuring accountability, monitoring performance, and shaping culture, together with ensuring that the Board operates as effectively as possible. The Board is comprised of individuals from a range of backgrounds, discipline, and areas of expertise, and provides leadership and direction ensuring that sound governance arrangements are in place.

The Board has an established committee structure with each statutory committee chaired by an Independent Member of the Board or Associate Member (Finance). On behalf of the Board, they provide scrutiny, development discussions, assessment of current risks and performance monitoring in relation to a wide spectrum of the health board's functions and its roles and responsibilities.

The diagram below shows the main committees of our Board:

Hywel Dda University Health Board	Audit and Risk Assurance Committee
	People, Planning and Performance Assurance Committee
	Charitable Funds Committee
	Finance Committee
	Mental Health Legislation Assurance Committee
	Quality, Safety and Experience Assurance Committee
	Renumeration and Terms of Service Committee
	Health and Safety Assurance Committee

Further details can be found in the Annual Governance Statement, including our full committee structure, the arrangements in place during 2020/21 and some of the challenges and risks we have encountered.

Governance changes to mitigate the pandemic

In 2020/21 the health board and the NHS in Wales faced unprecedented and increasing pressure in planning and providing services to meet the needs of those who are affected by COVID-19, whilst also planning to resume other activity where this has been impacted and to revise the way the governance and operational framework is discharged. In April 2020, we implemented revised governance arrangements to enable agile decision-making, and effective scrutiny and leadership throughout the pandemic.

Further details can be found in our 'Maintaining Good Governance COVID-19' report which can be accessed on the following link https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2020/board-meetings-2020-documents/board-agenda-bundle-16th-april-2020/#page=34.

Civil Contingencies and Emergency Planning

We have a well-established Major Incident Plan which is reviewed and ratified by the Board on an annual basis. This plan details our response to a variety of situations and how we meet the statutory duties and compliance with the Civil Contingencies Act 2004.

Within the Act, the health board is classified as a Category One responder to emergencies. This means that in partnership with the Local Authorities, Emergency Services, Natural Resources Wales and other NHS Bodies, including Public Health Wales, we are the first line of response in any emergency affecting our population. To prepare for such events, local risks are assessed and used to inform emergency planning.

We continue to ensure that our Executive Directors are appropriately skilled to lead the strategic level response to any major incident via Gold Command Training with additional senior managers/nurses trained in tactical and operational major incident response. During the last year, most of the training has moved to being delivered on virtual platforms to ensure COVID-19 safety.

The scale and impact of the pandemic has been unprecedented. Significant action has been taken at a national and local level to prepare and respond to the likely impact on the organisation and population. This has involved working in partnership on a multi-agency response as a key member of the Local Resilience Forum (LRF) Strategic Co-ordination Group. There remains a level of uncertainty about the overall impact this will have on our immediate and longer-term delivery of services, although there is confidence that all appropriate action is being taken. The LRF publishes a community risk register to inform the public about the potential risks we face. The community risk register can be accessed: https://www.dyfed-powys.police.uk/en/about-us/our-policies-and-procedures/planning-for-major-incidents

Further details can be found in the Annual Governance Statement chapter of this report.

Audit and Assurance

The purpose of the Audit and Risk Assurance Committee (ARAC) is to advise and assure the Board on whether effective arrangements are in place to support them in their decision taking and achievement of our objectives. The committee independently monitors, reviews and reports to the Board on the processes of governance, and where appropriate, facilitates and supports, through its independence, the attainment of effective processes.

ARAC continued to operate as normal during 2020/21 and the details of items considered can be found https://hduhb.nhs.wales/about-us/governance-arrangements/statutory-committees/audit-and-risk-assurance-committee-arac/.

The well-being of our future generations

The Well-being of Future Generations (Wales) Act 2015 is multi-layered and 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 recognised that we need to increase the scale and pace of our work to support de-carbonisation and biodiversity. Our well-being objectives are not confined to a single national outcome, and all align to more than one of the national goals:

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 2020/21 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, including environment and climate change and the foundation economy.

In our Annual Quality Statement for 2019/2020 we committed to delivering an Organisational Development Programme to progress the skills needed to deliver high quality services (Health and Care Standards: Staff and Resources). The Apprenticeship Academy scheme is one way in which we have achieved this. The scheme has been expanded to include non-clinical roles and is a key example of work we are doing to support A Prosperous Wales, investing in local wealth building and contributing to our own well-being objective to offer a diverse range of employment opportunities which support people to reach their full potential.

A Decarbonisation Task Force has been established and it identified that we had made both carbon and financial savings from active water management initiatives on our sites. For the 11-month period from 1 April 2020- 28 February 2021 this equated to 7.9 tonnes per carbon dioxide equivalent (TC02e) and £47,600 savings. These are additional to multiple solar photo voltaic panel programmes which are on-going and our feasibility and engineering studies to inform optimum solutions for electric vehicle charging facilities.

The health board is partnering with Milford Haven Energy Kingdom on a project to explore smart decarbonised local energy including solar, onshore wind, future offshore wind and biomass for decarbonised gas transition. Linked to this programme will be the trialling of a hydrogen car for use by our Community Nursing Team in Milford Haven. All are important contributions to a prosperous Wales, a resilient Wales, and a healthier Wales.

During the pandemic, the Procurement Department has worked in partnership with one of our key contracted suppliers, Castell Howell Foods. This has made a shift to increase the purchasing of locally and Welsh produced food. This demonstrates our commitment to the principles of the Foundational Economy and helping our valued local supply chain and local businesses. The health board has also worked with the Centre for Economic Strategies and our Public Service Boards on developing a progressive procurement approach to develop a local supply chain.

There is a wealth of evidence of how health can be improved by increasing our access to green and blue spaces and improving the quality of our natural environment. This year a vegetable garden was developed adjacent to Morlais Ward at Glangwili Hospital, Carmarthen. This is used by patients for therapeutic gardening and the produce is used for cooking sessions, thus improving the patient experience by creating more opportunities for patients to contribute to their own care (Health and Care Standards: Effective Care and Individual Care). Increasing biodiversity and caring for natural ecosystems are vital as we face the climate emergency. Our “magnificent meadows” project at Withybush Hospital, Haverfordwest, benefits patients, staff, visitors and the natural living world. The “magnificent meadow” encourages patients, staff and visitors to stay healthy by providing an outdoor space where the focus can be on the natural living world (Health and Care Standards: Staying Healthy).

Another success of the past 12-months has been the growth in community-led initiatives and the overwhelming outpouring of support from volunteers. The health board has been committed to supporting resilience in communities and having a clear, present and very palpable crisis through the COVID-19 pandemic has brought individuals, neighbours and communities together.

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Seventeen health board volunteers were recruited and trained to support 28 families identified by the Paediatric Palliative Care Service who, due to shielding requirements needed help in obtaining basic daily necessities and thus ensure that arrangements were in place to provide support as locally as possible (Health and Care Standards: Effective Care). This led to increased links with local food banks and the development of information for staff to raise awareness of how to connect families to community support services.

In 2020/21 we also established international links on two major IT related projects that are focused on improving patient pathways:

- We are looking into adopting HealthPathways, which is an IT platform for the storage, management and distribution of clinical pathways for use in primary care. It provides access to internationally developed pathways which have been created from the latest clinical guidance, which can then be locally tailored. It will provide relevant guidance to general practitioners on the management of conditions in the community and referral to specialist hospital services for additional investigation and support. It has the potential to improve consistency of referral patterns, avoid unnecessary referrals where patients can be managed in primary care, emphasise the need for prevention and self-management and free up resource to increase access to specialist care for those patients who need it.

- We are working with the New Zealand-based company, Lightfoot, to convert our data into a flow-based system-wide view. This will help us to create integrated pathways focused on patient needs that minimise waste and delay.

These are just a few examples of the work which the health board has undertaken.

In addition to this report, we also publish a specific Well-being Objectives Annual Report each year to demonstrate in more detail our progress towards meeting our well-being objectives. We use the “Teulu Jones” family to help us think about the impact and difference our actions can make to improve well-being in our population. Teulu Jones is a fictious family but based on the make-up of real people living in our communities. With seven distinct family members, we use them to test what changes and proposals for our health and care system could mean for families living in our area.

Further information about our Well-being Objectives and Annual Reports can be found on our website: http://www.wales.nhs.uk/sitesplus/862/page/85517

Welsh language

Hywel Dda University Health Board wants 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 not only comply with the Welsh Language Standards but embrace the spirit.

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: https://hduhb.nhs.wales/healthcare/services-and-teams/welsh-language-services/.

Even though our organisation is passionate and ambitious to achieve and go beyond our statutory duties, we recognise that delivery is not always consistent across our sites and teams. Culture needs to evolve for us to deliver a seamless bilingual service to people who use the 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 both 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. The health board aims 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.

A huge milestone towards this goal was achieved this year when we approved a new Bilingual Skills Policy. The policy is aimed at ensuring our organisation delivers a bilingual healthcare service to the public and support staff to use Welsh naturally within the workplace. It details how we will improve the quantity and quality of data held on our workforce system, strengthen the Welsh language skills of our workforce and provide practical support for managers.

We will report progress on this, and other key actions to achieve our ambitions and statutory obligations for the Welsh language in our Annual Welsh Language Report, which will be published on our website (https://hduhb.nhs.wales).

Language skills of staff (in accordance with Standard 116 and 117)

The language skills of staff are captured and recorded on the electronic staff management system (ESR). As at 31 March 2021, 92.7% of staff have recorded their Welsh language skills as follows:

Welsh skill level	Number of Employees	%
0 - No Skills / Dim Sgiliau	3,555	33.2%
1 - Entry/ Mynediad	2,536	23.7%
2 - Foundation / Sylfaen	973	9.1%
3 - Intermediate / Canolradd	821	7.7%
4 - Higher / Uwch	866	8.1%
5 - Proficiency / Hyfedredd	1,190	11.1%
Not yet recorded on ESR	778	7.3%
Grand Total	**10,719**	**100%**

Whilst the number of individuals not recorded on ESR has increased slightly from 2019/20, the reason for this is due to the rapid COVID-19 mass recruitment.

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:

Number of Welsh Essential Posts	Number of Welsh Desirable Posts	Number where Welsh needs to be learnt	Number where Welsh not necessary	Total Number of Posts
30	2,351	6	125	2,512

Welsh language related complaints received (in accordance with Standard 115)
No Welsh language service complaints were received during 2021/21. It is believed the COVID-19 pandemic is the main contributory factor for this. The health board did however receive its first investigation by the Welsh Language Commissioner within the year.

Following a previous complaint by a member of the public during 2019/20 - the complainant received an English-only appointment letter and questionnaire. This was a clear breach of Standard 5 and Standard 36 of the Standards and therefore the commissioner carried out an investigation under section 71 of the Welsh Language Measure.

The commissioner's resulting report included the following three enforcement actions - Hywel Dda University Health Board must:

- conduct a review to check that appointment letters sent from other departments comply with Standard 5 and act upon the results of the review.
- conduct a review to check that forms provided to the public by other departments comply with Standard 36 and act upon the results of the review.
- provide sufficient written evidence to satisfy the Welsh Language Commissioner that it has carried out enforcement actions 1-2.

As a result, the health board has reviewed all letters and forms in most directorates within the organisation. Not all directorates' reviews are complete yet due to operational pressures from the COVID-19 pandemic. We are grateful to the Welsh Language Commissioner in granting an extension to the usual response period. We will act upon the results of the review and provide sufficient written evidence to satisfy the Welsh Language Commissioner that we are compliant or have an agreed pathway and schedule for full compliance.

Conclusion and forward look

Hywel Dda Health Hub and Waiting List service

You read about the establishment of our COVID-19 Command Centre on pages xx. This co-ordinated function, which has been welcomed by those who have used it, has demonstrated both need and benefit of a co-ordinated approach to dealing with enquiries.

To date, patients and staff contacting the health board have had multiple pathways to services and teams through different switchboards, call centres or individual directories, with varying levels of call response dependent on the call handler and administrative support available.

In the short-term the command centre will continue to support our Test Trace & Protect strategy and COVID-19 response. But we outline in our Annual Plan for 2021/22 a key planning objective to build on the success of the centre and develop it further for the long term. Our ambition is to develop one single telephone and email point of contact for enquiries – the 'Hywel Dda Health Hub'. This would incorporate existing switchboard, service-based call-handling and appointment booking into a single function, supporting specialist teams.

Another important planning objective for us recognises the need to maintain personalised contact with the far greater number of people that we have waiting for planned care because of the pandemic. We have prepared for a pilot waiting list service for a cohort of orthopaedic patients, which is due to begin early in 2021/22. This service will keep patients regularly informed about their current expected wait; offer a single point of contact should they need us; provide advice on self-management options whilst waiting, as well as advice on what to do if their symptoms deteriorate; use clinical and patient measures of harm to inform their prioritisation on the waiting list; and offer alternative treatments if appropriate.

Whilst we are starting this as a pilot with one group of patients, the intention is to roll-out to all specialties in the future.

Improving Together

Working together to be the best we can be and striving to deliver and develop excellent services are two of our new strategic objectives. A significant piece of work to deliver on these objectives is the Improving Together framework, which we began to develop in 2020/21.

The framework aims to align the work of all our teams and staff members to our strategy and to support them with key improvement measures and tools to achieve their continuous improvement goals. This will deliver a quality management system and support staff and teams with targets, training, and other peer support and tools to aid delivery.

The approach will try to align each member of our staff towards a single purpose – as we saw in the battle against COVID-19 - but towards our long-term vision. We will test the approach with a small number of teams from April-June 2021

Duty of Candour

The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 (Putting Things Right (PTR) regulations), place a duty on responsible bodies providing NHS care to be open when harm may have occurred.

We operate a culture of being open, this involves explaining and apologising to patients or their families or carers when harm has or may have been caused as a direct result of an unexpected or unintended clinical incident. The being open process also extends to being open with colleagues and employers and to co-operate in any reviews or investigations that take place.

The following procedures are in place within the health board to support staff and managers to meet the duties, as set out above and are subject to regular review:

- Being Open/Duty of Candour Guidelines.
- Concerns management processes – for incidents/complaints and the NHS redress.
- Raising concerns (speaking up) policy for staff and the implementation of the Speaking up Safely process; and
- Safeguarding procedures.

In July 2019, the Health and Social Care (Quality and Engagement) Wales Bill was introduced by Welsh Government. The Bill introduces significant changes to the function and duties of health bodies in Wales, placing quality at the heart of all that we do, and will also introduce a legal Duty of Candour. In preparation for the implementation of the Bill in 2022, we have been working to reinforce our culture of openness and address any barriers that may prevent disclosure. Other ways we have been working towards implementation include:

- Improving the Incident Reporting Culture to ensure that all incidents and near misses are reported by all professions; and that reporting is seen to be the norm rather than the exception, including near misses; and low-level harm incidents are seen to be as important for reporting and learning.
- Support for Staff – The support (both peer and managerial) process should allow the staff to come to terms with what has happened; allow them to feel safe in disclosing the process and facilitate their involvement in the investigation; Multi-Disciplinary Team (MDT) reviews and reflection will be encouraged to facilitate a team approach to learning and to avoid any potential feelings of 'scapegoating'.
- Establishment of a 'speaking up safely process' to enable staff to discuss any concerns they have in a confidential environment and be supported in doing so.
- Support for staff involved in a complaint or investigation is recognised as a priority for the health board and the 'Assist Me' model is being introduced as part of the revised arrangements for the investigation of concerns and the duty of candour process.
- A revised training and education programme will support the process, particularly in induction, leadership and development programmes.
- Improved learning from events process, which will be strengthened by the establishment of the Listening and Learning from Events Group which will review all areas of significant learning, arising from all claims and complaints, clinical incidents, health and safety incidents, patient and staff experience, whistleblowing, and internal/external reviews involving quality of care and patient safety.

Commented [LO(DHB-AD13]: It is likely that this Sub-Committee will be removed or replaced following discussion with the Chair

Listening to our communities

Following the Senedd elections, we will also 'check in' with our communities and open a conversation about the pandemic and what it has meant for you and your experience and access to health and care. We want to consider any new information you have that we need to consider when planning your health services for the future. We are particularly looking forward to talking to our communities and using their input to plan for our new hospital in the south of Hywel Dda area, as well as for the continued enhancement of community-based care and support.

In closing

The COVID-19 pandemic has had a major impact on all areas of our service, but as this report outlines, Hywel Dda University Health Board responded quickly and adapted. We have changed many aspects of how we work, including how we liaise with you our partners, such as local authorities, to keep people safe. Coronavirus is likely to remain with us during 2021/22, however the health board is confident that we have the processes and personnel in place to rise to any future challenges.

Hywel Dda University Health Board is committed to re-starting services for a post-pandemic world. This includes further building and developing the innovative ways of working to improve healthcare quality and the safety of patients and staff across the whole patient pathway; to help evidence the duties of quality and candour set out in the Health and Social Care (Quality and Engagement) (Wales) Act; and to deliver safe, sustainable, accessible and kind health and care as described in more details in our long-term health and care strategy, A Healthier Mid and West Wales: Our Future Generations Living Well

Looking ahead over the next year, we intend to commission detailed modelling work that will help us better predict the medium- and longer-term impact of the pandemic on our services. This will support our ability to plan for when and where staff will be deployed over the coming months and years. It will also help us prepare for the recovery of our services, particularly the planned care service.