

## Bundle Public Board 28 May 2020

- 1 09:30 - Governance / Llywodraethu
- 1.1 Apologies / Ymddiheuriadau  
*Presenter: Chair*
- 1.2 Declaration of Interests / Datganiad o Ddiddordeb  
*All*
- 1.3 Minutes of the Public Meeting held on 16 April 2020 / Cofnodion y Cyfarfod Cyhoeddus ar 16 Ebrill 2020  
*Presenter: Chair*  
Unapproved Board Minutes 16 April 2020
- 1.4 Matters Arising & Table of Actions from the Meeting held on 26 March and 16 April 2020 / Materion sy'n Codi a Thabl o Gamau Gweithredu o'r cyfarfod ar 26 Mawrth a 16 Ebrill 2020  
*Presenter: Chair*  
Table of Actions from Health Board Meeting in Public held on 26 March 2020  
Table of Actions from Health Board Meeting in Public held on 16 April 2020
- 1.5 Report of the Chair / Adroddiad y Cadeirydd  
*Presenter: Chair*  
Chair's Report May 2020  
Appendix 1 - Register of Chair's Actions
- 1.6 Maintaining Good Governance COVID-19/ Cynnal Llywodraethu Da COVID-19  
*Presenter: Chair*  
Maintaining Good Governance May 2020  
Annex i - Command and Control Structure  
Annex ii - Board and Board Committee Dates 2020 revised
- 1.7 Report of the Chief Executive / Adroddiad y Prif Weithredwr  
*Presenter: Steve Moore*  
Chief Executive's Report May 2020  
Appendix A - Register of Sealings May 2020  
Appendix B - Consultation Report May 2020  
Appendix C - Memorandum of Understanding Major Trauma Network
- 1.8 Report of the Audit & Risk Assurance Committee / Adroddiad y Pwyllgor Archwilio a Sicrwydd Risg  
*Presenter: Paul Newman*  
ARAC Update Report from meetings on 21 April and 5 May 2020
- 2 09:50 - Delivering the Here and Now / Darparu Yma, Nawr
- 2.1 Improving Patient Experience Report / Adroddiad Gwella Profiad y Claf  
*Presenter: Mandy Rayani*  
SBAR Improving Patient Experience May 2020  
Improving Patient Experience Report
- 2.2 Health & Care Standards Fundamentals of Care Audit 2019/ Hanfodion Safonau Iechyd a Gofal yr Archwiliad Gofal 2019  
*Presenter: Mandy Rayani*  
SBAR Health & Care Standards Fundamentals of Care Audit 2019  
HDdUHB HCS FOC 2019 Report
- 2.3 Responding to the COVID-19 Pandemic: Update, Review and Ratification of Decisions Made Since 16th April 2020 / Ymateb i'r Pandemig COVID-19: Diweddarau, Adolygu a Chadarnhau Penderfyniadau a Wnaed Ers 16 Ebrill 2020  
*Presenter: Steve Moore*  
Responding to the COVID-19 Pandemic May 2020  
Annex 1 - Response to WG COVID-19 Operating Framework Q1  
Primary Care Re-set

[Ceredigion Plan](#)  
[Carmarthenshire Plan](#)  
[Reinstating Services Resulting from COVID-19](#)  
[Revised Community Nurse Specification](#)  
[Pembrokeshire Plan](#)  
[3 Counties Community Response](#)  
[Health Visiting Recovery Plan](#)  
[Maintaining Cancer Treatment](#)  
[Essential Services Assessment](#)  
[Planned Care Services](#)  
[MH&LD Services](#)  
[Service Changes COVID-19](#)  
[Digital Implementation Project Scoping Document](#)  
[Scoping for Digital Implementation](#)  
[Scoping Summary](#)  
[Digital Implementation Gantt Chart](#)  
[Digital Implementation Process Chart](#)  
[Endoscopy USCs All Sites](#)  
[Health Visiting Recovery Plan](#)  
[Endoscopy Recovery Plan](#)  
[Endoscopy Options Appraisal](#)  
[Oncology Cancer Services Escalation Plan](#)  
[Care Homes Risk & Escalation Mgmt Policy](#)  
[COVID-19 Hospital Discharge Service Requirements](#)  
[COVID-19 Financial Forecasting Principles](#)  
[Q1 Financial Forecast](#)  
[Board Paper 16.04.20 Responding to the COVID-19 Pandemic](#)

2.4 Care Home Preparedness – COVID-19 / Parodrwydd Cartrefi Gofal – COVID-19

*Presenter: Jill Paterson*

[SBAR Care Home Preparedness May 2020](#)  
[WWCP Care Home Risk and Escalation Management Policy \(v1.3\)](#)  
[Appendix 1 - Sitrep Template Carms](#)  
[Appendix 2 - Carmarthenshire Escalation Tool Checklist](#)  
[Appendix 2 - Pembrokeshire Escalation Tool Checklist](#)  
[Appendix 3 - Care Home Risk Communication Policy](#)  
[Appendix 3 - COVID-19 Care Home Guidance](#)  
[Appendix 4 - BCP Care Home Guidance](#)  
[Appendix 5 - Care Home Assessment of Suspected COVID-19](#)  
[Appendix 5 - Hospital Discharge COVID-19 Recovery](#)  
[Appendix 6 - Letter COVID-19 Care Home Testing](#)  
[Appendix 7 - Advice Note to Managers and Service Providers](#)  
[Appendix 8 - Managing Outbreaks in Care Settings with Multiple Occupants](#)  
[Appendix 9 - Quick Guide](#)  
[Escalation Checklist](#)  
[Integrated Preventative Guidance for Infection Prevention and Control in Care Homes](#)  
[Appendix - Cardiac Arrest Protocol](#)  
[Sitrep Example Template](#)

- 2.5 Calculating and Maintaining the Nurse Staffing Levels during the COVID-19 Pandemic/ Cyfrifo a Chynnal Lefelau Staffio Nyrsio yn ystod Pandemig COVID-19  
*Presenter: Mandy Rayani*  
Nurse Staffing Levels during COVID-19 Pandemic Board May 2020  
Appendix 1 - CNO letter to Nurse Directors re COVID-19 and the NSL Act  
Appendix 2 - Wards which retain S25B status and Appendix 3 - Wards previously S25B but repurposed as COVID-19 wards
- 2.6 Financial Governance and Value for Money Considerations – COVID-19 / Llywodraethiant Ariannol ac ystyriaethau Gwerth am Arian – COVID-19  
Financial Governance and VFM Considerations - COVID-19 May 2020
- 2.7 Report of the Quality, Safety & Experience Assurance Committee/ Adroddiad y Pwyllgor Sicrwydd Ansawdd, Diogelwch a Phrofiad  
*Presenter: Anna Lewis*  
QSEAC Update Report from meeting on 7 April 2020  
QSEAC Terms of Reference v.09 for Board approval 28.05.20  
QSEAC Board Report from meeting on 7 May 2020
- 2.8 Annual Quality Statement / Datganiad Ansawdd Blynyddol  
*Presenter: Mandy Rayani*  
SBAR Annual Quality Statement 2019-20  
Annual Quality Statement 2019-20  
Datganiad Ansawdd Blynyddol 2019-20
- 2.9 Nurse Staffing Levels (Wales) Act Annual Report 2019-20 / Adroddiad Blynyddol y Ddeddf Lefelau Staff Nyrsio (Cymru) 2019-20  
*Presenter: Mandy Rayani*  
SBAR Nurse Staffing Levels Assurance Report 2019-20  
Nurse Staffing Levels Assurance Report 2019-2020
- 2.10 Report of the People, Planning & Performance Assurance Committee/ Adroddiad y Pwyllgor Cynllunio Pobl a Sicrwydd Perfformiad  
*Presenter: Professor John Gammon*  
PPPAC Update Report from meeting on 7 May 2020  
Appendix 1 - PPPAC Questions 7 May 2020
- 2.11 Performance Report against Revised WG Guidance / Adroddiad Perfformiad yn erbyn Canllawiau Diwygiedig Llywodraeth Cymru  
*Presenter: Karen Miles*  
SBAR Performance Update - Month 1 2020/21  
Performance Update - Month 1 2020/21
- 2.12 Report of the Finance Committee / Adroddiad y Pwyllgor Cyllid  
*Presenter: Michael Hearty*  
Finance Committee Update Report from meeting on 13 March 2020  
Finance Committee Update Report from meeting on 28 April 2020
- 2.13 Financial Report / Adroddiad Ariannol  
*Presenter: Huw Thomas*  
Financial Report Month 1 2020-21
- 2.14 Report of the Health & Safety Assurance Committee / Adroddiad y Pwyllgor Sicrwydd Iechyd a Diogelwch  
H&SAC Update Report from meeting on 14 May 2020
- 3  
3.1 11:45 - Committee Update Reports / Adroddiadau Diweddaru Pwyllgorau  
Committee Update Reports / Adroddiadau Diweddaru Pwyllgorau  
*Presenter: Joanne Wilson*  
SBAR Committee Update Reports May 2020  
CFC Update Report from meeting on 17 March 2020  
CFC NHS Charities Together Grant\_18 May SBAR  
IC Board Update Report from meeting on 26 March 2020
- 3.2 Statutory Partnerships Update / Diweddariad ar Bartneriaethau Statudol  
*Presenter: Sarah Jennings*

Statutory Partnerships Update May 2020

- 4 11:50 - Post Meeting Communications / Cyfathrebu yn dilyn cyfarfod
- 5 11:55 - For Information / Er gwybodaeth
- 5.1 Board Annual Workplan / Cynllun Gwaith Blynyddol Y Bwrdd  
Board Work Programme 2020-21
- 5.2 Ethics - National Principles  
National Principles - Ethics  
The Patient Pathway During The Covid19 Crisis - A Resource Document
- 6 Date and Time of Next Meeting / Dyddiad ac amser y cyfarfod nesaf  
*1.00pm, Tuesday 23rd June 2020, Boardroom, Ystwyth Building, St David's Park, Carmarthen SA31 3BB*  
*10.00am, Thursday 30th July 2020, Boardroom, Ystwyth Building, St David's Park, Carmarthen SA31 3BB*
- 7 In Committee Session / Sesiwn Y Pwyllgor  
*Motion to exclude the public from the meeting in accordance with the provisions of section 1 (2) and (3) of the Public Bodies (Admissions to Meetings) Act 1960*  
*Cynnig i eithrio'r cyhoedd o'r cyfarfod yn unol â darpariaeth Adran 1 (2) a (3) o Ddeddf Cyrff Cyhoeddus (Derbyniadau i Gyfarfodydd) 1960*

**COFNODION Y CYFARFOD BWRDD IECHYD PRIFYSGOL  
HEB EU CYMERADWYO ~~DDRAFT/DRAFT~~ UNAPPROVED  
MINUTES OF THE UNIVERSITY HEALTH BOARD MEETING**

Date of Meeting:	<b>1.40PM, THURSDAY 16<sup>TH</sup> APRIL 2020</b>
Venue:	<b>BOARDROOM, YSTWYTH BUILDING, ST DAVID'S PARK, CARMARTHEN SA31 3BB</b>

Present:	<p>Miss Maria Battle, Chair, Hywel Dda University Health Board          Mr Steve Moore, Chief Executive          Mrs Judith Hardisty, Vice Chair, Hywel Dda University Health Board (VC)          Professor John Gammon, Independent Member (VC)          Ms Anna Lewis, Independent Member (VC)          Mr Paul Newman, Independent Member (VC)          Cllr. Simon Hancock, Independent Member (VC)          Mr Mike Lewis, Independent Member (VC)          Ms Delyth Raynsford, Independent Member (VC)          Mr Maynard Davies, Independent Member (VC)          Ms Ann Murphy, Independent Member (VC)          Mr Owen Burt, Independent Member (VC)          Dr Philip Kloer, Executive Medical Director and Deputy CEO          Mrs Mandy Rayani, Executive Director of Nursing, Quality &amp; Patient Experience          Mrs Lisa Gostling, Executive Director of Workforce &amp; Organisational Development          Mrs Karen Miles, Executive Director of Planning, Performance &amp; Commissioning          Mr Huw Thomas, Executive Director of Finance</p>
In Attendance:	<p>Mrs Joanne Wilson, Board Secretary          Ms Sarah Jennings, Director of Partnerships and Corporate Services          Ms Jill Paterson, Director of Primary Care, Community &amp; Long Term Care          Mr Michael Hearty, Associate Member (VC)          Ms Cerian Davies, Internal &amp; E-Communications Officer (part)          Ms Karen Richardson, Committee Services Officer (Minutes)</p>

<b>PM(20)56</b>	<b>INTRODUCTIONS &amp; APOLOGIES FOR ABSENCE</b>	
	<p>Miss Maria Battle welcomed all to the meeting noting that due to the Local Authorities having appropriately closed their venues to protect staff, the Health Board had been unable to webcast its last public Board meeting. Recognising that Hywel Dda University Health Board (HDdUHB) is the only Health Board in Wales to live stream public Board meetings, the intention will be to re-commence this as soon as possible. However, the focus of HDdUHB's Information Technology teams most recently has been on improving systems within clinical areas, including the newly constructed field hospitals, in addition to developing systems to support HDdUHB staff to work from home, wherever possible. For today's public Board meeting, although a recording would be prepared, due to the limitations of the equipment involved, this will be shorter than normal.</p>	

	<p>On behalf of the Board, Miss Battle expressed her gratitude to all staff, communities and partners for their continued support to care for all our patients. It is testament to all the hard work that so much has been possible to achieve in such a short amount of time.</p> <p>Miss Battle requested that with the exception of the responding to the COVID-19 Pandemic Report, presenters should only highlight key matters for consideration by Members.</p>	
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<b>PM(20)57</b>	<p><b>RESPONDING TO THE COVID-19 PANDEMIC</b></p> <p>Mr Steve Moore introduced the Responding to the COVID-19 Pandemic Report, acknowledging the significant work achieved by the organisation, with a number of people who have gone above and beyond the call of duty and who have stepped up at all levels. Mr Moore recognised the extraordinary support received across Hywel Dda from stakeholders and private organisations, and the population as a whole which has enabled communities to come together and it is hoped that this will continue after the pandemic.</p> <p>Mr Moore advised that due to the rapidly changing situation, the report represents the COVID-19 planning as at two weeks ago and summarises the modelling that has been used to support the planning assumptions, shared with Board Members at the In-Committee Board meeting on 7<sup>th</sup> April 2020. The report summarises the Health Board’s response into 7 key areas, and the decisions made by Gold Command since 9<sup>th</sup> March 2020. The report also contains three principle risks for the Board’s attention, together with the mitigating actions being taken. Mr Moore confirmed that a number of field hospitals are in the process of being handed over to the Health Board, which would then be provided with all the equipment required in readiness for receiving in-patients. Given that the latest modelling data provides early indication that the peak may be lower than originally anticipated, the Health Board has a confidence that its response to COVID-19 will be sufficient to address the peak demand. However, given the potential that patients may be presenting with COVID-19 over the longer term, new planning assumptions for a longer term strategy will be a focus for the Gold Command meetings over the forthcoming weeks, with the Board to receive a report at a future Board meeting, outlining the arrangements for the longer term response.</p> <p>Mrs Judith Hardisty expressed concern that the impact for domiciliary care and nursing homes had not been included within the principle risks given the fragility of their workforce. Mr Moore advised that since issuing the report, the Health Board has acknowledged this as an area of concern. Recognising the risk and acknowledging that a longer term plan will be required, a care home support plan would be presented to the next Gold Group meeting scheduled for 17<sup>th</sup> April 2020, to ensure that community providers receive appropriate advice and support. Ms Jill Paterson advised that routinely within care homes, robust escalation plans are in place, however given the unprecedented times, for Members assurance, it has been agreed that a combined Health and Social Care response, to include a strategic plan for the 3 counties of HDdUHB, will be completed by the end of the following week and then shared with partners. In addition, there will be a locality response, with support from GP leads and the primary care team, including daily calls to all care homes to ensure that their needs</p>	<b>SM</b>
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are being managed appropriately and to ensure early notice is received where escalation is required. The Personal Protective Equipment (PPE) Cell which reports direct to Gold Group, is managing the demand requirements of PPE in care homes, and also the training for care home staff, in addition to the testing of individuals within care homes.

In response to a query on whether HDdUHB has the workforce required to staff the additional COVID-19 beds, Mr Moore confirmed that Gold Group is due to receive a report the following week outlining the progress made in response to this concern. Mrs Lisa Gostling advised that modelling has identified the Health Board would require an increase of 1,300 Whole Time Equivalent unregistered workforce, and that following the recent recruitment campaign, 929 of these posts have been appointed to. Given the amount of interest in the vacancies advertised, the Health Board has a confidence that all vacancies will be filled. Recruitment processes have now been slowed down in order to expedite new employees commencing in post, and the teams involved have used this 'down' time to upskill Healthcare Support Workers (HCSW) and hotel services staff.

Recognising the current shortfall in registrant staff, a review has been undertaken with the support of the Executive Director of Nursing, Quality & Patient Experience and the Executive Director of Therapies & Health Science, to identify different workforce models to ensure that the totality of the workforce is utilised. In addition, 65 retired nurses have re-registered, and a further 114 individuals with a medical background have come forward, all of whom will be contacted to determine their skill set.

Cllr. Simon Hancock expressed some concern in regard to the rapid background tests currently being undertaken as opposed to the full Disclosure and Barring Service (DBS) checks for those applying for these vacancies, in terms of appropriate safeguarding for our patients. Mrs Gostling advised that whilst initially Dyfed Powys Police had supported this process by way of undertaking conviction checks, confirmation has now been received that the DBS has initiated a COVID-19 process, whereby DBS checks will be completed within 24 hours.

Given the likelihood that areas of Wales will experience peaks at different times, Ms Anna Lewis enquired whether discussions have taken place with neighbouring Health Boards in terms of utilising their facilities should the need arise. Mr Moore confirmed that discussions have taken place with Cardiff and Vale and Swansea Bay University Health Boards to share capacity, if required.

In response to a query from Ms Lewis regarding patient access to Mental Health and Learning Disability services, both now and when normal business resumes, Mr Moore confirmed that the service has a plan in place to provide support remotely, where appropriate, which will be shared with Members.

Miss Battle proposed that in order to reduce the risk in relation to the Health Board's routine business not being given sufficient focus, an update report should be presented to each public Board meeting. Mr Moore concurred, advising that Gold Group is monitoring this risk, with a report due to be presented at its meeting the following week.

**AC**

	<p>In response to a query from Mr Paul Newman regarding current projections, Mr Moore advised that the most recent modelling which had been issued the previous week, indicated that two peaks for the pandemic could now be expected, however as this is based on theory it is difficult to confirm whether this will occur in practice.</p> <p>Mr Newman enquired whether from a financial perspective, the Health Board will be in position to pay suppliers on time. Mr Huw Thomas accepted the risks involved, given that resources are being diverted to support health and social care. The Health Board is working with Welsh Government to agree support, and that in the interim, this additional risk will be added to the Corporate Risk Register (CRR). It has been recognised that a key focus is required to ensure that supply chains receive payments in a timely manner and that managing cash flow will be critical.</p> <p>Miss Battle confirmed that Gold &amp; Silver Group minutes would be shared with Independent Members (IMs) in order that they are informed of the context behind the key decisions that are being made at Command level.</p> <p>Miss Battle enquired as to the current position regarding the ability of relatives to visit end of life care patients. Mrs Mandy Rayani responded that decisions on this are taken on a case by case basis, and that when it is safe and appropriate, relatives are able to undertake visits. Mitigations have been established including additional iPads in wards and condolence cards to be provided to families. In addition, a bereavement nurse is available for relatives, together with the commencement of lighting a mid-day candle. It was noted that all partners support each other to ensure that a dignified process is followed.</p> <p>On a final note, Mr Moore advised, with great sadness, the passing of Mr Jeremy Williams, A&amp;E Consultant and a key driver in the development of HDdUHB's clinical strategy. On behalf of the Health Board, Mr Moore expressed condolences to his family and Miss Battle confirmed that a fitting memorial would be planned.</p>	<b>HT</b>
	<p>The Board <b>RATIFIED</b> the decisions made in the 7 response areas set out in the report.</p>	

<b>PM(20)58</b>	<p><b>APOLOGIES FOR ABSENCE</b></p> <p>Apologies for absence were received from the three Executive Directors who were in a Bronze Chair's meeting continuing preparations for Covid 19:</p> <ul style="list-style-type: none"> <li>• Mrs Ros Jervis, Executive Director of Public Health</li> <li>• Ms Alison Shakeshaft, Executive Director of Therapies &amp; Health Science</li> <li>• Mr Andrew Carruthers, Executive Director of Operations</li> </ul>	
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<b>PM(20)59</b>	<b>DECLARATION OF INTERESTS</b>	
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	No declarations of interest were made.	
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PM(20)60	<b>MINUTES OF THE PUBLIC MEETING HELD ON 26<sup>TH</sup> MARCH 2020</b>	
	<b>RESOLVED</b> – that the minutes of the meeting held on 26 <sup>th</sup> March 2020 be approved as a correct record.	

PM(20)61	<b>MAINTAINING GOOD GOVERNANCE COVID-19</b>	
	<p>Mrs Joanne Wilson presented the Maintaining Good Governance COVID-19 report, which included feedback from IMs.</p> <p>Following on from the concerns raised earlier in the meeting, Miss Battle confirmed that non-COVID-19 planning would be added to Board meeting agendas during this period.</p> <p>Miss Battle advised that following discussions with the Chief Executive and Board Secretary, it had been agreed that fortnightly skype meetings would take place with IMs to keep all up to date with developments. In addition, a daily situation report would be shared with IMs.</p> <p>Mrs Wilson noted the following typographical error on page 6 of the report, and that instead of ‘focused on existing the pandemic’, this should read; “focused on <b>exiting</b> the pandemic”</p>	<p><b>JW</b></p> <p><b>KR</b></p>
	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the Maintaining Good Governance COVID-19 report;</li> <li>• <b>APPROVED</b> the working principles and governance principles as set out in the paper;</li> <li>• <b>APPROVED</b> the Committee structure as outlined in this report;</li> <li>• <b>NOTED</b> the process for Chair’s Action in line with the Standing Orders;</li> <li>• <b>NOTED</b> that the arrangements would be reviewed regularly by the Chair, Chief Executive and Board Secretary;</li> <li>• <b>APPROVED</b> the variation to the Standing Orders as outlined in Annex (ii);</li> <li>• <b>SUPPORTED</b> a review of the arrangements to be undertaken in accordance with guidance that has been recently issued by the Good Governance Institute.</li> </ul>	

PM(20)62	<b>MANAGEMENT OF OUTSTANDING RECOMMENDATIONS FROM AUDITORS, INSPECTORATES AND REGULATORS</b>	
	<p>Mrs Wilson presented the Management of Outstanding Recommendations from Auditors, Inspectorates and Regulators report, advising that whilst preparing the report, advice had been sought from the Chair of the Audit, Risk and Assurance Committee (ARAC).</p> <p>Following correspondence from Auditors, Inspectorates and Regulators, who acknowledge the current unprecedented times, it is clear that they will be maintaining a watching brief and will expect the Health Board to prioritise appropriately. Given therefore the high number of risks the Health Board is carrying, a nuanced approach will be required to ensure focus is maintained.</p>	

	<p>For assurance, Mrs Rayani confirmed that regular contact has been maintained with Healthcare Inspectorate Wales (HIW) and that the 6 outstanding recommendations from the Immediate Concerns Improvement Plans, would be monitored by the Quality, Safety and Experience Assurance Committee (QSEAC). Mrs Wilson confirmed that regular contact was also being maintained with Audit Wales and Internal Audit.</p> <p>It was noted the proposed approach to be taken throughout this period was detailed on page 5 with those reports which needed to be progresses detailed on pages 3 and 4. The Board agreed the approach noting the Head of Risk and Assurance would now progress as proposed ensuring the high risk areas were progressed.</p>	
	<p>The Board <b>CONFIRMED</b> that the following must be implemented by the relevant service in line with the agreed timescales:</p> <ul style="list-style-type: none"> <li>✓ 6 Immediate improvement recommendations from Healthcare Inspectorate Wales (HIW).</li> <li>✓ Enforcement notices from the Mid and West Wales Fire and Rescue Service (MWWFRS)</li> <li>✓ Improvement Notices and material breaches from Health and Safety Executive (HSE).</li> <li>✓ Audit Wales and Internal Audit high priority recommendations.</li> </ul> <p>The Board <b>AGREED</b> the proposal for the management of all other recommendations up to 30 June 2020, and <b>AGREED</b> to a review before this date.</p>	

<p><b>PM(20)63</b></p>	<p><b>MANAGEMENT OF OPERATIONAL AND CORPORATE RISKS DURING THE COVID-19 PANDEMIC</b></p> <p>Mrs Wilson presented the Management of Operational and Corporate Risks during the COVID-19 Pandemic Report, where advice had been sought from the Chair of ARAC on the appropriate approach to take. The report outlines the proposed approach to monitor corporate risks, and whether the Health Board’s risk appetite and tolerance levels should be reviewed during the COVID-19 pandemic.</p> <p>Whilst supporting the process for the Executive Team (ET) to review the new and emerging risks relating to the potential impact of COVID-19 planning and management, Mr Newman enquired whether a deadline has been agreed to assess these risks. Mrs Wilson confirmed that the process by ET will continue up to 30 June 2020, following this a review of operational pressures would be undertaken.</p> <p>Given the magnitude of the current situation, Ms Lewis commented that it is inevitable that the risk tolerance during the pandemic would adapt, and that it would be sensible to re-evaluate once normal business resumes.</p> <p>In relation to the management of corporate risks, Prof. John Gammon acknowledged that QSEAC would monitor these from a quality and safety perspective, however enquired as to the monitoring of other identified risks. Mrs Wilson confirmed that, for assurance, any risks that</p>	
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	<p>are not aligned to QSEAC would be monitored by the Executive Team and ultimately all of the risks being scrutinised by the Board.</p> <p>In summary, Members approved the proposed process for the Management of Operational and Corporate Risks during the COVID-19 Pandemic noting the Head of Risk and Assurance would now progress as proposed ensuring the high risk areas were progressed.</p>	
	<p>The Board <b>AGREED</b> the following:</p> <ul style="list-style-type: none"> <li>• Management of Corporate Risks – that the CRR is reviewed and agreed by Executive Team on a monthly basis prior to Board, with QSEAC retaining scrutiny role of the corporate risks aligned to this Committee.</li> <li>• Management of Operational Risks – the proposed option for the management of operational risks up to 30 June 2020 (with a further review undertaken at the end of June 2020).</li> <li>• That the Risk Appetite and Tolerance levels should be reviewed during the COVID-19 pandemic.</li> </ul>	
<b>PM(20)64</b>	<p><b>MONTH 12 FINANCIAL POSITION</b></p> <p>Mr Huw Thomas presented the Month 12 Financial Position, advising that the end of year position is £34.9m given on-going operational pressures, against a forecast of £35.0m; this remains subject to the closure and submission of the 2019/20 final accounts.</p> <p>Mr Thomas advised that a key issue during Month 12 had been an increase in both nurse agency and secondary care drugs. There has also been an impact of COVID-19 in Month 12, totalling £1.6m of revenue costs. However, based on recent guidelines, Welsh Government should fund the additional revenue costs incurred. There has also been an underspend of £0.7m due to slippage on some capital schemes.</p> <p>It was acknowledged that the Finance Committee will monitor and evaluate all COVID-19 decisions in order to identify value for money issues going forward.</p> <p>Mr Michael Hearty suggested there could be an increased risk to the Health Board in terms of identifying savings the longer the lockdown continues, and that Welsh Government should be mindful of this.</p> <p>The Board <b>DISCUSSED</b> and <b>NOTED</b> the financial position for Month 12.</p>	
<b>PM(20)65</b>	<p><b>UPDATE FROM THE IN COMMITTEE BOARD ON 7TH APRIL 2020</b></p> <p>Ms Battle presented an update from the In Committee Board on 7th April 2020.</p> <p>Members ratified the decisions made at the In-Committee Board on 7th April 2020.</p> <p>The Board <b>RATIFIED</b> the decisions made at the In Committee Board on 7<sup>th</sup> April 2020.</p>	

<b>PM(20)66</b>	<b>ANY OTHER BUSINESS</b>	
	<p>Mrs Hardisty advised that the Minister for Health &amp; Social Care has confirmed her re-appointment as Vice-Chair of Hywel Dda University Health Board for a further 4 years.</p> <p>Miss Battle advised that Mrs Delyth Raynsford has also been re-appointed as Independent Member (Community) for a further year.</p>	

<b>PM(20)67</b>	<b>DATE AND TIME OF NEXT MEETING</b>	
	9.30am, Thursday 28th May 2020, venue to be confirmed.	

TABLE OF ACTIONS FROM  
HEALTH BOARD MEETING IN PUBLIC  
HELD ON 26<sup>TH</sup> MARCH 2020

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
PM(20)28	<p><b>COVID 19</b></p> <ul style="list-style-type: none"> <li>To share proposed new governance arrangements to support the command structure with Independent Members.</li> </ul>	MB	Mar 2020	Completed.
PM(20)35	<p><b>TRANSCUTANEOUS AORTIC VALVE INSERTION (TAVI) REPORT FROM SWANSEA BAY UNIVERSITY HEALTH BOARD</b></p> <ul style="list-style-type: none"> <li>To identify how many of the 32 TAVI patients are from HDdUHB.</li> <li>For QSEAC to continue to receive regular updates regarding TAVI.</li> </ul>	PK PK	May 2020 May 2020	Confirmation received that 14 of the 32 TAVI patients are from HDdUHB. Forward planned on QSEAC workplan.
PM(20)37	<p><b>BOARD LEVEL COMMITTEE TERMS OF REFERENCE FOR THE REVISED CORPORATE GOVERNANCE STRUCTURE</b></p> <ul style="list-style-type: none"> <li>To include reference to the Transformation Group who are part of A Regional Collaboration for Health (ARCH) in the People, Planning &amp; Performance Assurance Committee (PPPAC) Terms of Reference.</li> <li>To ensure accountability during COVID-19, to hold a telephone conference with Independent Members to agree a process to take forward.</li> </ul>	JW MB	May 2020 Mar 2020	Completed. Completed. Board approved governance structure.

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
	<ul style="list-style-type: none"> <li>To invite Mrs Judith Hardisty to the re-defining of the Finance Committee meeting taking place on 27<sup>th</sup> March 2020.</li> </ul>	MB	Mar 2020	Completed. This meeting was the redefining of the Finance Committee and the Recovery, Learning and Innovation Group.
<b>PM(20)38</b>	<b>THREE YEAR PLAN 2020 – 2023 INCLUDING THE FINANCIAL PLAN</b> <ul style="list-style-type: none"> <li>To present a revised 3 Year Plan to a future Board meeting.</li> </ul>	KM	June 2020	Forward planned for 18 <sup>th</sup> June 2020 Public Board meeting.
<b>PM(20)40</b>	<b>IMPROVING EXPERIENCE REPORT</b> <ul style="list-style-type: none"> <li>To present an Improving Experience Report to each Board meeting going forward.</li> <li>On behalf of the Board, to convey thanks to the Patient Experience Team for their commitment to elevate the patient voice.</li> </ul>	MR MB	May 2020 May 2020	To be included on each Public Board agenda. Completed.
<b>PM(20)41</b>	<b>PRIMARY CARE MODEL FOR WALES DELIVERY MILESTONES 2019-20 AND 2020-21</b> <ul style="list-style-type: none"> <li>To present regular Primary Care Model for Wales Delivery Milestones reports to Board.</li> </ul>	JP/CM	May 2020	To be added to Public Board workplan, once WG advise when these arrangements will be resumed post COVID-19.
<b>PM(20)43</b>	<b>REPORT OF THE BUSINESS PLANNING &amp; PERFORMANCE ASSURANCE COMMITTEE</b> <ul style="list-style-type: none"> <li>For the Recovery, Learning &amp; Innovation Group to review Ophthalmology services performance once the Health Board resumes normal business following COVID-19.</li> </ul>	AC	May 2020	The RLIG will be replaced with the Transformation Group and this item will be forward planned on to the agenda.
<b>PM(20)47</b>	<b>CORPORATE RISK REGISTER</b> <ul style="list-style-type: none"> <li>To discuss with Mrs Judith Hardisty possible delays with the inaugural meeting date of the Health and Safety Committee.</li> </ul>	MR	May 2020	A discussion has taken place and a meeting agreed, agenda developed and issued.

TABLE OF ACTIONS FROM  
HEALTH BOARD MEETING IN PUBLIC  
HELD ON 16<sup>TH</sup> APRIL 2020

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
<b>PM(20)57</b>	<p><b>RESPONDING TO THE COVID-19 PANDEMIC</b></p> <ul style="list-style-type: none"> <li>To present a report on the longer term response to the COVID-19 Pandemic to a future Board meeting.</li> <li>To share the Mental Health and Learning Disability Services COVID-19 plan with Members.</li> <li>To add a new risk to the Corporate Risk Register (CRR) in regard to the Health Board not being in position to pay suppliers on time.</li> </ul>	<p>SM</p> <p>AC</p> <p>HT</p>	<p>May 2020</p> <p>April 2020</p> <p>May 2020</p>	<p>Forward planned for 28<sup>th</sup> May 2020 Public Board meeting.</p> <p>Completed.</p> <p>A revised risk has been prepared for the CRR to outline the financial risks emanating from COVID-19.</p>
<b>PM(20)61</b>	<p><b>MAINTAINING GOOD GOVERNANCE COVID-19</b></p> <ul style="list-style-type: none"> <li>For a non-COVID-19 planning report to be a standing agenda item for Board.</li> <li>To correct the typographical error on page 6 of the report.</li> </ul>	<p>JW</p> <p>KR</p>	<p>May 2020</p> <p>Apr 2020</p>	<p>Implemented for 28<sup>th</sup> May 2020 Public Board meeting.</p> <p>Report amended and revised version uploaded onto HDdUHB's website.</p>



## CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	28 May 2020
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	Report of the Chair
<b>CYFARWYDDWR ARWEINIOL:</b> <b>LEAD DIRECTOR:</b>	Miss Maria Battle, Chairman
<b>SWYDDOG ADRODD:</b> <b>REPORTING OFFICER:</b>	Miss Maria Battle, Chairman

**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

To provide an update to the Board on relevant matters undertaken by the Chair of Hywel Dda University Health Board (the UHB) since the previous Board meeting.

##### Cefndir / Background

This overarching report highlights the key areas of activity and strategic issues engaged in by the Chair and also details topical areas of interest to the Board.

##### Asesiad / Assessment

###### Chair's Action

There may be circumstances where decisions which would normally be made by the Board need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Board. In these circumstances the Chair, supported by the Board Secretary as appropriate, may deal with these matters on behalf of the Board.

There has been one such action to report since the previous meeting of the Board, which relates to an item for the Board's ratification - the "Care Home Preparedness – COVID-19" report and appendices, providing the current position statement on Care Home preparedness for escalated conditions related to COVID-19. This report and appendices were approved at Gold Strategic Group on 22<sup>nd</sup> April 2020 and shared with all Independent Members. The details are attached at Appendix 1.

###### COVID-19

At the end of March 2020, we entered into a very different world in the NHS with the COVID-19 pandemic. All of our teams, our partners and our communities have joined forces to give the best care and support possible to our population. It has been humbling and inspiring to see and be part of that response. A heartfelt thankyou to everyone who has worked so hard to make this possible. We are very proud of and grateful to you all.



We understand the impact that these difficult times can have on staff emotional health and wellbeing. It is important for us to look after each other, and our patients, as well as ourselves. To support staff I have been sponsoring a staff welfare group, in addition to a central hub of information, where advice and resources are available online and in other formats and which are being updated on an ongoing basis:

We have set up a number of support mechanisms, such as:

- Rapid access to Psychological Check-In sessions with the Staff Psychological Wellbeing Service.
- Check-In sessions for managers on the phone or Skype.
- Access to an external Employee Assistance Programme called Care-First.
- Our Clinical Health Psychology Service is supporting the wellbeing of our critical care staff and with those working along the clinical pathway in COVID-19 areas.

One of the things we have learnt from other countries such as China is the importance of sustaining wellbeing through meeting basic human needs during shifts. Calm rooms or Cwtch rooms are being developed as areas to emotionally reconnect, to perhaps contact family and have a break. We are putting these in place where we can with refreshments, snacks, toiletries and i-Pads with relaxing apps. The public has generously donated funds to support staff welfare and a simple system to access the funds has been set up for all staff. Much of this needs to be embedded in our Health Board going forward.

The Chair's award has been continuing. I have been told stories of the most exceptional dedication of staff, some who have isolated from their own families to protect them which makes this an even more challenging experience. We will be doing more in the future to recognise our staff and to collate their experiences and stories of the COVID-19 pandemic.

I have also been chairing an Ethics Panel with the support of Dr Philip Kloer, Executive Medical Director and Deputy CEO. The Panel consist of professionals with qualifications in ethics and takes a range of views from a broader Panel of Representatives across the Health Board. The Ethics Panel has been considering and advising on strategical ethical questions and has issued guidance to clinicians in relation to individual clinical ethical decisions. It will scrutinise national and regional policies to ensure they articulate, or clearly derive from, principles that are agreed, and help clarify and analyse the issues to help clinicians in their reasoning.

The Panel will also advise which courses of action are ethically impermissible. Whilst the Ethics Panel is not in a position to usually identify a single course of clinical action that a clinician must take, it is often possible to show that, among the courses of action that are hypothetically possible, one or more is ethically unacceptable and as such, is not permissible.

We will be expanding the membership as we mature and I am very grateful for everyone's valued contribution across the Health Board. The intention is for this Panel to continue, with the Health Board being represented as part of a national ethics group.

I am very grateful to the Independent Board Members for volunteering in our Command Centre and in their support with the recruitment of our additional 993 whole time equivalents across the three counties into a variety of posts to support the Health Board in its response to COVID-19. We have also made volunteering offers to 207 individuals who expressed an interest in volunteering for the Health Board and they are currently undergoing a training programme. A second group of interested individuals will be contacted shortly. The response from the community has been magnificent, motivated by wanting to help and make a difference.

## **General Update**

### **New-Look Ward 10 Re-opens to Patients**

Following extensive refurbishment and modernisation, Withybush General Hospital's (WGH) Ward 10 re-opened to Pembrokeshire patients on 6<sup>th</sup> April 2020. The new-look ward provides an improved and enhanced environment in which to care for designated oncology and haematology patients, and those with complex palliative care needs. The ward development scheme, mainly funded by Welsh Government, has benefitted from more than £500,000 of charitable donations from the Health Board's Pembrokeshire Cancer Services Fund, Elly's Ward 10 Flag Appeal, together with significant donations also received from the late Luke Harding and his family. I wish to pay personal tribute to everyone involved in this project for their dedication and hard work over recent months. I also extend our heartfelt gratitude to the Pembrokeshire community and all those who have contributed to this improved facility through incredible fundraising efforts and generous donations.

### **Key Meetings/Visits**

I have continued to meet with and listen to front line staff. It is important that, as a Board, we listen to our staff and thank them for their dedication and service in these continuing challenging times. I have been visiting areas where staff have felt comfortable me visiting and listened to their experiences; in particular South Pembrokeshire and Tenby Cottage Hospitals, Ty Bryn Gwyn and the Carmarthenshire Acute Response Team, community lead nurses and district nurses and GP surgeries, specialist palliative care consultants and nurses. Their views have been shared to help inform practice improvement. It was humbling to hear their experiences and how they were supporting each other and care home colleagues and their innovative practice to ensure patients equitably received good care

In addition, I have visited a number of our newly established field hospitals and would like to acknowledge the commitment from our staff and partners in responding so quickly and with such dedication enabling us to be ready for the reasonable worst case scenario.

I also attended the following meetings, however in light of COVID-19, these have been via video conferencing:

- Weekly Ministerial Meeting with NHS Chairs
- Weekly meetings with all AMs and MPs
- Local Authority Leaders and CEOs weekly Meeting
- Community Health Council Weekly Meeting
- NHS Chair Peer Group Meeting
- Pembrokeshire Public Services Board Meeting
- Carmarthenshire Public Services Board Meeting

### **Celebrating Success/Awards**

#### **Employee or Team of the Month**

Members of staff, patients, service users and the public are invited to nominate those who have gone above and beyond the call of duty and to highlight the excellent work being undertaken across the University Health Board. Since the Board was last updated at its March 2020 meeting, the following employees/teams have received the 'Employee or Team of the Month' award.

<b>Employee or Team</b>	<b>Reason for Nomination</b>
Andrew Spratt, Interim Deputy Director of Finance	Nominated by the Executive Director of Nursing, Quality and Patient Experience and the Executive Director of Finance in recognition of his dedicated contribution towards securing and maintaining a good supply of Personal Protective Equipment (PPE). This is a significant achievement given that there has been competition for PPE nationally and internationally.
Paul Buckingham, Senior Procurement Manager	Nominated by the General Managers of Scheduled Care in Glangwili General Hospital (GGH) and Prince Philip Hospitals (PPH) in recognition of his dedication in securing and maintaining a good supply of PPE. It is also recognised that Paul has established a very efficient system for stock control as well as consistently maintaining a good communication network with all parts of the supply chain, including local suppliers.
Darrell Lewis, Porter, South Pembrokeshire Hospital	Nominated by Sarah Davies, Registered Nurse in recognition of his dedication, how nothing was too much trouble and in putting himself forward to completing the three day workplace assessor training for moving and handling. This will contribute to our aim of zero harm through moving and handling.
Rachel Munkley, Specialist Nurse, Safeguarding Development	Nominated by Mandy Nichols-Davies, Head of Safeguarding in recognition of work ethic and professionalism in promoting safeguarding and particularly in relation to violence against women, sexual abuse and domestic violence. Upholding the organisation's reputation with partner organisations through actively participating in regional and local multi-agency meetings and ensuring the Health Board's engagement in domestic violence awareness is clearly evidenced locally, regionally and nationally at the NHS Wales Safeguarding Network.

### **Hywel Dda COVID-19 Fundraising Appeal**

On 2<sup>nd</sup> April 2020, the Health Board launched the Hywel Dda COVID-19 Fundraising Appeal to support the welfare and wellbeing of our NHS staff and volunteers across Carmarthenshire, Ceredigion and Pembrokeshire caring for COVID-19 patients. Inspired by Colonel Tom Moore, Mr Rhythwyn Evans walked round his home 91 times to mark his 91<sup>st</sup> birthday on 18<sup>th</sup> April 2020 and to date has raised over £43,000 for the appeal. On behalf of the Health Board, I would like to express my gratitude to Mr Evans and everyone who has contributed to this appeal, which at the time of writing has raised in excess of £80,000 for Hywel Dda.

### **Carer Confident Award**

I am pleased to report that we have achieved our Carer Confident level 1 accreditation which acknowledges our support to staff who are unpaid Carers. We are the first Health Board in Wales to receive this award and the Carer Confident benchmarking scheme provides a platform to build on our work to maintain a positive and inclusive workplace for all our staff including those who are Carers.

Since January 2019, the Health Board has been a joint member, along with our three Local Authority partners, in Employers for Carers (EfC). The EfC provides information and support to help us retain and manage employees with caring responsibilities. In September 2019 an Employer for Carers Task and Finish Group was established which is chaired by the Hywel Dda University Health Board Vice-Chair and Carers Champion, Mrs Judith Hardisty.

The Task and Finish Group has made progress in a number of areas including:

- Development of a statement of intent and action plan
- Staff drop in events during Carers Rights Day in November 2019 (engaging with over 70 staff who are caring for a family member or friend)
- Marketing and social media campaign which included staff stories and a video
- A staff survey to gather views of staff
- Information leaflet for staff who are Carers highlighting support available internally and externally which is now available on the intranet
- Review of Carer Policies in other Health Boards and other public sector organisations to inform a Carers Policy for Hywel Dda.

Our work to support unpaid Carers is an ongoing priority and, working with our partners in the West Wales Regional Partnership Board, we are involved in developing a Regional Carers Strategy. During national Carers Week from 8<sup>th</sup> to 12<sup>th</sup> June 2020, we will be inviting carers, family members and staff for feedback to support its development.

### **Independent Board Member Update**

- I am pleased to announce that following approval by the Minister for Health and Social Services, Mrs Judith Hardisty has been re-appointed as Vice-Chair of Hywel Dda University Health Board for a period of 4 years, until the end of March 2023.
- I am pleased to announce that the Minister for Health and Social Services has approved a 12 month extension to Mrs Delyth Raynsford's tenure as Independent Member (Community) until the end of March 2021.

### **Argymhelliad / Recommendation**

The Board is asked to:

- Support the work engaged in by the Chair since the previous meeting and to note the topical areas of interest.
- Ratify the action undertaken by the Chair on behalf of the Board, detailed in Appendix 1.

**Amcanion: (rhaid cwblhau)**

**Objectives: (must be completed)**

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): <a href="#">Hyperlink to NHS Wales Health &amp; Care Standards</a>	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives: <a href="#">Hyperlink to HDdUHB Strategic Objectives</a>	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	Improve efficiency and quality of services through collaboration with people, communities and partners

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Chairman's Diary & Correspondence
Rhestr Termau: Glossary of Terms:	Included within the body of the Report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Chairman

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	No impact
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Ensuring the Board and its Committees makes fully informed decisions is dependent upon the quality and accuracy of the information presented and considered by those making decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.
<b>Gweithlu: Workforce:</b>	No impact
<b>Risg: Risk:</b>	No impact
<b>Cyfreithiol: Legal:</b>	No impact
<b>Enw Da: Reputational:</b>	No impact
<b>Gyfrinachedd: Privacy:</b>	No impact
<b>Cydraddoldeb: Equality:</b>	No EqIA is considered necessary for a paper of this type.



Appendix 1 - Register of Chairman's Actions 2020/21

Serial No.	Requesting Department	Details of Request	Cost, where applicable	Date Issued	Date Signed by Chair
117	Primary Care, Community and Long Term Care	<p>Board ratification is sought to the "Care Home Preparedness – COVID-19" report and appendices, providing the current position statement on Care Home preparedness for escalated conditions related to COVID-19. This was presented to Gold Strategic Group on 22/04/2020. Prior to this, the report had been presented to the Health and Care Tactical Group on 20/04/2020 and had been signed up to and accepted by the three local authorities (Carmarthenshire, Ceredigion and Pembrokeshire).</p> <p>Gold Strategic Group approved the "Care Home Preparedness – COVID-19" report for the Board's ratification.</p>	Not Applicable	20.05.2020	20.05.2020

**CYFARFOD BWRDD PRIFYSGOL IECHYD  
UNIVERSITY HEALTH BOARD MEETING**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	28 May 2020
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Maintaining Good Governance COVID-19
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Maria Battle, Chairman Steve Moore, Chief Executive Officer
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Joanne Wilson, Board Secretary

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

This paper updates the previous Maintaining Good Governance COVID-19 report to Board, setting out the Health Board's approach to ensuring the appropriate level of Board oversight and scrutiny to discharge its responsibilities effectively, whilst recognising the reality of Executive focus and time constraints during the current pandemic.

It was always intended that the approach set out in the previous report would remain under review by the Chair, Chief Executive and Board Secretary, however it must be recognised the principles and content of the previous paper including the variation to standing orders remains extant.

The Board is therefore asked to note the update and support the approach set out in this revised report.

**Cefndir / Background**

For the period of the coronavirus emergency, the Board will continue to reduce its agenda to consider essential business only, recognising that the focus of the Board should be on supporting the Executive Team and employees of Hywel Dda University Health Board.

However, bearing in mind that the Board's fundamental role and purpose has not changed, it must require, and receive, positive assurance, not only on service preparedness and response but also on clinical leadership, engagement and ownership of developing plans; on the health and wellbeing of staff; on proactive, meaningful and effective communication with staff at all levels and on health and care system preparedness.

This updated report sets out the continued approach to ensuring the appropriate level of Board oversight and scrutiny to discharge its responsibilities effectively noting a review has been undertaken against guidance from the Good Governance Institute to ensure the Board is learning from best practice and current thinking.



## Asesiad / Assessment

The previous report to Board set out in detail the proposed ways of working principles and governance principles, and below is an update on the decision-making arrangements in place and proposed, across the Board and its Board level Committees:

**Decision Making** - in principle, the current Board scheme of delegation and specifically the matters the Board reserves for its own decision (Schedule 1 of the Standing Orders) will remain. In the event of a critical or urgent decision(s) needing to be made, use of Chair's Action will be made and subsequently recorded and ratified in the public domain. For the ongoing function of the organisation, current arrangements will remain in place for the Chief Executive, as Accountable Officer, to have delegated authority from the Board to make decisions with regard to the management of the Health Board, and Executive Directors to have certain responsibilities and decision making powers delegated through the Board's Scheme of Reservation and Delegation of Powers.

In respect of COVID-19, the Chief Executive will continue to deploy decision making through the established Command and Control structure (see Annex i for updated version of the Command and Control structure). Since the last Board meeting changes have been made to the Command Structure in that the following have been stood down and established:

- Capital and Estates Bronze Group (stood down)
- Field Hospitals Bronze Group (stood down incorporated into acute bronze group)
- Recovery, Learning and Innovation Group (disestablished - this will be replaced by the Transformation Steering Group detailed below)
- Mental Health and Learning Disabilities Bronze Group (established)

The meeting rhythm has also been amended

- Gold Command – frequency reduced to twice a week on a Tuesday and Thursday
- Ethics Panel – meeting as and when required rather than every Tuesday
- Acute Bronze - frequency reduced to twice a week on a Monday and Wednesday
- Digital Bronze - frequency reduced to twice a week on a Tuesday and Thursday
- Bronze Chair's Co-ordination Meeting – frequency increased to twice a week on a Tuesday and Thursday

### **Establishment of a Transformation Steering Group**

In order to capture positive changes arising from the local response to the pandemic, a new Transformation Steering Group will be established. Its remit will be:

- To learn from the pandemic and our response to it (both within the Health Board and more widely with partners and our communities)
- To translate this learning into practical applications and approaches that transform our services today and over the lifetime of our strategy – A Healthy Mid and West Wales

The group will report to Board and will be led by the Chief Executive. It will provide advice to the Board on changes to be adopted into current services and ways to enhance future plans. It is intended to become a permanent feature of the Health Board arrangements and will be a key driver of our ambition to deliver our social model for health.

## **a) Board Meetings**

- In accordance with Standing Orders, it is proposed that the Board will resume a bi-monthly schedule of public Board meetings from July 2020 onwards. These bi-monthly Board meetings will have a shortened agenda and will be held virtually to ensure compliance with the social distancing guidance, and be concise (maximum 2 hours), to enable the Board to ratify or make decisions in public that are required to respond to the pandemic. Board Seminar Sessions will be resumed from August 2020 onwards. This arrangement will be reviewed at monthly intervals to ensure the Board has the ability to respond flexibly to the COVID-19 pandemic.
- The Board will continue to conduct as much of its formal business in public as possible. To this end, it is hoped to be able to re-commence live streaming of the Public Board meeting if not from May 2020, from July 2020. However, there may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. The Board can therefore operate in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act. In these circumstances, when the Board is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Board in Public session.
- These decisions will be kept under review, including the nature and volume of business conducted in private session to ensure such arrangements are adopted only when absolutely necessary.

Given that the Board will not meet in person for some time, electronic meetings and communication will remain key to the Board's functionality. As a result of this, members of the public will be unable to attend public Board meetings, however with the re-introduction of live streaming from May or July 2020, the public should be enabled to observe proceedings.

To facilitate as much transparency and openness as possible the Health Board will continue to undertake to:

- Publish agendas as far in advance as possible – ideally 7 days.
- Publish reports as far in advance as possible – recognising that certain papers may be tabled and therefore published after the event. Any oral updates will be captured in the meeting minutes.
- Draft unapproved Public Board minutes to be available within 1 week of the meeting.
- A clear link to our website pages and social media accounts signposting to further information will be published.

The agenda for Board meetings in Public during this period will cover the minimum standard items as agreed at the previous Board meeting. There will also be an opportunity for Committee Chairs to raise specific issues from those Committees that have been re-established.

Board papers shall be kept brief and deal with issues that require the Board to make a decision. Any decisions that are taken at this time shall be those that could not be held over until it is possible to resume the requirement to meet in public. Information not requiring a decision can be sent electronically outside of the meeting.

Whilst decisions on the clinical model will, in practice, need to be made rapidly by the Command and Control structure, the Board will still need to be kept informed of changes that

are being made and either approve these, or ratify them. The Command and Control structure will therefore continue to work within the Board approved Standing Orders and Standing Financial Instructions and refer appropriate decisions to the Board for approval and ratification.

An Electronic Resource Centre has been established for Independent Members to access minutes, action logs and associated papers from the command structure meetings alongside any relevant information relating to the pandemic.

## **b) Board Level Committee Meetings**

### **Quality Safety and Experience Assurance Committee (QSEAC)**

- The Quality, Safety and Experience Assurance Committee will continue to take place on a bi-monthly basis with a shorter agenda to include COVID-19 and non COVID-19 business, reduced membership and will be paper light. A monthly COVID-19 focused QSEAC will also be held in the alternate month to the routine bi-monthly QSEAC meeting for an hour's duration.

Fortnightly meetings will continue to be held between the Chair of QSEAC and the Executive Director of Nursing, Quality and Patient Experience, with Members channelling any assurance questions relating to this agenda through the Chair of the Committee for these to be discussed in the meeting, followed by communications to all Board Members.

### **Health and Safety Assurance Committee**

- The newly established Health and Safety Assurance Committee held its inaugural meeting on 14<sup>th</sup> May 2020. Whilst Members commended the staff involved for their continued commitment in ensuring that work in relation to the health & safety agenda is continuing despite the challenges presented during the COVID-19 pandemic, only partial assurance could be taken from the reports presented and it was subsequently agreed for an Extraordinary meeting of the Committee to be convened in June 2020 for further assurance to be provided.

### **Audit and Risk Assurance Committee**

- The Audit and Risk Assurance Committee will continue to meet for the foreseeable future, with its June 2020 meeting to approve the accounts, the accountability report and the annual report, public disclosure statements and assurance for the audit opinion; however where possible agendas will be reduced and items deferred.

### **People, Planning and Performance Assurance Committee**

- The People, Planning and Performance Assurance Committee (PPPAC) will be formally established from 30<sup>th</sup> June 2020 onwards. Fortnightly meetings have been put in place between the Chair of PPPAC and the Executive Director of Workforce and OD and the Executive Director of Planning, Performance & Commissioning, with Members requested to channel any assurance questions relating to the agenda through the Chair of the Committee with these being discussed in the meeting followed by communications to all Board Members. The first of these fortnightly meetings took place on 7<sup>th</sup> May 2020, and an update report from this meeting is included at item 2.7 of the May 2020 Public Board agenda. Given concerns raised by the Chair of PPPAC at the Committee's inability to take an assurance from these fortnightly arrangements, it was agreed to re-establish PPPAC with limited Executive Officer membership with effect from the 30<sup>th</sup> June 2020 meeting.

### **Mental Health Legislation Assurance Committee**

- The Mental Health Legislation Assurance Committee scheduled for 6th April 2020 was cancelled – guidance is being provided from WG in relation to this Committee before a decision is made on the next meeting scheduled for 2<sup>nd</sup> June 2020.

### **Remuneration and Terms of Service Committee**

- The Remuneration and Terms of Service Committee scheduled for 7<sup>th</sup> April 2020 took place, however future meetings will only be held where urgent decisions are required.

### **Finance Committee**

- The Finance Committee meetings will continue for the foreseeable future, however with a shorter agenda and reduced membership.

A fortnightly meeting will be held between the Chair of the Finance Committee and the Executive Director of Finance. Members are requested to channel all assurance questions relating to this agenda through the Chair of the Committee with these being discussed in the meeting followed by communications to all Board Members.

### **Listening and Learning from Events Sub Committee**

- Following discussions by Board Members, the Listening and Learning from Events Sub-Committee will be established from June 2020. As previously approved by the Board the Sub-Committee will report to the Quality, Safety and Experience Assurance Committee and will provide clinical teams across the Health Board with a forum to share and scrutinise learning from concerns arising from the following, and to share innovation and good practice. The Sub-Committee will also provide a forum to promote changes and innovations to service delivery and ensure that best practice is shared and areas of concern are highlighted. The Sub-Committee will identify learning points and changes to practice evolving from investigation and review of concerns both internally and externally, and identifying themes and trends arising out of this work.

This will help provide the Health Board with assurance that current and emerging clinical risks are identified and robust management plans are in place and any learning from concerns is applied to these risks as part of this management. It will also provide a platform for the data streams from the many patient experience mechanisms to be reviewed to ensure that any learning or suggestions and changes can be considered and contribute to any changes to practice and service developments.

Attached at Annex ii is a schedule of all Board level Committee meetings which will and will not take place until the end of August 2020.

### **Communications Update**

Detailed below is an update on the communications which have and will continue during the pandemic:

- The Chair and Chief Executive will be in contact daily and the Chair will brief the Independent Members on a weekly basis. The Chair will also attend Gold Command as an observer Member.
- The Chair and Chief Executive have established a joint virtual briefing meeting with all Independent Members of a fortnightly basis.
- Communications between Lead Executive Directors and Committee Chairs continues as detailed above.

- A range of communication arrangements are being put in place to include:
  - Daily bulletin to all staff (including all Board Members)
  - Weekly briefing to all Independent Members (as part of weekly e-mail)
  - Weekly telephone call between Chair and CEO and local AMs/MPs
  - Weekly telephone call between Chair and CEO and local authority leaders and CEOs
  - Fortnightly telephone call between CEO and Chair/CHC Chair and Chief Officer
  - Vice Chair to keep in touch with Primary Care and Mental Health operational leads
  - Chair/Vice Chair ongoing conversations and weekly telephone call
  - Daily Sitrep to continue to be sent directly to the Chair and the Vice Chair from the Gold Commander via the Gold Command Office.

### Argymhelliad / Recommendation

The Board is asked to:

- **NOTE** the update report together with the revised Command and Control structure (Annex i) and the revised schedule of Board, Committees, Sub-Committees and Advisory Group meetings up until the end of August 2020 (Annex ii)
- **NOTE** that principles and content of the 16<sup>th</sup> April 2020 Board paper including the variation to standing orders remains extant.
- **APPROVE** the establishment of the Transformation Steering Group reporting directly to Board

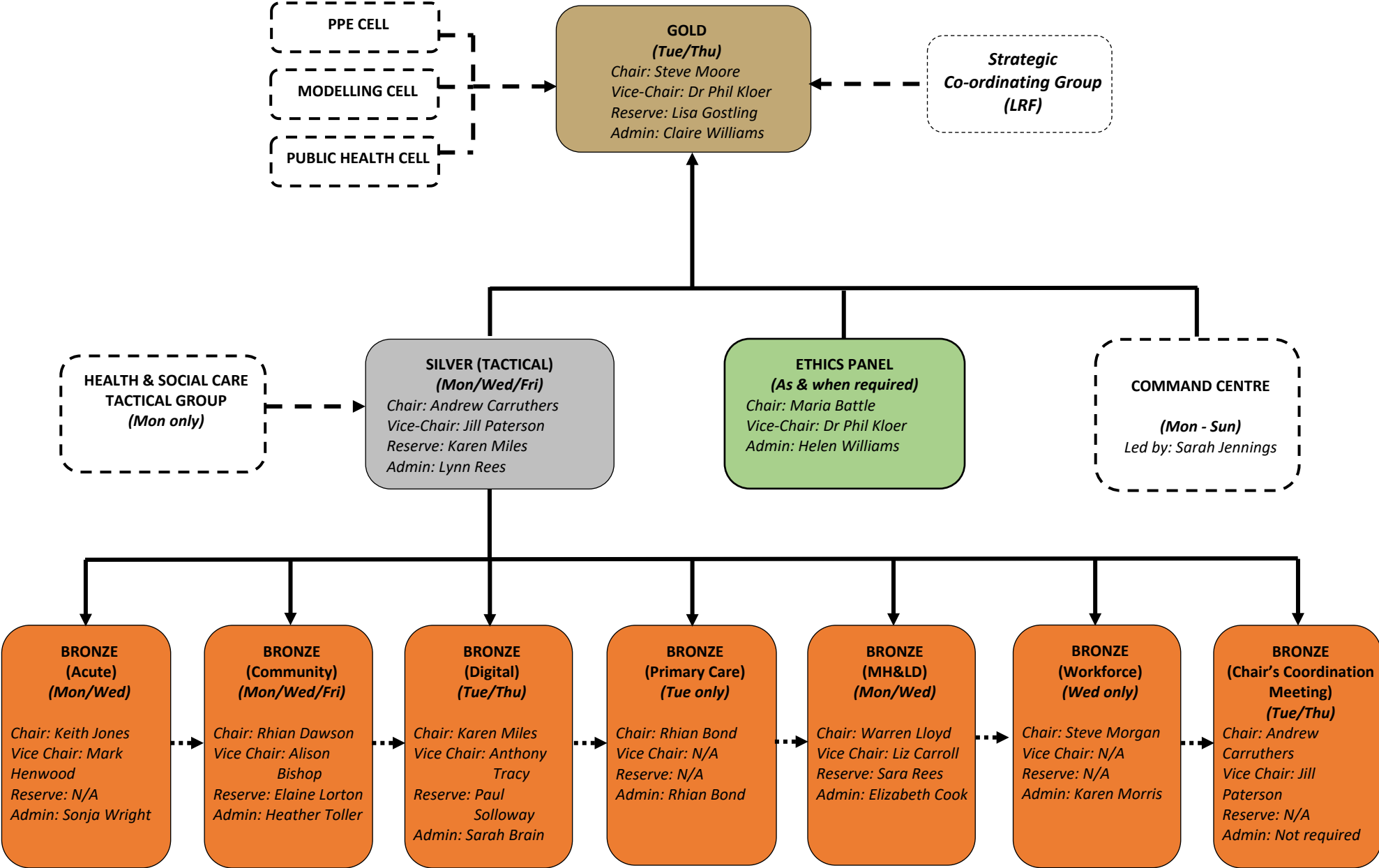
<b>Amcanion: (rhaid cwblhau)</b>	
<b>Objectives: (must be completed)</b>	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Corporate Risk Register
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): <a href="#">Hyperlink to NHS Wales Health &amp; Care Standards</a>	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives: <a href="#">Hyperlink to HDdUHB Strategic Objectives</a>	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	9. All HDdUHB Well-being Objectives apply

<b>Gwybodaeth Ychwanegol:</b>	
<b>Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Standing Orders Standing Financial Instructions

Rhestr Termiau: Glossary of Terms:	Including within report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Chair CEO All Board Members

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	There are no financial implications associated with this paper
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Adherence to the standing orders ensures the correct governance procedures are in place to support quality, safety and patient experience
<b>Gweithlu: Workforce:</b>	There are no staffing implications associated with this report
<b>Risg: Risk:</b>	The health board has a statutory responsibility to ensure it has standing orders in place by which to manage its day-to-day business.
<b>Cyfreithiol: Legal:</b>	<p>The health board has a statutory responsibility to ensure it has standing orders in place by which to manage its day-to-day business.</p> <p>NHS (Wales) Act 2006 – Schedule 3, Part 2, paragraph “An NHS trust may do anything which appears to it to be necessary or expedient for the purposes of or in connection with its functions.”</p> <p>Public Bodies (Admission to meetings) Act 1960 – S.1(2) A body may, by resolution, exclude the public from a meeting (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings; and where such a resolution is passed, this Act shall not require the meeting to be open to the public during proceedings to which the resolution applies.</p> <p>Para 6.5.2 of the revised standing orders indicates that board meetings will be held in public were possible (the point being that there will be occasions that it is not possible).</p>
<b>Enw Da: Reputational:</b>	The Health Board has a duty to ensure the decisions made during the pandemic are done so in an open and transparent way.
<b>Gyfrinachedd: Privacy:</b>	Not Applicable
<b>Cydraddoldeb: Equality:</b>	Not Applicable

# COMMAND AND CONTROL STRUCTURE



### MEETING RHYTHM

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	<b>GOLD</b>		<b>GOLD</b>			
<b>SILVER (TACTICAL)</b>		<b>SILVER (TACTICAL)</b>		<b>SILVER (TACTICAL)</b>		
HEALTH & SOCIAL CARE TACTICAL GROUP						
<b>BRONZE (Acute)</b>	<b>BRONZE (Chair's Coordination)</b>	<b>BRONZE (Acute)</b>	<b>BRONZE (Chair's Coordination)</b>	<b>BRONZE (Community)</b>		
<b>BRONZE (Community)</b>	<b>BRONZE (Digital)</b>	<b>BRONZE (Community)</b>	<b>BRONZE (Digital)</b>			
<b>BRONZE (MH&amp;LD)</b>	<b>BRONZE (Primary Care)</b>	<b>BRONZE (MH&amp;LD)</b>				
		<b>BRONZE (Workforce)</b>				
COMMAND CENTRE						



## MEMBERSHIP

<b>GOLD</b>	<b>SILVER (Tactical)</b>	<b>BRONZE (Ethics)</b>	<b>BRONZE (Acute)</b>	<b>BRONZE (Community)</b>	<b>BRONZE (Digital)</b>	<b>BRONZE (Primary Care)</b>	<b>BRONZE (Workforce)</b>	<b>BRONZE (Chair's Coordination)</b>	<b>Bronze (MH&amp;LD)</b>
<i>(Tue/Thu)</i>	<i>(Mon/Wed/ Fri)</i>	<i>(As &amp; when required)</i>	<i>(Mon/Wed)</i>	<i>(Mon/ Wed/Fri)</i>	<i>(Tue/Thu)</i>	<i>(Tue only)</i>	<i>(Wed only)</i>	<i>(Tue/Thu)</i>	<i>(Mon/Wed)</i>
<b>CHAIR:</b> Steve Moore	<b>CHAIR:</b> Andrew Carruthers	<b>CHAIR:</b> Maria Battle	<b>CHAIR:</b> Keith Jones	<b>CHAIR:</b> Rhian Dawson	<b>CHAIR:</b> Karen Miles	<b>CHAIR:</b> Rhian Bond	<b>CHAIR:</b> Steve Morgan	<b>CHAIR:</b> Andrew Carruthers	<b>CHAIR:</b> Warren Lloyd
<b>VICE-CHAIR:</b> Dr Phil Kloer	<b>VICE-CHAIR:</b> Jill Paterson	<b>VICE-CHAIR:</b> Dr Phil Kloer	<b>VICE-CHAIR:</b> Mark Henwood	<b>VICE-CHAIR:</b> Alison Bishop	<b>VICE-CHAIR:</b> Anthony Tracey	<b>VICE-CHAIR:</b> N/A	<b>VICE-CHAIR:</b> N/A	<b>VICE-CHAIR:</b> Jill Paterson	<b>VICE-CHAIR:</b> Liz Carroll
<b>RESERVE:</b> Lisa Gostling	<b>RESERVE:</b> Karen Miles	<b>RESERVE:</b> N/A	<b>RESERVE:</b> N/A	<b>RESERVE:</b> Elaine Lorton	<b>RESERVE:</b> Paul Solloway	<b>RESERVE:</b> N/A	<b>RESERVE:</b> N/A	<b>RESERVE:</b> N/A	<b>RESERVE:</b> Sara Rees
<b>IN ATTENDANCE:</b> Maria Battle	<b>IN ATTENDANCE:</b>	<b>IN ATTENDANCE</b>	<b>IN ATTENDANCE:</b>	<b>IN ATTENDANCE:</b>	<b>IN ATTENDANCE:</b>	<b>IN ATTENDANCE:</b>	<b>IN ATTENDANCE:</b>	<b>IN ATTENDANCE:</b>	<b>IN ATTENDANCE:</b>
<b>ADMIN:</b> Claire Williams	<b>ADMIN:</b> Lynn Rees	<b>ADMIN:</b> Helen Williams	<b>ADMIN:</b> Sonja Wright	<b>ADMIN:</b> Heather Toller	<b>ADMIN:</b> Sarah Brain	<b>ADMIN:</b> N/A	<b>ADMIN:</b> Karen Morris	<b>ADMIN:</b> Not required	<b>ADMIN:</b> Elizabeth Cook

## Command and Control Structure Roles

### **Strategic/Gold (What)**

The purpose of the Strategic/Gold Group is to take overall responsibility for managing and resolving an event or situation. Establishing a framework of policy within which tactical managers will work by determining and reviewing a clear strategic aim and objectives.

The Strategic/Gold Group has overall control of the resources of the Health Board and should ensure sufficient resources are made available to achieve the strategic objectives set, also considering the longer term resourcing implications and any specialist skills that may be required.

This level of management also formulates media handling and public communications strategies, in consultation with any partner organisations involved. The Strategic/Gold Group will also ensure the Health Board's image and reputation is safeguarded.

The Strategic/Gold Group will then delegate actions to the Tactical/Silver Group for them to implement a Tactical Plan to achieve the Strategic aims. All Strategic actions should be documented to provide a clear audit trail.

### **Out of Hours/Urgent Decisions required**

Out of hours the Executive Director/Director on call has the authority to make the decision on behalf of Gold, however advice should be sought from the relevant affected Executive Directors before this decision is made and communicated. There will also be times when urgent decisions will be required to be made in between gold meetings and in these cases Chair's actions can be utilised. The Chair/Vice Chair/Reserve Chair with support of the Board Secretary will enable this decision to be made, reported & recorded at the next Gold meeting.

### **Tactical/Silver (How)**

Responsible for developing and implementing a Tactical plan to achieve the Strategic direction set by the Strategic/Gold Group and will be required to work within the framework of policy outlined at the Strategic level. This is essential to ensure a consistent and co-ordinated response within an ethical framework.

They provide the pivotal link between Strategic/Gold and Operational/Bronze levels. Tactical/Silver should oversee, but not be directly involved in, providing any operational response at the Operational/Bronze level.

### **Operational/Bronze (Do it)**

This level responds to events at the operational level as they unfold. The term Bronze refers to Operational teams who will manage the physical response to achieve the tactical plan defined by Silver.

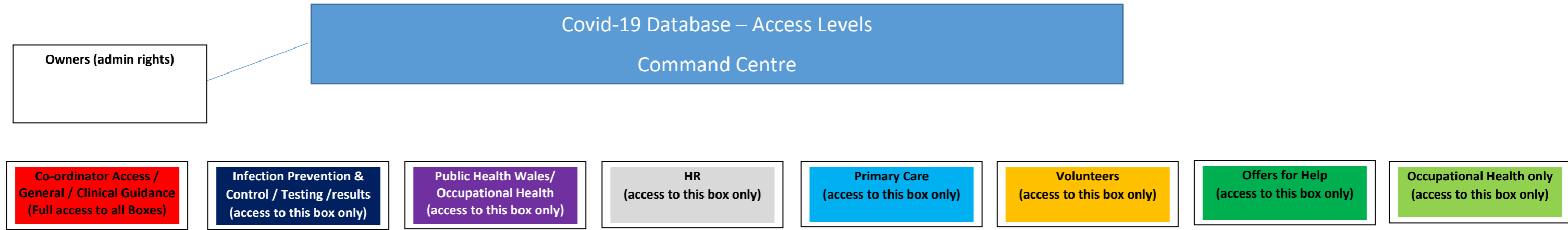
Controlling the management of resources within their given area of responsibility. There may be several Bronze groups based on either a functional or geographic area of responsibility.

### **Clinical Ethics Panel**

The purpose of the Clinical Ethics Panel (CEP) is to provide ethics input into Health Board policy and guidelines, support health professionals with ethical issues arising within patient care and facilitate ethics education for health professionals and other Health Board staff.

The CEP will not provide legal advice, advise on research ethics or advise on specific issues of resource allocation.

The aim of the advice provided by the CEP is to be consultative rather than prescriptive. Where advice is required before the next scheduled meeting of the CEP, a sub panel can be convened by the Chair or Vice Chair to represent the CEP. This sub panel must report to the full CEP at the next scheduled meeting.



<b>March 2020</b>			Go Ahead as Planned	Cancel	Changes/ Caveats
Finance Committee (FC)	Friday 13 <sup>th</sup> March	pm	✓		
Charitable Funds Committee (CFC)	Tuesday 17 <sup>th</sup> March	am	✓		Cancel planned Ward 10 visit
Board	Thurs 28 <sup>th</sup> March	all day	✓		
<b>April 2020</b>					
MHLAC	Monday 6 <sup>th</sup> April	pm		X	Urgent or decision items to be managed via virtual meetings/Chair's Action
RTSC	Tuesday 7 <sup>th</sup> April	pm	✓		
QSEAC	Tuesday 7 <sup>th</sup> April	am	✓		Retain with a shorter agenda, reduced membership, and paper light
Extra-ordinary Board	Thursday 16 <sup>th</sup> April	pm	✓		
ARAC	Tuesday 21 <sup>st</sup> April	am	✓		Required for year end – limited attendance
FC	Tuesday 28 <sup>th</sup> April	am	✓		Retain with a shorter agenda, reduced membership, and paper light
PPPAC	Thursday 30 <sup>th</sup> April	am		X	Urgent or decision items to be managed via virtual meetings/Chair's Action
<b>May 2020</b>					
ARAC	Tuesday 5 <sup>th</sup> May (1)	am	✓		To clear the accounts, public disclosure statements and assurance for the audit opinion
QSEAC	Thursday 7 <sup>th</sup> May	am	✓		Replace OQSEAC with an Extra-ordinary QSEAC meeting with a COVID-19 focused agenda and reduced membership
Health & Safety Assurance Committee	Thursday 14 <sup>th</sup> May	am	✓		Review emerging risks and compliance issues. Shorter agendas with limited membership

UHB/ CHC	Wednesday 13 <sup>th</sup> May	am		X	
FC	Tuesday 26 <sup>th</sup> May	am	✓		Retain with a shorter agenda, reduced membership, and paper light
ARAC	Wednesday 27 <sup>th</sup> May (2)	am	✓		To clear the accounts, public disclosure statements and assurance for the audit opinion
Board& IC Board	Thursday 28 <sup>th</sup> May	am	✓		Retain with a shorter agenda, reduced membership, and paper light
<b>June 2020</b>					
MHLAC	Tuesday 2 <sup>nd</sup> June	am		X	Urgent or decision items to be managed via virtual meetings/Chair's Action
QSEAC	Tuesday 9 <sup>th</sup> June	am	✓		Retain with a shorter agenda, reduced membership, and paper light
CFC	Tuesday 16 <sup>th</sup> June	pm		X	Urgent or decision items to be managed via virtual meetings/Chair's Action
H&SAC	Monday 22 <sup>nd</sup> June	am	✓		Extra-ordinary meeting convened to provide further assurance on work in relation to the health & safety agenda
ARAC	Tuesday 23 <sup>rd</sup> June	am	✓		Reinstate ARAC from 23 <sup>rd</sup> June 2020
Extra-ordinary Board	Tuesday 23 <sup>rd</sup> June	pm	✓		Convened to approve the Annual Accounts 2019/20
FC	Thursday 25 <sup>th</sup> June	am	✓		Retain with a shorter agenda, reduced membership, and paper light
PPPAC	Tuesday 30 <sup>th</sup> June	am	✓		Reinstate PPPAC from 30 <sup>th</sup> June 2020 with a shorter agenda, reduced membership, and paper light
<b>July 2020</b>					
QSEAC	Tuesday 7 <sup>th</sup> July (tbc)	am	✓		Replace OQSEAC with an Extra-ordinary QSEAC meeting with a COVID-19 focused agenda and reduced membership

RTSC	Tuesday 7 <sup>th</sup> July (tbc)	pm	✓		Retain to consider urgent decisions – or convene virtual meeting
FC	Tuesday 28 <sup>th</sup> July	am	✓		Retain with a shorter agenda, reduced membership, and paper light
Board & IC Board	Thursday 30 <sup>th</sup> July	am/ pm	✓		Retain with a shorter agenda, reduced membership, and paper light
<b>August 2020</b>					
QSEAC	Thursday 13 <sup>th</sup> August	am	✓		Retain with a shorter agenda, reduced membership, and paper light
Board Seminar	Thursday 20 <sup>th</sup> August	am	✓		Reinstate Board Seminar from 20 <sup>th</sup> August 2020
ARAC	Tuesday 25 <sup>th</sup> August	am	✓		Retain
FC	Wednesday 26 <sup>th</sup> August	am	✓		Retain with a shorter agenda, reduced membership, and paper light
PPPAC	Thursday 27 <sup>th</sup> August	am	✓		Retain with a shorter agenda, reduced membership, and paper light

N.B With the exception of the Learning & Learning from Events Sub-Committee, no Sub-Committee or Advisory Group meetings will take place until the end of August 2020.

**CYFARFOD BWRDD PRIFYSGOL IECHYD  
UNIVERSITY HEALTH BOARD MEETING**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	28 May 2020
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Chief Executive's Report
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Steve Moore, Chief Executive
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Sian-Marie James (Assistant Director of Corporate Legal Services & Public Affairs), Yvonne Burson (Assistant Director of Communications) and Nicola O'Sullivan (Assistant Director of Engagement)

**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 purpose of this report is to:

- Update the Board on relevant matters undertaken as Chief Executive of Hywel Dda University Health Board (the UHB) since the previous Board meeting held on 26<sup>th</sup> March 2020; and
- Provide an overview of the current key issues, both at a local and national level, within NHS Wales.

**Cefndir / Background**

This report provides the opportunity to present items to the Board to demonstrate areas of work that are being progressed and achievements that are being made, which may not be subject to prior consideration by a Committee of the Board, or may not be directly reported to the Board through Board reports.

**Asesiad / Assessment**

**(1) Register of Sealings**

The UHB's Common Seal has been applied to legal documents and a record of the sealing of these documents has been entered into the Register kept for this purpose. The entries at **Appendix A** have been signed by the Chair and Chief Executive or the Deputy Chief Executive (in the absence of the Chief Executive) on behalf of the Board (Section 8 of the UHB's Standing Orders refers).

**(2) Consultations**

The UHB receives consultation documents from a number of external organisations. It is important that the UHB considers the impact of the proposals contained within these



consultations against its own strategic plans, and ensures that an appropriate corporate response is provided to highlight any issues, which could potentially impact upon the organisation. A status report for Consultation Documents received and responded to is detailed at **Appendix B**, should any Board Member wish to contribute.

### **(3) Strategic Regional Issues**

#### Major Trauma Network: Memorandum of Understanding

Members will be aware that Swansea Bay University Health Board has been identified as the host health board to establish and manage the Operational Delivery Network (ODN) as part of the Major Trauma Network (MTN) for South Wales, West Wales and South Powys. Its primary purpose is to provide the management function for the network, to co-ordinate operational delivery and enhance major trauma learning, improving patient outcomes, patient experience and quality standards from the point of wounding to recovery.

As the host organisation, Swansea Bay UHB will manage the ODN in line with the service specification: CP199 Trauma Operational Delivery Network, as prepared by the Welsh Health Specialised Services Committee (WHSSC), commissioner of the MTN on behalf of the Welsh Government. It will undertake the following roles and responsibilities:

- Service specification;
- Strategic planning
- Operational delivery;
- Tactical (local) advice and support to commissioners;
- Improved quality and standards of care; and
- Partnership development.

The UHB is asked to sign a Memorandum of Understanding (MoU), attached as **Appendix C** that outlines the accountability arrangements and responsibilities for both Swansea Bay UHB and all MTN member health boards, developed by WHSSC. The ODN will not have statutory responsibility for clinical governance arrangements as these will remain the responsibility of health boards, but will be responsible for ensuring regular and complete reporting into the Clinical Operations Board on clinical governance matters relating to the trauma network.

The MoU has been considered at length by the MTN project team and shared widely with health boards; Karen Miles (Director of Planning, Performance and Commissioning) represented the UHB at the MTN meetings.

The Board is asked to note and approve the MoU that will be signed by the Chief Executive.

#### Argymhelliad / Recommendation

The Board is invited to:

- **Endorse** the Register of Sealings (**Appendix A**) since the previous report on 26<sup>th</sup> March 2020;
- **Note** the status report for Consultation Documents (**Appendix B**) received/responded to;
- **Note and approve** the Major Trauma Network Memorandum of Understanding, for execution by the Chief Executive (**Appendix C**).

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
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): <a href="#">Hyperlink to NHS Wales Health &amp; Care Standards</a>	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives: <a href="#">Hyperlink to HDdUHB Strategic Objectives</a>	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	Improve efficiency and quality of services through collaboration with people, communities and partners Develop a sustainable skilled workforce Support people to live active, happy and healthy lives

<b>Gwybodaeth Ychwanegol:</b> <b>Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Chief Executive's meetings (internal, external and NHS Wales wide), diary and correspondence
Rhestr Termau: Glossary of Terms:	Included within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not Applicable

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Any issues are identified in the report.
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Any issues are identified in the report.
<b>Gweithlu:</b> <b>Workforce:</b>	Any issues are identified in the report.
<b>Risg:</b> <b>Risk:</b>	This report provides evidence of current key issues at both a local and national level, which reflect national and local objectives and development of the partnership agenda at national, regional and local levels.  Ensuing that the Board is sighted on key areas of its business, and on national strategic priorities and issues, is essential to assurance processes and related risks.

<b>Cyfreithiol: Legal:</b>	Any issues are identified in the report.
<b>Enw Da: Reputational:</b>	Any issues are identified in the report.
<b>Gyfrinachedd: Privacy:</b>	Not Applicable
<b>Cydraddoldeb: Equality:</b>	<ul style="list-style-type: none"> <li>• Has EqIA screening been undertaken? Not on the Report</li> <li>• Has a full EqIA been undertaken? Not on the Report</li> </ul>

## Appendix A: Register of Sealings from 11<sup>th</sup> March – 13<sup>th</sup> May 2020

Entry Number	Details	Date of Sealing
269	Lease relating to Premises forming part of St David's Park, Carmarthen, Building 8 Between Hywel Dda University Local Health Board and Carmarthenshire County Council	11/03/2020
270	Lease relating to LHB Accommodation at Narberth Health Centre, Narberth SA67 7AA Between Dr Arthur Roy Davies and Petra Anne Davies and Hywel Dda University Local Health Board	18/03/2020
271	Lease relating to Building 1 at St David's Park, Jobs Well Road, Carmarthen Between Hywel Dda University Local Health Board and Carmarthenshire County Council	18/03/2020
272	Lease of Additional Property by Reference to an Existing Lease Between Hywel Dda University Local Health Board and Compass Contract Services (UK) Limited and Compass Group UK & Ireland Limited	18/03/2020
273	Deed of Surrender of Part and Deed of Variation Relating to that part known as convenience store forming part of the coffee shop and convenience store at Bronglais Hospital, Caradog Road, Aberystwyth, Ceredigion Between Hywel Dda University Local Health Board and Compass Contract Services (UK) Limited and Compass Group UK & Ireland Limited	18/03/2020
274	Agreement for Lease Relating to GMS Premises at Canolfan Gofal Integredig Aberteifi, Rhodfa'r Felin, Cardigan SA43 1JX Between Hywel Dda University Local Health Board and Dr Rhidian Thomas, Dr Joy Bulter and Dr Peter Counsell	18/03/2020
275	TIR Lease – NHS Capital Builds Relating to GMS Premises at Canolfan Gofal Integredig Aberteifi, Rhodfa'r Felin, Cardigan SA43 1JX Between Hywel Dda University Local Health Board and Dr Rhidian Thomas, Dr Joy Bulter and Dr Peter Counsell	18/03/2020
276	Deed of Surrender Relating to Cardigan Health Centre at Feidrfa'r, Cardigan, Ceredigion SA43 1EB	18/03/2020
277	Tenancy at Will Arrangement Between Carmarthenshire County Council and Hywel Dda University Local Health Board in Respect of Johnstown Day Care Centre (COVID-19)	08/04/2020

Entry Number	Details	Date of Sealing
278	Licence to Occupy and Services Agreement relating to Bluestone Village Holiday Park, Narberth between Bluestone Resorts Limited and Hywel Dda University Health Board (COVID-19)	16/04/2020
279	Contract for the Sale of Freehold Land with Vacant Possession at Cardigan District Hospital, Cardigan Between Hywel Dda University Local Health Board and Wales & West Housing Association Limited	24/04/2020
280	Transfer Deed of Cardigan District Hospital, Cardigan Between Hywel Dda University Local Health Board and Wales & West Housing Association Limited	24//04/2020
281	Underlease of Part of Parc Y Scarlet, Llanelli, Carmarthenshire Comprising of the Barn and Part of the Sports Stadium Between Carmarthenshire County Council and Hywel Dda University Local Health Board (COVID-19)	29/04/2020
282	Tenancy Agreement for Carmarthenshire Leisure Centre Between Carmarthenshire County Council and Hywel Dda University Local Health Board (COVID-19)	29/04/2020
283	Tenancy Agreement for Llanelli Leisure Centre Between Carmarthenshire County Council and Hywel Dda University Local Health Board (COVID-19)	29/04/2020
284	Underlease of Selwyn Samuel Centre, Llanelli, Carmarthenshire Between Carmarthenshire County Council and Hywel Dda University Local Health Board (COVID-19)	13/05/2020
285	Collaboration Agreement in Respect of Bluestone Resorts Limited Between Pembrokeshire County Council and Hywel Dda University Local Health Board (COVID-19)	13/05/2020

**Appendix B: Consultations Update Status Report up to 11<sup>th</sup> May 2020**

<b>Ref No</b>	<b>Name of Consultation</b>	<b>Consulting Organisation</b>	<b>Consultation Lead</b>	<b>Received On</b>	<b>CLOSING DATE</b>	<b>Response Sent</b>
429	Managing the transition from children's to adults' healthcare services	Welsh Government	Mandy Rayani, Margaret Devonald-Morris - lead, Lisa Humphrey	28.01.2020	27.07.2020	<b>Deadline extended to 27.07.20</b>
430	Charitable rates relief for schools and hospitals in Wales	Welsh Government	Huw Thomas, Jennifer Thomas, Gareth Jones (Tax lead)	03.02.2020	24.04.2020	<b>12.02.2020</b>
431	Speech, language and communication delivery plan 2020 to 2021	Welsh Government	Alison Shakeshaft, Natalie Vanderlinden, Philippa Large	04.02.2020	23.04.2020	<b>No response submitted due to COVID-19 operational duties</b>
432	Local Authority Education databases	Welsh Government	Patrycja Duszyńska	10.02.2020	22.04.2020	<b>No response submitted due to COVID-19 operational duties</b>
433	Hospital discharge processes	National Assembly for Wales	Mandy Rayani, Carol Cotterell	20.02.2020	.....	<b>National Assembly for Wales has extended the deadline - no date specified yet</b>
434	WHSSC: PP196 Voretigene Neparvovec for treating inherited retinal dystrophies caused by RPE65 gene mutations	Welsh Health Specialised Services Committee	Karen Miles, Phil Kloer, Carly Buckingham, Eirini Skiadaresi	28.01.2020	25.02.2020	<b>25.02.2020</b>
435	Amendments to the organ donation regulations	Welsh Government	Andrew Carruthers, Dr Mike Martin, Dr Wojciech Groblewski	28.02.2020	30.04.2020	<b>No response submitted due to COVID-19 operational duties</b>

**Appendix B: Consultations Update Status Report up to 11<sup>th</sup> May 2020**

<b>Ref No</b>	<b>Name of Consultation</b>	<b>Consulting Organisation</b>	<b>Consultation Lead</b>	<b>Received On</b>	<b>CLOSING DATE</b>	<b>Response Sent</b>
436	Consultation on Cancer	National Assembly for Wales	Andrew Carruthers, Keith Jones, Debra Bennett	02.03.2020	24.04.2020	<b>Consultation postponed until further notice</b>
437	WHSSC: CP168, Mechanical Thrombectomy	Welsh Health Specialised Services Committee	Karen Miles, Alison Shakeshaft, John Evans, Bethan Andrews, Phil Jones, Granville Morris	21.02.2020	01.04.2020	<b>No response submitted due to COVID-19 operational duties</b>

Memorandum of Understanding – Hosting Agreement for the Operational Delivery Network (ODN) as part of the Major Trauma Network for South Wales, West Wales and South Powys

This Memorandum of Understanding is made on **insert date**

Between

SWANSEA BAY UNIVERSITY HEALTH BOARD as host of ODN  
1 Talbot Gateway, Baglan Energy Park, Baglan, Port Talbot  
SA12 7BR

and

ANEURIN BEVAN UNIVERSITY HEALTH BOARD  
Headquarters, Headquarters, Lodge Road, Caerleon, Newport  
NP18 3XQ

CARDIFF AND VALE UNIVERSITY HEALTH BOARD  
Headquarters, Cardigan House, University Hospital of Wales, Heath Park, Cardiff  
CF14 4XW

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD  
Headquarters, Ynysmeurig House, Navigation Park, Abercynon, Rhondda Cynon  
Taff CF45 4SN

HYWEL DDA UNIVERSITY HEALTH BOARD  
Headquarters, Ystwyth Building, Hafan Derwen, St Davids Park, Jobswell Road,  
Carmarthen SA31 3BB

POWYS TEACHING HEALTH BOARD  
Headquarters, Glasbury House, Bronllys Hospital, Brecon, Powys LD3 0LU

SWANSEA BAY UNIVERSITY HEALTH BOARD – Trauma Unit and EMRTS (as hosted by SBUHB) Headquarters, 1 Talbot Gateway, Baglan Energy Park, Baglan, Port Talbot SA12 7BR

WELSH AMBULANCE SERVICE NHS TRUST  
Headquarters, Ty Elwy, St. Asaph Business Park, St Asaph, Denbighshire, Wales,  
LL17 0LJ

Collectively established as the Major Trauma Network for South Wales, West Wales and South Powys



- (1) Swansea Bay University Health Board has been identified as the host health board to establish and manage the Operational Delivery Network (ODN). The primary purpose of the ODN is to provide the management function for the network, to coordinate operational delivery and enhance major trauma learning thus improving patient outcomes, patient experience and quality standards from the point of wounding to recovery. Further detail of the role and responsibilities of the ODN are described in paragraph 2 below.
- (2) This Memorandum of Understanding (MoU) should be read in conjunction with the board paper that was approved by each MTN member health board in or around April 2018.
- (3) The purpose of this MoU is to outline what the accountability arrangements and resulting responsibilities will mean for both SBUHB and all MTN member health boards.

## INDEX

1. Background.....	4
2. Responsibilities of Swansea Bay University Health Board.....	4
3. Employment of Staff.....	7
4. Operational Authority.....	8
5. Governance Arrangements.....	8
6. Reporting Arrangements.....	9
7. Clinical Governance Arrangements.....	10
8. Data Requirements.....	10
9. Major Trauma Network Policies.....	10
10. Clinical Guidelines.....	11
11. Budget and Funding.....	11
12. Ownership of Assets.....	11
13. Duty of Care.....	11
14. Legislation.....	11
15. Audit.....	12
16. Management of Concerns.....	12
17. Management of FOIA/GDPR Requests.....	12
18. Dispute.....	12
19. General.....	13
20. Abbreviations.....	13

## 1. Background

- 1.1. The vision for the establishment of the Major Trauma Network (MTN) is to enhance patient outcomes and experience, across the entire patient pathway from the point of wounding to recovery and also including injury prevention. The network will improve patient outcomes by saving lives and preventing avoidable disability, returning patients to their families, work and education. The network will be a partnership between participating organisations, working collaboratively to achieve this common goal and purpose. The aim is to develop an inclusive, collaborative, world leading trauma network, with quality improvement, informed through evidence-based medicine and lessons learnt from others.
- 1.2. The programme for the MTN was established, following full endorsement by all six health boards in the region, of the following recommendations made by an independent expert panel, following a period of public consultation:
  - A major trauma network for South Wales, West Wales and South Powys with a clinical governance infrastructure should be quickly developed.
  - The adults' and children's Major Trauma Centres (MTC) should be on the same site. The MTC should be at University Hospital of Wales (UHW), Cardiff.
  - Morriston Hospital, Swansea, should become a large Trauma Unit (TU) and should have a lead role for the major trauma network.
- 1.3. Swansea Bay University Health Board (SBUHB) was designated as the host of the Operational Delivery Network (ODN) for the Major Trauma Network (MTN). This is entirely separate from the role of SBUHB as provider of trauma unit services and EMRTS. **All references to SBUHB throughout this MoU, unless otherwise stated, refers to the health board's role as host of the ODN.**
- 1.4. The primary purpose of the ODN is to provide the management function for the network, to coordinate operational delivery and enhance major trauma learning thus improving patient outcomes, patient experience and quality standards from the point of wounding to recovery.

## 2. Responsibilities of Swansea Bay University Health Board (SBUHB)

- 2.1. Role of SBUHB as host of the Operational Delivery Network (as distinct from SBUHB as provider of trauma services and EMRTS) is to manage the ODN in line with the service specification: CP199 Trauma Operational Delivery Network as prepared by the Welsh Health Specialised Services Committee (WHSSC), commissioner of the MTN on behalf of the Welsh Government, (note: EASC are the commissioner of WAST and EMRTS).
- 2.2. To undertake the role and responsibilities as detailed below:

### Service Specification

- The specifications will need to be in place before the ODN becomes operational (i.e. before Day 1). Each element will be ongoing from the point of implementation, unless otherwise stated.

## Strategic planning

- Provide professional and clinical leadership across the network.
- Undertake comparative benchmarking and audit across the network through TARN – supporting the enhancement of data collection.
- Effective linkage into commissioning groups – in this case, WHSSC and Emergency Ambulance Service Committee (EASC).
- Host a risk register and undertake risk management across the network.
- Produce quarterly and annual reports – Year 1.
- Develop an annual working plan for the network to deliver against the quality and delivery framework – Year 1.
- Contribute to evaluation of the network – Year 2.
- Develop a longer-term plan going out 5-10 years to ensure new capabilities can be brought into core operations as quickly and efficiently as possible – Year 2.

## Operational delivery

- Develop coordinated patient clinical pathways between services over a wide area to ensure access to specialist major trauma care.
- Develop a comprehensive system of delivery through A) a pre-hospital triage tool and criteria for immediate inter-hospital transfer and transfer within 48 hours of referral; B) Automatic acceptance and repatriation policies; and C) rehabilitation pathways.
- Ensure improved access and equity of access to trauma services–Year 1.
- Responsible for monitoring of day-to-day capacity across the network, agreeing and working to an escalation plan (with agreed thresholds for escalation triggers) both within and across the network to monitor and manage surges in demand – Year 1.
- Support capacity planning and activity monitoring for collaborative matching or demand and supply (e.g. through implementing a trauma tracking system) – Year 1.
- Ensure appropriate repatriation for ongoing ‘care with treatment closer to home’ – Year 1.
- Ensure the quality of the network is monitored and subject to a process of continuous quality improvement through clinical audit – Year 1.

## Tactical (local) advice and support to commissioners

- Provide local information, data and intelligence to support performance monitoring of the network (i.e. TARN clinical reports, process measures, key performance and quality indicators, case-mix standardised outcomes, workforce data) – Year 1.
- Support national annual trauma peer review and assurance of the MTC, Trauma Units/Local Emergency Hospitals (TUs/LEHs) and prehospital services with commissioners – Year 1
- To provide ongoing programme management of a phased implementation across the network – Year 1.

- Support local implementation of products produced by the national trauma clinical reference group (NHS England) as appropriate – Year 1

#### Improved quality and standards of care

- Develop and implement network protocols for trauma patients.
- Deliver a clinical governance framework with the MTC, TUs, LEHs, pre-hospital services and rehabilitation services including a process for incident reporting with follow up action plans and network morbidity and mortality review. This includes collaborative serious incident investigation.
- Deliver a network-wide training and education programme encompassing the whole patient pathway prioritising key areas (see section 5.6 of PBC).
- Implement a clinical informatics system for the network – Year 1(see section 5.5 of PBC).
- Ensuring on-going service improvements and best practice models are embedded and contribute to improved quality performance (i.e. dashboard measures) – Year 1 and ongoing.
- Monitoring of MTC and TU dashboard measures and provide advice on improvements to clinical services and commissioners – Year 1.
- Use clinical process and clinical outcome measures to compare and benchmark providers – Year 1.
- Deliver an annual quality improvement and audit programme – Year 1.

#### Partnership development

- Engagement with third sector organisations.
- Linkage with other relevant networks (e.g. North Wales and North West Midlands Trauma Network).
- Enhance relationships with other MTN member health boards to ensure the network reaches optimal effectiveness.
- Embed communication strategy and key communication deliverables – Year 1.
- Monitoring and performance management of active engagement by members in the network to improve performance against agreed outputs – Year 1.
- Participation in relevant national policy or guideline development – Year 2.

#### **Desirable/aspirational areas of development**

- Research programme for trauma pathway.
- Injury prevention scheme.
- Sharing ODN developments.
- Support development of trauma networks in other parts of the world.
- ‘Silver’ trauma working group established looking at rehabilitation requirements, enhancing outcome assessment and a bespoke educational programme for staff within the MTN.

#### Veterans Trauma Network (VTN)

- Create a single point of referral for all eligible people resident in Wales.
- Appointment of a VTN clinical lead and deputy – funded from ‘military protected time’.
- Develop infrastructure enabling secure communication between VTN England and VTN Wales.
- Create referrals pathway.
- Ensure appropriate links between VTN Wales and leads for veteran’s affairs in all health boards.
- Develop communications and stakeholder engagement strategies.

#### Trauma in Older People

- ODN will lead development of system to ensure older people have equity of access to MTN services.

2.3.A Service Specification for the ODN has been developed by WHSSC. Note: the document is out to consultation at the time of writing this MoU and is therefore in draft form, any significant changes in the specification will lead to a corresponding change in this document.

2.4. Swansea Bay University Health Board responsibilities continued:

- To have in place appropriate governance arrangements and a Scheme of Delegation as necessary and required on the part of SBUHB to enable the ODN to carry out its duties.
- To hold and manage the budget for the ODN making payments and receiving income as necessary.
- To be the legal entity which enters into agreed procurement arrangements to include, but not restricted to, procurement contracts, quotations, terms of engagement commissioned by the ODN and to ensure that the individuals appointed and employed to support the functions of the ODN.
- To be authorised to appoint lawyers and other professional advisors and to agree the terms and conditions from time to time on behalf of the ODN/MTN.

2.5. SBUHB will *not* be responsible or accountable for the planning, funding or providing of clinical services within the MTN.

2.6. In fulfilling its obligations and responsibilities under this MoU, SBUHB shall not be required to or not do and shall not do or omit to do anything which does not comply with SBUHB’s statutory powers and duties, Standing Orders and Standing Financial Instructions, corporate governance requirements generally, procurement requirements or any legal obligations not covered by the foregoing.

2.7. The ODN will contribute to mass casualty planning and be actively involved in the event of a major incident.

### 3. Employment of Staff

3.1. To appoint and employ staff in line with the posts agreed through the Major Trauma Network (MTN) Board.

- 3.2. New staff appointed to work within the ODN will be employed by SBUHB, they will be entitled to be treated as any other SBUHB employee. They will be expected to abide by all SBUHB policies, procedures and guidance including, but not limited to, fire safety and health and safety procedures. ODN staff will benefit from access to all applicable policies and procedures including training and development.
- 3.3. The ODN staff will be accountable for their performance to the Interim Associate Service Director who, for this role, is accountable to the ODN SRO.
- 3.4. The ODN team will be situated on a non-hospital site.
- 3.5. ODN staff members will be expected to maintain professional CPD, complete all mandatory training and uphold competencies in line with the requirements of the role.
- 3.6. ODN staff will be subject to all SBUHB HR policies including annual appraisals/PADR and disciplinary processes.
- 3.7. Where there are unavoidable long term staff absences (> three weeks) network member health boards will contribute to the unplanned costs of cover.

#### **4. Operational Authority**

- 4.1. The repatriation policy has been updated and approved by the MTN Board. See paragraph 9 below for further detail on policy adoption and policy updates.
- 4.2. Where there is a difference of opinion with patients waiting to be admitted into the MTC or an inability of a health board to accept a patient back into their 'home' health board, the ODN SRO will have the final say on the action to be taken. If the ODN SRO is not a clinician, this decision will be taken following consultation with clinicians.
- 4.3. Where operational authority has been exercised, the incident will be reported through the Clinical Operations Board (COB).

#### **5. Governance Arrangements**

- 5.1. SBUHB will have in place appropriate governance arrangements and schemes of delegation as may be necessary and required on the part of the health board to enable the ODN to carry out its functions.
- 5.2. The ODN will be accountable to the SBUHB for all arrangements pertaining to the running of the ODN. This will include, but not be limited to, employment of staff to work within the ODN, provision of all employment and corporate services, accommodation and training.
  - The ODN will report quarterly into the SBUHB Senior Leadership Team (SLT) meeting to provide assurance and evidence that the service is being delivered in line with expectations.
  - The SRO of the ODN will report twice yearly into the SBUHB Quality and Safety Committee providing assurance on the on-going compliance with the clinical governance requirements of the service specification. This reporting will include a summary of issues escalated via the Clinical Operations Board (COB) to the Delivery Assurance Group (DAG).

5.3. The ODN will be held to account by the Delivery Assurance Group (DAG) for delivery of all elements of the Service Specification. In discharging its accountability role the ODN will:

- Ensure any significant matters under consideration by the COB are brought to the attention of the DAG.
- Seek assurance that actions have been taken by health boards and appropriate Executives (Health Board and Commissioners) of any urgent or critical matters that may compromise patient care and affect the operation of the ODN or the reputation of NHS Wales.

5.4. The ODN will discharge its responsibilities for delivery via the following framework of meetings:

- The DAG will meet on a bi-monthly for the first year and quarterly thereafter. The DAG will be chaired by a WHSSC Executive with the Vice Chair being the Chief Ambulance Services Commissioner. Attendance at the DAG is described in the South Wales Trauma Commissioning Arrangements document and will include the ODN Clinical Director and ODN Manager as a minimum.
- The COB will meet on a monthly basis. Attendance from the ODN will include the ODN SRO, the ODN Clinical Director and service specific Clinical Leads (training and education, paediatrics, governance, QI/audit/research, Rehabilitation) and the ODN Manager. Representation from all of the network health boards (including SBUHB) will include the COO along with senior representation from Welsh Ambulance Services Trust (WAST) and Emergency Medical Retrieval and Transfer Service (EMRTS). There are a series of service specific meetings e.g. paediatric working group, as outlined in the PBC that will feed into the COB.
- MTN teleconferences will take place on a regular basis. Representation from the network health boards should include clinical and managerial leads. Representation from the ODN will be the ODN Manager and/or the ODN Clinical Director
- Note the frequency of the meetings may change, with the agreement of all health boards, depending on the needs of the network.

5.5. The ODN will 'employ' on a sessional basis a Network Clinical Director plus five specific area Clinical Leads. These posts will not necessarily be clinicians that are substantively employed by SBUHB, rather they are likely to be clinicians employed by other network health boards. Where this is the case, SBUHB will require written confirmation from the substantive employer that all competence monitoring is up to date and that by taking on the sessional responsibility for the ODN they will not be exceeding the Working Time Directive.

## **6. Reporting Arrangements**

6.1. The ODN will discharge its accountability to the DAG via reporting through the Clinical Operations Board (COB) which will be organised and managed by the ODN.

6.2. Escalation from the COB of clinical concerns will be considered by the DAG and referred to the WHSSC Quality and Patient Safety Sub-Committee as



deemed necessary by the DAG in order to provide assurance to the Joint Committee.

## **7. Clinical Governance Arrangements**

- 7.1. The ODN will not have statutory responsibility for clinical governance arrangements within each health board within the MTN. The ODN will be responsible for ensuring regular and complete reporting into the COB on clinical governance matters relating to the trauma network.
- 7.2. All network health boards will provide the information requirement outlined in the PBC and the Network Clinical Governance and Quality Improvement Structures document thus enabling the ODN to be compliant with reporting requirements.
- 7.3. All network health boards will provide confirmation to the ODN that clinical governance information and incidents have been reported to own health boards Quality and Safety Committee.

## **8. Data requirements**

- 8.1. Full details of data sharing requirements as per the Wales Acord on the Sharing of Personal Information (WASPI) has been shared with the Caldecott Guardian and the Information Officer in each MTN member health board.
- 8.2. All organisations will be required to report against parameters set out in the clinical governance policy (incl. TARN dashboards, trauma incidents)
- 8.3. In the event of a SUI involving the MTN, health boards will:
  - provide information as required enabling the ODN to complete investigations following SUI;
  - Disseminate learning following the outcome of the investigation by the ODN

## **9. MTN Policies**

- 9.1. The policies listed below have been developed collaboratively and approved by the MTN Board. All health boards are expected to adopt each policy/agreement through their own processes at or before go-live of the MTN.
  - Clinical Governance Policy
  - Data sharing agreement
  - MTC acceptance policy
  - Automatic repatriation policy
  - Trauma team activation policy
- 9.2. The policies are accessible on the SharePoint website to all health boards. New policies and updates to existing policies will be developed and approved through the MTN governance structure. Each health board will be responsible for ensuring it has a process in place for receiving and implementing notifications of new policies and updates to existing policies.

## **10. Clinical Guidelines**

- 10.1. All clinical guidelines have been developed collaboratively with the process of development having been approved by the MTN Board. Each health board should acknowledge access to the guidelines.
- 10.2. The ODN will update the clinical guidelines as required and provide notification to all health boards. Health boards are responsible for having in place a system of receiving updates to clinical guidelines.

## **11. Budget and Funding**

- 11.1. WHSSC will transfer funds to SBUHB on a quarterly basis to allow SBUHB to perform its functions as the Operational Delivery Network, provided that WHSSC may attach conditions to the expenditure of such funds.
- 11.2. SBUHB will set up and manage an income and expenditure account for the ODN. This includes all income received from WHSSC and health boards and all ODN expenditure. This account will be separate from all other SBUHB funds.

## **12. Ownership of Assets**

- 12.1. All assets (including intellectual property rights) acquired by SBUHB in connection with the ODN shall belong to SBUHB but be held upon trust for the ODN.
- 12.2. SBUHB shall, to the extent it is legally entitled to do so, transfer ownership and any other rights in such assets to such party or body as the commissioner shall require and within such timescales as are reasonably required.
- 12.3. In the event that any income is derived from such assets or from their disposal, such revenues shall be regarded as part of the ODN income and accounted for accordingly.

## **13. Duty of Care**

- 13.1. SBUHB shall be responsible for ensuring that all reasonable skill, care and diligence are exercised in carrying out those services which it is required to perform under the agreement properly and efficiently in accordance with this Memorandum of Understanding and its overall responsibilities under the National Health Service (Wales) Act 2006 and all other appropriate legislation. SBUHB shall keep the Commissioner informed of any foreseeable or actual changes in circumstances which are likely to affect its ability to comply with the terms of this MoU as the Host health board.

## **14. Legislation**

- 14.1. SBUHB shall ensure that it, and its employees and agents, shall in the course of this MoU comply with all relevant legislation, Welsh Government directions and Guidance and procedures.

## **15. Audit**

- 15.1. SBUHB, through the Shared Services arrangements, will provide an effective independent internal audit function as a key source of its internal assurance arrangements. This will be in accordance with NHS Wales Internal Auditing Standards and any other requirements determined by the Welsh Government.
- 15.2. SBUHB will ensure that relevant external audit arrangements are in place which give due regard to the functions of the ODN.

## **16. Management of Concerns**

- 16.1. Where a matter is received into the ODN and is regarded as an individual concern, SBUHB will only be responsible for the management of those concerns where qualifying liability in Tort is established, which relates to its geographical area of responsibility. In such circumstances, the Chief Executive of SBUHB will be responsible for investigating and responding to the concern in accordance with The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulation 2011.
- 16.2. Individual concerns received into the ODN and relating to patients resident outside SBUHB's geographical area of responsibility will be referred to the Chief Executive of the health board in the appropriate geographical area.
- 16.3. Where a matter is regarded as a concern and where qualifying liability in Tort has been established, SBUHB will only be responsible for managing the arrangements for redress arising from its own resident population.
- 16.4. Where a matter is considered to be a review of funding decisions it will be dealt with in accordance with the Review Process set out in the All Wales Policy for Making Decisions on Individual Patient Funding Requests (IPFR).

## **17. Management of FOIA/GDPR Requests**

- 17.1. Where a request under the Freedom of Information or General Data Protection Regulations is received by the ODN, the request will be dealt with in accordance with SBUHB's procedures. Where the request is considered to be an issue relating to information which is held by other health boards, then the request will be forwarded to the Board Secretary of the respective health board to respond in accordance with the Freedom of Information Act Code of Practice.

## **18. Dispute**

- 18.1. In the event of a dispute between the ODN and any of the MTN member health board's that cannot be resolved locally, the issue will be referred up to the DAG and if necessary the Joint Committee.
- 18.2. In resolving the dispute, WHSSC will rely on the Business Framework included within its hosting agreement with all health boards in Wales.
- 18.3. A dispute may include non-adherence to this MoU.

## **19. General**

- 19.1. This MoU shall be capable of being varied only by a written instrument signed by a duly authorised officer or other representative of each of the parties.
- 19.2. No third party shall have any right under the Contracts (Rights of Third Parties) Act 1999 in connection with this MoU.
- 19.3. This MoU shall be governed and construed in accordance with the laws of England and Wales. Subject to paragraph 18 above, the parties hereby irrevocably submit to the exclusive jurisdiction of the Courts of England and Wales.
- 19.4. In the event of SBUHB's determining (acting reasonably) that the performance by SBUHB of its obligations under this MoU is having a detrimental effect on SBUHB's ability to fulfil its core functions, SBUHB may instruct the ODN SRO and SBUHB's Chief Executive to review the operation of this MoU.
- 19.5. In carrying out a review of this MoU further to paragraph 19.4 above, the ODN SRO and SBUHB's Chief Executive shall consider the source and manner of any detriment identified by SBUHB's Board further to paragraph 19.4 and shall put forward such amendments and variations to this MoU and the associated governance arrangements between the ODN and SBUHB as they may consider appropriate.
- 19.6. SBUHB's Board shall consider the recommendations made further to paragraph 19.5 and may recommend to the ODN SRO and the Chief Executive of SBUHB that this MoU and the associated governance arrangements are amended accordingly.

## **20. Abbreviations**

COB	Clinical Operations Board
CPD	Continued Professional Development
DAG	Delivery Assurance Group
EASC	Emergency Ambulance Services Committee
EMRTS	Emergency Medical Retrieval and Transfer Service
FOIA	Freedom of Information Act
GDPR	General Data Protection Regulations
LEH	Local Emergency Hospital
IPFR	Individual Patient Funding Request
MoU	Memorandum of Understanding
MTN	Major Trauma Network
OND	Operational Delivery Network
PBC	Programme Business Case
QI	Quality Improvement
SBUHB	Swansea Bay University Health Board
SRO	Senior Responsible Officer
TARN	Trauma Audit Research Network
TU	Trauma Unit

VTN Veterans Trauma Network  
WAST Welsh Ambulance Service Trust  
WHSSC Welsh Health Specialist Services Committee

<b>Enw'r Pwyllgor: Name of Committee:</b>	Audit and Risk Assurance Committee
<b>Cadeirydd y Pwyllgor: Chair of Committee:</b>	Mr Paul Newman, Independent Member
<b>Cyfnod Adrodd: Reporting Period:</b>	Meetings held on 21 <sup>st</sup> April and 5 <sup>th</sup> May 2020
<b>Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor: Key Decisions and Matters Considered by the Committee:</b>	
<p>In accordance with the guidance provided in the NHS Wales Audit Committee Handbook, the Board should look to their Audit Committee to review and report on the relevance and rigour of the governance processes in place and the assurances provided to the Board. Hywel Dda University Health Board's Audit and Risk Assurance Committee's (the Committee) primary role is, as such, to ensure the system of assurance is valid and suitable for the Board's requirements and to support the Board by seeking and providing assurance that controls are in place and are working as designed, and to challenge poor sources of assurance.</p> <p>This report summarises the work of the Audit and Risk Assurance Committee at its meetings held on 21<sup>st</sup> April and 5<sup>th</sup> May 2020, in monitoring, reviewing and reporting to the Board on the processes of governance, and facilitating and supporting the attainment of effective processes. At its meeting on 21<sup>st</sup> April 2020, the Committee critically reviewed governance and assurance processes for a number of service/business areas, with the following highlighted:</p> <ul style="list-style-type: none"> <li>• <b>Matters Arising</b> – whilst recognising and commending the efforts being made by staff to deal with COVID-19, the Committee emphasised the importance of maintaining pace and momentum in terms of ongoing issues. The need for updates regarding Radiology and Operating Theatres were noted in particular.</li> <li>• <b>Targeted Intervention</b> – the Committee noted that due to COVID-19 the Targeted Intervention meeting scheduled for 31<sup>st</sup> March 2020 had been cancelled.</li> <li>• <b>Annual Review of the Committee's Self-Assessment of Effectiveness</b> – the Committee received the survey results from this exercise. Aside from one or two specific issues, which would be addressed separately, the responses were not significantly different from those for 2018/19. It was noted the Committee was working effectively.</li> <li>• <b>Financial Assurance Report</b> – a letter has been issued to all Executive Directors, Directors and General Managers recognising that during the past few months, teams and individuals have been required to make extraordinary decisions, often out of line with the organisation's Scheme of Delegation. These decisions have all been reviewed, although a number have been managed via normal Board processes. The Committee approved the losses and debtors write-offs noted within the report.</li> <li>• <b>Audit Wales (formerly Wales Audit Office) NHS Consultant Contract Follow-up Review Update</b> – the Committee received an update on progress, with a breakdown of job planning figures by specialty provided. 78% of job plans had been completed before work had been halted due to COVID-19, with the Health Board on trajectory to achieve a year-end figure of 93%. The challenge will be to build on this work for next year and</li> </ul>	

develop the job planning structure to ensure consistency and even spread across the year. Assurance was requested that learning/good practice is being shared between directorates/specialties.

- **Internal Audit Royal College of Physicians Medical Records Keeping Standards Update** – the establishment of a Record Keeping Audit Working Group, and this Group's remit was noted. There are plans to appoint Assistant Medical Directors (AMDs) in Quality Improvement for each hospital site, and an e-learning module for clinicians is due to be released. The focus is on developing and providing support measures in the first instance. The actions outlined suggest that the process will be more robustly managed. Whilst emphasising that the team would have wished to drive forward delivery of the actions, the current priority for every clinician must be dealing with COVID-19. It was agreed that a further update would be scheduled in six months.
- **Audit Wales Office Clinical Coding Follow-up Update** – an update was provided on this topic. Clinical Coders have been identified as essential NHS workers, and that discussions have taken place with the Clinical Coding team regarding what their priorities should be at this time. There have been discussions at a national level regarding the Welsh Government (WG) Clinical Coding percentage target. Health Boards are next due to submit returns in June 2020; WG are considering whether normal processes will be continued, or whether it will extrapolate full-year figures using data up to January 2020. It was agreed that a further update would be scheduled in six months.
- **Audit Wales Update** – the Committee was updated regarding Audit Wales financial audit work; whilst WG has put back some of its year-end deadlines, the Health Board has requested that the previous timetable be retained. Audit Wales will endeavour to meet the Health Board's deadlines and requirements. The Committee was advised that on-site performance audit work has been suspended, with no interviews or fieldwork currently taking place. However, Audit Wales staff are continuing to take forward work remotely where possible. Audit Wales is revisiting its messaging to assist organisations in the recovery period post COVID-19, and to recognise the efforts/changes being made in response to COVID-19. Audit Wales is also considering where it might be able to support best practice across Wales and sharing information between Health Boards.
- **Internal Audit (IA) Progress Report** – the IA Progress Report was reviewed, noting developments since the previous meeting. Concern was expressed at the number of draft reports, the lack of close out meetings to review the accuracy of the reports and lack of opportunity to prepare management responses. Whilst accepting the current challenging circumstances, it was agreed that receipt of draft reports without a management response did not enable the Committee to appropriately discharge their duties. Furthermore, the Committee requested that these reports needed to be finalised as soon as possible. The Committee agreed that it would be inappropriate to discuss IA reports which are in draft form, although it may be helpful to discuss the proposed assurance ratings of the reports, and whether these were appropriate. Concerns from previous meetings were reiterated, around the delay in completing the audit programme and back-ending the audits and the impact on the Committee in being able to discharge its duties effectively. It was agreed that the outstanding finalised IA reports, including management responses, would be presented to the 27<sup>th</sup> May and 23<sup>rd</sup> June 2020 meetings.

- **Internal Audit (IA) Plan 2020/21** – the Committee considered the IA Plan 2020/21, noting that a similar approach had been taken to preparing this as in previous years, and that the IA team had been a substantial way through the process prior to COVID-19. There will need to be a number of changes in respect of the changing priorities and risks facing the Health Board. The Committee agreed it was not appropriate to approve an IA Plan which will require significant amendment before it is commenced. Consideration needs to be given to how to pull together a Plan which reflects COVID-19 at its core, whilst examining a series of different elements. The plan as it stands is already heavily back-ended, and will become even more so as a result of COVID-19, which will for the third year running leave the Committee in a challenging position at year end. The Committee acknowledged that it had received an IA Plan to the prescribed timetable, whilst noting that this had been prepared prior to COVID-19. It was agreed that it should be highlighted to Board that the Health Board is operating without an approved IA Plan at present, however noting a robust governance process was in place to ensure any required audit could be planned and commenced prior to the June 2020 meeting following agreement with the Committee Chair. A revised Plan would be presented to the 23<sup>rd</sup> June 2020 meeting.
- **Internal Audit (IA)** – the Committee reviewed the following final IA reports:
  - Core Financial Systems – Financial Reporting Arrangements (Substantial Assurance)
  - Rostering (Reasonable Assurance)

The Committee reviewed and commented on the assurance ratings of the following draft IA reports noting the caveats above:

- Glangwili Hospital, Women & Children’s Development Phase 2 (Limited Assurance)
- Estates Assurance – Control of Contractors (Limited Assurance)
- Health and Safety (Reasonable Assurance)
- Variable Pay (Reasonable Assurance)
- Nursing Medication Administration & Errors (Reasonable Assurance)
- Mortality Rates (Reasonable Assurance)
- IM&T Assurance Follow-up (Reasonable Assurance)
- Business Continuity (Reasonable Assurance)
- Health and Care Standards (Reasonable Assurance)
- Estates Directorate Governance Review Follow Up (Reasonable Assurance)
- Capital Follow-up (Reasonable Assurance)
- Estates Assurance Follow-up (Reasonable Assurance)
- **Audit Tracker** – the Audit Tracker, which had been discussed at the Board meeting on 16<sup>th</sup> April 2020, was presented for information.
- **Management of Operational and Corporate Risks during the COVID-19 Pandemic** – the Committee noted this document, as presented to Board on 16<sup>th</sup> April 2020.
- **Counter Fraud Annual Report** – the Committee received the Counter Fraud Annual Report 2019/20.
- **Counter Fraud Workplan** – the Committee approved the Counter Fraud Work Plan 2020/21.



- **Self-Review Against NHS Counter Fraud Standards for 2019/20** – the Committee discussed the return, prior to approval by the Director of Finance and Audit & Risk Assurance Committee Chair.
- **Audit and Risk Assurance Committee Work Programme** – The Committee received for information the Committee work programme for 2020/21, noting that this would be amended in line with earlier discussions.

At its meeting on 5<sup>th</sup> May 2020, the Committee critically reviewed governance and assurance processes for a number of service/business areas, with the following highlighted:

- **IA Progress Report** – the Committee reviewed the IA Progress Report, noting developments since the previous meeting. It was suggested that there should be reference to the lessons learned in terms of timing of audits/spread of audits across the year, noting that this would be included in the 2020/21 IA Plan.
- **NHS Non-Statutory Instruments Update (Ministerial Directions)** – the Committee noted the Non-Statutory Instruments which have been issued and endorsed the confirmation that the Health Board is compliant with these. The Committee requested that an appropriate assurance process be developed similar to the process for Welsh Health Circulars.
- **Welsh Health Circulars (WHCs)** – the Committee discussed the WHCs report and was assured that there is a process in place within the Health Board to monitor the implementation of WHCs and that outstanding WHCs will be reviewed with services to ascertain the impact of COVID-19 on delivery.
- **Draft Audit and Risk Assurance Committee Annual Report** – the Committee endorsed the content of the draft Annual Report for 2019/20, subject to the minor amendments agreed at the meeting.
- **Assurance Report on Board Effectiveness** – Board self-assessment is an essential requirement of the annual Accountability Report. The Health Board had intended to pilot a new approach to self-assessment, and as part of this, it had been envisaged that there would be discussion at the April 2020 Board Seminar. However, as a result of COVID-19, the Board Seminar was cancelled and replaced with a formal Board meeting. The report before the Committee represents the view of the Chair and Chief Executive in terms of their assessment of the organisation's maturity. Whilst the process has not been as inclusive as planned due to COVID-19, the Committee was assured by the process that has been undertaken this year to review the Board's effectiveness. The Committee agreed with the level of maturity noting this was a 'strong 3' and supported the inclusion of this assessment in the Accountability Report.
- **Draft Accountability Report** – subject to amendments, the Committee supported the content of the draft Accountability Report, agreeing that this would be approved by the Committee Chair's action prior to approval at the June meeting and then for onward submission to the Board for final ratification.
- **Draft Head of Internal Audit Annual Report and Opinion 2019/20** – the Committee received the Draft Head of Internal Audit Annual Report and Opinion 2019/20, and was

informed that the Health Board has achieved an overall Reasonable Assurance rating. A detailed discussion was held on the Capital and Estates Management domain, noting due to the number of limited assurance audits within this domain this could have received a limited domain rating. The committee remain concerned regarding the number of limited assurance audits arising within this domain, noting this will be an area of focus within the 2020/2021 plan.

- **Annual Quality Statement (AQS)** – the Committee received the draft AQS and was assured that, in the drafting of the Annual Quality Statement for 2019/20, the Health Board has complied with the requirements of Welsh Health Circular guidance.
- **Audit Enquiries to Those Charged with Governance and Management** – the Committee noted the evidence requested by Audit Wales and that a response would be drafted for consideration at the next meeting.
- **Draft Annual Accounts 2019/20** – the Committee received the draft Annual Accounts 2019/20, which have been prepared in accordance with the Welsh Government timetable and guidelines. The draft accounts were reviewed in detail, with it noted that the final annual accounts will be presented to both the Committee and Public Board for ratification. A discussion regarding clinical negligence claims took place, with it suggested that there needs to be a greater focus on learning from these events, to avoid repetition and future claims. There is a need to more effectively identify the point of initiation of a claim, in order to learn lessons quickly, to reduce the number of claims and to ameliorate the loss suffered as a result of a claim. The Listening and Learning Sub-Committee is likely to be key in this regard with the Committee supportive of the Sub-Committee being established in June 2020.

#### **Materion y Mae Angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd ar eu Cyfer: Matters Requiring Board Level Consideration or Approval:**

- The Committee was unable to approve the **IA Plan 2020/21** as it will require significant amendment;
  - It was agreed that it should be highlighted to Board that the Health Board is operating without an approved IA Plan at present, whilst noting that a robust governance process was in place to ensure any required audit could be planned and commenced prior to a Plan being approved at the June 2020 meeting;
  - A revised Plan would be presented to the 23<sup>rd</sup> June 2020 meeting.
- The Committee reviewed year-end documentation, including NHS Non-Statutory Instruments (Ministerial Directions) compliance report, Welsh Health Circulars compliance report, Draft Audit and Risk Assurance Committee Annual Report, Assurance Report on Board Effectiveness, Draft Accountability Report, Draft Head of Internal Audit Annual Report and Opinion, Annual Quality Statement and Draft Annual Accounts;
- The Committee received the Draft Head of Internal Audit Annual Report and Opinion 2019/20, and was informed that the Health Board achieved a Reasonable Assurance rating. A detailed discussion was held on the Capital and Estates Management domain, noting due to the number of limited assurance audits within this domain this could have received a limited domain rating. The Committee remain concerned regarding the number of limited assurance audits within this domain, noting this will be an area of focus within the 2020/2021 plan.

- Support for the establishment of the Listening and Learning from Events Sub-Committee to ensure a greater focus on learning from these events, to avoid repetition and future claims.

#### **Risgiau Allweddol a Materion Pryder:**

#### **Key Risks and Issues/Matters of Concern:**

- Concerns in relation to a loss of momentum around specific issues which have been ongoing for some time, including Radiology and Operating Theatres;
  - An update would be obtained for the next meeting.
- Concerns around the delay in completing the IA programme and back-ending the audits, and the impact on the Committee in being able to effectively discharge its duties;
  - It was agreed that the Lead Executive of the Committee would write to all Executive Directors requesting their assistance with finalising outstanding IA reports by June 2020;
  - It was agreed that the outstanding finalised IA reports, including management responses, would be presented to the 27<sup>th</sup> May and 23<sup>rd</sup> June 2020 meetings;
  - It was agreed that reference to this issue would be made in the final Head of Internal Audit Annual Report and Opinion 2019/20 and lessons applied for the IA Plan 2020/21.
- The Committee is giving full consideration to its position in relation to both last year's and this year's Workplan, and is taking steps to manage this under the constraints resulting from COVID-19.

#### **Busnes Cynlluniedig y Pwyllgor ar Gyfer y Cyfnod Adrodd Nesaf:**

#### **Planned Committee Business for the Next Reporting Period:**

#### **Adrodd yn y Dyfodol:**

#### **Future Reporting:**

In addition to the items scheduled to be reviewed as part of the Committee's work programme, following up progress of the various actions identified above will be undertaken.

#### **Dyddiad y Cyfarfod Nesaf:**

#### **Date of Next Meeting:**

27<sup>th</sup> May and 23<sup>rd</sup> June 2020

**CYFARFOD BWRDD PRIFYSGOL IECHYD  
UNIVERSITY HEALTH BOARD MEETING**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	28 May 2020
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Improving Patient Experience
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Mandy Rayani, Director of Nursing, Quality & Patient Experience
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Louise O'Connor, Assistant Director (Legal Services / Patient Experience)

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

The attached report provides a summary of patient experience feedback and activity for the period 1<sup>st</sup> January to 30<sup>th</sup> April 2020.

**Cefndir / Background**

The University Health Board (UHB) is highly committed to improving the patient experience and welcomes feedback to continually improve outcomes and experiences for our patients.

The Board is asked to note the adaptations and new ways in which the PALS team is supporting service user and family experiences, due to the Coronavirus Pandemic (COVID 19).

**Asesiad / Assessment**

The attached report shares a patient story from Ingrid, who has had a very positive outcome from participating in the escape, pain management and physiotherapy programme, based in Ceredigion. Ingrid's mobility and quality of life has improved significantly.

**Patient and service user feedback** is received into the UHB through a variety of routes: Friend and Family Test; compliments (formal letters and the Big Thank You); formal concerns, informal concerns; Patient Advice and Liaison Service (PALS) feedback; local surveys; focus groups, on line feedback through the Friends and Family Test (FFT); the all Wales NHS survey and via social media.

Due to recent events associated with the pandemic, the ways in which feedback is captured have been reduced. A plan is in place to re-start the capture of experience. The volume of feedback received is significantly less than the previous period, due to the reduced patient activity across our hospitals. From the responses received, the satisfaction levels have increased to 92% of participants who would recommend the service and ways in which the service can be improved are being reviewed to further increase this score. Examples of voice and text responses are included within the report.

The main areas of activity for the Patient Experience Team are also summarised, which highlights the positive work undertaken to improve experiences and promote a positive culture for encouraging and sharing feedback, including specific arrangements for supporting patients and families during times of restricted visiting. These include new schemes such as the Thinking of You service and the patient property delivery and collection service. A new family liaison ward role is also due to be implemented during May/early June 2020, which will be a protected role to support communication and patient experience.

For the period of January to April 2020, a total of 1905 contacts were received into the patient support contact centre, many seeking advice and support, 620 were complaints managed through the putting things right process.

The annual complaints figures presented to Welsh Government are provided in the report. For the period March 2019 to April 2020, 3229 complaints were received and recorded, **73% of concerns were responded to within 30 working days**; however the Team is working hard to continually improve on the timeliness of concern responses and achieving a quality response.

Areas for improvement continue to be associated with appointments and waiting times and delays in diagnosis, receiving test results and communication.

**Public Services Ombudsman** – Between March 2019 and 30<sup>th</sup> April 2020, **24 cases had proceeded to formal investigation**. No concerns are raised in relation to compliance with timescales and agreed actions at this time; however the report does indicate one action which has exceeded the agreed date for action. The Health Board is in contact with the Ombudsman's office regarding this.

To continue to support the learning culture in the organisation, a variety of learning and improvement initiatives continue to be undertaken, these are as follows:

- Patient Safety Awareness Day
- Quality & Safety Newsletters
- Establishment of patient forums
- Learning from Events Flyers
- Case Study presentations
- Improvement workshops
- Patient Participation Groups

### Argymhelliad / Recommendation

The Board is asked to receive the report, which highlights to patients and the public the main themes arising from patient feedback, together with examples of action being taken in response to findings from investigations.

#### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:  
Datix Risk Register Reference and Score:

6. (ref 581) Health Board wide risk not learning from events in a timely manner (current score 8).

Safon(au) Gofal ac Iechyd: Health and Care Standard(s): <a href="#">Hyperlink to NHS Wales Health &amp; Care Standards</a>	6.3 Listening and Learning from Feedback
Amcanion Strategol y BIP: UHB Strategic Objectives: <a href="#">Hyperlink to HDdUHB Strategic Objectives</a>	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: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	8. Transform our communities through collaboration with people, communities and partners

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	NHS (Concerns, Complaints and Redress Arrangements) (Wales) 2011
Rhestr Termau: Glossary of Terms:	Included in body of report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not applicable

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	All concerns have a potential financial implication: whether this is by way of financial redress, following an admission of qualifying liability, or an ex-gratia payment for poor management of a process; or an award made by the Ombudsman following his review of a concern.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Information from concerns raised highlights a number of clinical and service risks which should be reflected in directorate and corporate risk registers. There are financial and reputational risks associated with complaints that are upheld or not managed in accordance with the Regulations. The UHB also has a duty to consider redress as part of the management of concerns, which carries financial risks associated with obtaining expert reports and redress packages.

<b>Gweithlu: Workforce:</b>	<p>Improving the patient experience and outcomes for patients is a key priority for the UHB. All concerns received from patients, public and staff alike are taken seriously and investigated in accordance with the procedures.</p> <p>Information from concerns raised, highlights a number of clinical and service risks which should be reflected in directorate risk registers. All directorates are required to have in place arrangements for ensuring lessons are learnt as a result of investigation findings on concerns and that appropriate action is taken to improve patient care.</p>
<b>Risg: Risk:</b>	<p>The putting things right process is designed to support staff involved in concerns and incidents. All managerial staff have a responsibility to ensure staff are appropriately supported and receive appropriate advice throughout the process. The success of the process is dependent upon the commitment and support from staff across the organisation, not only as part of the investigation process and being open arrangements, but in the encouragement of patients and their families to provide feedback, both positive and negative, to support organisational learning.</p>
<b>Cyfreithiol: Legal:</b>	<p>The UHB has a duty under the Concerns and Redress Regulations to consider redress where this is deemed to be a qualifying liability.</p> <p>The Regulations also incorporate formal claims, including clinical negligence and personal injury claims.</p>
<b>Enw Da: Reputational:</b>	<p>There are ongoing reputational risks for the UHB in relation to media, press and social media regarding any concerns, and outcomes from published Ombudsman Reports and any external investigations/inquiries.</p>
<b>Gyfrinachedd: Privacy:</b>	<p>Only relevant information is reviewed as part of the concerns process and this is carried out with the explicit consent of the patient or authorised representative.</p> <p>Information is recorded and treated sensitively and only shared with people relevant to the investigation process.</p>
<b>Cydraddoldeb: Equality:</b>	<p>The process is established to learn from concerns: it is designed to ensure that it is fully accessible to patients and their families. The aim is to involve patients throughout the process and to offer meetings with relevant clinicians, with the required support depending upon individual needs.</p> <p>Advocacy is offered in the form of CHC advocates, and specialist advocacy is also arranged where necessary, e.g. in the areas of mental health, learning disability or children/young people's services.</p> <p>Concerns literature is accessible in a range of languages and formats and translation services are available, when required.</p>



GIG  
CYMRU  
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WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

# IMPROVING PATIENT EXPERIENCE REPORT

## February – April 2020





## **1. Introduction**

The Health Board welcomes and captures service user feedback in a variety of ways, some of which have been adapted, as a result of the COVID-19 Pandemic.

The Patient Experience team has created and developed a number of new initiatives to ensure that patients and families can stay connected during this time.

We have introduced the “Thinking of you” service, enabling family and friends to send messages and pictures to patients, via the PALS team. A virtual visiting service has been developed using iPads and mobile phones. Relatives can also deliver and collect patient belongings via the newly developed ‘Stop, Drop and Go’ service.

All the above initiatives would not have been possible had it not have been for the support of the Hywel Dda Charities team and their appreciation of helping to ensure that families and relatives can stay in touch with loved ones.

## **2. Patient Story Feedback**

The Patient Experience Team is currently developing channels of communication to capture patient and staff stories linked to COVID-19 to help learn, understand and appreciate the feelings of those caring for patients, those who have recovered and sadly for the families who have lost loved ones.

### **Ingrid’s Story**



<https://youtu.be/qQOvIS9H8TA>

“Hello I am Ingrid, and I have been having pain and difficulty walking, progressively over five years, before I came to the escape programme. I’d gone to see my GP about it and was told I could self-refer to the physio department, where David recommended the escape programme to me. I had found that I was beginning to walk less, because it was getting more difficult and painful, and taking longer, and I was beginning to get concerned about that.

I couldn’t flex very well and was struggling to reach my shoes, to do shoes up, and to do things like cut toenails and getting in and out of the car, so those were the things I wanted to address. But mainly it was the walking I was upset about. When David suggested the escape pain programme to me, I was quite optimistic about it although not really knowing quite what it was like of course; He did give me the option of further individual sessions or the escape pain programme. Because he spoke so enthusiastically about escape, I chose to go down that route. Of course there was some cynicism about whether it was a cheap way to deal with lots of patients at once and would it be individual enough, but I decided to go with it anyway. I enjoyed the escape programme right from the beginning, I liked the fact that it was a group, and there was quite a good fellow feeling right from the first week. And then it was good to hear other people’s experiences, it made me feel less alone with it all and less worried about it, there was always an exchange of experiences and ideas and thoughts about how to progress with future sessions, which was good. It wasn’t just

an instruction 'this is what we should do', it was more of a collaborative thing, which I really liked about the programme.

The exercises were all manageable, fairly simple and mostly it was things that in some way you could carry on with at home and you could do it every day. I could feel some progress really even after a couple of weeks, I felt stronger and fitter and there was less pain when walking, but I think it did definitely need to go on for as long as it did to sort of embed the practice of doing the exercises, and to remember them easily.

I had to miss one week towards the end of the programme, because I had booked a holiday a long time before. It was a family holiday meeting up with grandchildren and I found I was able to do so much more with them even after only probably four weeks of the programme. I could carry a grandchild and walk that much further, without pain or discomfort, so that was great.

Possibly the programme could of gone on a bit longer, with having to miss one, maybe eight weeks would be good but I was very fortunate to be able to follow up with further sessions at the gym without a very long break. I think I made friends as well on the programme, and I did meet some of the same people afterwards and I could see their progress as well so that was all very encouraging. I feel very pleased to have been included on this programme and I'm really grateful for it, it's made a big difference. I carried on with the exercising through the programme at the gym, and I have also been swimming and I feel a lot better for it both in terms of less pain and better ability to walk, also just in myself I feel fitter and stronger and more confident. Although, I'm aware that my hip joint is slowly deteriorating I don't feel so worried about it, I feel as though I'm more in control and I can handle it, and I know I can contact the physio department at any time to get advice.

My only regret about the whole thing is not having come to it sooner because over that previous five years I feel if I had access to a programme like this it could of possibly have averted the decline on the joint, so it would of saved a lot of worry, but I think probably the escape programme wasn't available before that. Also I feel it would have helped a lot if the GP surgery would have known about the programme and been able to refer, but again maybe I was lucky to get in at an early stage, so perhaps they wouldn't have known if it was available.

I think it would really good if more people could have access to such a programme, it could change lives. On the programme I learned that doing exercise doesn't cause more damage that's one of the things you tend to fear, and also I learned how to pace myself to not over- do it, so I don't need a long recovery time afterwards. It was really constructive to accept that doing little and often was better than over doing it in one long session, and perhaps to just accept my limitations like I can't walk five miles on a mountain anymore, but I can still walk useful distances".

In response to Ingrid's story the Physiotherapy Team has advised that the escape pain programme continues to be successful, and that people can access the programme following a referral from a health care professional, including self-referral. CMATS service in Ceredigion can also refer directly with a telephone call from the therapy assistants from the MSK team.

The programme is now jointly delivered with the National Exercise Referral Scheme and a follow up class has been set up to allow people to continue after the initial 6 weeks, which Ingrid also regularly attends. The project has also been awarded IQT silver award.

### **3. Accessible Communication/ Online Interpretation**

The Strategic Partnerships Team has successfully implemented an on line interpretation service, which will utilise I-Pad devices. This will enable face to face interpretation using the device, which will significantly enhance the experience of patients who require translation facilities. The key feature of the service include:

- 34 top spoken languages;
- An ability to meet 98% of the language demand requirements;
- Over 200 audio languages; and
- Utilises the skills of 9,000 professional interpreters.

In addition, primary care colleagues have been reminded of the ability of Relay UK to communicate by telephone with those who are deaf, particularly as the number of telephone triage and appointments was rising.

### **4. Amazon Wish List**

In response to the COVID-19 pandemic, the PALS team worked together with 'Elusennau Iechyd Hywel Dda Health Charities' to form an Amazon wish list. The wish list contains basic items that will make patients' stay in hospital more comfortable. Cessation of visiting to the hospitals means that most of our patients have no access to clean night-clothes, basic toiletries, along with the extra items that make a hospital stay more comfortable e.g. earplugs and activity books to help pass the time. We have been extremely warmed by the response from the public to the Wish list and are now at a stage where we are able to fulfil orders from the wards for these items. We are very grateful to 'Owens Group' who have kindly offered to deliver packages to our hospitals and for providing us a space to receive, sort and pack items for dispatch. We are adapting the list to meet the demands of the wards and the stocks of items available on Amazon. Advertisement of the Wish list is continuous and we hope to receive many more donations over the coming weeks.

The videos below is from Alys, our PALS officer who is conveying her thanks on behalf of the Health Board, to everyone who has so kindly donated:

[https://youtu.be/-X-7\\_d-NW1Y](https://youtu.be/-X-7_d-NW1Y)

<https://youtu.be/2hu1EOqzlls>



## 5. Stop Drop and Go – Patient’s belongings

One of the new initiatives which has been created to support patients receiving clean laundry and belongings or for items to be collected on a patient’s behalf. Arrangements are made for this service via the Patient Support Services Hub and details are taken and time slots booked. When appropriate PPE is donned in line with Infection Control guidelines.



## 6. Virtual Visiting

IPads have kindly been donated from the Hywel Dda Charities, two for each Ward, in order to help with the communication between patients and their families who are unable to come and visit. Below you can see the effort gone into this new process by many of our wards, an example below is Ward 12 in Worthybush General Hospital.

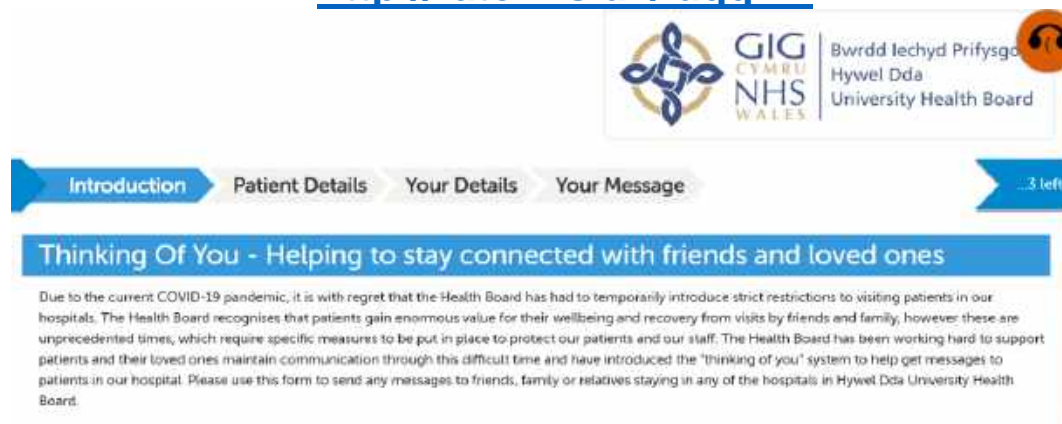


## 7. Thinking of you – Keeping in Contact with loved ones

A new communication initiative has been implemented that enables families, carers and friends to stay in contact with loved ones who are in-patients. Messages, letters, emails, poems and photos are printed, laminated and delivered to the patient. If the patient wishes to send a message by return then we liaise with the Sister/Charge nurse and messages are shared back to families. Patients and families have been so very grateful for this service - it has been very humbling for the team.

This service can be accessed by using the “Thinking of You” online form:

<http://ratenhs.uk/luqqmz>



The screenshot shows the 'Thinking of You' online form interface. At the top, there is a header with the GIG CYMRU NHS WALES logo and the text 'Bwrdd Iechyd Prifysgo Hywel Dda University Health Board'. Below the header is a navigation bar with four tabs: 'Introduction', 'Patient Details', 'Your Details', and 'Your Message'. The 'Introduction' tab is currently selected. Below the navigation bar is a blue banner with the text 'Thinking Of You - Helping to stay connected with friends and loved ones'. Below the banner is a paragraph of text explaining the service: 'Due to the current COVID-19 pandemic, it is with regret that the Health Board has had to temporarily introduce strict restrictions to visiting patients in our hospitals. The Health Board recognizes that patients gain enormous value for their wellbeing and recovery from visits by friends and family, however these are unprecedented times, which require specific measures to be put in place to protect our patients and our staff. The Health Board has been working hard to support patients and their loved ones maintain communication through this difficult time and have introduced the 'thinking of you' system to help get messages to patients in our hospital. Please use this form to send any messages to friends, family or relatives staying in any of the hospitals in Hywel Dda University Health Board.'

Or by using our dedicated email address [ThinkingOfYou.HDD@wales.nhs.uk](mailto:ThinkingOfYou.HDD@wales.nhs.uk) which can include, photos, poems and cards



The PALS team is pleased to be able to support these initiatives and will gather feedback from patients and their families to strengthen the service.

## 8. Friends and Family Test (FFT)

Below there are examples of feedback that we have received since COVID-19 Pandemic via FFT.

I went to A&E in a panic and very unsure what was going on and felt very scared. The nurse that examined me did extremely well, he reassured me about my issues with my foot. I felt at ease and in trusted hands, also had a brief talk about Coronavirus which helped my mental health massively, I felt that I was very well looked after and couldn't ask for anything else apart from keep calm and carry on as you are, your all doing a fantastic job considering. All the best.

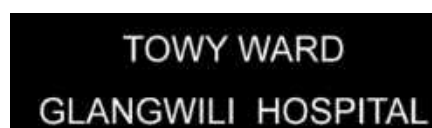
Yes | considering the extra pressures from the pandemic I cannot fault the treatment received. I was not allowed to go home until I was stable. I was fed. The staff were very friendly and accommodating. A big thank you.

Yes | 1 extremely likely | the time I spent in A&E is Phenomenal. The team of Doctors, Nurses, Health and beyond. They did what's best for the patient and beyond during this Pandemic Covid19 and the precautionary measures. That I always be grateful, especially this Pandemic focusing on Covid19. The A&E transformed and changed as I remembered, but still working as it should be for the best of the patients and staff. Stay home, save lives and the NHS

At the start of the year (Jan/Feb 2020) an average of 500 patients per day would be contacted, asking for their feedback from the FFT system. From the 18<sup>th</sup> March onwards, the average number of patients being contacted has dropped to 180 and is continuing to fall.

From the 18<sup>th</sup> March the feedback response is 40% of what would be received previously. In spite of this drop in volume, there has been a rise in the overall satisfaction score, which is 92%. There is still more work to do to improve this position further.

Below are sample of the voice messages and comments we have had since 18<sup>th</sup> March:



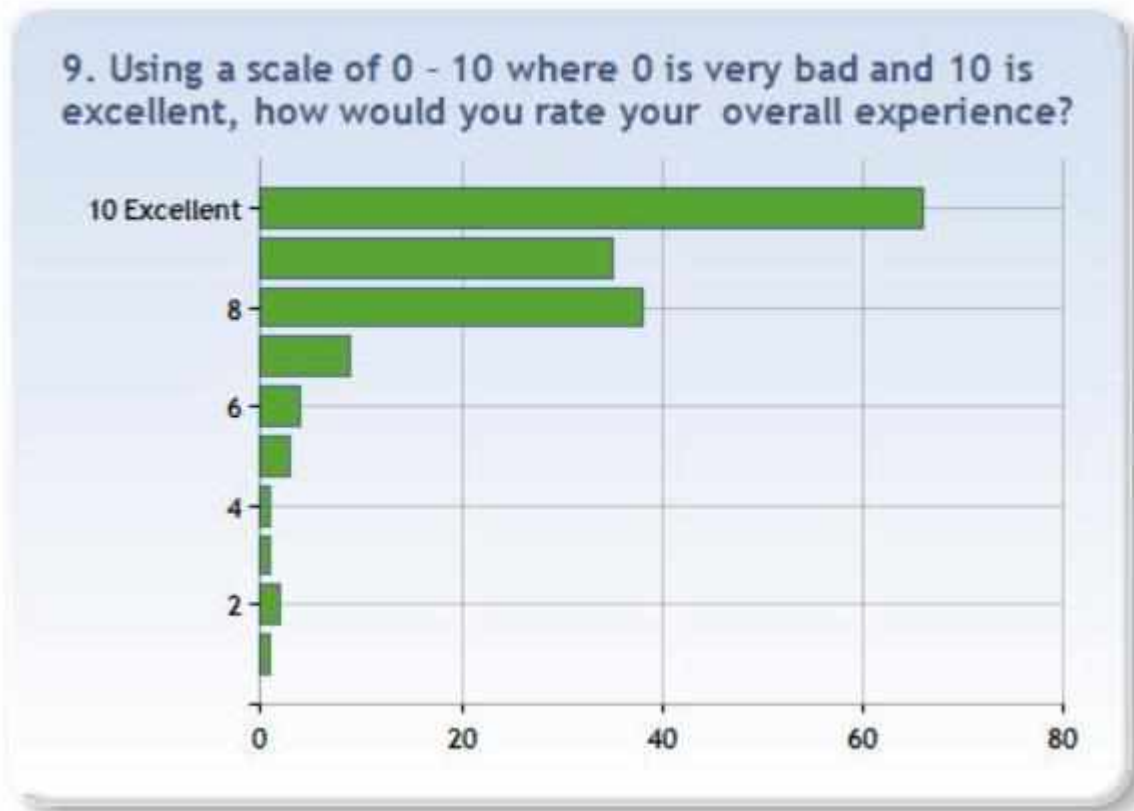
<https://youtu.be/paTnsv4kQE>

<https://youtu.be/i8LmAgC488Q>

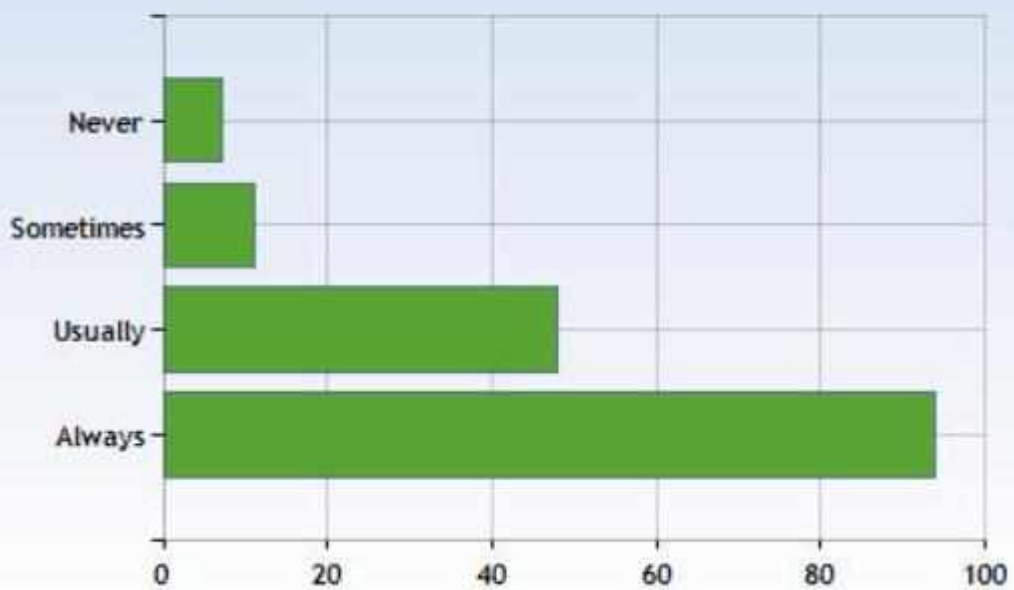
Department	01/02/2020	01/03/2020	01/04/2020	01/05/2020 ⚠️	Summary
Emergency Department	89.48%	↑ 90.14%	↑ 91.50%	↑ 92.76%	90.40%
Inpatients	91.06%	↓ 88.00%	↑ 92.31%	↑ 92.86%	90.00%
Outpatients	82.35%	↑ 90.33%	↑ 90.51%	↓ 88.24%	90.11%
Day Case	91.23%	↑ 95.45%	↑ 100.00%	↓ 0.00%	93.46%
Paediatrics	100.00%	↓ 93.55%	↓ 81.82%	↑ 100.00%	92.73%
Summary	90.00%	↔️ 90.00%	↑ 91.00%	↑ 92.00%	

## 9. All Wales Experience questionnaire

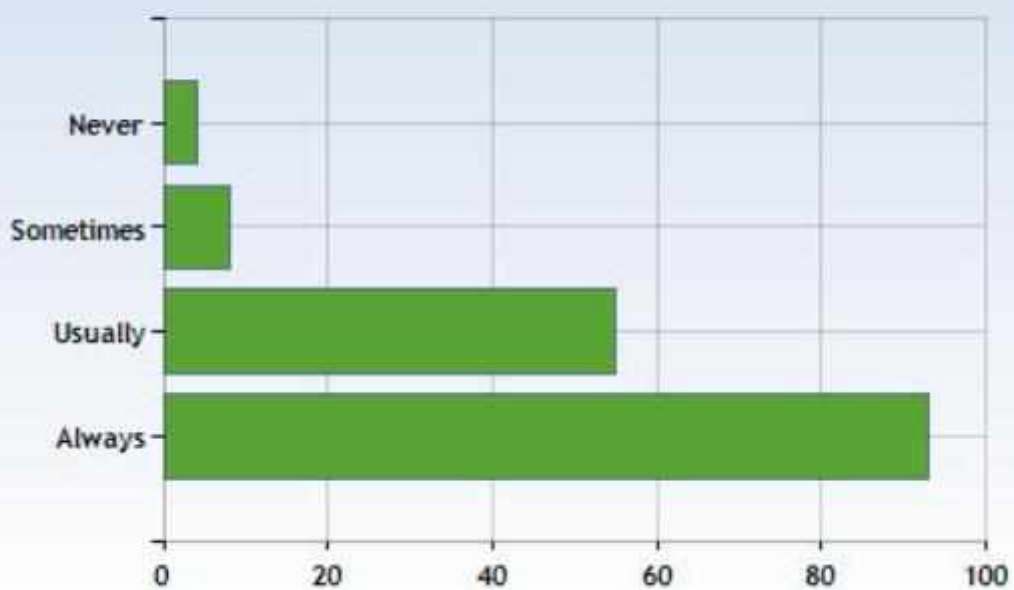
Over 300 surveys collected from our ward areas have been uploaded to our electronic patient experience system (Envoy). Envoy is securely hosted which allows a clearer view of the data received and grouping of data to identify trends and themes. Below are some of the responses received. Individual feedback is brought to the attention of the Ward at the time of the survey, to enable any immediate action to be addressed.



8. Were you involved as much as you wanted to be in decisions about your care?

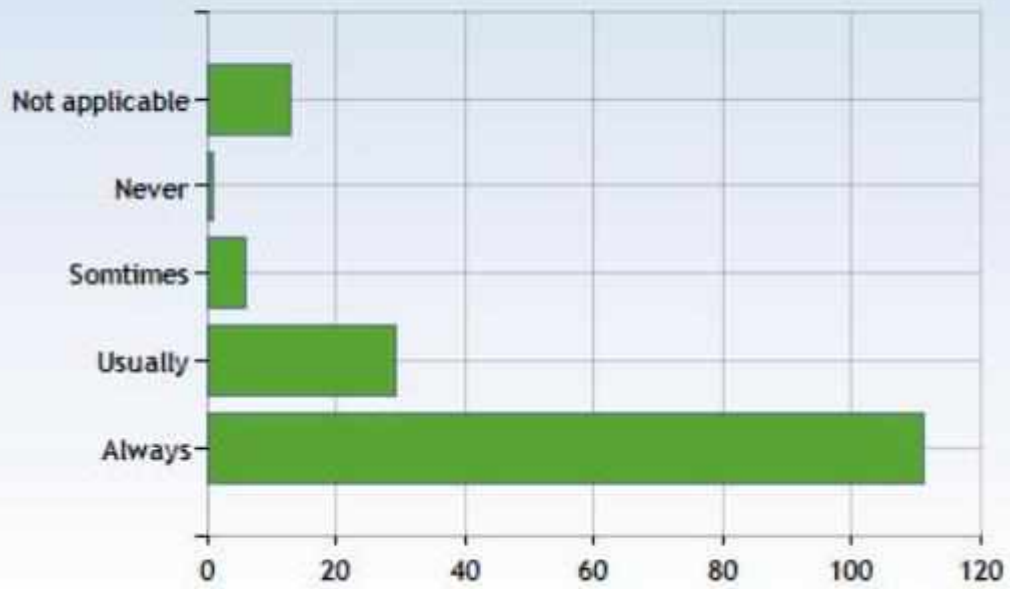


7. Were things explained to you in a way that you could understand?

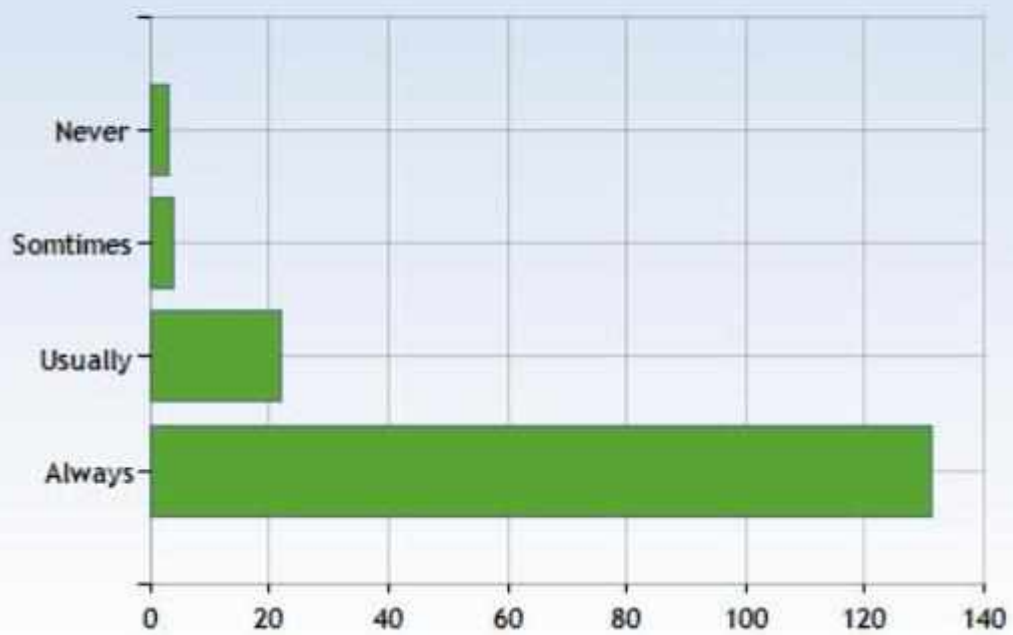




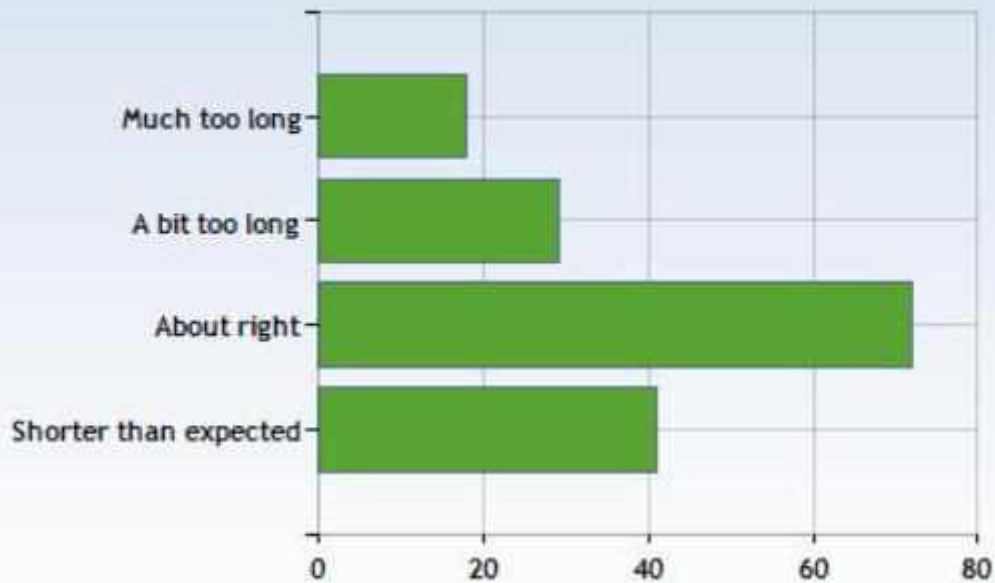
5. If you asked for assistance, did you get it when you needed it?



4. Did you feel well cared for?



### 3. From the time you realised you needed to use this service, was the time you waited:



## 10. Compliments

### Big Thank you

In total, 58 compliments were received during the period, these do not include those directly provided to the service areas. Compliments are most often received about staff attitude and compassionate care. An example of compliments received are:

They took the time to answer all the questions that I had and made sure that my stay was very comfortable and happy. If I could give marks out of 10 it would be 10

Having been admitted with a skull fracture, all the staff in A&E, especially the nurses, went out of their way to reassure and care for me. I am truly grateful to these wonderful people.

Nurses on this ward looked after my Mamgu in the final days of her life, they did this with compassion and eased her pain. Thank you to them for the difficult work they do.

## 11. The Rights of Children and Young People

### *Paediatric Questionnaires – Pilot Scheme in GGH*

This pilot survey has been a success in collecting feedback from the children and the parents in order to hear the voice of the child and what they want while they are in hospital. The survey work on Cilgerran Ward and PACU was temporarily suspended due to the Pandemic; however this will be recommenced as soon as possible.

This questionnaire included a variety of questions to do with food and about the child's/young person's care. The initial results of the pilot survey were very positive and a formal evaluation of the survey results will be presented in a future report.

## 12. Experience of Care Week 2020

The 'Experience of Care Week' which was due to start Monday 27th April including the formal launch of the new 'Charter for Improving Patient Experience' will now take place in the form of a virtual event, later in the year.

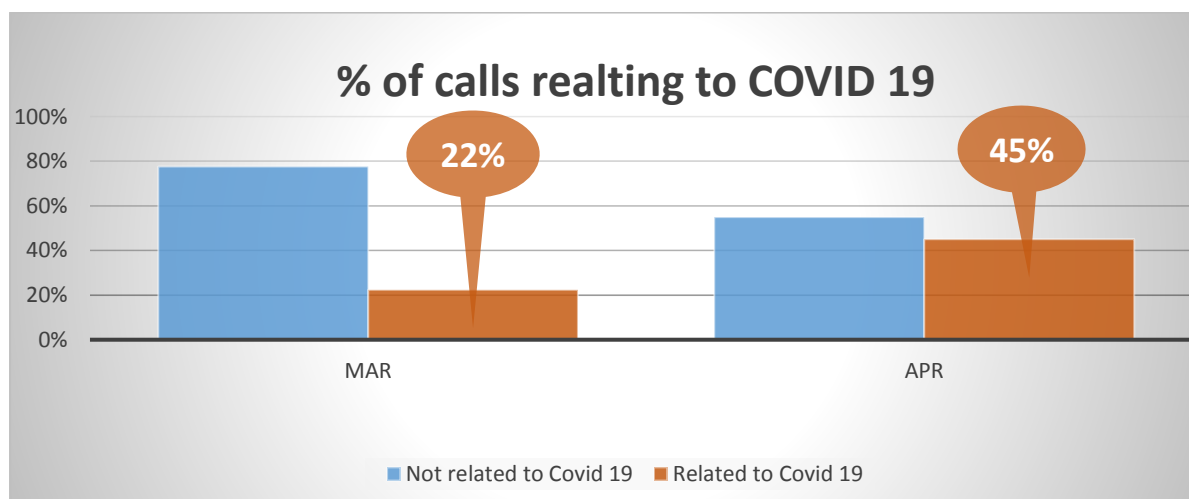
## 13. How are you making a difference Initiative?

The Patient Experience Team previously launched a campaign via global e-mail, briefings and posters to capture new innovations that both clinical and non-clinical staff across acute, community and primary care have created and developed. We have, and will continue to collate initiatives, and we will be working with our colleagues to promote their improving patient experience work.

## 14. Complaints

### Patient Support Contact Centre

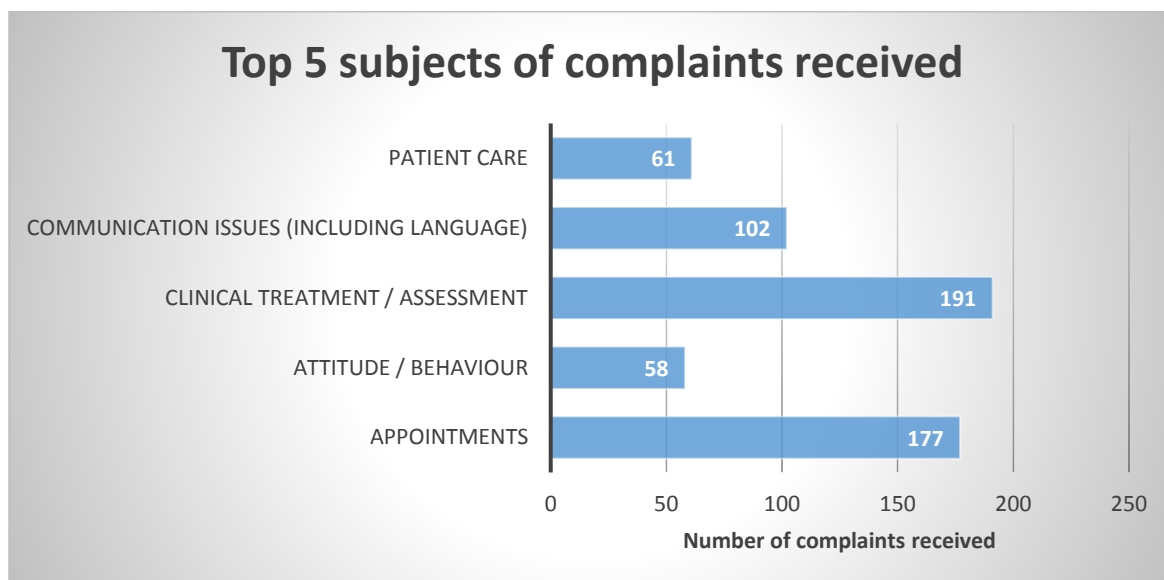
1905 telephone calls were received into the Patient Support Services Contact Centre (Jan-Apr 2020) many of which were patients seeking advice and support, particularly through March and April, where patients were seeking advice about COVID-19.



For the period 1<sup>st</sup> January 2020 to 30<sup>th</sup> April 2020, 859 complaints were received and recorded.

872 complaints were closed with 620 complaints having been 'Managed through Putting Things Right' and 252 complaints managed via Early Resolution (within 2 working days). 221 complaints (25% of complaints closed) required a full investigation in accordance with 'Putting Things Right' before the complaint could be responded to.

The following table shows the Top 5 Specialties which have received the highest number of complaints for this period:



The top 3 specialities complained about for this period remains unchanged from the previous report - Accident and Emergency, General Practice and Ophthalmology, with Appointments, Clinical Care/Assessment and Patient Care being the subjects most complained about within these specialities.

Work is ongoing within these specialities to address the lessons learnt.

The highest number of complaints received by 'Subject' across all areas, remains Appointments and Clinical Treatment/Assessment and communication and this is consistent for the financial year to date.

### **Annual Data Submission to Welsh Government**

An annual submission was submitted to Welsh Government at the end of April 2020, with the following data:

For the period 1<sup>st</sup> April 2019 to 31<sup>st</sup> March 2020, 3229 complaints were received and recorded (compared to 3376 complaints, for 2018/2019).

2914 complaints were closed with 2032 complaints having been 'Managed through Putting Things Right' and 882 complaints managed via Early Resolution (within 2 working days). 673 complaints (23% of complaints received) required a full investigation in accordance with 'Putting Things Right' before the complaint could be responded to.

73% of complaints were closed within 30 working days in 2019/2020 against a target of 75%.

## **Public Services Ombudsman for Wales**

As at 30<sup>th</sup> April 2020, 24 cases had proceeded to formal investigation to the Public Services Ombudsman. One recommendation had exceeded the timescales set by the Ombudsman or any compliance concerns reported. A recommendation (due to be submitted by 11<sup>th</sup> March 20) related to a settlement requiring a review of the pathway for the management of cases involving variceal bleeding, to ensure that it is robust, clinically sound yet patient centred.

The review requires discussion at the Endoscopy Users Group before this can be finalised. This was scheduled to take place in April but has been delayed due to the pandemic. The draft pathway document will be submitted to the Ombudsman to evidence the progress in this area, and the final document will be issued as soon as consideration has been given at the rescheduled meeting.

The Ombudsman's Annual Letter to the Chief Executive is expected to be received imminently.

### **15. Learning from Events**

The key learning areas and action being taken in response to the most common causes for raising complaints remain the same as the last report. However, during this period, the significant theme has been communication. It is widely acknowledged that ineffective or inappropriate communication and behaviours strongly influence the receipt of over 70% of enquiries and complaints.

The recent events have highlighted further the importance of communication between clinical teams and patients but also providing regular and consistent information to families, particularly where visiting has been restricted or suspended.

Some of the feedback received is as follows:

'I am answering this on behalf of my elderly mum and the treatment and care she has had, and still receiving today, due to a broken leg. As a relative I appreciate how difficult things are in the current situation due to the Coronavirus but trying to speak to someone or gain any kind of information has been a nightmare. It has been extremely difficult and I appreciate how hard it is'.

'The staff I saw were friendly but I didn't feel I was given all the treatment I needed. I passed out due to abdominal pain and did not get a scan and I haven't really been given a clear answer as to what has caused it. Haven't been given any clear advice on what to do next apart from to call the ward if I pass out again. I still feel really anxious about why it happened and am worried that I have an underlying issue and that I should have had a scan. I know staff are busy with the Covid crisis and I do understand but I feel I was rushed away'.

In response to the feedback received, a Family Liaison Service role will be established for each ward, to provide a focus on communication and patient experience.

Other recurring themes include:

**Cancellation of appointments** – work is continuing in the areas of patient flow and delayed transfers of care within our hospitals, acute assessments, and on frailty models. Using technology to provide more services in patients' homes is also having a positive outcome for patients, looking at technology solutions such as 'patient knows best' and virtual clinics. Cancellation of appointments has been necessary in recent times and contact with patients to provide an understanding of the impact of delays has been of importance. However, telephone and video appointments have been held within some specialties which has received positive feedback from patients, who did not have to travel, but welcomed the opportunity to consult with their clinicians.

One comment received was as follows:

'I could not have an appointment at Prince Phillip Hospital due time the Coronavirus but my specialist gave me an over the phone consultation at the time I should have had my appointment. I was very impressed as I didn't have to wait to rebook another one'.

The Patient Experience Team will be facilitating an increasing range of surveys to capture feedback in a wide variety of settings, which will be provided to the services to address any required actions and reported to the Listening and Learning Sub-Committee.

**CYFARFOD BWRDD PRIFYSGOL IECHYD  
UNIVERSITY HEALTH BOARD MEETING**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	28 May 2020
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Health Care Standards Fundamentals of Care 2019 Annual Report
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Mandy Rayani, Director of Nursing, Quality & Patient Experience
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Sharon Daniel, Assistant Director of Nursing, Workforce and Professional Standards.

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Gwybodaeth/For Information

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

The 2019 Health & Care Standards Fundamental of Care annual audit was undertaken in 137 areas across Hywel Dda University Health Board (HDdUHB) between 1<sup>st</sup> October and 30<sup>th</sup> November 2019. The 2019 report is being brought to the Board to inform the Board of the results of the whole University Health Board 2019 Health & Care Standards Fundamentals of Care Annual Audit exercise and to highlight the audit findings in relation to key areas of practice. The report provides an overview of HDdUHB findings and makes some comparisons to the results from the previous audits and highlights where compliance has increased or decreased. The narrative also highlights the areas of good practice identified and the areas requiring improvement. Unless indicated otherwise, the compliance levels are given as percentages, rounded up to the nearest one percent.

The Board is asked to note the Health & Care Standards Fundamentals of Care audit findings for 2019, which are presented in this report.

**Cefndir / Background**

Since 2009, the NHS in Wales has undertaken a national audit of care and service delivery. The standards set in the 'Fundamentals of Care: guidance for health and social care staff' (2003) were the basis for the 2009-2014 audits. However, since 2015, the annual audit has been undertaken using the standards set in the Health and Care Standards (2015) document. The Health and Care Standards are the core standards for the NHS in Wales and brings together and updates the expectations previously set out in "*Doing Well Doing Better Standards for Health Services in Wales*", and the "*Fundamentals of Care*" Standards 2003. The Health and Care Standards provide the framework for how services are organised, managed and delivered on a day-to-day basis. They establish a basis for improving the quality and safety of healthcare services by providing a framework which can be used in identifying strengths and highlighting areas for quality improvement.

Between 2009 and 2014 the Chief Nursing Officer (CNO) for Wales mandated that the three elements of the audit should be undertaken, in all applicable clinical areas, and all Health Boards were expected to submit a report of the findings to the CNO office. In 2015, the CNO mandated that each HB/Trust would undertake the patient survey element to gather patients'

views on their experience of receiving care and this element would be the only element reported to Welsh Government. Since 2016, the CNO has not mandated that any element of the audit needed to be undertaken; however, the Senior Nursing and Midwifery Team within HDdUHB made the decision that all applicable clinical areas would continue to undertake all three elements of the audit.

## Asesiad / Assessment

### The 2019 Report

A copy of the annual report is included as an appendix to this paper.

There were three elements to the audit:

- **Patient experience** (Section 4.4 of the report) – 1548 patients/carers completed the patient survey across HDdUHB (a decrease of 24 patients when compared to the number of patients who took part in the 2018 survey).
- **Operational questions** (Section 4.5 of the report)– 671 patients' records including 411 medication charts, 165 food charts, 187 daily fluid charts and 122 weekly fluid charts were reviewed as part of the audit.
- **Our staff** (Section 4.6 of the report) – 992 staff completed the staff survey (19 less than last year).

The summary findings are set out below:

### **Patient Experience (page 6-11 of the report):**

1508 patients/families/carers participated in the general patient survey and when asked to rate their satisfaction with their overall experience, using a 1-10 rating score, with 1 being very bad and 10 being excellent, patients gave us a rating of **9.3 out of 10 (93%)** ensuring that Hywel Dda University Health Board achieved a RAG rating of green, in accordance with the All Wales Fundamentals of Care audit criteria, for a sixth consecutive year.

In addition to the patient satisfaction question, patients were asked 26 core questions. The data shows that we achieved a green RAG rating for 25 of the 26 of the core questions (85% or above). Where there is comparable data, four questions have seen an increase in percentage compliance compared to last year, twelve have seen a decrease in percentage compliance and ten remain unchanged on last year's position.

24 of the 26 questions showed compliance scores of above 90%, however 11 have seen a decrease in the percentage compliance when compared to last year's data (between 1-2%).

Two aspects of care scored between 85-90%:

- 88% of the patients who responded stated that they were able to speak Welsh to staff if they needed to (↑4% on last year's position) and although the RAG rating for this question has changed from amber to green there is still work to do to ensure that all Welsh speaking patients have the opportunity to speak Welsh if they need to.
- Only 81% of the patients who responded felt they were able to get enough rest and sleep (↓3% on last year's position and ↓6% on the 2017 position). Rest & Sleep remains the lowest scoring aspects of care from a patient's perspective.



## Operational (pages 11-13 of the report):

The 2019 national audit results are provided in summary in the table below:

Operational questions: Overall Standard Summary		2013 RAG %	2014 RAG %	2015 RAG %	2016 RAG %	2017 RAG %	2018 RAG %	2019 RAG %	
<b>Staying Healthy</b>									
1.1	Health Promotion, Protection and Improvement	n/a	n/a	100%	79%	78%	77%	81%	↑
<b>Safe Care</b>									
2.1	Managing Risk and Promoting Health and Safety	94%	91%	92%	92%	95%	94%	92%	↓
2.2	Preventing Pressure and Tissue Damage	93%	88%	88%	93%	93%	92%	89%	↓
2.3	Falls Prevention	96%	85%	86%	90%	89%	88%	89%	↑
2.4	Infection Prevention and Control (IPC) and Decontamination	89%	99%	96%	97%	99%	98%	98%	↔
2.5	Nutrition and Hydration	93%	91%	92%	93%	94%	94%	92%	↓
2.6	Medicines Management	88%	91%	92%	98%	96%	95%	95%	↔
2.7	Safeguarding Children and Safeguarding Adults at Risk	96%	98%	97%	96%	93%	98%	97%	↓
2.8	Blood Management	n/a	n/a	100%	80%	73%	83%	78%	↓
2.9	Medical Devices, Equipment and Diagnostic Systems	92%	90%	90%	96%	96%	95%	99%	↑
<b>Effective Care</b>									
3.1	Safe and Clinically Effective Care	n/a	n/a	n/a	82%	90%	81%	84%	↑
3.2	Communicating Effectively	84%	86%	86%	88%	86%	88%	85%	↓
3.3	Quality Improvement, Research and Innovation	n/a	n/a	n/a	94%	85%	89%	95%	↑
3.4	Information Governance and Communications Technology	n/a	n/a	n/a	n/a	100%	100%	98%	↓
3.5	Record Keeping	94%	86%	89%	90%	90%	89%	87%	↓
<b>Dignified Care</b>									
4.1	Dignified Care	80%	84%	86%	86%	84%	87%	87%	↔
4.2	Patient Information	80%	87%	87%	91%	89%	90%	91%	↑
<b>Timely Care</b>									
5.1	Timely Access	n/a	n/a	n/a	n/a	100%	100%	97%	↓
<b>Individual Care</b>									
6.1	Planning Care to Promote Independence	86%	87%	87%	87%	88%	88%	84%	↓
6.2	Peoples Rights	n/a	81%	93%	92%	85%	93%	96%	↑
6.3	Listening and Learning from Feedback	91%	96%	96%	98%	96%	97%	93%	↓
<b>Staff and Resources</b>									
7.1	Workforce	78%	76%	88%	86%	90%	90%	83%	↓

## Staff Survey:

When asked to rate their overall satisfaction with the care provided to patients and relatives, staff gave the organisation a satisfaction rating of 8.0 out of 10 (80%) which, in accordance with the All Wales FoC Steering Group compliance matrix, is an amber RAG rating. This has seen a decrease of 1% on last year's position.

Compliance Score when staff were asked to rate their overall satisfaction with the care that you provide to your patients and their families								
	2013	2014	2015	2016	2017	2018	2019	
Overall satisfaction with the care that you provide to your patients and their families.	76%	84%	73%	81%	80%	81%	80%	↓1%

When asked to rate their overall satisfaction with the organisation, staff gave the organisation a satisfaction rating of **7.2** out of 10 (**72%**), which, in accordance with the All Wales FoC Steering Group compliance matrix, is an **amber** RAG rating (this is decrease of 1% on last year's position).

Compliance Score when staff were asked to rate their overall satisfaction with the organisation								
	2013	2014	2015	2016	2017	2018	2019	
Overall satisfaction with the organisation		67%	73%	73%	72%	73%	72%	↓1%

Staff were also asked to respond always, usually, sometimes, never to further 16 questions and the results show that there has been an increase in percentage compliance for six questions, a decrease for six of these questions, whilst four questions are unchanged from last year. Four of the 16 questions show a green RAG rating (one less than last year) and the remaining 11 questions show an amber RAG rating. A breakdown per question is included on page 15 of the report.

#### Learning from the 2019 audit:

Each service/directorate are using their specific findings to highlight the areas of good practice identified and the areas requiring improvement. Each directorate is in the process of developing and monitoring their action plans to improve outcomes. Each service/directorate is responsible for providing assurance through their respective Quality, Safety, Experience and Assurance arrangements with oversight from the respective Head of Nursing. In addition shared learning is provided through the Senior Nurse and Midwifery Team (SNMT) meeting chaired by the Executive Director of Nursing, Quality and Patient Experience.

Some of the areas of improvement identified in the 2018 report have been followed up during 2019 and these include:

- **Standard 2.2: Patients information on how to prevent damage to their skin:** the pressure damage improvement work reviewed the patient information available and produced bilingual patient information leaflets for pressure damage prevention and top tips to keep your feet healthy. In addition, a foot care assessment and care bundle and a series of posters have also been produced to aid staff in identify those patients at risk of developing pressure damage to their heels. The purpose T pressure ulcer risk assessment and care plan have also been introduced to all adult inpatient wards as part of the All Wales work to standardise the risk assessments tools being used across Wales.
- **Standard 3.5: Record keeping around assessment and care planning:** A Health Board representative is working with the NHS Wales Informatics Service (NWIS) and other colleagues across NHS Wales to produce digital nursing documents that follow a patient through their healthcare journey, using the same standardized nursing language to reduce duplication and improve patient experience and care. The project is aimed at ensuring the e-documents are fit for purpose, patient focused and aligned to the nursing process. The first phase of the project was to standardized key risk assessments chosen based on

frequency of use, and those that have the biggest potential to improve patient assessment, inform care planning and enhance patient safety and outcomes. A ward within the HB has been involved in the pilot of the digital adult inpatient assessment and a number of the above risk assessment have been rolled out in paper format in readiness for the risk assessments being available digitally. The next phase of the project involves standardising further nursing documents, and as care planning is a fundamental part of the nursing process they have been identified to be standardised next.

- **Standard 4.1: Rest and Sleep:** the Professional and Practice Development Team have commenced some quality improvement work with key teams to explore ways of improving the patient experience around rest and sleep which includes the use of hospitality packs/ear plugs/masks.

### Looking forward to 2020:

Wards/teams/services within HDdUHB have been undertaking the Health Care Standards Fundamentals of Care audits since 2009. The plan for 2020 is currently being discussed and SNMT are giving consideration to suspending the operational element of the audit, in its current format, as there are concerns that it does not provide the assurance required by the Health Board around the fundamental aspects of care and that a review of our assurance processes takes place with the aim of developing an assurance process that focuses on how improvement can be implemented. The factors influencing this proposal include:

- The feedback received on the 2019 audit from a number of services, who have highlighted that the specialty audit tools need to be updated to reflect the current standards and practices for these specialties.
- The increasing number of national audits that specialties are required to undertake which also focus on aspects of fundamentals of care and patient experience.
- The current All Wales nursing documentation digitalisation work stream and how this work aligns with the HCSFOC audit.
- The review being undertaken about the role and function of the Health Care Monitoring Group, which oversees the audit on behalf of the Nurse Directors, and the proposed changes to the terms of reference for this group.

It is proposed that we continue with the patient experience and staff survey.

### Argymhelliad / Recommendation

The Board are asked to:

- Accept the findings of the Health & Care Standards Fundamentals of Care audit 2019 activity which have been presented in the annual report.
- Note the proposal for the 2020 annual audit

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Risk Register Reference:	Not applicable.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): <a href="#">Hyperlink to NHS Wales Health &amp; Care Standards</a>	All Health & Care Standards Apply

Amcanion Strategol y BIP: UHB Strategic Objectives: <a href="#">Hyperlink to HDdUHB Strategic Objectives</a>	9. To improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	Improve efficiency and quality of services through collaboration with people, communities and partners

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	The themes within the Fundamentals of Care Audit are derived from multiple research studies (as well as narrative reports) which inform the aspects of care that patients identify to be of importance to meeting their core care needs.
Rhestr Termiau: Glossary of Terms:	None
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	It is recognised that good quality care will cost less, than poor quality care, although showing this in cash releasing terms is known to be very difficult. However, this report recognises that standards of care can still be improved in key areas. If areas of local improvement work are supported and prioritised there remains potential to both improve the care experience and also deliver greater efficiencies.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	<p>The report provides an assurance that the care delivered within the University Health Board continues to achieve a high level of satisfaction amongst patients, whilst also identifying areas of improvement work.</p> <p>The audit enables <b>patients/carers</b>:</p> <ul style="list-style-type: none"> <li>• To share their views and experiences on what we do well and where we need to improve, which will be used to help improve services that we provide,</li> <li>• To have a voice in the quality of care they receive and it ensures an openness and transparency with the quality standards.</li> </ul> <p>It empowers <b>staff</b>:</p>

	<ul style="list-style-type: none"> <li>• To make a difference and ensures ownership of their practice.</li> <li>• To have a voice in the care that they provide and ensures the focus is on essential elements of care and caring.</li> <li>• To identify areas of good practice and issues for concern.</li> </ul> <p>To develop action plans which enables them to monitor change</p>
<b>Gweithlu: Workforce:</b>	Attention is draw to the staff survey section of the report which aimed to ascertain staff's views about the organisation in relation to key aims and not on any one standard. Many of the findings of this survey reflect those of the NHS Staff Survey (2018) and previous Fundamentals of Care annual audit reports and there needs to be further investigation into all of the domains explored within the audit to ensure that our staff are at the forefront of what we do.
<b>Risg: Risk:</b>	<p>The report provides a measure of the standard of fundamental care identified in the Health &amp; Care Standards delivered to University Health Board patients and thus offers an assessment of the risk (or otherwise) posed by the care delivered to our hospital in-patient population</p> <p>Areas for improvement have been identified and will be included as part of the service specific reports and action plans currently being written.</p>
<b>Cyfreithiol: Legal:</b>	N/A
<b>Enw Da: Reputational:</b>	N/A
<b>Gyfrinachedd: Privacy:</b>	No patient identifiable information has been included in the report.
<b>Cydraddoldeb: Equality:</b>	The Health & Care Standards Fundamentals of Care Audit 2019 report assesses the care standards delivered to all patients in our care. No significant inequality issues were identified through the audit although work to improve aspects of care for all patients is reflected in the action plan developed in response to the audit and which forms part of the report.

## Health & Care Standards Fundamentals of Care Annual Audit Report



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

Pawb yn gwrtais a  
serchog fel arfer.

The staff were  
outstanding, friendly  
helpful and  
approachable. They  
made my stay a  
positive one



All staff are excellent  
efficient, friendly,  
thorough and  
attentive



I've found all members  
of staff to be  
exceptionally kind,  
helpful, respectful and  
homely. Really  
Excellent!



My relative has built a  
very good relationship  
with the staff.... He is  
treated with dignity and  
respect at all times and as  
a family we could not ask  
for more. Diolch yn fawr

My experience has  
been first class, all staff  
from doctors to  
domestics have been  
pleasant, courteous  
and professional.



All the staff that I encountered  
were both helpful, kind and  
reassuring, not just to me but  
my family. Nothing was ever  
too much trouble for them  
even under great pressure. I  
have the greatest respect for  
the dedication that was shown

# 2019



# Health & Care Standards

## 1. Situation

The 2019 Health & Care Standards Fundamentals of Care annual audit was undertaken in 134 clinical wards/units/services across Hywel Dda University Health Board (HDUHB) between 1<sup>st</sup> October and 30<sup>th</sup> November 2019. The areas that took part were:

Table 1: breakdown of areas from Acute Services who participated in the annual audit					
	Bronglais General Hospital	Glangwili General Hospital	Prince Philip Hospital	Withybush General Hospital	Total
General medical wards.	4	6	6	4	20
General surgical wards.	2	5	2	3	12
Critical Care	1	1	1	1	4
Cardiac Care	0	1	1	1	3
Outpatients Departments	2	1	2	3	8
Endoscopy Units.	1	1	1	1	4
Day Surgery Units	1	2	1	1	5
Medical Day Units	0	1	1	1	3
Theatres	1	1	1	1	4
Pre-Assessment Units	1	1	1	1	4
Rheumatology	-	-	1	-	1
Accident & Emergency/Clinical Decision units/Acute Medical Admissions Unit/Minor Injuries Unit	1	2	2	2	7
<b>Total</b>	<b>14</b>	<b>22</b>	<b>20</b>	<b>19</b>	<b>75</b>

Table 2: breakdown of areas from Women and Children Services who participated in the annual audit					
	Bronglais General Hospital	Glangwili General Hospital	Prince Philip Hospital	Withybush General Hospital	Total
In patient ward	-	1	-	-	1
Maternity.	1	1	-	1	3
Neonatal Care.	-	1	-	-	1
Paediatrics.	1	3	-	1	5
<b>Total</b>	<b>2</b>	<b>6</b>	<b>-</b>	<b>2</b>	<b>10</b>

Table 3: breakdown of areas from Mental Health & Learning Disabilities Services who participated in the annual audit						
	Ceredigion	Carms Glangwili	Prince Philip	Pembs	Hafan Derwen site	Total
Mental Health – inpatient	1	1	2	2	2	8
Learning Disabilities	-	-	-	-	1	1
<b>Total</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>9</b>

Table 4: breakdown of areas from Community Services who participated in the annual audit				
	Ceredigion	Carmarthenshire	Pembrokeshire	Total
Adult inpatient areas	1	2	2	5
Palliative Care Unit	-	1	-	1
Day Units	-	-	1	1
Outpatient departments	2	-	-	2
Minor Injuries Units	1	-	1	2
District Nursing Teams	6	8	8	22
<b>Total</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>33</b>

Table 5: breakdown of areas from Health Visiting who participated in the annual audit				
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# Health & Care Standards

	<b>Ceredigion</b>	<b>Carmarthenshire</b>	<b>Pembrokeshire</b>	<b>Total</b>
<b>Generic teams</b>	1	2	2	<b>5</b>
<b>Flying Start</b>	1	1	-	<b>2</b>
<b>Total</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>7</b>

The HB findings from the 2019 Annual Health and Care Standards operational audits, patient survey and staff survey are presented in this report which makes some comparisons to the results from the previous audits and will highlight where compliance has increased or decreased. Each service/directorate will use their specific findings to highlight the areas of good practice identified and the areas requiring improvement and develop and monitor their action plans to improve outcomes. Each service/directorate is responsible for providing assurance to their respective Quality, Safety, Experience and Assurance sub-committees by providing updates as part of their Quality and Safety presentations.

The audit results are local measurement to inform quality improvement and to share and celebrate good practice and the results should not be used to compare services/directorates within the HB. It must be recognised that there are limitations in making summative comparisons as the number of areas undertaking the audit has increased year on year.

Unless indicated otherwise, the compliance levels are given as percentages, rounded up to the nearest one percent.



## 3. Background

The NHS in Wales has undertaken a national audit of care and service delivery since 2009 and the audit has included three elements:

- Patient Experience Survey – where we asked patients about their experiences of care.
- Operational – This included a retrospective examination of patient records to measure compliance against the standards and triangulation of information and observation of clinical practice.
- Staff Survey – where we asked staff about their experience of working within the organisation.

The standards set in the 'Fundamentals of Care: guidance for health and social care staff' (2003) were the basis for the 2009-2014 audits. However, since 2015, the annual audit has been undertaken using the standards set in the **Health and Care Standards (2015)** document. The Health and Care Standards are the core standards for the NHS in Wales and brings together and updates the expectations previously set out in "*Doing Well Doing Better Standards for Health Services in Wales*", and the "*Fundamentals of Care*" Standards (2003). The Health and Care Standards provide the framework for how services are organised, managed and delivered on a day-to-day basis. They establish a basis for improving the quality and safety of healthcare services by providing a framework which can be used in identifying strengths and highlighting areas for quality improvement.



It is recognised that the audit:

*Enables patients/carers to:*

- Share their views and experiences on what we do well and where we need to improve, which will be used to help improve the services we provide.
- Have a voice in the quality of the care they receive.

*Empowers staff to:*

- Make a difference and ensure ownership of their practice.
- Have a voice in the care that they provide and ensure the focus is on essential elements of care and caring.
- Identify areas of good practice and highlight issues for concern.
- Develop action plans to monitor change.

*Enables organisations to:*

- Have a mechanism to monitor/measure the quality of nursing care.
- Develop organisational policies and procedures.
- Identify key themes for improvement.
- Adopt a culture of openness and transparency with the quality standards.

The audit is no longer mandated by the CNO; however HBs/Trust continue to undertake the audit to complete the audit as it provides a mechanism to monitor/measure the quality of nursing care provided within our organisations, whilst giving patients and staff an opportunity to share their views and experience.

## 4. Assessment

**4.1 Undertaking the Fundamentals of Care Audit 2019** – As in previous years, the time scale for staff to complete this year’s audit was 1<sup>st</sup> October - 30<sup>th</sup> November 2019. The senior nursing and midwifery team agreed that, as in previous years, all three elements of the audit (user experience, staff survey and operational audits) would be undertaken in all the relevant clinical wards/services/units within the HB. This is in line with most other HBs/Trusts across Wales who are undertaking at least one or more elements of the audit.

**4.1.1 Patient Survey:** For the 2019 patient survey, it was agreed that the sample size would be 15 patients on the ward/department/case load on a given day. It was agreed that teams could choose any day between the 1<sup>st</sup> October and the 31<sup>st</sup> October 2019. Patients from 127 wards/units/services participated in the audit (theatres were excluded from this element of the audit and three other wards/units/services did not complete this element of the audit).

**4.1.2 Staff Survey:** The survey was available as an online survey or staff could complete a paper version if they wished. The online version of the survey was available from the 1<sup>st</sup> November to the 4<sup>th</sup> December 2019. As in previous years, the primary focus of the staff survey was nursing staff but any member of the multidisciplinary team could complete the survey if they wished.

**4.1.3 Operational:** 130 clinical wards/units/services completed this element of the audit. The Senior Nursing and Midwifery Team agreed that the 2019 audit would be undertaken as a peer review audit and each service lead was asked to arrange this within their service. A number of approaches were used for the 2019 audit and these will be reviewed to determine the best approach for the 2020 audit. The approaches included:

- Self audit by teams/wards/departments;
- One auditor identified for all the service who completed the audit for each area within that service (this was either a senior nurse or an identified registered nurse from within the service);
- One auditor identified who supported the teams/wards/departments within that service to undertake the audits;
- Team of auditors identified and the standards divided up between the team (each auditor completed the audits on the same standards across the service).

**4.1.4 Compliance Matrix** – the agreed compliance matrix for all elements of the audit is set out in diagram 1.

Diagram 1: Compliance Matrix
>85%
50%-85%
<50%

**4.2 Triangulation of data** –The results from the Health and Care Standards Audit is only one method by which we monitor the quality delivered and therefore only part of the wider picture. The results need to be triangulated with other user experience, performance and outcome measures to help the organisation understand if it is doing the right things well and providing care which is dignified, safe and effective to meet the needs of individuals.

**4.3 Health & Care Standards Fundamentals of Care Results:** The results from the Health & Care/Fundamentals of Care Audit can be found in the following pages and incorporates the results from the following service areas:

- Medical wards.
- Surgical wards.
- Theatres.
- Outpatients Departments.
- Endoscopy Units.
- Day Surgery Units.
- Unscheduled Care.
- Mental Health.
- Maternity.
- Neonatal Care.
- Paediatrics.
- Learning Disabilities.
- District Nursing Teams.

The list of the wards/teams/services who participated in the audit are included in appendix 1.

As stated previously, there were three elements to the audit:

- **Patient experience** (Section 4.4)– 1548 patients/carers completed the patient survey across the HB (a decrease of 24 patients when compared to the number of patients who took part in the 2018 survey).
- **Operational questions** (Section 4.5)– 671 patients’ records including 411 medication charts, 165 food charts, 187 daily fluid charts and 122 weekly fluid charts were reviewed as part of the audit.
- **Our staff** (Section 4.6)– 992 staff completed the staff survey (19 less than last year).

**4.4.1 Source of the data** – the source of the data in this report is taken from the Health & Care Monitoring System.






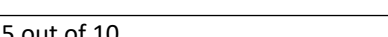
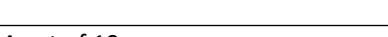
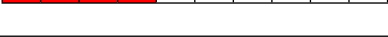
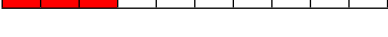

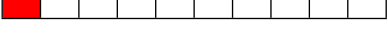
**4.4 Patient Experience: Overall Patient Satisfaction:** 1508 patients/families/carers participated in the general patient survey and when asked to rate their satisfaction with their overall experience, using a 1-10 rating score, with 1 being very bad and 10 being excellent, patients gave us a rating of **9.3 out of 10 (93%)** ensuring that Hywel Dda University Health Board achieved a RAG rating of green, in accordance with the All Wales Fundamentals of Care audit criteria, for a six consecutive year. The table below gives a breakdown per year:

Year	Number of patients	Score	RAG rating	
2013	642	9.1 out of 10 (91%)	Green	
2014	1018	9.3 out of 10 (93%)	Green	↑
2015	1256	9.2 out of 10 (92%)	Green	↓
2016	1637	9.3 out of 10 (93%)	Green	↑
2017	1672	9.4 out of 10 (94%)	Green	↑
2018	1534	9.3 out of 10 (93%)	Green	↓
2019	1508	9.3 out of 10 (92%)	Green	↔

# Health & Care Standards

Table 7 shows the breakdown per score and shows that 62.5% of the patients who responded gave the HB a 10 out of 10 rating (2 patients less than last year). However, 40 patients gave the HB a rating of 5 out of 10 or below (an increase of 5 patients).

**Table 7: Overall satisfaction with Overall experience, using a 1-10 rating score (with 1 being very bad and 10 being excellent), Breakdown per score.**

	2013	2014	2015	2016	2017	2018	2019	
10 out of 10 	58.4% n=377	64.7% n=659	59.73% n=742	62.18% n=1018	63.04% n=1054	62.17% n=955	62.53% n=953	↓
9 out of 10 	20.6% n=133	18.7% n=190	19.77% n=246	18.45% n=302	19.92% n=333	18.95% n=291	18.64% n=284	↓
8 out of 10 	13.8% n=89	9.2% n=94	12.94% n=161	12.95% n=212	11% n=184	11.52% n=177	12.01% n=183	↑
7 out of 10 	5.6% n=36	3.9% n=40	3.46% n=43	3.30% n=54	2.87% n=48	3.06% n=47	3.28% n=50	↑
6 out of 10 	0.6% n=4	1.7% n=18	1.77% n=22	1.28% n=21	1.14% n=19	1.89% n=29	0.92% N=14	↓
5 out of 10 	0.8% n=5	0.9% n=10	1.45% n=18	1.16% n=19	0.90% n=15	1.50% n=23	1.84% n=28	↑
4 out of 10 	0.2% n=1	0.4% n=4	0.16% n=2	0.12% n=2	0.06% n=1	0.20% n=3	0.20% n=3	↔
3 out of 10 	0%	0.1% n=1	0.08% n=1	0.37% n=6	0.12% n=2	0.26% n=4	0.26% n=4	↔
2 out of 10 	0%	0% n=0	0% n=0	0.12% n=2	0.06% n=1	0.13% n=2	0% n=0	↓
1 out of 10 	0.2% n=1	0.1% n=1	0.56% n=7	0.06% n=1	0.18% n=3	0.20% n=3	0.33% n=5	↑
0 out of 10 	0%	0.1% n=1	0.08% n=1	0% n=0	0.06% n=1	0% n=0	0% n=0	↔

In addition to the patient satisfaction question, patients were asked 26 core questions. The data shows that we achieved a green RAG rating for 25 of the 26 of the core questions (85% or above). Where there is comparable data, four questions have seen an increase in percentage compliance compared to last year, twelve have seen a decrease in percentage compliance and ten remain unchanged on last year's position.

24 of the 26 questions showed compliance scores of above 90%, however 11 have seen a decrease in the percentage compliance when compared to last year's data (between 1-2%).

Two aspects of care scored between 85-90%.

# Health & Care Standards

- 88% of the patients who responded stated that they were able to speak Welsh to staff if they needed to (↑4% on last year's position) and although the RAG rating for this question has changed from amber to green there is still work to do to ensure that all Welsh speaking patients have the opportunity to speak Welsh if they need to.
- Only 81% of the patients who responded felt they were able to get enough rest and sleep (↓3% on last year's position and ↓6% on the 2017 position). Rest & Sleep remains the lowest scoring aspects of care from a patient's perspective.

The overall patient experience scores for the previous five audit cycles and the 2019 findings are presented in table 8. In addition to the core questions there are specialty specific patient questions and these are included in the relevant service/directorate reports.

<b>Table 8: overall results/core questions/HB</b>								
<b>Summary/Indicator</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	
<b>First and Lasting Impressions</b>								
Patients felt that they were treated with dignity and respect	98%	99%	98%	99%	99%	98%	98%	↔
Patients felt they were given enough privacy	99%	99%	98%	97%	99%	97%	98%	↑
Patients felt that people were polite to them				98%	99.5%	99%	99%	↔
Patients felt that if they asked for assistance they got it when they needed it	95%	96%	97%	96%	98%	97%	97%	↔
Patients felt they received help quickly and discreetly to use the toilet	95%	97%	97%	96%	95%	96%	95%	↓
Patients felt they were kept informed regarding delays		93%	92%	90%	91%	92%	90%	↓
Patients felt that they were able to speak Welsh to staff if they needed to					86%	84%	88%	↑
<b>Receiving care in a safe, supportive, healing environment</b>								
Patients felt safe	99%	99%	98%	98%	99%	99%	98%	↓
Patients felt they were made to feel comfortable	96%	98%	97%	98%	99%	98%	98%	↔
Patients felt they were kept, as far as possible, free from pain	96%	97%	96%	96%	98%	96%	96%	↔
Patients felt they were provided with water and drinks	96%	97%	97%	98%	98%	97%	98%	↑
Patients felt that the clinical area was kept clean and tidy	98%	99%	99%	99%	99%	99%	98%	↓
Patients felt they were provided with nutritious snacks	93%	93%	95%	93%	93%	95%	95%	↔
Patients felt that staff were kind and helpful				99%	99%	99%	99%	↔
Patients felt they were given help with feeding if needed it	96%	98%	97%	96%	94%	93%	96%	↑
Patients felt they were able to get enough rest and sleep	84%	88%	85%	83%	87%	84%	81%	↓

# Health & Care Standards

Summary/Indicator	2013	2014	2015	2016	2017	2018	2019	
Patients felt that they had their hygiene needs met	98%	99%	98%	98%	98%	98%	97%	↓
Patients felt they were given help with their mouth care	91%	97%	95%	94%	88%	93%	91%	↓
Patients felt that were given help and advice on how to prevent damage to your skin				97%	90%	88%	87%	↓
<b>Understanding and Involvement in Care</b>								
Patient felt that they were given full information about their care	95%	96%	95%	95%	97%	97%	97%	↔
Patients felt that things were explained to them in a way that they could understand					93%	96%	96%	↔
Patients felt that they understood what was happening in their care					97%	96%	95%	↓
Patients felt that they were given help to be as independent as possible	98%	98%	98%	97%	97%	97%	97%	↔
Patients felt that they were listened to				96%	97%	97%	96%	↓
<b>Summary/Indicator</b>								
Patients felt that they were involved as much as you wanted to be in decisions about their care					96%	95%	94%	↓
Patients felt that they were involved as much as they wanted to be in decisions about their discharge				90%	90%	91%	89%	↓

A detailed breakdown of each question is included as appendix 2.

**Who completed the survey:** Teams were advised to randomly select the patients who were given the questionnaire as it is important that patients who are frail and vulnerable and who might not be able to complete the questionnaire independently are not excluded from having the opportunity to provide feedback about their care. 71% of the questionnaires were completed by the patient (↓3% on last year), 20% were completed by family/carer/friend on behalf of the patient (↑5% on last year) and 9% were completed by health care professional on the patient's behalf (↓2% on last year).

The data shows that the majority of patients who completed the survey were independent enough to complete the questionnaire on their own; however, 29% (n=439) of the patients who were included in the survey required the support of someone else to complete the survey (↑2.5% on last year). Where the questionnaires were completed by family/carer/friend or healthcare professional, the individual completing the questionnaire was asked to document the reason why so that we could better understand the reasons why the patients needed support to complete the survey. Where the family or healthcare professional had responded to this question, the main reasons the patients required support were, in order of frequency:

- Vision– 53 patients required support as they were unable to complete the questionnaire because they could not see to read it either because of a visual impairment or because they had left their glasses at home. (↑9 compared than last year).

# Health & Care Standards

- Clinical Condition – 48 patients required support to complete the questionnaire because of their clinical condition as they were too unwell to complete it themselves (↑3 patients on last year).
- Ability to write - 41 noted that they were either unable to write or had lost the ability to write because of an illness or had lost the dexterity to hold a pen. This was nine more patients than last year.
- Cognitive impairment – the number of patients who required support due to cognitive impairment e.g. dementia, memory loss remains low (N=18) considering that a growing number of patients admitted to hospital have a cognitive impairment (↓1 patient on last year).
- Ability to read - A small number of patients (n=7) required support as they were unable to read the questions or the print was too small for them to read.

61% of the patients (n=898) who complete the survey were aged 60 year and above (↓2% on last year). The table below gives a breakdown of the number of patients who completed the patient survey per age group:

	0-18	18-29	30-39	40-49	50-59	60-69	70-79	80 Plus
Number of patients	70	116	148	94	146	243	339	316
Percentage per age group	4.76%	7.88%	10.05%	6.39%	9.92%	16.51%	23.03%	21.47%

\*36 patients chose not to answer this question.

## What does the Fundamentals of Care Patient Experience Survey tell us?

**First & Lasting Impressions:** The survey shows that most of the time we do provide a positive patient experience and a good standard of care, however, there are occasions when this isn't always the case and we need to ensure that all staff maintain the HB's organisational values of treating people with dignity and respect.

*My experience has been first class, all staff from doctors to domestics have been pleasant, courteous and professional. They are all a credit to themselves and the health board.*

*My EXPERIENCE HAS BEEN WONDERFUL, STAFF HAVE BEEN GREAT.*

*The staff were brilliant, looked after 24/7. I can't say enough about the care received.*

*Sometimes one or two staff that are not so good and make it a little inconsistent in delivering good care to patients*

The number of staff on the wards/departments remains a concerns for patients with a number commenting on the staffing levels on the wards/departments and the need for "more staff".

**Receiving care in a safe, supportive, healing environment:** The survey shows that patients feel that, most of the time, they receive care in a safe, supportive, healing environment but we don't get it right for everyone.

# Health & Care Standards

*I have been seen by the district nurses since Feb following an operation and second operation in August on a daily basis all nurses are truly amazing. Always polite, helpful, they explain what they are doing and why regarding the wound. They are always very supportive with my care/medical needs.*

*The staff are very supportive of your choices and help you take care of your baby*

*Each of my experience with my Health Visitor have been positive ones. They are always approachable and happy to discuss any concerns or questions I have. Always friendly and supportive. The service has always been great.*

*More information about discharge and making a plan together and sticking to the plan. Rather than suddenly changing the plan.*

*This ward is excellent. Some others are less so. (Not as life threatening perhaps) but they still need to treat the **WHOLE** person not just the symptom.*

Car parking facilities remains a concern for patients with one stating that “parking is nightmare” and a number of patients stating that more car parking is required.

**Understanding and Involvement in Care:** The survey shows that the majority of patients understand and are involved in their care but there are examples when we could do better,

*Very informative and understanding.*

*Very many thanks to everyone who advised, were friendly - even more so helped me to understand what was going on and more importantly why I was there.*

*Inform patients beforehand if they require a 'flow test' or scan before they arrive at the hospital.*

*Personally I think some more time could be spent explaining patients conditions to them.*

*I feel that there is improvement to be made by the way patients are booked in on certain days, as it can be frustrating when you don't understand who is talking to you on the desk as not everything is clear.*

**4.5 Operational Findings** – Table 10 provides the overall total percentage compliance for the operational questions, per standard for each ward/department included. A comparison between the audit results for the previous audit cycles has been provided to show where improvements have been noted. There are limitations to making comparisons and it is important to note that each standard includes additional specialty specific questions and for some standards, only specialty specific questions were asked and the report highlights where this applies.

It must also be noted that although there are 22 standards in the Health & Care Standards (2015) document, there were no operational questions included for two of the standards (Standard 3.4 Information Governance and Communications Technology and Standard 5.1: Timely Access) prior to the 2017 audit. For the 2017, 2018 and 2019 audits the two standards only have specialty specific questions.



# Health & Care Standards

Table 10: Operational questions: Overall Standard Summary		2013 RAG %	2014 RAG %	2015 RAG %	2016 RAG %	2017 RAG %	2018 RAG %	2019 RAG %	
<b>Staying Healthy</b>									
1.1	Health Promotion, Protection and Improvement	n/a	n/a	100%	79%	78%	77%	81%	↑
<b>Safe Care</b>									
2.1	Managing Risk and Promoting Health and Safety	94%	91%	92%	92%	95%	94%	92%	↓
2.2	Preventing Pressure and Tissue Damage	93%	88%	88%	93%	93%	92%	89%	↓
2.3	Falls Prevention	96%	85%	86%	90%	89%	88%	89%	↑
2.4	Infection Prevention and Control (IPC) and Decontamination	89%	99%	96%	97%	99%	98%	98%	↔
2.5	Nutrition and Hydration	93%	91%	92%	93%	94%	94%	92%	↓
2.6	Medicines Management	88%	91%	92%	98%	96%	95%	95%	↔
2.7	Safeguarding Children and Safeguarding Adults at Risk	96%	98%	97%	96%	93%	98%	97%	↓
2.8	Blood Management	n/a	n/a	100%	80%	73%	83%	78%	↓
2.9	Medical Devices, Equipment and Diagnostic Systems	92%	90%	90%	96%	96%	95%	99%	↑
<b>Effective Care</b>									
3.1	Safe and Clinically Effective Care	n/a	n/a	n/a	82%	90%	81%	84%	↑
3.2	Communicating Effectively	84%	86%	86%	88%	86%	88%	85%	↓
3.3	Quality Improvement, Research and Innovation	n/a	n/a	n/a	94%	85%	89%	95%	↑
3.4	Information Governance and Communications Technology	n/a	n/a	n/a	n/a	100%	100%	98%	↓
3.5	Record Keeping	94%	86%	89%	90%	90%	89%	87%	↓
<b>Dignified Care</b>									
4.1	Dignified Care	80%	84%	86%	86%	84%	87%	87%	↔
4.2	Patient Information	80%	87%	87%	91%	89%	90%	91%	↑
<b>Timely Care</b>									
5.1	Timely Access	n/a	n/a	n/a	n/a	100%	100%	97%	↓
<b>Individual Care</b>									
6.1	Planning Care to Promote Independence	86%	87%	87%	87%	88%	88%	84%	↓
6.2	Peoples Rights	n/a	81%	93%	92%	85%	93%	96%	↑
6.3	Listening and Learning from Feedback	91%	96%	96%	98%	96%	97%	93%	↓
<b>Staff and Resources</b>									
7.1	Workforce	78%	76%	88%	86%	90%	90%	83%	↓

A detailed breakdown per question is included as appendix 3.

## What does the operational findings tell us?

The findings show:

# Health & Care Standards

- That of the 22 standards included in the audit, the HB achieved 85% or above in 17 of the standards with the remaining five achieving amber RAG ratings (scores between 50-85%).
- Where previous data is available, the 2019 show an increase in compliance for seven standards, a decrease in compliance for twelve standards with three showing an unchanged position.
- Standard 1.1 has seen an increase when compared to last year's position (↑4%) but the RAG rating remain amber.
- Standard 2.8 has seen a decreased in compliance compared to the 2018 position (↓5%). This standard only has specialty specific questions.
- Standard 3.1 has seen an increase when compared to last year's position (↑3%) but the RAG rating remains amber.
- Standard 6.1 has seen a decrease when compared to last year's position (↓4%) and the RAG rating has now changed from green to amber.
- Standard 7.1 has seen a decrease when compared to last year's position (↓7%) and the RAG rating has changed from green to amber.

**4.6 Our Staff - Staff Survey Findings:** The annual HCS/FoC audit includes a survey aimed at ascertaining staff's views about the organisation in relation to key aims. The survey has been undertaken annually since 2013.

A total of 992 staff completed the staff survey. Although the main focus of the staff survey was to ascertain the views of nursing staff, there was opportunity for other staff groups to participate. The table 38 demonstrates the breakdown of staff that completed the survey by staff group.

<b>Staff group</b>	<b>Total Number</b>	<b>Percentage</b>
<b>Nurse</b>	440	44%
<b>District Nurse</b>	42	4%
<b>Doctor</b>	7	1%
<b>Administrative Assistant</b>	31	3%
<b>Midwife</b>	57	6%
<b>Health Care Support Worker</b>	296	44%
<b>Health Visitors</b>	49	5%
<b>Allied Health Professional</b>	10	1%
<b>Operating Department Practitioner</b>	9	1%
<b>Other (please specify)</b>	51	5%
Total	992	

**Results per question** Staff are asked to response always, usually, sometimes, never to 16 questions and asked to rate two questions on a scale of 0-10.

**Staff Satisfaction** - staff were asked to rate their overall satisfaction with the care that they provide to patients and their families and their overall satisfaction with the organisation, using a scale of 1-10, with 1 being very bad and 10 being excellent.

When asked to rate their overall satisfaction with the care provided to patients and relatives, staff gave the organisation a satisfaction rating of 8.0 out of 10 (80%) which, in accordance with the All Wales FoC Steering Group compliance matrix, is an amber RAG rating. This has seen a decrease of 1% on last year's position.

**Table 39: Compliance Score when staff were asked to rate their overall satisfaction with the care that you provide to your patients and their families**

	2013	2014	2015	2016	2017	2018	2019	
Overall satisfaction with the care that you provide to your patients and their families.	76%	84%	73%	81%	80%	81%	80%	↓1%

*I feel the continuity of care that we are able to provide gives me great satisfaction in the level of care I can provide*

*I work within an excellent team of hard working individuals*

*Sometimes you wish you had more time to speak with patients without rushing to complete tasks*

*We try very hard to provide excellent care but with the service demands and staffing sometimes we find this difficult and this can be very upsetting for us.*

*I always provide the best care possible, however, sometimes go home feeling disappointed that I could not do more.*

When asked to rate their overall satisfaction with the organisation, staff gave the organisation a satisfaction rating of **7.2** out of 10 (**72%**), which, in accordance with the All Wales FoC Steering Group compliance matrix, is an **amber** RAG rating (this is decrease of 1% on last year's position).

**Table 40: Compliance Score when staff were asked to rate their overall satisfaction with the organisation**

	2013	2014	2015	2016	2017	2018	2019	
Overall satisfaction with the organisation		67%	73%	73%	72%	73%	72%	↓1%

*Sister is a fantastic ward sister, great support, passionate about the hospital all staff think she's fab.*

*I thoroughly enjoy working at my local hospital and take pride in my work.*

*I feel that although the health board talks about values, this is not followed through in practice*

*Senior managers are conspicuous by their absence*

**Staff Survey Questions:** staff were asked to respond always, usually, sometimes, never to further 16 questions and the results show that there has been an increase in percentage compliance for six questions, a decrease for six of these questions, whilst four questions are unchanged from last year. Four of the 16 questions show a green RAG rating (one less than last year) and the remaining 11 questions show an amber RAG rating.

Areas requiring improvement include:

- ensuring that there is further investigation and improvement work to all of the domains explored within the audit to ensure that we continue to put staff at the forefront of what we do. We need to show staff that we responded to the issues identified in the survey as

# Health & Care Standards

this helps address the perception that 'nothing is done' with the survey results, which can lower future response rates.

Table 42 demonstrates the overall compliance percentage per question.

Table 42: Whole HB/Staff Survey								
Description/Indicator	2013	2014	2015	2016	2017	2018	2019	
Make sure you are able to access up to date information in order to be able to do your job.	87%	90%	90%	92%	90%	92%	92%	↔
Ensure that as an employee you are treated with dignity and respect.	66%	75%	82%	85%	83%	85%	84%	↓
Make you feel safe at work.	77%	82%	83%	88%	85%	87%	87%	↔
Make you feel you have a positive contribution to patient care.	75%	81%	83%	88%	85%	88%	85%	↓
Provide you with sufficient equipment to do your job.	80%	82%	81%	82%	80%	79%	80%	↑
Provide you with opportunities to enhance your skills and professional development.	55%	59%	66%	74%	73%	76%	75%	↓
Provide you with feedback on the outcomes of any incidents/accidents that you report or that are reported within your clinical area?	51%	57%	61%	68%	68%	70%	74%	↑
Provide you with opportunity to identify and learn from good practice to bring about improvements in care.	65%	70%	71%	81%	80%	81%	82%	↑
Provide opportunities for you to raise any concerns that you have.	68%	73%	77%	82%	80%	81%	84%	↑
Provide you with the opportunity to establish a work life balance.	61%	67%	69%	75%	71%	74%	77%	↑
Make you feel a valued member of the organisation and have a sense of belonging.	54%	62%	64%	72%	71%	73%	70%	↓
Make you feel proud to be a nurse / allied health professional.	56%	65%	69%	75%	75%	76%	78%	↑
Put local citizens at the heart of everything we do'.		61%	66%	79%	73%	77%	75%	↓
Ensure that you have the knowledge and skills to deliver a consistent standard in the fundamental aspects of compassionate care.	76%	82%	86%	90%	86%	90%	90%	↔
Work together to be the best that we can be.				79%	76%	80%	80%	↔
Strive to deliver and develop excellent services.				84%	82%	84%	83%	↓

*Could not wish for better support and sense of belonging.*

# Health & Care Standards

*Always feel treated with respect and dignity by immediate line manager/work colleagues*

*I feel a valued members of my team.... They are my extended family*

*I have found the CEO very approachable and proactive when I have raised concerns with him*

*Good department, very good learning opportunities and able to provide dignified care to patients*

*I feel that I can have open and honest communication with my seniors and colleagues*

*I am frequently given positive feedback relating to my practice*

*Have thoroughly enjoyed the course that I have attended this year, I feel more equipped to do my job and there has definitely been an improvement in encouraging staff to attend training and learning and development*

*Some appear to have little respect for HCSWs.*

*The way staff are sometimes spoken to by [some individuals], who put a lot of pressure on us, is not always respectful*

*I feel undervalued and just a number, not a person*

*We are not always heard and valued*

*I have always rated this highly, but at present feel it no longer exist*

*Sometimes I feel undervalued with a lack of respect for the work I do*

*Attitude from higher banding is not always acceptable*

*When equipment is condemned or broken the amount of time it takes to replace them*

*I am exasperated in how little respect is shown to patients. Patient flow is perceived as the most important, but leaves the UHB values on the wall but not in our hearts & certainly not in our DNA".*

## What does the Staff Survey tell us?

Although the compliance score have seen changes since the staff survey was first undertaken in 2013, the themes of the comments have remained fairly consistent. The themes from the comments provided by staff included:

- Concerns about staffing with comment about "staffing deficits", 'low staffing', 'lack of staff' and 'staff shortages' a recurring theme in the comments.
- Generally, staff feel valued by their immediate team but not always by the wider organisation.
- Availability of equipment.
- The feeling of not being listened to and lack of feedback when concerns are raised.
- Demands of the service, particularly around patient flow.
- Car parking.

**Learning from the 2019 audit:** the service specific results of this audit will be review within the operational teams' current governance structures and included in each of the services report to ensure that any areas of good practice and areas for improvement are identified and shared. Local action plans will be developed by individual wards/departments/services and will form part of the wider service action plans and these will be monitored by the operational governance forums.

**Looking forward to 2020:** As previously mentioned, wards/teams/services within the HB have been undertaking the Health Care Standards Fundamentals of Care audits since 2009. The plan for 2020 is currently being discussed and SNMT are giving consideration to suspending the operational element of the audit, in its current format, as there are concerns that it does not provide the assurance required by the Health Board around the fundamental aspects of care and that a review of our assurance processes takes place with the aim of developing an assurance process that focuses on how improvement can be implemented. This factors influencing this proposal include:

- The feedback received on the 2019 audit from a number of services, who have highlighted that the specialty audit tools need to be updated to reflect the current standards and practices for these specialties.
- The increasing number of national audits that specialties are required to undertaken which also focus on aspects of fundamentals of care and patient experience.
- The current All Wales nursing documentation digitalisation work steam and how this work aligns with the HCSFOC audit.
- The review being undertaken about the role and function of the Health Care Monitoring Group, which oversees the audit on behalf of the Nurse Directors, and the proposed changes to the terms of reference for this group.

It is proposed that we continue with the patient experience and staff survey.

## **Acknowledgements**

I wish to thank all the patients, families and carers who took part in the patient survey; their continued contribution to the audit helps us show where we are providing excellent standards of high quality care and where we need to focus our improvement work.

I also wish to thank our staff, who continue to work hard during very challenging times to ensure that patients receive the best possible care and I recognise their commitment to provide high quality compassionate care to our patients and their families.

**Mandy Rayani**  
**Director of Nursing, Quality & Patient Experience,**  
**Hywel Dda University Health Board.**

## References

1. **All Wales Health & Care Monitoring Network Group (2016):** Resources  
<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=910&pid=69605>
2. **Nursing & Midwifery Council (2015)** Code: professional standards of practice and behaviour for nurses and midwives.
3. **Welsh Assembly Government (WAG) (2003)** Fundamentals of Care. Guidance for Health and Social Care Staff. Improving the quality of fundamental aspects of health and social care for adults
4. **Welsh Government (2015)** Health & Care Standards

# Health & Care Standards

## Appendix 1: List of the wards/teams/departments who participated in the audit:

	Ward/Team Service	Health & Care Standards	User Experience
1	ABER OPD	Completed	data entered
2	AVH Amman Valley Hospital	Completed	data entered
3	AVH Amman Valley OPD	Completed	data entered
4	BGH Angharad	Completed	data entered
5	BGH Ceredig	Completed	data entered
6	BGH Day Surgical Unit	Completed	data entered
7	BGH Dyfi	Completed	data entered
8	BGH Emergency Department	Completed	data entered
9	BGH Endoscopy	Completed	data entered
10	BGH Gwennlian	Completed	data entered
11	BGH Intensive Care Unit	Completed	data entered
12	BGH Meurig	Completed	data entered
13	BGH Pre-Assessment Unit	Completed	data entered
14	BGH Rhiannon	Completed	data entered
15	BGH Theatres	Completed	Not applicable
16	BGH Y Banwy	Completed	data entered
17	BGH Ystwyth	Completed	data entered
18	BGHOPD	Completed	data entered
19	NROADOPD	Completed	data entered
20	CAR Cardigan Minor Injuries Unit	Completed	data entered
21	CAR OPD	Completed	data entered
22	CARMS Amman Team	Completed	data entered
23	CARMS Carmarthen Town	Completed	data entered
24	CARMS Gwendraeth Team	Completed	data entered
25	CARMS LLandysul	Completed	data entered
26	CARMS Llanelli Team K (Burry Port, Kidwelly, Llangennech, Llwynhendy & Talybont)	Completed	data entered
27	CARMS Llanelli Team S (Ashgrove, Fairfield, Avenue Villa & Ty Elli)	incomplete	data entered
28	CARMS Towy Team	Completed	data entered
29	CARMS Vale of Taf	Completed	data entered
30	CER Aberaeron/New Quay District Nursing	Completed	data entered
31	CER Church/Borth District Nursing, Aberystwyth	Completed	data entered
32	CER Lampeter/Llanybydder District Nursing	Completed	data entered
33	CER Newcastle Emlyn/Cardigan District Nursing	Completed	data entered
34	CER Tregaron/Llanila District Nursing	Completed	data entered
35	CER Ystwyth/Padarn District Nursing, Aberystwyth	Completed	data entered
36	GGH Adult Critical Care	Completed	data entered
37	GGH Cadog	Completed	data entered
38	GGH CCU	Completed	data entered
39	GGH CDU	Completed	data entered
40	GGH Ceri (rehabilitation and Reablement)	Completed	data entered
41	GGH Cilgerran	Completed	data entered
42	GGH Cleddau	Completed	data entered



# Health & Care Standards

43	GGH Day Surgical Unit	Completed	data entered
44	GGH Derwen	Completed	data entered
45	GGH Dinefwr	Completed	data entered
46	GGH Emergency Department	NO DATA	data entered
47	GGH Endoscopy	Completed	data entered
48	GGH Gwenllian	Completed	data entered
49	GGH HDU (paeds)	Completed	data entered
50	GGH Merlin	Completed	data entered
51	GGH PACU	Completed	data entered
52	GGH Padarn	Completed	data entered
53	GGH Picton	Completed	data entered
54	GGH Pre-Assessment Unit	Completed	data entered
55	GGH Preseli	Completed	data entered
56	GGH Priory Day Hospital (Medical Day Unit)	Completed	data entered
57	GGH SCBU	Completed	data entered
58	GGH Steffan	Completed	data entered
59	GGH Teifi	Completed	data entered
60	GGH Theatres	Completed	Not applicable
61	GGH Towy	Completed	NO DATA
62	GGH Tysul Ward	Completed	data entered
63	GGHOPD	NO DATA	data entered
64	HV Ceredigion Flying Start Team	NO DATA	data entered
65	HV Carmarthen & Gwendraeth Generic Team	Completed	data entered
66	HV Carmarthenshire Flying Start Team	Completed	data entered
67	HV Ceredigion Generic Team	Completed	data entered
68	HV Llanelli Generic Team	Completed	data entered
69	HV North Pembrokeshire Generic Team	NO DATA	data entered
70	HV South Pembrokeshire Generic Team	Completed	data entered
71	LLH Llandovery Hospital	Completed	data entered
72	MHLD Bryngofal	Completed	data entered
73	MHLD Bryngolau	Completed	data entered
74	MHLD CWM SEREN LSU	Completed	data entered
75	MHLD Enlli	Completed	data entered
76	MHLD Morlais Ward	Completed	data entered
77	MHLD PICU	Completed	data entered
78	MHLD St Caradog	Completed	data entered
79	MHLD St Non	Completed	data entered
80	MHLD Ty Bryn	Completed	Not applicable
81	PEMBS Argyle, Pembroke Dock	Completed	data entered
82	PEMBS Crymych/Newport	Completed	data entered
83	PEMBS Fishguard	Completed	data entered
84	PEMBS Manchester Square, Milford Haven	Completed	data entered
85	PEMBS Narberth	Completed	data entered
86	PEMBS St Thomas, Haverfordwest	Completed	data entered
87	PEMBS Tenby/Saundersfoot	Completed	data entered
88	PEMBS Winch Lane, Haverfordwest	Completed	entered under St Thomas Nov
89	PPH AMAU	Completed	data entered
90	PPH CCU	Completed	data entered
91	PPH Day Surgical Unit	Completed	data entered
92	PPH Endoscopy	Completed	data entered
93	PPH GDH	Completed	data entered

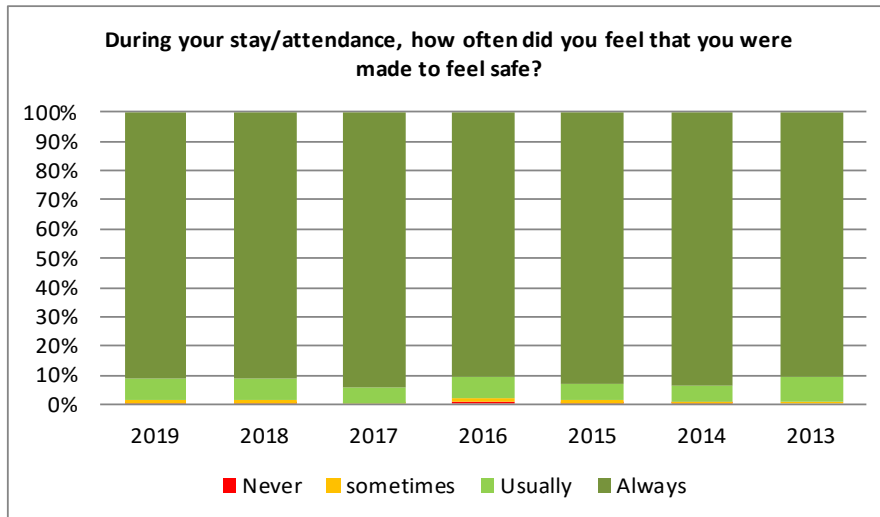
# Health & Care Standards

94	PPH Intensive Care Unit	Completed	data entered
95	PPH Minor Injuries Unit (MIU)	Completed	data entered
96	PPH Mynydd Mawr Rehab Unit	Completed	data entered
97	PPH Pre-Assessment Unit	Completed	data entered
98	PPH Rheumatology Unit	Completed	data entered
99	PPH Theatres	Completed	Not applicable
100	PPH Ty Bryngwyn	Completed	NO DATA
101	PPH Ward 1	Completed	data entered
102	PPH Ward 3	Completed	data entered
103	PPH Ward 4	Completed	data entered
104	PPH Ward 5	Completed	data entered
105	PPH Ward 6	Completed	data entered
106	PPH Ward 7	Completed	data entered
107	PPH Ward 9	Completed	data entered
108	PPHOPD	Completed	data entered
109	SPEMB Cleddau River Day Unit	Completed	data entered
110	SPEMB OPD	Completed	data entered
111	SPEMB Sunderland Ward	Completed	data entered
112	TCH Minor Injuries Unit	Completed	data entered
113	TCH OPD	Completed	data entered
114	TCH Tenby Cottage Ward	Completed	data entered
115	TH Tregaron Hospital	Completed	data entered
116	WGH ACDU	Completed	data entered
117	WGH Day Surgical Unit	Completed	data entered
118	WGH Emergency Department	Completed	data entered
119	WGH Endoscopy	Completed	data entered
120	WGH ITU	Completed	data entered
121	WGH Maternity Unit	Completed	NO DATA
122	WGH Medical Day Unit	Completed	data entered
123	WGH PACU (Puffin Ward)	Completed	data entered
124	WGH Pre-Assessment Unit	Completed	data entered
125	WGH Theatres	Completed	Not applicable
126	WGH Ward 1	Completed	data entered
127	WGH Ward 10	Completed	data entered
128	WGH Ward 11	Completed	data entered
129	WGH Ward 12	Completed	data entered
130	WGH Ward 3	Completed	data entered
131	WGH Ward 4	Completed	data entered
132	WGH Ward 7	Completed	data entered
133	WGH ward 8/CCU	Completed	data entered
134	WGHOPD	Completed	data entered

## Appendix 2: Patient perspective:

The vast majority of patients *felt that they were made to feel safe with 98% of the patients responding positively to this question (↓1%).*

Graph 2: During your Stay/attendance, how often did you feel that you were made to feel safe?



*Very good felt safe and well looked after.*

*well looked after in a safe and secure environment*

*Everybody was so friendly and professional made me feel at ease and in a safe hands*

87% of the patients who responded felt that were given help and advice on how to prevent damage to your skin (↓1% on last year's position).

Graph 3: During your Stay/attendance, were you given help and advice on how to prevent damage to your skin?



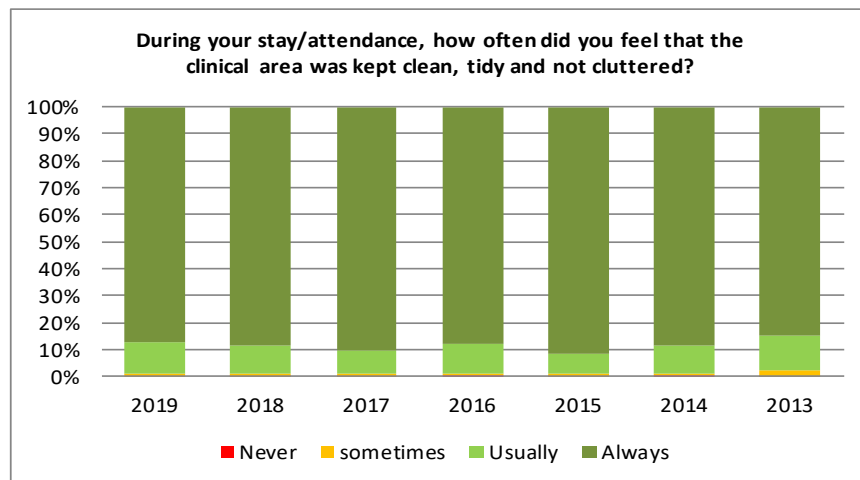
*Nurses see me to check I am ok and my skin is ok*

# Health & Care Standards

*My bottom is sore most of the time, meaning the skin is thin and broken. We've had six different nurses at various times, meaning they invariably can't compare visits because next it is usually a different one.*

The vast majority of the patients were satisfied that the clinical area was always/usually kept clean, tidy and clutter free with 98% of the patients responding positively to this question (↓1% on last year's position).

Graph 5: During your Stay/attendance, how often did you feel that the clinical area was kept clean, tidy and not cluttered?



*The ward is very clean.*

*I'm fussy & even I thought it is very clean & tidy.*

*I was very impressed with the importance given to hygiene and cleanliness*

*Clean, pleasant waiting area*

*Decorating is needed, walls are scuffed*

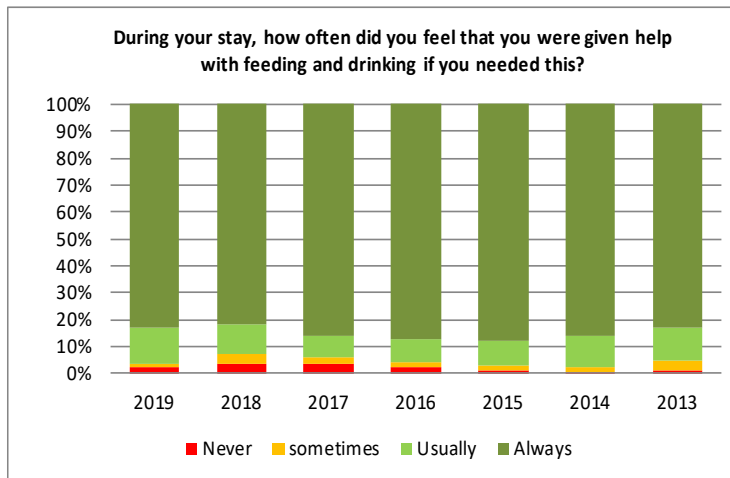
*Not much room between beds so difficult at times. Rooms need to be bigger but no reflection on the care the staff gave.*

*Ward was dirty on occasions, need cleaners*

*Lack of coat hooks & shelving in toilets.*

The All Wales Nutrition & Catering Standards for Food and Fluid for Hospital inpatients state that patients must be supported in meeting their nutritional needs and the vast majority of our patients felt that we met their needs with 96% of the patients stating that they felt that they were always/usually given help with feeding and drinking if they needed help (↑3% on last year's position).

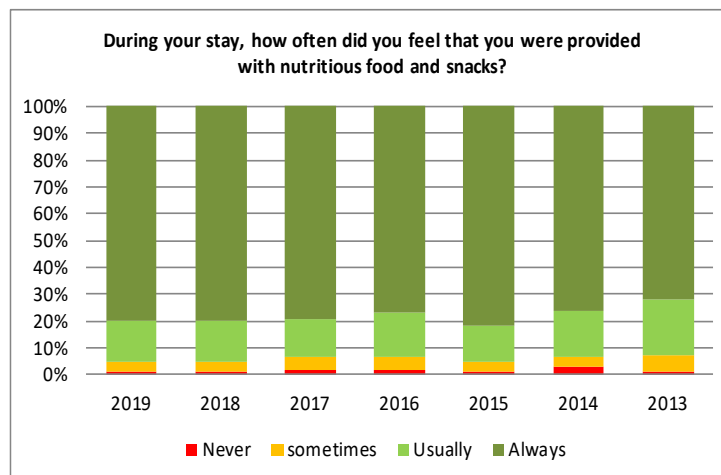
Graph 7: Patient responses to: During your stay, how often did you feel that you were given help with feeding and drinking if you needed this?



No help needed by me, but the nurses are always in the room at mealtimes and are all helping people who do need help.

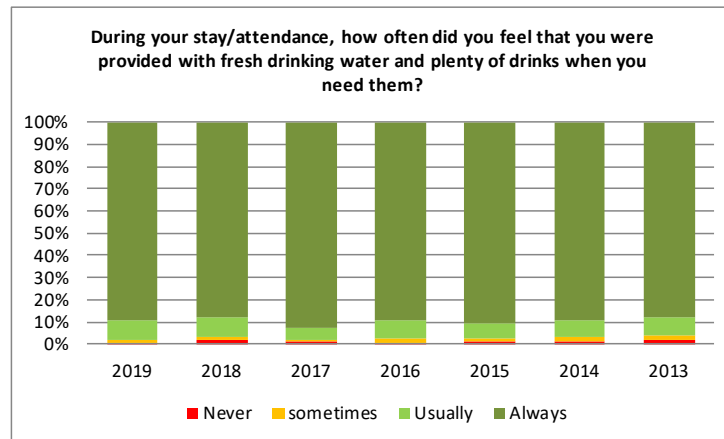
95% of the patients felt that they always/usually were provided with nutritious food and snacks (unchanged from last year).

Graph 8: Patient responses to: During your stay, how often did you feel that you were provided with nutritious food and snacks?



98% of the patients felt that they were always/usually provided with fresh drinking water and plenty of drinks when they needed them (↑1% from last year's position).

Graph 9: Patient responses to: During your stay/attendance, how often did you feel that you were provided with fresh drinking water and plenty of drinks when you need them?



*Lovely meals and well presented, good choice of meals.*

*Have requested drinks and never been refused, nurse even asked my preferred drink and how I like it. Milkshakes are often offered to us all.*

*Have provided drinks for family members.*

*Menu choice poor for long stay patients*

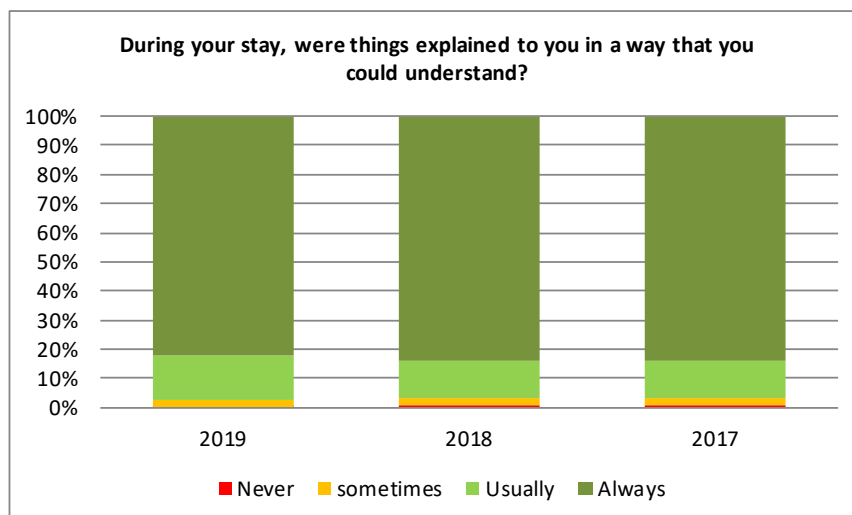
*Lovely food cold though*

*Food not good for anyone*

*Food – vegetables inedible*

96% of the patients felt that *things had been explained to them in a way that they could understand* (unchanged on last year).

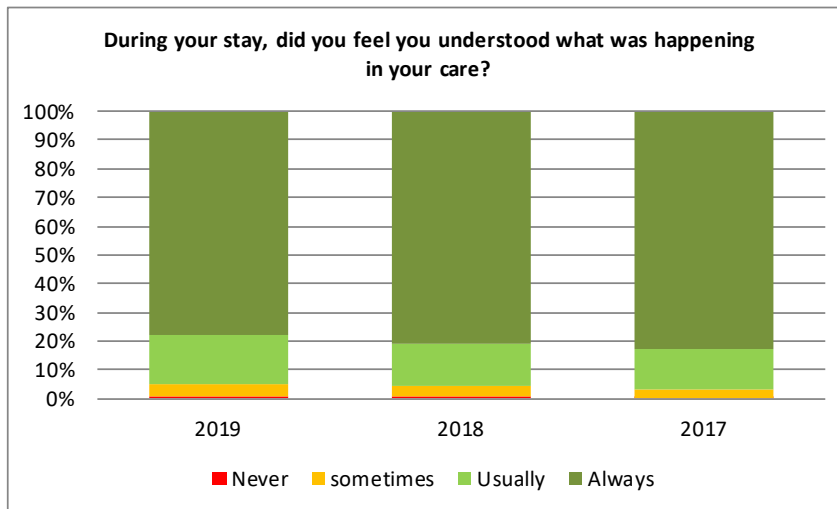
Graph 12: During your Stay/attendance, were things explained to you in a way that you could understand?



# Health & Care Standards

95% of the patients *felt that they had understood what was happening in their care* (↑1% on last year).

Graph 13: During your Stay/attendance, if you feel you understood what was happening in your care?



*The nurses are very helpful and informative. Encourage input from families which has been appreciated.*

*Polish information given*

*Nurse explained all treatments in detail.*

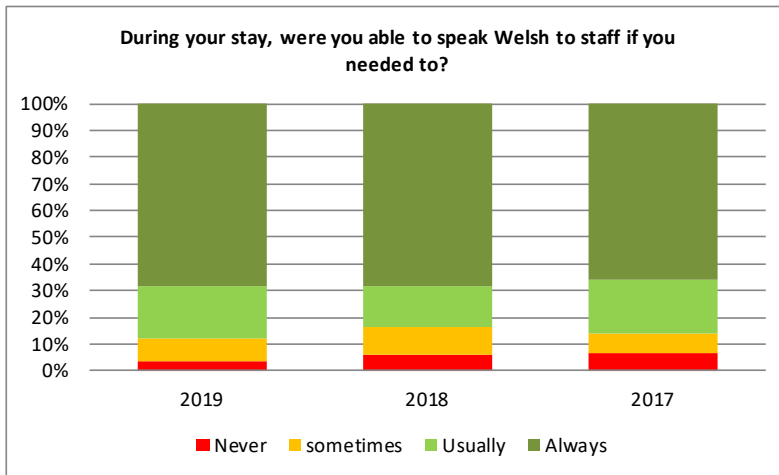
*Positive experience, informative and an opportunity to ask questions if needed*

*There was an error on my admission paperwork*

*Please remember that I don't understand hospital terminology! So explain in full the meaning of words because hospital abbreviations/words are not always understood by "lay" people".*

88% of the patients *felt that they were able to speak Welsh to staff if they needed to* (↑% on last year's position). 22 patients said that they were never able to speak Welsh to staff if they needed to with a further 56 saying that this was only sometimes the case and although this is less patients than last year there is still work to do to ensure that all patients who want to speak Welsh to staff can do so.

Graph 17: During your Stay/attendance, were you able to speak Welsh to staff if you needed to?



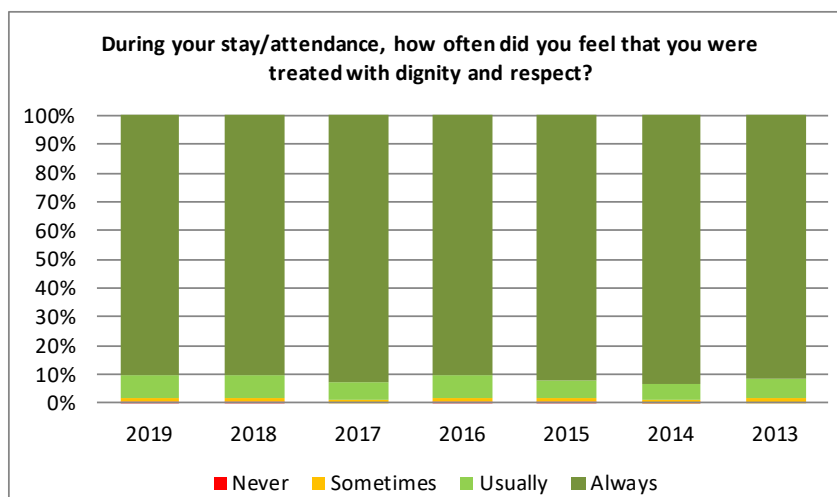
*Not everyone speaks Welsh, but they all try to do so which is lovely that they make the effort.*

*Welsh is my first language but not all staff speak Welsh. One member of staff spoke English but used some Welsh words during the discussion*

*Not yet met any Welsh speakers*

98% of our patients stated that they were always/usually treated with dignity and respect (unchanged from last year's position). 3 patients identified that they were never treated with dignity and respect with a further 21 stating that this was only sometimes the case.

Graph 18: Patient responses to: During your stay/attendance, how often did you feel that you were treated with dignity and respect?



*All care needs met with dignity and respect*

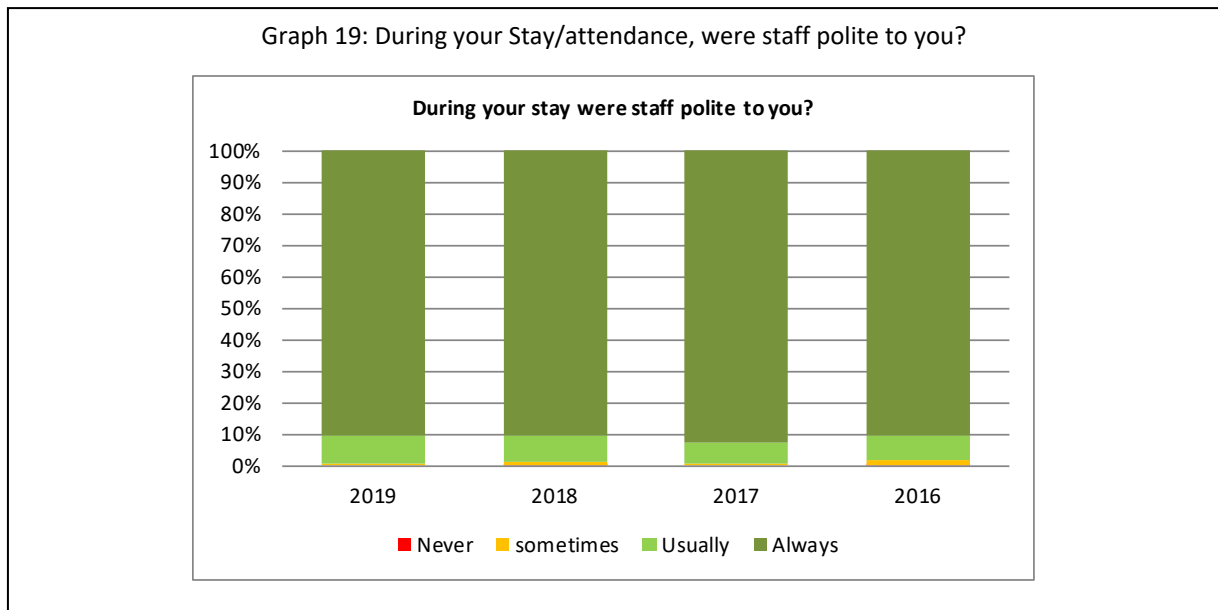
*Treated with dignity and respect at all times.*

*I want to go home , didn't like being in a mixed sex stroke unit*



# Health & Care Standards

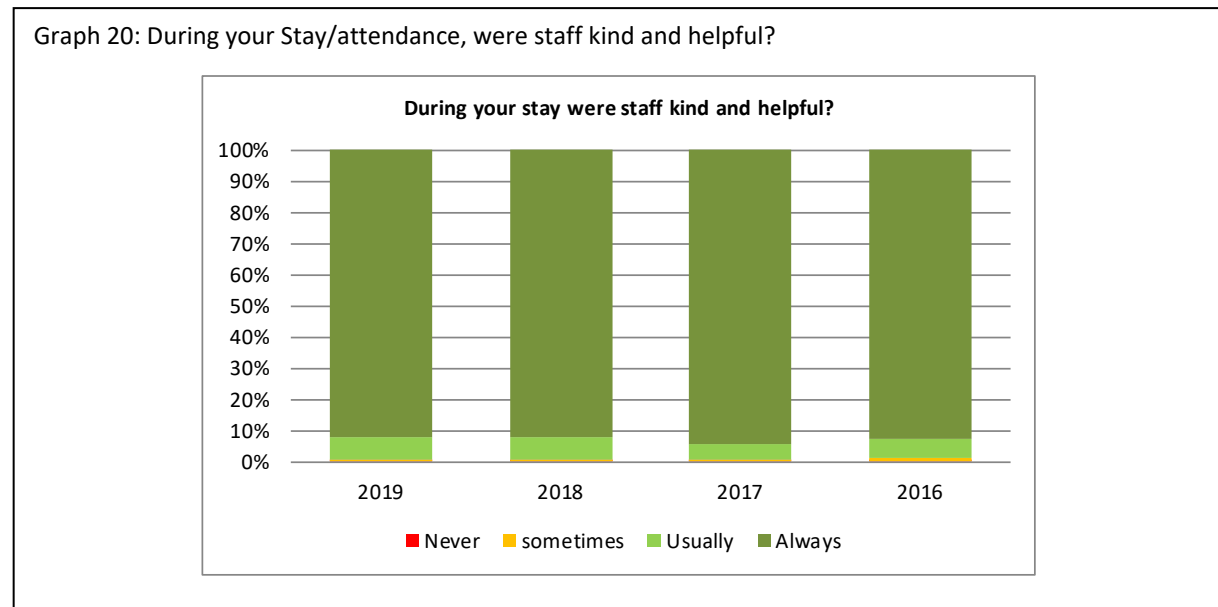
99% of our patients states that they felt that people were polite to them (unchanged on last year).



*The staff are always polite, professional and friendly.*

*I am pleased with the care I am given. All staff are very helpful and polite.*

99% of our patients stated that staff were kind and helpful (unchanged from last year's position). 1 patient identified that staff were never kind or helpful with a further 11 feeling that this was only sometimes the case.



*All staff I have experienced have been lovely and very helpful*

*All nurses who call to me are kind and polite and have time for me and listen*

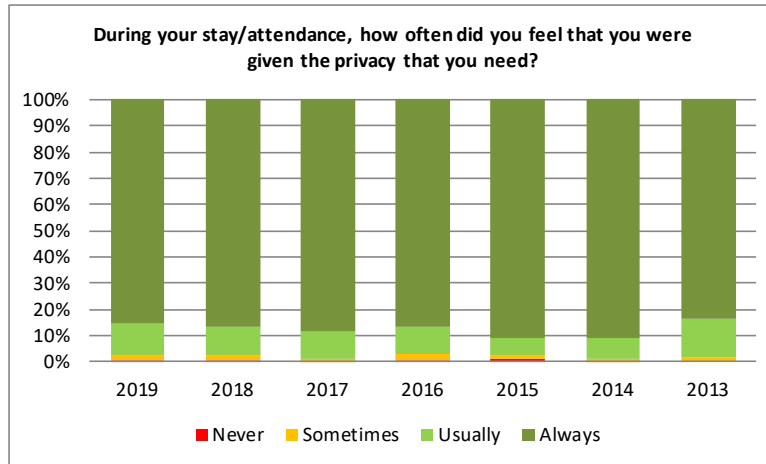
*Staff have been very kind, thoughtful and helpful*

*One member of staff was not nice*

# Health & Care Standards

98% of our patients also states that they felt that they were always/usually given the privacy that they needed (↑1% on last year's position). 6 patients felt that they were never given enough privacy and a further 23 said that this was only sometimes the case.

Graph 21: Patient responses to: During your stay/attendance, how often did you feel that you were given the privacy that you need?



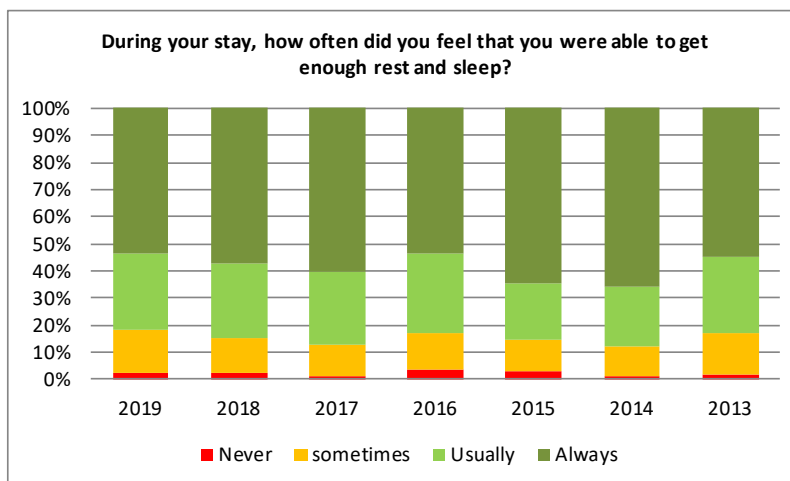
*Doctor could have pulled curtains*

*Curtains don't fit*

*Sofa beds aren't very good for breastfeeding and window bed helps with privacy when breastfeeding - not as exposed to people walking the corridor.*

82% of the patients stated they always/usually felt able to get enough rest and sleep (↓2% on last year's position). This aspect of care continues to be one of the lowest scoring aspects of care from a patient perspective.

Graph 22: Patient responses to: During your stay, how often did you feel that you were able to get enough rest and sleep?



*Went above and beyond to make sure I got some sleep*

*Lots of noise on the ward from other patients*

*Can be noisy at night with people banging doors.*

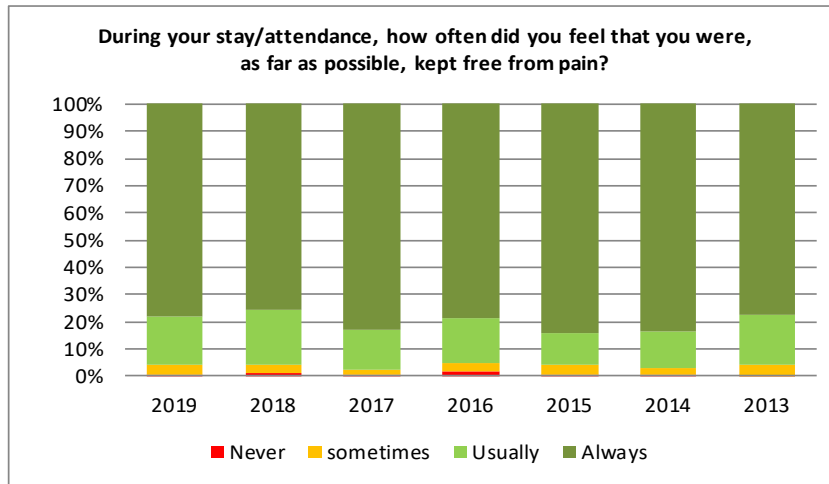
*Noisy at nights sometimes a lot going on*

*Bins noisy*

*Late settling*

**Patient Perspective:** the majority of our patients *felt that they were, as far as possible, always/usually kept free from pain* with 96% of the patients responding positively to this question (unchanged from last year).

Graph 23: Patient responses to: During your stay/attendance, how often did you feel that you were, as far as possible, kept free from pain?



*The pain was pretty bad but the nurses were considerate and patient with me, not making me feel like I was being annoying!*

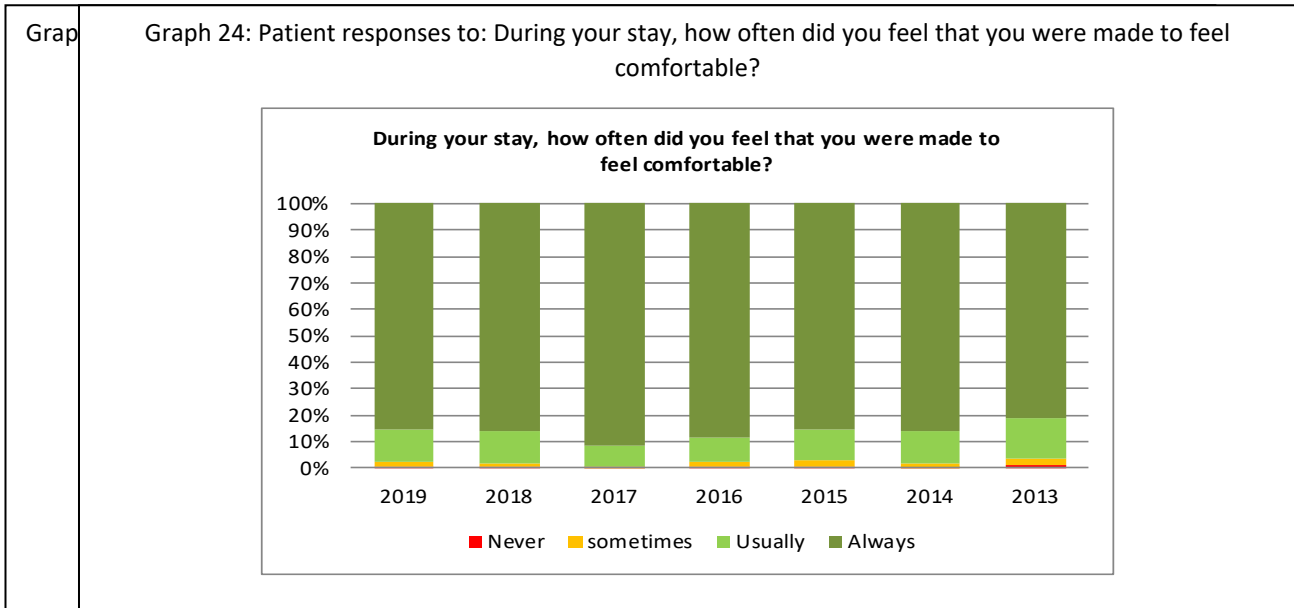
*Pain very severe, back, legs. Met with great helpfulness. Did what they could to relieve pain even in the middle of the night. Mostly very cheering in manner.*

*Ensure there are enough prescribed painkillers on the ward*

*There was a delay in receiving medication from pharmacy*

*Had lots of pain. waited for tablets*

The vast majority of our patients felt that they were always/usually made to feel comfortable with 98% of the patients responding positively to this question unchanged on last year).

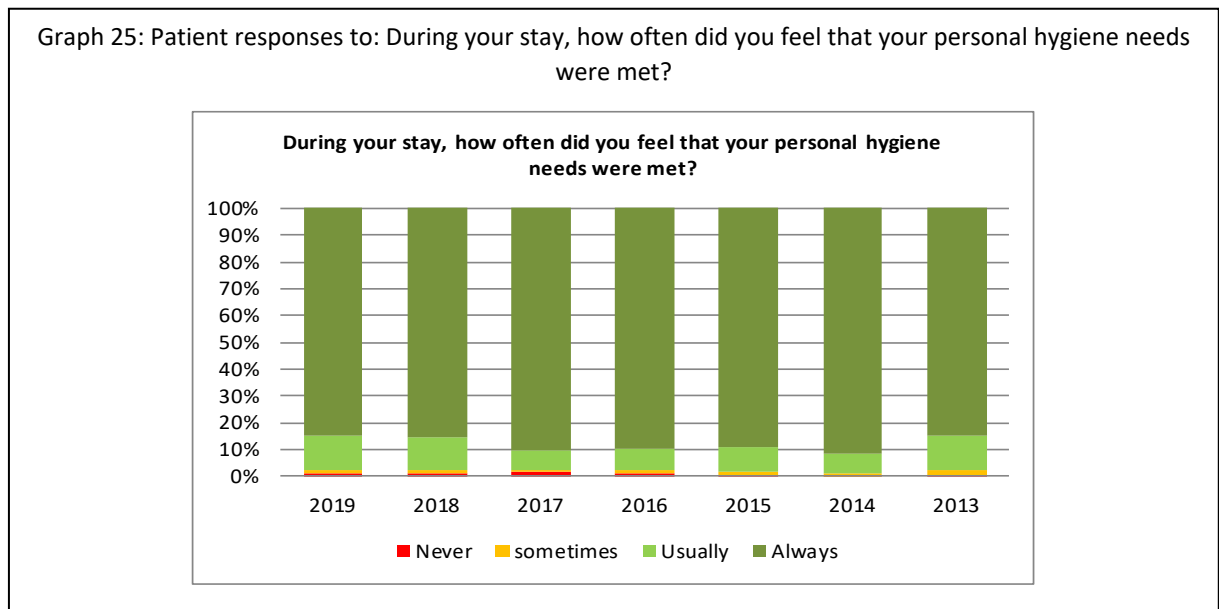


*I have felt very comfortable and well cared for.*

*Very good experience, was made very comfortable and looked after very well especially by one particular HCSW.*

*more comfortable beds for the parents that stay*

**Personal Hygiene: Patient Perspective:** 97% of the patients felt that their personal hygiene needs were always/usually met (↓1% from last year).

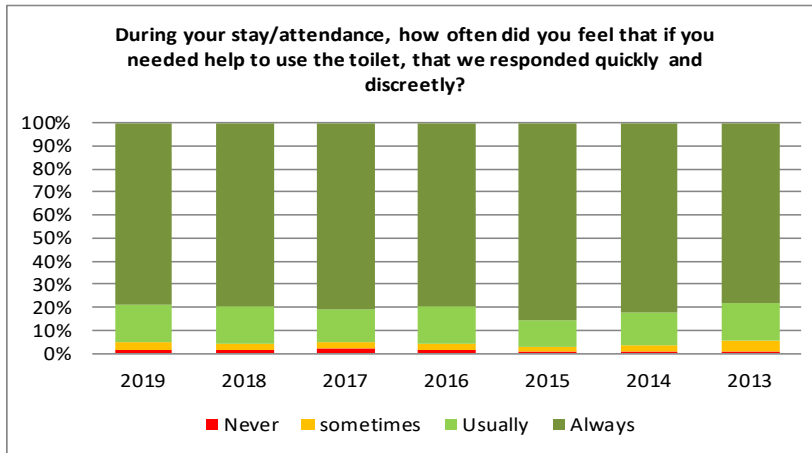


*Nurse helps if needed*

91% of the patients responded positively when asked if they were given help with their oral hygiene (↓2% on last year).

95% of the patients felt that we always/usually responded quickly and discreetly if they needed help to use the toilet (↓1% on last year).

Graph 27: Patient responses to: During your stay/attendance, how often did you feel that if you needed help to use the toilet that we responded quickly and discreetly?



*There are always nurses around and very helpful they are too.*

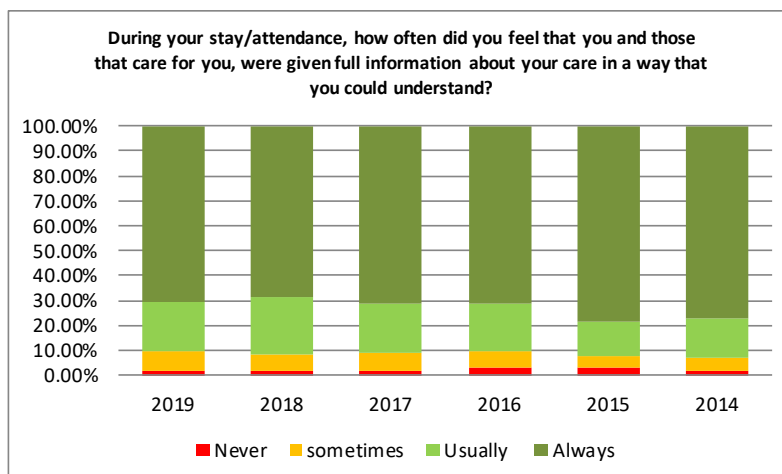
*Lack of toilets*

*it was left to my daughter in A&E*

*More hold rails in toilet*

The vast majority of patients are satisfied with the information they were given about their care with 97% of the patients responding positively when asked "how often did you feel that you were given full information about your care" (unchanged from last year).

Graph 28: Patient responses to: During your stay/attendance, how often did you feel that you and those that care for you, were given full information about your care in a way that you could understand?



*Efficient and informative.*

*Polish information given*

# Health & Care Standards

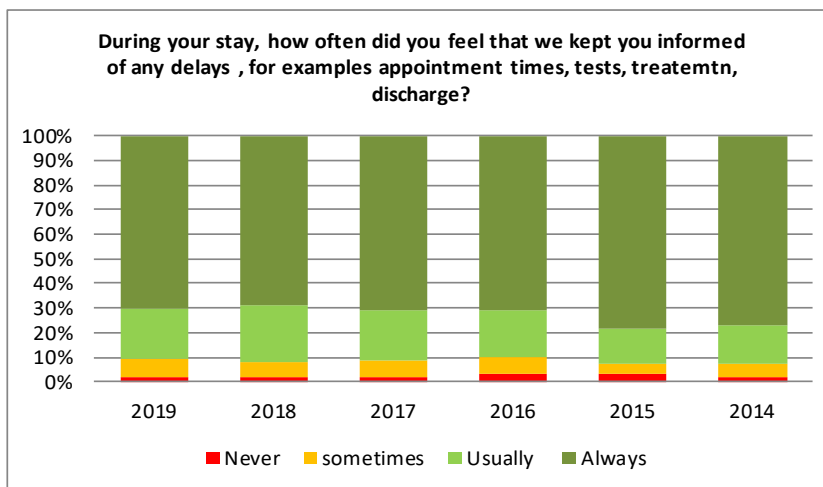
*More information about discharge and making a plan together and sticking to the plan. Rather than suddenly changing the plan.*

*Problems that arise getting information from surgery to hospital*

*More information given to patients to keep them in the loop as I felt forgotten about.*

90% of the patients felt that they were always/usually kept informed of any delays, for example appointment times, tests, treatment, discharge (↓2% on last year).

Graph 29: Patient responses to: During your stay, how often did you feel that we kept you informed of any delays, for examples appointment times, tests, treatment, discharge?



*Transport home was delayed and staff told me and keep me informed*

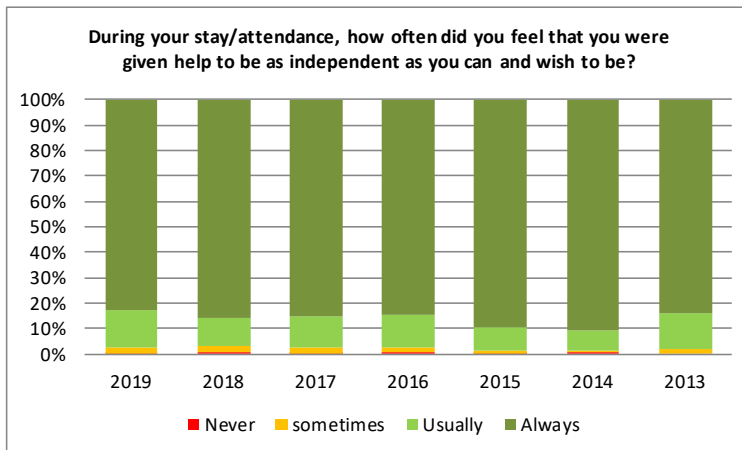
*Not always aware of hospital appointments*

*I feel patients should be able to book appointments for the current week in advance of the appointment day as it can be very difficult to arrange, with employers, the time off to attend when it is needed.*

*Need a way of informing parents if clinic is cancelled. Better system for checking in.*

94% of the patients responded positively when as about whether they were involved as much as they wanted to be in decisions about their care (↓1% from last year).

Graph 32: Patient responses to: During your stay, how often did you feel that you were given help to be as independent as you can and wish to be?



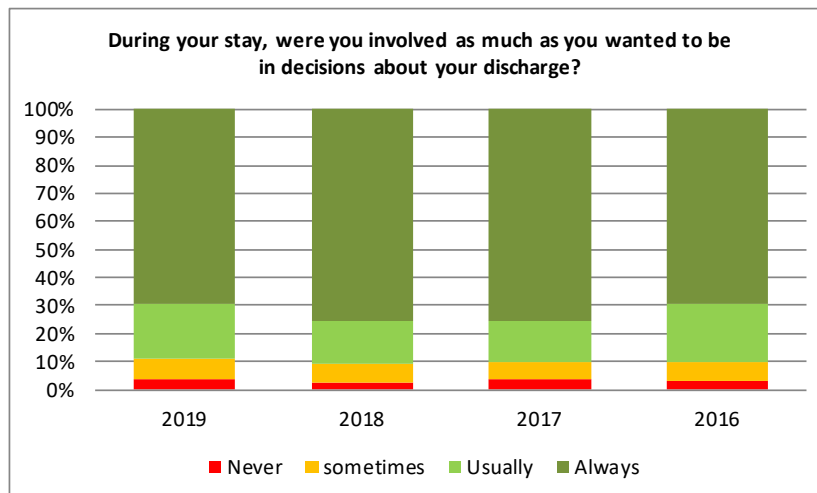
*Had meetings with the discharge nurse and sister*

*Meetings held on ward, excellent communication with nurse/sister patient*

*Would like more [involvement].*

*89% of the patients responded positively when asked about whether they were involved as much as they wanted to be in decisions about your discharge (↓2% from last year).*

Graph 31: Patient responses to: During your stay, were you involved as much as you wanted to be in decisions about your discharge?



*Had meetings with the discharge nurse and sister*

*Still waiting for a morning care package.*

*No general care package available for some weeks on discharge.*

*97% of the patients felt they were given help to be as independent as possible (unchanged from last year).*

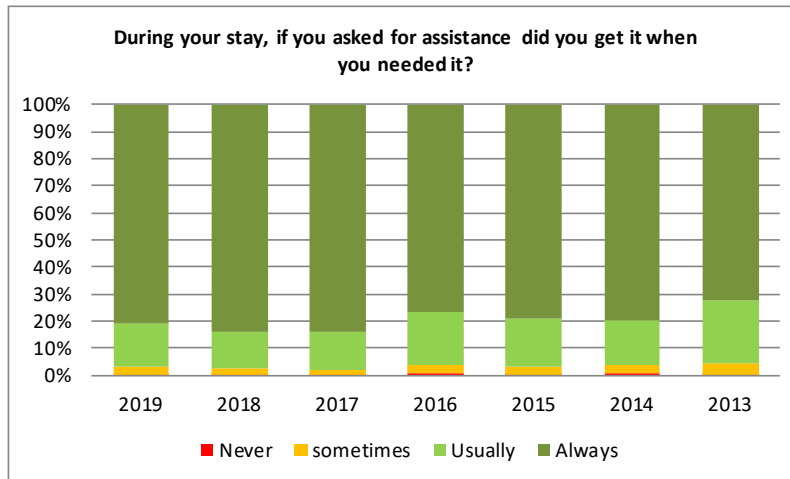
# Health & Care Standards

*Staff always friendly, kind and supportive. Rehab nurses helped so much for me to gain confidence to become more independent. This was an important part of my recovery.*

*Made to dress by staff*

97% of the patients felt that when they asked for assistance, they got it when they needed it (unchanged from last year).

Graph 33: Patient responses to: During your stay, if you asked for assistance did you get it when you needed it?



*The nurses are very helpful and informative. Encourage input from families which has been appreciated.*

*The district nurses helped a great deal over the time when I was feeling very low and also had a poor appetite.*

*When bell for assistance is pressed, nurses don't come quick enough*

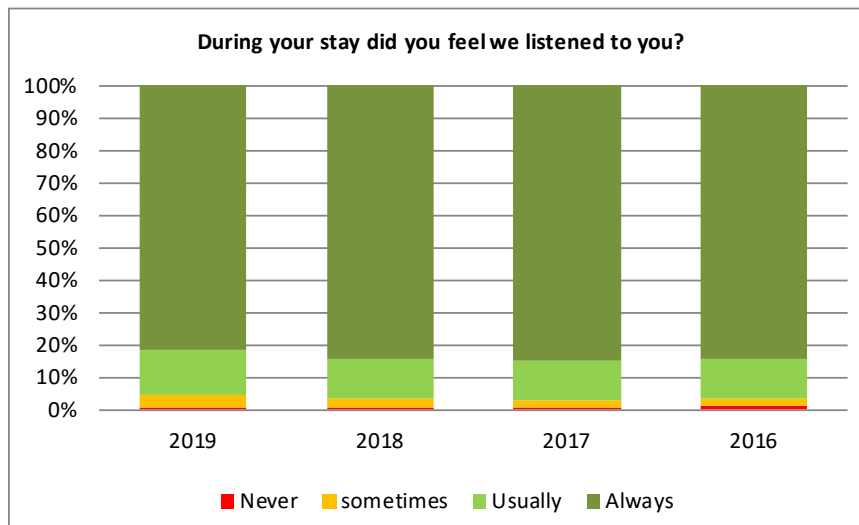
*I feel sometimes the care is rather rushed for elderly patients. I am slow and awkward with a POP and it was difficult at times.*

*Dim, ar wahan i un engraifft lle yr ydym wedi gofyn am "cushion" addas ar gyfer y gadair olwyn ers beth amser a dal heb ei dderbyn.*

96% of the patients felt they were listened to (↓1% from last year). 8 patients felt that they were never listened to with a further 51 stating that this was only sometimes the case.



Graph 34: Patient responses to: During your stay, did you feel we listened to you?



*All nurses who call to me are kind and polite and have time for me and listen.*

*I was treated very well by staff who seemed to have the best intentions to help the patients, all were prepared to listen to ones problems*

*By nurses, doctors communication a problem*

*Could listen to the patient better.*

*The answer machine to divert to another professional on leave or out of office. I found it difficult to get hold of someone a few times when needed.*

## Appendix 3: Operational Findings: Breakdown per Standard

### Standard 1.1 Health Promotion, Protection and Improvement:

People are empowered and supported to take responsibility for their own health and wellbeing and carers of individuals who are unable to manage their own health and wellbeing are supported. Health services work in partnership with others to protect and improve the health and wellbeing of people and reduce health inequalities.

*NMC (2015): Prioritise People: Standard 3.1: Pay special attention to promoting wellbeing, preventing ill health and meeting the changing health and care needs of people during all life stages.*

**Table 11: Whole HB/Standard 1.1 Health Promotion, Protection and Improvement**

			2013	2014	2015	2016	2017	2018	2019	
1	Maternity only	Is all staff aware of Baby Friendly initiatives?	n/a	n/a	100%	100%	100%	100%	100%	↔
2	All excluding neonates, theatres, District Nursing	For this episode of care, is there evidence that the patient's smoking habits been assessed?	n/a	n/a	n/a	78%	81%	76%	85%	↑
3	All excluding neonates, theatres, District Nursing	For this episode of care, where the patient is identified as a smoker and wishes to stop smoking, is there evidence that they have been provided with information in relation to smoking cessation?	n/a	n/a	n/a	66%	69%	65%	85%	↑
4	All excluding neonates, theatres, District Nursing	For this episode of care, is there evidence that the patient's weight has been measured?	n/a	n/a	n/a	88%	91%	90%	63%	↓
5	All excluding neonates, theatres, District Nursing	For this episode of care is there documented evidence that where the patients weight is unhealthy that they have been provided with information in relation to a healthy diet?	n/a	n/a	n/a	84%	83%	74%	86%	↑
6	All excluding neonates, theatres, District Nursing	For this episode of care has the patient's alcohol intake been assessed?	n/a	n/a	n/a	75%	76%	72%	75%	↑
7	All excluding neonates, theatres, District Nursing	Where the patient has an identified problem with their alcohol intake, is there an up to date plan of care, which is being implemented and evaluated and has been	n/a	n/a	n/a	76%	62%	59%	79%	↑

		reviewed within the agreed timescale?								
8	All excluding neonates, theatres, District Nursing	For this episode of care has the patient's illicit substance use been assessed?	n/a	n/a	n/a	70%	57%	64%	68%	↑
9	All excluding neonates, theatres, District Nursing	Where the patient has an identified problem with illicit substance use, is there an up to date plan of care, which is being implemented and evaluated and has been reviewed within the agreed timescale?	n/a	n/a	n/a	63%	68%	58%	77%	↑
10	District Nursing	Is the community nursing service able to demonstrate that systems and processes are in place for patients and their carers to access appropriate health improvement opportunities within the community?	n/a	n/a	n/a	100%	92%	100%	39%	↓
11	District nursing	Is the community nursing service able to demonstrate that systems and processes are in place to achieve individual service user outcomes?	n/a	n/a	n/a	100%	96%	100%	100%	↔
12	Minor Injuries Units only	Are health promotion resources available to patients whilst waiting for assessment or treatment	n/a	n/a	n/a	n/a	100%	100%	100%	↔
13	Minor Injuries Units only	Are patient information leaflets regarding treatment and management on the injury given to patients on discharge	n/a	n/a	n/a	n/a	40%	95%	93%	↓
14	Paeds only	Are health promotion boards displayed within the clinical areas, to inform and empower CYP and their parent/carer to take responsibility for their health & wellbeing?	n/a	n/a	n/a	n/a	100%	100%	100.00%	↔
15	Paeds only	Are staff able to signpost CYP and their parent/carer to services for information, advice and support?	n/a	n/a	n/a	n/a	100%	100%	100%	↔
16	Health Visiting	Is there written evidence that the infant's feeding was discussed?	n/a	n/a	n/a	n/a	n/a	97%	100%	↑

17	Health Visiting	Is there written evidence that the infant feeding checklist was commenced?	n/a	n/a	n/a	n/a	n/a	93%	97%	↑
18	Health Visiting	Is there written evidence that the feeding data was recorded?	n/a	n/a	n/a	n/a	n/a	100%	100%	↑
19	Health Visiting	Is there evidence that the 10 steps approach to nutrition and infant feeding was discussed?	n/a	n/a	n/a	n/a	n/a	27%	91%	↑
20	Health Visiting	Is there written evidence that the blood spot screening results have been discussed?	n/a	n/a	n/a	n/a	n/a	97%	80%	↓
21	Health Visiting	Is there written evidence that Neonatal hearing screening results have been discussed?	n/a	n/a	n/a	n/a	n/a	90%	97%	↑
22	Health Visiting	Is there evidence that the appropriate proformas used for assessment have been undertaken? (e.g. SOGS/developmental proformas)	n/a	n/a	n/a	n/a	n/a	90.00%	97%	↑
23	Health Visiting	Is there evidence that immunisations have been discussed?	n/a	n/a	n/a	n/a	n/a	97%	100%	↑

## Standard 2.1 Managing Risk and Promoting Health and Safety

People's health, safety and welfare are actively promoted and protected. Risks are identified, monitored and where possible, reduced or prevented.

*NMC (2015): Preserve Safety: Standard 19.1: Take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place.*

*NMC (2015): Preserve Safety: Standard 19.4: Take all reasonable personal precautions necessary to avoid any potential health risks to colleagues, people receiving care and the public).*

Table 12: Whole UHB/Standard 2.1 Managing Risk and Promoting Health and Safety

			2013	2014	2015	2016	2017	2018	2019	
1	ALL except OPD	Do all patients wear an identification band which states their first and last name, date of birth and NHS number?	94%	96%	97%	95%	99%	97%	98%	↑
2	ALL	Is the patient's identity checked visually and verbally prior to undertaking a procedure?	n/a	98%	99%	99%	99%	99%	99%	↔
3	ALL except Neonates, OPD, Theatres	For this episode of care, is there documented evidence that the patient has an up to date manual handling risk assessment?	94%	91%	93%	91%	92%	92%	91%	↓

4	ALL Except Neonates, OPD, Theatres	For this episode of care, where the patient has an identified manual handling risk, is there evidence that there is an up to date plan of care which is being implemented and evaluated and has been reviewed within the agreed timescale?	84%	81%	82%	87%	89%	87%	86%	↓
5	ALL except Neonates, OPD	If a patient has been assessed as requiring bed rails, is there an up to date risk assessment in place?	87%	87%	91%	85%	96%	87%	88%	↑
6	ALL	Within the clinical area, are all fire restraint doors free from obstruction or closed if not automatic self-closing?	97%	91%	92%	92%	91%	91%	100%	↑
7	Paeds only	Is the Child/Young Person in an age appropriate bed with cot sides/bed rails in situ?	n/a	100%	100%	100%	100%	100%	85%	↓
8	Maternity only	Do women have access to general information about the birth centre/midwife led unit/obstetric unit prior to admission or on arrival?	n/a	100%	100%	100%	100%	93%	100%	↑
9	Maternity only	Is there evidence that women are receiving the Bump, Baby and beyond Book or how to access it online?	n/a	93%	100%	100%	80%	100%	93%	↓
10	Maternity Only	Are the security doors and cameras operating effectively?	n/a	100%	100%	100%	100%	100%	100%	↔
11	Maternity Only	Are entrances to the Birth Centre/Midwife Led Unit/Obstetric Unit visible both day and night?	n/a	100%	100%	100%	100%	100%	100%	↔
12	Endoscopy & theatres only	Is there evidence of the team brief and de brief being undertaken?	n/a	n/a	75%	100%	100%	100%	100%	↔
13	Endoscopy & theatres only	Is there evidence that the department is compliant with the WHO checklist?	n/a	n/a	100%	100%	100%	100%	100%	↔
14	Minor Injuries Units only	Are bed/trolley rails used on patients requiring a trolley for completion of a procedure?	n/a	n/a	n/a	n/a	87%	100%	100%	↔
15	Minor Injuries Units only	Are wheelchairs available to all patients who are unable to weight bear due to nature of minor injury?	n/a	n/a	n/a	n/a	100%	100%	67%	↓
16	Health Visiting	Is there written evidence that sudden Infant Death was discussed?	n/a	n/a	n/a	n/a	n/a	97%	97%	↔
17	Health Visiting	Is there evidence that the home environmental risk assessment has been completed?	n/a	n/a	n/a	n/a	n/a	93%	100%	↑

## Standard 2.2 Preventing Pressure and Tissue Damage

People are helped to look after their skin and every effort is made to prevent people from developing pressure and tissue damage.

NMC (2015): Prioritise People: Standard 1.2: Make sure you deliver the fundamentals of care effectively

NMC (2015): Prioritise People: Standard 1.4: Make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay.

**Table 13: Whole UHB/ Standard 2.2 Preventing Pressure and Tissue Damage**

		2013	2014	2015	2016	2017	2018	2019		
1	ALL except neonates	For this episode of care, is there documented evidence that the patient's skin condition has been assessed and discussed with the patient or advocate?	96%	90%	86%	92%	94%	93%	88%	↓
2	ALL except neonates	For this episode of care, where the patient has been identified as requiring assistance with looking after their skin, is there evidence that there is an up to date plan of care, which is being implemented and evaluated and has been reviewed within the agreed timescale?	86%	86%	87%	94%	92%	90%	91%	↑
3	Neonates	For this episode of care, is there documented evidence that the baby's skin integrity has been assessed?	n/a	80%	100%	80%	60%	100%	100%	↔
4	Neonates	For this episode of care, where the baby has been identified as requiring assistance with looking after their skin integrity, i.e. nappy rash, extravasation injury, stoma care is there evidence that there is an up to date plan of care, which is being implemented and evaluated and has been reviewed within the last 24 hours?	n/a	100%	50%	80%	100%	80%	100%	↑

### Standard 2.3 Falls Prevention

People are assessed for risks of falling and every effort is made to prevent falls and reduce avoidable harm and disability.

NMC (2015): Preserve Safety: Standard 19.1: Take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place.

**Table 14: Whole UHB/ Standard 2.3 Falls Prevention**

		2013	2014	2015	2016	2017	2018	2019		
1	ALL except neonates & OPD	For this episode of care, is there documented evidence the patient's mobility has been assessed and discussed with the patient or advocate?	96%	95%	94%	95%	94%	94%	95%	↑
2		For this episode of care, where the patient has been identified as requiring support and/or assistance with mobility, is there evidence that there is an up to date plan of care, which is being implemented and	84%	77%	82%	88%	85%	83%	87%	↑

		evaluated and has been reviewed within the agreed timescale?								
3	ALL except maternity neonates, paediatrics, OPD, theatres	For this episode of care, is there documented evidence the patient's risk of falls has been assessed and discussed?	86%	87%	88%	90%	92%	91%	92%	↑
4		For this episode of care, where the patient has been identified as being at risk of falls, is there evidence that there is an up to date plan of care, which is being implemented and evaluated and has been reviewed within the agreed timescale?	71%	80%	79%	84%	82%	80%	80%	↔

## Standard 2.4 Infection Prevention and Control (IPC) and Decontamination

Effective infection prevention and control needs to be everybody's business and must be part of everyday healthcare practice and based on the best available evidence so that people are protected from preventable healthcare associated infections.

*NMC (2015): Preserve Safety: Standard 19.3: Keep to and promote recommended practice in relation to controlling and preventing infection.*

Table 15: Whole UHB/Standard 2.4 Infection Prevention and Control (IPC) and Decontamination

			2013	2014	2015	2016	2017	2018	2019	
1	ALL	Are staff able to give examples of the correct procedure for infection control?	100%	100%	98%	99%	100%	100%	100%	↔
2	ALL except maternity, paediatrics, LD, OPD,	Are staff able to give examples of the correct procedure for isolating patients?	n/a	100%	100%	99%	100%	99%	100%	↑
3	ALL Except maternity, neonates, OPD,	Are all patients given the opportunity to wash or cleanse their hands with hand wipes prior to eating food?	100%	97%	92%	93%	98%	95%	96%	↓
4	Maternity & paediatrics	Are baby baths cleaned after each use and stored dry?	n/a	100%	100%	100%	100%	100%	100%	↔
5	Neonates	Can staff demonstrate the safe and hygienic handling and storage of breast milk?	n/a	n/a	100%	93%	100%	100%	100%	↔
6	Neonates	Is there evidence that equipment that is 'not in use' is stored according to infection control policy and there is documented evidence to show that it has been cleaned?	n/a	n/a	100%	100%	100%	100%	100%	↔
7	Paediatrics only	Is hand gel available within the clinical area?	n/a	n/a	n/a	n/a	100%	100%	100%	↔
8	Paediatrics only	Is PPE equipment (gloves, aprons, masks etc) available within the clinical area?	n/a	n/a	n/a	n/a	100%	100%	100%	↔
9	Paediatrics only	Has a monthly WHO hand washing audit for the unit been undertaken?	n/a	n/a	n/a	n/a	100%	100%	100%	↔
10	Health Visiting	Are staff compliant with infection prevention control mandatory training?	n/a	n/a	n/a	n/a	n/a	78%	91%	↑
11	Health Visiting	Are staff compliant with immunisation training?	n/a	n/a	n/a	n/a	n/a	100%	86%	↓

## Standard 2.5 Nutrition and Hydration

People are supported to meet their nutritional and hydration needs, to maximise recovery from illness or injury.

*NMC (2015): Prioritise Safety: Standard 1.2: Make sure you deliver the fundamentals of care effectively.*

*NMC (2015): Prioritise Safety: Standard 1.3: Make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay.*

**Table 16: Whole UHB/ Standard 2.5 Nutrition and Hydration**

			2013	2014	2015	2016	2017	2018	2019	
1	ALL except Maternity, neonates, LD, theatres	Prior to eating, are patients that require help, assisted into a suitable position?	100%	98%	100%	100%	100%	100%	97%	↓
2	ALL except Maternity, neonates, LD, theatres	Prior to meal service, are bed tables and communal areas cleared and tidied prior to eating?	100%	97%	99%	99%	98%	100%	95%	↓
3	ALL except Maternity, neonates, LD, theatres	Are patients meals placed within easy reach?	100%	99%	100%	99%	100%	100%	99%	↓
4	Inpatient, paed, MH & LD only	Is there evidence that the systems in place to enable staff to identify patients with special eating and drinking requirements are being implemented and their effectiveness evaluated?	100%	98%	97%	99%	97%	99%	97%	↓
5	Inpatient, maternity MH, Day Units only	Are water jugs changed 3 times daily?	55%	75%	74%	77%	83%	78%	90%	↑
6	ALL except neonates, MH, OPD, endoscopy, theatres	Are drinking water jugs and glasses within the patient's reach?	n/a	96%	100%	100%	100%	100%	100%	↔
7	Inpatient, ED, Maternity, MH & LD only	During a 24 hour period, are a minimum of 7 beverage rounds are carried out within your clinical area?	75%	56%	61%	60%	76%	80%	69%	↓
8	Inpatient, ED, paed, MH & LD only	Does a Registered Nurse co-ordinate every meal time?	88%	80%	72%	80%	77%	75%	58%	↓
9	Inpatient, ED, MH & LD only	Is there evidence that all members of the nursing team are engaged in the mealtime service?	98%	93%	98%	97%	95%	95%	90%	↓



10	ALL except neonates, OPD, theatres	Is a range of snacks available for patients who have missed a meal or who are hungry between meals?	100%	100%	99%	97%	99%	99%	100%	↑
11	Inpatient, ED, paed, MH & LD, endoscopy only	Is there a system in place to allow family/friends to assist with meal times?	95%	99%	98%	96%	97%	99%	100%	↑
12	Maternity	Have all women had their Body Mass Index recorded at booking?	n/a	100%	100%	100%	100%	100%	100%	↔
13	Neonates	Is there evidence in the nursing documentation that the babies nutritional needs have been assessed within 24 hours of their admission?	n/a	n/a	100%	100%	100%	100%	100%	↔
14	Neonates	Is there a system in place to allow parents to feed their babies at feeding times?	n/a	n/a	100%	100%	100%	100%	100%	↔
15	Theatres only	IS there documented evidence of IV fluid administration as prescribed for the surgical procedure?	n/a	n/a	n/a	n/a	93%	96%	90%	↓
16		Do patients have access to healthy snacks or drinks?	n/a	n/a	n/a	n/a	0%	50%	100%	↑
17	Minor Injuries Units only	Is there access to hot meals for patients that are waiting for inter hospital transport or referral to other specialty?	n/a	n/a	n/a	n/a	25%	66.67%	100%	↑

## Standard 2.6 Medicines Management

People receive medication for the correct reason, the right medication at the right dose and at the right time.

*NMC (2015): Preserve Safety: Standard 18.1: Prescribe, advise on, or provide medicines or treatment, including repeat prescriptions (only if you are suitably qualified) if you have enough knowledge of that person's health and are satisfied that the medicines or treatment serve that person's health needs.*

*NMC (2015): Preserve Safety: Standard 18.2: keep to appropriate guidelines when giving advice on using controlled drugs and recording the prescribing, supply, dispensing or administration of controlled drugs.*

*NMC (2015): Preserve Safety: Standard 18.3: make sure that the care or treatment you advise on, prescribe, supply, dispense or administer for each person is compatible with any other care or treatment they are receiving, including (where possible) over-the-counter medicines.*

*NMC (2015): Preserve Safety: Standard 18.4: Take all steps to keep medicines stored securely.*

**Table 17: Whole UHB/ Standard 2.6 Medicines Management**

			2013	2014	2015	2016	2017	2018	2019	
1	ALL except OPD	Are all medication charts completed with the following information: patient demographics and allergies	66%	62%	67%	88%	90%	84%	84%	↔

		and it is clear whether there is more than one medication chart?								
2	ALL	Is the patient's identity checked visually and verbally prior to giving medication?	n/a	96%	99%	99%	98%	97%	96%	↓
3	ALL	Are all drug cupboards/trolleys locked and secure as per local policy?	95%	96%	99%	96%	96%	99%	100%	↑
4	All except neonates & OPD	Has the nurse witnessed the patient taking the medication given to them?	n/a	97%	97%	100%	100%	95%	99%	↑
5	All except neonates & OPD	Is there evidence that medication is taken in a timely manner and is not left on lockers/around patient beds?	n/a	98%	96%	100%	100%	99%	94%	↓
6	Neonates & Paeds	Are all medications checked by two qualified nurses?	n/a	100%	100%	100%	100%	100%	100%	↔
7	District Nursing	Is the community nursing service able to demonstrate clearly defined processes including policies and procedures for obtaining and storing medication and for medicines management?	n/a	n/a	n/a	100%	92%	100%	100%	↔
8	Paeds only	Are staff compliant with the medication omissions form as per medication management policy?	n/a	n/a	n/a	n/a	93%	78%	100%	↑
9	Paeds only	Has a medication safety audit been conducted and action plan feedback?	n/a	n/a	n/a	n/a	40%	80%	100%	↑
10	Health Visiting	Is there documented evidence of discussion about vitamins?	n/a	n/a	n/a	n/a	n/a	82%	94%	↑

## Standard 2.7 Safeguarding Children and Safeguarding Adults at Risk

Health services promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time.

*NMC (2015): Preserve Safety: Standard 17.1: Take all reasonable steps to protect people who are vulnerable or at risk from harm, neglect or abuse*

*NMC (2015): Preserve Safety: Standard 17.2: Share information if you believe someone may be at risk of harm, in line with the laws relating to the disclosure of information.*

*NMC (2015): Preserve Safety: Standard 17.3: Have knowledge of and keep to the relevant laws and policies about protecting and caring for vulnerable people.*

**Table18: Whole UHB/ Standard 2.7 Safeguarding Children and Safeguarding Adults at Risk**

		2013	2014	2015	2016	2017	2018	2019	
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1	ALL	Can staff demonstrate they know the procedure if a safeguarding concern is identified?	95%	98%	98%	96%	97%	99%	97%	↓
2	Maternity only	Are babies securely and appropriately labelled?	n/a	100%	97%	93%	100%	100%	100%	↔
3	Maternity only	Are all staff aware of what to do in the event of a baby abduction?	n/a	100%	67%	100%	67%	100%	100%	↔
4	Neonates only	Within the clinical area, babies are safe and secure while on the unit and parents are informed of security arrangements on admission?	n/a	80%	100%	100%	60%	100%	100%	↔
5	Paeds only	Are all staff within the unit compliant with safeguarding training for children	n/a	n/a	n/a	n/a	60%	100%	100%	↔
6	Paeds only	Are all staff within the unit compliant with POVA training for adults	n/a	n/a	n/a	n/a	20%	80%	100%	↑
7	Paeds only	Can staff demonstrate they know the safeguarding lead nurse for their area and how to contact them	n/a	n/a	n/a	n/a	96%	96%	92%	↓
8	Health Visiting	Is there written evidence that the routine enquiry questions have been asked?	n/a	n/a	n/a	n/a	n/a	93%	100%	↑
9	Health visiting	Is there written evidence that the safeguarding supervision has been documented in the family card, where applicable?	n/a	n/a	n/a	n/a	n/a	100%	100%	↔

## Standard 2.8 Blood Management

People have timely access to a safe and sufficient supply of blood, blood products and blood components when needed.

*NMC (2015): Prioritise People: Standard 1.4: Make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay*

Table 19: Neonates/ Standard 2.8 Blood Management

			2013	2014	2015	2016	2017	2018	2019	
1	Neonates only	All staff involved in direct nursing care should have been trained in Blood Transfusion Administration	n/a	n/a	100%	80%	0%	82%	68%	↓
2	Paeds only	Can staff demonstrate they know the safe administration of blood, blood products and blood components	n/a	n/a	n/a	n/a	88%	92%	100%	↑
3	Paeds only	How many staff are compliant with training on administration of blood, blood products and blood components?	n/a	n/a	n/a	n/a	n/a	71%	65%	↓

## Standard 2.9 Medical devices, Equipment and Diagnostic Systems

Health services ensure the safe and effective procurement, use and disposal of medical equipment, devices and diagnostic systems.

**Table 20: Whole UHB/ Standard 2.9 Medical devices, Equipment and Diagnostic Systems**

			2013	2014	2015	2016	2017	2018	2019	
1	ALL except neonates	Are any Manual Handling aids and slings regularly checked for wear and tear?	100%	99%	98%	99%	100%	96%	100%	↑
2	Neonates only	Are any Developmental Care aids regularly checked for wear and tear?	n/a	n/a	100%	60%	80%	100%	100%	↔
3	ALL	Is all equipment used up to date with maintenance and calibration?	98%	97%	96%	96%	95%	93%	98%	↔
4	Health visiting	Is there evidence that staff have access to relevant equipment to fulfil their role e.g. Scales, Paper tape measure, height measure etc?	n/a	n/a	n/a	n/a	n/a	100%	100%	↔

## Standard 3.1 Safe and Clinically Effective Care

Care, treatment and decision making should reflect best practice based on evidence to ensure that people receive the right care and support to meet their individual needs.

*NMC (2015): Practise effectively: Standard 6.1: Make sure that any information or advice given is evidence-based, including information relating to using any healthcare products or services.*

*NMC (2015): Practise effectively: Standard 6.1: Maintain the knowledge and skills you need for safe and effective practice.*

**Table 21: Whole HB/Standard 3.1 Safe and Clinically Effective Care**

			2013	2014	2015	2016	2017	2018	2019	
1	Inpatient areas, emergency departments, mental health and learning disabilities	For this episode of care, where there is doubt about the patients' capacity to make decisions, is there documented evidence that an assessment of capacity has been undertaken?	n/a	n/a	n/a	85%	96%	81%	90%	↑
2		Where it has been identified that the patient lacks capacity to make decisions, is there evidence that best interest decisions have been documented and that the patient, their families and an advocate has been involved?	n/a	n/a	n/a	n/a	80%	0%	64%	↑
3	Inpatient areas, emergency departments, mental health and learning disabilities	Where it has been identified that the patient lacks capacity, is there evidence that there is an up to date plan of care, which is being	n/a	n/a	n/a	77%	83%	75%	n/a	

		implemented and evaluated and has been reviewed within the agreed timescale?								
4	Inpatient areas, emergency departments, mental health and learning disabilities	For this episode of care, is there documented evidence that where a patients liberty has been restricted, that a Deprivation of Liberty Safeguard application has been made?	n/a	n/a	n/a	84%	97%	85%	86%	↑
5	Inpatient areas, emergency departments, mental health and learning disabilities	Where it has been identified that the patients liberty is being restricted/deprived, is there evidence of an up to date plan of care, which is being implemented and evaluated and has been reviewed within the agreed timescale?	n/a	n/a	n/a	84%	91%	79%	78%	↓
6	Paeds only	Are staff able to demonstrate they are aware of the Paediatric Best Practice guidelines and how to access this document?	n/a	n/a	n/a	n/a	40%	81%	100%	↑
7	Health visiting	Is there evidence that Child & Family records are written in SOAP?	n/a	n/a	n/a	n/a	n/a	100%	100%	↔
8	Health visiting	Is there evidence that the FRAIT assessment has been undertaken at all core contacts, and inward transfers?	n/a	n/a	n/a	n/a	n/a	70%	86%	↑
9	Health visiting	Subjective – is there evidence of clients statements e.g. says, reports, states, etc?	n/a	n/a	n/a	n/a	n/a	100%	100%	↔
10	Health visiting	Objective – is there evidence of the child's appearance and home conditions related to the Framework for Assessment?	n/a	n/a	n/a	n/a	n/a	93%	100%	↑
11	Health visiting	Assessment – is there evidence that relevant assessment has been completed?	n/a	n/a	n/a	n/a	n/a	100%	100%	↔
12	Health visiting	Analysis –is there evidence of analysis based on subjective and objective data?	n/a	n/a	n/a	n/a	n/a	58%	60%	↑
13	Health visiting	Advice – is there evidence of advice given?	n/a	n/a	n/a	n/a	n/a	87%	100%	↑
14	Health visiting	Plan – is there evidence that the plan reflects the identified needs? SMART]	n/a	n/a	n/a	n/a	n/a	77%	94%	↑

### Standard 3.2 Communicating Effectively

In communicating with people health services proactively meet individual language and communication needs.

*NMC (2015): Practise effectively: Standard 7.1: Use terms that people in your care, colleagues and the public can understand.*

*NMC (2015): Practise effectively: Standard 7.2: Take reasonable steps to meet people's language and communication needs, providing, wherever possible, assistance to those who need help to communicate their own or other people's needs.*

*NMC (2015): Practise effectively: Standard 7.3: Use a range of verbal and non-verbal communication methods, and consider cultural sensitivities, to better understand and respond to people's personal and health needs.*

NMC (2015): Practise effectively: Standard 7.4: Check people's understanding from time to time to keep misunderstanding or mistakes to a minimum.

Table 22: Whole HB/Standard 3.2 Communicating Effectively

			2013	2014	2015	2016	2017	2018	2019	
1	ALL except OPD	For this episode of care, is there documented evidence that the patient's ability to achieve effective communication has been assessed and discussed with the patient or advocate?	92%	94%	93%	95%	94%	94%	94%	↔
2	ALL except OPD	For this episode of care, where the patient requires assistance to achieve effective communication, is there evidence that there is an up to date plan of care, which is being implemented and evaluated and has been reviewed within the agreed timescale?	66%	84%	84%	84%	83%	81%	68%	↓
3	ALL except theatres	Is a nurse present to support the patient during formal senior contact between healthcare professional's doctors/consultants/GPs and patients?	91%	97%	98%	97%	95%	98%	93%	↓
4	ALL except neonates, day units, theatres	For this episode of care, is there documented evidence that an assessment of the carer's needs has been considered?	70%	65%	66%	74%	73%	72%	74%	↑
5	Neonates	For this episode of care, is there documented evidence that the parent's ability to achieve effective communication has been assessed?	n/a	n/a	80%	100%	60%	100%	100%	↔
6	Neonates	For this episode of care, is there documented evidence that an assessment of the parent's needs i.e. emotional, social, financial and psychological have been considered?	n/a	n/a	60%	0%	80%	100%	100%	↔
7	Minor Injuries unit	Do patients whose first language is not English have access to translation services?	n/a	n/a	n/a	n/a	n/a	100%	100%	↔
8	Minor Injuries Unit only	Do deaf patients have access to working hearing loop equipment?	n/a	n/a	n/a	n/a	67%	75%	100%	↑
9	Minor Injuries Unit only	Is there pathways to fast track patients with dementia/Alzheimer's/learning difficulties?	n/a	n/a	n/a	n/a	33%	50%	100%	↑
10	Health visiting	Is there evidence that appropriate methods of communication were used? (Verbal and non verbal)?	n/a	n/a	n/a	n/a	n/a	100%	100%	↔

11	Health visiting	Is there evidence that staff support ethnic minority families in communication?	n/a	n/a	n/a	n/a	n/a	100%	100%	↔
12	Health visiting	Is there evidence that staff support Welsh speaking families in the Welsh language?	n/a	n/a	n/a	n/a	n/a	80%	100%	↑

### Standard 3.3 Quality Improvement, Research and Innovation

Services engage in activities to continuously improve by developing and implementing innovative ways of delivering care. This includes supporting research and ensuring that it enhances the efficiency and effectiveness of services.

*NMC (2015); Practise Effectively: Standard 6.1 make sure that any information or advice given is evidence-based, including information relating to using any healthcare products or services.*

*NMC (2015); Practise Effectively: Standard 10.6: collect, treat and store all data and research findings appropriately.*

*NMC (2015): Promote Professionalism and Trust: Standard 25.1: identify priorities, manage time, staff and resources effectively and deal with risk to make sure that the quality of care or service you deliver is maintained and improved, putting the needs of those receiving care or services first.*

**Table 23: Whole HB/Standard 3.2 Communicating Effectively**

			2013	2014	2015	2016	2017	2018	2019	
1	District Nursing	Is the community nursing service able to demonstrate compliance with systems/ procedures/ policies in place to respond to service user and carer feedback?	n/a	n/a	92%	85%	76%	78%	96%	↑
2	District Nursing	Is the community nursing service able to demonstrate a process to evidence achievement of outcomes which will include patient reported outcomes, a regular process to audit care plans and discharge records.	n/a	n/a	92%	100%	88%	100%	100%	↔
3	District Nursing	Is the community nursing service able to demonstrate engagement with the Health Boards Quality Improvement strategy, using initiatives and projects to effect real, significant and sustainable change?	n/a	n/a	92%	96%	88%	87%	91%	↑
4	Paeds only	Are staff supported and engaged in regular audits?	n/a	n/a	n/a	n/a	92%	100%	96%	↓
5	Health visiting	Is there evidence that staff have knowledge of national and local initiatives?	n/a	n/a	n/a	n/a	n/a	100%	100%	↔
6	Health visiting	Is there evidence that staff have knowledge of quality assurance?	n/a	n/a	n/a	n/a	n/a	93%	100%	↑

### Standard 3.4 Information Governance and Communication Technology

Health services ensure all information is accurate, valid, reliable, timely, relevant, comprehensible and complete in delivering, managing, planning and monitoring high quality, safe services.

Health services have systems in place, including information and communications technology, to ensure the effective collection, sharing and reporting of high quality data and information within a sound information governance framework.

*NMC (2015); Prioritise People: Standard 5.2 make sure that people are informed about how and why information is used and shared by those who will be providing care.*

*NMC (2015); Prioritise People: Standard 5.4 share necessary information with other healthcare professionals and agencies only when the interests of patient safety and public protection override the need for confidentiality.*

*NMC (2015); Prioritise People: Standard 5.5 share with people, their families and their carers, as far as the law allows, the information they want or need to know about their health, care and ongoing treatment sensitively and in a way they can understand.*

Table 24: Whole HB/Standard 3.2 Communicating Effectively

			2013	2014	2015	2016	2017	2018	2019	
1	Paeds only	Can staff demonstrate they know how to ensure that confidential patient information is stored safely and securely?	n/a	n/a	n/a	n/a	100%	100%	100%	↔
2	Paeds only	Can staff demonstrate they know how to report an incident, accident or near miss via the DATIX reporting system and where applicable conduct an investigation?	n/a	n/a	n/a	n/a	100%	100%	100%	↔
3	Paeds only	How many staff are complaint with information governance?	n/a	n/a	n/a	n/a	n/a	100%	95%	↓

### Standard 3.5 Record Keeping

Good record keeping is essential to ensure that people receive effective and safe care. Health services must ensure that all records are maintained in accordance with legislation and clinical standards guidance.

*NMC (2015) NMC (2015): Practise effectively: Standard 10.1: complete all records at the time or as soon as possible after an event, recording if the notes are written some time after the event.*

*NMC (2015): Practise effectively: Standard 10.2: identify any risks or problems that have arisen and the steps taken to deal with them, so that colleagues who use the records have all the information they need.*



*NMC (2015): Practise effectively: Standard 10.3: complete all records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements.*

*NMC (2015): Practise effectively: Standard 10.4: attribute any entries you make in any paper or electronic records to yourself, making sure they are clearly written, dated and timed, and do not include unnecessary abbreviations, jargon or speculation.*

*NMC (2015): Practise effectively: Standard 10.5: take all steps to make sure that all records are kept securely.*

**Table 25 Whole HB/ Standard 3.5 Record Keeping**

			2013	2014	2015	2016	2017	2018	2019	
1	ALL	For this episode of care, are the patient's demographic details clearly recorded (and where required, has a photograph) on all the patient's documentation?	99%	97%	99%	98%	98%	97%	93%	↓
2	ALL except Neonates, OPD, Theatres	For this episode of care, is there documented evidence that each plan of care has been assessed and discussed with the patient or advocate?	81%	82%	87%	90%	88%	90%	79%	↓
3	ALL except theatres	For this episode of care, are the contact details of the first point of contact recorded in the patient's documentation?	96%	94%	96%	95%	96%	97%	97%	↔
4	ALL	Is the patient's preferred language clearly indicated in the nursing documents?	n/a	84%	89%	92%	88%	86%	84%	↓
5	ALL except neonates	Does the patient's documentation capture their preferred name and/or title?	93%	82%	88%	93%	86%	87%	87%	↔
6	Inpatients, ED, paed, LD, endoscopy, only	For this episode of care, where the patient has an identified swallowing problem, is there evidence that there is an up to date plan of care which is being implemented and evaluated and has been reviewed within the agreed timescale?	87%	89%	89%	87%	89%	84%	82%	↓
7	Inpatients, neonates, MH, LD, OPD only	For patients who require a food chart, is there evidence that they are being kept up to date.	94%	93%	97%	89%	98%	91%	91%	↔
8	Inpatients, MH, LD, OPD only	For patients who require a food chart, is it signed by a registered nurse for each 24 hour period?	n/a	77%	85%	78%	83%	75%	74%	↓

9	ALL except OPD, theatres	For patients who require a fluid chart, is there evidence that they are kept up to date and evaluated?	84%	90%	88%	86%	92%	89%	91%	↑
10	ALL except neonates, OPD, Theatres	For patients who require a weekly fluid chart, is signed by a registered nurse for each 24 hour period?	n/a	70%	69%	72%	72%	61%	71%	↑
11	Maternity	Is there a clear plan of care following all episodes of care throughout the pregnancy and postnatal period?	n/a	100%	97%	93%	100%	87%	100%	↑
12	Neonates	Have the baby's dependency needs been individually assessed within the last 24 hours?	n/a	100%	100%	100%	100%	100%	100%	↔
13	Neonates	Have the babies' Dependency needs been staffed according to their levels of care?	n/a	100%	100%	100%	100%	100%	100%	↔
14	OPD, Medical Day Units & Radiology only	Is the documented evidence that, where indicated, the presence of a chaperone has been considered?	n/a	n/a	n/a	n/a	28%	67%	75%	↑
15	Paeds only	Does the nursing documentation show that the following information has been completed, name of CYP, DOB, CRN/ NHS number and that each entry includes the date & time of entry, and the name, signature, designation of person making entry in records?	n/a	n/a	n/a	n/a	96%	96%	48%	↓
16	Health visiting	Is there evidence that Child & Family records are written in SOAP?	n/a	n/a	n/a	n/a	n/a	100%	100%	↔
17	Health visiting	Is there evidence that the FRAIT assessment has been undertaken at all core contacts, and inward transfers?	n/a	n/a	n/a	n/a	n/a	67%	89%	↑

### Standard 4.1 Dignified Care

People must receive full information about their care which is accessible, understandable and in a language and manner sensitive to their needs to enable and support them to make an informed decision about their care as an equal partner.

*We must "treat people as individuals and uphold their dignity".*

*NMC (2015): Prioritise People: Standard 1.1: Treat people with kindness, respect and compassion.*

NMC (2015): Prioritise People: Standard 1.2: Make sure we deliver the fundamentals of care effectively.

NMC (2015): Prioritise People: Standard 1.3: Avoid making assumptions and recognise diversity and individual choice.

NMC (2015): Prioritise People: Standard 1.4: Make sure that any treatment, assistance or care for which we are responsible is delivered without undue delay.

Table 27 Whole HB/ Standard 4.1 Dignified Care										
			2013	2014	2015	2016	2017	2018	2019	
1	ALL	If a patient's language of need is Welsh, do staff know how to access a Welsh speaking member of staff?	93%	100%	96%	99%	100%	99%	98%	↓
2	Paeds only	If a patient's language is not English, do staff know how to access an interpreter?	n/a	n/a	n/a	n/a	100%	100%	100%	↔
3	ALL	For this episode of care, is there documented evidence that the patient's cultural needs have been assessed and discussed with the patient or advocate?	63%	65%	69%	78%	73%	75%	79%	↑
4	ALL	For this episode of care, is there documented evidence that the patient's spiritual needs has been assessed and discussed with the patient or advocate?	66%	71%	73%	80%	70%	73%	82%	↑
5	ALL except from theatres	Is there a facility for patients to talk in private to staff (e.g. a quiet room or office)?	93%	94%	93%	94%	98%	97%	96%	↓
6	ALL except maternity, neonates. OPD, theatres	Is there a quiet room for patients to spend time with their visitors away from their bedside?	70%	80%	77%	78%	78%	91%	84%	↓
7	Maternity & Neonates only	Are there facilities to preserve a mother's dignity if she wishes to express or feed at the cotside i.e. patient screens?	n/a	100%	100%	100%	100%	100%	100%	↔
8	Inpatients, paeds, MH, Endoscopy, Day units	Within the clinical area, are all the bays single sex bays?	82%	76%	81%	75%	70%	74%	78%	↑
9	Inpatients, paeds, LD, OPD, Endoscopy, Day units	Do all patients have access to single sex toilet and washing facilities?	77%	74%	70%	71%	72%	72%	66%	↓

10	All except maternity & neonates	Is there a facility to preserve patient's dignity by communicating to others that care is in progress?	97%	98%	97%	95%	96%	96%	94%	↓
11	Minor Injuries Units only	Within the clinical area are there facilities to meet hygiene needs, which are suitable for all patients including those that are disabled?	n/a	n/a	n/a	n/a	67%	87%	85%	↓
12	ALL except neonates & theatres	Within the clinical area, are washing and bathing facilities suitable for all Patients?	n/a	90%	89%	90%	84%	85%	95%	↑
13	ALL except neonates & theatres	Within the clinical area, are toilet facilities suitable for all service users?	n/a	89%	90%	86%	84%	89%	92%	↑
14	Inpatients, paeds, MH & LD	Does the clinical area allow patients to bring in personal items to assist with patient orientation/familiarity?	100%	100%	100%	100%	100%	100%	100%	↔
15	Inpatients, paeds neonates MH, LD only	For this episode of care, is there documented evidence that the patient's normal sleep pattern and needs have been assessed and discussed with the patient or advocate?	74%	82%	82%	90%	85%	89%	89%	↔
16	Inpatients, paeds, MH, LD only	For this episode of care, where the patient has an identified sleep issue or sleep has been recorded as poor/disrupted is there evidence that there is an up to date plan of care, which is being implemented and evaluated and has been reviewed within the agreed timescale?	47%	78%	74%	60%	66%	59%	57%	↓
17	Neonates only	Does the clinical area allow for a period of 'quiet time' during the day to ensure that babies have a period of rest/sleep period?	n/a	100%	100%	100%	100%	0%	100%	↑
18	Neonates only	Does the clinical area allow for the noise levels to be controlled at the cot-side especially during periods of rest and sleep?	n/a	100%	100%	100%	100%	100%	100%	↔
19	Neonates only	Does the clinical area allow for the lighting particularly during periods of rest and sleep to be individually controlled at the cotside?	n/a	100%	100%	100%	100%	100%	100%	↔
20	Inpatients, ED, neonates, paeds, MH, LD only	Are lights in sleeping areas, other than the over the bed night lights, switched off or dimmed at night?	n/a	100%	100%	100%	97%	100%	96%	↓

21	ALL except OPD	For this episode of care, is there documented evidence that the patient's pain has been discussed and assessed using an appropriate pain assessment tool?	86%	90%	95%	91%	85%	93%	94%	↑
22	All except OPD	For this episode of care, where the patient has an identified problem with pain is there evidence that there is an up to date plan of care, which is being implemented and evaluated and has been reviewed within the agreed timescale?	85%	83%	88%	83%	85%	79%	80%	↑
23	Neonates only	For this episode of care, is their documented evidence that the baby's comfort has been discussed and assessed using a developmental care tool?	n/a	80%	80%	100%	60%	80%	60%	↓
24	Neonates only	For this episode of care, where the baby has been an identified problem with comfort is their evidence that there is an up to date plan of care, which is being implemented and evaluated and has been reviewed within the last 24 hrs?	n/a	40%	100%	80%	60%	n/a	100%	↑
25	ALL except ED, neonates, OPD, theatres	For this episode of care, is there documented evidence that the patient's concerns/anxieties or fears has been assessed and discussed with the patient or advocate?	85%	84%	89%	90%	83%	92%	89%	↓
26	ALL except ED, neonates, OPD, theatres	For this episode of care, where the patient has expressed concerns, anxieties or fears, is there evidence that there is an up to date plan of care, which is being implemented and evaluated and has been reviewed within the agreed timescale?	72%	82%	90%	76%	71%	80%	74%	↓
27	ALL except OPD, endoscopy, theatres	For this episode of care, is there documented evidence that the patient's hygiene needs have been assessed and discussed with the patient or advocate?	90%	92%	94%	94%	94%	96%	95%	↓
28	ALL except OPD, endoscopy, theatres	For this episode of care, where the patient's hygiene needs have been identified is there evidence that there is an up to date plan of care which is being implemented and	87%	80%	92%	90%	83%	85%	85%	↔

		evaluated and has been reviewed within the agreed timescale?								
29	District Nursing	Is there evidence that patient's self care ability to meet their own hygiene needs have been met	n/a	n/a	n/a	92%	85%	92%	94%	↑
30	Inpatients, paed, MH, LD, day units only	Are patients given the opportunity to go to the toilet before eating?	100%	98%	99%	99%	100%	97%	97%	↔
31	Inpatients paed, MH, LD only	For this episode of care, is there documented evidence that the patient's foot and nail condition has been assessed, and discussed with the patient or advocate?	48%	73%	74%	82%	73%	84%	83%	↓
32	Inpatients paed, MH, LD only	For this episode of care, where the patient has an identified risk or requires assistance with foot or nail care, is there evidence that there is an up to date plan of care which is being implemented and evaluated and has been reviewed within the agreed timescale?	37%	61%	68%	73%	70%	74%	81%	↑
33	ALL except maternity, OPD, day units	For this episode of care, is there documented evidence that the patient has been assessed using an evidence based oral health tool with respect to their oral health needs?	37%	65%	78%	76%	80%	88%	88%	↔
34	ALL except maternity, OPD, day units	For this episode of care, where the patient has an identified risk or requires assistance with oral health, is there evidence that there is an up to date plan of care which is being implemented and evaluated and has been reviewed within the agreed timescale?	59%	67%	84%	83%	83%	80%	87%	↑
35	ALL except neonates	For this episode of care, is there documented evidence that the patient's toilet needs/continence has been assessed and discussed with the patient or advocate?	84%	83%	78%	92%	92%	89%	93%	↑
36	ALL except neonates	For this episode of care, where the patient has been identified as requiring assistance with their toilet/continence needs, is there evidence that an appropriate assessment has taken place with an up to date plan of care, which is being implemented and evaluated and has been reviewed within the agreed timescale?	82%	73%	84%	85%	84%	83%	75%	↓

37	Inpatient areas, Emergency Departments	Can staff demonstrate they know the procedure for organ donation?	n/a	n/a	n/a	70%	75%	85%	82%	↓
38	Inpatient areas, Emergency Departments	Can staff demonstrate they know the procedure for tissue donation?	n/a	n/a	n/a	61%	68%	78%	65%	↓
39	Health visiting	Is there written evidence that Health Visitor Observations and Assessment of the Infant (HOAI) was commenced effectively?	n/a	n/a	n/a	n/a	n/a	97%	97%	↔
40	Health visiting	Is there written evidence that Family Resilience Assessment Instrument Tool has been completed at 1-6 weeks?	n/a	n/a	n/a	n/a	n/a	67%	80%	↑

## Standard 4.2 Patient Information

People must receive full information about their care which is accessible, understandable and in a language and manner sensitive to their needs to enable and support them to make an informed decision about their care as an equal partner.

*NMC (2015): Prioritise People: Standard 5: Respect people's right to privacy and confidentiality.*

*NMC (2015): Practise Effectively: Standard 7.2: take reasonable steps to meet people's language and communication needs, providing, wherever possible, assistance to those who need help to communicate their own or other people's needs.*

*NMC (2015): Practise Effectively: Standard 7.3: Use a range of verbal and non-verbal communication methods, and consider cultural sensitivities, to better understand and respond to people's personal and health needs.*

**Table 28 Whole HB/ Standard 4.2 Patient Information**

			2013	2014	2015	2016	2017	2018	2019	
1	ALL	Is there evidence to demonstrate that patient identifiable information is treated in a confidential and secure manner?	95%	99%	97%	99%	99%	98%	95%	↓
2	ALL except neonates, theatres	For this episode of care, is there written evidence in the patient's clinical notes that the patient's consent to the sharing of information with others has been obtained?	66%	74%	74%	81%	76%	79%	85%	↑
3	Neonates only	Does your unit inform parents that information regarding their baby may be shared with other professionals to ensure appropriate care?	n/a	n/a	0%	100%	100%	100%	100%	↔

4	Maternity & neonates only	Is there evidence of information available for women and their families on infant feeding?	n/a	100%	100%	100%	100%	100%	100%	↔
5	Neonates only	Does the clinical area offer translation services and/or professional interpreters to parents?	n/a	n/a	100%	100%	100%	100%	100%	↔
6	Neonates only	Does the clinical area have written information available in a language and format appropriate to their local community?	n/a	n/a	100%	100%	100%	0%	100%	↑
7	Neonates only	In the clinical area, is there information available regarding unit facilities, local amenities, parking, visiting, local support groups and arrangements for going home?	n/a	n/a	100%	100%	100%	100%	100%	↔
8	Neonates only	Are Parents provided with information on how to access further information including useful websites i.e. BLISS, local neonatal services and the Wales Neonatal Network	n/a	n/a	n/a	n/a	n/a	100%	100%	↔
9	Paeds only	Is the CYP/parent/carer aware of the named nurse who is responsible for the patient during their stay	n/a	n/a	n/a	n/a	n/a	100%	100%	↔
10	Health visiting	Is there evidence that the records are kept securely	n/a	n/a	n/a	n/a	n/a	96%	100%	↑



## Standard 5.1 Timely Access

All aspects of care are provided in a timely way ensuring that people are treated and cared for in the right way, at the right time, in the right place and with the right staff.

*NMC (2015): Preserve Safety: Standard 13.2: Make a timely and appropriate referral to another practitioner when it is in the best interests of the individual needing any action, care or treatment.*

Table 29 Whole HB/ Standard 5.1 Timely Access										
			2013	2014	2015	2016	2017	2018	2019	
1	Paeds only	Is there evidence that the CYP has been correctly triaged on admission?	n/a	n/a	n/a	n/a	100%	100%	92%	↓
2	Health visiting	Is there written evidence that the Primary Birth Visit was completed within 10-14 days?	n/a	n/a	n/a	n/a	n/a	100%	100%	↔

## Standard 6.1 Planning Care to Promote Independence

Care provision must respect people's choices in how they care for themselves as maintaining independence improves quality of life and maximises physical and emotional well being.

*NMC (2015): Prioritise People: Standard 1.2: Make sure you deliver the fundamentals of care effectively.*

*NMC (2015): Prioritise People: Standard 1.4: Make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay.*

*NMC (2015): Prioritise People: Standard 4.3: Keep to all relevant laws about mental capacity that apply in the country in which you are practising, and make sure that the rights and best interests of those who lack capacity are still at the centre of the decision-making process.*

Table 30/Whole HB / Standard 6.1 Planning Care to Promote Independence										
			2013	2014	2015	2016	2017	2018	2019	
1	Inpatients, paed, MH, Endoscopy, theatre, day units only	For patients with no known diagnosis of dementia, delirium or other cognitive impairment at admission, there is documented evidence that within 72 hours of admission, the following screening question has been asked, Have you/has the patient been more forgetful in the past 12 months to the extent that it has significantly affected your/their daily life?	62%	72%	77%	67%	69%	80%	75%	↓
2	ED	For this episode of care, is there documented evidence that the patient's cognition has been assessed?						60%	60%	↔

3	Inpatients, ED, MH, day units only	For this episode of care, where the patient has an identified care need in respect of cognitive impairment, is there evidence that there is an up to date plan of care, which is being implemented and evaluated and has been reviewed within the agreed timescale?	59%	64%	76%	63%	72%	73%	73%	↔
4	Inpatients, ED, paed, MH, Endoscopy, theatre, day units only	For patients with no formal diagnosed learning disabilities, is there documented evidence that the patient has been assessed for a formal diagnosed learning disability?	n/a	n/a	n/a	n/a	90%	76%	78%	↑
5	Inpatients, ED, paed, MH, Endoscopy, theatre, day units only	For this episode of care, where the patient has been identified as having a formal diagnosed learning disability, is there evidence that there is an up to date learning disability passport?	n/a	n/a	n/a	n/a	94%	78%	75%	↓
6	Inpatients, ED, paed, MH, Endoscopy, theatre, day units only	For this episode of care, where the patient has been identified as having a formal diagnosed learning disability, is there evidence that the learning disabilities care bundle is being implemented and evaluated?	n/a	n/a	n/a	n/a	100%	79%	71%	↓
7	ALL except neonates, OPD	For this episode care, is there documented evidence that the patient's level of independence has been assessed and discussed with the patient or advocate?	94%	93%	91%	96%	97%	93%	91%	↓
8	ALL except neonates, OPD	For this episode of care, where the patient has been identified as requiring support and/or assistance to maximise independence, is there evidence that there is an up to date plan of care, which is being implemented and evaluated and has been reviewed within the agreed timescale?	89%	86%	90%	90%	86%	88%	78%	↓
9	ALL except OPD, Theatres	Where appropriate, do all patients have written evidence of a discharge assessment and plan?	82%	90%	90%	86%	87%	89%	77%	↓
10	ALL except OPD, Theatres	Where appropriate, is there written evidence that the patient's family/carer has been involved in discharge planning?	84%	88%	86%	87%	89%	88%	80%	↓

11	ALL except maternity, neonates, OPD, Theatres	Does the clinical area have access to mirrors for patients to use?	94%	93%	94%	94%	95%	94%	95%	↑
12	Inpatients, ED, paed, MH, LD only	Does the clinical area have supplies of toiletries for patients who have been admitted without them?	94%	98%	97%	100%	99%	97%	100%	↑
13	MH & LD only	For this episode of care, where the patient has been assessed under the Mental Health Measure to be a relevant patient, has a Care Treatment Plan been completed?	n/a	100%	100%	100%	100%	100%	100%	↔
14	MH & LD only	For this episode of care is there an individual Positive Behaviour Plan in place prescribing individual restrictive practices that can be used to support the patient if need be.	n/a	100%	76%	91%	100%	90%	100%	↑
15	neonates only	For this episode of care, is there documented evidence that the mother is shown parent craft skills prior to going home?	n/a	100%	60%	100%	100%	100%	60%	↓
16	Neonates only	Does the clinical area allow for parents to room in with their baby prior to going home?	n/a	100%	100%	100%	100%	100%	100%	↔
17	Neonates only	Where appropriate, do all babies have written evidence of a discharge plan from the point of admission and are continually reviewed, involving both parents and a multidisciplinary team?	n/a	100%	80%	100%	100%	100%	100%	↔
18	Neonates only	For this episode of care, is there documented evidence that the mother is shown how to make feeds and sterilise bottles and teats prior to going home?	n/a	100%	0%	100%	60%	0%	60%	↑
19	Neonates only	Does the clinical area have access to appropriate baby clothes for babies who have been admitted without them?	n/a	n/a	100%	100%	100%	100%	100%	↔
20	Neonates only	Does the clinical area have supplies of nappies and baby toiletries for babies who have been admitted?	n/a	n/a	100%	100%	100%	100%	100%	↔
21	Neonates only	For this episode of care, is there documented evidence that the	n/a	60%	80%	80%	80%	0%	60%	↑

		baby has an up to date Developmental Care assessment?								
22	Paeds only	For this episode of care, is there written evidence in the CYP's clinical notes that the CYP/parent/carer as been given an e-discharge letter and the discharge arrangements explained?	n/a	n/a	n/a	n/a	75%	96%	96%	↔
23	Paeds only	For this episode of care, where required is there written evidence that the CYP developmental needs have been assessed/discussed with the CYP or advocate?	n/a	n/a	n/a	n/a	96%	100%	100%	↔

## Standard 6.2 Peoples Rights

Health services embed equality and human rights across the functions and delivery of health services in line with statutory requirement recognising the diversity of the population and rights of individuals under equality, diversity and human rights legislation.

*NMC (2015): Prioritise People: Standard 1.5: Respect and uphold people's human rights.*

Table 31 /Whole HB / Standard 6.2 Peoples Rights										
			2013	2014	2015	2016	2017	2018	2019	
1	Inpatients and paeds only	Does the clinical area allow CYP/family/carers to bring in personal items to assist with CYP's orientation/familiarity/anxiety?	n/a	100%	100%	100%	100%	100%	89%	↓
2	Maternity & neonates only	For this episode of care, is there documented evidence that mothers who require breastfeeding support and/or assistance has been assessed and discussed?	n/a	89%	89%	90%	70%	95%	83%	↓
3	Maternity & neonates only	For this episode of care, where the mother has been identified as requiring support and/or assistance to establish breastfeeding on the unit, prior to going home, is there evidence that there is an up to date plan of care, which is being implemented and evaluated and has been	n/a	100%	90%	100%	64%	80%	100%	↑

		reviewed within the last 24 hours?								
4	Paeds only	Are there age appropriate playrooms, toys, books and activities for children/young people?	n/a	67%	100%	80%	100%	100%	100%	↔
5	Paeds only	For this episode of care, is there documented evidence that the CYP and their parents/carers have been involved in the decision making process regarding the CYP care?	n/a	n/a	n/a	n/a	84%	92%	96%	↑
6	Health visiting	Is there evidence that staff are aware of the rights of the clients?	n/a	n/a	n/a	n/a	n/a	84%	97%	↑

### Standard 6.3 Listening and Learning from Feedback

People, who receive care, and their families, must be empowered to describe their experiences to those who provided their care so there is a clear understanding of what is working well and what is not, and they must receive an open and honest response.

Health services should be shaped by and meet the needs of the people served and demonstrate that they act on and learn from feedback.

*NMC (2015): Standard 2: We must listen to people and respond to their preferences and concerns.*

Table 32/Whole HB / Standard 6.3 Listening and Learning from Feedback

			2013	2014	2015	2016	2017	2018	2019	
1	ALL except theatres	In the clinical area, is there accessible information regarding how patients/relatives/advocates can raise a formal or informal concern?	91%	96%	97%	98%	95%	96%	94%	↓
2	Neonates only	Does the clinical area allow parents to regularly feedback their experience of the service?	n/a	n/a	100%	100%	100%	100%	100%	↔
3	Neonates only	Does the clinical area allow parents to be involved in the planning and development of service improvements?	n/a	n/a	0%	100%	100%	100%	100%	↔
4	Minor Injuries	Do the patients have access to patient satisfaction questionnaires	n/a	n/a	n/a	n/a	100%	100%	100%	↔

	Units only	and/or written or verbal feedback mechanisms								
5	Paeds Only	Is feedback sought from CYP and their parents/carers relating to their experience	n/a	n/a	n/a	n/a	n/a	100%	60%	↓
6	Paeds only	Can staff demonstrate they know what action to take if a CYP, their parent/carers or member of the public raises a concern about the care/treatment that they have received?	n/a	n/a	n/a	n/a	n/a	100%	100%	↔

## Standard 7.1 Workforce

Health services should ensure there are enough staff with the right knowledge and skills available at the right time to meet need.

*NMC (2015): Practice Effectively: Standard 6.2: maintain the knowledge and skills you need for safe and effective practice.*

*NMC (2015): Practice Effectively: Standard 8: Work cooperatively.*

*NMC (2015): Practice Effectively: Standard 9: Share your skills, knowledge and experience for the benefit of people receiving care and your colleagues.*

*NMC (2015): Promote professionalism and Trust: Standard 20.1: uphold the reputation of your profession at all times.*

**Operational Audit Narrative:** one of the two questions for this standard achieved a compliance score of 85% or above. Both have seen a decrease in compliance.

Table 37: Whole HB/Standard 7.1 Workforce										
		Question	2013	2014	2015	2016	2017	2018	2019	
1	ALL	All clinical staff wear identification badges	73%	65%	84%	81%	87%	85%	73%	↓
2	ALL	All clinical staff comply with All Wales Dress Code	84%	87%	94%	90%	94%	95%	93%	↓

**CYFARFOD BWRDD PRIFYSGOL IECHYD  
UNIVERSITY HEALTH BOARD MEETING**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	28 May 2020
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Responding to the COVID-19 Pandemic: Update, Review and Ratification of Decisions Made Since 16 <sup>th</sup> April 2020
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Steve Moore, Chief Executive
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Steve Moore, Chief Executive

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

This report is presented to the Board to review and ratify the decisions made as part of Hywel Dda University Health Board's (HDdUHB's) response to the COVID-19 Pandemic since 16<sup>th</sup> April 2020.

**Cefndir / Background**

This report provides an update to the Board on the work that has been progressed since the Board meeting held on 16<sup>th</sup> April 2020.

**Asesiad / Assessment**

**1. Revised Planning Requirements**

Since the Board last met there have been significant changes to our planning scenario driven by revised modelling assumptions and real world experience of the progress of the virus in Wales.

At the time of the previous meeting the planning requirement was to prepare for a significant initial peak in demand for hospital care within a short timescale and the focus was on ensuring there was capacity to cope with this. This was based on the Reasonable Worst Case Model mitigated by 66% issued in March 2020.

There is now growing confidence that the initial peak has passed for Hywel Dda (in common with the rest of Wales) and that this peak was, thankfully, far lower than feared. This has been in no small part due to the solidarity shown by our local population in complying with the guidance to stay at home wherever possible – the local support for the NHS has been remarkable.

As a result of the experience to date and in light of revised modelling, the Gold Command Group issued revised planning requirements to the Tactical Group on Monday 27<sup>th</sup> April 2020. These planning requirements were based on the following planning scenario:

- *Tactical is asked to change its focus from the urgent task of building for a significant and imminent peak in COVID-related demand to one where there are a series of peaks nearer to maximum ICU and bed capacity over an extended period of time. The timing and scale of these peaks are unknown and only likely to be foreseeable a few weeks ahead.*
- *Tactical should assume that Field Hospitals remain available for the foreseeable future in its planning assumptions. Given the extended timescale of this new response model Tactical will also need to widen its remit to establish plans for all services provided by the Health Board.*

This requires a more complex range of considerations and moves the Health Board from planning for an immediate crisis towards a longer term, evolving response whilst being ready to cope with localised outbreaks at short notice.

The specific instructions to the Tactical Group therefore encompassed all Health Board provided services and a longer planning horizon:

#### **For the four main hospitals unscheduled care services**

- Red/Green separation to be embedded between and/or within sites
- An escalation plan up to the total available bed capacity and maximum safe ICU capacity, which can be enacted within the timescales as advised by the Modelling Cell. As well as COVID admissions, the plan needs to incorporate usual non-COVID admissions and forecasts of winter pressures
- Contingency plans for the possibility of exceeding the available bed base and/or critical care capacity
- A prioritised risk-based plan to restart services that have been suspended or scaled back in the initial response to COVID (e.g follow up appointments, post emergency attendance/admission) which limits visits to hospital sites to a minimum

#### **Elective care, care for cancer patients and immunocompromised patients, Women & Children's services**

- A clinically prioritised risk-based plan to be ready to restart electives (subject to Welsh Government approval)
- A clinically prioritised scale-back plan to complement the unscheduled care escalation plan
- A plan for to provide care to all patients who, either as a result of their condition or their treatment, are immunocompromised
- A plan to reduce visits to main hospital sites to a minimum

#### **Primary, Community, Post-COVID rehabilitation, MH and LD Care services**

- Red/Green separation to be embedded



- A care and residential home support plan
- A plan to support the psychological wellbeing of vulnerable people for an extended period of time
- A prioritised risk-based plan to restart services that have been suspended or scaled back in the initial response to COVID which minimises visits to health and care facilities

### **Cell Update**

New instructions were also issued to the Modelling and Personal Protective Equipment (PPE) Cells:

#### **PPE Cell**

- Establish an efficient and sustainable plan to predict, source, organise and distribute PPE to health and care services (including domiciliary care, care homes and residential homes)

#### **Modelling Cell**

- Build and maintain a model to monitor COVID outbreaks and model the timing and extent of demand surges capable of giving maximum possible notice of critical care surges (working with the Welsh Government modelling group)
- Provide advice to Bronze groups and other Cell leads on reasonable planning assumptions regarding the timing and size of peaks based on the latest transmission model and actual experience.

#### **Public Health Cell**

- In addition to the above, the Gold Command Group established a new Public Health Cell to provide an effective Test, Trace & Protect service for the population of Hywel Dda. The aim of the cell is to prepare for winter pressures to support local health and care services with co-circulation of influenza and COVID-19 by ensuring a robust 2020/21 influenza vaccination plan is in place. Furthermore, the cell will develop mass vaccination plans, ensuring there is a specific focus on improving uptake of childhood and adult immunisation and vaccination programmes, which have been paused due to COVID-19. The cell will also co-ordinate effective communications for public health protection services including our testing, contact tracing and immunisation programmes.

### **Tactical Operational Plan to 31<sup>st</sup> June 2020**

The NHS Wales Operating Framework for Quarter 1 2020/21 outlines the need to maintain essential services and retain flexibility and adaptability to changes in community transmission rates of COVID-19. It requires Health Boards to ensure it is balancing 4 distinct types of harm:

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

The initial plan requested from the Tactical Group as a result of the revised planning requirements set out above recognised the need to balance these harms and begin to re-establish or expand services across the Health Board. Given the uncertainties in longer term predictions for the virus, this plan was for the period up to the end of the first quarter of 2020/21. A quarterly approach will then be established.

The key elements of this plan which change service delivery in Quarter 1 are:

- **Expanding Cancer Services**

Health Board cancer services have continued to be provided where the risks of COVID-19 exposure are assessed to be lower than the likely harm resulting from not undertaking the assessment and/or treatment. In response to the revised planning requirements, the Acute Bronze Group have established a clinically prioritised risk-based plan to expand or restart suspended services. A summary of this are as follows and is subject to further development:

- For diagnostics:
  - all urgent suspected cancer requests have continued to be provided throughout the initial pandemic response work including staging investigations for patients already undergoing treatment
  - Bronchoscopies which have been limited to date recommenced at PPH in the week commencing 11<sup>th</sup> May
  - The endoscopy team are finalising a plan to reinstate endoscopy by the beginning of June 2020 across 3 hospital sites
- For Chemotherapy
  - Chemotherapy services have continued across the Health Board during the course of the initial response to the pandemic and this will continue to be the case. Decisions for individual patients will be made by the relevant clinician
- For Surgery
  - Cancer outpatient clinics and surgery have been relocated to the Werndale under the national agreement with independent hospitals for the duration of the pandemic to date except those deemed clinically unsuitable
  - Emergency gastrointestinal and head & neck surgery has continued at existing hospital sites with an expansion in sessions being implemented at the GGH site to meet demand
  - Scoping is underway to recommence cancer surgery at both BGH and WGH from early June 2020
- Other issues
  - A 9-5 helpline for concerned cancer patients is in place, supported by the Cancer Nurse Specialist Team providing advice and support
  - Patient information leaflets, and Cancer Psychological Support services are also in place to support our patients, together with pro-active communications for the most affected patients through our tumour site Cancer Nurse Specialists

### **Other Health Board Services**

- Routine outpatient work will recommence but only via digital platforms. The most urgent cases for which physical assessment is necessary will also recommence
- Routine elective surgery is under detailed consideration but unlikely until Quarter 2 and will be at a reduced rate

## **Field Hospitals**

Thankfully, our rapidly established Field Hospitals have not, as yet, been brought into service for the reasons set out above. With COVID-19 still in circulation and low levels of immunity in the population, they remain a vital “insurance policy” in the event of significant surges in activity. With the changes in the planning requirements issued to the Tactical Group, the Acute and Community Bronze groups have been considering options to either “hibernate” some and use others to support hospital discharges and our local care & residential homes. This partially reflects the different sizes, scales and circumstances of each of them but also the need to ensure hospital flow is maintained at a time when non-COVID activity is again rising.

As an initial phase, the Carmarthen and Aberystwyth Leisure Centre Field Hospitals are on stand-by to support both acute and community pressure with the Carmarthen site expected to open on a pilot basis shortly. Plans for the others will be developed in Quarter 2.

The Gold Command Group approved the Operational Framework Quarter 1 at its meeting on 18<sup>th</sup> May 2020 noting this was submitted in draft form to Welsh Government on the same date. The plan can be located at Annex 1 and the Board are requested to approve the plan.

## **2. Update on the Current Position**

### **Hospital Activity**

It is increasingly clear from the numbers of actual and suspected COVID-19 cases in the 4 hospitals that the recent peak has passed. In the last three weeks, numbers have fallen from over 90 per day to the mid-70s and at no point did demand exceed our capacity to admit and treat patients.

Given the likelihood of future peaks, the Gold Command Group established a Functional Capacity tool to “nearcast” likely demand for the next 7 weeks and compare this to the maximum number of functional beds available (those with the space, equipment, consumables and staff). This is a rolling report received weekly by the Gold Command Group and the latest version (at time of writing) was received on Monday 13<sup>th</sup> May 2020. Whilst overall reassuring that in the near term demand is likely to remain low, it has highlighted potential limiting factors in critical care medicines and staffing that the Tactical Group has been asked to address.

It also highlights growing pressure on non-COVID emergency beds which are requiring the existing hospitals to flex their capacity between red and green areas.

### **Protecting our Black and Minority Ethnic (BAME) staff**

The issue of the specific risks faced by our BAME 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 on the basis of health status and age which resulted in redeployment away from Red areas and in some cases working from home/shielding. An additional risk assessment is now underway for all of our 678 BAME staff based on a process designed by Aneurin Bevan Health Board which has been adopted by Welsh Government, this will ensure that those deemed to be at extreme risk who have not already been identified through our earlier work will be redeployed into

lower risk areas. We are expecting an updated version of the risk assessment and when it is received the process will be amended to reflect any changes. An update will be provided to the Board at the meeting by the Executive Director of Workforce and OD on the progress with this work.

### Personal Protective Equipment (PPE) and Infection Prevention & Control (IP&C)

Considerable work has been undertaken to ensure that the Health Board is in a stable position in respect of PPE. A demand management and logistics review has helped to ensure that all staff have access to the PPE they require in a timely manner and we are now able to provide staff with a weekly status report on stock levels. The daily status report is included below for the current position of PPE supply as at 4pm 12<sup>th</sup> May 2020.

Product Type	Status	Stock Level	Daily Avg	Days Cover	SSP Stock	SSP Orders	Mitigation / Forward Plan
Eye Protection	●	21,545	53	409	172k	103k	Removed one type of glasses following WG advice, sourcing different types is ongoing with no issues perceived at the moment
Face Mask IIR	●	90,310	5,850	15	13.2m	126m	Stock levels are stable. Regular deliveries being received and confidence nationally. One type of mask has been removed following skin irritation instances
Face Mask FFP3	●	49,255	214	230	1.3m	2.2m	Stock levels remain high, with limited Covid-19 patients on our acute sites. Working to understand different types to ensure the right supply given the fit tests that have been completed
Face Visors	●	4,972	117	42	186k	8.4m	Improved stock levels over the two last weeks.
Gown	●	15,883	216	73	30k	6.7m	Re-useable options being quality assured and national stocks have improved.
Fit Test Spares	●	296	10	30	1.4k	126k	Increased levels following previous weeks escalation
Sanitizer Pump	●	N/A	N/A	N/A	113k	579k	
Sanitizer Personal	●	N/A	N/A	N/A			
Gloves	●	N/A	N/A	N/A	25m	45m	Non-restricted stock delivered direct from NWSSP and in plentiful supply
Aprons	●	N/A	N/A	N/A	7.7m	11.8m	
Wipes	●	N/A	N/A	N/A	2.6m	193k	



Recent trend evidence has shown that we continue to be supplied with appropriate quantities, with our Procurement teams utilising both national and local supply chains. We are continually refining the ordering model as and when new information becomes available, and have started to implement single points of contact in services to manage their requirements.

With growing confidence in the quantity of PPE available, following huge efforts nationally and support locally from our communities, the Gold Command Group requested a review of the quality of PPE in use across primary and community services. Issues have been identified in the following areas:

- Eye protection – issues with fit with some designs – especially for spectacle wearers
- Disposable Aprons – issues with durability
- Type IIR masks – issues with fit with some designs of mask
- Short cuff disposable cuffs – availability of a wider range of sizes

The PPE Cell has agreed actions to address the issues found with the Primary Care Bronze team and the national Shared Services Partnership team and have agreed an on-going process with primary and community care to identify and act on specific areas of concern.

The Gold Command Group also agreed revised guidance in relation to the role of PPE in the event of an urgent need to provide CPR which will be shared with the Quality, Safety and Experience Assurance Committee for assurance purposes.

The Health Board is also working collaboratively with Local Authority partners to ensure that all care staff are provided with appropriate PPE as well as supporting training and practical hands on advice and assistance in care home settings. The Infection, Prevention and Control and microbiology teams have worked tirelessly to ensure that expert advice is readily available to all staff as well as supporting the development of our additional field hospital capacity and key worker/patient screening arrangements.

### **Patient Safety**

With the level and pace of change required across all Health Board services in preparation and response to COVID-19, our focus has remained on the quality, safety and experience of patients and their families. As well as rapid review and dissemination of guidance to our workforce, we have additional quality, safety and experience assurance meetings focusing on emerging matters associated with the pandemic. There was an initial pause of some operational quality and safety meetings; however, certain of these are now being restarted. Full oversight has been maintained throughout this period through the quality panel and other meetings and mechanisms, which continue to be led by the Executive Director of Nursing, Quality and Patient Experience.

### **Death Reporting**

In late April, following an internal review of death reporting data arising as a result of corrections undertaken by another Health Board to their own data, it became apparent that death data for the Hywel Dda area had been underreported for approximately the previous month. On 25<sup>th</sup> March 2020, all Health Boards were instructed to use the Public Health Wales “Notifiable Death” process for the purposes of reporting COVID-19 deaths and this data was used to provide national and county level information to the general public. For various reasons, this system did not become well embedded in the initial phase of our local response and there was no systematic validation process or central control in place. This has now been corrected through the combined use of our laboratory and patient administration systems, allowing for a daily check on the numbers submitted by individual clinicians. Up until 24<sup>th</sup> April the number of deaths underreported was 31 cases and this has now been corrected.

This data is used primarily as surveillance data by Public Health Wales to assess trends. The underreporting by Hywel Dda equated to approximately 1 additional death for Wales per day which would not have materially changed these assessments but the importance of ensuring deaths are properly and accurately reported has been reinforced with clinical teams. For a “Notifiable Death” to be reportable through this system, the patient must have died in hospital and had a positive test for COVID-19 within the last 28 days and this is the definition being used.

## **Testing**

Capacity for testing has continued to expand including the opening of a drive through facility on the showground in Carmarthen and a CTU at Withybush Hospital. This takes the Health Board's total number of testing sites to 7 (including 1 mobile unit). There are currently no delays with tests being offered within 24 hours of request.

The Health Board coordinates the tests for all critical workers through the Command Centre and have recently added to this an offer to unpaid carers in our community. We also have a locally developed texting service for results although expect this to be superseded at some point by an all-Wales solution

The Health Board has been offering comprehensive testing to care homes for some time and is training care home staff to undertake repeat testing as needed. Feedback from partners is that a combination of this comprehensive approach and the Care Home Escalation Plan agreed in April has been well received by the sector and they feel well supported.

The work on testing will now form part of the newly established Public Health Cell which will focus on the local delivery of the recently published NHS Wales Test, Trace, Protect strategy.

## **Communications**

Communication with staff, partners and the wider public has been a key part of the Health Board's response plan. For our staff, the communication team has established a Facebook page to provide a fast means of communication, especially for staff who may be working from home. Video-logs by members of the Executive Team have enabled the sharing of more personal and accessible updates on the work of the Health Board which has helped engender a sense of connection between staff and the senior team. These have also been made available on internal staff communication platforms, including daily updates, and a central resource on the Intranet for up-to-date guidance

For the public we have launched a new more accessible website, which can be found at <https://hduhb.nhs.wales/> Announcements and adjustments to how to access our services can be found here, and complement other work to keep our communities informed such as audience targeted updates and work with the local media and broadcasters.

Each week the Chair and Chief Executive hold virtual update meetings with Local Authority Chief Executives and Leaders, local MPs and MSs and, on alternate weeks with the Community Health Council (CHC) and Independent Members. These meetings have proved invaluable to coordinate our work, share the latest information and address concerns from our local population.

## **Command Centre**

At an early stage in its pandemic response plan, the Health Board established a central Command Centre led by the Director of Partnerships and Corporate Services with the following functions:

- To be the central point for all enquiries regarding COVID-19
- To receive and disseminate all policy and guidance received
- To coordinate and manage the testing process in Hywel Dda University Health Board
- To become the regional co-ordination hub for 'test trace and protect' for the Health Board and three Local Authorities

The Gold Command Group reconfirmed that this remains the primary mission for the Command Centre and has asked that, in light of the revised planning requirements, it makes plans for its longer term sustainability to assist the on-going response to the pandemic.

### **Other Issues**

As part of the initial Gold Command Group set of planning requirements an instruction was agreed to establish a Recovery, Learning and Innovation Group with a remit to:

- Capture the changes happening in response to COVID-19
- Develop proposals to mainstream the benefits of innovation
- Assess areas of Health Board activity that will require recovery plans and develop proposals for this
- Establish a list of continuing services
- Review the impact of COVID-19 on the implementation of the Health & Care Strategy

The work of this group has not developed in the way it was envisaged at the outset and with the change in planning requirements towards a longer-term timeframe there is a need to restart and refocus its work. Much of the recovery and business continuity elements of the work have now been taken over by a combination of the Tactical and Bronze Groups and the essential services review instigated by Welsh Government.

These factors provide an opportunity to broaden and re-focus the role and establish it as a permanent feature of the Health Board's work. The revised instruction, which will be recommended to the Gold Command Group, will be to establish a Transformation Steering Group chaired by the Chief Executive and involving other members of the Board with a remit to:

- Capture the widest possible learning from pandemic responses – locally, internationally and historically
- Translate that learning into practical applications to transform the way we serve and support our local population both now and into the future

These practical applications will be reported to the Health Board to inform, develop and enhance our short term planning and deliver our long term Health and Care Strategy – *A Healthier Mid and West Wales*

### **Update on Risks**

As we move into operationalising our response to COVID-19, risk owners are being asked to review and refresh their existing risks and identify new/emerging risks in order that the Health Board can gain an understanding of how its risk profile may have changed as a result of COVID-19. Whilst there it is clear that COVID-19 has increased some risks, it has provided opportunities to reduce others. Below is an update on the risks relating to the Health Board's response to COVID-19.

Principal Risk	Mitigation	Current Risk Score (LxI)	Rationale for current risk score
<p>There is a risk to the delivery of the UHB's Financial Plan for 2020/21 of a £25m deficit. This is caused by</p> <p>1. Costs of addressing our local COVID-19 needs may exceed funding available from UHB, Regional and WG sources.</p> <p>2. Non-delivery of unidentified savings schemes included in the Financial Plan due to both the operational focus being diverted to respond to COVID-19 and where identified schemes are not supportive of the response needed. This could lead to an impact on the on the Health Board's deficit position and reduction in stakeholder confidence</p>	<p><u>Controls in place</u></p> <ul style="list-style-type: none"> <li>• Modelling of anticipated patient flows, and the resultant workforce, equipment and operational requirements is managed through Gold command.</li> <li>• Financial modelling and forecasting is co-ordinated on a regular basis.</li> <li>• Timely financial reporting to Directorates, Finance Committee, Board and Welsh Government on local costs incurred as a result of COVID-19 to inform central and local scrutiny, feedback and decision-making.</li> <li>• Oversight arrangements in place at Board level and through the command structure.</li> <li>• Exploration of a number of funding streams being explored, including: Local Health Board funding arrangements; Funding arrangements through the Regional Partnership Board and Local Authority partners.</li> <li>• Funding from Welsh Government's own sources or from HM Treasury via Welsh Government.</li> <li>• Opportunities Framework, refreshed to identify alternative ways of working in response to COVID-19 that may result in cost reductions/formal savings schemes identified.</li> </ul> <p><u>Planned actions</u></p> <ul style="list-style-type: none"> <li>• Alignment of strategic response to current demand modelling indicators between Welsh Government, Gold Command and operational teams.</li> <li>• Clarity as to what current escalation measures can be safely and appropriately de-escalated/ decommissioned and which ceased/deferred services/activities can be recommenced.</li> <li>• Accountability statements in relation to Budget 2020/21 replaced with a Delegations and Finance Delivery letter, in light of the COVID-19 pandemic.</li> </ul>	<p><b>4x5=20</b> <b>NEW</b></p>	<p>The scale of the pandemic and the likely impact on the UHB is as yet unknown, however the financial impact in Month 12 2019/20 and Month 1 2020/21 was significant and current demand modelling and corresponding forecast would suggest that the UHB's existing revenue and capital funding streams would be insufficient.</p>



	<ul style="list-style-type: none"> <li>• Close working with Welsh Government to understand the level of additional revenue and capital funding available to support the response.</li> </ul>		
<p>Risk 853 - There is a risk that the UHB's response to COVID-19 will be insufficient to address peak in demand terms of bed space, workforce and equipment/consumables.</p> <p>This is caused by increased demand for services above the level secured. This 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.</p>	<ul style="list-style-type: none"> <li>• A strong Command &amp; Control structure has been implemented and judged fit for purpose by our assigned Military Liaison Officer.</li> <li>• Planning numbers have been clearly communicated from Gold to Tactical and Bronze groups at the earliest opportunity.</li> <li>• Tactical and Bronze groups responded quickly to the planning numbers set out in the RWC -66% model thus maximising the chances of securing the capacity needed.</li> <li>• Clinical debate continues to attempt to address the areas of most concern such as ventilator support.</li> <li>• An Ethics Panel has been established to consider the challenges ahead and provide guidance.</li> <li>• QSEAC will scrutinise PPE and areas of concern such as oxygen supply and ventilators.</li> <li>• Public Health modelling cell established to provide regular forecasts of the progress of the pandemic at local level.</li> <li>• Functional capacity forecasting tool provides time to respond to changes in forecasting.</li> </ul>	<p><b>1x5=5</b> ↓ <b>(reduced from (3x5=15))</b></p>	<p>Likelihood is based on a balanced view of all the limiting factors related to an unprecedented expansion of the UHB's bed base versus some improvement in modelling forecasts which reduce the initial peak. Impact recognises the significant clinical risk of the risk becomes reality. At present, based on estimated COVID demand and the planning undertaken to respond to COVID-19, the likelihood of this risk has been reduced from 3 to 1.</p>
<p>Risk 854 - There is a risk that HBs response proves to be larger than needed for actual demand. This is caused by incorrect modelling assumptions or changes in the progression of the pandemic.</p>	<ul style="list-style-type: none"> <li>• Modelling cell established to provide regular updates on planning numbers, linked into the Welsh Government modelling group and other Health Boards</li> <li>• The approach to field hospital development is phased as far as possible so that our response can be flexed downward should this be required.</li> <li>• Welsh Government direction to risk over provision rather than under</li> </ul>	<p><b>3x3=9</b> ↓ <b>(reduced from (4x3=12))</b></p>	<p>Likelihood recognises that limits to our ability to grow our bed base reduce the risk of over capacity and our modelling is informing the scale of gap. Field hospital development is</p>

<p>This could lead to an impact/effect on abortive costs and possible reputational damage</p>	<p>provision will limit reputational damage.</p> <ul style="list-style-type: none"> <li>• All developments subject to a business case approach to ensure value for money is considered alongside other issues.</li> <li>• Board oversight and sign off of decision-making at all levels of the Command Structure.</li> <li>• Good Communications with Community Health Council, local politicians and Local Authorities.</li> <li>• Regular media engagement (internal/external).</li> <li>• Revised Strategic Planning Requirements Directive from Gold to Tactical on 27/04/20 includes field hospitals available as alternative sites.</li> <li>• WG informed of COVID-19 related costs on regular basis.</li> <li>• Financial Framework/Business Case approval process in place.</li> </ul>		<p>also staged so later stages may be able to be postponed as real world data becomes apparent.</p>
<p>Risk 855 - There is a risk that the UHB's normal business will not be given sufficient focus.</p> <p>This is caused by corporate and operational focus is diverted to COVID planning. This could lead to an impact/effect on poor patient outcomes and experience, increase in complaints, increased follows, delays to treatment, increase in financial deficit, increase scrutiny by regulators/ inspectors.</p>	<ul style="list-style-type: none"> <li>• Ethics Panel established and asked to consider issues related to the care of non-COVID-19 patients.</li> <li>• Clinicians are making case by case risk based decisions for high risk/vulnerable patients.</li> <li>• All urgent and emergency work continuing at present.</li> <li>• Werndale capacity being used for cancer services.</li> <li>• Revised Strategic Plan Requirement issued by Gold to Tactical on 27/04/20 to include non-COVID planning.</li> <li>• Establish Transformation Steering Group</li> </ul>	<p><b>3x4=12</b> →</p>	<p>At this early stage of the pandemic, urgent patients and those needing cancer, rheumatological and other services to prevent deterioration continue to receive care and processes are in place to maintain this. Impact is based on the fact that harm will be done if the risk materialises.</p>

## Argymhelliad / Recommendation

The Board is asked to:

- **RATIFY** the Revised Planning Assumptions agreed by the Gold Command Group
- **NOTE** the update on the Health Board's current position in relation to the local response to COVID-19
- **SUPPORT** the development of a Transformation Steering Group
- **NOTE** the update on the risks relating to the Health Board's response to COVID-19
- **APPROVE** the Operating Framework for Quarter 1

### Amcanion: (rhaid cwblhau)

#### Objectives: (must be completed)

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): <a href="#">Hyperlink to NHS Wales Health &amp; Care Standards</a>	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives: <a href="#">Hyperlink to HDdUHB Strategic Objectives</a>	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	Improve efficiency and quality of services through collaboration with people, communities and partners Develop a sustainable skilled workforce Support people to live active, happy and healthy lives

### Gwybodaeth Ychwanegol:

#### Further Information:

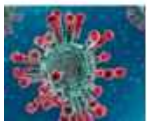
Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termiau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not Applicable

### Effaith: (rhaid cwblhau)

#### Impact: (must be completed)

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

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



Covid-19

# Hywel Dda University Health Board

## Coronavirus (COVID-19) NHS Wales Operating Framework for Quarter 1 (2020/21)

*May 2020 Version 7*



# Introduction

## Introduction

This paper sets out the Hywel Dda University Health Board (UHB) quarter 1 response with respect to COVID-19. We have sought to respond to the Welsh Government (WG) NHS Wales COVID 19 Operating Framework under the following headings:

- A specific focus on Essential Services, any risks and regional solutions
- A summary of new ways of working and plans for evaluation
- Clear roles and activity plans for independent sector facilities and field hospitals
- Progressive implementation of routine activity
- A reflection of local discussions with partners about social care resilience
- Workforce plans including use of additional temporary workforce.
- Financial implications
- Risks to delivery

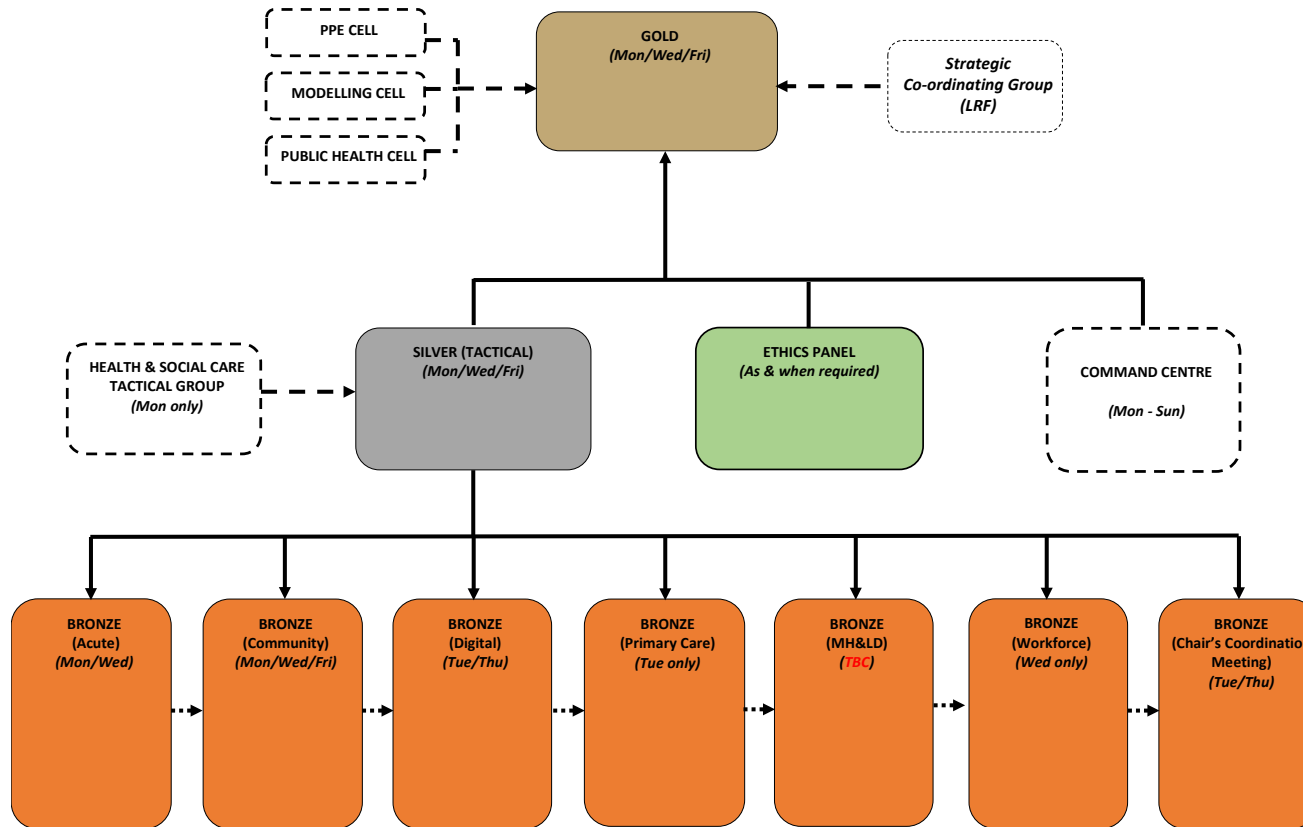
However, it should be noted that the consequence of the seismic shift that the COVID-19 pandemic has had on planning, deployment and implementation of systems, structures and services across the University Health Board has been both significant and dynamic and cannot be underestimated. It has potentially changed and advanced the way we approach our future planning, meaning that many changes previously identified for the longer-term have had to already be implemented or are due to be so over the next few months – digital enablement being a prime example of this, along with the emphasis on delivering services to Teulu Jones – the family we use to illustrate changes through our health care strategy – ‘A Healthier Mid and West Wales’. This means our future planning and assumptions need to be significantly re-thought, along with their timelines, as we move into a transformational period. Despite the challenges and fundamental changes we are currently encountering, there may be unexpected opportunities presented to re-set, accelerate and expedite where appropriate to transform our services through our three transformation programmes – Transforming Our Communities; Transforming our Hospitals; and Transforming Mental Health (and Learning Disabilities) which are all within the Board approved strategy.

## Command and Control

In order to deal with the unprecedented crisis in facing COVID-19, the UHB has put in place a Command and Control Structure in order to deal with the key strategic (Gold); Tactical (Silver); and Operational (Bronze) issues and decisions. The structure in place, is diagrammatically shown below, followed by a brief explanation of the remit of these key groups.



COMMAND AND CONTROL STRUCTURE



Command and Control Structure Roles

• Strategic/Gold (What)

- The purpose of the Strategic/Gold Group is to take overall responsibility for managing and resolving an event or situation. Establishing a framework of policy within which tactical managers will work by determining and reviewing a clear strategic aim and objectives.
- The Strategic/Gold Group has overall control of the resources of the Health Board and should ensure sufficient resources are made available to achieve the strategic objectives set, also considering the longer term resourcing implications and any specialist skills that may be required.
- This level of management also formulates media handling and public communications strategies, in consultation with any partner organisations involved. The Strategic/Gold Group will also ensure the Health Board’s image and reputation is safeguarded.



- The Strategic/Gold Group will then delegate actions to the Tactical/Silver Group for them to implement a Tactical Plan to achieve the Strategic aims. All Strategic actions should be documented to provide a clear audit trail.
- **Out of Hours/Urgent Decisions required**
  - Out of hours the Executive Director/Director on call has the authority to make the decision on behalf of Gold, however advice should be sought from the relevant affected Executive Directors before this decision is made and communicated. There will also be times when urgent decisions will be required to be made in between gold meetings and in these cases Chair's actions can be utilised. The Chair/Vice Chair/Reserve Chair with support of the Board Secretary will enable this decision to be made, reported & recorded at the next Gold meeting.
- **Tactical/Silver (How)**
  - Responsible for developing and implementing a Tactical plan to achieve the Strategic direction set by the Strategic/Gold Group and will be required to work within the framework of policy outlined at the Strategic level. This is essential to ensure a consistent and co-ordinated response within an ethical framework.
  - They provide the pivotal link between Strategic/Gold and Operational/Bronze levels. Tactical/Silver should oversee, but not be directly involved in, providing any operational response at the Operational/Bronze level.
- **Operational/Bronze (Do it)**
  - This level responds to events at the operational level as they unfold. The term Bronze refers to Operational teams who will manage the physical response to achieve the tactical plan defined by Silver.
  - Controlling the management of resources within their given area of responsibility. There may be several Bronze groups based on either a functional or geographic area of responsibility.
- **Clinical Ethics Panel**
  - The purpose of the Clinical Ethics Panel (CEP) is to provide ethics input into Health Board policy and guidelines, support health professionals with ethical issues arising within patient care and facilitate ethics education for health professionals and other Health Board staff.
  - The CEP will not provide legal advice, advise on research ethics or advise on specific issues of resource allocation.
  - The aim of the advice provided by the CEP is to be consultative rather than prescriptive. Where advice is required before the next scheduled meeting of the CEP, a sub panel can be convened by the Chair or Vice Chair to represent the CEP. This sub panel must report to the full CEP at the next scheduled meeting.

In order to deliver our services, and to monitor the situation within our University Health Board boundaries of Carmarthenshire, Ceredigion and Pembrokeshire, as well as working with partners including Social Care, we have undertaken a number of key tasks which are summarised below, under the establishment and direction of the Hywel Dda Modelling Cell; A Functional Capacity Model; and a COVID-19 dashboard to monitor and report the situation to our Gold Command.



### Establishment and Direction of Hywel Dda Modelling Cell

Subsequent to Imperial College modelling and the UK Government actions to suppress the potential impact, locally we redirected some of our team to form a Modelling Cell. Reporting to Gold Command via our Executive Director of Operations, their role was to take the initial and subsequent national modelling and adapt for Hywel Dda University Health Board. Work on this has been directed towards five key priorities:

- Understanding and then localising the academic models
- Repurposing local simulation and activity planning models
- Using early COVID admissions to test the applicability of the models
- Aligning the forecasts of potential need with our capacity to respond
- Developing the models beyond their initial acute and admissions focus

#### **Understanding and then localising the academic models**

Firstly understanding and adapting the Transmission Model for our own population. For example whilst an initial percentage cut of the Welsh model allowed us to begin considering potential impacts and timings, this understanding then allowed us to replicate with our own age stratified population and consequently increased the hospitalisation prediction by around 10%. In localising we were able to:

- Build county level models
- Incorporate the various mitigation and suppression models from Public Health Wales
- Incorporate expected external population flows from neighbouring Health Boards and holiday / second home populations, which added around 12%.
- Utilise local data on admissions flow to move from population based to hospital site based modelling.
- Support field hospital and mortuary planning at county levels.

#### **Repurposing local simulation and activity planning models**

Our informatics team had previously developed and implemented simulation models of admissions flow to support local planning. Adapting these to then utilise emerging data for our COVID-19 admissions as well as non-COVID admissions, where across the country admission patterns significantly changed as the pandemic reached the UK. This allows scenario modelling of changes to non-COVID flow and planned care for example, in predicting likely admission patterns and timings.

#### **Using early COVID admissions to test the applicability of the models**

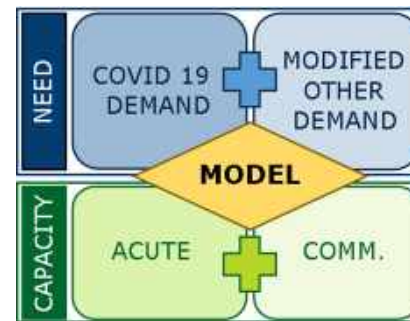
As agreed across Wales we began with the Reasonable Worst Case model and mitigated to a 34% impact for initial planning. Then taking data from real cases to test and adapt the assumptions, for example:

- actual data from our own confirmed cases that have been discharged to test model length of stay assumptions
- sharing data and learning from other Health Boards on proportions of ventilated patients
- clinical input to challenge and modify the model assumptions of patient management from the early experience of outbreaks in other parts of the world, adjusting to how we would manage such cases

- different rates of spread across our communities

### Aligning the forecasts of potential need with our capacity to respond

To complement our capacity planning work, the diagram illustrates how we developed the modelled predictions of need, both for COVID-19 and our other patients. Then combining this with an adaptable capacity model of beds across acute and community sites. A frequently updated dashboard sitting at the centre to predict and manage our weekly bed capacity, as it changes over time and by county.



By this point sufficient data and understanding had emerged to test ourselves against more recent PHW models. In keeping with advice and our own experiences, moving the reasonable worst case prediction to Public Health Wales (PHW) v2.4 model at 40% compliance, alongside likely trajectories based upon the simulation projections of our own data.

### Developing the models beyond their initial acute and admissions focus

The academic modelling, whilst estimating those infected and symptomatic as a result of the COVID-19 pandemic, then understandably focused upon the most acute needs of those hospitalised as a result. However there will likely be health impacts throughout our communities, particularly as evidence emerges from others as well as locally of those discharged showing increased debilitation and deconditioning as a result of COVID infection.

Locally we are now flexibly building upon these models to estimate the additional health related needs this pandemic will ask of Hywel Dda, Local Authorities and our other partners, for two distinct cohorts:

- possible needs of the much larger cohort of those symptomatic but remaining in our communities
- Patients post hospitalisation returning to a community setting. Here updating and adapting a previous right-sizing exercise, undertaken with the Delivery Unit, that considered patient requirements following hospital discharge.

In a similar vein alongside this demand modelling then also supporting capacity modelling and potential pressure points, alongside non-COVID service demands and also considering the potential for step up of care from care homes for example.

## Functional Capacity Model

Hywel Dda University Health Board

	Functional Capacity					Actual Today 13/05/2020	Forecast Demand							Surplus/(deficit)				
	Today 13/05/2020	+1 wk 20/05/2020	+2 wks 27/05/2020	+3 wks 03/06/2020	+4 wks 10/06/2020		+1 wk 20/05/2020	+2 wks 27/05/2020	+3 wks 03/06/2020	+4 wks 10/06/2020	+5 wks 17/06/2020	+6 wks 24/06/2020	+7 wks 01/07/2020	Today 13/05/2020	+1 wk 20/05/2020	+2 wks 27/05/2020	+3 wks 03/06/2020	+4 wks 10/06/2020
<b>ICU (covid and non-covid)</b>																		
Ventilated beds	47	47	47	47	47													
Consumable bundles	35	35	35	35	35													
Staffing (beds)	24	25	28	31	32													
Beds supported by critical care medicines	43	20	See Readme															
Other constraint (specify) - Q&S	See single site comments																	
<b>ICU functional capacity</b>	<b>24</b>	<b>20</b>	<b>28</b>	<b>31</b>	<b>32</b>	<b>12</b>	<b>31</b>	<b>32</b>	<b>32</b>	<b>30</b>	<b>27</b>	<b>25</b>	<b>23</b>	<b>12</b>	<b>-11</b>	<b>-4</b>	<b>-1</b>	<b>2</b>
<b>CPAP</b>																		
Staffing (beds)	292	292	292	292	292													
CPAP machines	703	703	703	703	703													
Consumable bundles	112	See Readme																
<b>CPAP functional capacity</b>	<b>112</b>					<b>1</b>	<b>53</b>	<b>55</b>	<b>54</b>	<b>52</b>	<b>47</b>	<b>42</b>	<b>38</b>	<b>111</b>	See Readme			
<b>Other beds (non-ICU, excl. paed)</b>																		
<b>1. Covid</b>																		
Available beds	260	321	321	321	321													
Staffing (beds)	292	296	296	296	296													
<b>Covid bed / CPAP functional capacity</b>	<b>217</b>	<b>278</b>	<b>278</b>	<b>278</b>	<b>278</b>	<b>63</b>	<b>203</b>	<b>209</b>	<b>207</b>	<b>197</b>	<b>180</b>	<b>159</b>	<b>143</b>	<b>154</b>	<b>75</b>	<b>69</b>	<b>71</b>	<b>81</b>
<b>2. Non-covid</b>																		
Available beds	570	645	645	645	645													
Staffing (beds)	340	340	340	340	340													
<b>Non-covid bed functional capacity</b>	<b>340</b>	<b>340</b>	<b>340</b>	<b>340</b>	<b>340</b>	<b>428</b>	<b>376</b>	<b>409</b>	<b>437</b>	<b>447</b>	<b>460</b>	<b>467</b>	<b>471</b>	<b>-88</b>	<b>-36</b>	<b>-69</b>	<b>-97</b>	<b>-107</b>
<b>Other beds (excl. ICU) functional capacity</b>	<b>557</b>	<b>618</b>	<b>618</b>	<b>618</b>	<b>618</b>	<b>491</b>	<b>579</b>	<b>618</b>	<b>643</b>	<b>643</b>	<b>640</b>	<b>626</b>	<b>614</b>	<b>66</b>	<b>39</b>	<b>0</b>	<b>-25</b>	<b>-25</b>
<b>Field hospitals</b>																		
Available beds	-	500	600	700	750													
Functional beds	-	100	150	200	250													
Staffing (beds)	To be confirmed																	
<b>Field hospital functional capacity</b>																		
<b>Total functional capacity (beds) - acute sites</b>	<b>581</b>	<b>638</b>	<b>646</b>	<b>649</b>	<b>650</b>	<b>503</b>	<b>610</b>	<b>650</b>	<b>675</b>	<b>673</b>	<b>667</b>	<b>651</b>	<b>637</b>	<b>78</b>	<b>28</b>	<b>-4</b>	<b>-26</b>	<b>-23</b>
<b>Mortuary space</b>	<b>113</b>	<b>113</b>	<b>113</b>	<b>113</b>	<b>113</b>													

Number of beds in existing hospitals from the above 877  
**Available hospital beds (excl. paed)** 949  
 Existing hospital beds surplus/(deficit) 72

Piped oxygen supply required for ventilators & CPAP (l/m) 1360 tbc tbc tbc tbc  
**Piped oxygen available (litres per minute)** 7688 7688 7688 7688 7688  
 Available oxygen to supply other acute beds (l/m) 6328 tbc tbc tbc tbc

Please note the below in relation to staffing of covid/CPAP and non-covid beds. Further details can be found on the Readme and individual site sheets  
 To achieve the 292 CPAP beds and 340 non covid beds across the HB there is RN deficit of 2.26 WTE and a HCSW deficit of 13.72 WTE  
 Bank, agency and deployed staff: see individual site comments

## Dashboard

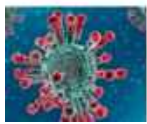
The UHB has created a dashboard reported to Gold Command on a daily basis and includes:

- Testing – daily tests; daily positive tests; cumulative positive tests
- Number of cases
- Staff sickness rates
- Availability of Personal Protective Equipment (PPE)
- Admissions (by acute site)
- Bed occupancy rates (by acute site)
- Bed occupancy rates – invasive ventilated beds (by acute site)
- Discharges (by acute site)
- Hospital deaths (by acute site)
- Mortuary capacity (by acute site)

The data is drawn from a number of internal and external sources including Public Health Wales, and allows easy access to monitoring and reporting information and trends. This is shared with Local Authority partners to ensure clear understanding of the situation which can change on a daily basis.

## Personal Protective Equipment (PPE)

Critical to supporting our approach to managing the crisis is the appropriate provision of PPE. In response to the Covid-19 crisis, a PPE Cell was established to provide clarity on the appropriate use of PPE across the different user groups, in-line with guidance received, and to model and report current and forecasted demand and supply. With an initial period expected where PPE supply across the UK would be limited, a controlled supply chain and stock monitoring process to allow deficiencies to be highlighted and escalated in a timely manner was deployed. Our internal logistics have been remodelled significantly to reduce the number of requestors and delivery points, to allow for an increased service to operate with robust controls. Regional acute hub stores have been implemented, and provide clear daily reporting on stock levels and quantities issued. Ongoing review and escalation processes are in place, as are combined local and national procurement sourcing activities and infection prevention and control guidance adherence discussions.



CONTENTS

**Introduction .....2**

Introduction .....2

Command and Control .....2

Establishment and Direction of Hywel Dda Modelling Cell .....5

Functional Capacity Model .....7

Dashboard .....8

Personal Protective Equipment (PPE) .....8

**Essential Services, any risks and regional solutions .....10**

Primary Care .....10

Community and County Based Plans .....15

Acute .....20

Mental Health and Learning Disabilities .....26

**New ways of working and plans for evaluation .....33**

Primary Care .....33

Community .....33

Acute Care .....33

Outpatients .....34

Digital .....34

Service changes .....35

**Independent sector facilities and field hospitals .....36**

Use of Independent Sector Facilities .....36

Field Hospitals .....37

**Progressive implementation of routine activity .....40**

**Local discussions with partners about social care resilience .....47**

**Workforce plans including use of additional temporary workforce. ....50**

**Financial Plans and Implications .....53**

**Risks to delivery .....55**

## Essential Services, any risks and regional solutions

This section provides an overview of the University Health Boards approach to the list of essential services set out in the Welsh Governments' document 'Maintaining Essential Health Services during the COVID-19 Pandemic – summary of services deemed essential'

### Primary Care

In moving to support essential services across the University Health Board, a series of key initiatives and decisions are noted below

#### General Medical Services

- Bank Holiday Designated Enhanced Services commissioned for the Easter Bank Holidays with 18 of Practices participating (2 for half day only); this has been converted into a Local Enhanced Service for the May Bank Holidays with the additional request for data collection included to assess its value both in terms of patient contact and wider system benefit;
- Local and national discussions are ongoing around screening for particularly vulnerable groups and we are awaiting national guidance;
- Local and national discussions are ongoing around the potential to turn back on Long Term Condition management safely and to protect vulnerable groups;
- Issues with 6 week checks for babies have been identified and addressed in line with national consideration of including with 8 week immunisation schedules to limit the number of contacts;
- Use of the British Medical Association / Royal College of General Practitioners guidance on Essential services to inform discussions with GP colleagues;

#### Community Pharmacy

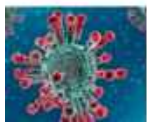
- Supported to have flexible opening to deal with increasing workload;
- Increased availability of Palliative Care drugs;
- Capacity to provide Monitored Dosage System (MDS) obtained from all pharmacies to support discharge of patients who need care packages from Local Authorities. On-going work to support transition from MDS to original pack for Local Authority domiciliary care staff;
- Provision of Emergency Supply of Medication, Emergency Contraception and Common Ailments Service still in place, with a move towards more telephone consultations;

#### Dental

- Green sites identified within the Community Dental Service (CDS);
- Red site developed to bring in patients who require urgent/emergency treatment that are Aerosol Generating Procedures (AGPs);
- Appropriate FFP3 and fit testing undertaken within the CDS;
- Minor Oral Surgery service relocated to deliver services within UHB premises with FFP3 (protective masks) provided to ensure continuation of services;

#### Optometry

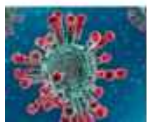
- Green sites established and working, suspension of routine care; urgent and emergency cases only;



- Red site identified and due to come online during May 2020;
- Domiciliary service established;
- All Wales Low Vision Service telephone advice line agreed and in place;
- Four acute eye care hubs established treating and managing acute eye care problems which previously would be referred into secondary care

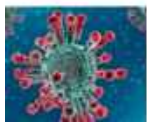
The table below shows current compliance for each of the essential services

Community Pharmacy	Framework Principles - Compliance Level	Comments
<p>COVID 19 pharmacy weekly bulletin 23/03/20 and 30/03/20- additional advice embedded in bulletin- HOWIS Support for community pharmacies issued 18/03/20- WG website Community Pharmacy Contractors COVID-19 Toolkit issued 15/04/20 - <a href="#">Primary Care One website</a></p>	<p>Amber</p>	<ul style="list-style-type: none"> <li>• On the 21st March, an announcement by the Minister for Health &amp; Social Services set out some flexibility around the times that pharmacies could be open to the public.</li> <li>• The Health Board is currently seeking information from Pharmacies about what flexible working arrangements are still in place and if there are plans to return to normal working patterns in the next two weeks (as at 1<sup>st</sup> May 2020).</li> <li>• The current services are continuing;               <p><b>Essential services:</b></p> <ul style="list-style-type: none"> <li>• Dispensing services,</li> <li>• Disposal of unwanted medicine</li> </ul> <p><b>Enhanced services:</b></p> <ul style="list-style-type: none"> <li>• Emergency medication service</li> <li>• Emergency contraception and</li> <li>• Advice and treatment for common ailments.</li> </ul> </li> <li>• Services have been amended to allow pharmacies to maintain social distancing principles, telephone consultations, and patients being able to nominate another person to collect on their behalf.</li> <li>• Appropriate supplies of Personal Protective Equipment (PPE) has been provided to pharmacies who are still required to provide services within closer distances.</li> <li>• The number of pharmacies offering palliative care medication has been increased, for ease of access the Pharmacies offering this service have been asked to provide an alternative phone line for health care professionals.</li> </ul>



GMS	Framework Principles - Compliance Level	Comments
Dental Red Alert principle guidance issued 23/3/20	Compliant	<ul style="list-style-type: none"> <li>• The UHB is fully compliant with the guidance provided by WG. Dental Practices in Hywel Dda are providing services in accordance with the guidance.</li> <li>• Tier 2 Minor Oral Surgery services are commissioned through an independent provider. The independent provider is delivering services in accordance with the red alert guidance within the UHB green centres, utilising UHB enhanced PPE.</li> <li>• The UHB has established three green emergency/urgent dental centres in UHB Community Dental Services premises and services are provided by Community Dental Service staff. The UHB has established one health centre and services are also provided by Community Dental Services.</li> <li>• Where outpatient treatments (OPT) are not available on our community sites, two General Dental Practitioner (GDP) Practices have provided access to OPT services for the emergency/urgent dental centres, in order to ensure patients do not have to go to Hospital sites to have these images taken.</li> </ul>
Dental care during the COVID-19 pandemic	Amber	<ul style="list-style-type: none"> <li>• UHB implemented systems with Faculty of Dental Surgery and the emergency/urgent dental centres to ensure timely triage of emergency referrals. Guidance has been issued to NHS and private General Dental Practices.</li> </ul>
Dental 24/7 Model Work Stream	Compliant	<ul style="list-style-type: none"> <li>• WG issued this guidance in the 22 April, which is a compilation of all guidance issued to date and this was distributed to all private and NHS GDP practices in Hywel Dda for information.</li> </ul>
Optometry correspondence and guidance issued 17/03/20-	Compliant	<ul style="list-style-type: none"> <li>• Practices identified to remain open for acute and essential services on a Cluster basis utilising standard PPE issued by the UHB.</li> <li>• The UHB has identified a domiciliary provider to provide services in accordance to the guidance also utilising standard PPE issued by the UHB.</li> <li>• The Optometry team has established a dedicated support line for the signposting of patients to appropriate eye care services.</li> </ul>
Ophthalmology guidance issued 07/04/20		<ul style="list-style-type: none"> <li>• The UHB has established a joint working relationship across Ophthalmology and Optometry.</li> <li>• Optometrists with or working towards the Medical Retina qualification are providing sessions in the UHB Intravitreal injection (IVT) clinics, under the supervision of a Consultant Ophthalmologist.</li> </ul>





Urgent Eye Care	Amber	<ul style="list-style-type: none"> <li>Practices have been identified across the UHB as green acute eye care hubs. All Eye Care hubs provide acute eye care mid-week and provide acute eye care on weekends and bank holidays on a rota basis. Practices were identified based on Optometrists in Practices with or working towards the Independent Prescribing qualification.</li> <li>The UHB has identified premises and Optometrists for the provision of a red acute eye care hub, utilising UHB provided enhanced PPE. Intended to be in place by 11/05/20.</li> </ul>
GMS Acute Work	Compliant  Compliant  Compliant Compliant	<ul style="list-style-type: none"> <li>Triage &amp; E-consult -Practices have moved to a triage model where all requests for advice or assessment are dealt with by remote consultation</li> <li>Remote Consultation -Where a face to face encounter is necessary practices are using Attend Anywhere video consultation as the preferred option</li> <li>Surgery Consultations-Practices have established red / green zones; have the ability to safely cohort patients</li> <li>Home Visits-When clinically appropriate, carried out by a member of the Primary Care team</li> </ul>
GMS - Disease Specific Areas	Amber	<ul style="list-style-type: none"> <li>Urgent Suspected Cancer - Practices continue to see patients and refer - Work ongoing with Macmillan Cancer Leads to streamline the pathways for COVID-19 as part of our response to seeing a 50% reduction in referrals</li> <li>Mental Health- General concern re increased need and need for new model of care</li> </ul>
Long Term Conditions	Amber	<ul style="list-style-type: none"> <li>Heart Failure/Diabetes/Chronic Kidney Disease/Coronary Heart Disease/Hypothyroidism/Stroke/Transient Ischaemic Attack- Good practice guidance on remote consultation being developed - one stop appointment for bloods encouraged &amp; telephone review</li> </ul>
Palliative Care/AF	Compliant	Continuing
Enhanced Services	<ul style="list-style-type: none"> <li>Amber</li> <li>Amber</li> <li>Compliant</li> <li>Compliant</li> <li>Compliant</li> <li>Amber</li> <li>Compliant</li> <li>Compliant</li> <li>Amber</li> <li>Amber</li> <li>Amber</li> <li>Amber</li> </ul>	<ul style="list-style-type: none"> <li>Cervical Smears - suspended</li> <li>Learning Disabilities - Suspended but essential acute care continuing</li> <li>Childhood 6 weeks Medical - Continuing</li> <li>Childhood Immunisation Scheme -Continuing</li> <li>Gender Identity Suspend administrative component - care should continue as clinically needed.</li> <li>Influenza &amp; Pneumococcal Immunisations Scheme - Suspended</li> <li>Services for Violent Patients - Continuing</li> <li>Treatment Room - Continuing at a reduced level</li> <li>Minor Surgery - Routine suspended - essential continuing</li> <li>Asylum Seekers &amp; Refugees - Normal healthcare Continues</li> <li>Type 2 Diabetes Mellitus Care Scheme for Adults -Suspended but being reintroduced</li> <li>Care Home Acute work and DES. - Suspended but focus on ACP and daily contact with care homes</li> </ul>

	<ul style="list-style-type: none"> <li>• Amber</li> <li>• Compliant</li> <li>• Amber</li> <li>• Compliant</li> <li>• Amber</li> <li>• Compliant</li> <li>• Amber</li> <li>• Continuing</li> <li>• Amber</li> <li>• Continuing</li> </ul>	<ul style="list-style-type: none"> <li>• Extended Surgery Opening - Suspended</li> <li>• Pertussis Immunisation for Pregnant and Postnatal Women - Continuing</li> <li>• Homeless- Suspend - normal provision of healthcare in the interim - Normal healthcare Continues</li> <li>• Oral Anticoagulation with Warfarin - Continuing</li> <li>• NOAC monitoring- Continuing but DES needs amending to allow remote working</li> <li>• DMARD Monitoring - Continuing</li> <li>• Contraceptive Services -Continuing but needs some work to facilitate remote working and</li> <li>• Substance Misuse - Continuing</li> <li>• DVLA Medicals -Suspended</li> <li>• Fostering Medicals - Continuing</li> </ul>
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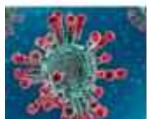
**Primary Care Supporting Documentation**

To support our Primary Care submission and to provide further detail, the following supporting document is provided

Primary Care Re-set

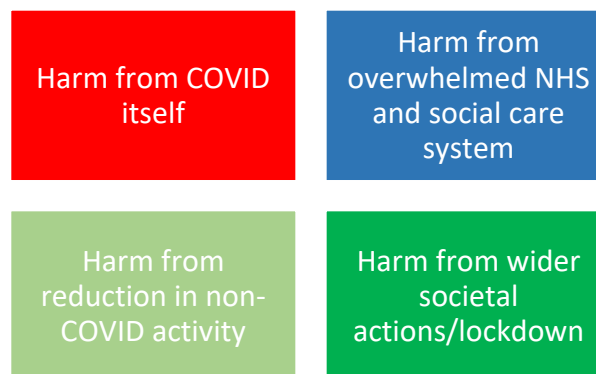


Primary Care .pdf

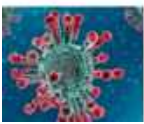


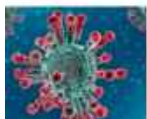
### Community and County Based Plans

- Our approach includes an integrated system between primary and community care, although for the purposes of this response we have separated these out to allow alignment to the essential services framework.
- The NHS Wales Operating Framework for Quarter 1 outlines the need to maintain essential services, retains flexibility and adaptability to changes in community transmission rates of COVID-19 but also reflects the need to consider 4 types of harm and address them all in a balanced way.

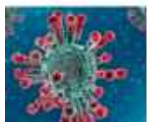


- A Healthier Mid and West Wales (our strategic health and care strategy) outlined Hywel Dda's commitment to innovating and transforming our services to deliver on the collective commitments outlined in 'A Healthier Wales'. We presented this wellbeing offer to our population across five key areas of provision within our health and care system on the basis that these areas collectively contributed to improving health outcomes for our population. It is suggested that our 'Healthier Mid and West Wales' planning framework also provides the basis on which to present our reviewed and considered System plans as a response to the COVID-19 NHS Wales Operating Framework and a reduction in harm.





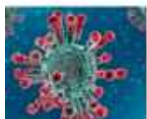
Population Offer	Operating Framework Theme	Bronze Group Response
Help for Strong Communities	<ul style="list-style-type: none"> <li>New Ways of Working</li> </ul>	<ul style="list-style-type: none"> <li>Enhanced community resilience and support through new community organisations and hub within Local Authorities.</li> <li>CONNECT model of Technology Enabled Care (TEC) proactive support, communication and rapid response deployment</li> </ul>
Help to Help Yourself	<ul style="list-style-type: none"> <li>Essential Services / Managing COVID-19</li> <li>Progressive Re introduction of suspended Services</li> </ul>	<ul style="list-style-type: none"> <li>COVID hubs review and triage of all new referrals against criteria.</li> <li>Stratification of community and specialist nursing caseloads to support targeted and prioritised service delivery</li> <li>Supporting self-management of care needs</li> <li>Maintaining separate COVID and Non-COVID community clinics and teams.</li> <li>Proactive MDTs to be supported virtually – virtual wards.</li> </ul>
Help When You Need It	<ul style="list-style-type: none"> <li>New Ways of Working</li> <li>Essential Services</li> </ul>	<ul style="list-style-type: none"> <li>Fast track the transformation changes delivering intermediate care and rapid response</li> <li>Integrated community teams and co-ordinations through COVID Hubs</li> <li>Discharge to recover &amp; assess pathways</li> <li>Community based rehabilitation</li> <li>Intermediate care response via single point of access in each County – deployment of rapid response to avoid admission.</li> <li>Remote Oxymetry Monitoring post Discharge of COVID-19 patients; supporting early discharge home and admission prevention</li> <li>Community hospital and care home beds supporting assessment and rehabilitation outside of acute hospital settings.</li> </ul>
Help Long Term / Palliative	<ul style="list-style-type: none"> <li>Essential Services</li> <li>Social Care Resilience</li> </ul>	<ul style="list-style-type: none"> <li>Hospice at Home with Clinical Nurse Specialist availability 24/7 and access to Consultant Specialist Palliative Care and Geriatricians</li> <li>Care Home Risk and Escalation Management Policy development and implementation to support Care Home Resilience</li> <li>Regional Discharge Requirements policy</li> <li>Step up and Step down plans utilising field hospitals; mitigates over stretched NHS and Social Care system</li> </ul>
Good Hospital Care	<ul style="list-style-type: none"> <li>Essential Services</li> <li>New Innovative ways of working</li> <li>NHS and Social Care Resilience</li> <li>Management of COVID-19</li> </ul>	<ul style="list-style-type: none"> <li>Agreed plan for surge capacity utilising field hospitals</li> <li>Whole System Daily Monitoring of Risk Escalation across Acute and community health and social care system at County and Regional level</li> </ul>



- In addition to the five Population Offers we also have digital, workforce, finance and infrastructure enablers :

Enablers	Operating Framework Themes	Bronze Group Response
Workforce	<ul style="list-style-type: none"> <li>• Recruitment</li> <li>• Wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>• Secured additional workforce.</li> <li>• Robust and diverse psychological and wellbeing support programme for staff.</li> </ul>
Digital	<ul style="list-style-type: none"> <li>• Enhanced communication and technology enabled care provision</li> </ul>	<ul style="list-style-type: none"> <li>• e-consultation, vision anywhere</li> <li>• Agile working hardware and software</li> <li>• Enhanced productivity and pace of decision making through virtual meeting space</li> <li>• Mathematical modelling to support planning</li> <li>• Technology Enabled Care solutions and Digital Monitoring Platform (Delta Wellbeing)</li> </ul>
Infrastructure	<ul style="list-style-type: none"> <li>• New ways of working</li> <li>• NHS and Social Care Pressure mitigation</li> </ul>	<ul style="list-style-type: none"> <li>• Revised admission criteria to existing community hospitals</li> <li>• Repurposed closed wards / care homes to create additional capacity</li> <li>• Increased residential care bed availability</li> </ul>
Finance	<ul style="list-style-type: none"> <li>• New Ways of working</li> </ul>	<ul style="list-style-type: none"> <li>• Additional Transformation Fund Allocation</li> <li>• Regional agreement to redirect ICF and Transformation to pump prime developments</li> </ul>








Domain	Key Criteria
New Ways of Working	<ul style="list-style-type: none"> <li>• Compliance with social distancing</li> <li>• Essential travel guidance</li> <li>• Reducing congestion in primary &amp; acute settings</li> <li>• Embedding &amp; making sustainable change – formal evaluation</li> <li>• Delivery of A Healthier Wales</li> </ul>
Managing COVID-19	<ul style="list-style-type: none"> <li>• Separate the COVID and non COVID patient flows as far as possible</li> <li>• Triage &amp; streaming processes</li> <li>• Continued acute pathway for COVID-19</li> <li>• Rehabilitation pathways</li> </ul>
Essential Services	<ul style="list-style-type: none"> <li>• Providing services that maintain people’s health and well-being of those with a known long-term condition – avoid admission</li> <li>• Urgent new health issues which require time sensitive nursing and / or Allied Health Professionals intervention</li> <li>• Palliative care services</li> <li>• Care home support &amp; prioritisation</li> </ul>

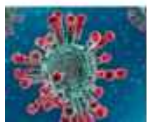


	<ul style="list-style-type: none"> <li>• Integrated community rehabilitation, reablement and recovery</li> <li>• Integrated community teams / virtual ward</li> <li>• Rehabilitation pathways</li> <li>• Safeguarding – all ages</li> </ul>
Routine Services	<ul style="list-style-type: none"> <li>• Re-introduction of services where there is capacity</li> </ul>
Surge Capacity	<ul style="list-style-type: none"> <li>• Physical space</li> <li>• Workforce</li> <li>• Ready for activation within 7 days</li> </ul>
Workforce Wellbeing	<ul style="list-style-type: none"> <li>• Support those staff who have been under significant pressure in responding to COVID 19 to date – front line workers, support staff and management teams</li> </ul>
Social Care Interface	<ul style="list-style-type: none"> <li>• continue to work with partners to ensure an effective interface with social care</li> </ul>

**Community and County Supporting Documentation**

To support our Community and Counties submission and to provide further detail, a series of supporting document are provided

<p>Ceredigion</p>  <p>Ceredigion.pdf</p>	<p>Carmarthenshire</p>  <p>Carms Plan for ammend_.pptx</p>	<p>Re-instating Services Resulting from COVID-19</p>  <p>Re-instating services in the Community.pdf</p>	<p>Revised Community Nurse Specification</p>  <p>Community Nursing.pdf</p>
<p>Pembrokeshire</p>  <p>Pembrokeshire Covid-19 Plan v13.ppt</p>	<p>3 Counties Community Response</p>  <p>Three Counties Response.pdf</p>	<p>Wellbeing and resilience plan TBC</p>	<p>Health Visiting Recovery Plan</p>  <p>Health Visiting.pdf</p>

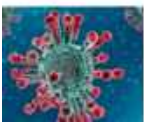


Acute

The following two tables provide a review of the essential services and are compliance against them and our approach to individual services

Essential Service	Compliance with principles outlined in Framework	Comments
Urgent Surgery	Compliant	<ul style="list-style-type: none"> <li>All patients are being risk-assessed in accordance with the 5 categories and alternative (interim) treatment approaches are being considered where deemed clinically appropriate</li> </ul>
Urgent Cancer Treatments	Compliant	<ul style="list-style-type: none"> <li>Services currently delivered in accordance with WG guidance.</li> <li>Detailed Cancer Service contingency plan published.</li> <li>Regional aid arrangements in place with tertiary centre surgeons providing outreach surgery.</li> <li>Endoscopic diagnostic services have been restricted in accordance with national guidance for individual procedures / pathways</li> </ul>
Life-Saving Medical Services	Compliant	<ul style="list-style-type: none"> <li>All patients are being risk-assessed to balance risks of cross – infections and deferred treatment.</li> <li>Individual endoscopic diagnostic procedures available for life-savings scenarios where alternative diagnostic approaches are not available / clinically appropriate</li> </ul>
Life-Saving / Life-Impacting Paediatric Services	Compliant	<ul style="list-style-type: none"> <li>Urgent illness, screening, Immunisations &amp; Vaccinations and high clinical priority community paediatric services are continuing.</li> <li>Specialist services provided at tertiary centres.</li> </ul>
Maternity Services	Compliant	<ul style="list-style-type: none"> <li>Antenatal, Intrapartum, post-natal &amp; risk-assessed community midwifery care continuing.</li> </ul>
Neonatal Services	Compliant	<ul style="list-style-type: none"> <li>Level 1 Neonatal care continues to be available.</li> <li>Glangwili Neonatal Unit separated into RED &amp; GREEN pathways.</li> <li>Neonatal transport services available as per normal.</li> </ul>
Urgent Eye Care	Compliant	<ul style="list-style-type: none"> <li>Urgent eye care pathways continue.</li> <li>Local Independent sector hospital commissioned to support urgent eye care pathway</li> <li>Regional clinical concerns raised regarding some aspects of WG guidance</li> </ul>
Termination of Pregnancy	Compliant	<ul style="list-style-type: none"> <li>Service provided in accordance with WG guidance</li> </ul>
Other Infectious Conditions	Compliant	<ul style="list-style-type: none"> <li>Services available for urgent / emergency sexual health assessments / treatments</li> </ul>
Renal-Care Dialysis	Compliant	<ul style="list-style-type: none"> <li>Service provided by external providers</li> </ul>





**RESPONSE TO COVID-19: SHARING EXAMPLES OF GOOD PRACTICE**

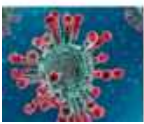
**SCOPE**

Please outline what actions you have put in place to deliver outpatient services during the current COVID-19 outbreak, e.g. telephone clinics, video clinics, etc.

- In order to support the outpatient requirements, set out above by WG and to ensure our patients continue to receive the best care possible during these difficult times, the following actions have taken place:
- All non-urgent outpatient clinics up to and including 26<sup>th</sup> June 2020 are being cancelled. These have been compressed as to demand on a weekly basis allowing our clinicians to be released into the wider support needed for the hospital sites.
- Services including General Surgery, Colorectal, Breast, Urology, Gynaecology and Ophthalmology have been relocated to a local private hospital, providing outpatient and treatment services for their Unscheduled Care (USC) and Urgent patients.
- Working on the assumption clinicians are undertaking outpatient ‘face to face’ consultations for the most urgent cases only, and to endorse new ways of working as set out by WG, the health board are exploring new digital services, including virtual clinics, SOS and clinical validation. These services are a key element within The WG National outpatient’s strategy and have the potential to transform the way we manage outpatients in the UHB in the future, as well as supporting patients during the current pandemic.

In what specialisms/functions are you currently using these approaches? Please give examples.

- Virtual telephone clinics have been established in most services, with more being added daily.
  - Active testing in progress around the use of various methods in order to identify the pros and cons of different systems.
  - Examples of how specialties are delivering outpatients during the current COVID outbreak are as follows:
- Respiratory**
- teams using the cloud based platform Patient Knows Best (PKB) to communicate, remotely monitor and share information with patients.
  - Currently live with Intestinal Lung Disease patients and due to go live with 3 other teams over the next few weeks (including Home Oxygen Service, Severe Asthma & COPD patients. <https://vimeo.com/325843544>)
- Pain Management**
- Associate Specialist & Clinical Nurse Specialist Team conducting twice weekly virtual clinics for all follow up patients.
  - Clinical Psychologist triaging all pain referrals into UHB and prioritising between medical pain pathway and PMP.
  - Referrals being prioritised on a regular basis and any urgent referrals into UHB are directed to local Consultant in Pain Management for advice and guidance.
  - A remote MDT is possible if needed.
  - A basic PMP team consisting of Psychologist, Nurse & Physiotherapy still continue to offer support and advice via telephone to chronic pain patients.
- Cardiology**
- Using a telephone platform with the backup of Welsh Clinical Portal (WCP), Patient Administration System (PAS), GP record, Electronic results, Horizon cardiology and the Moriston shared portal.



- Having access to a potential follow up call with a cardiac specialist nurse for some patients is very reassuring and has really helped especially if the patient forgets important information during the first consultation.
- Access to a phone number to call the nurse if need is extremely helpful and has been gratefully received.

#### **Ophthalmology**

- Ophthalmology Services have been relocated to Werndale Hospital, to continue to run the Emergency eye care services.
- Virtual review and triage of all emergency cases.
- Orthoptist telephone consultations are also being undertaken.

#### **Paediatrics**

- Recent telephone clinics have been successful. There have been some positive responses to a recent communication sent to our clinicians. There appears to be some willingness to explore ways of working remotely and ways of communicating safely with patients, with a view to reducing waiting times.

#### **Rheumatology**

- Review clinics are being undertaken over the phone and sending letters stating that this was a telephone clinic. If clinicians identify any red flags, then the patient is offered an appointment in the flare clinic.
- Documenting telephone consultation on cellma (description of symptoms etc. discussions around treatment options) as unable to physically assess the patient.
- Using virtual patient information regarding drug administration where possible e.g. patient information leaflets, videos for administration of injectable biologics.
- We are still offering urgent new / EIA patients face to face appointments (aiming for HCQ/SSA) but we have found that the DNA rate is still high on patients ideally we would still want to see. Phoning patients before their appointments to see they can be assessed and managed over the phone or if they require face to face consultation.

#### **Orthopaedics**

- Follow up validation taking place.
- Patients have been communicated with via telephone and letter.
- Some Clinicians keen to trial virtual models.

#### **Urology**

- All outpatient PSA clinics moved to virtual telephone clinics. Patients PSA are being monitored so no build-up of waiting list and rebooked into clinics 3/6 months' time or if there is a problem referred to the consultant.
- ISC/ISC Clinic - Triage virtually by telephone first by the CNS Nurse.
- USC are triaged, contacted by the consultants and the patients that need to have a face to face appointment these are being offered at the Werndale.

#### **Breast**



- USC patients are triaged, contacted by the consultants and the patients that need to have a face to face appointment The same process is being rolled out to Urgent patients from 27<sup>th</sup> April 2020.
- Routine patients are being triaged and when a face to face appointment is required they are remaining on the WL @ HD.

#### **Colorectal**

- All Colorectal referrals are being prioritised by the Consultants at Glangwili and where possible patients are being sent STT (Straight to Test).
- For patients that need to have a face to face appointment these are being offered at the Werndale.
- Patients are being seen by virtual and telephone clinics. The optimal pathway for assessing, triaging and investigating colorectal referrals is rapidly evolving. A meeting is planned for 28<sup>th</sup> April to agree on pathways, including the use of FIT.
- Stoma patients - patients are contacted initially by telephone and their needs assessed. All new patients are sent a Stoma Care Self Help Guide (Endorsed by the ASCN UK). Patient are encouraged to send in pictures of their problematic stomas via email. These are assessed and advice given. This may result in many contacts with the patient. If the problems cannot be resolved, then the patient is offered an Outpatient Department (OPD) appointment for a stoma review following protocol in place.

#### **Vascular**

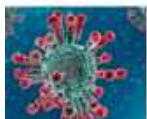
- Weekly hot clinic running in one hospital every Wednesday morning for urgent new and follow up patients from across the UHB
- The consultant team have reviewed all of the planned outpatient clinics and have written to all patients and GP's.
- Telephone consultations have been undertaken where appropriate.

#### **Dermatology**

- USC clinics condensed with MOP sessions to create 'see and treat' sessions, therefore reducing number of times patient has to visit OPD.
- Telephone validation is taking place for all clinic appointments that have been cancelled.
- Virtual telephone follow ups are in place for acne and biologic clinics. This situation has made it clear that acne patients could be managed more virtually and the cost of a BETA HCG blood test for a female patient is much more cost effective than having to see a patient face to face in clinic. This would also free up clinic appointments for the systemic and biologic patients to reduce the backlog. The nursing team has been essential in ensuring patients receive advice and medication and are monitored appropriately, therefore avoiding any breaks in their treatment. There is a possibility of more being done virtually e.g. when patients condition flares, if we are able to get photographs and treat rather than them being added at short notice to very overbooked lists. This would make the clinic situation less pressurised.

#### **Gastroenterology and Neurology**

- Clinics ongoing as normal but converted to telephone consultations.
- Ad hoc emergency clinics in place for urgent cases and physical appointments where possible.



If known/available, what impact has this had on waiting lists?	Too early to validate
Does the UHB intend to roll out to other specialisms as part of your COVID-19 response? Please give examples.	<ul style="list-style-type: none"> <li>• Whilst we continue to work to Welsh Government guidance in regards to many the outpatient services, we recognise that post COVID management, services are unlikely to resume their previous format.</li> <li>• Expectation is to establish the use of digital technology to reduce the requirement for ‘face to face’ consultations.</li> <li>• We will also be looking at if possible, to use digital technology for new referrals, e.g. Dermatology skin conditions. However, we note than most patients will require a physical examination.</li> </ul>
<b>IMPLEMENTATION</b>	
Please provide a summary outlining how these approaches were implemented, e.g. systems, processes, development of standard operating procedures, engagement with key stakeholders, etc.	<ul style="list-style-type: none"> <li>• Discussions with clinical leads on the suitability and process for telephone / virtual clinics.</li> <li>• Review of data</li> <li>• Linked with Cancer services</li> <li>• Scheduled Care Team to establish if their Clinicians have access to Microsoft teams on their PC/ Laptops / phones etc.</li> <li>• Virtual review using Microsoft Teams being undertaken by respiratory clinician</li> <li>• Post Pilot, select specialities to continue trial of Microsoft Teams and Attend Anywhere for virtual clinics.</li> <li>• Consideration via Digital Bronze of other virtual platforms e.g. Doctor Doctor</li> </ul>
<b>LESSONS LEARNED</b>	
Can you give a brief summary/list of the challenges/barriers to implementation?	<p><b>Patient Barriers</b></p> <ul style="list-style-type: none"> <li>• Some patients find it difficult to absorb the information given over the telephone.</li> <li>• Patients with hearing problems.</li> <li>• Patients are reluctant to answer calls with no caller ID even if they are expecting the clinic to phone them.</li> </ul> <p><b>Clinical Barriers</b></p> <ul style="list-style-type: none"> <li>• Some clinicians frustrated with NHS IT systems, and feel it is not reliable enough for virtual clinics.</li> <li>• Information governance and integration support with NHS Wales Informatics Service (NWIS). Often if clinicians hear there is no integration with Welsh Patient Administration System (WPAS) this can switch off their engagement.</li> <li>• Lack of access to digital dictation which some clinicians suggest would make it so much quicker to get the letters into the WCP in real time.</li> </ul>
Please outline how you overcame some of the major challenges and	<p><b>Patient Barriers</b></p> <ul style="list-style-type: none"> <li>• Following initial concerns with non-face to face contact, patients are now feeling reassured.</li> <li>• Patients with hearing problems</li> </ul>

barriers to implementation?	<ul style="list-style-type: none"> <li>Conducting the calls via switchboard (they can reveal our hospital's phone number).</li> </ul> <p><b>Clinical Barriers</b></p> <ul style="list-style-type: none"> <li>Reassure the clinicians that IT infrastructure going forward will support the clinical needs.</li> <li>Pilot with specific services and encourage peer to peer communication before roll out to all services.</li> </ul>
What approaches worked well and will be taken forward in rolling this approach out to other services?	<ul style="list-style-type: none"> <li>In some services, we have experienced a shift to positive clinical engagement to virtual management of patients, with the realisation that COVID-19 will influence how we manage patient pathways in the future.</li> <li>Promotion of positive clinical experience of virtual platforms to deliver outpatient services, has and will continue to encourage other clinicians to undertake virtual activity.</li> </ul>
What has been the response/feedback from patients regarding this approach?	Following initial concerns with non-face to face contact, patients are now understanding of situation and are being reassured of support available during these times.
<b>MOVING FORWARD</b>	
What resources would have been useful in rolling out this approach but were not available?	Digital dictation for remote access

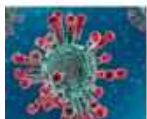
### Acute Care Supporting Documentation

To support our Acute Care submission and to provide further detail, the following supporting documents are provided

<p>Maintaining Cancer Treatment</p>  <p>Cancer.pdf</p>	<p>Essential Services Assessment</p>  <p>Acute Services.pdf</p>	<p>Planned Care Service</p>  <p>Planned Care Services.pdf</p>
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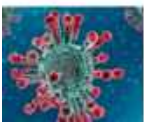
### Mental Health and Learning Disabilities

- The supporting document "Maintaining Life Saving and Life Impacting Essential Services during the COVID 19" pulls out actions from the guidance provided by Welsh Government, put against related Mental Health and Learning Disabilities activity along with any further action that would be required.

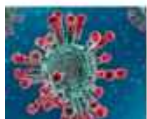


- The document pulls out what would be required under the sections - 3.8, 3.10, 3.11, 3.12 and linked to national guidance for areas needing reporting on. These areas are:
  - **3.08 Urgent supply of medications and supplies including those required for the ongoing management of chronic diseases, including mental health conditions** Co-ordination of medicine delivery during the COVID-19 pandemic
  - **3.10 Mental Health Services** Maintaining Life Saving and Life Impacting Essential Services during the COVID 19 Pandemic
  - **3.11 Learning Disabilities Services** Coronavirus (COVID-19): support for the Disability Equality Forum
  - **3.12 Substance Misuse Services** Coronavirus (COVID-19): guidance for substance misuse and homelessness services (version 1)

Mental Health Services	Framework Principles - Compliance Level	Comments
Medicine delivery	Yes	<ul style="list-style-type: none"> <li>• All in-patient Mental Health wards (medicines will be delivered via hospital porters/ couriers/pharmacy staff)</li> <li>• All OPD prescriptions. If the patient cannot attend the Mental Health pharmacy to collect the medication, then pharmacy will look at other options e.g. Care Coordinators to pick up from pharmacy/ porter to deliver to Community Mental Health Teams (CMHT)/ post medication out via 1<sup>st</sup> class recorded delivery post.</li> <li>• Clozapine clinics. Pharmacist to attend all clinics and have medication ready to give to patient once the blood test result has been obtained via the POCCHI system. Those CMHT's WITHOUT Clozapine clinics, pharmacy to ensure all patients have their bloods taken and send medication out via 1<sup>st</sup> class recorded delivery post, or collected from pharmacy by patient/CMHT staff. We are also taking into account the ZTAS guidelines that have been sent out re extended validity of blood samples and off license usage for patients having bloods every 8-12 weeks.</li> <li>• All CMHT work re medication management and medication delivery to continue.</li> <li>• A Remote Prescribing Standard Operating Procedure has been developed for Mental Health and Learning Disabilities (MHL) inpatient wards. This can be used in emergency cases where a prescriber may not be available due to sickness etc. The remote prescribing system utilises an online platform and all prescribers and MHL ward representatives have had training to use it.</li> </ul>
Maintaining Life Saving & Life Impacting Services	Yes	<ul style="list-style-type: none"> <li>• <b>MHL</b> - Emergency Single Point of Contact (SPoC) being developed for Adult Mental Health, Learning Disabilities, Older Adult Mental Health. Children and Adolescent Mental Health Services already has established SPoC service.</li> </ul>

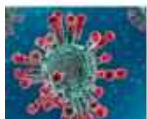


- ECT is continuing to operate following Government, Health Board and Directorate recommendations regarding COVID. Responsible Clinicians are reviewing the need for ECT on a case-by-case basis taking into account the risk to patients and services in light of COVID -19. A contingency plan for ECT has been developed on this basis.
- NHS Liaison COVID 19 service in development. A senior nurse manager has been recruited to lead the service that will aim to provide a single cross age/speciality liaison team with a single point of referral. The team will support DGHs, field hospitals and is scoping out the need to liaise with residential placements for bespoke packages of care for MHL D service users.
- **Adult Mental Health** -Co-location of Crisis Resolution Teams (CRTs) and Community Mental Health Teams (CMHTs) in Haverfordwest, Carmarthen and Llanelli. Rotas have been altered to ensure these CMHTs are now 7 days a week on a 9am-5pm basis, CRT remain 24/7. Gorwelion in Aberystwyth has merged teams and provided 7-day week cover prior to COVID -19 developments.
- Centralised 136 suite operational in Bryngofal inpatient ward, Carmarthenshire. A soft 136 suite/alternative place of safety has been developed and is operational in Gorwelion, Aberystwyth. Additionally, another soft 136/alternative place of safety is currently in development for Pembrokeshire.
- Clinical Coordinator posts expedited and started on 30<sup>th</sup> of March. Provides band 7 nursing care and clinical coordination out of hours, seven days per week.
- **Older Adult Mental Health** - Collapse of Memory Assessment Service into Older Adult CMHT to provide 7 day a week service, all referrals (both services) come to a single point of entry and are triaged/risk assessed for urgency and safety within the contingency plans. The Acute Dementia Wellbeing team are also working alongside the Older Adult CMHTs across Hywel Dda in readiness to support service users in DGHs or Field Hospital environments where required. Work is underway on 'recovery plans' to resume services cautiously within the 'new normal' situation.
- The Dementia Wellbeing team have developed guidance (socially Isolating Individuals Living with Dementia) for care staff to support them looking after people living with dementia during the COVID -19 lockdown period for use in Care Home, Field and Acute Hospitals. The psychologist for this team has also been co-opted to work alongside Long Term Care Team to support staff resilience in the Care Homes.
- **Children and Adolescent Mental Health Services (CAMHS)** - The Early Intervention Psychosis (EIP) service has been reconfigured to provide a 7-day service and is working alongside the S-CAMHS Crisis Team.
- The Crisis and Assessment Team has been identified as a critical service and has been strengthened.
- **ADHD services (18+)** – A review and rationalise the waiting list has occurred due to pressures from staff sickness. Currently the service is working on a recovery plan to re-establish clinical contact.

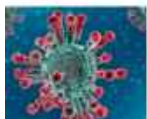


		<ul style="list-style-type: none"> <li>ASD – Continued to operate, adapted using online phone calls to do assessments – inpatient units, technology.</li> </ul>
<p>Report against continued mental health in-patient services at varying levels of acuity</p>	<p>Yes</p>	<ul style="list-style-type: none"> <li><b>Adult Mental Health</b> - Proposed Central Assessment Unit (CAU) and 136 suite being implemented at Bryngofal inpatient ward. As part of this change, an alternative place of safety has been developed for Ceredigion and is currently in development for Pembrokeshire.</li> <li>The pathway for referral into inpatient services has been reviewed to ensure that people can still gain access to services when necessary.</li> <li>A conveyance scheme to support service users to and from inpatient settings has been developed and is now operational. It is anticipated the scheme will support inpatient flow and add capacity to workforce.</li> <li>The MHLD commissioning team have expanded discharge liaison activities to coordinate patient transfers and support patient flow from inpatient settings. The team are currently taking a lead role in identifying placements and facilitating transfer. The team link with providers, care coordinators and LA budget holders to accelerate discharge in order to support service user flow and ward capacity.</li> </ul>
<p>Report against Community MH services that maintain a patient’s condition stability (to prevent deterioration, e.g. administration of Depot injections)</p>	<p>Yes</p>	<ul style="list-style-type: none"> <li><b>MHL</b> – Senior Directorate staff are testing the ‘Attend Anywhere’ digital platform functionality for its ability to provide avenues for service user interventions. Initial indications are of a clear and intuitive system without the need for the patient to download software. It could be used in a number of ways including MHA assessments where a patient’s solicitor will be able to join an MDT meeting remotely on a secure line without attending a ward, where appropriate. Further testing and investigation is ongoing.</li> <li><b>Adult Mental Health</b> - Secondary services are maintaining a duty system, clozapine and depot clinics.</li> <li>All 3<sup>rd</sup> sector commissioned services have adapted service provision to offer telephone/online services on a 3-county basis where possible. A list of 3<sup>rd</sup> sector services has been developed and distributed for staff and service users detailing services offered and is updated regularly.</li> <li>The Llanelli Twilight service (a jointly run 3<sup>rd</sup> sector and Health Board MH managed community drop-in service, operating out of hours Thursday-Sunday) to be phased back to operation in May.</li> <li>Virtual touch points meetings arranged with third sector to support ongoing delivery of adapted services.</li> <li><b>Primary Care</b> - Local Primary Mental Health Support (LPMHSS) telephone screening maintained and some interventions are also being delivered by phone. Otherwise, patients will be contacted again or invited to contact the service in there months if an intervention is still required.</li> <li>The LPMHSS are signposting service users to most appropriate digital e-libraries. Stress control courses are also being offered via online platforms.</li> </ul>

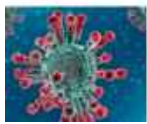




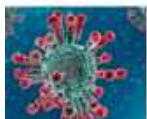
		<ul style="list-style-type: none"> <li>• LPMHSS are trialing a fast-track system for those that have been discharged from LPMHSS to self-refer back into service if needed rather than via GP referral.</li> <li>• <b>OAMH</b> - Development of new algorithm for triage of new referral into OAMH services.</li> <li>• <b>CAMHS</b> -The service has carried out a review of its provision and identified the core elements that it is able to deliver. Low risk service users will be discharged from the service This will be done predominantly through virtual means, but the ability to provide face-to-face support will be retained where needed. For those discharged, they will be provided with information containing sources of support, websites and apps which can support them, their families and carers, along with information of how to contact the service should they be unable to maintain their mental health in the community.</li> <li>• The S-CAMHS Primary Mental Health Assessments and Interventions are coordinated from the SCAMHS SPOC. All young people who have a Care and Treatment Plan continue to be monitored and receive prescribed care as per Care Plan - has been identified as a critical service, to be maintained.</li> <li>• SCAMHS Inpatients - An urgent review of current caseload has taken place to identify those at highest risk to ensure that resources are in place to maintain virtual support to prevent decline in mental health. All new referrals are continuing to be collected through the services' Single Point of Contact. This service is being operated with a core group of staff, with urgent referrals being allocated and telephone assessments/interventions undertaken and other referrals being placed on a waiting list</li> </ul>
Learning Disabilities	Framework Principles - Compliance Level	Comments
Sharing hate crime reporting	Yes	UHB are part of the Pegasus Scheme, in collaboration with Dyfed Powys Police and Carmarthenshire Community Safety Partnership, to enable those with an illness or disability to contact the police in non-urgent situations to report hate crime, or receive police assistance.
Link with national volunteering	Yes	UHB have issued easy read letters to service users, along with contact details of who to contact in the event that they or their carers become ill and they need additional support.
Sharing of Public Health Wales information with vulnerable people	Yes	Easy read information is being disseminated to people with learning disabilities about Coronavirus (COVID-19).
Residential provision for those with a social worker	Yes	Arrangements are in place to maintain commissioned services for vulnerable children and young people.



Special schools continuing to meet learning needs	Yes	Arrangements are in place to maintain services at specialist schools and colleges for vulnerable children and young people. Further work is being done to finalise arrangements for summer holiday period.
Provision for Social workers and vulnerable children contacts	Yes	CTLD service is providing virtual support for its service users. The intensity of virtual support is increased for higher risk individuals, with face-to-face capacity for those who require it pending risk assessment.
Substance Misuse	Framework Principles - Compliance Level	Comments
Area Planning Board (APB) leads to establish relevant structures and contacts in each area.	No	<p>Link in with board to ensure consistent service planning and responses across the following services;</p> <ul style="list-style-type: none"> <li>• Day services for both substance misuse services and people who are homeless</li> <li>• Community treatment services for substance misuse</li> <li>• People with co-occurring conditions</li> <li>• Community services for people who are homeless</li> <li>• Hostels and temporary accommodation, including night shelters and houses of multiple occupation for these client groups</li> <li>• Housing First projects</li> <li>• Substance misuse outreach services, including mobile services</li> <li>• Homelessness outreach services, including mobile units and soup runs</li> <li>• Residential rehabilitation services</li> <li>• Community drug and alcohol services</li> </ul>
Prioritise services and staff to supporting the most vulnerable.	Yes	Desktop triage of cases have taken place in CDAT to prioritise service response.
Telephone/ video calling	Yes	Service has virtual assessment arrangements in place.
Continuity of specialist substance misuse pharmacological interventions	Yes	Service has arranged for continued prescribing and pharmacy dispensing across the three counties, including development of contingency prescribers.



Sustainable and clinically appropriate alternatives to existing OST supervised consumption services etc.	Partial	Where supervised consumption is not possible, the cases are being managed on an individual risk basis. Existing Buprenorphine injections are being maintained.
Management of n restrictions or closures of any service providing pharmacological interventions via supervised consumption. Contingency plans to be in place	Partial	Work with leads to meet required guidance where appropriate.
Service delivery should continue to be in line with local and national clinical guidance. (injecting equipment to meet needs and 100% coverage	Partial	CDAT to liaise with DDAS regarding Needle Syringe provision and availability for service users. Labs are not currently processing DBST. CDAT to liaise with lab services and continue to offer DBST to service users following the pandemic. Concern that there may be shortages of needles and syringes, leading to an increase in BBV, which cannot be tested while services are unavailable.
Home delivery of injecting paraphernalia (including sharps disposal bins).	No	Look at distributing sharp disposal bins with prenoxad kits.
Drug poisoning prevention advice	Yes	CDAT staff routinely provide advice to clients on social distancing and risks associated with sharing of supplies. Letters are routinely given to clients when starting or changing prescriptions. CDAT continues to provide Prenoxad kits to service users and concerned others. DRDs will be reviewed via the NEO database and Team Leaders will review cases known to the service.
Collection of NSP paraphernalia items	No	Look at arrangements in place for nominated individuals collecting prescriptions on behalf of those who are isolated in self/ household quarantine.



Care of Vulnerable Populations	Framework Principles - Compliance Level	Comments
Looked After Children	Compliant	The S-CAMHS service has developed a robust pathway for Children looked after/ edge of care whereby we are able to offer consultation to Social Workers/ Social Care Practitioners to discuss any potential referrals and to offer advice/ support. S-CAMHS has also recruited 3 x full time Social Worker Practitioners who work as part of the multidisciplinary teams in each locality providing a dedicated link to each LA Children Service. Alongside this, the S-CAMHS operates a Single point of contact for all urgent referrals.
Perinatal Mental Health Services	Compliant	Perinatal Mental Health services continue to be delivered and is continuing to receive referrals from all key agencies. The team is working collaboratively with colleagues from Maternity Services and prioritising high-risk referrals where urgent assessments continue to be undertaken following the Guidance for safe practice.
Veterans Mental Health Service (VMHS)	Compliant	Referrals to the service continue to be received and screened as usual, as have opt-in processes to the service. All accepted referrals who opt-in are offered telephone triage, undertaken in line with the pathway and usual procedures. VNHSW continues to work and supervise key partner Change Step who offer additional support for veterans accessing VNHSW. VNHSW have made contact with all clients across the caseload, providing them with ongoing contact with the service, or have provided them with relevant signposting advice.

**Mental Health and Learning Disabilities Supporting Documentation**

To support our MH and LD submission and to provide further detail, the following supporting document is provided

Mental Health and Learning Disabilities



Mental Health and LD.pdf

## New ways of working and plans for evaluation

### Primary Care

#### GMS

- 46 out of the 48 GP Practices have Attend Anywhere “live” and in use; one Practice has declined to participate in using the programme;
- E-Consult (funded through the Pacesetter programme in 2019/20) is in place in 36 (75%) of Practices, with an additional 5 due to come online shortly. Usage data has recently been made available and will be analysed and shared with Practices and Clusters to inform future working models

### Community

#### Remote Oxymetry Monitoring (virtual ward)

- High risk COVID patients being cared for in the community and those patients discharged from hospital receive a pulse oximeter to measure blood oxygen level
- A ‘virtual ward’ clerk coordinates the referrals and virtual ward doctors’ rota providing 24/7 monitoring
- ‘Ward’ Doctors are retired and / or shielding Doctors who are unable to provide face to face clinical care
- Doctors contact the patients on a regular basis
- Patient takes their own Oximetry reading
- If oxygen saturation drops below 92% persistently the patient will require admission / readmission to the acute hospital
- There are clear pathways for the patient to be readmitted to hospital if they deteriorate both in and out of hours; these are not solely reliant on WAST
- Delta Wellbeing (Digital Monitoring Platform) is responsible for the coordination / distribution of the monitors.

### Acute Care

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

- ED streaming systems to support patient & staff safety including front door triage units
- New systems to support clinical communication between GPs, WAST and specialist staff, designed to signpost patients to the most appropriate care pathways and support admission avoidance where appropriate
- Separation of existing Emergency Departments and hospital facilities to support COVID (Red), Non COVID (Green) and Suspected (AMBER) streams;
- Use of digital technology to support patient & family communication given the cessation of visiting;
- Use of digital technology to support virtual board rounds & MDT discussions whilst supporting social distancing measures;
- Establishment of staff well-being areas and support sessions;

- Redirection of pathways to support opening of CPAP designated & COVID wards
- Acute medical staff outreach support to care homes to undertake joint review visits with GPs to ensure ACPs are in place;
- Establishment of PPE hubs on each site to coordinate and support timely distribution of equipment to clinical areas
- Structured daily clinical handover & briefing sessions between staff in RED & 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 patients
- Introduction of GP led virtual wards
- Clinical management of patients led by Specialist Respiratory team, reflecting on international clinical experience with an early focus on alternatives to invasive ventilation, thereby minimising demand for critical care admissions
- Early enrolment of patients onto national therapeutic research trials to support future clinical learning re appropriate clinical management of COVID
- Introduction of staff breakout, rest and changing facilities in RED & GREEN zones to support IP&C management
- Delivery of enhanced skills training for registered nurses and HCSW staff e.g. venepuncture & cannulation, CPAP delivery and management
- Use of Clinical Nurse Specialists to support the delivery of dedicated training for CPAP Clinical Nurse Specialist working with the COVID teams to support development and enhancement of skills and confidence.
- Full rota changes for medical staff to enable 24hr senior cover in Red & Green streams;
- Redeployment of staff from non-acute areas to support staff shortfalls and enable services to continue.

### Outpatients

- The Health Board will be pursuing all options to implement virtual review and looking at methods to reduce both acute site visits and a firm reduction in face 2 face consultations going forward.
- The Digital Bronze Group will provide the oversight for all products
- This Group will also offer an evaluation framework for the various virtual clinic solutions on offer including Attend Anywhere, Microsoft Team and others as we pilot them over the weeks / months ahead.
- Operational implementation of these solutions within Secondary Care will be steered via the Planned Care Work stream of our Acute Bronze meeting.

### Digital

Testing, Implementation and Evaluation of:


- Microsoft Teams
- Attend Anywhere
- Dr Doctor
- Patient Knows Best
- Consultant Connect



Service changes

To support our New Ways of Working submission and to provide further detail, the following supporting document is provided

Service Changes



Service Changes -  
Covid 19 ACTIONS V1

## Independent sector facilities and field hospitals

### Use of Independent Sector Facilities

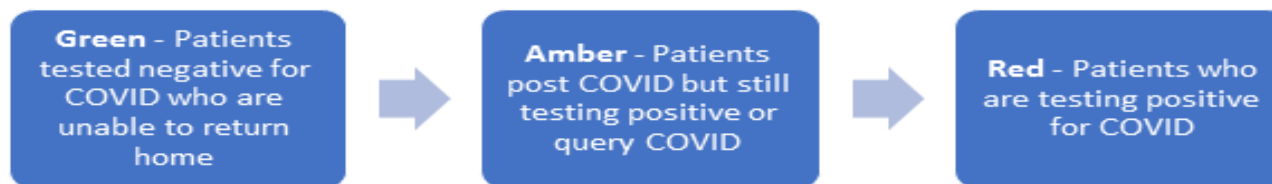
- On 23<sup>rd</sup> March 2020, the Welsh Government announced the suspension of a number of NHS services, this included undertaking any routine surgical operating procedures. A national press release was issued detailing the agreement reached between the NHS and independent sector to help tackle the coronavirus and provide additional capacity to deliver USC treatment and other urgent operations to NHS patients. The press release made clear this work will be reimbursed at cost, meaning no profit will be made and this point was stressed in discussion with NHS Wales.
- The Welsh Government plan endorsed immediate sign off for suspending both routine Out Patient Clinics and Theatre Operating sessions, this supported a plan to move the USC Out Patient Clinics and Surgical Operating to a COVID free hub, which is the Werndale (BMI) Hospital in Carmarthen. The key principles noted are to keep people safe and to keep patients out of acute clinical settings if there is no urgent need to attend.
- On 30 March 2020, national guidance recommended that consideration should be given to consolidating USC Patients for Outpatients and Surgical Intervention into a COVID-free hub, with centralised triage to prioritise patients based on clinical need. The Health Board on the 19<sup>th</sup> March 2020 had already started exploring options with Werndale and their proposal plan was used by Welsh Health Specialised Services Committee as a baseline for a national model
- Service Delivery Managers from Hywel Dda and Managers/Staff at Werndale met on several occasions via Skype to discuss the proposal and agree the specialities, sessions, patient's templates, governance and processes.
- Hywel Dda Informatics team have been involved in the process for capturing the data on WPAS and supporting the installation of WCP on Computers at the Werndale.
- Clinicians have been included in all patient selection, the management team along with the support of the Waiting List teams and Health Records book the patients, all this information is recorded on WPAS. The staff at the Werndale transfer this information on to their own internal systems. A tracker from informing us of the patient's outcome is completed on a daily basis and returned to the management team. For Colorectal Clinics the Consultants from Glangwili General Hospital are supporting all the clinics, they are prioritising UHB wide referrals.
- Pre assessment is undertaken at the Werndale for patients undergoing surgical intervention.
- Outpatients and theatre sessions are supported by the Consultants, SAS Doctors and CNS.
- Where necessary theatre nursing scrub staff are allocated to sessions, equipment has also been transported to support some operating lists. Faxitron for Breast Surgery, Portable Laser for Urology surgery.
- Diagnostics can be undertaken at the Werndale for ultrasound or CT every 3 weeks, for the other weeks patients will have these investigations at their local site, a process has been put in place that the requesting Consultant completes a request form and brings it back to the site and the medical secretary will send to the relevant department.
- A weekly meeting is in place for the Service Delivery Manager and the Werndale Manager to discuss what has gone well and areas for improvement.

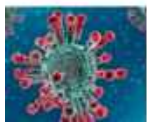


- The UHB has been able to secure protected capacity and implement the plan from the 14<sup>th</sup> April 2020 to support for the following Specialities, there is scope for this to be expanded if necessary:-
  - **Breast** - Operating Sessions only – Outpatients UHB wide patients continue at Peony Suite Prince Philip Hospital, which is an isolated unit.
  - **Colorectal** – Outpatients clinic only - Colorectal USC surgical cases are being managed via the emergency pathway and NCEPOD operating lists. The patients are assessed on an individual basis by the Consultants and provided with the appropriate treatment/surgery. There is a facility at all 3 sites Bronglais, Glangwili and Withybush Hospital. These practices are in line with directive from the Gastroenterology Society.
  - **Gynaenacological** - Out Patient Clinic and Operating Sessions
  - **Head & Neck (ENT)** – Operating Sessions only – Outpatients UHB wide patients are seen via the emergency clinic at Glangwili Hospital
  - **Urology** - Out Patient Clinic and Operating Sessions
- In parallel to the consideration the UHB is giving during this quarter to the re-introduction of in particular cancer services onto our acute sites (further detail to be found in the next section), we are also considering how the capacity released with our independent sector partners could be utilised for accommodating other urgent and/or routine procedures from quarter 2 onwards.

### Field Hospitals

- The COVID Management team have continued to work on the premise that all 9 sites (7 field hospitals) may be required and thus should be ready for operationalisation as and when required. This approach supports the organisational strategy to maintain acute sites at approx. 80% occupancy rate. Working closely with all relevant teams, the Triumvirate have scoped alternative uses for the Field Hospitals in order to support the wider acute and community system and this work has informed a phasing plan.
- It is proposed that patients are cohorted in the following categories for Field Hospitals: -





Location	Beds
Carmarthenshire	
Carmarthen Leisure Centre	93
Selwyn Samuel Centre (Llanelli)	143
Llanelli Leisure Centre	121
Parc-Y-Scarlets, Barn (Llanelli)	259
Parc-Y-Scarlets Stadium (Llanelli)	82
Pembrokeshire	
Bluestone (Narberth)	128
Ceredigion	
Cardigan Leisure Centre	48
Aberystwyth Leisure Centre	52
Aberystwyth School	51

- To further test the above, a proposal to run one site as a pilot site has been tested by the Triumvirate with Acute and Community teams and it has been proposed that Carmarthen Leisure Centre becomes operational to Non-COVID patients from Glangwili General Hospital w/c 1<sup>st</sup> June 2020. This will afford us the opportunity to pilot the patient pathway, standard operating procedures (SOPs), operational processes and workforce with up to 28 medically fit patients. We would also look to involve our Patient Experience team to measure patient reported experience measures (PREMs).
- The Field Hospital at Aberystwyth Leisure Centre could become operational in June 2020
- All other Field Hospitals could potentially be hibernated until Q3 (with the potential impact of winter pressures) or if a spike in COVID cases is noted. The decision on the opening of a Field Hospital will be based on discussion at our daily escalation meetings and a lead in time of approximately one week before it becomes operational will be required.
- Our Community Hospitals would be utilised as step down facilities for Non-COVID cases.

#### Admission Criteria/trigger for trial site

- The trial site will open to medically fit, non COVID patients. Negative swabs prior to admission
- After the pilot period, FHs are only to be used when there is no functional capacity in the Acute Hospital or where there is a need to support an escalating Community situation.
- A system based risk assessment would be undertaken daily with a co-ordination call @ 4pm to consider the risk and pressure in the system across the Counties. This call will cover Community Nursing, Domiciliary Care, Residential & Nursing care, Virtual Ward, Acute Hospitals & Field Hospitals.
- Patients will be risk assessed on a case by case basis before admission and a template will be developed to facilitate this.
- Patients admitted to the FH would need to be risk assessed and transferred with a clear care pathway in place. ALOS should be no longer than 14 days.

- Exemptions will include:-
  - <18 yrs of age,
  - Patients on End of Life pathway
  - Increased mental health input requirement for example some dementia patients as the environment could exacerbate symptoms/delirium
  - Some post-operative patients pending surgery type and length of time since surgery.

#### Operating manual (OM)

All sites will have a tailored OM that will include:-

- Site leadership triumvirate and contacts including on call arrangements
- Clinical SOPS
- Catering, Laundry and Transport arrangements
- Security expectations and escalations
- Governance
- Estates management and processes
- Site Mortuary arrangements
- Site training needs
- Family/ Patient communication/visiting
- Staff well being
- Infection control
- Incident reporting
- Risk assessments

## Progressive implementation of routine activity

This section outlines the benefits of addressing the considerations of resuming planned care with particular focus on surgery

- Before the return of planned surgical activity, efforts should be made to evacuate or relocate temporary ICUs that occupy key physical locations within the surgical patient pathway. Many hospitals have used operating theatres, Post-Anaesthesia Care Units (PACUs or Recovery Rooms) and surgical ICUs to accommodate Level 2 and 3 patients, but normal surgical activity should not resume if these remain as temporary ICUs for logistic and infection control reasons. Where such stepping down of temporary ICUs is not possible, it must be acknowledged that this is not 'business as normal', and any planning for elective surgery should be undertaken in this context. Further expansion in critical care facilities may be required in the coming months if coronavirus infection rates increase again or demand from other seasonal illness increases. Critical care bed expansion plans should ideally avoid a return to surgical pathway locations if a return to decreased planned activity is to be avoided.
- Other locations that may be considered for managing planned surgery or the care of patients with COVID-19 may be considered: these include treatment centres, independent hospitals, mobile facilities and the field hospitals. These provide space but will only facilitate resumption of planned surgery if they also can provide staff, stuff and systems that are separate from and do not compromise those in the main NHS hospitals.
- The Health Board commitment to the use of Werndale will continue until further notice.
- While there is considerable concern over the potentially severe impact of COVID-19 on patients who have undergone surgery, there is also a mounting expectation from clinicians, the NHS and the public to return to what is seen as a 'normal' service as soon as possible.
- We seek to ensure that planned activity matches a realistic assessment of the ability of NHS staff and resources to deliver this activity. We must not create a situation where in effect, our acute sites become the epicentre of any future local community transmission in the UHB area.
- It is essential that when the resumption of planned care at all stages of the pathway that it takes place, safely, efficiently and in a sustainable manner, taking into account the staffing, environment and equipment needed, but also the continuing impact of care of COVID-19 patients on postoperative critical care capacity.
- As a UHB we are aware of the need to ensure an appropriate supply of blood, and note the concerns raised by the Welsh Blood Service with respect to the re-introduction of certain services and their ability to meet demand.

### Key Principles:

- During the remainder of Quarter 1, the focus will be on re-establishing those aspects of cancer & urgent diagnostic & surgical work currently paused (within the framework offered by WG & the Wales Cancer Network)
- Routine diagnostic and surgical work will not recommence prior to Q2 and requires further significant consideration to ensure staff and patients are protected. This will include evaluation of all possible options, including the benefits of dedicating some of our facilities for COVID or Non COVID pathways
- All urgent / cancer diagnostic & surgical work will be supported by a clear pre-operative assessment pathway designed to protect staff and patients from the risks of COVID

- Critical care pathways will be considered in our plans, recognising the extent to which escalated capacity will be limited by equipment and staffing.

#### Endoscopy:

- Proposals to recommence by early June those aspects of urgent / cancer diagnostics currently paused (all in accordance with national guidance). The main challenges relate to Bronglais General Hospital as the Endoscopy Unit currently supports the Critical Care Escalation Plan.
- Our Endoscopy plan will be supported by a Standard Operating Procedure reflecting capacity volumes, PPE requirements, swabbing protocols & a validation protocol to ensure equity of access and appropriate prioritisation of patients

#### Surgery:

- We plan to recommence those aspects of urgent / cancer surgery currently paused on all four sites by early June, but routine surgery will not recommence prior to Q2
- All plans are flexible and adaptive with opportunities to upscale / downscale as COVID demands dictate

#### Bronglais General Hospital:

- Facilities in place to support the reintroduction of urgent / cancer surgery in those areas which have been paused

#### Prince Philip Hospital:

- First floor at Prince Philip Hospital has been re-designated as a Non COVID area and can accommodate urgent elective care for key specialties
- Proposal to designate Prince Philip Hospital ITU as post-op 'GREEN' HDU to support urgent surgery. The low volume of COVID / suspected COVID ITU admissions would be directed to Glangwili General Hospital unless/until COVID demand significantly increases

#### Withybush General Hospital:

- To enable urgent and cancer surgery to recommence, there is a requirement to relocate the ITU escalation area out of Theatre facilities
- Proposal to relocate the ITU to the current Ward 4 dependent on installation of additional Medical Air supplies and appropriate partitioning work to establish separate COVID & Non COVID critical care areas
- Critical care staffing is a significant rate limiting factor (major challenges in supporting both RED & GREEN ITU areas) – proposal (as per Prince Philip Hospital) is to redirect the very low level of COVID / Non COVID ITU admissions to Glangwili General Hospital unless / until COVID demand picks up ('no sense to have 4 RED ITUs across the UHB at present period of very low COVID critical care demand')

#### Glangwili General Hospital:

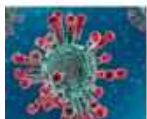
- Pathways & infrastructure already in place








#### Outpatients:

- Routine outpatient work can re-commence but only via digital platforms. The only face to face OP work available will be for the most urgent cases for which physical clinical assessments are required.

To support our progressive implementation of routine activity submission and to provide further detail, the following supporting discussion documents are provided for background information and to illustrate the developing thinking of our clinical teams:

To support our progressive implementation of routine activity submission and to provide further detail, the following supporting document is provided



<p>Scoping Doc</p>  <p>Digital.pdf</p>	<p>Gantt Chart</p>  <p>Gant Chart.xlsx</p>	<p>Digital</p>  <p>Digital Power Point.pptx</p>	<p>Endoscopy USC All Sites</p>  <p>Endoscopy USCs All Sites.xlsx</p>
<p>Recovery Plan</p>  <p>Health Visiting.pdf</p>	<p>Endoscopy Recovery Plan</p>  <p>Endoscopy Recovery Plan.pdf</p>	<p>Endoscopy Options Appraisal</p>  <p>Endoscopy Options Appraisal.pdf</p>	

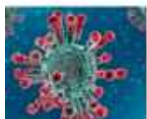
**Cancer**

- Cancer services have been disrupted as a result of COVID-19. The Director General Health and Social Services/NHS Wales Chief Executive for Wales has reinforced the view of the clinical community that urgent and emergency cancer treatment must continue, and has directed services to think how capacity could best be developed to meet the needs of cancer patients, including regional solutions and use of the independent and third sector facilities.
- In response the NHS Wales Health Collaborative has issued a framework/guidance on what the minimal level of service provision must be maintained during the three phases of the crisis. The framework also describes what must be clinically provided as a minimum during all of the phases and to ensure that patients have equitable access and minimal harm. There are 8 key actions that health boards are asked to consider and align to, with a particular focus on specific challenges and risks to our organisation. The framework suggests that health boards plan for recovery in three phases. Acute Phase: peak acute service demand due to COVID-19 (0-6/8weeks), during which we continue to deliver emergency and urgent cancer care. Recovery: develop a service model that minimises harm from the acute phase and deals with the backlog of cases using the most efficient, effective and evidence based approach. Reactivation phase: minimal service disruption due to COVID (24-indefinite weeks), recommencement of ‘regular’ cancer services, but adopting lessons learned and new models of care where appropriate from the acute and recovery phases.

Action 1: Organisations, services (e.g. diagnostics, chemotherapy, radiotherapy, surgery) and site specific teams must work together to develop transparent, consistent and equitable access to tests and treatment.

**Diagnostics**

- Referrals being assessed for appropriateness by radiologists



- USC and Urgent patients continue to access the service as normal
- Ongoing cancer patients with staging continue if the patient is continuing with treatment.
- Detailed information to be provided from referrers as to the patient's treatment plan.
- CTC changed to CT abdomen.
- Bronchoscopy are planned to recommence on the Prince Philip Hospital site week commencing 11th May 2020
- As bowel screening has been suspended there are currently 231 patients awaiting a colonoscopy, the health board are to introduce FIT testing as an alternative and are in the procurement phase of this plan.
- Appointment systems staggered for patients to maintain social distancing

## Chemotherapy

- OPA Oncology clinics are being held via telephone consultation and virtually where needed from Prince Philip Hospital, supported by the Oncology CNS team.
- Phlebotomy services have been set up in 2 community centres in Carmarthenshire and Pembrokeshire for pre- treatment blood tests and central line care for cancer patients. These services are available Monday, Wednesday and Friday every week.
- Bronglais General Hospital service remains as normal service.
- Chemotherapy is currently administered on 3 hospital sites. Glangwili General Hospital, Bronglais General Hospital & Withybush General Hospital.
- Treatment is administered as per the NICE COVID 19 RAPID guidance for the delivery of SACT. This is being monitored very carefully.

## Surgery

- As of 14th April 2020, USC OPD clinics and surgery have been carried out at Werndale Hospital with exception of H&N and GI).
- Lower Gastro-Intestinal Clinicians will undertake any life threatening surgery via the emergency pathway.
- Upper Gastro-Intestinal Acute and cancer problems are delivered through the emergency service.
- Head & Neck surgery continues at Glangwili General Hospital at present.
- Two sessions of operating capacity has been agreed on the Glangwili General Hospital site for those patients who do not meet the criteria for Werndale and may require ITU/HDU. Further capacity is being planned dependant on demand.
- Scoping exercise to assess suitability to open operating capacity at the Bronglais General Hospital and Withybush General Hospital site began week commencing 4th May 2020 and will conclude 11th May 2020.
- Joint working with regional MDT to operate on patients on a tertiary pathway who reside in Hywel Dda has occurred within Gynaecology and Urology and is being negotiated for other tumour sites
- Meetings are taking place regularly with the relevant Service Delivery Managers & Lead clinicians to ensure that this all patients are being monitored and tracked carefully.

Action 2: Cancer service teams must collaborate to understand the varying demand for diagnostic tests and treatments during the varying phases of the COVID-19 crisis. Similarly, estimates of capacity that can be provided to meet this demand should be shared and where appropriate include delivery models that share and maximise the efficiency of available capacity across organisational boundaries.

- Currently carrying out a Capacity and demand exercise working with the Radiology Manager to estimate the capacity required to meet this demand.

Action 3: Organisations must put in place support systems able to deal with concerns from cancer patients regarding social isolation, shielding and the likely benefits and harms of ongoing cancer care. Organisations should work with the third sector to give advice and support to such patients.

- A 9-5 helpline for concerned cancer patients has been set up in the Oncology unit at Withybush, supported by the Oncology CNS Team in terms of ensuring the advice given continues to be valid and up to date.
- The CaPS (Cancer Psychological Support Service) is being run from Ty Cymorth as a telephone service for psychological support for patients and staff for the foreseeable future. This service will combine with the bereavement counselling service for this period to provide support where needed.
- A Patient information leaflet for cancer patients has been developed and widely circulated with helpline numbers on.
- Tumour site CNSs / Key worker is currently contacting patients that currently have their cancer treatment delayed or altered, and those patients that self-isolating due to COVID, are contacting patients every 4 weeks, to check on their wellbeing and to ensure they have not developed any further symptoms or issues.

Action 4: During the acute phase it is accepted that there will be disruption to acute care. This also applies to teaching, training, research and improvement programmes:

- Urgent and emergency care must continue to minimise harm to patient outcomes as a result of cancer
- Specialised cancer services should focus on maintaining the integrity of cancer services and the delivery of cancer care, where necessary on a regional basis
- Urgent and emergency care continues as usual.

Action 5: Health Boards must work with the Cancer Network through their service specific and site-specific CSGs to determine:

- a) the quantity of cases that are likely to come into the emergency and urgent category
  - b) how they plan to provide this capacity throughout the acute phase, including considering on a regional basis where appropriate
- 
- a) 5 LGI cases have been carried out across the UHB during the past 3 weeks. This is being monitored on a weekly basis by our cancer tracking process.
  - b) Currently, joint regional operating is being carried out for Gynaecology with some Urology planned imminently. Discussions are taking place with regards to further working regionally with Swansea Bay University Health Board (SBUHB) to carry out surgery locally in Glangwili for residents of Hywel Dda.

Action 6: Health Boards and Velindre must work with the Cancer Network through their service specific and site specific CSGs to determine:





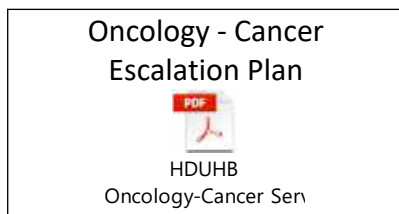
- a) the quantity of cases that are likely to come into the prioritised categories (including displaced activity)
- b) agree evidence based reduction in activity during the acute phase
- c) how they plan to provide this capacity throughout the acute phase, including considering on a regional basis and the use of the independent sector where appropriate
  - OPA Oncology clinics are being held via telephone consultation and virtually where needed from Prince Philip Hospital, supported by the Oncology CNS team.
  - Phlebotomy services have been set up in 2 community centres in Carmarthenshire and Pembrokeshire for pre- treatment blood tests and central line care for cancer patients. These services are available Monday, Wednesday and Friday every week. Bronglais General Hospital service remains as normal service.
  - Chemotherapy is currently administered on 3 hospital sites. Glangwili General Hospital, Bronglais General Hospital & Withybush General Hospital. Treatment is administered as per the NICE COVID 19 RAPID guidance for the delivery of SACT.
  - As of Monday 30th March all Carmarthenshire SACT has been provided at Glangwili General Hospital. This ensures we can provide 2 meters between the treatment chairs. Additionally, as staff become sick workforce capacity will be maximised. The units will be upskilling to provide a place for transfusion of blood products to cancer patients also, should this be necessary. As per the 6 levels of SACT, all levels are still currently being treated across the UHB.

Action 7: Health Boards and Velindre should work with the Cancer Network through their service specific and site specific CSGs to determine:

- a) the quantity of cases that are likely to come into the categories prioritised
- b) agree evidence based reduction in regimen and doses that maintain activity but reduce hospital attendance for elective and unscheduled care during the acute phase
- c) how they plan to provide this capacity throughout the acute phase, including considering on a regional basis, and the use of the independent sector where appropriate.
  - Radiation therapy is provided regionally by SBUHB
  - All that can be and are currently within the planning system have been delayed on hormones for (min) 12 weeks and are in Mosaik back to 'pre CTSim' appt stage. They will need a repeat CTSim in due course. Further patients have been diverted to Rutherford who were suitable also within the planning queue. This has had the biggest immediate impact on RT capacity. Delegated Approval Pathway (by RT technologists) back up and running.
  - Radiotherapy altered fractionation being implemented immediately for: Breast and Prostate
  - All other treatments are ongoing for both Rx and SACT unless patient choice. All linacs up and running.
  - Mould Room
  - Now a reduced service Weds / Thurs / Fri only 11am-3pm. No new electron end plates to be made.
  - Physics
  - Similarly have been cross-skilling themselves and further enabling off site working.
  - This all means that we are aiming to reduce our treatment linacs down to 3 functioning, matched machines

Action 8: Health Boards and Velindre must work with the Cancer Network through their service specific and site specific CSGs to determine:

- a) the quantity of cases that are likely to come into the prioritised categories
  - b) agree evidence based reduction in activity during the acute phase
  - c) how they plan to provide this capacity throughout the acute phase, considering on a regional basis, and use of the independent sector where appropriate
- 
- a) For UGI/LGI only emergency UGI cases are being done on the CEPOD lists. Cystoscopy for USC Hematuria. EBUS only following PET and only if accurate staging essential. Reintroducing Bronchoscopy with strict safety criteria.
  - b) Some diagnostics are being carried out in Werndale Hospital. Within the health board Urgent and USC investigations are still being carried out.
  - c) CTCs are being changed to CT abdomen. As of 14th April 2020, USC clinics have been carried out in Werndale Hospital (except H&N and GI). Diagnostic capacity includes digital X-ray, static MRI, mobile CT, ultrasound.



### Health Visiting

- The Recovery Plan has been driven by WG and the document 'A proposal to support the psychological and physical wellbeing of vulnerable people affected by the COVID 19 pandemic', the document recommends that the impact should be considered at population level and across the life course
- Because of the significant social impact of the COVID-19 response, children and their families are experiencing disruptions at multiple levels and could exacerbate adverse childhood experiences. The Health Visiting service will provide a service for the Early Years', and on 'Starting and developing well'.  
Focussing on some emerging trends that are:
  - Families Facing financial insecurity as a result of the crisis -Support to reduce child poverty –
  - Increased focus on safeguarding, ensuring children are safe, whether they are attending a childcare setting or staying home for those at risk of abuse or neglect and those with special needs. Those children requiring an enhanced or intensive service.
  - Support the mental wellbeing of all children through crisis – particularly in context of childcare and school closures and pressure on health services
  - Issues effecting social distancing with very young children, creating productive social and educational groups
  - Reduced uptake of immunisation and vaccinations and wider Healthy Child Wales Programme (HCWP)

## Local discussions with partners about social care resilience

At a strategic level, the joint Integrated Executive Group that is convened between the UHB and its three Local Authority Partners has been utilised to ensure a clear level of communication at the very highest levels of the organisations. Key decisions at this level have driven the agenda with regards to our Field Hospitals, Personal and Protective Equipment provision, and discharge pathways. This works alongside the revised Regional Partnership Board (RPB) arrangements such that, in West Wales:

1. Temporary regional governance arrangements have been put in place from 23 March 2020 to ensure timely decision-making during the pandemic whilst retaining openness and transparency. These were ratified by the RPB on 11 May 2020 and include:
  - Weekly meetings of Health and Social Care Leaders. This comprises of the Chief Executives of the partner organisations, Chair of the Health Board and Leaders of each Council.
  - The formation of a Health and Social Care COVID -19 Planning Group (HSCCPG), which temporarily supersedes the Integrated Executive Group. Meeting on a weekly basis, this comprises all members of the UHB Executive Team, Directors of Social Services and the Chief Executive of Ceredigion Association of Voluntary Organisations for the third sector. Its purpose is to coordinate a joined-up approach to the crisis, facilitate a whole system approach and take decisions on deployment of new funding and redirection of existing resources to support the COVID -19 response.
  - Virtual meetings of the RPB to receive updates from partners and to ratify decisions taken by the HSCCPG).
2. Several schemes within the ICF Capital programme have been paused and funds totalling £8m diverted to meet design, build and restoration costs of the 9 field hospital sites (7 field hospitals) across the region; discussions are ongoing with Welsh Government regarding potential release of alternative capital funding to recompense for the diversion of existing resources and allow reinstatement of the paused programmes at a future date.
3. ICF revenue programmes for 2020-21 are being reviewed to optimise impact of existing programmes on the COVID -19 response and identify opportunities for diverting funding to specific COVID -19 related schemes where necessary.
4. Healthier West Wales (Transformation Fund) programmes are being reviewed and refocused as appropriate to support the COVID -19 response. Examples include:
  - Extending the proactive calls that are being made through Delta Wellbeing as part of Programme 1 (Technology-enabled Care/ Connect) to cover shielded groups and other vulnerable residents including those with dementia and those at risk of domestic abuse. These calls also provide an opportunity to promote the programme and encourage take-up beyond the pandemic.
  - Expanding the Connect2you ('Vincles') element of the Connect Programme to enable a greater number of isolated and vulnerable participants to link virtually with peer groups, family and friends.
  - Adjusting crisis response capacity funded through Programme 3 (Fast-tracked, Consistent Integration) to optimise alternative pathways of care and help keep people safe within their homes and enhancing the approach through technology to enable virtual consultations.
  - Diverting a portion of the set-up grants earmarked within Programme 7 (Connecting People, Kind Communities) for the development of local action hubs to fund local groups providing COVID -19 specific support and use of the 'Connect2' time-banking platform to help match volunteer offers with requests for support within the community.



- Evaluation of the Healthier West Wales programme has currently been suspended, although local monitoring of delivery and outcomes will continue with a view to evidencing impact and highlighting the potential contribution of the new models to the post- COVID -19 recovery and new pathways of care/ clinical models that are likely to be in place following the pandemic.

At an operational level and as noted in the section on community and county plans under essential services, the approach taken in our three counties and across Hywel Dda, has been built upon delivery of services with key partners, to ensure support and maintenance of wider health and social care delivery.

Examples include:

- Enhanced community resilience and support through new community organisations and hub within Local Authorities.
- CONNECT model of proactive support, communication and rapid response deployment
- Fast track the transformation changes delivering intermediate care and rapid response
- Integrated community teams and co-ordinations through COVID Hubs
- Discharge to recover & assess pathways
- Community based rehabilitation
- Intermediate care response via single point of access in each County – deployment of rapid response to avoid admission.
- Community hospital and care home beds supporting assessment and rehabilitation outside of acute hospital settings.

Two key pieces of work undertaken with Local Authority partners to support our communities have been the Nursing & Residential Care Homes Risk and Escalation Management Policy which has demonstrated significant impact in supporting resilience in this fragile setting which has been impacted by COVID-19 in a large proportion of our homes; and the COVID-19 West Wales Care Partnership Hospital Discharge Requirements. The latter draws on the Welsh Government Discharge Requirements and ensures implementation across the West Wales Region. The document currently focuses on discharge pathways from acute hospital for patients living in care settings or for those requiring placement following an inpatient period. Work is progressing on Discharge to Recover then Assess Pathways 1 and 2.

<p>Nursing &amp; Residential Care Homes Risk and Escalation Management Policy</p>  <p>Care Homes.pdf</p>	<p>COVID-19 Hospital Discharge Service Requirements</p>  <p>West Wales Care Partnership Hospital [</p>
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## The University Health Boards Response to Providing Testing to Support Care Homes

### Discharges from hospital to a care home

Processes are in place to enable all hospital patients for discharge to a care home setting to be tested for COVID-19. We are currently working through the processes for managing both positive and negative test results in this group of patients with identification of appropriate step-down facilities that cannot be discharged directly to the care home setting.

### Admissions to and transfers between care homes

Individuals who are to be admitted to a care home from the community or transferred from one care home to another can be referred for testing via the Health Board Command Centre. We will need to agree a process for managing those with a positive result.

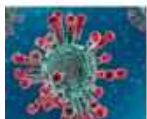
### Testing for care home residents and staff

We are currently working through the operational processes to enable to following:

- Commence testing all symptomatic and asymptomatic care home residents and staff (apart from those who have already had a positive test) in homes where we know we currently have positive cases
- Commence testing all symptomatic and asymptomatic care home residents and staff (apart from those who have already had a positive test) within those homes where we receive new symptomatic referrals for testing of residents or staff and results come back positive
- Commence testing all symptomatic and asymptomatic care home residents and staff (apart from those who have already had a positive test) within the largest care homes (those with more than 50 beds) which are at greater risk of experiencing an outbreak because of their size.
- Repeat tests for all negative results on a weekly basis so we can track spread within the care home sector, until we reach a 14 day period of no new positive results

We will implement a phased and targeted approach to mass testing across the care home sector, prioritising those homes with current presence of COVID-19, receipt of new symptomatic referrals and those with more than 50 beds.

This approach will help the care homes identify residents and staff who test positive for COVID-19, appropriately zone positive patients, advise staff to self-isolate and reduce the risk of spread across the home and possible the wider care home sector where staff are employed in more than one setting.



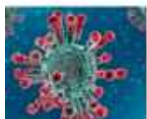
## Workforce plans including use of additional temporary workforce.

- **Support and Guidance**

- From the onset of the pandemic there were a significant number of staff queries and concerns raised. Staff were understandably anxious and sought answers to numerous queries relating to a wide range of issues including overseas travel, symptoms, child care, underlying health conditions, deployment etc. In order to address this the UHB developed a series of Frequently Asked Questions ahead of those published at an All Wales level and also produced a series of guides and protocols to support managers and staff in terms of managing in the pandemic. In addition, members of the Workforce team have helped support the COVID Command Centre Enquiry Line with a physical presence in order to respond to staff queries. The UHB has invested in the provision of and access to technology in order to maximise the opportunity for staff to work remotely. Homeworking guidance has been disseminated and managers encouraged to permit homeworking wherever possible. New working arrangements have also been introduced in order to minimise staff presence in the workplace and to enable effective social distancing. There is clearly more still to do although good progress has been made and business continuity has undoubtedly significantly improved.
- Risk assessment templates have been introduced and professional advice has been provided by a Consultant in Occupational Health Medicine. This has been particularly useful in relation to the 'at risk' categories and those with underlying health conditions. In addition, the Black and Minority Ethnic Groups (BAME) risk assessment has also recently been introduced and members of the Workforce team are actively working with Line Managers in order to undertake risk assessments for BAME members of staff. The UHB will continue to encourage Managers to undertake and review risk assessments of those staff members who may be at increased risk and will continue to make adjustments to the workplace, roles and working patterns in order to provide a safe method of working for our staff.
- A Workforce Dashboard is also under development to present a range of metrics to help inform planning and decision making, including information on workforce demand and supply, starters and leavers, sickness absence, Learning and Development, Well-Being agenda activity etc.

- **Upscaling the Workforce**

- A large scale recruitment campaign was initiated at the end of March 20 to recruit Health Care Support Workers and Facilities staff i.e. Porters, Catering Assistants, Domestic Assistant, Laundry and Semi-Skilled. NHS Jobs and Social Media were used as advertising platforms. The response rate was extremely positive and interviews were conducted intensively by telephone over a period of 5 days. Whilst the process was not aligned to our traditional recruitment pathway, measures were taken to manage and mitigate risks appropriately. Managers are being supported locally by members of the Workforce Team to manage any issues arising post start date. The extent of the recruitment exercise was unprecedented in terms of numbers recruited and on-boarded however it has positioned the Health Board well in terms of the support staff required to respond to the pandemic. In addition, new roles at bands 2, 3 and 4 are being developed and training planned in order to further supplement the wrap around support needed for the Registered nursing workforce. In total, almost 1200 individuals were offered contracts of employment (part time or full time) or bank. Only 56 candidates have withdrawn so far which represents a withdrawal rate of just under 5%. The campaign has therefore proved extremely successful. The numbers recruited will help facilitate the UHB being able to quickly respond to surges in demand if and when we



enter another peak in demand. The additional cohort of cleaning staff will also help to ensure wards and offices are cleaned to a high standard in order to prevent any potential future spread of infection. In terms of collaboration, the UHB has also worked in conjunction with Local Authority partners in order to assist in supporting Care Homes. The additional recruits has enabled the UHB to provide a level of support to our partners.

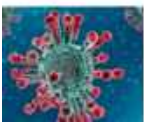
- In addition, 19 wte Medical Students and 167 wte Nursing Students have been on-boarded into paid employment. Discussions continue in relation to the placement of additional student cohorts i.e. Midwives, Pharmacists, Allied Health Professionals and other Medical students.

Job Title	Increase in Supply FTE				
	Carmarthenshire		Pembrokeshire	Ceredigion	Total FTE
	Llanelli area	Carmarthen area			
HCSW - Mass recruitment	69.81	82.27	120.00	43.34	315.42
HCSW - Student Nurses	111.00		33.80	22.00	166.80
HCSW - Medical Students	6.00	6.00	3.00	4.00	19.00
Porters	27.03	33.76	48.90	9.53	119.22
Laundry	0.80	12.96	0.00	5.20	18.96
Catering	7.91	17.27	33.79	14.37	73.34
Domestics	35.24	72.33	111.61	34.50	253.68
Semi-Skilled	5.00	10.80	7.03	3.60	26.43
<b>Total</b>	<b>262.79</b>	<b>235.39</b>	<b>358.13</b>	<b>136.54</b>	<b>992.85</b>

- Workforce leads are an integral part of the Command structure and are well positioned to influence service and operational plans accordingly. There are close links with all Bronze groups and also a specific Workforce Bronze which focusses on the provision of professional support and advice in the planning arrangements. Workforce leads have also worked closely with professional leads in order to ensure professional staffing ratios are safe and workable. Service provision and patient pathways are likely to continue to change and will need an agility of response in terms of the staffing required. Members of the Workforce team are therefore closely aligned to the Acute, Community, Primary Care and Field Hospital groups in order to ensure that all staffing implications are properly considered. The key emphasis will be on ensuring flexibility and adaptability of the workforce as we move towards a longer term planning phase which needs to respond to possible future peaks in demand.

● Training

- There has been a significant focus on training the large numbers of new recruits both in terms of induction and skills to care training. In addition, over 80 current staff have also received skills to care training in order to enhance skill levels to assist with deployment to critical care areas if required. Much of the training is now provided on a completely virtual basis negating the need for classroom gatherings. Face to face training has



been unavoidable for those in clinical roles – new staff have completed a shortened bespoke clinical induction and manual handling programme, with training being carried out using college and university premises in order to assist with social distancing guidelines. Learning has been supplemented by email and telephone support to new recruits.

- Bespoke sessions have also been completed in medicines management, fundamentals of care, critical care, NIV/CPAP and IV and pump training in order to up skill our temporary workforce in addition to our existing workforce. The focus is now moving towards ensuring sustainability – work is now underway to design an interactive virtual induction programme which will re-introduce additional e-learning modules and provide additional training in areas including safeguarding, PPE and infection control. Planning is also underway to develop the workforce to maximise the skills needed to deliver effective patient care and to provide support to services in the use of digital learning software.

- **Staff Wellbeing support**

- A Staff Psychological Wellbeing group was set up early in the campaign and was chaired by the Health Board Chair. This helped to demonstrate the emphasis placed by the Health Board on staff wellbeing and helped in terms of the prominence of the issue.
- The group developed a Staff Psychological Wellbeing plan for COVID 19 which reflected the different phases that the crisis was likely to involve. A service tracker was also developed to capture experiences and key themes across the Health Board. A 24/7 Employee Assistance programme was initiated in order to build upon and supplement the in house service. In addition, staff resources from Clinical Psychology have been mobilised and deployed to support individuals and group interventions in areas such as Critical Care, A&E and COVID wards, Acute Mental Health and Learning Disability wards. A range of online material to support staff is also available on line. The key aim has been to ensure access to support as and when staff require it and to ensure they are encouraged to take periods of rest including leave.

- **Staff testing**

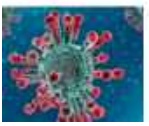
- The UHB set about testing staff in accordance with the CMO Letter on 18th March.
- Coronavirus Testing Units (CTU) were opened across the UHB during March & April recognising that our geography meant that one would not be sufficient. Units were commissioned in Cardigan followed by Carmarthen and then Aberystwyth. These were all walk in units where the individuals temperature & Oxygen saturation's were recorded and a throat swab taken. Subsequent to this the UHB opened a drive through CTU in Llanelli (10th April) and then in Withybush one week later. Mutual aid testing was then offered to all staff who worked for WAST and the LRF.
- On the 30th April a Deloitte drive through testing unit on the Carmarthen Showground was opened (in place of the existing walk in CTU in Carmarthen). Since this time testing has been offered to other key workers. Any staff member (or household contact) presenting with symptoms is now eligible for testing. More recently the UHB has had the opportunity to work with the military and since the 7th May has enabled the extension of the testing protocol to the care home sector.
- To date the UHB has tested almost 3000 staff members. The positivity rate climbed gradually from 10% in March to over 30% mid-April and is now gradually reducing, currently at 11%.



## Financial Plans and Implications

- A Financial Reporting Principles paper has been developed to outline the UHBs approach to the internal and external reporting of the costs incurred in response to the COVID-19 pandemic.
- Guidance has been received from Welsh Government outlining the external expectations of the organisation's ability to record and report the costs incurred in the local response to COVID-19 pandemic both the gross and net (costs exceeding available funding).
- WG have provided a monitoring template, which is a monthly reporting requirement for 2020/21. The recording and reporting mechanisms that are implemented locally have been designed to fulfil this requirement as well as any further internal requirements.
- The high level principles are expected to be relatively fixed, subject to material changes in guidance from WG. The methodology of delivering the reported output however, is expected to evolve and be refined, especially in the first quarter of the year. This is due to the pace at which the organisation has needed to respond to COVID-19 and the fluidity of plans as the situation progresses.
- The over-arching principles described in the guidance received from Welsh Government are:
  - There are clear and pragmatic financial arrangements in place which minimise disruption to the system;
  - Business continuity arrangements are effective;
  - Frameworks to support effective decision making are clear;
  - Core financial assumptions are clear and monitored, but with a light touch approach whilst maintaining clarity on minimum key measures.
- There is a need to have the ability to articulate both:
  - the gross costs incurred in response to COVID-19 (being the total cost of additional purchases/resources incurred extraordinarily, for example additional ventilators, plus the cost of diverting existing resources towards to the response to COVID-19, therefore not delivering a 'business as usual' activity); and
  - the net ("additionality") costs incurred in response to COVID-19 (being costs incurred in excess of the Health Board's available funding) offset by reductions in expenditure (such as reduced elective activity).
  - Procurement processes have been enacted to automate the coding of Non-Pay COVID-19 expenditure at source through the PO process.
  - The central collation of Workforce plans will be key in delivering robust and transparent financial reporting.
- The UHB, in common with all health and social care providers in Wales, faces unprecedented challenges during this time of response to the pandemic. The UHB has already made and is very likely to continue having to make decisions at pace to protect both staff and patients and, for reasons of expediency, has not always been in a position to follow the scheme of delegation as written. Where this has occurred, we will document the reason for this and ensure that decisions are regularised through the appropriate governance processes.
- Key areas for consideration from a financial governance perspective are: Value for money; Decisions are rational and justifiable; Integrity; Fraud

To support our Financial Implications submission and to provide further detail, the following supporting document is provided



**Financial Forecasting  
Principles**



COVID-19  
Forecasting Principles

**Financial Forecast**



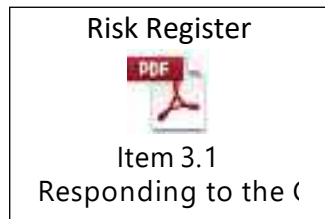
Q1 COVID-19  
Financial Forecast.xlsx

## Risks to delivery

- Unexpected surge capacity required
- Potential return of Field Hospital sites to original usage
- School and workplace access changes
- Tourism activity
- Policy roadmap
- Staffing / resources – new employees returning to substantive positions/sectors, return to University etc

Additionally, each of the groups in our command and control structure have individual risk registers

To support our Risks to Delivery submission and to provide further detail, the following supporting document is provided



## SILVER TACTICAL GROUP

<b>DATE OF MEETING:</b>	13 May 2020
<b>TITLE OF REPORT:</b>	Primary Care Re-set
<b>LEAD DIRECTOR:</b>	Jill Paterson, Director of Primary Care, Community and Long Term Care
<b>REPORTING OFFICER:</b>	Rhian Bond, Assistant Director of Primary Care

### Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

### SBAR REPORT

#### Situation

This paper sets out the work undertaken to date as well as the factors that need to be considered when developing the re-set position for Primary Care Contractors, taking into account the Covid-19 modelling and the potential impact on service delivery.

#### Background

Communication issued by Welsh Government on 17 March 2020 (Covid-19: Temporary Primary Care Contract Changes) to Health Board Chief Executives set out the contractual changes that were to be applied for General Medical Services, Community Pharmacy and General Dental Services. The communication set out the changes for contractors as well as actions for Health Boards. This was followed with additional guidance for each contractor profession which included Optometric Practices, who whilst are considered part of the Primary Care umbrella do not have the same NHS contracting framework.

In addition to this, work is being undertaken as part of the National Strategic Programme for Primary Care in conjunction with the Directors of Primary Care to develop a Primary Care Operating Framework for Quarter 1. On 6 May 2020, the Minister for Health and Social Services issued the Coronavirus (Covid-19): NHS Wales Operating Framework for Quarter 1 (2020/21), alongside the Maintaining Essential Services during the COVID 19 Pandemic – summary of services deemed essential document.

#### Assessment

##### **Achievement against the Contract Suspension**

The actions set out for Health Boards for each contractor profession are RAG rated in the table below.

<b>Contractor</b>	<b>Action</b>	<b>Response</b>
<b>GMS</b>	Collection Services: HBs may require work with collection services to adapt the timing of collections or support centrifuge distribution	SSP data on collection services shared and in the process of being reviewed
	Support from Community Services: HBs to work with GP Practices to determine how care is best provided for individuals with confirmed Covic-19 who will require monitoring and treatment in the Community. Further consideration will be required as to how to provide routine care for particularly high risk groups such as care home residents. This may involve additional support for Community teams to support patients outside of hospital.	Red/green processes identified within practices and red sites also identified in each Cluster. Community Bronze developed a Care Homes document which has been taken through the AMD group and being considered as part of an All Wales compendium of good practice. Care Homes DES being reconsidered nationally.
	Repeat Prescribing: HBs should support GP practices and community pharmacies to ensure robust systems are put in place for repeat prescribing which minimize patients attending the practice to order or collect prescriptions. This should include maximizing the use of repeat dispensing (batch prescribing) arrangements but must not include extending prescription intervals.	Processes in place at individual practice level to ensure appropriate supply of repeat medication. Community Pharmacy systems are supported and aligned with national guidance.
<b>Community Pharmacy</b>	Repeat Prescribing: HBs should support GP practices and community pharmacies to ensure robust systems are put in place for repeat prescribing which minimize patients attending the practice to order or collect prescriptions. This should include maximizing the use of repeat dispensing (batch prescribing) arrangements but must not include extending prescription intervals.	Processes in place at individual practice level to ensure appropriate supply of repeat medication. Community Pharmacy systems are supported and aligned with national guidance.
	HBs should urgently commission the Emergency Medicines Supply service from all Pharmacies that have Choose Pharmacy application.	Already in place
<b>Optometry</b>	Support Domiciliary Services: HBs will need to work with optometric practices to determine how urgent eye care is best provided for individuals in a domiciliary setting	In place
	Service Planning: HBs should work with optometric practices to ensure robust planning systems are put in place for centralised specialist eye care services.	In place

	This should include maximizing the available workforce and the use of IP optometrists.	
<b>Dental (actions for dental practices and CDS teams)</b>	Contacting patients booked in for routine or urgent care to check if they are in a vulnerable group or have symptoms prior to visit	Action by individual Dental Practice
	Recording and reporting level of cancellations and “no shows” to 31.03.20 in first instance	Action by individual Dental Practice. Data collection system in place in CDS
	Reschedule and delay all non-urgent care that would create AGP and reschedule care for vulnerable groups advised to stay at home	In place
	Provide urgent and emergency care using current robust infection control procedures	In place
	HB will notify designated CDS premises and practices who will provide urgent care for high risk or defined cases who experience pain and require urgent dental treatment	In place

Further detail on the plan to reset Primary Care work is attached at *Appendix 1*, and is being discussed at a national level through the Directors of Primary and Community Care, the Associate Medical Directors and Heads of Primary Care groups. It is important to note however that the temporary contract changes referred to above remain extant and therefore the ability to reset many elements of the service will be down to national negotiation with the relevant professional bodies.

## Local Picture

### General Medical Services

- Red sites identified in each of the Cluster areas; however rota agreements for GP cover need to be confirmed;
- 46 out of the 48 GP Practices have Attend Anywhere “live” and in use; one Practice has declined to participate in using the programme;
- E-Consult (funded through the Pacesetter programme in 2019/10) is in place in 36 (75%) of Practices, with an additional 5 due to come online shortly. Usage data has recently been made available and will be analysed and shared with Practices and Clusters to inform future working models;
- Bank Holiday DES commissioned for the Easter Bank Holidays with 18 of Practices participating (2 for half day only); this has been converted into a Local Enhanced Service for the May Bank Holidays with the additional request for data collection included to assess its value both in terms of patient contact and wider system benefit;
- Confirmed that Clusters are able to use 50% of their additional allocation announced for 2020/21 for the purchase of essential equipment to support Cluster working during the pandemic;

- Local and national discussions are ongoing around screening for particularly vulnerable groups and we are awaiting national guidance;
- Local and national discussions are ongoing around the potential to turn back on Long Term Condition management safely and to protect vulnerable groups;
- Issues with 6 week checks for babies have been identified and addressed in line with national consideration of including with 8 week immunisation schedules to limit the number of contacts;
- Year 3 GEM students funded to support General Practice/Care Homes;
- Use of the BMA/RCGP guidance on Essential services to inform discussions with GP colleagues;
- Business Continuity Plans and Buddying arrangements to be reviewed and reconfirmed.

### **Community Pharmacy**

- Supported to have flexible opening to deal with increasing workload;
- Increased availability of Palliative Care drugs;
- Additional PPE supplied where there were acute shortages;
- Nationally developed home delivery service for the most vulnerable patients in place;
- Discussions at Cluster level to consider Community Pharmacy support and service development.
- Capacity to provide Monitored Dosage System (MDS) obtained from all pharmacies to support discharge of patients who need care packages from Local Authorities. On-going work to support transition from MDS to original pack for Local Authority domiciliary care staff;
- Provision of Emergency Supply of Medication, Emergency Contraception and Common Ailments Service still in place, with a move towards more telephone consultations;

### **General Dental and Community Dental Services**

- Green sites identified within the Community Dental Service;
- Red site developed to bring in patients who require urgent/emergency treatment that are Aerosol Generating Procedures (AGPs);
- Appropriate FFP3 and fit testing undertaken within the CDS;
- Minor Oral Surgery service relocated to deliver services within HB premises with FFP3 provided to ensure continuation of services;
- Suspension of Paediatric GA service; work ongoing to secure alternative provision.

### **Optometric Services**

- Green sites established and working, suspension of routine care; urgent and emergency cases only;
- Red site identified and due to come online during May 2020;
- Domiciliary service established;
- All Wales Low Vision Service telephone advice line agreed and in place;
- Four acute eye care hubs established treating and managing acute eye care problems which would previously have required a referral into secondary care

## Risks

Work is ongoing to develop a risk register that reflects the changes to services that the pandemic and contract suspension have brought; alongside some of the unintended consequences around messaging of access to services for patients, and the Primary Care Model for Wales, which are not applicable during this period.

## Recommendation

Members are asked to note:

- The actions that have been taken to date to implement the actions for Health Boards as a result of contract relaxation across the contractor professions;
- The work undertaken to consider the contractual elements that could be reset to limit the risk to patients (e.g. long term condition management), alongside the limiting factors of contract suspension.

## Objectives: (must be completed)

Datix Risk Register Reference and Score:	
Health and Care Standard(s):	3.1 Safe and Clinically Effective Care 3.2 Communicating Effectively 5.1 Timely Access 7.1 Workforce
Quality Improvement Goal(s):	Protect Patients From Avoidable Harm From care Choose an item. Choose an item. Choose an item.
UHB Strategic Objectives:	2. Living and working well. Choose an item. Choose an item. Choose an item.
UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	Choose an item. Choose an item. Choose an item. Choose an item.

## Further Information:

Evidence Base:	
Glossary of Terms:	
Parties / Committees consulted prior to Silver Tactical Group:	Primary Care Bronze Group

## Impact: (must be completed)



<b>Financial / Service:</b>	e.g. financial impact or capital requirements: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) <a href="http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906">http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906</a>
<b>Quality / Patient Care:</b>	e.g. adverse quality and/or patient care outcomes/impacts: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) <a href="http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906">http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906</a>
<b>Workforce:</b>	e.g. adverse existing or future staffing impacts: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) <a href="http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906">http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906</a>
<b>Risk:</b>	e.g. risks identified and plans to mitigate risks: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) <a href="http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906">http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906</a>
<b>Legal:</b>	e.g. legal impacts or likelihood of legal challenge: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) <a href="http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906">http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906</a>
<b>Reputational:</b>	e.g. potential for political or media interest or public opposition: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) <a href="http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906">http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906</a>
<b>Privacy:</b>	e.g. potential impact on individual's privacy rights or confidentiality and/or the potential for an information security risk due to the way in which information is being used/shared, etc: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) <a href="http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906">http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906</a>
<b>Equality:</b>	e.g. potential negative/positive impacts identified in the Equality Impact Assessment (EqIA) documentation – follow link below <ul style="list-style-type: none"> <li>• Has EqIA screening been undertaken? Yes/No (if yes, please supply copy, if no please state reason)</li> <li>• Has a full EqIA been undertaken? Yes/No (if yes please supply copy, if no please state reason)</li> </ul> <a href="http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906">http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906</a>

Hywel Dda University Health Board Primary Care Re-Set: May 2020

<b>General Medical Services</b>					
National documents: Director General letter 17 March 2020					
<b>Action</b>	<b>HB Actions</b>	<b>Data Collection</b>	<b>Risks to current systems</b>	<b>Reporting Arrangements</b>	<b>Reset</b>
Management of GMS Contract	Practices only required to deliver essential services; QAIF suspended apart from Access reporting	Vaccination rates Referral rates Referral for diagnostics Admission rates for LTC exacerbations	Patients not presenting due to risk of Covid 19 resulting in delayed diagnoses;	Weekly Primary Care Bronze meetings with escalation of issues through to Tactical and Gold.  Weekly HOPC meetings	Will require contractual discussions;  Consider reinstating some services that can be delivered safely e.g. urgent cytology;  Consider how Long Term Conditions can be managed safely following national guidelines.
Enhanced Service Provision	All DESs stood down by WG; local flexibility agreed for NES/LES depending on demand for GMS services. Practices	Claim data on reconciliation	Reconciliation of ES claims could result in increased cost due to practice ability to deliver more ESs;	Weekly Primary Care Bronze meetings with escalation of issues through to Tactical and Gold.	Will require contractual discussions. Flu DES reinstatement being flagged by AMDs to WG.

	paid based on the corresponding quarter of 2019/20.		Impact on practice finances where mergers/patient allocations have taken place;  Not reinstating the Flu DES could impact on deliver for winter 2020	Weekly HOPC meetings	
Access to services	Attend Anywhere rolled out as part of the national programme;  E-Consult commissioned through Pacesetters 2019/20  Telephone triage  Home Visits	National data on Attend Anywhere uptake; E-Consult data available and to be shared with Practices and Clusters; Audit of telephone triage numbers;  Data collection on weekly number of requests for Home Visits.			Planned Communications to Practices and Patients on success of new models of working

<b>Action</b>	<b>HB Actions</b>	<b>Data Collection</b>	<b>Risks to current systems</b>	<b>Reporting Arrangements</b>	<b>Reset</b>
Cluster work	50% of the 2020/21 allocation allocated to support Covid 19; spending criteria agreed with Locality Leads	Cluster budgets Cluster IMTP	Spend in GMS rather than through the wider Cluster membership	Weekly Locality Leads meeting	Support to Clusters to scope out and develop new schemes that address the Cluster Delivery Milestones

**Community Pharmacy Services**National documents: Chief Pharmaceutical Officer letters issued **18/3/20** on Contract Changes and **21/3/20** on flexible opening

<b>Action</b>	<b>HB Actions</b>	<b>Data Collection</b>	<b>Risks to current systems</b>	<b>Reporting Arrangements</b>	<b>Reset</b>
Flexible Opening Hours to assist with managing demand	<p>Information requested on flexible working arrangements (up to 4 hours of working behind closed doors) and plans to return to normal working patterns in the next two weeks w/c 04.05.20.</p> <p>3 Pharmacies have submitted HN1 form to alter supplementary opening hours on a temporary basis (over &amp; above the flexible working arrangements) to manage demand and business continuity.</p>	<p>Data collection exercise completed and outcome is that 75/99 pharmacies are only using 0-1 hr of flexibility to be closed to the public. A further 10 are taking up to 2 hours.</p> <p>HN1 notifications have been noted and the All Wales Pharmacy Database updated.</p>	<p>The reduction in opening times to the public, together with arrangements for social distancing have resulted in queues forming outside pharmacies and a small number of reports of abuse towards pharmacy staff. This risk will be mitigated with changes in opening hours</p>	<p>Weekly Primary Care Bronze meetings with escalation of issues through to Tactical and Gold.</p> <p>Weekly HOPC meetings</p> <p>All Wales Community Pharmacy Leads meetings</p>	<p>Pharmacies still have the ability to flex opening times within current guidelines, but most are already reverting back to contracted opening hours.</p>

Action	HB Actions	Data Collection	Risks to current systems	Reporting Arrangements	Reset
Provision of Essential Services	<p>Dispensing; Repeat Dispensing; Disposal of unwanted medicine; Support on self-care</p> <p>Dispensing / repeat dispensing has been maintained in difficult circumstances with a significant increase in activity from 23.3.20 up to Easter (10.4.20).</p>	<p>Preliminary Item / Prescription data from Prescribing Services indicate an increase in activity for March 2020 compared to March 2019.</p>	<p>Some pharmacy contractors had suspended acceptance of waste meds. In response CPW has issued guidance on how to manage safely on behalf of all HBs.</p> <p>Significant increases in requests for repeat medication etc. have impacted on service sustainability</p> <p>Financial impact of increased drug costs along with reduction in OTC and counter sales could be detrimental to smaller pharmacies</p>	<p>Weekly Primary Care Bronze meetings with escalation of issues through to Tactical and Gold.</p> <p>Weekly HOPC meetings</p> <p>All Wales Community Pharmacy Leads meetings</p>	

Action	HB Actions	Data Collection	Risks to current systems	Reporting Arrangements	Reset
Provision of Enhanced Services	Enhanced Services that pose a risk due to potential AGPs (Sore Throat Test and Treat) or require close patient contact have been suspended. Other Enhanced Services have been amended to allow pharmacies to maintain social distancing principles, telephone consultations, and patients being able to nominate another person to collect on their behalf. Emergency medication service; Emergency contraception; Advice and treatment for common ailments	Data from NECAF claiming system	Patients will need to seek treatment in GP practices for sore throats etc when we had started to signpost to Community Pharmacy; confusion of public messaging	Weekly Primary Care Bronze meetings with escalation of issues through to Tactical and Gold.  Weekly HOPC meetings  All Wales Community Pharmacy Leads meetings	Potential to consider digital solutions to enable extended remote access to Enhanced Service e.g. CAS

Action	HB Actions	Data Collection	Risks to current systems	Reporting Arrangements	Reset
Palliative Care	The number of pharmacies offering palliative care medication has been increased, for ease of access the Pharmacies offering this service have been asked to provide an alternative phone line for health care professionals.		None identified	Weekly Primary Care Bronze meetings with escalation of issues through to Tactical and Gold.  Weekly HOPC meetings  All Wales Community Pharmacy Leads meetings	Potential to expand roll out of service



### General Dental Services

National documents: Dental Red Alert principle guidance issued 23/3/20; Dental care during the COVID-19 pandemic: guidance for teams- issued 08/04/20- WG Website;

Action	HB Actions	Data Collection	Risks to current systems	Reporting Arrangements	Reset
Management of NHS Dental Contracts	<p>Dental Practices are encouraged to provide services in accordance with national guidance.</p> <p>Strategic Programme for Primary Care – 24/7 Model Work Stream. Primary Care Dental Services Covid-19 Toolkit issued on 22.04.20</p>	<p>There has been discussion across Heads of Dental Services in Wales regarding the capture of data relating to the 8 conditions that contractors need to deliver in order to maintain 80% of their contractual values. HDUHB will be issuing data collection letters for April in week commencing 04/05/20.</p>	<p>Practices not delivering services as per the national directive which could result in a financial recovery;</p> <p>Furloughing of staff linked to private dental services impacting on ability to deliver NHS dental services in mixed practices</p>	<p>Weekly Primary Care Bronze meetings with escalation of issues through to Tactical and Gold.</p> <p>Weekly HOPC meetings</p> <p>All Wales Clinical Dental Leads meeting to discuss and consider professional, service or quality issues</p>	<p>Will require contractual discussions to change from current red alert position</p> <p>Will require WG review of the red alert. Contractual guidance will need to be issued; arrangements will be require as a phased reset and cross infection guidance will not provide the patient throughput to achieve the current contract metrics. The availability of FFP3 will also need to be considered.</p>

Action	HB Actions	Data Collection	Risks to current systems	Reporting Arrangements	Reset
Development of Urgent/Emergency Dental Services	<p>Identification of green and red sites within the Community Dental Service.</p> <p>All patients receiving AGP treatment are done with the dentist using FFP3 protection at the EWC site (proposed red site)</p>	Data collection mechanism in place within the CDS.	<p>The HB has experienced high levels of FIT testing failures for staff providing care in the emergency/urgent dental centres. To date, this has not impacted on our ability to provide the essential services as per the red alert. In week commencing 04/05/20, dental services will be FIT tested for a FFP3V Brand JSP.</p> <p>Still lack of confirmation that EWC can be used as the red site due to impact on Community Services.</p>	Weekly Primary Care Bronze meetings with escalation of issues through to Tactical and Gold.	<p>Will require contractual discussions to change from current red alert position</p> <p>As above. Need to consider how to maintain the current centres and reset normal CDS activity.</p>

			Potential for increased numbers of patients accessing the service as "private" patients also signposted to service		
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Action	HB Actions	Data Collection	Risks to current systems	Reporting Arrangements	Reset
Management of specialist contracts (MOS)	Tier 2 Minor Oral Surgery services are commissioned through an independent provider. The independent provider is delivering services in accordance with the red alert guidance within the HB green centres, utilising HB provided FFP3.	FDS data	No risks identified	Weekly Primary Care Bronze meetings with escalation of issues through to Tactical and Gold.	Arrangement in place to provide care for patients during the pandemic.
Management of specialist contracts (Orthodontics)	Dental Practices are encouraged to provide services in accordance with national guidance.	FDS data	Professional advice considers any orthodontic treatment as being AGP therefore all work other than urgent has been suspended which will have a longer term impact on patients in treatment and an increasing waiting list.	Weekly Primary Care Bronze meetings with escalation of issues through to Tactical and Gold.	Will require contractual discussions to change from current red alert position. Consider supply of FFP3 to enable ongoing provision of services to patients in active course of treatment.

<b>Action</b>	<b>HB Actions</b>	<b>Data Collection</b>	<b>Risks to current systems</b>	<b>Reporting Arrangements</b>	<b>Reset</b>
Management of specialist contracts (Paediatric GA)	Dental Practices are encouraged to provide services in accordance with national guidance		<p>Service provider has declined to treat any cases due to AGP risk.</p> <p>Financial risk as extant SLA is still being honoured despite no activity.</p> <p>Service provider reliant on SBU Consultants working on a private basis</p>	Weekly Primary Care Bronze meetings with escalation of issues through to Tactical and Gold.	Consider supply of FFP3 to enable urgent cases to be managed appropriately
Management of referrals	HB implemented systems with FDS and the emergency/urgent dental centres to ensure timely triage of emergency referrals. Guidance has been issued to NHS and private General Dental Practices.	Data available to HBs on a weekly basis and data is monitored directly by WG.	<p>Timing for the submission of the data; current variability in system;</p> <p>A number of practices who have not submitted any data.</p>	Weekly Primary Care Bronze meetings with escalation of issues through to Tactical and Gold.	

## Optometry Services

National documents: Optometry correspondence and guidance issued 17/03/20; Ophthalmology guidance issued 07/04/20

Action	HB Actions	Data Collection	Risks to current systems	Reporting Arrangements	Reset
Development of "green" practices to develop essential services	<p>13 Practices identified to remain open for urgent and essential services on a Cluster basis utilising standard PPE issued by the HB.</p> <p>Established a dedicated support line for the signposting of patients to appropriate eye care services.</p>	<p>The Practices remaining open provide a weekly Situation Report to provide an update on a number of data markers.</p> <p>Levels of PPE in each Practice to be reported to the HB weekly, which is the submitted to WG.</p> <p>The number of optometry central line telephone calls, source of referral, problem reported and action taken is being monitored and is reported to the OA on a weekly basis.</p>	Some variance in how data is being reported	<p>Weekly Primary Care Bronze meetings with escalation of issues through to Tactical and Gold.</p> <p>The Optometric Advisor has two weekly meetings with the Chief Optometric Advisor and HB Optometric Advisors across Wales to ensure consistent management or risks and service issues and to identify opportunities for joined up working across HB's.</p>	<p>Difficult to change from current model back to pre-pandemic working without service destabilisation. There is no national Optometric Contract and the majority of income in Optometric practices is through private work. Staff tend to be locums (stood down) or furloughed in current circumstances</p> <p>Expand the optometric advice line managed through the All Wales LVS to all Health Boards</p>

		<p>Open practices are required to complete an online patient activity log. This includes detail of; source of referral, problem reported, type of examination performed, medication prescribed, onward referral or report made.</p>		<p>Overall patient activity levels reported to the Chief Optometric Advisor in WG on a weekly basis in line with reporting from other HB OAs</p>	
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Action	HB Actions	Data Collection	Risks to current systems	Reporting Arrangements	Reset
Development of Acute Eye Centres	4 practices set up as acute eye care centres. The practitioners in these practices either have independent prescribing or are working towards the qualification. These centres are able to manage acute eye conditions which previously would have required referral to secondary care.		None identified	As above	
Development of a Domiciliary Service	The HB is providing a domiciliary service in accordance to the guidance set out by the Welsh Optometric Committee. This enables people with acute eye problems who are unable to	Each request for a domiciliary assessment is sent to the OA for triage and approval	None identified	As above	



	leave home to access eye care.				
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Action	HB Actions	Data Collection	Risks to current systems	Reporting Arrangements	Reset
Primary/Secondary Care interface	<p>The HB has established a joint working relationship across Ophthalmology and Optometry.</p> <p>Primary care optometrists have been recruited to provide support in secondary care IVT clinics under the guidance of a consultant ophthalmologist</p> <p>Optometrists with or working towards the Medical Retina qualification are providing sessions in the HB IVT clinics, under the supervision of a Consultant Ophthalmologist.</p>	Optometrists providing sessions within the IVT clinics are maintaining a log of the patients seen.	None identified	Collaborative reports submitted to WG on a regular basis to provide updates and confirmation the guidance is being followed.	

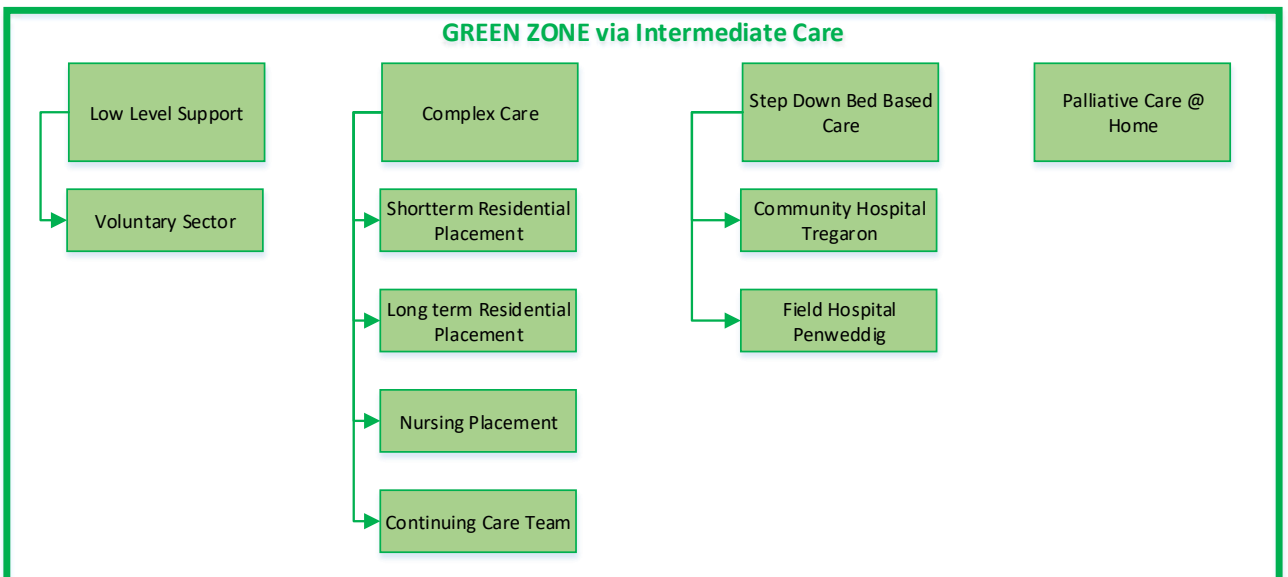
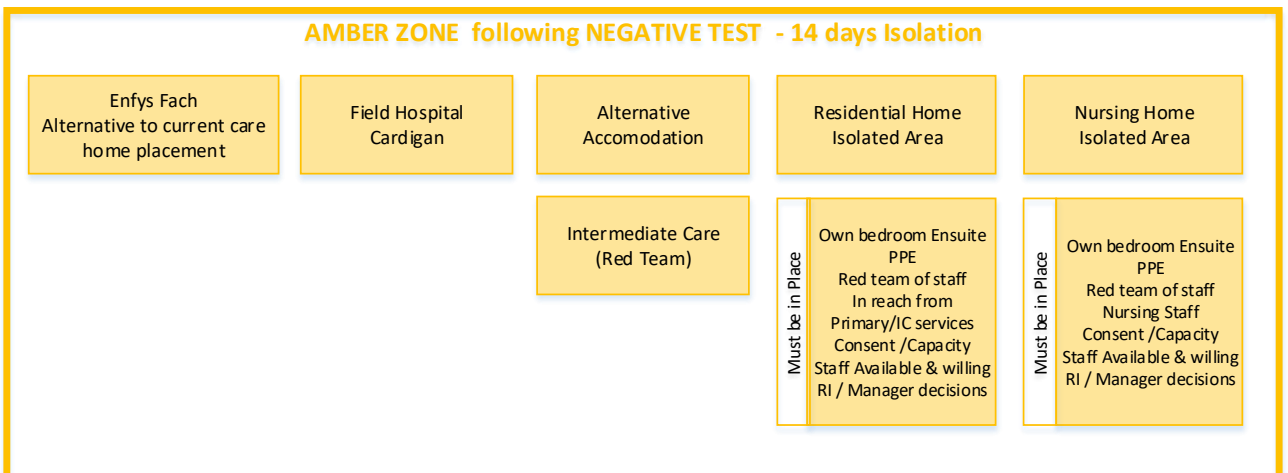
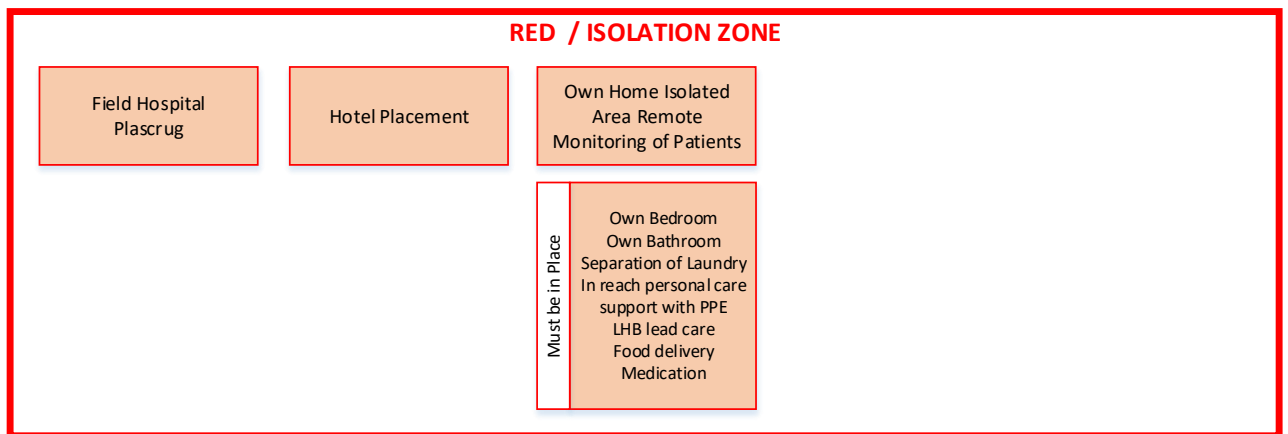
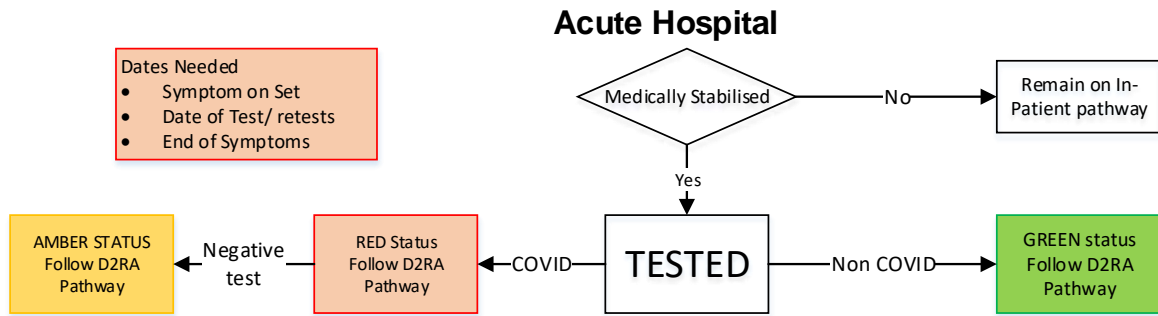
Action	HB Actions	Data Collection	Risks to current systems	Reporting Arrangements	Reset
Urgent Eye Care Pathway	<p>Practices have been identified as green acute eye care hubs. All Eye Care hubs provide acute eye care mid-week and provide acute eye care on weekends and bank holidays on a rota basis. Practices were identified based on Optometrists in Practices with or working towards the Independent Prescribing qualification.</p> <p>A red centre has been identified and work started to make it fit for purpose. Two optometrists have expressed an</p>	<p>For each patient contact, practitioners from the 4 acute eye care centres are required to complete an online patient activity log. This includes detail of; source of referral, problem reported, type of examination performed, medication prescribed, onward referral or report made</p> <p>Once fully functional, the HB will closely monitor the number of patients accessing the service and the</p>	None identified	<p>Weekly Primary Care Bronze meetings with escalation of issues through to Tactical and Gold.</p> <p>The Optometric Advisor has two weekly meetings with the Chief Optometric Advisor and HB Optometric Advisors across Wales to ensure consistent management or risks and service issues and to identify opportunities for joined up working across HB's.</p> <p>Overall patient activity levels</p>	<p>Difficult to change from current model back to pre-pandemic working without service destabilisation. There is no national Optometric Contract and the majority of income in Optometric practices is through private work. Staff tend to be locums (stood down) or furloughed in current circumstances</p>

	interest in working in the centre and will receive FIT testing and required PPE which will be issued by the HB. Intended to be in place by 11/05/20.	level of enhanced PPE to ensure adequate levels are maintained.		reported to the Chief Optometric Advisor in WG on a weekly basis in line with reporting from other HB OAs	
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<b>Non Contractual Primary Care work</b>					
<b>Action</b>	<b>HB Actions</b>	<b>Data Collection</b>	<b>Risks to current systems</b>	<b>Reporting Arrangements</b>	<b>Reset</b>
Pacesetters 2020/2022	Review Pacesetter programmes to identify the elements that can be implemented safely during the pandemic				Implement elements of the Pacesetter that can be done safely within the pandemic
Management of PPE	Process in place for the monitoring, ordering and distribution of PPE across all Primary Care Contractor sites	Weekly information collated	National Escalation tool has had PPE included but HBs not able to access the data therefore continuing to run with HB system;	Weekly to WG	
RCGP Sustainability Programme	Commissioned through Pacesetters in 2019/20 but due to the Pandemic the visiting programme needed to be suspended. Potential to deliver virtually been discussed and		Practices reluctant to participate due to pandemic or due to perception that sustainability position has improved.	RCGP providing information back on five practices by 15.05.20	RCGP keen to deliver remotely; Flexibility to substitute practices if any of the eight withdraw from the programme.

	agreed w/c 04.05.20. Support for 8 practices identified.				
Delivery Agreements	Monitoring suspended				
Delivery Milestones	Monitoring suspended				

## Pathways – Hospital Discharge : Covid 19 Recovery

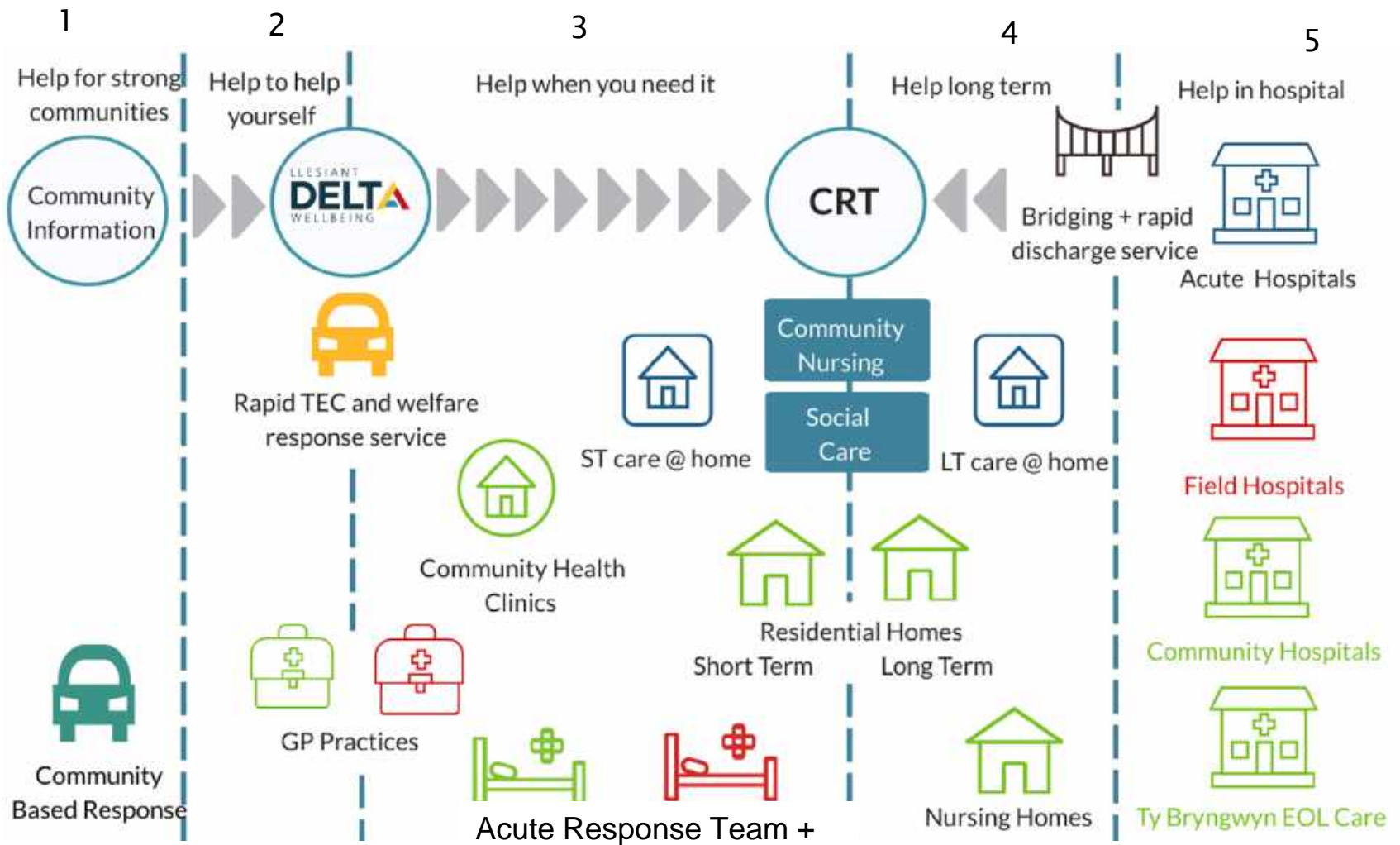




# Carmarthenshire Covid 19 Plan

Version 9 13/05/20





# Monitoring the system

- ▶ Daily Operational Command meetings to monitor escalating pressure across the whole system
- ▶ Production of daily situation report across community health, social care, primary care and acute hospitals
- ▶ Live data monitoring and response
- ▶ Agreed and established escalation process for system wide collaboration
- ▶ Daily co-ordination calls across community and acute



# 1 Help for strong communities

*(Reducing harm from wider societal Impact of pandemic and its contingencies)*

# Community Information

- ▶ Dedicated community information line run by CCC open 8.30am to 6pm 7 days a week
- ▶ 01267 234567
- ▶ [direct@carmarthenshire.gov.uk](mailto:direct@carmarthenshire.gov.uk)
- ▶ Webpage:  
[carmarthenshire.gov.wales/2020/02/coronavirus-covid-19-guidance/community-support](https://carmarthenshire.gov.wales/2020/02/coronavirus-covid-19-guidance/community-support)

Help for  
strong  
communities



# 2

## Help to help yourself

(Reducing harm from reduction in non - COVID activity)

# 2

## Help to help yourself




- ▶ Proactive TEC service
- ▶ Over 250 people to date
- ▶ Welfare response teams in place – support within 60 mins
- ▶ Provision of i:pads for remote assessments
- ▶ Digital outreach work with adapted tablets
- ▶ Refer on 0300 333 2222 / [deltawellbeing.org.uk/delta-connect](https://deltawellbeing.org.uk/delta-connect)

# 2

## Help to help yourself

# Primary & Community Services

- ▶ Primary Care providers will continue to offer advice and care to patients but much of this will be offered on the phone and through virtual consultation
- ▶ Health advice is being given through NHS direct 111
- ▶ Patients and families are being supported to self-manage their conditions remotely where appropriate through community nursing.
- ▶ Social care staff are available by phone to provide support remotely.



# 3 Help when you need it

(Reducing harm from overwhelmed NHS  
& social care system)



# 3

Help when  
you need it



**0300 333 2222** Single Point of Access for:

- ▶ **Information** sign posting – for people to remain outside the formal health and social care systems where possible.
- ▶ **Advice** community preventative services & CONNECT.
- ▶ **Assistance** for:
  - ▶ Transfer to social care services
  - ▶ Full assessment by a Multi-Disciplinary Team (mostly new referrals)

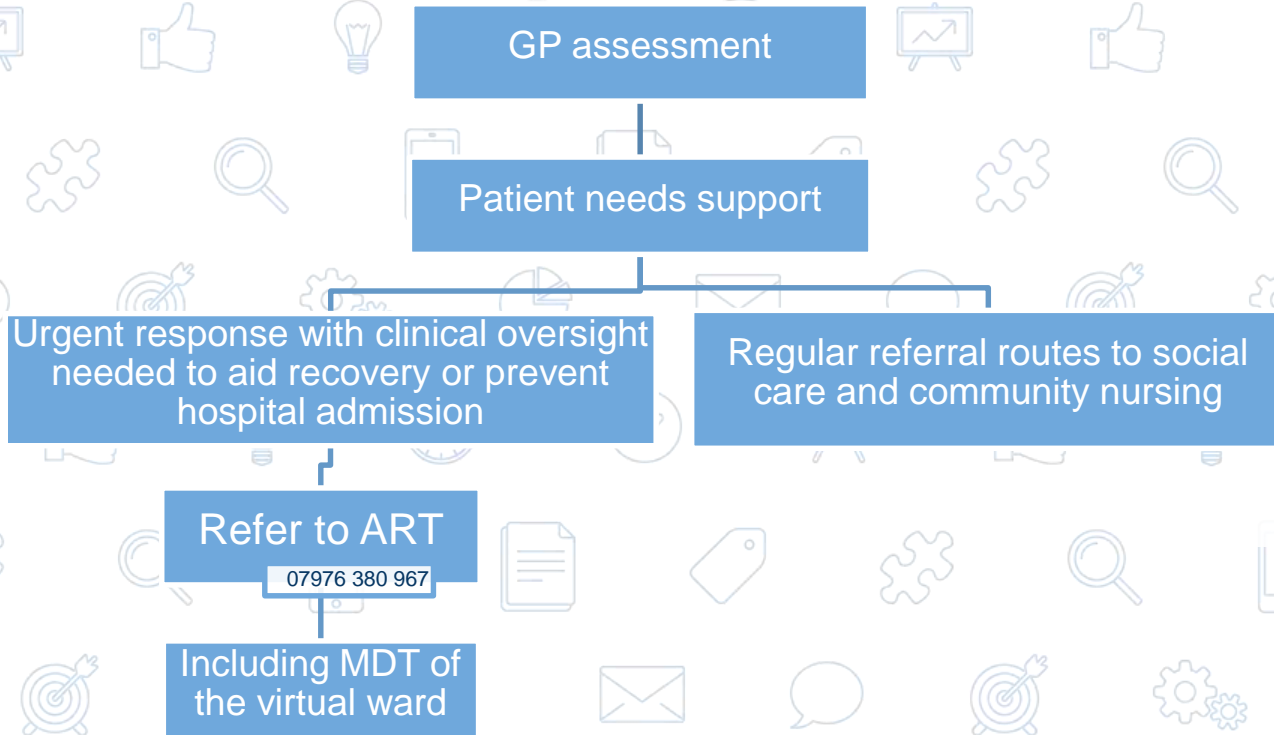
# 3

Help when  
you need it

## Primary Care

- ▶ Patients will be assessed by GP's through telephone consultation.
- ▶ Covid symptomatic patients will be filtered into **red** stream – with possibility of opening **red practices** if appropriate.
- ▶ If the patient is housebound and not able to travel a home visiting service will operate.
- ▶ All **green** patients will be seen in usual GP practices, identified as **green practices**.

# Community Support for Primary Care



# 3

Help when  
you need it

## Community Nursing

- ▶ Referrals through existing routes
- ▶ Triage and screening of all patients prior to attendance
- ▶ Reconfiguration of the community teams, including Acute Response Team to ensure an integrated and stratified nursing response based on refined caseload and evolving need.
- ▶ Caseloads risk stratified and RAG rated to support prioritisation of provision at heightened escalation
- ▶ Non urgent services suspended in line with regional guidance\*

# 3

Help when  
you need it

## ART +

- ▶ This is an enhanced service which includes the following elements:
  - ▶ The Acute Response Team (current referral criteria – including OOH community nursing)
  - ▶ A virtual ward
  - ▶ Remote Oxymetry monitoring for COVID-19 + patients

# 3

Help when  
you need it

## Virtual Ward

- ▶ Response within 2 hrs
- ▶ MDT interventions that promote community based recovery from an acute illness: (prevent admission & support discharge)
- ▶ Length of stay 21 days max:
  - ▶ Acute support for 7 days
  - ▶ Rehabilitation and discharge planning for up to 21 days\*
- ▶ Referral **07976 380967** by clinician who has assessed the patient either in the community or from hospital.

# 3

Help when  
you need it

## Remote Oxymetry Monitoring

- ▶ Monitor patients for escalation remotely through telephone or digital contact to facilitate COVID discharge from acute hospitals
- ▶ Staffed by retired GPs , self- isolating clinicians and a COPD Nurse remotely between 9am and 10.30pm – 7 days a week.
- ▶ If patient needs care and support this will be put in place prior to discharge

# 3

Help when  
you need it

## Social Care

- ▶ If CRTs receive an urgent referral it will be triaged through Delta Wellbeing (IAA) and passed to the CRT Short Term Pathway.
- ▶ MDT will determine the most appropriate professional to assess within 4 hrs.
- ▶ An appropriate support plan will be put in place via reablement, commissioned services or a short term placement.





# Help long term

(Reducing harm from overwhelmed NHS & social care system)

# 4

# 4

Help long  
term

## Palliative Care

- ▶ 24/7 Hospice at Home with multidisciplinary response
- ▶ 24/7 CNS Palliative Care 'on call'
- ▶ Specialist Palliative Care and Geriatrician Consultant response for Care Homes
- ▶ Access to in patient services where necessary and appropriate
- ▶ Bereavement and Psychological Support Services

# 4

Help long  
term

## Community Nursing

- ▶ Team staffing levels are constantly reviewed and adapted accordingly.
- ▶ All patients on the caseload have been RAG rated to allow prioritisation at times of escalation
- ▶ RAG rating of patients and teams reviewed daily with escalation processes established.
- ▶ Patient contingency plans have been drafted at call level to ensure effective and safe response.

# 4

Help long  
term

## Social Care

- ▶ Everyone in receipt of a service has been reviewed and provider RAG rated care provision.
- ▶ Business continuity plans in place for all providers
- ▶ Bespoke commissioned service for COVID+ve community residents 'Simply Safe'
- ▶ 60+ Additional Residential Care Beds

# 4

Help long  
term

## Care homes

- ▶ Care home escalation policy and procedure in place.
- ▶ Process to ensure robust contingency planning
  - ▶ To mitigate the risks of harm to care home residents and/or care home failure;
  - ▶ To prevent avoidable deaths;
  - ▶ To ensure timely, appropriate interventions
  - ▶ To minimise the impact of care home failure on the whole health and social care system



# 5 Help in hospital

(Reducing harm from COVID itself... ensuring critical care & bed capacity)

# Discharge pathways



Low level  
support @ home

Discharge 2  
assess

Residential  
placements  
short term &  
long term

LHCT care @  
home

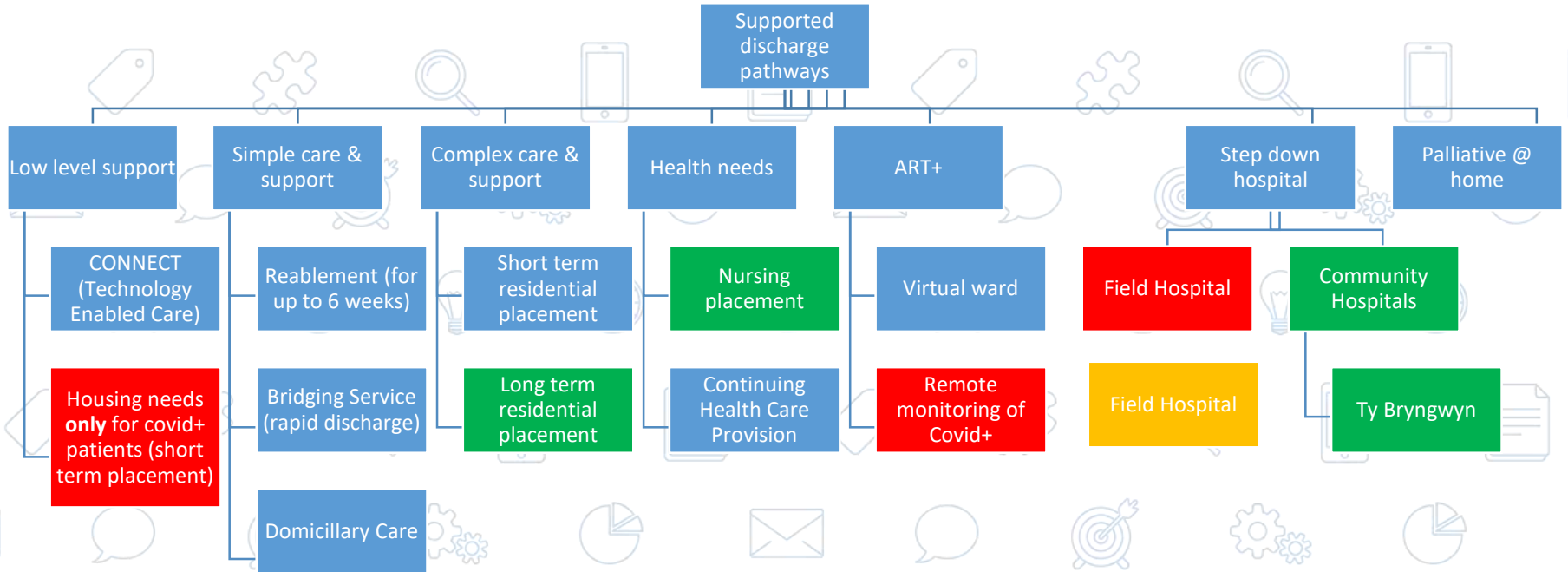
Nursing  
Homes

Vitual Ward

Community  
Hospital

Palliative  
& fast  
track

# Supported pathways





# Re-instating Services Resulting from COVID-19

VERSION 1 - DRAFT

## Contents

Pembrokeshire Services.....	2
Ceredigion Services.....	5
Carmarthenshire Services.....	11
HDHB - Children’s Community Services.....	12
HDHB Sexual and Reproductive Healthcare Services.....	13

## Pembrokeshire Services

Service Suspended	Contingency in place	Recommence Y/N	Risk Assessment outlining decision to recommence or not
<p><b>Cleddau River Day Unit</b></p>	<p><b>Social Patients</b> – Attendees for day care are Assessed through Social Services Care assessment process. Social Services contact centre remains in service. Risk assessments were completed by the Local Authority regarding the social patients that identified patients who required increased packages of care due to change in service provision.</p> <p><b>Rehabilitation patients</b> – Health patients referred back to community/primary/intermediate care services. Community therapists are providing a service to community referrals.</p> <p>Telephone number in existence for previous attendees of unit for follow up as needed with care workers.</p>	<p>No</p> <p>Floor area is in use as an inpatient ward to facilitate Red and Green designated bedded areas. At present there is no facility available within SPH to recommence day service due to additional inpatient bed facility.</p>	<p><b>Maintain Red / Green in patient facility high priority for 12 months</b></p> <p>Qualified nurse is shielding and unavailable for face to face deployment. HCSW staff are deployed to support rehabilitation requirements of community inpatients and step down facilities.</p> <p>Ongoing modelling with regards to forecast for number of additional inpatient beds.</p>
<p><b>Rehab Day Hospital WGH</b></p>	<p><b>Rehabilitation patients</b> – Community therapists are providing a service to community patients.</p>	<p>No</p>	<p>Nursing / HCSW staff are deployed to community nursing and community inpatient areas.</p> <p>Scheduled care currently suspended. Patient cohort referred through scheduled care pathways.</p> <p>Non urgent physio currently not operating.</p>
<p><b>Heart Failure CNS Service</b></p> <p>Medication Titration in community clinics</p> <p>New referrals / Discharge follow up</p>	<p>Service only provided to patients who are clinically unstable in own homes</p> <p>Telephone contacts / follow ups being provided virtually</p> <p>New service was due to commence March – on hold</p>	<p>Partial – Virtual clinics</p> <p>Yes – consider use of virtual clinics and ongoing telephone contacts for stable patients</p>	<p>Reduced clinic capacity to be reinstated for essential face to face consultation. These will need to be green clinics only. Missed opportunity to optimise medications / identify post discharge</p>

Service Suspended	Contingency in place	Recommend Y/N	Risk Assessment outlining decision to recommence or not
<p>Supportive Care Clinics</p> <p>Development of new services – IV Diuretics</p> <p>Education / Training</p>	<p>Project was due to commence March 2020 – on hold</p> <p>No formal sessions currently planned</p>	<p>No</p> <p>No</p> <p>No</p>	<p>complications to prevent readmissions if not recommenced</p> <p>Lack of availability from Cardiology / Medical and Palliative Care Consultant to support at present.</p> <p>Additional services required support not available</p>
<p><b>Long Term Conditions Team</b></p> <p>New referrals / Discharge follow up</p> <p>Education / Training</p>	<p>Telephone contacts / follow ups being provided virtually</p> <p>No formal sessions currently planned</p>	<p>Yes – consider use of virtual clinics and ongoing telephone contacts for stable patients</p> <p>No</p>	<p>Missed opportunity to optimise medications / identify post discharge complications to prevent readmissions if not recommenced</p>
<p><b>Palliative Care Team</b></p> <p>Routine reviews and general follow up</p>	<p>Telephone contacts / follow ups being provided</p>	<p>Yes – consider use of virtual clinics and ongoing telephone contacts for stable patients to reduce risk</p>	<p>Missed opportunity to optimise symptom management to prevent admissions if not recommenced</p>
<p><b>BABAS</b></p> <p>New referrals / Discharge follow up</p> <p>Routine reviews and clinics</p>	<p>Telephone contacts / follow ups being provided virtually</p> <p>Suspended – if urgent then seen under rapid response</p>	<p>Partial – Virtual clinics alongside ongoing telephone contacts</p> <p>Yes – consider use of virtual clinics and ongoing telephone contacts for stable patients</p>	<p>Missed opportunity to optimise symptom management to prevent admissions if not recommenced</p>
<p><b>Pelvic Health Project</b></p>	<p>None</p>	<p>Awaiting feedback from national lead as to whether project is still viable and whether pelvic health services remain suspended</p>	<p>In HDuHB, there is no specialist pelvic floor service that offers a multi-disciplinary approach to patient care and the diagnosis of</p>

Service Suspended	Contingency in place	Recommence Y/N	Risk Assessment outlining decision to recommence or not
		elsewhere in Wales.	<p>Pelvic Floor Disorders. Suspending/ discontinuing the project means there will be a delay in the development of a new pathway, and investigation and treatment for some of our patients with pelvic floor pathology.</p> <p>Staffing if project is discontinued : Band 4 0.5 WTE fixed term contract ends March 2021, Band 8a 1.00 WTE</p>
<b>Routine Bloods</b>	Postponed	No	Continue to follow interim community nursing service specification (March 2020)
<b>CHC Decision support tool and reviews</b>	Long term care team to commence	No	Do not roll out to DN teams at this time
<b>Continence - assessments, routine catheter changes</b>	Delayed assessments, reviewed cohort and redirected to community clinics where appropriate	No	Referred to continence service for remote support and community clinics for routine, remain on DN caseload for emergency response
<b>Leg Ulcer/Wound care (simple wound care )</b>	<p>3<sup>rd</sup> party delegation / governance maintained by RN.</p> <p>Telephone calls for follow up Pressure area care.</p> <p>Community Clinics</p>	No	<p>Risk assessments completed for 3<sup>rd</sup> party delegations to residential care homes.</p> <p>Care plans shared with all D/N teams for 3<sup>rd</sup> party delegation on wound care, pressure area checks and administration of patches.</p>

## Ceredigion Services

Service Suspended	Contingency in place	Recommence Y/N	Risk Assessment outlining decision to recommence or not
<p><b>Community and Specialist Nursing Services</b></p> <p><u>Direct impact</u> A significant number of nurses are unable to deliver face-to-face patient contact during the pandemic due to COVID-19 vulnerability. Guidance stipulates that patient contact should be minimised wherever possible.</p>	<p><u>Current Operation</u> The service has prioritized patient contact into three areas, Red where patients must have contact that day; Amber without contact they will be a Red patient the following day and Green where contact is preventative and best practice. Patient visits are prioritised to ensure that Red patients are seen. Wherever possible, patients are contacted by phone to avoid face-to-face contact.</p> <p>Staff who are unable to undertake face-to-face patient contact due to COVID-19 vulnerability are undertaking welfare calls with patients as well as administrative tasks.</p> <p>Specialist Chronic Condition Nurses are supporting the community nursing service where there are currently gaps in capacity.</p> <p><u>Risks associated with current practice</u> The escalation plan associated with community nursing is a short-term plan, therefore deconditioning and higher risk of patient acute episodes could be a consequence of long-term implementation.</p>		<p>The full service cannot resume without addition RGN capacity to deliver face-to-face patient contact. If the Chronic Conditions Services are reinstated this will have a detrimental effect on capacity within the community nursing service.</p>
<p><b>Community Therapy Services</b></p> <p><u>Direct impact</u> A significant number of therapy staff are unable to deliver face-to-face patient contact during the pandemic due to COVID-19 vulnerability.</p>	<p>The service has prioritized patient contact into three areas, Red where patients must have contact that day; Amber without contact they will be a Red patient the following day and Green where contact is preventative and best practice. Patient visits are prioritised to ensure that Red patients are seen. Staff who are unable to undertake face-to-face patient</p>		<p>The full service cannot resume whilst staff are on standby awaiting high demand of their skills in the acute and field hospitals. Whilst specialist occupational therapy services are redeployed into cores services to fill gaps in capacity of core service due to high number of staff unable to undertake face to face patient contact.</p>

Service Suspended	Contingency in place	Recommence Y/N	Risk Assessment outlining decision to recommence or not
<p>Guidance stipulates that patient contact should be minimised wherever possible. Some work has been restricted due to limited PPE but this is resolving now.</p>	<p>contact due to COVID-19 vulnerability are undertaking welfare calls with patients as well as administrative tasks plus covering essential Porth Gofal triage daily work. Therapy staff are preparing to support the acute and field hospital services when required. Physiotherapy staff are working as one service within the County with the ability to flow staff through critical care, acute hospital, front of house, community, Porth Gofal, x3 field hospitals and Tregaron / Awel Deg .We have committed to additional respiratory on call services and are exploring 7 day services. Specialist Occupational Therapy staff from Palliative Care and Complex Neuro and Brain Injury team have been redeployed into the community occupational therapy service to undertake core occupational therapy work and support where there are gaps in capacity. The specialist occupational therapy clinical work from these two services has also been absorbed in the core community workload, increasing demand on core service.</p> <p><u>Risks associated with current practice</u> The escalation plan associated with community therapy is a short-term plan, therefore deconditioning and higher risk of patient acute episodes and reduced independence could be a consequence of long term implementation. Anticipated rehabilitation requirements are expected, both specialist COVID and non-COVID patients.</p>		<p>Significant challenge in ensuring appropriate occupational therapy support across acute, field hospitals, community services, step-up/ down community facilities, and discharge to assess pathways as they develop. Note – the impact, operationalization, and risks are different/ unique for each therapy team/ profession. Current Physiotherapy capacity to serve field hospitals mainly results from the standing down of MSK/Paeds/CMAT service and the temporary employment of three local private physiotherapists. The capacity will change if private practice resumes or face-to-face planned work is resumed. The staff have undertaken significant upskilling to manage medical and respiratory practice and are now working remotely through caseloads that are on hold. We have a number of maternity leaves pending which will impact too. Physiotherapy services are not underestimating the level of staff exhaustion, mental health issues and recovery time required in addition to annual leave commitments. The service will also be expected to support gaps across three counties as indicated and may be called upon to upskill the new HCSW staff.</p>

Service Suspended	Contingency in place	Recommence Y/N	Risk Assessment outlining decision to recommence or not
<p><b>Minor Injury Unit - Cardigan</b></p>	<p>The service has continued to operate, however staff from the service have been identified as a key member of staff for the field hospital. The staffing of the service is low; therefore any reduction would have significant consequences.</p> <p><u>Risks associated with current practice</u> There is no spare capacity for MIU nurses in the system, therefore if resource is taken from Cardigan MIU the service will need to reduce opening times. This will result in more patients attending GGH, which will not only increase the risk of spreading Coronavirus, but also impact on GGH patient flow. Physiotherapy staff who could have supported this are identified to manage field hospitals and are currently trying to work through their CMAT/MSK workload remotely.</p>		
<p><b>Outpatient Services*</b></p> <p><u>Direct impact</u> Guidance stipulates that patient contact should be minimised wherever possible. Buildings have been designated Red for COVID-19 patients and Green for non COVID-19 patients. In Ceredigion parts of BGH are Red, Teifi is Red and the two integrated care centers in Aberaeron and Cardigan are green.</p>	<p>The impact upon outpatient clinics has been significant, appendix one lists the clinics which were in operation prior to the pandemic and those which are currently operational. Alternative waiting arrangements are in place, which may involve patients waiting in their car outside the building until they are told to enter. All patients are screened before attendance. The Midwifery clinic in Cardigan is using a separate entrance in an isolated area with access to both staff and patient toilet facilities (only used by this service) in order to minimize risk to pregnant ladies.</p> <p><u>Risks associated with current practice</u> Outpatient services are generally established to</p>		<p>There are co-dependencies associated with returning clinics as both Aberaeron and Cardigan now have clinics that had run from acute sites and can run up to 5 days a week.</p> <p>Teifi is listed as a 'red' site, therefore cannot be used for outpatient clinics.</p> <p>The number of patients visiting the sites has been significantly reduced to allow for social distancing, re-establishing clinics will need to be carefully managed to allow for appropriate waiting facilities to be in-place. Many of the staff who had been managing outpatient clinics are currently deployed to fill gaps in other services, this includes community nursing and acute sites (therapies), and therefore re-</p>



Service Suspended	Contingency in place	Recommence Y/N	Risk Assessment outlining decision to recommence or not
	diagnose, screen, treat and maintain and monitor patient health and encourage self-management. The impact of a reduction of these types of services increases the risks of critical episodes and therefore demand of acute and statutory services, however the impact of this in a period will vary from one service to the next.		instating may have an impact upon patient flow.

\*Appendix one – Outpatient clinics that were in operation prior to Coronavirus pandemic:

Outpatient clinics operational prior to Coronavirus	Outpatient clinics currently operational
Aberaeron Integrated Care Centre:	
<ul style="list-style-type: none"> <li>• Lymphoedema</li> <li>• Ante natal, Midwives</li> <li>• Audiology</li> <li>• Various Dietetics</li> <li>• Paediatric Physio</li> <li>• Heart failure CNS</li> <li>• Speech therapy</li> <li>• Smoking cessation</li> <li>• New born hearing screening</li> <li>• CAMHS</li> <li>• Podiatry &amp; Orthotics</li> <li>• Health visitor</li> <li>• Heart Failure CNS</li> <li>• CaPS Counsellor (cancer)</li> <li>• Various Paediatric Specialities</li> <li>• Psychology</li> <li>• Diabetic Eye Screening</li> <li>• Chronic pain</li> <li>• Cruse counselling</li> <li>• IPTS (integrated psychology therapy service)</li> <li>• Enuresis clinic</li> <li>• Diabetic Consultant and CNS</li> <li>• Ophthalmology</li> <li>• Continence clinic</li> <li>• Palliative care counsellor</li> <li>• Arrhythmia</li> <li>• Gynaecology</li> <li>• AAA screening</li> <li>• Epilepsy CNS</li> </ul>	<ul style="list-style-type: none"> <li>• Ophthalmology AMD service (running 3-5 days a week)</li> <li>• Health Visitor</li> <li>• Podiatry</li> <li>• Midwives</li> <li>• Urgent Heart Failure</li> <li>• Ad hoc, urgent audiology (very rare)</li> </ul>

Outpatient clinics operational prior to Coronavirus	Outpatient clinics currently operational
<ul style="list-style-type: none"> <li>• MS CNS</li> <li>• MSK Physio</li> </ul>	
Cardigan Integrated Care Centre:	
<ul style="list-style-type: none"> <li>• Podiatry, Orthotics, Bio mechanics and Surgical Appliances</li> <li>• Ophthalmology (Orthoptics)</li> <li>• Various Dietitians</li> <li>• Colorectal Consultant</li> <li>• General Surgery Consultant</li> <li>• CMTS Physio</li> <li>• Diabetic Consultant and CNS</li> <li>• Phlebotomy</li> <li>• Orthopaedic Consultant</li> <li>• Gynaecology Consultant</li> <li>• Paediatric Physio &amp; Occupational Therapy</li> <li>• Psychology</li> <li>• Age Cymru Toe nail cutting</li> <li>• Smoking cessation</li> <li>• Lymphoedema</li> <li>• Diabetic Eye Screening</li> <li>• AAA screening</li> <li>• Heart Failure CNS</li> <li>• Various Mental Health</li> <li>• CaPs (cancer) Counselling</li> <li>• Primary Care Counsellor</li> <li>• Arrhythmia</li> <li>• Consultant Psychiatrist</li> <li>• Speech &amp; Language Therapy</li> <li>• Ante natal, consultant and midwives</li> <li>• Palliative care consultant &amp; counselling</li> <li>• Chronic Pain</li> <li>• Enuresis</li> <li>• Sexual Health</li> <li>• Inherited cardiac conditions</li> <li>• Continence</li> <li>• Genetics</li> <li>• Various Paediatric Consultants</li> <li>• Nurse led Venesection</li> <li>• ASD diagnostic CNS</li> <li>• Health Visitor</li> <li>• Spasticity Consultant</li> <li>• MSK, Neuro and Gynae Physio</li> <li>• Dental</li> <li>• DWP assessments</li> </ul>	<ul style="list-style-type: none"> <li>• Ad hoc Podiatry.</li> <li>• Sexual Health</li> <li>• Midwives</li> <li>• Urgent phlebotomy</li> <li>• Podiatry ulcer clinic</li> </ul>

Outpatient clinics operational prior to Coronavirus	Outpatient clinics currently operational
Teifi Health Centre	
<ul style="list-style-type: none"> <li>• Antenatal, Midwives</li> <li>• Health Visitors</li> <li>• Podiatry</li> <li>• Leg Clinic</li> <li>• Behavioural Physiology</li> </ul>	
Tregaron Hospital	
<ul style="list-style-type: none"> <li>• Community Paediatrician</li> <li>• Movement Disorder</li> <li>• Podiatry</li> <li>• Diabetic Eye Screening</li> <li>• Heart Failure</li> </ul>	<ul style="list-style-type: none"> <li>• Podiatry</li> </ul>

## Carmarthenshire Services

<b>Service Suspended</b>	<b>Contingency in place</b>	<b>Recommence Y/N</b>	<b>Risk Assessment outlining decision to recommence or not</b>
Routine Bloods	Postponed	No	Continue to follow interim community nursing service specification (March 2020)
CHC Decision support tool and reviews	Long term care team to commence	No	Do not roll out to DN teams at this time
Leg Ulcer/Wound care (simple wound care )	3 <sup>rd</sup> party delegation / governance maintained by RN.  Telephone calls for follow up Pressure area care.  Community Clinics	No	Risk assessments completed for 3 <sup>rd</sup> party delegations to residential care homes.  Care plans shared with all D/N teams for 3 <sup>rd</sup> party delegation on wound care, pressure area checks and administration of patches.
Continence - assessments, routine catheter changes	Delayed assessments, reviewed cohort and redirected to community clinics where appropriate	No	Referred to continence service for remote support and community clinics for routine, remain on DN caseload for emergency response
Ty Bryngwyn Specialist Palliative Care Unit	Cessation of Service and deployment of the team to support community palliative care outreach	No	No mitigation; decision aligns with future revised model and allows us to be able to care for more people in their own home at end of life. Further supports care home resilience
Chronic conditions management team	Cessation in routine follow ups; focus on complex case load.	No	No mitigation: Aligns to implementing self management programmes of care delivery; The team have also gained additional skills which have enhanced integration with community nursing.
<b>Delivering all Intravenous therapy at home by the Acute Response Team</b>	Where patient need allows we have established green clinics for IV therapy	No	No mitigation: Aligns with future direction of service provision.

## HDHB - Children's Community Services

Service Suspended	Contingency in place	Recommence Y/N	Risk Assessment outlining decision to recommence or not
All face to face outpatient appointments for: Community Paediatrics Diabetes Genetics Adoption SEN medicals	Telephone Clinics	No	If the Community Paediatric, diabetes, Adoption and SEN medicals were recommenced this would impact on the Acute and Triage rotas to support Red and Green Zones and the Paediatric assessment tent.

Service Suspended	Contingency in place	Recommence Y/N	Risk Assessment outlining decision to recommence or not
			Until further guidance is provided on social distancing the above outpatient clinics together with Genetics would remain as telephone clinics.
Community Nursing – all meetings via virtual resource, caseloads temporarily collapsed, all essential home visits risk assessed	<p>End of Life Palliative Care provided at home; 24/7 Consultant Specialist Palliative Care advice line, current community workforce to support as able.</p> <p>Prioritise delivery of Continue Care packages and nursing support for those CYP requiring invasive nursing intervention.</p>	No	Benefit currently in supporting CYP and families with the greatest needs.

## HDHB Sexual and Reproductive Healthcare Services

For Sexual and Reproductive Healthcare, the following framework has been suggested with timelines.

- 1. May - June 2020:** Current staffing levels will continue with the continuation of minimal sites with clinics on two days only. Current SOP will continue.
- 2. July - September 2020:** repatriate staff back to SRH services and begin to expand clinics with booked clinics **only**. Look to reclaim a clinic in Pembrokeshire in order to offer appointments to residents there. Commence clinic activity in Aberystwyth on days the clinic is not being used by Gynaecology out-patients.

### Remote Clinics

Continue remote consultations for all patients seeking advice using current FSRH/BASHH guidance on management of STIs and extended use of Long Acting Reversible Contraception (LARCs). The remote consultations will be managed in the current format with daily 'virtual' lists being created by the phone booking line and staff working from and accessing the virtual list from whichever site is closest to them (EWC, Pond street, Cardigan or Aberystwyth). Things that can continued to be managed remotely include:

- Repeat Pills (where there is an up to date BMI and BP this can also include the COCP and contraception patch)
- Management of asymptomatic Chlamydia
- Partner notification and contact tracing
- PrEP consultations, new and follow-up
- Ongoing management of PrEP can primarily be done remotely (where they are established and can access TAP for routine STI screening and HIV/STS and Hepatitis screen). Hospital prescriptions can be generated and faxed/posted for patient collection
- Sterilisation Clinic
- Menopause Clinic
- Psychosexual Clinic
- Gynae referral/redirection Clinic

**In order to reduce the ongoing cost of posting medications recorded, first class, the service can develop a 'Click and Collect' facility from the clinic locations for patients to use if able.**

#### **Booked Clinics**

Following telephone consultation and triage the following patients can be offered a booked slot at one of the open sites:

- All LARC procedures for those who are vulnerable or high risk of pregnancy on oral methods (eg. <25 years and patients who have previously had an abortion or pregnancy on a non-LARC method. Also, patients who are using enzyme inducers or teratogenic medications) Ensure a remote consultation has occurred in the first instance to minimise time in clinic
- All LARC methods where an initial consultation has been taken remotely and this is the patient choice following discussion and benefits outweigh risk to staff or patients in light of the guidance at that time
- Positive Gonorrhoea (GC) needing IM Ceftriaxone and swabs for microscopy, culture and sensitivities.
- Contacts of GC needing treatment as per BASHH guidance
- Examinations of patients identified from the Gynae redirection or Menopause remote Clinics
- Men who have sex with men (MSM) who need blood tests in order to start Pre-exposure Prophylaxis for HIV-PrEP (Ensure initial consultation has been done by phone in the first instance)
- Intrauterine System (IUS) for endometrial protection where an oral progesterone has been declined or not acceptable
- Problem LARC which need examination, Pelvic Pain, Testicular Pain and Symptomatic patients

#### **Actions to be discussed prior to 're-opening' of sites**

1. Identify a clinical site in Pembrokeshire, possible a north and south site
2. Review all clinic sites, their pros and cons,
3. Review need for clinical staff where and when (rota)
4. Review what "types" of clinics we need moving forward ie. procedure clinics
5. Review best practice that has occurred through CV-19 examples eg. Abortion services
6. Consider staff skills, and need for up-skilling and staff development and spreading responsibilities.

## COVID-19 COMMUNITY PREPAREDNESS

<b>DATE OF REPORT:</b>	01/04/2020
<b>TITLE OF REPORT:</b>	COVID-19 CONTINGENCY; Revised Hywel Dda UHB Community Nursing Service Specification (March 2020)
<b>REPORTING AUTHORS:</b>	Heads of Community Nursing (Carms, Pembs and Ceredigion)
<b>REPORTING OFFICER:</b>	Rhian Dawson, County Director – Carmarthenshire (Bronze Community Chair)

### 1. SITUATION

This report outlines reviewed community nursing service specification reviewed as core component of our preparedness for management of COVID-19 and associated business continuity planning / escalation process.

### 2. BACKGROUND

Given the current pressures facing our community services in light of COVID-19 and its predicted impact, the community Heads of Nursing have reviewed the existing community service specification. This review has allowed the identification and consideration of activities that need to be undertaken on an essential and non-critical basis during this unprecedented time. The review also provides guidance to teams on prioritisation and categorisation of their caseloads as outlined in our community nursing escalation policy and business continuity plans.

### 3. ASSESSMENT

Our proposed service specification in Appendix 1, outlines the activities which will be continued and those which we are recommending are temporarily discontinued.

In line with the recent updates from primary care regarding the role of General Medical Services (GMS) practice nurses, we are reassured to see that patients who are choosing to self-isolate will not be referred into community nursing teams acknowledging the current capacity constraints that exist within community nursing and which will undoubtedly increase in forthcoming weeks / months.

Community nurses will undertake daily caseload reviews of all patients and will review those patients who can be discharged or referred to other care providers. Community nursing teams have been asked to categorise patients using a Priority / Category 1-3 system (see Appendix 3) and identify those patients who are housebound, living in remote and difficult to access locations or with support and transport able to access relevant community clinics for their care and treatment. This will allow teams to prioritise their calls in the event of significant staffing



shortfalls and identify opportunities to provide care within alternative settings. Such settings may include the establishment of temporary clinics to separately treat patients depending on their risk presentation relating to COVID-19

### 3.1 Pre Screening

All patients requiring home visits or attending a community clinic will need to be screened (table 1 below) prior to being seen to identify those 'Red' patients who may be a higher risk to our staff. All current advice regarding Infection Prevention & Control (IP&C) and the appropriate use of Personal Protection Equipment (PPE) will be adhered to as per guidance from Public Health Wales (PHW).

<i>Has the patient or anyone within their home been confirmed as currently having the Covid19 Coronavirus?(within the last 14 days)</i>	<i>Has the patient or anyone within their home been advised to self-isolate or are pending test results for the presence of the Covid 19 Coronavirus?</i>	<i>Has the patient or anyone within their home have a travel history that matches Public Health England / Wales guidance?</i>	<i>Has the patient or anyone within their home knowingly been exposed within the past 2 weeks to a person confirmed to have Covid 19 Coronavirus?</i>
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Table 1. Screening Questions pre Visit

### 3.2 Community Clinics (Red and Green)

It is likely that there will be a cohort of patients who are able to attend a community clinic setting for the care that they usually receive at home with support from family and carers.

If patients are able to attend a clinic, we are proposing that the patient details are referred to a central point and the patient booked into a relevant Red or Green clinic depending on the outcome of their screening questions.

Conditions or activities which could be considered in a community clinic includes:

Wound Care; Minor injuries / Illnesses; Venepuncture; Daily / Routine medication administration (eg, B12 administrations); Bladder and Bowel Care;

This work is in the early stages and will need some additional scoping with the community teams to determine the potential for this.

### 3.3 Specialist Community Services; Clinical Nurse Specialist (CNS) teams

Additional discussions have also been had in relation to community clinical nurse specialists. Given that we recognise that all our CNS teams will need to support the wider community teams and the additional planned community bed provision, we have agreed that all CNS teams will be asked to review their caseloads, discharging or suspending all patients who do not need active intervention (eg, symptom control for crisis or decompensation) and ensuring that all routine clinics, visits and activities are immediately cancelled.

No new referrals will be taken aside from end of life palliative care patients who require symptom control management and all existing patients should be provided with a clear

management plan and self-management advice as well as appropriate rescue medications where clinically indicated.

### **3.4 Leg Ulcer Services**

All leg ulcer clinics are currently continuing to operate but on a reduced basis. Patients attending clinics should be screened on the morning of their appointment or the day before and patients identified as at risk or 'red' patients should be referred to a red leg ulcer clinic.

Clinic slots have been reduced to allow for more time between patients and increased cleaning practices as well as encouraging patients not to come into the clinic, but to wait in the car park until called. Where necessary, a review of the clinical management plan and dressings regimes will be reviewed to reduce the frequency of visits where possible.

All maintenance clinics have been discontinued and new referrals are currently not being accepted – this does include any requests for Doppler scans.

In line with a move to encourage patients and carers to manage low level and simple wounds, a patient information sheet is currently being developed

### **3.5 Contingency Planning**

All community nursing patients will need to have an identified contingency plan in the event that our community nursing teams are unable to continue to provide the essential core activity we have identified.

Discussions should be held with patients and their families to identify alternative models of care, for example, could care be provided by family or would the patient need to consider admission to a bedded facility to enable care to be delivered.

### **3.6 Communications**

Patient information leaflets need to be developed which can be utilised across the 3 counties to provide information and advice on the changes we are making to the core service as well as the potential for care delivery to discontinue.

## **4. RECOMMENDATIONS**

Community services are not currently in a position to accept or undertake any additional or new referrals or activity aside from that identified in Appendix 1. We particularly want to draw attention to discussions relating to patients who are usually not housebound and receive care in primary care but who are self-isolating on the advice of the Government. While we recognise that individuals may be reluctant to attend their usual place of care, community nursing services will not have the capacity or resource to pick up and provide care to this cohort of patients.

Additionally, again while we appreciate there is increasing demand on other services such as scheduled care and in particular Urology, community services do not currently have the capacity or resource to develop any new clinical pathways such as trial without catheters (TWOC).

This current interim guidance will be reviewed on a regular basis.

**Key decisions which need formal agreement:**

1. The recommendations relating to discontinuing non-essential care activities outlined in Appendix 1. are agreed.
2. Agreement is given that all patients who choose to self-isolate and are unwilling to attend their usual place of care are not referred or expected to be seen by community nursing teams
3. Agreement that the community nursing services are unable to provide any new service initiatives or accept work which is currently managed within other directorates such as scheduled care.
4. Agreement regarding the draft guidance to patients regarding self management of simple wound care
5. Development of a patient information leaflet / letter to inform the public regarding the changes we are making to the core service as well as the potential for some care to be discontinued (where safe and appropriate to do so).

## Appendix 1. Reviewed Community Nurse Specification

Activity	Continue	Discontinue
Venepuncture	<p>INR bloods for those patients already known to the service and having ongoing management of their INR by clinics or GP's</p> <p>Chemotherapy bloods</p> <p>Management and maintenance of central lines where alternative arrangements with other services such as community clinics and oncology day units are not possible</p> <p>Urgent bloods requested by GP for patients presenting with acute illnesses and requiring admission avoidance</p>	<p>Routine bloods for annual reviews or those for 6 monthly medication reviews</p> <p>New referrals for INR bloods</p> <p>New referrals for diagnostic bloods in response to visits by specialist services – these will need to be managed within the service requesting them.</p>
Wound Care (excluding Leg Ulcer Clinics)	<p>Complex wound care requiring multiple weekly or daily dressings to prevent clinical deterioration</p> <p>Post-operative wound care management where alternative arrangements, eg, practice nurses, community clinics are not possible and are time dependent (eg, removal of sutures)</p>	<p>Minor wounds which can be managed by patients, families and carers with self-care advice (see Appendix 1). For example, simple dry dressings.</p> <p>Routine weekend dressings for Primary Care – these will need to be managed within primary care services.</p>
Bladder and Bowel Care	<p>Routine 12 weekly urinary catheter changes which cannot be provided within an appropriate community clinic<sup>1</sup></p> <p>Acute management of catheter related complications, eg, blocked catheters.</p> <p>Ongoing and regular bowel care which cannot be delegated to carers, eg, Peristeen, Enemas</p>	<p>Routine bladder or bowel assessment or reassessments.</p> <p>New referrals from Urology for work which currently is provided within scheduled care services, eg, trial without catheters.</p>
Medications administration or support	Daily administration of medication to patients who are unable or unwilling to	Requests for medication prompts and reviews

<sup>1</sup> Community teams to be asked to review all patients due a routine urinary catheter change in the next 4 weeks and to consider bringing these changes forward to reduce demand on services in the next 4-6 weeks.

	be taught self-administration or which cannot be delegated to carers / family <sup>2</sup>	Routine 3 monthly injections (eg B12's, Flu)  Delivery of prescription or medications from pharmacies to patients homes
Equipment	Urgent referrals for equipment / assessment to support patients to remain at home which cannot be undertaken by alternative staff, eg OT's	Routine equipment checks / reviews
Palliative and End of Life Care	Care for terminally ill patients who require symptom control management, administration of medication via a syringe driver	
CHC / Social Care	CHC assessments would discontinue and the new guidance / process for CHC would be followed. Only a NNA would be required for urgent cases to ensure support to remain in the community	Routine CHC assessments will not currently be provided.  Patient support or routine visits

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<sup>2</sup> All patients who are discharged from acute hospital should have been offered or provided training on self-administration of medications including sub cutaneous injections such as Tinzaparin or Insulin and medications such as eye drops. All reasonable actions should be taken to find alternative methods to administration before referral to community nursing teams are made.

All existing patients on the caseload for medication administration as above should be asked whether they or their carers / families are able and willing to be trained to administer the medication where 3<sup>rd</sup> party delegation is a suitable alternative.

## Appendix 2.

Information Leaflet for patients and carers relating to simple wound care self management.

# Caring for your wound at home

## If you need to change your dressing

### You will need:

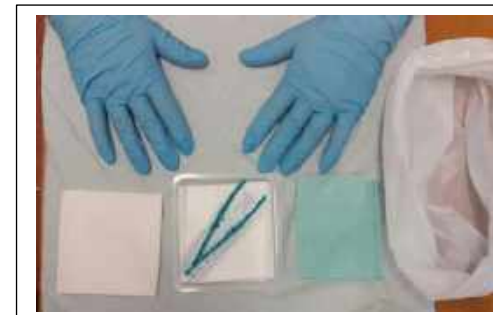
- Dressing pack - will include gloves, apron, gauze, tissue to dry and waste bag
- Wound dressings provided by nursing staff
- Running tap water is used to clean surrounding skin

### How to:

1. Wash hands thoroughly using soap, preferably liquid soap especially between fingers and palms of hands



2. Dry hands with a clean towel/kitchen roll
3. Open dressing pack
4. Open glove packet – and put them on your hands
5. Pick up the apron and put it on
6. Open the waste bag for dirty dressings
7. Open new wound dressings and put it on the clean area
8. Take the old dressing off your wound
9. If your dressing is stuck you might have to wet dressing with tap water to help remove it
10. Place dirty dressing into the bag provided
11. With your gloved hands gently wipe across the wound surface with the gauze in the pack. Wipe only once and then throw away, use another gauze swab if you need to wipe again.
12. Dry around the wound edge with the paper towel in your pack



**PLEASE READ BOTH SIDES OF THIS LEAFLET**

**LOOK at your wound for:**

- Redness to skin surrounding wound greater than 1 inch/ 2 cms
- Skin surrounding wound is warmer than normal to touch
- Wound has become painful
- Swelling and hardening of the the wound or surrounding skin or limb
- Increased wetness from wound
- Offensive smell
- Yellow or green pus
- If your wound looks worse or looks bigger or deeper

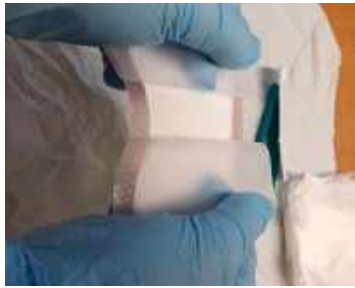
**Further:**

- If you may feel unwell in yourself
- Feel like you are going to vomit or experience vomiting
- Experience chills, you might be shivering and feel like you need to wrap up warm but be sweating with a high temperature.

**If you see any of the above in this box contact your District Nurse or GP by telephone to discuss.**

**Finally**

- Cover the wound with your new dressing and smooth down the edges



- Throw away the waste bag in your usual rubbish bin

### Appendix 3. Categorisation of patients

Priority / Category 1	Priority / Category 2	Priority / Category 3
<p>Patients within this category are those who will require urgent and same day clinical review and support. They will be those who are at high risk of harm or deterioration if face to face care is not maintained.</p>	<p>This group of patients may be at risk of harm or deterioration if care ceases but could either reduce the frequency of care or care, with appropriate training, could be handed over to another person or agency. They will not require same day visits and would be patients whose visits could be deferred / rolled over</p>	<p>These patients will be those deemed to be at lower risk of harm or whose care can be managed over the phone or handed over to another person or agency. These patients will not be prioritised on the caseload for visits.</p>



# Pembrokeshire Covid-19 Plan

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V13. 11<sup>TH</sup> MAY 2020

# 1. Helping Strong Communities

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# 1. Communities Hub

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Communities Hub managed by Pembrokeshire County Council to co-ordinate and mobilise community wellbeing and social support for population, particularly those more vulnerable and self isolating. Open 7 days per week, 9am-5pm Monday to Friday and 10am-2pm on weekends and bank holidays.

Telephone : 01437 776301

Email : [communitycovid19@pembrokeshire.gov.uk](mailto:communitycovid19@pembrokeshire.gov.uk)

Webpage : [www.pembrokeshire.gov.uk/coronavirus-covid-19-community-information/community-hub](http://www.pembrokeshire.gov.uk/coronavirus-covid-19-community-information/community-hub)

Look at the website first as it contains helpful information about some of the services available to people, as well as information such as local food businesses offering support / deliveries etc.

Will co-ordinate shielding response for support and food deliveries – 3800 in Pembrokeshire.

Individuals wanting to volunteer are being picked up by [volunteering@pavs.org.uk](mailto:volunteering@pavs.org.uk) – 550 so far

55 new community organisations offering support in communities have been supported with good practice guidance, policies and procedures through PAVS

# 1. Delta Connect

A flyer for Delta Connect, a telecare service. The top section is titled 'Supporting Independent Living' and describes the service as an enhanced lifeline/telecare combining pro-active call monitoring, response, and community-based support. Below this are six key features: Community (working together across the community), Options (identifying options available), Networks (creating a community belonging and combating loneliness), Empowerment (supporting self-management of long-term conditions, disability and frailty), Crisis (ensuring you receive the right support at the right time), and TEC (Technology Enabled Care) (using TEC packages tailored to your specific needs). At the bottom, there is contact information: phone number 0300 333 2222, social media handle @Deltawellbeing, and website Deltawellbeing.org.uk. The flyer features a photograph of an elderly couple smiling.

**Supporting Independent Living**  
CONNECT will provide an enhanced lifeline / telecare service combining pro-active call monitoring, response and community-based support.

**C**ommunity – Working together across the community with various support networks

**O**ptions – Identifying options available to suit your needs and circumstances

**N**etworks – Creating a community belonging and combating loneliness

**E**mpowerment – Supporting self-management of long-term conditions, disability and frailty

**C**risis – Ensuring you receive the right support at the right time when you need it

**T**EC (Technology Enabled Care) – Using TEC packages tailored to your specific needs to enhance safety and support independent living at home

For further information about the service and applicable charges please contact our friendly team on:

📞 0300 333 2222  
📱 @Deltawellbeing  
🌐 Deltawellbeing.org.uk

10 Wellbeing Officers in Place

Supporting through community based networks due to some constraints in the response arm at present

First Connect users have been signed up

Digital Connectedness pathway live this week

Agreement to broaden scope of people accessing lifeline -

- All 70+ following advice for self-isolate offered CONNECT
- All CDM caseload to be offered CONNECT
- Everyone supported by intermediate care or needing support on discharge to be offered CONNECT
- CONNECT to be offered where community services are having to withdraw or reduce service levels

## 2. Help to Help Yourself & Help Long Term

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## 2. Screening of Patients - GMS

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Primary Care providers including GP practices continue to offer advice and essential care to patients, much of this offered remotely on the phone, or through e-Consult and Attend Anywhere (or alternative video-conferencing software). Priority areas for workload include acute presentations (Covid and non-Covid), essential chronic conditions management, cancer care, palliative and End of Life care, medications, essential investigations, vaccination programmes for children and vulnerable patients, safeguarding and wound management.

Where a face-to-face consultation with a GP or other HCP is required, patients are screened before a booked attendance at the Practice or home visit. All Practices have a Red Zone in their own premises, or are buddying with a neighbour to provide this. In the event that any practices are unable to meet demand in their local Red Zone, an escalation plan has been developed for practices to centralise this function at Winch Lane Health Centre in Haverfordwest. If the patient is housebound and not able to travel, a home visiting service will operate.

# 2. Cluster projects

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## North Pembrokeshire Cluster (NP) & South Pembrokeshire Cluster (SP)

- **Workforce: Healthy Lifestyle Advisor Project (SP)**– Healthy Lifestyle Advisor is working in the Community Single Point Access Referral team. **Elderly Outreach Nurses (SP)**– One Elderly Outreach Nurse has been redeployed to support leg ulcer/wound care clinics, the other is continuing in role to support care homes remotely (working with PSF on care planning). Funding for PSF ACPs continuing. **Pharmacist (SP)** - focus on Respiratory, using national guidelines to identify high-risk asthma and COPD patients, and achieve optimal maintenance via management plans. NP Pharmacist continuing in practice-based role.
- **Advanced Paramedic Practitioner (NP)** – continuing to support practices with home visiting. **Physiotherapists (SP)**– providing remote triage and assessment for MSK
- **Pembrokeshire Counselling Service** – telephone service for support, advice and counselling continuing. Support for Young Persons Counselling in NP continuing.

## 2. Screening of Patients - Community

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Community Services are introducing screening of all patients prior to attendance or visit using the following 4 questions for consistency (these may evolve over time based on the most recent guidance) :

*1 – Has the patient or anyone within their home been confirmed as currently having the Covid19 Coronavirus?*

*2 – Has the patient or anyone within their home been advised to self-isolate or are pending test results for the presence of the Covid 19 Coronavirus?*

*3 – Has the patient or anyone within their home have a travel history that matches Public Health England guidance?*

*4 – Has the patient or anyone within their home knowingly been exposed within the past 2 weeks to a person confirmed to have Covid 19 Coronavirus?*

Where a patient is assessed as requiring face to face treatment or assessment they will be filtered into a “red” stream. Where a patient is mobile and can attend a clinic they will be signposted to a dedicated Red Community Clinic. If the patient is housebound and not able to travel a home visiting service will operate. All “green” patients will be seen in usual GP practices or in specified Green Community Clinics.



# 2. Community Nursing Caseload

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Reconfiguration of the community teams, including ART and Care at Home to ensure an integrated and stratified nursing response based on refined caseload and new assessed needs.

All patients on every caseload for district, clinic or specialist teams have been assessed as follows :

**Category 1** : Patients who are at high risk of harm or deterioration if face to face care is not maintained. **317 housebound/71 mobile**

**Category 2** : Patients who may be at risk of harm or deterioration if care ceases but could either reduce the frequency of care or care, with appropriate training, could be handed over to another person or agency. **469 housebound/158 mobile**

**Category 3** : Patients who are at lower risk of harm or whose care can be managed over the phone or handed over to another person or agency. **581 housebound/68 mobile**

Patients have also been assessed as to whether they are :

**Housebound** : not able to leave their home to attend a Community Clinic and therefore requires face to face care in their home – **1367 people**

**Mobile** : able to leave their home and attend a Community Clinic – **297 people**

**Remote** : live in a remote location which is difficult to access or more than 15 mins drive from the key community bases of : Haverfordwest, Milford Haven, Pembroke Dock or Narberth – **172 people**

## 2. Suspended Services

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**CNS Teams** : Routine assessments and medication titration clinics are currently suspended and non urgent new referrals are not being accepted onto caseloads. All existing patients are being provided with a clear management plan and self-management advice as well as appropriate rescue medications where clinically indicated to reduce unnecessary face to face contacts

**Leg Ulcer Service** : Minor wounds which can be managed by patients, families and carers with self-care advice (see Appendix 1). For example, simple dry dressings. Routine weekend dressings for Primary Care – these will need to be managed within primary care services.

**Venepuncture** : Routine bloods for annual reviews or those for 6 monthly medication reviews. New referrals for INR bloods. New referrals for diagnostic bloods in response to visits by specialist services – these will need to be managed within the service requesting them.

**Bladder & Bowel Care** : Routine bladder or bowel assessment or reassessments. New referrals from Urology for work which currently is provided within scheduled care services, eg, trial without catheters.

**Medication Administration / Support** : Requests for medication prompts and reviews. Routine 3 monthly injections (eg B12's, Flu). Delivery of prescription or medications from pharmacies to patients homes.

**Equipment** : Routine equipment checks / reviews.

**CHC / Social Care** : Routine CHC assessments will not currently be provided. Patient support or routine visits

## 2. Specialist Community Services

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**Palliative Care CNS Teams :** Routine referrals are not currently being accepted. Any patients with end of life palliative care needs and or who require symptom control management will continue to be supported through telephone contacts or by home visits when clinically indicated. All stable patients on the caseload are being provided with a clear advice and guidance on signposting and getting assistance when required. Considerations are underway to provide ongoing patient and carer/family support to patients through telehealth or virtual digital systems.

**Heart Failure and Long Term Conditions CNS Teams:** . Routine new referrals are not currently being accepted. Patients currently being accepted or seen include those requiring a rapid response / crisis response, who may be presenting with signs and symptoms of decompensation and / or at risk of further clinical deterioration, acute admission or crisis event

**Bladder & Bowel Care :** Routine bladder or bowel assessment or reassessments. New referrals from Urology for work which currently is provided within scheduled care services, eg, trial without catheters.

***All specialist CNS teams will continue to provide specialist advice and support to the intermediate care hub, primary care, acute care and community services and can be accessed through the Intermediate Care Hub***

## 2. Red & Green Clinics

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**Community clinics** will provide management and treatment for 'mobile ' category 1,2,3 patients from the District nursing caseloads.

Clinics are available to GP practices subject to cluster discussion and evolution of need – currently all practices offering segregated red and green clinics themselves or through a buddy system.

**We will be maintaining a red and green division for 12 x months in the following sites in a phased approach as demand dictates.**

**Red Community Clinic** : Currently 1 Red Clinic in Haverfordwest Health Centre

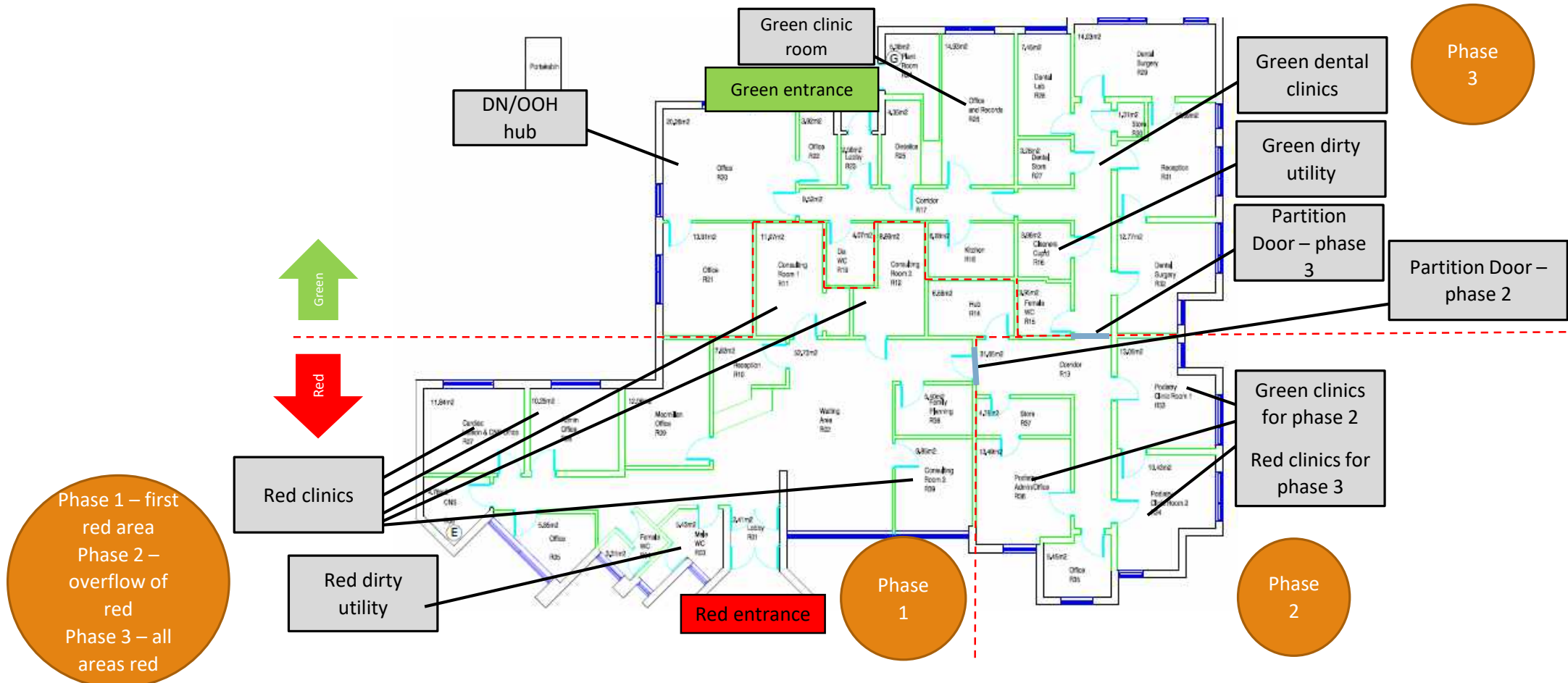
**Green Community Clinics** : Currently 1 Green Clinic in Tenby Cottage Hospital (WIC)

There is scope for other community based clinic / services as planning evolves- e.g. Severe Asthma Clinic (Pilot) 20/5/20 Tenby Cottage OPD

## 2. Red & Green Premises

Premises	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
Haverfordwest HC	2 areas - Red & Green	Whole site red			
Pembroke Dock HC	Green		Whole site red		
Tenby Cottage Hosp	Green			2 areas - Red & Green as per suggested floor plan.	Possibility for whole site red with separate access to office upstairs for district nurses etc
South Pems Hosp (NB: Sunderland Ward phased red/green and Cleddau Ward green)	Green		Green - decant Pemb Dock HC into SPH	Green – discussion required on decanting TCH green o/pt and therapy clinics to SPH	
Milford Haven HC	Green – opportunity to decant green services from H-west HC, Pemb dock HC and TCH to Milford HC				
Fishguard HC	Green				
Bro Preseli Community Resource Centre	Green				

# 2. Haverfordwest Health Centre



## 2. Community Nursing Hub

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The centralised Community Nursing Hub :

All referrals for District Nursing will be triaged and allocated to the appropriate team. Referrals will be treated as urgent and receive a same day response, non-urgent within 24 hours and routine in 48+ hours.

Co-ordinate existing caseloads to ensure appropriate care

Co-ordinate clinic activity

Manage patients care through red and green pathways

Co-ordinate virtual and outreach response to suspended or virtual patients

Deploy the right skills based on need to home visiting and community clinics – DNs, Specialist Nursing

Contact 01437 774337 or [communitynursinghub.hdd@wales.nhs.uk](mailto:communitynursinghub.hdd@wales.nhs.uk)

# 3. Help When you Need It

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# 3. Intermediate Care Hub / Single Point of Access

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The Hub brings together professionals working primarily with older adults into an integrated and co-located intermediate care team to ensure there is access to the right professional and/or service when it is most needed, helping users of the service to remain as independent as possible, delivery care in or close to peoples own home

*Currently operating 5 days a week, urgent referrals are taken by phone: **01437 773149** or **internal ext 3149** and non urgent referrals by email: **PICT.Pembs@wales.nhs.uk***

*The need for a 7 day service will be reviewed based on demand and staffing requirements, identified through ongoing and future scoping exercises*

## **This includes:**

- Preventing unnecessary acute hospital admission or premature admission to long term care
- Support timely transfer from hospital
- Promoting faster recovery from illness
- Supporting advanced care planning
- Triage and assessment of new referrals
- Deployment of response services
- Response for or escalation to WGH Blue Team (acute admission avoidance team)
- Working with WAST to set up clear pathways for direct access or referral via WGH Blue Team

# ICT, the first 5 weeks...

ICT Referrals Logged 01/04/2020 - 05/05/2020 by Day



Referred By:		Team(s) Required:	
Ward	28	MAST	25
A&E	26	Reablement	12
Blue Team	8	JDT	13
GP	7	ART	12
CNS	4	OT	11
SW	3	Physio	9
JDT	3	Not detailed	8
OT	3	FCT	4
DN	3	Falls	3
Not detailed	3	Care Agency	2
ART	3	Paul Satori	2
FCT	3	S Pembs	2
MAST	2	PIVOT	2
Paul Satori	2	ICT	3
CPN	1	CAH	1
ACDU	1	SW	1
Care Home	1	Rehab	1
Chemo Day	1	DN	1
Nursing Home	1		

Since relocating to County Hall, the Intermediate Care Team Hub have logged 103 referrals for various services

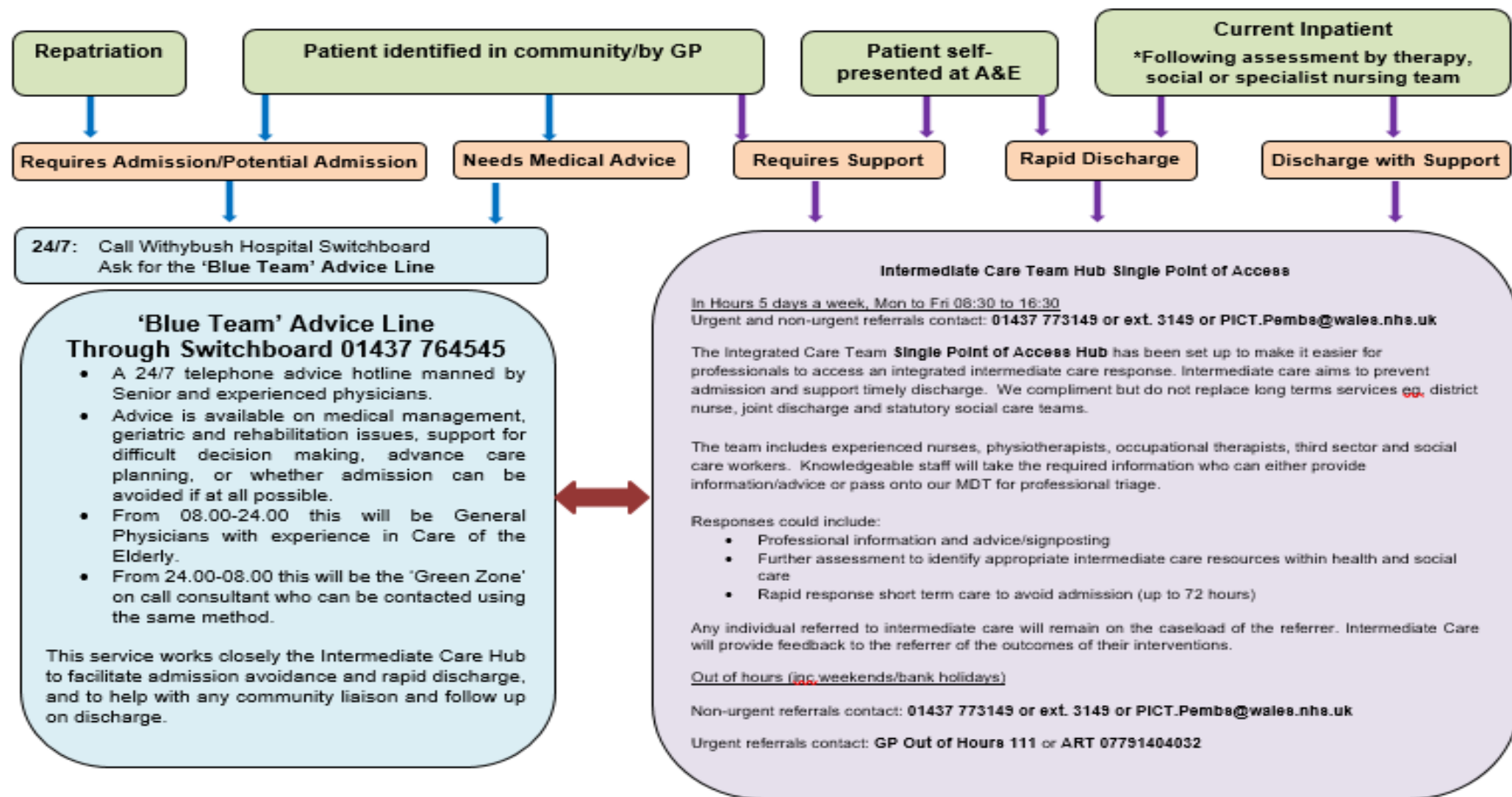
The referral log has since been reviewed and amended to reflect key data: Time in and out of the Hub, Outcome(24hours) (Admission Avoided, Discharge Facilitated and Patient Admitted) and Activity within 2 weeks following contact; this revised log will be used from Monday 11<sup>th</sup> May

An 'Advice and Inappropriate Referral' log has also been introduced alongside this to record the other work carried out by the team and to identify possible needs for further education about the service

# PREVENT ADMISSIONS & SUPPORT DISCHARGES

Version 4

Guidance to keep patients out of hospital while addressing their personal needs



# Services offered by the Single Point of Access (SPA)

## Acute Response Team (ART) and Care at Home Team (Nursing)

ART is available 24 hours a day 7 days a week and works outside of the hub core hours delivering care in the community, contact by phoning 01437 772374 or 07791404032.

- Short term Nursing Services which requires health interventions e.g. IV antibiotics, catheter care and palliative care.
- The ART team can sometimes provide a service to support individuals who require shorter term rehabilitation (2 weeks) or to bridge a gap in care until long term or reablement available depending on location, care needs and availability, 24 hours a day 7 days a week.

## Community Hub

- 1<sup>st</sup> Contact Team - Care in the Community and Social Workers
- Delta Wellbeing Workers, volunteers and voluntary groups

Telephone number 01437 776301, from 9-5 Monday to Friday

## PIVOT

PIVOT support workers (British Red Cross) provide a wide range of home-based support services (not personal care) e.g.:

- transport home from hospital and settling in - 7 days from 12pm - 17:30pm
- Small adaptations and repairs to the home such as rails/keysafe.
- Support with shopping and cleaning and prescription pick up

Telephone number 07969881985, 7 days a week, 8am - 10pm.

## Joint Discharge Team (JDT) – Hospital Based

The JDT is a multi-disciplinary health and social care team based at Withybush who facilitate discharge from the wards in complex cases. Contact via switch board in hospital 9-5pm, Monday to Friday.

Social services in community can be contacted via council on 01437 764551 Monday to Friday 9am-5pm or out of hours number 0300 3332222.

## Reablement

Short-term therapy to regain function to allow the person to remain at home (free service)

## MAST and Community Rapid Response

Intermediate Care Team includes District Nurse, Occupational Therapy and Physiotherapy. They can be accessed for a multifactorial assessment, to identify rehab input, or short term needs e.g. care, equipment, and review of blood pressure/bloods to prevent admission / readmission, whilst a patient has an acute period of need.

## Others Services

At this time of uncertainty, the Single Point of Access Hub can support patients by referring or coordinating with many other services and organisations, as required, across all sectors in Pembrokeshire.

# Pembrokeshire Covid Response

## Intermediate Care Team Hub Single Point of Access

In Hours 5 days a week, Mon to Fri 08:30 to 16:30

Urgent and non-urgent referrals contact: 01437 773149 or ext. 3149 or PICT.Pembs@wales.nhs.uk

The Integrated Care Team Single Point of Access Hub has been set up to make it easier for professionals to access an integrated intermediate care response. Intermediate care aims to prevent admission and support timely discharge. We compliment but do not replace long term services eg. district nurse, joint discharge and statutory social care teams.

The team includes experienced nurses, physiotherapists, occupational therapists, third sector and social care workers. Knowledgeable staff will take the required information who can either provide information/advice or pass onto our MDT for professional triage.

Responses could include:

- Professional information and advice/signposting
- Further assessment to identify appropriate intermediate care resources within health and social care
- Rapid response short term care to avoid admission (up to 72 hours)

Any individual referred to intermediate care will remain on the caseload of the referrer. Intermediate Care will provide feedback to the referrer of the outcomes of their interventions.

Out of hours (inc weekends/bank holidays)

Non-urgent referrals contact: 01437 773149 or ext. 3149 or PICT.Pembs@wales.nhs.uk

Urgent referrals contact: GP Out of Hours 111 or ART 07791404032

## 'Blue Team' Line

Through Switchboard 01437 764545 (ask for Blue Team on call)

Accessible to including GPs, WAST, A&E and Care Homes or any professional colleagues for advice or 'people who you think may need to attend hospital or who may require admission'

- A 24/7 telephone advice hotline manned by Senior and experienced physicians.
- Advice is available on medical management, Care of the Elderly and rehabilitation issues, support for difficult decision making, advance care planning, or whether admission can be avoided if at all possible.
- From 08.00-24.00 this will be General Physicians with experience in Care of the Elderly.
- From 24.00-08.00 this will be the 'Green Zone' on call consultant who can be contacted using the same method.

This service works closely the Intermediate Care Hub to facilitate admission avoidance and rapid discharge, and to help with any community liaison and follow up on discharge.

## Pembrokeshire District Nursing Hub

Tel. 01437 774337 email: [communitynursinghub@wales.nhs.uk](mailto:communitynursinghub@wales.nhs.uk)

Operating 7 days a week, 08:00 to 18:00

Urgent and Non-urgent referrals:

- All referrals for District Nursing will be triaged and allocated to the appropriate team. Referrals will be triaged as: urgent and receive a same day response, non-urgent within 24 hours and routine in 48+ hours.
- District nurses provide:
  - Nursing Needs Assessments
  - complex wound care,
  - bladder and bowel care,
  - medications administration and support,
  - equipment for patients to stay at home (via SHAPES),
  - palliative care and end of life care
  - venepuncture,
- Referrals for community clinics eg. Leg Ulcer/Complex wounds, Catheters

Please note: Delivery of nursing care within the hours 09:00 to 17:00

Click [here](#) for DN referral form and email to [communitynursinghub@wales.nhs.uk](mailto:communitynursinghub@wales.nhs.uk)

## Specialist Palliative Care Advice Line

Through Switchboard 01437 764545 (ask for Specialist Palliative Care)

Accessible to any professional colleagues seeking specialist palliative care advice, including GPs, WAST, hospital staff. If following discussion, there is a request for admission, this will need to go to the Blue Team.

In hours Monday to Friday 09:00 to 17:00

Contact: Follow current pathway or usual contact

Out of hours and Saturday and Sunday

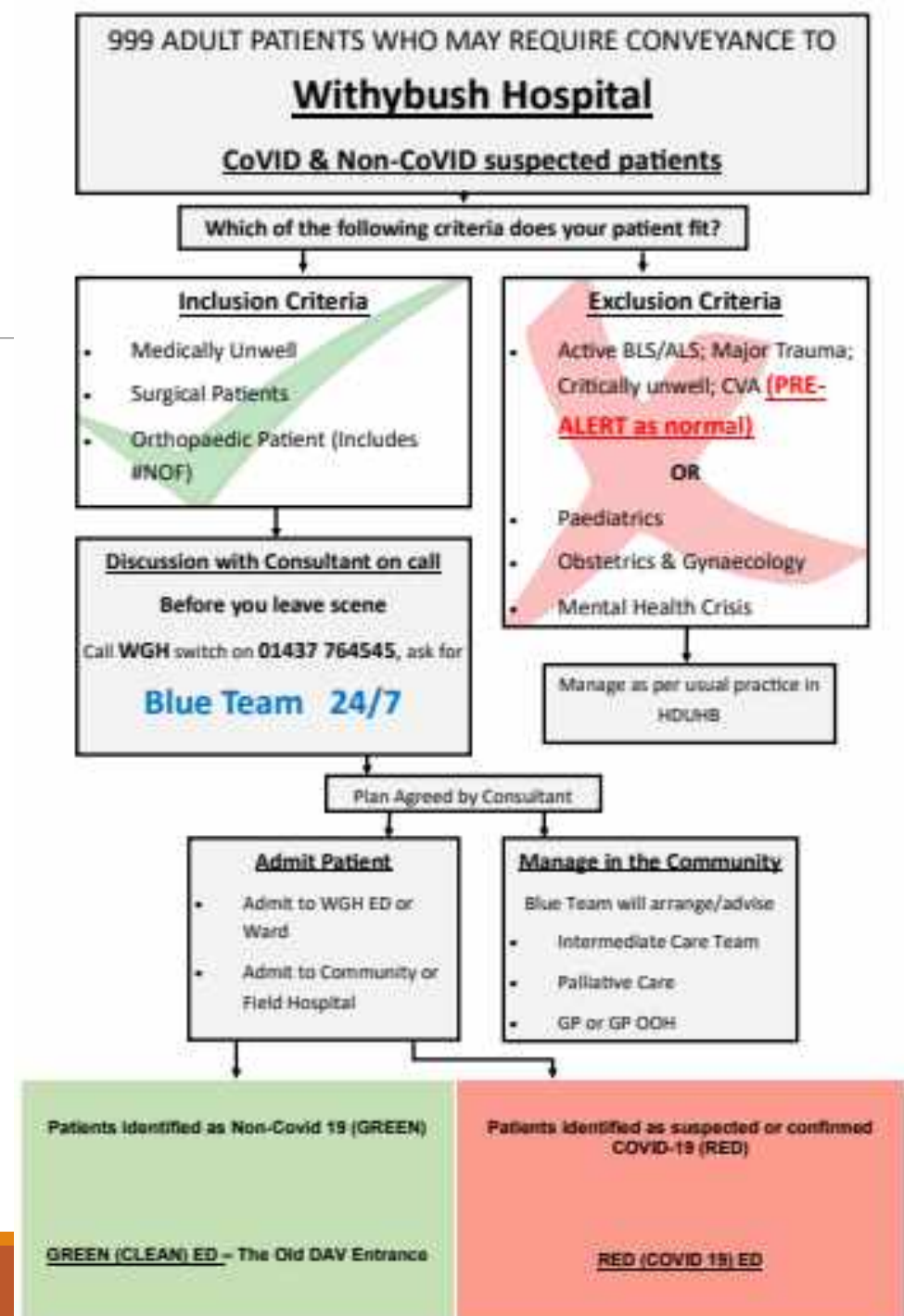
Contact: 01437 764545

A CNS is available 9-5 Saturday and Sunday

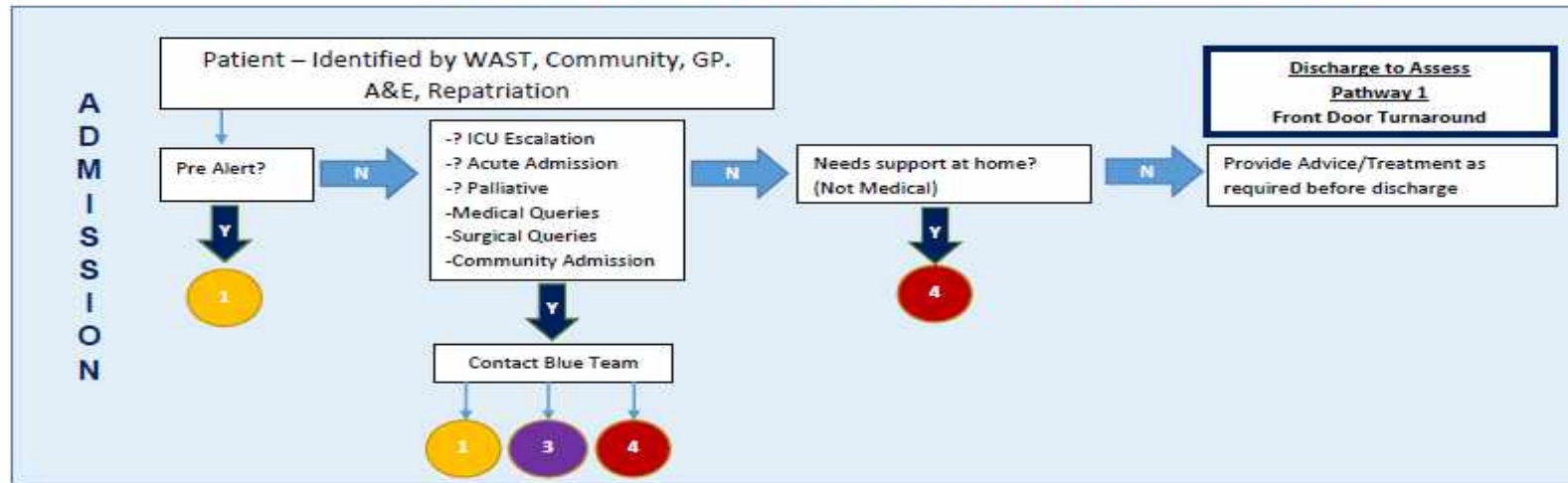
A consultant in Palliative Medicine is available for advice 24/7

May include recommendation to liaise direct, if necessary, with Community District Nursing Hub, ART and Paul Satori

# WAST Pathway



# PEMBROKESHIRE PATIENT FLOW



1) Acute Admission – Hospital Site  
Withybush Hospital: 01437 764545  
*\*TO EMBED INFORMATION DOCUMENT WHEN AGREED\**

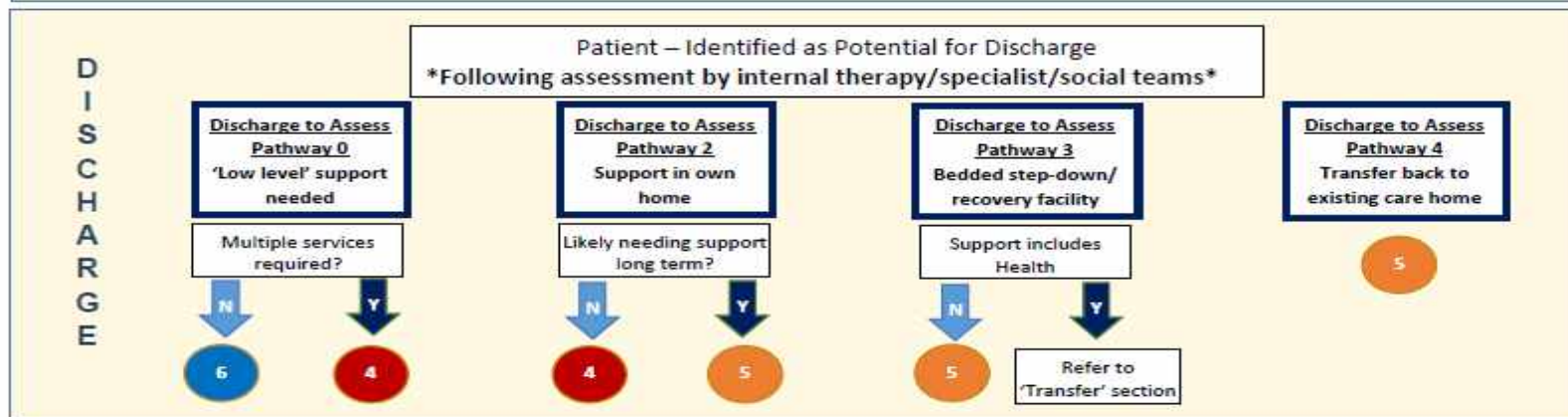
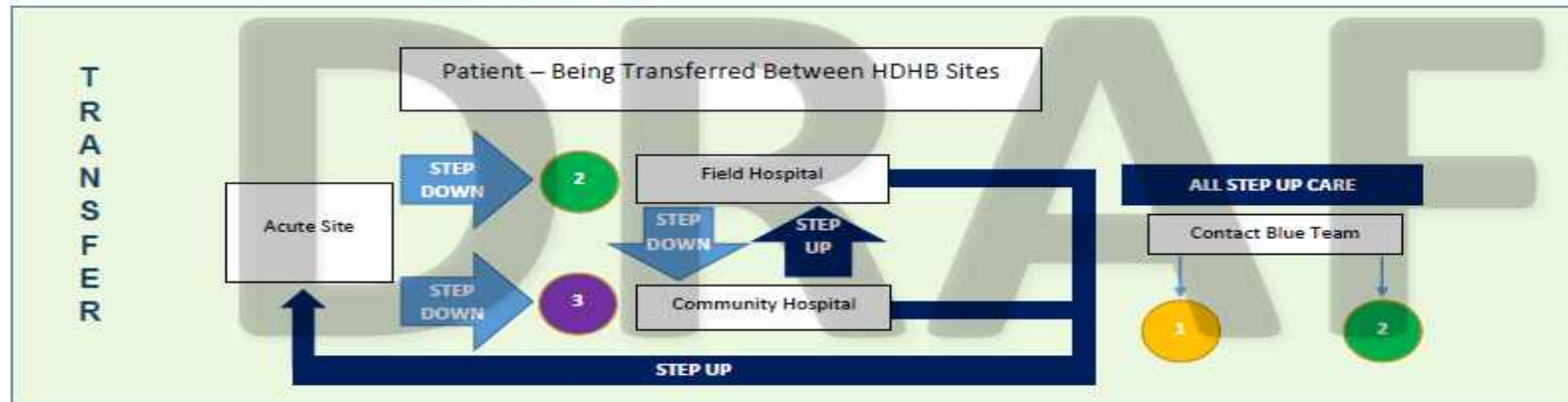
2) Acute Admission – Field Site  
Contact Details – WHEN CONFIRMED  
*\*TO EMBED INFORMATION DOCUMENT WHEN AGREED\**

3) Community Hospital Admission  
Contact Details – DIRECT LINE NUMBER???  
*\*TO EMBED REFERRAL DOCUMENTS\**  
*\*TO EMBED INFORMATION DOCUMENT WHEN AGREED\**

4) Referral to ICT  
ICT Hub: 01437 773149  
*\*TO EMBED REFERRAL DOCUMENT\**  
*\*TO EMBED INFORMATION DOCUMENT WHEN AGREED\**

5) Referral to JDT/DLNs  
Contact via Withybush Hospital Switch: 01437 764545  
*\*TO EMBED INFORMATION DOCUMENT WHEN AGREED\**

6) Referral to PIVOT  
PIVOT: 07969881985  
*\*TO EMBED INFORMATION DOCUMENT WHEN AGREED\**



# PEMBROKESHIRE FLOW CONTACTS

Version 6 - 30.04.2020

## ADMISSION

Contact with Patient	Patient Status	First Contact			Criteria/Notes
		Acute Site Team	Blue Team	ICT Hub	
WAST	Pre-Alert	✓			Criteria below Reference - 1)
	? ICU Escalation		✓		
	? Acute Admission		✓		Criteria below Reference - 2)
	? Palliative Surgical Query		✓		
	Medical Queries		✓		
	? Step-up (Non-Acute Admission)		✓		Criteria below Reference - 3)
Support at Home (Not medical)				✓	
Community/GP	? Acute Admission		✓		Criteria below Reference - 2)
	? Step-up (Non-Acute Admission)		✓		Criteria below Reference - 3)
	Medical Queries Support at Home (Not medical)		✓		
A&E	? Acute Admission	✓			Criteria below Reference - 2)
	? Step-up (Non-Acute Admission)		✓		Criteria below Reference - 3)
	Support at Home (Not medical)			✓	
Repatriation	Any		✓		If additional support is required (e.g. Neuro Rehab) then Blue Team will pass on to relevant team

## TRANSFER

Transferred From:	Transferred to:	First Contact		REQUIREMENTS
		Acute Site Team	Community Site Team	
Acute Site (RED & GREEN)	StepDown - Field Hospital (R)	✓		? <u>Standard Documentation for all Transfers</u> ? <u>Field hospital status - StepUp/StepDown</u>
	StepDown - Community Hospital (R or G)		✓	Criteria below Reference - 3)
Field Hospital (RED)	StepUp - Acute Site (R or G)	✓		Criteria below Reference - 2)
	StepDown - Community Hospital (R or G)	✓	✓	Criteria below Reference - 3)
Community Hospital (RED OR GREEN)	StepUp - Acute Site (R or G)	✓		Criteria below Reference - 2)
	StepUp - Field Hospital (R)	✓		? <u>As above</u>

## DISCHARGE

Discharged From:	Discharged to:	Contact Teams		REQUIREMENTS
		ICT Hub	DLN/JDT	
Acute Site (RED & GREEN)	Home - Discharge to Assess	✓		
	Care/Residential Home		✓	"Assurance" Form : 
	Home		✓	
Field Hospital (RED)	Home - Discharge to Assess	✓		
	Care/Residential Home		✓	"Assurance" Form (as above)
	Home		✓	
Community Hospital (RED OR GREEN)	Home - Discharge to Assess	✓		
	Care/Residential Home		✓	"Assurance" Form (as above)
	Home		✓	

### 1) Medical Pre-Alert Criteria:

- Airway compromise
- Severe breathlessness/distress
- Failing ventilation
- Severe haemorrhage
- Circulatory collapse and shock due to infection
- Cardiac chest pain
- Cardiac patient with any ST elevation indicative of an acute myocardial infarction
- Cardiogenic shock
- Severe Hypotension due to bradycardia or extreme tachycardia
- Anaphylaxis
- Unconsciousness
- Status epilepticus
- Any other condition giving the attending staff cause for concern

### 2) Acute Care Criteria:

- Requiring ITU or HDU care
- Requiring oxygen therapy/NIV
- Requiring intravenous fluids
- NEWS2 > 3 (clinical judgement required in patients with AF &/or chronic respiratory disease)
- Diminished level of consciousness where recover realistic
- Acute functional impairment in excess of home/community care provision
- Last hours of life
- Requiring intravenous medication > b.d. (including analgesia)
- Undergone lower limb surgery within 48hrs
- Undergone thorax-abdominal/pelvic surgery within 72 hrs
- Within 24hrs of an invasive procedure (with attendant risk of acute life threatening deterioration)

### 3) Pembrokeshire Community Hospitals Admission Criteria:

End of Life palliative care patients	Recovery and/or acute admission prevention Patients	Rehabilitation Patients
Patients transferring from the acute hospital or admitted directly from the community that are deemed to be entering the terminal phase where care is not able to be provided within their own home	Patients admitted via community or stepping down from the acute hospital requiring acute care interventions, nursing and therapy needs to enable treatment and recovery.	Patients with ongoing active therapy and rehabilitation needs required to regain previous level of function or to improve function to a therapeutic level to support discharge home.
Covid positive - Sunderland Covid negative - Cleddau & Tenby	Covid positive - Sunderland Covid negative - Cleddau	Covid positive - Sunderland Covid negative - Cleddau & Tenby
Prior to transfer the patient and their family have been made aware that they are dying and all reversible causes of deterioration will have been excluded. Resuscitation would have been discussed and a DNACPR form would be in place.	Patients may require supplementary Oxygen, IV therapy, monitoring and observations documented in a care plan.	Patients would need to have a clear rehabilitation goal and be accepted by the lead therapist and MDT.

### Exclusions

Covid-19 patients requiring discharge planning with no clear nursing or therapy needs and capacity available at WGH – Home First principles must apply.  
SPH may consider patients who do not have a nursing or therapy need but require social care or bridging care to enable them to return home and there are no available services to ensure a safe discharge home, when WGH has limited bed capacity.

### Admission Process

Ward capacity will be communicated to the Withybush Site Team each morning.

From secondary or tertiary hospitals co-ordinated by the Withybush Site Team – Handover Form to be emailed to the ward .....@wales.nhs.uk

From the community co-ordinated by contacting the Withybush Blue Team – Handover Form will need to be completed as above.



# Discharge Pathways (1)

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- *An asymptomatic patient ready to be discharged back to the home who is confirmed COVID +ve on their discharge COVID test*
- *A symptomatic or COVID +ve patient who is, nonetheless, suitable for discharge and will be subject to the same arrangements*
- *An asymptomatic patient ready to be discharged back to the home but is confirmed COVID -ve on their discharge COVID test – bearing in mind this does not confirm their COVID status and therefore requires 14 day period of quarantine (I am interpreting this (as is CCC) as all patients who have received hospital stay > 12 hours.*
- *A patient who is confirmed –ve following +ve screen previously*

# Discharge Pathways (2)

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**Simple Discharge** – no support – to be co-ordinated by ward staff

**Third Sector Support** – Intermediate Care Hub co-ordination following notification by ward at board round / phone referral

**Front Door Turnaround** – Blue Team and Intermediate Care Hub

- Communities Hub for ongoing support where appropriate
- Rapid support capacity from response team
- Longer term assessment and planning – social care / LTCT

**Discharge to Recover then Assess / Palliative in person's own home** – Intermediate Care Hub to co-ordinate

- Communities Hub for ongoing support where appropriate including food / medicine deliveries
- Paul Sartori for home based palliation
- Rapid support capacity from response team
- Longer term assessment and planning – social care / LTCT
- Red patient who needs Dom Care – potential for Silverdale (15 beds) until no longer infectious

# Discharge Pathways (3)

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**Discharge to recover the Assess / Palliative in “step down” facility** – South Pembs Hospital / Field Hospital pathway – WGH site team to liaise with receiving unit to accept handover.

- Target appropriate transfers only based on patient profile of unit
- Home first should apply where appropriate – transfers to be avoided for discharge planning

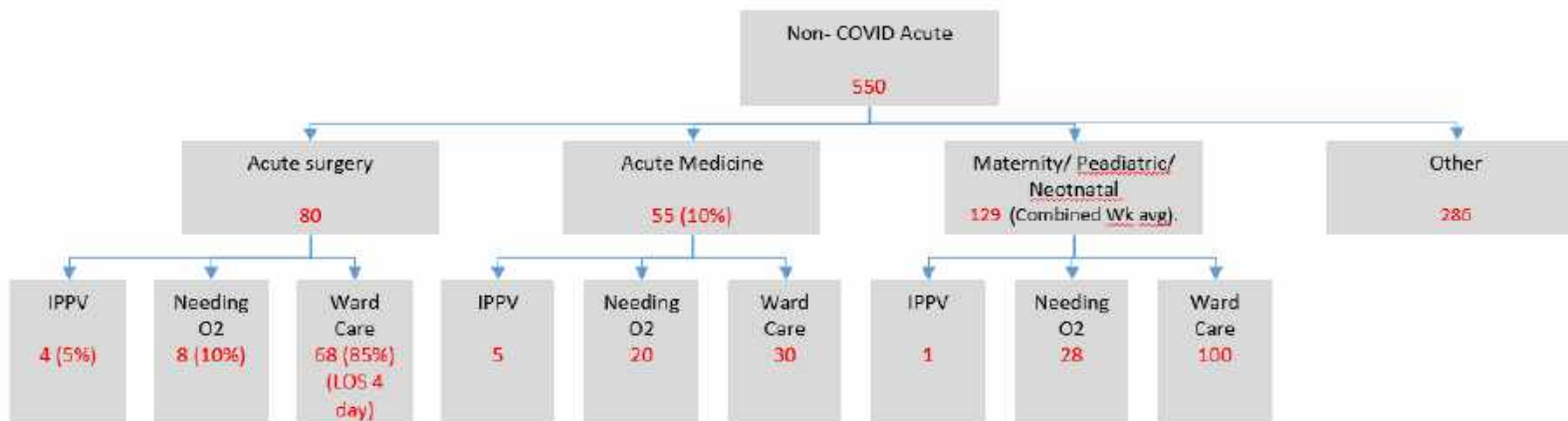
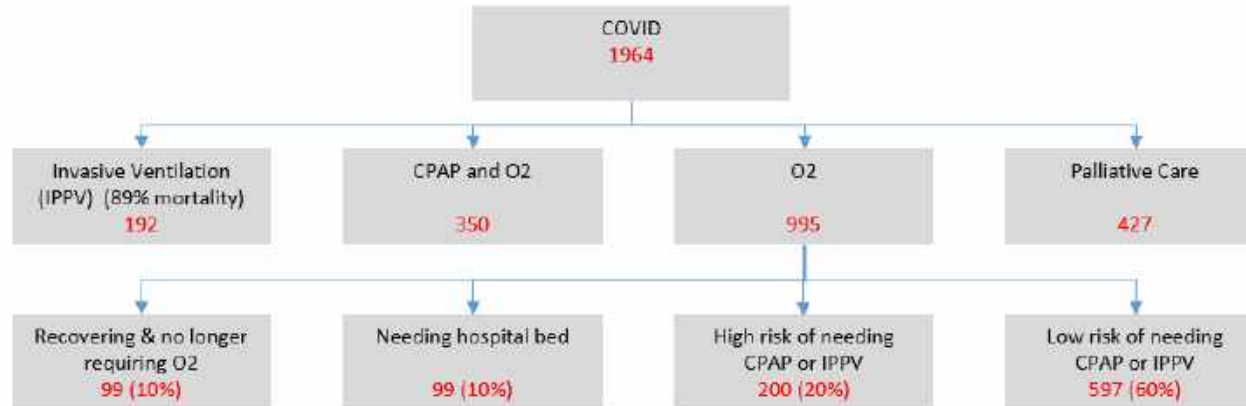
**Discharge to recover then Assess / Palliative in person’s existing care home** - Intermediate Care Hub linking with LTCT and LA Brokerage

- Paul Sartori for home based palliation
- Rapid support capacity from response team
- Red patient whose existing home will not accept until no longer infectious – Martello House (8 beds subject to staffing)
- Red patients whose existing nursing home will not accept until no longer infectious – consider SPH / Field Hospital

# 4. Help in Hospital

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# 4. Expected demand (v1 March 2020)

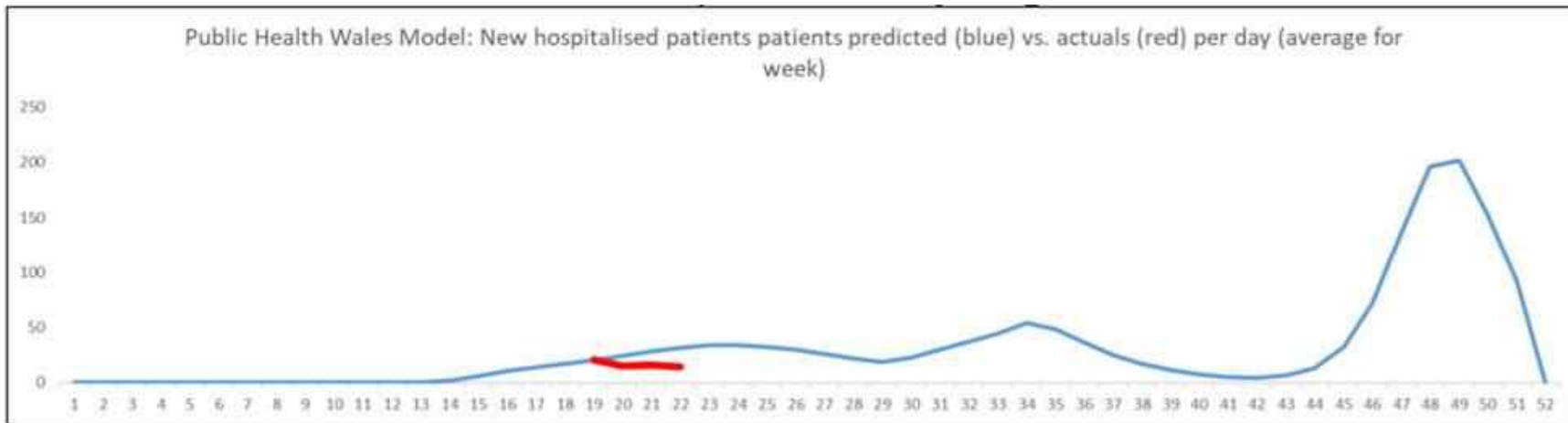


This was based on initial modelling from PHW indicating a high peak in May. This modelling has now been superseded.

It was on this basis that Ysbyty Carreg Las and Cleddau Ward (158 beds) were commissioned.

# 4. Expected demand (v2 April 2020)

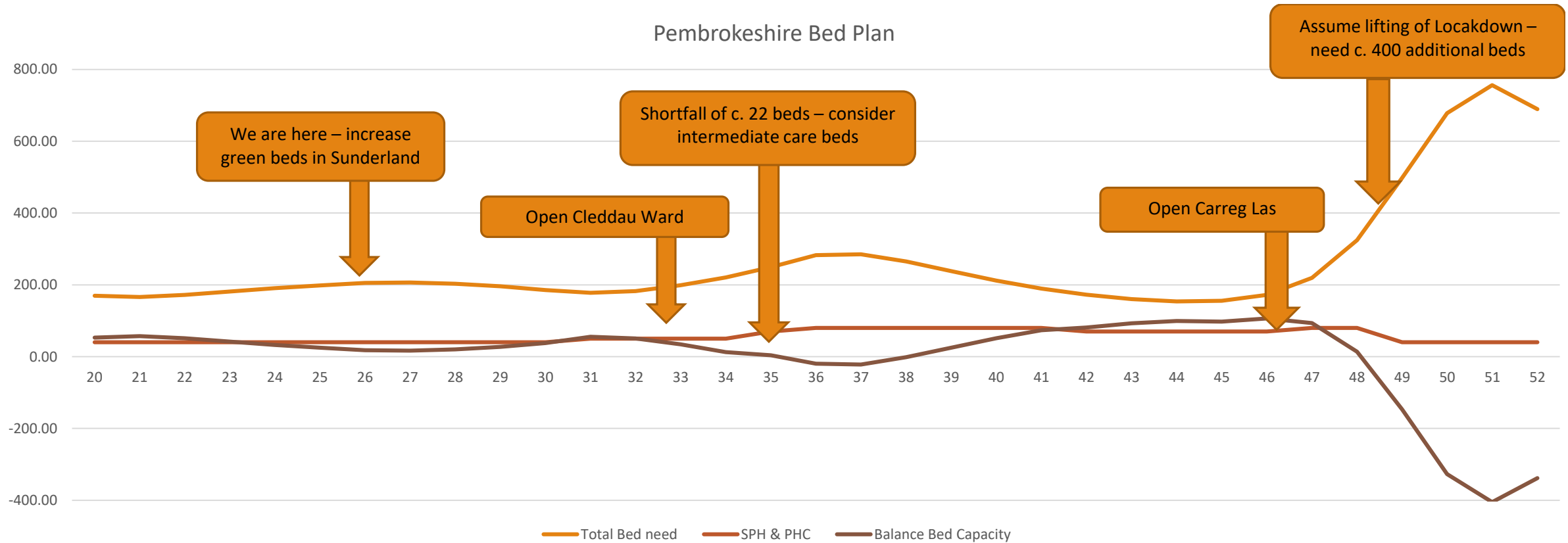
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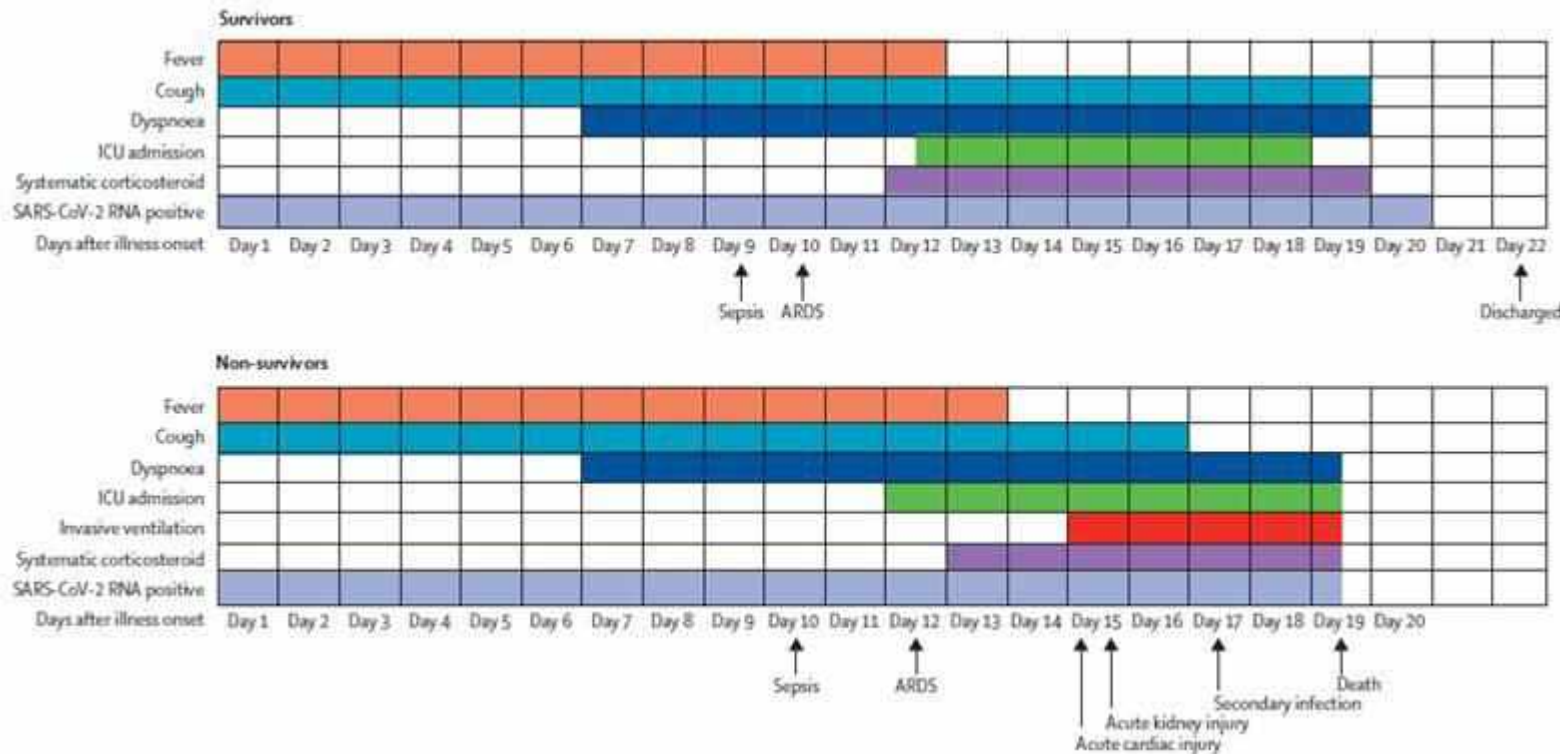
New information indicates a series of smaller peaks.

The final large peak is on the basis of removal of Lockdown rules leading to a large increase in covid cases within the population.

# 4. Pembrokeshire Bed Model - draft



# 4. Potential disease progression (Lancet)



Younger patients are more likely to survive  
 Older patients – particularly those with multiple co-morbidities who require oxygen are less likely to survive

- ICU LOS = 8 days – 12 days** after onset of symptoms
- Total acute hospital LOS = 11 days** (i.e. 9 days in community with potential primary & community support before admission)
- Total period of illness for those admitted : 21 days**
- Duration of viral shedding following onset of symptoms = 20 days**



#### Level 4

**Secondary care intervention** for patients needing a higher level of care, requiring respiratory invasive or non-invasive intervention i.e. ventilation (Oxygen / CPAP). Secondary Care intervention for patients with additional complex comorbidities and other acute non-covid-19 related diagnosis.

- Withybush Hospital – 238 Beds – Covid and Non-Covid Wards

#### Level 3

**High Risk/Supportive Palliative Care** - Patients who require secondary care intervention and whose needs would normally be met in an acute hospital setting, with additional comorbidities, requiring IV therapy, Oxygen therapy. Patients may escalate to an acute setting/ palliative care depending Advanced Care Plan (30%).

- South Pembrokeshire Hospital
- 4 Beds Sunderland Ward – Covid
- 6 Beds Sunderland Ward – Non-Covid

#### Level 2

**Medium risk** - Patients who require secondary care intervention and whose needs would normally be met on an acute ward in an acute hospital setting. Patients may require minimal supplementary oxygen, will require observations and likely to have additional comorbidities but no longer needing higher levels of care (15%).

- South Pembrokeshire Hospital
- 20 Beds Sunderland Ward – Covid

#### Level 1

**Low risk** - Patients whose needs would normally be met on an acute ward in an acute hospital setting. Patients will need low level observation. Patients may require additional support for example, cognitive impairment, minimal oral medication (55%).

- Ysbyty Enfys Carreg Las – 128 Beds Covid
- South Pembrokeshire Hospital
- 10 Beds Sunderland Ward – Non Covid
- 30 beds Cleddau Ward – Non-Covid
- Tenby Cottage Ward – 10 Beds Non-Covid

#### Level 0

People able to recover in their own home/ care home / nursing home

- Hillside -
- Havenhurst -
- Parc Y Llyn Squirrels – 6 beds
- Torrestin – 6 Beds
- Martello House – 8 Beds
- Silverdale Lodge – 21 Beds
- Intermediate Care Capacity - Reablement, Bridging, Acute Response, Care at Home

## Phase 1

- Beds : Discharging all potential patients home and reconfiguration of existing and future ward space
- Workforce : Recruitment and deployment of staff based on risk factors, skillset and future need

## Phase 2

- Beds : Cohorting patients into Red and Green space in WGH, SPH & PHC
- Workforce : On boarding and training of staff into new or extended scope roles focusing on staffing WGH, SPH & Intermediate Care. Deploy bridging care capacity to support flow and protect social care provision.

## Phase 3

- Beds : Opening 30 extra beds in SPH, use of Silverdale Lodge for bridging social care patients
- Workforce : Reviewing existing recruitment and staffing of open space including training and capacity for Phase 4 & 5 beds. Consider bridging care demand and recruit additional as identified.

## Phase 4

- Beds : Opening initial 50 beds in Bluestone, use of Martello House as an extension of SPH workforce to bridge residential and nursing home patients
- Workforce : Deploy staff to new facilities opening and review staffing ratios for registrants based on patient profile and resource availability. Targeted recruitment for identified gaps in Phase 5.

## Phase 5

- Beds : Open, in cohorts of 25 beds, Bluestone up to capacity of 128 beds
- Workforce : Deploy additional workforce to newly opened beds and review staffing ratios for all beds in system.

# 4. Withybush – Current Status

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## **Phase 1 :**

Decant Wards 1 & 4\* (60 beds)

Establish streaming system for all unscheduled ambulatory presentations, to be undertaken in a newly erected dedicated tent external to the Emergency Department (ED)

Convert existing Pre-Operative Assessment Area into a Minor Injuries Unit (MIU)

Convert existing Puffin Paediatric Ambulatory Care Unit into a Non Covid (Green) ED / Ambulatory Emergency Care Unit

Divide Resus area in existing ED into Covid (Red) & Non Covid (Green) areas

Prepare DSU for 24/7 inpatient care provision 7 days per week

## **Phase 2 :**

Decant Wards 3&12 (56 beds)

Decant Ward 11 and prepare as second CPAP area (21 beds)

Divert stroke pathway to CCU

Complete Ward 10 refurbishment and relocate Ward 10 from Ward 9

Commission Ward 9 to be available as a medical ward, potentially end of life (14 beds)

# 4. Withybush – Future Escalation

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**Phase 3 :** Decant Ward 10 (16 beds)

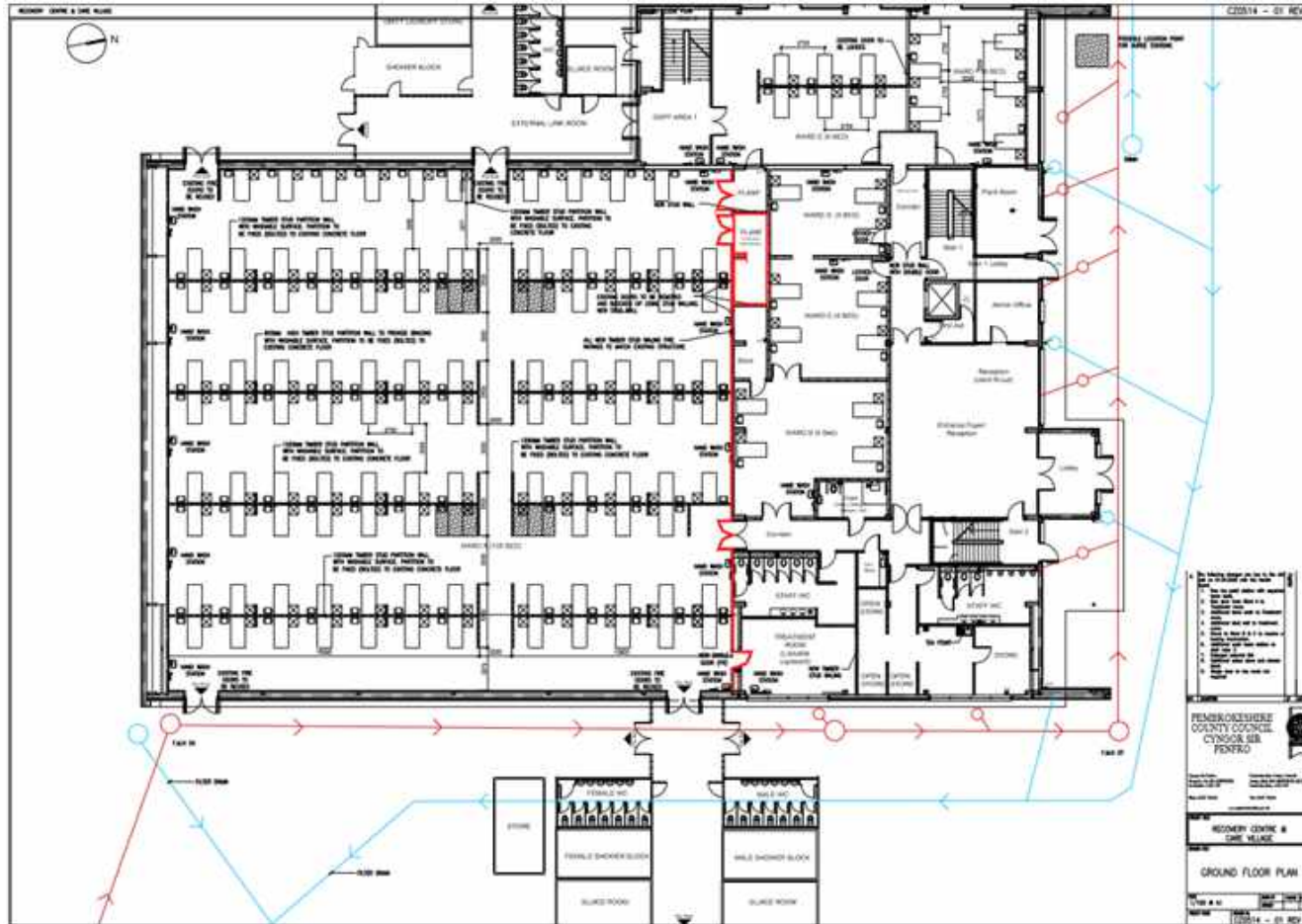
**Phase 4 :** Decant Ward 7 (28beds)

**Phase 5 :** Open Ward 9 (14 beds)

**Phase 6 :** Decant Ward 8/CCU (16 beds) & Discharge at risk

**Phase 7 :** COVID full hospital

# 4. Field Hospital – Ysbyty Carreg Las



- 128 beds to be commissioned from Bluestone
- Building handover 14.4.20
- Commissioning to commenced 16.4.20
- Oxygen and End of Life patients to be prioritised first to Sunderland Ward

# 4. Community Hospital Beds – Current Status

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## **Phase 1 :**

Development of Area 1 on Sunderland Ward to a COVID area by 14<sup>th</sup> April 2020

Handover of all social patients and escalation for packages of care

- Ring fence all discharged beds from w/e 3<sup>rd</sup> April 2020
- Arrange additional storage / medicines and equipment provision
- Development of clean / donning and doffing zones for staff

Development of 30 additional bedded ward in South Pembs Hospital (Cleddau Ward) by 4<sup>th</sup> May 2020

Identification of staff groups (low and high risk groups/staff for redeployment/staff for shielding) by 10<sup>th</sup> April 2020

Identification of training needs for redeployed staff and organisation of training days by 10<sup>th</sup> April 2020

Training for Sunderland Ward based staff on IV medications / fluids / antibiotics to increase potential acuity for ward

## **Phase 2 :**

Begin admission of COVID positive patients to Area 1, Sunderland Ward from WGH / Community from 24<sup>th</sup> April 2020

Development of staff rota for Cleddau Ward commencing from 27<sup>st</sup> April 2020

Further development of COVID positive zones on Sunderland Ward in Area 2, extending to Area 3 as necessary.

# Pembrokeshire Community Hospitals General Admission Criteria

<p><b>End of Life palliative care patients</b> Patients transferring from the acute hospital or admitted directly from the community that are deemed to be entering the terminal phase where care is not able to be provided within their own home</p>	<p><b>Recovery and/or acute admission prevention Patients</b> Patients admitted via community or stepping down from the acute hospital requiring acute care interventions, nursing and therapy needs to enable treatment and recovery.</p>	<p><b>Rehabilitation Patients</b> Patients with ongoing active therapy and rehabilitation needs required to regain previous level of function or to improve function to a therapeutic level to support discharge home.</p>
<p><b>Covid positive - Sunderland Covid negative – Cleddau &amp; Tenby</b></p>	<p><b>Covid positive – Sunderland Covid negative – Cleddau</b></p>	<p><b>Covid positive – Sunderland Covid negative – Cleddau &amp; Tenby</b></p>
<p>Prior to transfer the patient and their family have been made aware that they are dying and all reversible causes of deterioration will have been excluded.</p> <p>Resuscitation would have been discussed and a DNACPR form would be in place.</p>	<p>Patients may require supplementary Oxygen, IV therapy, monitoring and observations documented in a care plan.</p>	<p>Patients would need to have a clear rehabilitation goal and be accepted by the lead therapist and MDT.</p>

## Exclusions

Covid-19 patients requiring discharge planning with no clear nursing or therapy needs and capacity available at WGH – Home First principles must apply.  
*SPH may consider patients who do not have a nursing or therapy need but require social care or bridging care to enable them to return home and there are no available services to ensure a safe discharge home, when WGH has limited bed capacity.*

## Admission Process

Ward capacity will be communicated to the Witybush Site Team each morning.  
From secondary or tertiary hospitals co-ordinated by the Witybush Site Team – Handover Form to be emailed to the ward ..... @wales.nhs.uk  
From the community co-ordinated by contacting the Witybush Blue Team – Handover Form will need to be completed as above.

# Admission checklist for end of life palliative care

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DNACPR form in place

Current completed medication chart and medications

Management plan and ceiling of treatment clearly identified

Care decisions pathway commenced if appropriate

Medical notes

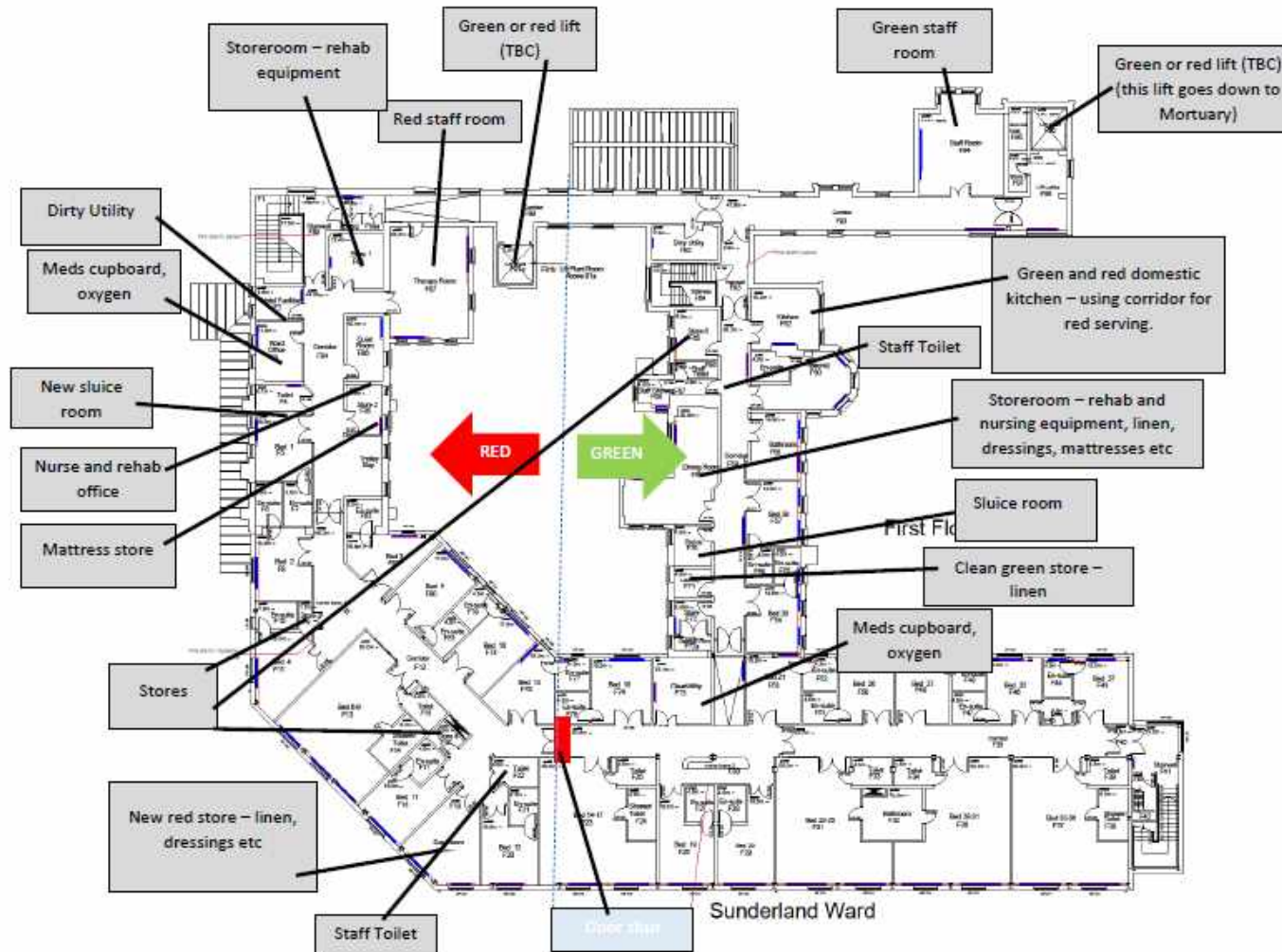
Nursing Transfer of care document

If the patient is transferring from secondary or tertiary care the senior clinician will write in the medical notes that this is an admission for end of life care, all reversible causes have been excluded therefore further admission to acute services will not be required.

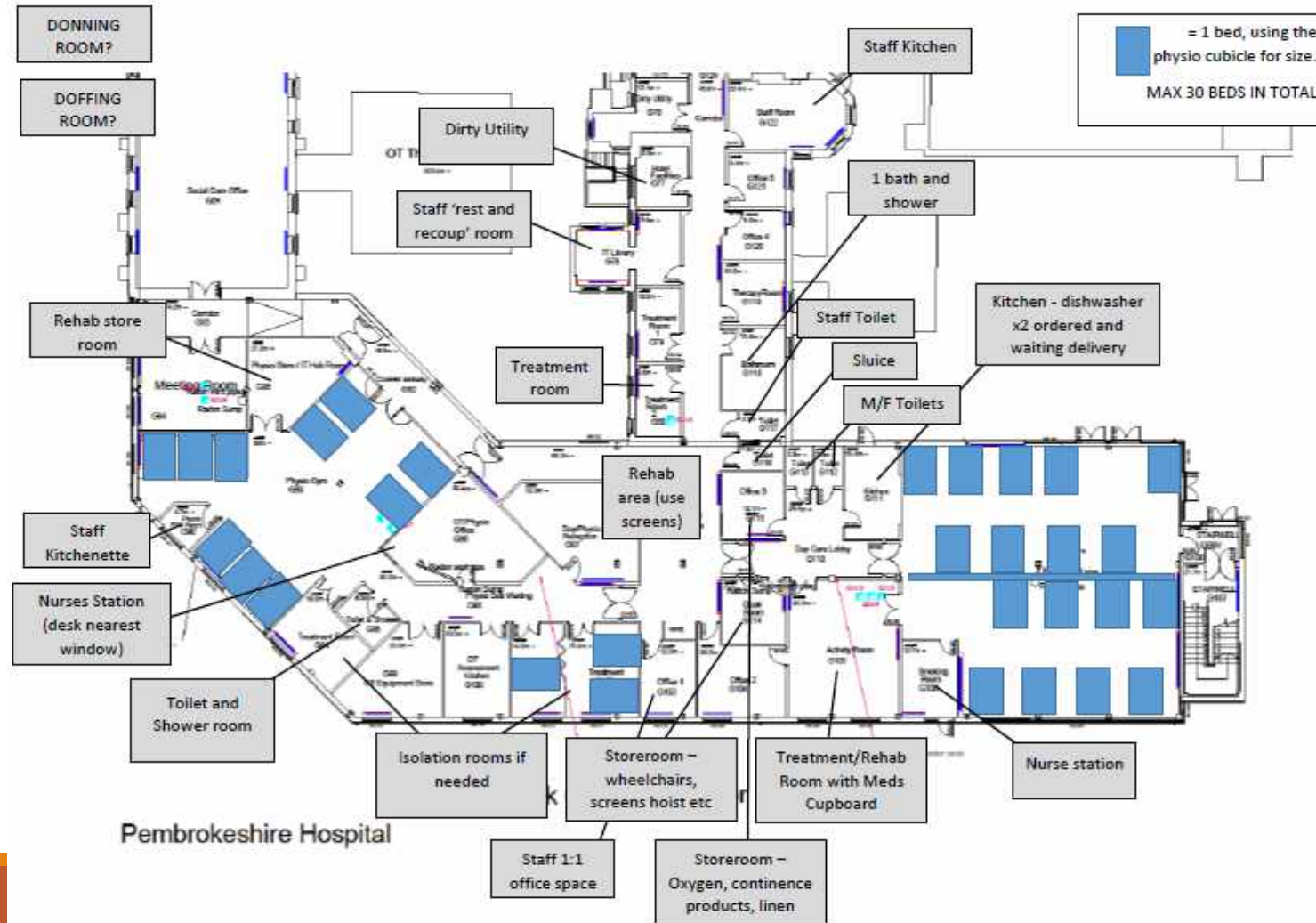
If the patient is transferring from the community the GP should write a letter to the same effect.



# 4. Sunderland Ward



# 4. Cleddau Ward



# 4. Community Hospital Beds – Future Escalation

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## **Phase 3**

Continue to facilitate discharges from Sunderland Ward to Tenby, home with support and community care homes as identified

Extend red area on Sunderland Ward to Areas 3 and then 2 as needed (27 beds)

Open Cleddau Ward w/c 21<sup>st</sup> April 2020 and decant suitable patients from Sunderland Ward as required (initially green patients but may require some COVID positive beds depending on demand)

Flow green EOL patients to PHC if not able to be supported in community

## **Phase 4**

Discharge at risk from Sunderland & Cleddau

Extended Red EOL for Area 1 of Cleddau (rehab area)

Maintain Area 2 of Cleddau Ward (CRDU) for green EOL and rehab patients from WGH and Sunderland

# 4. Palliative Care Pathway (1)

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Currently Community Specialist Palliative Care Team predominantly following up patients by telephone, with face to face assessments if needed.

GP advice taken through blue line. Consultant seeing patients in green assessment area and in wards in Withybush but predominantly telephone support to red areas

Significant education specifically for doctors and CNSs planning education for staff in south Pembrokeshire Hospital / field hospitals

Work on supporting discharge of palliative patients who wish to go home ongoing – importance of clarification and communication both ways

South Pembrokeshire Hospital will be the priority facility for EOL care.

Discussions ongoing with Paul Sartori and Shalom to maintain some community provision and redeploy staff to support SPH.

Opportunity to employ recently retired Specialty Doctor to support pathway in community and hospital.

Palliative Care Consultant joining the South West Wales Specialist Palliative Care OOH rota.

# 4. Palliative Care Pathway (2)

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Weekly regional palliative COVID meetings

Working to agree clinical guidelines, especially for symptom management

Working with pharmacy re drug availability, and supply of “Just in Time” bags of medications

Appreciation of potential shortage of syringe drivers - awaiting further deliveries

Several national initiatives including addendum to DNACPR policy

# 4. Mortuary Support

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Pathway to be confirmed.

Additional Local Authority mobile unit to be sited on Bluestone site.

# Staff Support & Enabling

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# Workforce (therapies submitted separately)

Pending names for a further 18 HCSW from recruitment and then confirmation of bank availability.

	Shortfall of staff	Current additional staff deployed	Balance of staffing still sought	Comment
Community Nursing, Clinics & Hub	1.6 WTE RN 1.33 WTE Admin	Staff from existing county workforce	None	
Intermediate Care Hub, 24/7 Rapid Response & Wrap Around Care Home Support	1 WTE GP 4 WTE RN - ART 1.4 WTE DLN 18 WTE HC/Dom/Thp Support Worker 4 HCSW – Care Home Support 3 WTE Admin / Broker	1 GP recruited to Bank  4 WTE HCSW from recruitment	4 WTE RN - ART 1.4 WTE DLN 18 WTE HCSW  3 WTE Admin / Broker	All HCSW to access additional rehab training  Current need – care homes and discharge pathways currently constrained
Withybush & Field Hospital	100 RN for WGH based on 1in 6 CPAP 21.5 RNs for FH with no overhead 86 HCSW based on 4 per 25	7 RNs from OPD	93 RN for WGH 21.5 RNs for FH 86 HCSW based on 4 per 25	Pending update from WGH triumvirate
Community Beds	14.52 WTE (1in 10) RN 15.72 WTE HCSW – Cleddau 9 WTE HCSW – Martello House 4.2 WTE Admin 11.42 WTE Domestic TBC Portering	7WTE from CNS 10 WTE from CRDU & recruitment  3.37 WTE Admin	7.52 WTE RN 5.72 WTE HCSW 9 WTE HCSW 0.83 WTE Admin 11.42 WTE Domestic TBC Portering	Deployed CNS & Admin may be at risk subject to commencing suspended services  All HCSW to access rehab training  Phasing to be scoped
Palliative Care	1 Specialty doctor		(1 Specialty doctor linked to SPH above)	



# PPE

Setting	Context	Disposable Gloves	Disposable Plastic Apron	Disposable fluid-repellent coverall/gown	Surgical mask	Fluid-resistant (Type IIR) surgical mask	Filtering face piece respirator	Eye/face protection <sup>1</sup>
Any setting	Performing an aerosol generating procedure <sup>2</sup> on a possible or confirmed case <sup>3</sup>	✓ single use <sup>4</sup>	✗	✓ single use <sup>4</sup>	✗	✗	✓ single use <sup>4</sup>	✓ single use <sup>4</sup>
Primary care, ambulatory care, and other non emergency outpatient and other clinical settings e.g. optometry, dental, maternity, mental health	Direct patient care – possible or confirmed case(s) <sup>3</sup> (within 2 metres)	✓ single use <sup>4</sup>	✓ single use <sup>4</sup>	✗	✗	✓ single or sessional use <sup>4,5</sup>	✗	✓ single or sessional use <sup>4,5</sup>
	Working in reception/communal area with possible or confirmed case(s) <sup>3</sup> and unable to maintain 2 metres social distance <sup>6</sup>	✗	✗	✗	✗	✓ sessional use <sup>4</sup>	✗	✗
Individuals own home (current place of residence)	Direct care to any member of the household where any member of the household is a possible or confirmed case <sup>3,7</sup>	✓ single use <sup>4</sup>	✓ single use <sup>4</sup>	✗	✗	✓ single or sessional use <sup>4,5</sup>	✗	✓ risk assess single or sessional use <sup>4,5,8</sup>
	Direct care or visit to any individuals in the extremely vulnerable group or where a member of the household is within the extremely vulnerable group undergoing shielding <sup>9</sup>	✓ single use <sup>4</sup>	✓ single use <sup>4</sup>	✗	✓ single use <sup>4</sup>	✗	✗	✗
	Home birth where any member of the household is a possible or confirmed case <sup>3,7</sup>	✓ single use <sup>4</sup>	✓ single use <sup>4</sup>	✓ single use <sup>4</sup>	✗	✓ single or sessional use <sup>4,5</sup>	✗	✓ single or sessional use <sup>4,5</sup>
Community-care home, mental health inpatients and other overnight care facilities e.g. learning disability, hospices, prison healthcare	Facility with possible or confirmed case(s) <sup>3</sup> – and direct resident care (within 2 metres)	✓ single use <sup>4</sup>	✓ single use <sup>4</sup>	✗	✗	✓ sessional use <sup>5</sup>	✗	risk assess sessional use <sup>5,8</sup>
Any setting	Collection of nasopharyngeal swab(s)	✓ single use <sup>4</sup>	✓ single or sessional use <sup>4,5</sup>	✗	✗	✓ single or sessional use <sup>4,5</sup>	✗	✓ single or sessional use <sup>4,5</sup>

PPE store based in South Pembrokeshire Hospital

Reinforcing guidance through regular staff update emails

Recent updates to guidance shared with all staff

Automated ordering and delivery process in development

# Cwtch Initiative

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The Pembrokeshire Community Directorate are developing a Cwtch initiative for staff within Pembrokeshire. The initiative has been shared with the Calm Room Task and Finish Group and is expected to be presented to the Covid Bronze Group in due course. The Cwtch initiative has been designed for any member of staff to use when they need to step away when times get tough. The purpose of this initiative is to provide that safe, quiet and peaceful space to take a breath.

**Cwtch Rooms** : The first has been set up for staff in SPH and surrounding areas, with further Cwtch rooms being set up in Haverfordwest Health Centre, Tenby Cottage Hospital, Fishguard Health Centre and possibly County Hall.

A Cwtch room includes refreshment and nourishment; wall of positive posters and messages from the local community to our NHS staff; non food essentials – shower gel, hand cream, shaving cream, feminine hygiene products, nail care, face care etc; distraction and mindfulness items coming soon e.g. puzzles, jigsaws etc; and signposting to Hywel Dda mental health support for staff.

**Cwtch online** is being scoped out which provides a virtual Cwtch for staff on the road with no access to a site Cwtch. We hope this will include a 'Cwtch on the road' – a map and list of bakeries, cafes etc, that could provide refreshments with a staff ID card. We could also provide each business with a pack of non-food essentials if staff needed anything else as part of their visit. If staff need to stop and take a breath between visiting patients homes, the online cwtch and cwtch take away is intended to support them.

**Cwtch @ home** : This could look like a bag of mindfulness support, printed posters, supportive messages from colleagues and information on mental health support, and intended to be used with the Cwtch on-line. These will be available for colleagues shielding as well as colleagues currently working.

Communication will be going out to staff shortly promoting the above. The initiative is at an early stage with further work to be undertaken

# 7 Day Leadership Support

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Pembrokeshire County to establish a community management and nursing presence 7 days per week with an on call :

Staff would work a rolling 4 long day week across 7 days

Rota would be flexed based on capacity and absence in the team

1 day per week would have all staff working to support handover and consistent planning/communication

A 1 in 10 on call rota would be implemented out of hours to support county based teams

Buddying arrangements would be in place with at least 1 manager and 1 nurse working each day

Where staff do not need to be on site to work, encouragement to work from home will be enforced – all staff have access to remote working technology

# Reporting arrangements

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# Reporting Requirements

- Pembrokeshire County Sitrep
  - Acute Hospital Sitrep – HB agreed template & WG submission
  - Community Hospital Sitrep – WG submission
  - Care Homes Sitrep – Regionally agreed template from LA
  - Delayed Discharge Report – DU Template

# Reporting Responsibilities

- Acute Hospital Reporting : Acute triumvirates to lead
  - Acute Hospital Sitreps
  - Withybush Hospital
  - Ysbyty Enfys Carreg Las
- Community Hospital Reporting (part of ICB below) : Community Hospital Team to lead (Paula George)
  - Community Hospital Sitrep
  - South Pembrokeshire Hospital
  - Tenby Cottage Ward
- Intermediate Care Beds Reporting : Intermediate Care Team to lead (Linda Jones)
  - Martello House - reablement
  - Squirrels – step up/down
  - Torrestin - step up/down
  - Silverdale Lodge - flexible
  - Hillside - reablement
  - Havenhurst - reablement
  - Other CCB – step down
- Care Home Beds Reporting : Local Authority Team
- DN caseloads & Capacity : DN Hub to lead (Claire George)
- Community Clinics : DN Hub to lead (Claire George)
- Specialist Nurses incl Palliative Care : HoN to lead (Ceri Griffiths)
- Primary Care : Primary Care Team to lead ( Amanda Whiting & Lucie Jane Whelan)
- Therapies : Therapies Team to Lead (Claire Sims)
- Medicines Management : TBC (Mair Davies)
- Intermediate Care Services / Rapid Response : Intermediate Care Team to lead (Linda Jones)
  - ART
  - Care at Home Team
  - Reablement
- Social Care Services : Local Authority to lead (Ian Randall)
  - In house dom care
  - Commissioned dom care
- Out of Hours Services : OOH Team to lead (Nick Davies)

Daily Sitreps  
By 1pm

- All to be submitted to [PembrokeshireCountyManagement.HDD@wales.nhs.uk](mailto:PembrokeshireCountyManagement.HDD@wales.nhs.uk) by 11.30am
- Acute Hospital Report
- Community Hospital Report
- Pembrokeshire Community
- Care Homes
- Primary Care

Daily Operational  
Command  
3.30pm

- Collated DoC Report to be shared with all attendees by 3pm
- Attendance by key team leads – Health, Social, Third Sector according to escalation level
- Skype Meetings co-ordinated & administrated by County Team
- Agree level of escalation for each service on call
- Identified areas of risk – discussed by exception
- Remedial decision making agreed across the system

Daily Report  
4.30pm

- Summary report of meeting including level of escalation, identified risks and agreed actions
- Data tracking & monitoring shared weekly

WG Criteria	Definition	Source of data	Reporting mechanism	Comments
Number of Patients on daily discharge list	A : Total number of people expected to be discharged or ready for discharge that day – Medically optimised & RTL – simple & complex <b>WGH &amp; YECL only</b>	Complex = Sharepoint MO & RTL  Simple = Ward reported / Site Team	8.30 site team meetings – JDT & Ward staf Include on Acute Sitrep	Daily Info for Report Need to update acute sitrep to gather info
Number of Patients Successfully Discharged from the List	B : Actual number of people discharged <b>WGH &amp; YECL only</b>	IRIS	Ward staff to fully complete WPAS Include on Acute Sitrep	Daily Info for Report To check IRIS is reporting data
Number of Delayed Discharges from the List	C = A – B <b>WGH &amp; YECL only</b>			Daily Info for Report
Medically fit awaiting discharge – other than above	D : Number medically optimised but awaiting MDT <b>WGH &amp; YECL only</b>	Sharepoint	JDT / Ward to fully complete SharePoint 8.30 site team meeting – JDT Include on Acute Sitrep	Daily Info for Report Need to update acute sitrep to gather info
Court protection proceedings delay – other than above	E : Number pending court protection proceedings not included in numbers above <b>WGH &amp; YECL only</b>	Ward reported / Site Team	8.30 site team meeting – ward / site team Include on Acute Sitrep	Daily Info for Report Need to update acute sitrep to gather info
Number of patients waiting for discharge with voluntary support	F : Patients on Sharepoint MO & RTL coded as Pathway 0 <b>WGH &amp; YECL only</b>	Sharepoint – Patient Care Details – D2RA Assessment Pathway – Pathway 0	JDT / Ward to fully complete Sharepoint Include on Acute Sitrep	Tues & Thurs Info for Report Add Pathway 0 – Voluntary Support to Sharepoint. Add D2RA to Patient Summary List
Number of patients waiting for discharge on Pathway 2 (to own home)	G : Patients on Sharepoint MO & RTL coded as Pathway 2 <b>WGH &amp; YECL only</b>	Sharepoint – Patient Care Details – D2RA Assessment Pathway – Pathway 2	JDT / Ward to fully complete Sharepoint Include on Acute Sitrep	Tues & Thurs Info for Report Add D2RA to Patient Summary List
Number of patients waiting for discharge on Pathway 3 (step down bed)	H : Patients on Sharepoint MO & RTL coded as Pathway 3 <b>WGH &amp; YECL only</b>	Sharepoint – Patient Care Details – D2RA Assessment Pathway – Pathway 3	JDT / Ward to fully complete Sharepoint Include on Acute Sitrep	Tues & Thurs Info for Report Add D2RA to Patient Summary List
Number of patients waiting for discharge on Pathway 4 (existing care home placement)	I : Patients on Sharepoint MO & RTL coded as Pathway 4 <b>WGH &amp; YECL only</b>	Sharepoint – Patient Care Details – D2RA Assessment Pathway – Pathway 4	JDT / Ward to fully complete Sharepoint Include on Acute Sitrep	Tues & Thurs Info for Report Add D2RA to Patient Summary List
Number of people waiting for POC	J : Patients on Sharepoint MO & RTL with Discharge Pathway POC Social or POC CHC <b>Intermediate Care Beds Only</b>	Sharepoint – Discharge Details – Discharge Pathway	JDT / Ward to fully complete Sharepoint Include on Community Sitrep	Tues & Thurs Info for Report Reduce Discharge Pathway List
Number of people waiting permanent care home placement	K : Patients on Sharepoint MO & RTL with Discharge Pathway Care Home Residential/Nursing/EMI <b>Intermediate Care Beds Only</b>	Sharepoint – Discharge Details – Discharge Pathway	JDT / Ward to fully complete Sharepoint Include on Community Sitrep	Tues & Thurs Info for Report Reduce Discharge Pathway List
Number of people waiting for equipment or adaptations	L : Patients on Sharepoint MO & RTL with Discharge Pathway Equipment/Adaptions <b>Intermediate Care Beds Only</b>	Sharepoint – Discharge Details – Discharge Pathway	JDT / Ward to fully complete Sharepoint Include on Community Sitrep	Tues & Thurs Info for Report Reduce Discharge Pathway List



# Proposed Changes to SharePoint

Section of SharePoint	Field to Change	New List / Criteria	Current status	Rationale
Summary Front Page	Simplify the Summary Front to support reporting and view of the list	Hospital Number - Full Name - Covid Status - D2RA Pathway - Discharge Pathway - Admit Date - MO Date - MDT Agreed Date - TLOS - DLN Comments	NOT COMPLETE	Remove ward, hospital & county as duplicates other info Remove DoB as 2 identifiers included Remove Days Lost and % as not calculating correctly Make DLN Comments wider
Covid Details	Covid Tested Date Covid tested Covid result Covid Symptomatic	Yes / dropdown box Date box Positive / Negative / Pending result Tick box	COMPLETE – step 1 NOT COMPLETE – can this be moved to AFTER discharge details	To support WG reporting and discharge planning
Patient Care Details	D2RA Assessment pathway	Add - Pathway 0 : Voluntary sector support Add – Pathway 5 : Covid +ve pending –ve test requiring transfer Add – Court Protection Proceedings Delay	NOT COMPLETE – 2 additional pathways added	To support WG discharge delay report
	Consultant	Delete	NOT COMPLETE – agreed with PPH & WGH JDTs	To simplify system
Discharge Details	Discharge Pathway – change list	3 <sup>rd</sup> Sector / Community Hospital / Field Hospital / Intermediate Care Bed / Care Home – Residential / Care Home – Nursing / Care Home – EMI / POC / Reablement – Social / POC – Health / POC – Joint / Equipment / Adaptions / EOL / Specialist Centre / Other / LTC Pathway  Add in date box for POC / Reablement referral Add in comment box for type of POC requested	NOT COMPLETE – agreed with PPH & WGH JDTs	To support WG discharge delay report  To support discharge processes
	Primary Reasons Additional Reasons	Remove fields – leave in Primary Status and any other comments to be added in DLN comments	NOT COMPLETE – agreed with PPH & WGH JDTs	To reduce amount of entry fields
Scheduled to Leave	NF1  Support Service Start Date Agreed	Replace with RIP and date box at bottom of the page – allows user to bypass adding other dates Remove fields	NOT COMPLETE – agreed with PPH & WGH JDTs	To reduce amount of entry fields Leave just the start date box

## **Transformed Communities Summary**

**Update : 14<sup>th</sup> May 2020**

Hywel Dda aspires to a social and community based model of integrated care which is able to respond quickly and appropriately at times of need to enable our population to increase their time spent at home. It is informed by A Healthier Wales, A Healthier Mid and West Wales, the Regional Partnership Board and three Public Service Board's objectives and the priorities articulated by the 7 Primary and Community Locality (Cluster) Plans.

The Covid-19 Pandemic has provided the clear focus which has enabled community teams to fast track the transformation plan. The model remains valid and evaluation of the approach to service delivery is starting to ensure we can further iterate the model and mitigate any unintended consequences. Delivery of some components has far exceeded original expectations, integration as a wider system has been facilitated in some cases but there is a need for review and consolidation. This needs to be intentional rather than reactive, with evidence to be developed to reinforce new ways of working.

The Communities Bronze group provides the leadership and oversight and it is recommended that this further involves into an Integrated Primary and Community Group which will be best placed to ensure holistic delivery of A Healthier Wales within the West Wales region.

**Year 1 :** Already achieved in Quarter 1 of 2020-21 is the increased integration between primary, community and social care to ensure our services meet our local population needs and that these are reflected in our development and delivery plans. It is critical that this is consolidated, iterated and embedded throughout quarters 2-4. It will be essential that we maintain a clear division between Covid and Non-Covid service delivery through our teams and estate. We need to build on the integration between health, social care and the third sector within our Counties and clusters.

**Year 2 :** Addressing inequalities in outcomes between Localities to provide a strong foundation to deliver our social and wellbeing model as described in A Healthier Mid and West Wales. We will need to reset our system based on the learning from Covid and be well placed to support any longer-term harm caused by the Pandemic. We need to embrace positive change, particularly in the collaboration with our communities.

**Year 3:** Further investment in community based integrated teams and facilities to create the infrastructure to deliver our strategic priorities from community based proactive care, recovery, assessment and rehabilitation.

Although each County delivery plan is informed by the local demography, geography and existing assets, the model and expected outcomes are consistent, they remain consistent in our Covid-19 response. The diagram and table below provide the current framework for the community model, it is anticipated that actions will continuously evolve over time.

	<b>Targeted Actions</b>	<b>Expected Outcomes</b>
<p><b>Helping Strong Communities:</b></p> <p>Active, resourceful and connected communities</p>	<p>Community connectors &amp; social prescribing</p> <p>Community led integrated networks based on our whole system assets</p> <p>Locality resilience with roles mutually supportive across health, social care &amp; third sector</p> <p>Embed mechanisms for ongoing community engagement, collaboration, co-production &amp; networking</p>	<p>Increase in people who are happy and do the things that make them happy.</p> <p>Increase in engagement, contribution and volunteering and feeling valued in society.</p> <p>Increase in understanding what care, support and opportunities are available to help achieve well-being.</p>
<p><b>Help to Help Yourself :</b></p> <p>Early identification of people's needs, supporting care planning and accessible support</p>	<p>We will deliver a service to support proactive care planning for risk stratified groups of people</p> <p>We will align our services and the co-ordination of care around our population, based on their needs and the shared understanding of what matters most</p> <p>We will develop integrated place-based team to support continuity of care and the building of professional relationships across our system</p> <p>We will deliver proactive integrated care, support and wellbeing services which are collectively planned and delivered</p> <p>We will ensure that services are proactive &amp; empower individuals to manage their health and wellbeing</p>	<p>Increase in the number of people who have appropriate support to self-care and manage</p> <p>Increase in proportionate and appropriate use of health and social care services</p>
<p><b>Help When you Need It :</b></p> <p>Co-ordinated intermediate care including assessment &amp; rapid response</p>	<p>We will ensure that our integrated single point of access is effective and efficient; streamlining pathways, maximising potential for prevention and improving outcomes.</p> <p>We will embed and strengthen our approach to integrated Intermediate Care</p>	<p>Increase time spent at home for older people.</p> <p>Increase independence through rapid access to community based assessment, treatment, care &amp; support.</p>

<p>Enabling people to return home to recover in the best place for them</p>	<p>We will develop capacity to enable people after an acute episode of care, can recover, rehabilitate and re-able at home or in an appropriate community bed</p> <p>We will deliver a community based rapid response service appropriate to their assessed need</p> <p>We will take a proactive approach to community led discharge planning, implementing the Discharge to Recover and Assess pathways</p>	<p>Increase independence of people with long term care and support needs.</p> <p>Reduce the number of people with a Delayed Transfer of Care (DToC)</p>
<p><b>Long Term &amp; Complex Care :</b></p> <p>Integrated long term, palliative &amp; complex care, enabling and supporting patients, families &amp; carers</p>	<p>We will deliver seamless pathways of care and support, through our integrated community teams</p> <p>We will develop consistent care planning which is co-ordinated, collaborative and communicated</p> <p>We will align our specialist services for complex, chronic, long term and palliative care to our Integrated Localities to build a comprehensive network of specialist professionals.</p> <p>We will facilitate a shift of care into community based clinics.</p> <p>We will work with local, regional and national third sector organisations to enable high quality, compassionate and dignified care for those living with long term complex and progressive conditions or those at the end of life.</p> <p>We will work with care homes and care agencies to enhance sustainable models of care for our local populations.</p>	<p>Increase the number of people able to access community based clinics for care (for patients who are not house-bound)</p> <p>Increase the number of people with a proactive care plan</p> <p>Increase the number of people able to access specialist support in the community</p> <p>Reduce the number of people requiring an emergency admission for Ambulatory Case Sensitive conditions</p> <p>Increase the number of day cases which can take place in a community setting</p>

## COVID-19 NHS Wales Operating Framework - Hywel Dda Community Response

The NHS Wales Operating Framework for Q1 outlines the need to maintain essential services, retain flexibility and adaptability to changes in community transmission rates of COVID-19 but also reflects the need to consider 4 types of harm and address them all in a balanced way.

A Healthier Mid and West Wales outlined Hywel Dda's commitment to innovating and transforming our services to deliver on the collective commitments outlined in 'A Healthier Wales'.

Harm from COVID itself

Harm from overwhelmed NHS and social care system

Harm from reduction in non-COVID activity

Harm from wider societal actions/lockdown



We presented this wellbeing offer to our population across five key areas of provision within our health and care system on the basis that these areas collectively contributed to improving health outcomes for our population.

It is suggested that our 'Healthier Mid and West Wales' planning framework also provides the basis on which to present our reviewed and considered plans as a response to the COVID-19 NHS Wales Operating Framework.

**In addition to the five Population Offers we also have digital, workforce, finance and infrastructure enablers... :**

<b>Population Offer</b>	<b>Operating Framework Theme</b>	<b>Bronze Group Response</b>
Help for Strong Communities	New Ways of Working	<ul style="list-style-type: none"> <li>Enhanced community resilience and support through new community organisations and hub within Local Authorities.</li> <li>CONNECT model of proactive support, communication and rapid response deployment</li> </ul>
Help to Help Yourself	Essential Services / Managing COVID-19  Progressive Re introduction of suspended Services	<ul style="list-style-type: none"> <li>Covid hubs review and triage of all new referrals against criteria.</li> <li>Stratification of community and specialist nursing caseloads to support targeted and prioritised service delivery</li> <li>Supporting self-management of care needs</li> <li>Maintaining separate Covid and Non-Covid community clinics and teams.</li> <li>Proactive MDTs to be supported virtually – virtual wards.</li> </ul>
Help When You Need It	New Ways of Working  Essential Services	<ul style="list-style-type: none"> <li>Fast track the transformation changes delivering intermediate care and rapid response</li> <li>Integrated community teams and co-ordinations through Covid Hubs</li> <li>Discharge to recover &amp; assess pathways</li> <li>Community based rehabilitation</li> <li>Intermediate care response via single point of access in each County – deployment of rapid response to avoid admission.</li> <li>Community hospital and care home beds supporting assessment and rehabilitation outside of acute hospital settings.</li> </ul>
Help Long Term / Palliative	Essential Services  Social Care Resilience	<ul style="list-style-type: none"> <li>Maintaining palliative care through teams and third sector SLAs – may be a need to review ability to deliver care at home if numbers grow significantly.</li> <li>Care Home Risk and Escalation Management Policy development and implementation</li> <li>Regional Policy re Discharge Requirements</li> <li>Step up and Step down plans utilising field hospitals; mitigates over stretched NHS and Social Care system</li> </ul>
Good Hospital Care	Essential Services  New Innovative ways of working  NHS and Social Care Resilience  Management of COVID-19	<ul style="list-style-type: none"> <li>Agreed plan for surge capacity utilising field hospitals</li> <li>Whole System Daily Monitoring of Risk Escalation across Acute and community health and social care system at County and Regional level</li> </ul>

Enablers	Operating Framework Themes	Bronze Group Response
Workforce	Recruitment Wellbeing	<ul style="list-style-type: none"> <li>• Secured additional workforce...</li> <li>• Robust and diverse psychological and wellbeing support programme for staff.</li> </ul>
Digital	Enhanced communication and technology enabled care provision	<ul style="list-style-type: none"> <li>• e-consultation, vision anywhere</li> <li>• Agile working hardware and software</li> <li>• Enhanced productivity and pace of decision making through virtual meeting space</li> <li>• Mathematical modelling to support planning</li> </ul>
Infrastructure	New ways of working NHS and Social Care Pressure mitigation	<ul style="list-style-type: none"> <li>• Revised admission criteria to existing community hospitals</li> <li>• Repurposed closed wards / care homes to create additional capacity</li> <li>• Increased residential care bed availability</li> </ul>
Finance	New Ways of working	<ul style="list-style-type: none"> <li>• Additional Transformation Fund Allocation</li> <li>• Regional agreement to redirect ICF and Transformation to pump prime developments</li> </ul>

The Recovery Plan has been driven by Welsh Government and the document 'A proposal to support the psychological and physical wellbeing of vulnerable people affected by the COVID 19 pandemic', the document recommends that the impact of COVID-19 should be considered at population level and across the life course:

Because of the significant social impact of the COVID-19 response, children and their families are experiencing disruptions at multiple levels and could exacerbate adverse childhood experiences. The Health Visiting service will provide a service for the Early Years', and on 'Starting and developing well'.

Focussing on some emerging trends that are:

- Families Facing financial insecurity as a result of the crisis -Support to reduce child poverty –
- Increased focus on safeguarding, ensuring children are safe, whether they are attending a childcare setting or staying home for those at risk of abuse or neglect and those with special needs. Those children requiring an enhanced or intensive service.
- Support the mental wellbeing of all children through crisis – particularly in context of childcare and school closures and pressure on health services
- Issues effecting social distancing with very young children, creating productive social and educational groups
- Reduced uptake of immunisation and vaccinations and wider Healthy Child Wales Programme (HCWP)

Issue raised	WG Directives	HB position	Actions required:	Review	By whom
Restarting the Service		Currently following WG directives in regards to a reduced HCWP	To identify priority areas where there has been potential high impact as a result of COVID19	Weekly initially progressing to monthly or when any significant changes in regards to COVID	Senior management team and Team Leaders
Ensure a safe working environment that enables social distancing	Maintaining a 2m distancing in a work environment	Following National Guidelines. Implementation of a rota system – to work from home or office, depending on IT equipment. Guidelines developed for working from home.	To implement more flexible work hours between 8am-7pm where possible. Increase the rota in line with availability of IT equipment.	Weekly	Senior management team and Team Leaders



COVID 19 Recovery Plan For Health Visiting Service 7<sup>th</sup> May 2020 Hywel Dda University Health Board

Adapting the Workforce	Increase the HCWP contacts as part of the recovery phase, but adapting to peaks	Review current workforce levels, which is currently reduced by approx. 33% due to redeployment, social shielding and isolation and other COVID related absence.	Review level of workforce to reintroduce the required face to face contacts: Recall staff on redeployment as necessary.	Weekly initially progressing to monthly or when any significant changes in regards to COVID	Senior management team and Team Leaders
Continuing and reviewing new ways of working to support scaling up of service during the recovery phase of COVID 19	Recovery plan as by WG and HB	Hywel Dda has set up hubs and clean clinic rooms, to have a central phone line for triaging calls To continue using a hub based approach along with community assets To continue to have have a central phone line for triaging calls and generic email address.	To maintain the hub based approach and clean clinic rooms. Continue to provide access to health visiting in a variety of ways including a digital focus. To continue to review new ways of working and build on positive lessons learned. Adapt the service to meet the changing demands as a result of COVID 19	Weekly initially progressing to monthly or when any significant changes in regards to COVID	Senior management team and Team Leaders
Increasing the delivery and prioritisation of contacts.	In line with increase in the delivery of the HCWP	Currently the HB is operating a reduced service via virtual or telephone contacts, face to face contacts only carried when absolutely necessary as a result of a risk assessment	Agreed to prioritise: Primary Birth Visits (PBV) for primigravida Vulnerable families beginning with those requiring an intensive health visiting service	Weekly initially progressing to monthly or when any significant changes in regards to COVID	Senior management team and Team Leaders

COVID 19 Recovery Plan For Health Visiting Service 7<sup>th</sup> May 2020 Hywel Dda University Health Board

Digital Profile	To continue to increase Digital profile to maintain safety levels through the recovery phase and to provide a service fit for the future.	Currently there has been increase in IT resources however a deficit to provide an effective service remains. Microsoft teams and SKYPE are being used effectively. Still awaiting for Web based app Attend anywhere. SMART phones requested for all staff. Identified as a priority service for WICCIS. Working closely with Comms Team to post Early Years Public Health information on Face Book (FB)	To continue to review risk assessments To work with IT to implement an app to enable virtual face to face contacts with families and groups of parents. To work with Comms team to develop a Health Visiting Service information on FB	daily	Senior management team and Team Leaders
PPE	Health Visitors have access to basic protection such as gloves and aprons and masks. HB to have Guidelines for home visiting	PPE ordered via Paul Buckingham, in line with HDUHB recommendations Guidelines developed for home visiting	Been flagged at bronze meeting Team leaders currently identifying which families will require a visit face to face: safeguarding on the register but needs a multi-agency approach.	daily	Senior management team and Team Leaders
Immunisations	WG clear this remains the responsibility of Primary Care but support to be offered if	Immunisation clinics to continue in Ceredigion and Llanelli practices where Health Visitors	TL to review staffing levels to support the immunisation programme.	daily	Senior management team and Team Leaders

COVID 19 Recovery Plan For Health Visiting Service 7<sup>th</sup> May 2020 Hywel Dda University Health Board

	agreeable to staffing levels	have historically delivered immunisations to the 0-5years. Health Visitors promote immunisations at every relevant contact.	Work closely with immunisation team and primary care to promote / deliver immunisations.		

**CYFARFOD BWRDD PRIFYSGOL IECHYD  
UNIVERSITY HEALTH BOARD MEETING**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	11 May 2020
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Maintaining cancer treatment during the COVID-19 response. A benchmark against the 8 recommended key actions
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Andrew Curruthers/ Keith Jones
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Lisa Humphrey

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Gwybodaeth/For Information

**ADRODDIAD SCAA**

**SBAR REPORT**

**Sefyllfa / Situation**

Cancer services have been severely disrupted as a result of COVID-19. The Director General Health and Social Services/NHS Wales Chief Executive for Wales has reinforced the view of the clinical community that urgent and emergency cancer treatment must continue, and has directed services to think how capacity could best be developed to meet the needs of cancer patients, including regional solutions and use of the independent and third sector facilities.

In response the NHS Wales Health Collaborative has issued a framework/guidance on what the minimal level of service provision must be maintained during the three phases of the COVID-19 crisis. The framework also describes what must be clinically provided as a minimum during all of the phases and to ensure that patients have equitable access and minimal harm. There are 8 key actions within the framework that health boards are asked to consider and align to, with a particular focus on specific challenges and risks to our organisation. The framework suggests that health boards plan for recovery in three phases. **Acute Phase:** peak acute service demand due to COVID-19 (0-6/8weeks), during which we continue to deliver emergency and urgent cancer care. **Recovery:** develop a service model that minimises harm from the acute phase and deals with the backlog of cases using the most efficient, effective and evidence based approach. **Reactivation phase:** minimal service disruption due to COVID (24-indefinite weeks), recommencement of 'regular' cancer services, but adopting lessons learned and new models of care where appropriate from the acute and recovery phases.

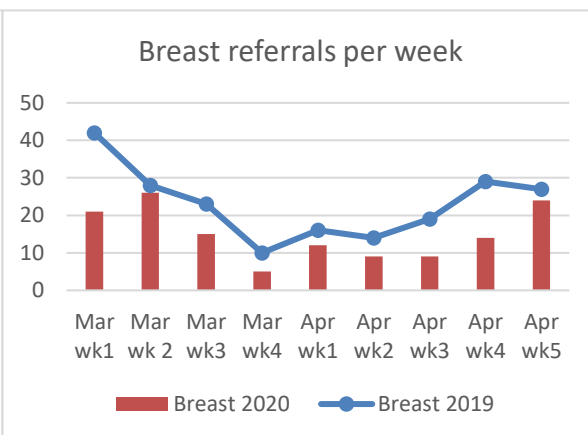
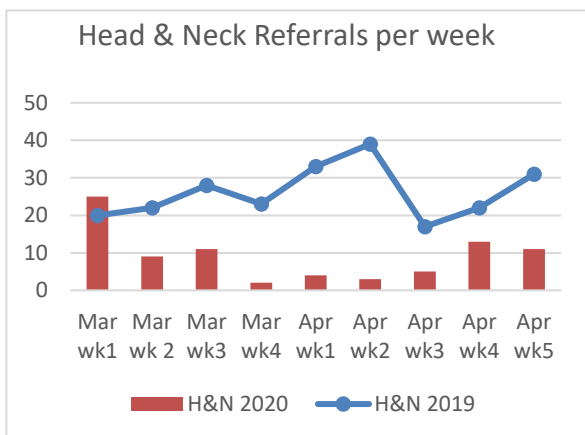
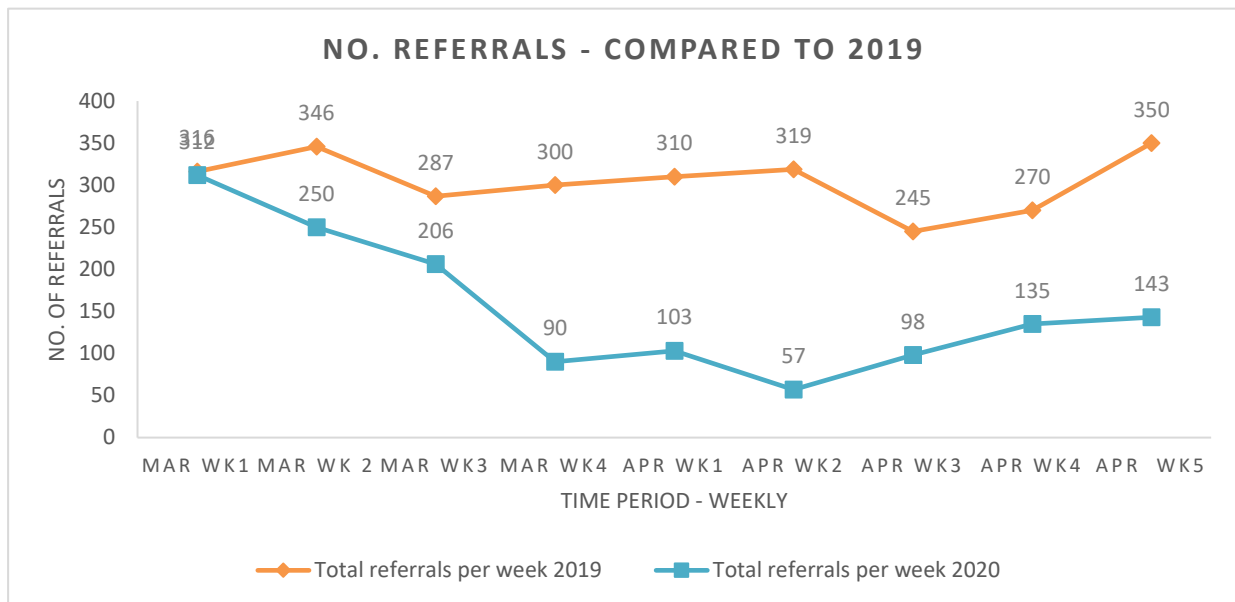
The Chief Executive for Wales has expressed concern about cancer services in the context of cancer referrals have fallen almost 70% across Wales since the Covid-19 pandemic started and evidence indicates that of those referred into the system, over half are choosing not to attend a face to face outpatient clinic and 25% are not having their diagnostic tests and has called on Health Boards to urgently review the extent to which there has been an impact on cancer treatments to assure him that this will not result in avoidable harm.

The Chief Executive for Wales has asked all health boards for an urgent update on the 8 key actions within the framework by the 12<sup>th</sup> May 2020.

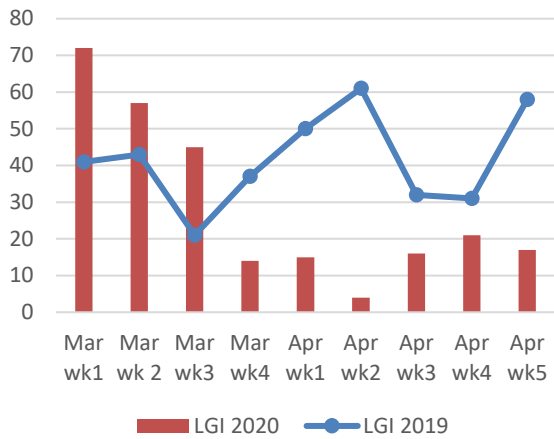
**Cefndir / Background**

**Comparison of USC Referrals received weekly during March and April 2019 and 2020**

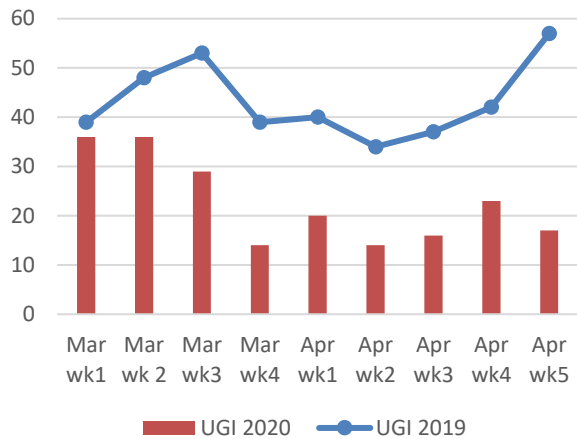
Hywel Dda has seen a 49% reduction of USC referrals when compared with the same time period last year, with the greatest reduction of both Head and neck 64.7% and skin 61.5%.



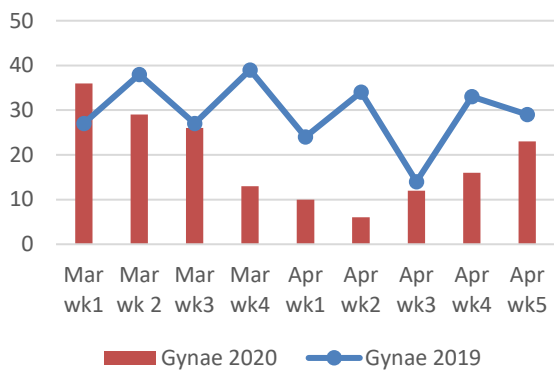
Lower GI Referrals per week



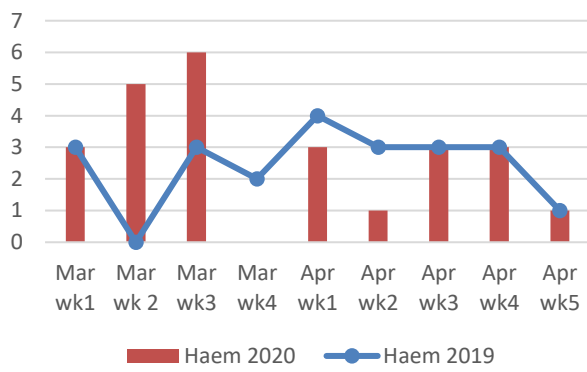
Upper GI referrals per week



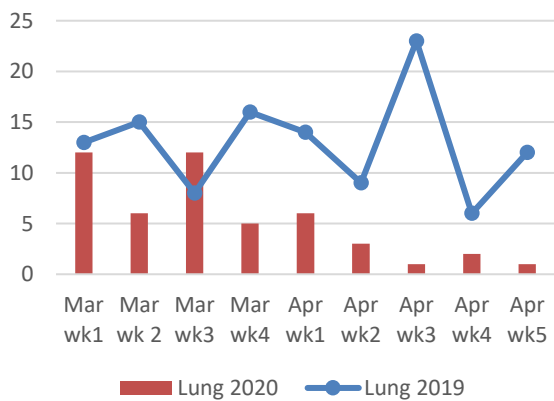
Gynae Referrals per week



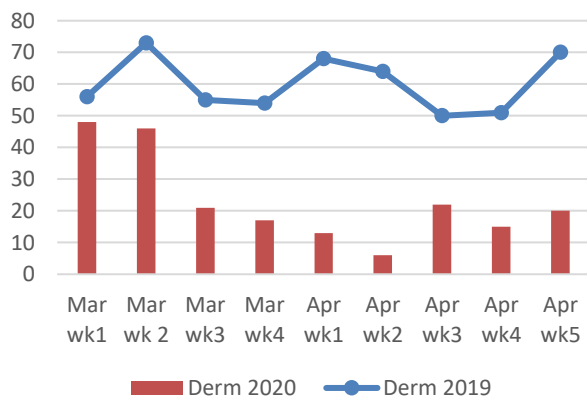
Haematology Referrals per week



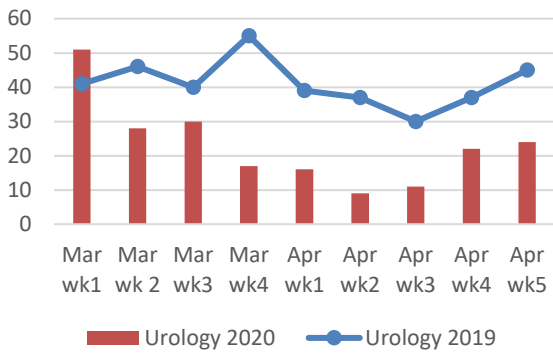
Lung referrals per week



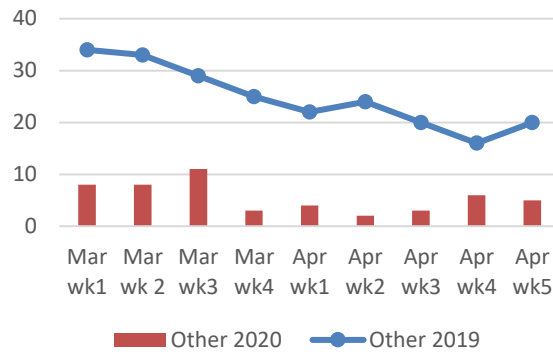
Derm referrals per week



Urology Referrals per week

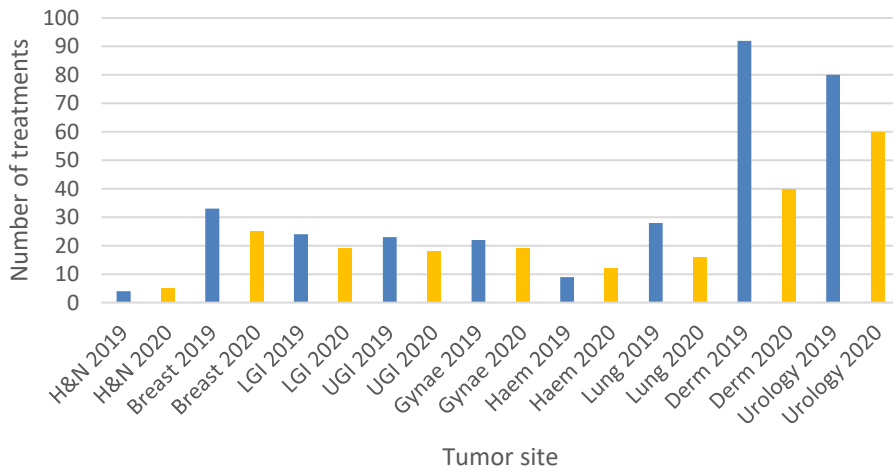


Other referrals per week

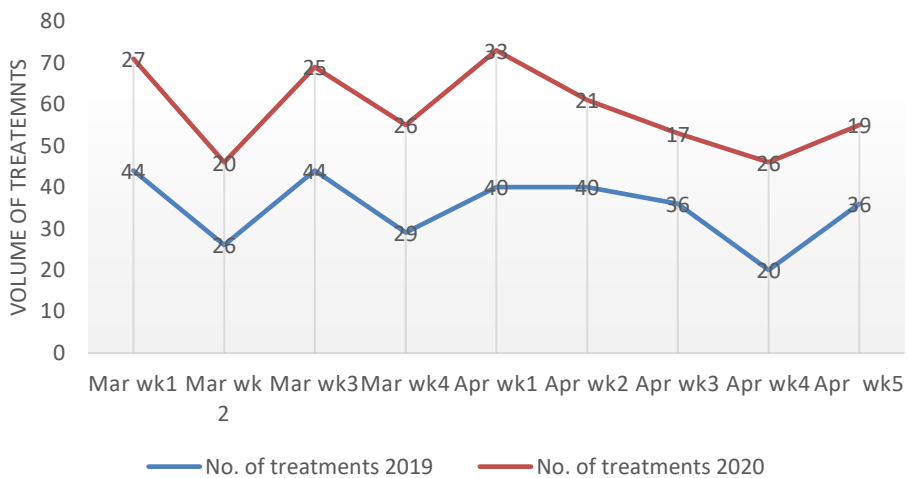


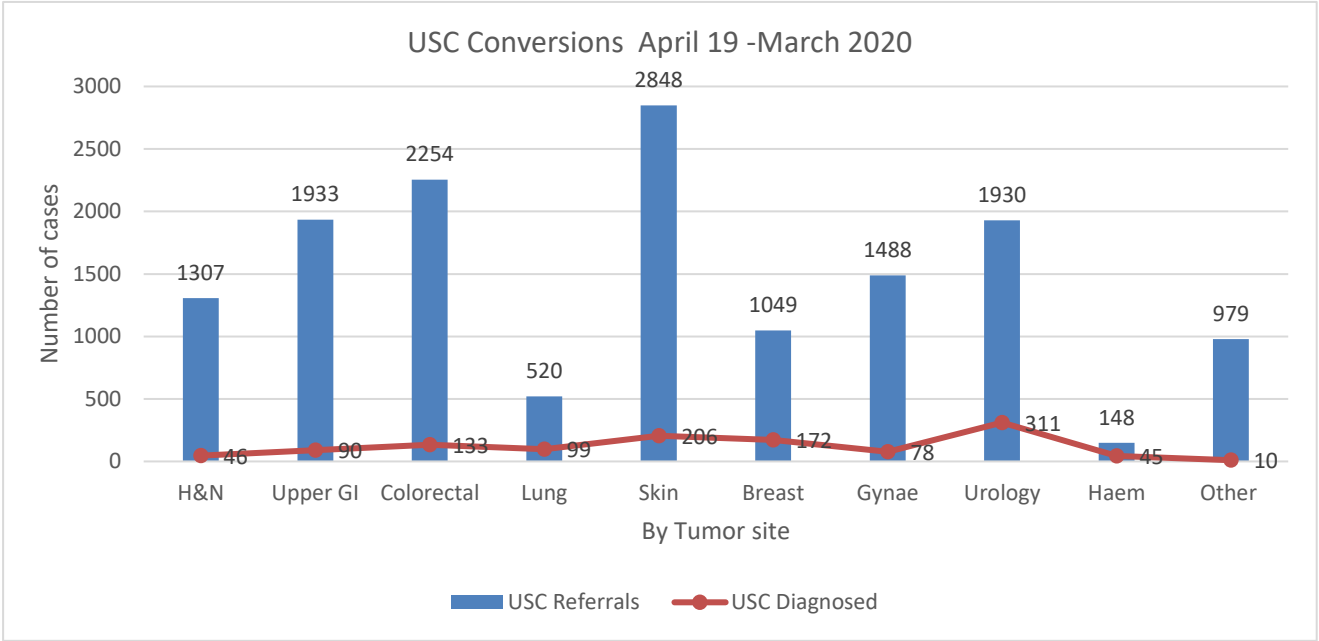
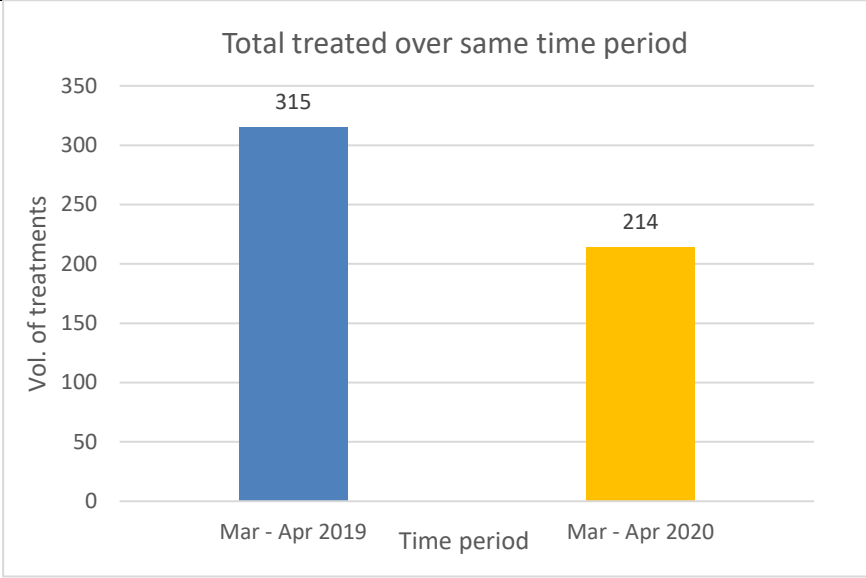
**Comparison of treatments carried out over the same time period 2019-2020**

Number of treatments - comparison Mar-Apr 2019 vs 2020



No. of treatments per week





**Asesiad / Assessment**

**Action 1:**  
**Organisations, services (e.g. diagnostics, chemotherapy, radiotherapy, surgery) and site specific teams must work together to develop transparent, consistent and equitable access to tests and treatment.**

**Diagnostics**

Referrals being assessed for appropriateness by radiologists  
 USC and Urgent patients continue to access the service as normal  
 Ongoing cancer patients with staging continue if the patient is continuing with treatment.  
 Detailed information to be provided from referrers as to the patient’s treatment plan.



CTC changed to CT abdomen.

Bronchoscopy are planned to recommence on the PPH site week commencing 11<sup>th</sup> May 2020  
As bowel screening has been suspended there are currently 231 patients awaiting a colonoscopy, the health board are to introduce FIT testing as an alternative and are in the procurement phase of this plan.

Appointment systems staggered for patients to maintain social distancing

### **Chemotherapy**

OPA Oncology clinics are being held via telephone consultation and virtually where needed from PPH, supported by the Oncology CNS team.

Phlebotomy services have been set up in 2 community centres in Carmarthenshire and Pembrokeshire for pre- treatment blood tests and central line care for cancer patients. These services are available Monday, Wednesday and Friday every week.

BGH service remains as normal service.

Chemotherapy is currently administered on 3 hospital sites. GGH, BGH & WGH.

Treatment is administered as per the NICE COVID 19 RAPID guidance for the delivery of SACT. This is being monitored very carefully.

### **Surgery**

As of 14<sup>th</sup> April 2020, USC OPD clinics and surgery have been carried out at Werndale Hospital with exception of H&N and GI).

LGI Clinicians will undertake any life threatening surgery via the emergency pathway.

UGI Acute UGI cancer problems are delivered through the emergency service.

H&N surgery continues at GGH at present.

Two sessions of operating capacity has been agreed on the GGH site for those patients who do not meet the criteria for Werndale and may require ITU/HDU. Further capacity is being planned dependant on demand.

Scoping exercise to assess suitability to open operating capacity at the BGH and WGH site began week commencing 4<sup>th</sup> May 2020 and will conclude 11<sup>th</sup> May 2020.

Joint working with regional MDT to operate on patients on a tertiary pathway who reside in Hywel Dda has occurred within Gynaecology and Urology and is being negotiated for other tumour sites

Meetings are taking place regularly with the relevant Service Delivery Managers & Lead clinicians to ensure that this all patients are being monitored and tracked carefully.

### **Action 2:**

**Cancer service teams must collaborate to understand the varying demand for diagnostic tests and treatments during the varying phases of the COVID-19 crisis. Similarly, estimates of capacity that can be provided to meet this demand should be shared and where appropriate include delivery models that share and maximise the efficiency of available capacity across organisational boundaries.**

Currently carrying out a Capacity and demand exercise working with the Radiology Manager to estimate the capacity required to meet this demand.

### **Action 3:**

**Organisations must put in place support systems able to deal with concerns from cancer patients regarding social isolation, shielding and the likely benefits and harms of ongoing cancer care. Organisations should work with the third sector to give advice and support to such patients.**

A 9-5 helpline for concerned cancer patients has been set up in the Oncology unit at Withybush, supported by the Oncology CNS Team in terms of ensuring the advice given continues to be valid and up to date.

The CaPS (Cancer Psychological Support Service) is being run from Ty Cymorth as a telephone service for psychological support for patients and staff for the foreseeable future. This service will combine with the bereavement counselling service for this period to provide support where needed.

A Patient information leaflet for cancer patients has been developed and widely circulated with helpline numbers on.

Tumour site CNSs / Key worker is currently contacting patients that currently have their cancer treatment delayed or altered, and those patients that self-isolating due to COVID, are contacting patients every 4 weeks, to check on their wellbeing and to ensure they have not developed any further symptoms or issues.

### **Action 4:**

**During the acute phase it is accepted that there will be disruption to acute care. This also applies to teaching, training, research and improvement programmes:**

- **Urgent and emergency care must continue to minimise harm to patient outcomes as a result of cancer**
- **Specialised cancer services should focus on maintaining the integrity of cancer services and the delivery of cancer care, where necessary on a regional basis**

Urgent and emergency care continues as usual.

### **Action 5:**

**Health Boards must work with the Cancer Network through their service specific and site-specific CSGs to determine:**

- a: the quantity of cases that are likely to come into the emergency and urgent category**
- b: how they plan to provide this capacity throughout the acute phase, including considering on a regional basis where appropriate**

**a)** 5 LGI cases have been carried out across the health board during the past 3 weeks. This is being monitored on a weekly basis by our cancer tracking process.  
**b)** Currently, joint regional operating is being carried out for Gynaecology with some Urology planned imminently. Discussions are taking place with regards to further working regionally with SBUHB to carry out surgery locally in GGH for residents of Hywell Dda.

**Action 6:**

**Health Boards and Velindre must work with the Cancer Network through their service specific and site specific CSGs to determine:**

- a: the quantity of cases that are likely to come into the prioritised categories (including displaced activity)**
- b: agree evidence based reduction in activity during the acute phase**
- c: how they plan to provide this capacity throughout the acute phase, including considering on a regional basis and the use of the independent sector where appropriate**

OPA Oncology clinics are being held via telephone consultation and virtually where needed from PPH, supported by the Oncology CNS team.

Phlebotomy services have been set up in 2 community centres in Carmarthenshire and Pembrokeshire for pre- treatment blood tests and central line care for cancer patients. These services are available Monday, Wednesday and Friday every week. BGH service remains as normal service.

Chemotherapy is currently administered on 3 hospital sites. GGH, BGH & WGH. Treatment is administered as per the NICE COVID 19 RAPID guidance for the delivery of SACT.

As of Monday 30th March all Carmarthenshire SACT has been provided at GGH. This ensures we can provide 2 meters between the treatment chairs. Additionally, as staff become sick workforce capacity will be maximised. The units will be upskilling to provide a place for transfusion of blood products to cancer patients also, should this be necessary. As per the 6 levels of SACT, all levels are still currently being treated across the health board.

**Action 7:**

**Health Boards and Velindre should work with the Cancer Network through their service specific and site specific CSGs to determine:**

- a: the quantity of cases that are likely to come into the categories prioritised**
- b: agree evidence based reduction in regimen and doses that maintain activity but reduce hospital attendance for elective and unscheduled care during the acute phase**
- c: how they plan to provide this capacity throughout the acute phase, including considering on a regional basis, and the use of the independent sector where appropriate.**

Radiation therapy is provided regionally by SBUHB

All that can be and are currently within the planning system have been delayed on hormones for (min) 12 weeks and are in Mosaiq back to 'pre CTSim' appt stage. They will need a repeat CTSim in due course. Further patients have been diverted to Rutherford who were suitable also within the planning queue. This has had the biggest immediate impact on RT capacity. Delegated Approval Pathway (by RT technologists) back up and running.

Radiotherapy altered fractionation being implemented immediately for: Breast and Prostate  
All other treatments are ongoing for both Rx and SACT unless patient choice. All linacs up and running.  
Mould Room  
Now a reduced service Weds / Thurs / Fri only 11am-3pm. No new electron end plates to be made.  
Physics  
Similarly have been cross-skilling themselves and further enabling off site working. This all means that we are aiming to reduce our treatment linacs down to 3 functioning, matched machines

**Action 8:**

**Health Boards and Velindre must work with the Cancer Network through their service specific and site specific CSGs to determine:**

- a: the quantity of cases that are likely to come into the prioritised categories**
- b: agree evidence based reduction in activity during the acute phase**
- c: how they plan to provide this capacity throughout the acute phase, including considering on a regional basis and the use of the independent sector where appropriate**

a) As above.

b) For UGI/LGI only emergency UGI cases are being done on the CEPOD lists. Cystoscopy for USC Hematuria. EBUS only following PET and only if accurate staging essential. Reintroducing Bronchoscopy with strict safety criteria.

c) Some diagnostics are being carried out in Werndale Hospital. Within the health board Urgent and USC investigations are still being carried out.

CTCs are being changed to CT abdomen.

As of 14th April 2020, USC clinics have been carried out in Werndale Hospital (except H&N and GI). Diagnostic capacity includes digital X-ray, static MRI, mobile CT, ultrasound.

**Argymhelliad / Recommendation**

It is clear from the data that there has been a significant decrease in USC referrals of 49% across all tumour sites during the COVID-19 period in line with the picture across Wales. In the month of May referrals have started to increase there is planned capacity with OPD to meet the demand.

When you factor in the conversion rates across the tumour site we can begin to predict the levels of harm that is likely to occur as direct result of the COVID-19 period. Further work will need to be explored to understand where and who is likely to incur more harm.

Hywel Dda already has services that are provided regionally e.g. radiotherapy, thoracic surgery, sarcoma surgery and complex tumour site surgery. The data suggest that we have maintained treatments for the majority of patients with the exception of Skin and Urology.

Hywel Dda has utilised the private sector to continue to provide cancer surgery in green environment for those patients who do not require ITU/HDU. Hywel Dda have worked closely and sought support from the regional centres to provide local surgery for patients on a tertiary pathway.

There has been an agreement for reinstating cancer surgery for those patient who require ITU/HDU or who are not suitable for the private sector on the Glangwili site with a further scoping exercise underway to assess commencement of surgery across other hospital sites. This is in line with the recovery phase as described within the framework.

Hywel Dda is in a position to respond to the CEO for NHS Wales and can evidence that we are broadly in alignment with the framework.

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): <a href="#">Hyperlink to NHS Wales Health &amp; Care Standards</a>	Choose an item. Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives: <a href="#">Hyperlink to HDdUHB Strategic Objectives</a>	Choose an item. Choose an item. Choose an item. Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	Choose an item. Choose an item. Choose an item. Choose an item.

<b>Gwybodaeth Ychwanegol:</b> <b>Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termiau:	

Glossary of Terms:	
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	e.g. financial impact or capital requirements: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) <a href="http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906">http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906</a>
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	e.g. adverse quality and/or patient care outcomes/impacts: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) <a href="http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906">http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906</a>
<b>Gweithlu: Workforce:</b>	e.g. adverse existing or future staffing impacts: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) <a href="http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906">http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906</a>
<b>Risg: Risk:</b>	e.g. risks identified and plans to mitigate risks: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) <a href="http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906">http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906</a>
<b>Cyfreithiol: Legal:</b>	e.g. legal impacts or likelihood of legal challenge: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) <a href="http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906">http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906</a>
<b>Enw Da: Reputational:</b>	e.g. potential for political or media interest or public opposition: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) <a href="http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906">http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906</a>
<b>Gyfrinachedd: Privacy:</b>	e.g. potential for data breaches: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) <a href="http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906">http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906</a>

**Cydraddoldeb:  
Equality:**

e.g. potential negative/positive impacts identified in the Equality Impact Assessment (EqIA) documentation – follow link below

- Has EqIA screening been undertaken? Yes/No (if yes, please supply copy, if no please state reason)
- Has a full EqIA been undertaken? Yes/No (if yes please supply copy, if no please state reason)

<http://howis.wales.nhs.uk/sitesplus/862/opensdoc/453906>

## Acute Services – Essential Services Initial Assessment

Essential Service	Compliance with principles outlined in Framework	Comments
Urgent Surgery	Compliant	<ul style="list-style-type: none"> <li>All patients are being risk-assessed in accordance with the 5 categories and alternative (interim) treatment approaches are being considered where deemed clinically appropriate</li> </ul>
Urgent Cancer Treatments	Compliant	<ul style="list-style-type: none"> <li>Services currently delivered in accordance with WG guidance.</li> <li>Detailed Cancer Service contingency plan published.</li> <li>Regional aid arrangements in place with tertiary centre surgeons providing outreach surgery in Hywel Dda.</li> <li>Endoscopic diagnostic services have been restricted in accordance with national guidance for individual procedures / pathways</li> </ul>
Life-Saving Medical Services	Compliant	<ul style="list-style-type: none"> <li>All patients are being risk-assessed to balance risks of cross – infections and deferred treatment.</li> <li>Individual endoscopic diagnostic procedures available for life-savings scenarios where alternative diagnostic approaches are not available / clinically appropriate</li> </ul>
Life-Saving / Life-Impacting Paediatric Services	Compliant	<ul style="list-style-type: none"> <li>Urgent illness, screening, Imms &amp; Vacs and high clinical priority community paediatric services are continuing.</li> <li>Specialist services provided at tertiary centres.</li> </ul>
Maternity Services	Compliant	<ul style="list-style-type: none"> <li>Antenatal, Intrapartum, post-natal &amp; risk-assessed community midwifery care continuing.</li> </ul>
Neonatal Services	Compliant	<ul style="list-style-type: none"> <li>Level 1 Neonatal care continues to be available.</li> <li>GGH Neonatal Unit separated into RED &amp; GREEN pathways.</li> <li>Neonatal transport services available as per normal.</li> </ul>
Urgent Eye Care	Compliant	<ul style="list-style-type: none"> <li>Urgent eye care pathways continue.</li> <li>Local Independent sector hospital commissioned to support urgent eye care pathway</li> <li>Regional clinical concerns raised regarding some aspects of WG guidance</li> </ul>



Termination of Pregnancy	Compliant	<ul style="list-style-type: none"><li>• Service provided in accordance with WG guidance</li></ul>
Other Infectious Conditions	Compliant	<ul style="list-style-type: none"><li>• Services available for urgent / emergency sexual health assessments / treatments</li></ul>
Renal-Care Dialysis	Compliant	<ul style="list-style-type: none"><li>• Service provided by external providers</li></ul>

## Planned care services delivery update to Outpatient Steering Group 7<sup>th</sup> May 2020

Health Board	
<b>RESPONSE TO COVID-19: SHARING EXAMPLES OF GOOD PRACTICE</b>	
<b>SCOPE</b>	
<p>Please outline what actions you have put in place to deliver outpatient services during the current COVID-19 outbreak, e.g. telephone clinics, video clinics, etc.</p>	<p>In order to support the outpatient requirements, set out above by WG and to ensure our patients continue to receive the best care possible during these difficult times, the following actions have taken place:</p> <p>All non-urgent outpatient clinics up to and including 26<sup>th</sup> June 2020 are being cancelled. These clinics have been compressed as to demand on a weekly basis allowing our clinicians to be released into the wider support needed for the hospital sites.</p> <p>Services including General Surgery, Colorectal, Breast, Urology, Gynaecology and Ophthalmology have been relocated to a local private hospital, where they are providing outpatient and treatment services for their USC and Urgent patients.</p> <p>Working on the assumption clinicians are undertaking outpatient 'face to face' consultations for the most urgent cases only, and to endorse new ways of working as set out by WG, the health board are exploring new digital services, including virtual clinics, SOS and clinical validation. These services are a key element within The WG National outpatient's strategy and have the potential to transform the way we manage outpatients in HDUHB in the future, as well as supporting patients during the current pandemic.</p>
<p>In what specialisms/functions are you currently using these approaches? Please give examples.</p>	<p>Virtual telephone clinics have been established in most services, with more being added daily.</p> <p>Active testing in progress around the use of various methods in order to identify the pros and cons of different systems.</p>

Examples of how specialties are delivering outpatients during the current Covid outbreak are as follows:

#### **Respiratory**

- teams using the cloud based platform PKB to communicate, remotely monitor and share information with patients.
- Currently live with ILD patients and due to go live with 3 other teams over the next few weeks (including Home Oxygen Service, Severe Asthma & COPD patients).

<https://vimeo.com/325843544>

#### **Pain Management**

- Associate Specialist & CNS Team conducting twice weekly virtual clinics for all follow up patients.
- Clinical Psychologist triaging all pain referrals into HB and prioritising between medical pain pathway and PMP.
- Referrals being prioritised on a regular basis and any urgent referrals into HB are directed to local Consultant in Pain Management for advice and guidance.
- A remote MDT is possible if needed.
- A basic PMP team consisting of Psychologist, Nurse & physio still continue to offer support and advice via telephone to chronic pain patients.

#### **Cardiology**

- Using a telephone platform with the backup of WCP, PAS, GP record, Electronic results, Horizon cardiology and the Moriston shared portal.
- Having access to a potential follow up call with a cardiac specialist nurse for some patients is very reassuring and has really helped especially if the patient forgets important information during the first consultation.
- Access to a phone number to call the nurse if need is extremely helpful and has been gratefully received.

### **Ophthalmology**

- Ophthalmology Services have been relocated to Werndale Hospital, to continue to run the Emergency eye care services.
- Virtual review and triage of all emergency cases.
- Orthoptist telephone consultations are also being undertaken.

### **Paediatrics**

- Recent telephone clinics have been successful. There have been some positive responses to a recent communication sent to our clinicians. There appears to be some willingness to explore ways of working remotely and ways of communicating safely with patients, with a view to reducing waiting times.

### **Rheumatology**

- Review clinics are being undertaken over the phone and sending letters stating that this was a telephone clinic. If clinicians identify any red flags, then the patient is offered an appointment in the flare clinic.
- Documenting telephone consultation on cellma (description of symptoms etc. discussions around treatment options) as unable to physically assess the patient.
- Using virtual patient information regarding drug administration where possible e.g. patient information leaflets, videos for administration of injectable biologics.
- We are still offering urgent new / EIA patients face to face appointments (aiming for HCQ/SSA) but we have found that the DNA rate is still high on patients ideally we would still want to see. Phoning patients before their appointments to see they can be assessed and managed over the phone or if they require face to face consultation.

### **Orthopaedics**

- Follow up validation taking place.
- Patients have been communicated with via telephone and letter.

- Some Clinicians keen to trial virtual models.

#### **Urology**

- All OPD PSA clinics moved to virtual telephone clinics. Patients PSA are being monitored so no build-up of waiting list and rebooked into clinics 3/6 months' time or if there is a problem referred to the consultant.
- ISC/ISC Clinic - Triaged virtually by telephone first by the CNS Nurse.
- USC are triaged, contacted by the consultants and the patients that need to have a face to face appointment these are being offered at the Werndale.

#### **Breast**

- USC patients are triaged, contacted by the consultants and the patients that need to have a face to face appointment The same process is being rolled out to Urgent patients from 27<sup>th</sup> April 2020.
- Routine patients are being triaged and when a face to face appointment is required they are remaining on the WL @ HD.

#### **Colorectal**

- All Colorectal referrals are being prioritised by the Consultants at GG and where possible patients are being sent STT (Straight to Test).
- For patients that need to have a face to face appointment these are being offered at the Werndale.
- Patients are being seen by virtual and telephone clinics. The optimal pathway for assessing, triaging and investigating colorectal referrals is rapidly evolving. A meeting is planned for 28<sup>th</sup> April to agree on pathways, including the use of FIT.
- Stoma patients - These patients are contacted initially by telephone and their needs assessed. All new patients are sent a Stoma Care Self Help Guide (Endorsed by the ASCN UK). Patient are encouraged to send in pictures of their problematic stomas via email. These are assessed and advice given. This may result in many contacts with the patient.

If the problems cannot be resolved, then the patient is offered an OPD appointment for a stoma review following protocol in place.

**Vascular**

- Weekly hot clinic running in one hospital every Wednesday morning for urgent new and follow up patients from across the health board.
- The consultant team have reviewed all of the planned outpatient clinic and have written to all patients and GP's with regards to these.
- Telephone consultations have been undertaken where appropriate.

**Dermatology**

- USC clinics condensed with MOP sessions to create 'see and treat' sessions, therefore reducing number of times patient has to visit OPD.
- Telephone validation is taking place for all clinic appointments that have been cancelled.
- Virtual telephone follow ups are in place for acne and biologic clinics. This situation has made it clear that acne patients could be managed more virtually and the cost of a BETA HCG blood test for a female patient is much more cost effective than having to see a patient face to face in clinic. This would also free up clinic appointments for the systemic and biologic patients to reduce the backlog. The nursing team has been essential in ensuring patients receive advice and medication and are monitored appropriately, therefore avoiding any breaks in their treatment. There is a possibility of more being done virtually e.g. when patients condition flares, if we are able to get photographs and treat rather than them being added at short notice to very overbooked lists. This would make the clinic situation less pressurised.

**Gastroenterology and Neurology**

- Clinics ongoing as normal but converted to telephone consultations.

	<ul style="list-style-type: none"> <li>• Ad hoc emergency clinics in place for urgent cases and physical appointments where possible.</li> </ul>
If known/available, what impact has this had on waiting lists?	Too early to validate
Does the HB intend to roll out to other specialisms as part of your COVID-19 response? Please give examples.	<p>Whilst we continue to work to Welsh Government guidance in regards to many the outpatient services, we recognise that post COVID management, services are unlikely to resume their previous format.</p> <p>The expectation is to establish the use of digital technology to reduce the requirement for 'face to face' consultations for al specialties.</p> <p>We will also be looking at if possible, to use digital technology for new referrals, e.g. Dermatology skin conditions. However, we note than most patients will require a physical examination.</p>
<b>IMPLEMENTATION</b>	
Please provide a summary outlining how these approaches were implemented, e.g. systems, processes, development of standard operating procedures, engagement with key stakeholders, etc.	<ul style="list-style-type: none"> <li>• Discussions with clinical leads on the suitability and process for telephone / virtual clinics.</li> <li>• Review of data</li> <li>• Linked with Cancer services</li> <li>• Scheduled Care Team to establish if their Clinicians have access to Microsoft teams on their PC/ Laptops / phones etc.</li> <li>• Virtual review using Microsoft Teams being undertaken by respiratory clinician</li> <li>• Post Pilot, select specialities to continue trial of Microsoft Teams and Attend Anywhere for virtual clinics.</li> <li>• Consideration via Digital Bronze of other virtual platforms e.g. Doctor Doctor</li> </ul>
<b>LESSONS LEARNED</b>	

<p>Can you give a brief summary/list of the challenges/barriers to implementation?</p>	<p><b>Patient Barriers</b></p> <ul style="list-style-type: none"> <li>• Some patients find it difficult to absorb the information given over the telephone.</li> <li>• Patients with hearing problems.</li> <li>• Patients are reluctant to answer calls with no caller ID even if they are expecting the clinic to phone them.</li> </ul> <p><b>Clinical Barriers</b></p> <ul style="list-style-type: none"> <li>• Some clinicians frustrated with NHS IT systems, and feel it is not reliable enough for virtual clinics.</li> <li>• Information governance and integration support with NWIS. Often if clinicians hear there is no integration with WPAS this can switch off their engagement.</li> <li>• Lack of access to digital dictation which some clinicians suggest would make it so much quicker to get the letters into the WCP in real time.</li> </ul>
<p>Please outline how you overcame some of the major challenges and barriers to implementation?</p>	<p><b>Patient Barriers</b></p> <ul style="list-style-type: none"> <li>• Following initial concerns with non-face to face contact, patients are now feeling reassured.</li> <li>• Patients with hearing problems find difficulty but encouraged to have a family member present if possible.</li> <li>• Conducting the calls via switchboard (they can reveal our hospital's phone number).</li> </ul> <p><b>Clinical Barriers</b></p> <ul style="list-style-type: none"> <li>• Reassure the clinicians that IT infrastructure going forward will support the clinical needs.</li> <li>• Pilot with specific services and encourage peer to peer communication before roll out to all services.</li> </ul>



<p>What approaches worked well and will be taken forward in rolling this approach out to other services?</p>	<p>In some services, we have experienced a shift to positive clinical engagement to virtual management of patients, with the realisation that COVID-19 will influence how we manage patient pathways in the future.</p> <p>Promotion of positive clinical experience of virtual platforms to deliver outpatient services, has and will continue to encourage other clinicians to undertake virtual activity.</p>
<p>What has been the response/feedback from patients regarding this approach?</p>	<p>Following initial concerns with non-face to face contact, patients are now understanding of situation and are being reassured of support available during these times.</p>
<p><b>MOVING FORWARD</b></p>	
<p>What resources would have been useful in rolling out this approach but were not available?</p>	<p>Digital dictation for remote access</p>
<p><b>OTHER</b></p>	
<p>Please provide any additional information which may be useful in the roll out of this approach across Outpatients services in Wales as part of the Outpatient Transformation Strategy.</p>	

## Maintaining Life Saving and Life Impacting Essential Services during the COVID 19 Pandemic

### Mental Health and Learning Disabilities (MHL) Brief, 20<sup>th</sup> April 2020

The Maintaining Life Saving and Life Impacting Essential Services during the COVID 19 Pandemic document pulls out what would be required under the sections - 3.8, 3.10, 3.11, 3.12 and linked to national guidance for areas needing reporting on. The document pulls out actions from the guidance provided, put this against related MHL activity and added whether any further action would be required. Hope this is useful, happy to amend in any way if this is not what was needed. On the phone if you want to discuss further also:

#### 3.08 Urgent supply of medications and supplies including those required for the ongoing management of chronic diseases, including mental health conditions

“Co-ordination of medicine delivery during the Covid 19 pandemic issued 30/03/20- WG Website”

MHL Medications			
Welsh Govt. Guidance	Recommendation	Captured in Log, Yes/No	Actions/Evidence
Co-ordination of medicine delivery during the Covid 19 pandemic	Refer to Website: <a href="https://gov.wales/coordination-medicines-delivery-during-covid-19-pandemic">https://gov.wales/coordination-medicines-delivery-during-covid-19-pandemic</a>	Yes	All in patient MH wards ( medicines will be delivered via hospital porters/ couriers/pharmacy staff)  All OPD prescriptions. If the patient cannot attend the MH pharmacy to collect the medication, then pharmacy will look at other options e.g. Care Coordinators to pick up from pharmacy/ porter to deliver to CMHT/ post medication out via 1 <sup>st</sup> class recorded delivery post.

			<p>Clozapine clinics. Pharmacist to attend all clinics and have medication ready to give to patient once the blood test result has been obtained via the POCCHI system. Those CMHT's WITHOUT Clozapine clinics, pharmacy to ensure all patients have their bloods taken and send medication out via 1<sup>st</sup> class recorded delivery post, or collected from pharmacy by patient/CMHT staff. We are also taking into account the ZTAS guidelines that have been sent out re extended validity of blood samples and off license usage for patients having bloods every 8-12 weeks.</p> <p>All CMHT work re medication management and medication delivery to continue.</p>
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### **3.10 Mental Health Services**

*“A WG/NHS Mental Health Incident Group has been established to respond to the immediate COVID-19 related impacts. However, it is acknowledged that given the expected significant impact of COVID on mental health, it will be critical to maintain some secondary and primary mental health services. Work is currently underway to define minimum service expectations and further advice was issued on 14 April from the the NHS Wales Chief Executive to LHBs. This work is aligned with the shared with the Essential Services Group.”*

<b>Mental Health Services</b>			
<b>Welsh Govt. Guidance</b>	<b>Recommendation</b>	<b>Captured in Log, Yes/No</b>	<b>Actions/Evidence</b>
Maintaining Life Saving and Life Impacting Essential Services during the COVID 19 Pandemic	Report against continued mental health crisis services	Yes	Emergency Single Point of Contact (SPoC) being developed for AMH, LD, OAMH. CAMHS already has established SPoC service.

		<p>All patients who require one to one contact will be seen and risk assessed for Covid 19 beforehand so that appropriate PPE is used.</p> <p>Development of a MHL D Liaison Service which will be in operation 24/7 basis and provide a service to A&amp;Es (in or out of the dept), DGH wards and Field Hospitals. Proposed increase in hours for Haverfordwest, Carmarthen, Llanelli and Aberystwyth CMHTs to 9am-9pm working rota.</p> <p><b>Adult MH</b> Co-location of Crisis Resolution Teams (CRTs) and Community Mental Health Teams (CMHTs) in Haverfordwest, Carmarthen and Llanelli. Rotas have been altered to ensure these CMHTs are now 7 days a week on a 9am-5pm basis, CRT remain 24/7. Gorwelion in Aberystwyth has merged teams and provided 7 day week cover prior to Covid-19 developments.</p> <p>Soft 136 suite or place of safety developed in Gorwelion, Aberystwyth. Operating at weekends from Friday 17<sup>th</sup> April 13.00hrs – Monday 20<sup>th</sup> 13.00hrs.</p> <p>Clinical Coordinator posts expedited and started on 30<sup>th</sup> of March. Provides band 7 nursing care and clinical coordination out of hours, seven days per week.</p> <p><b>OAMH</b> Collapse of Memory Assessment Service into Older Adult CMHT to provide 7 day a week service</p> <p><b>CAMHS</b></p>
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			<p>The Early Intervention Psychosis (EIP) service has been reconfigured to provide a 7 day service and is working alongside the S-CAMHS Crisis Team.</p> <p>The Crisis and Assessment Team has been identified as a critical service and has been strengthened.</p>
	Report against continued mental health in-patient services at varying levels of acuity		<p><b>Adult MH</b> Proposed Central Assessment Unit (CAU) and 136 suite to be implemented at Bryngofal inpatient ward. The pathway for referral into inpatient services has been reviewed to ensure that people can still gain access to services when necessary.</p>
	Report against Community MH services that maintain a patient's condition stability (to prevent deterioration, e.g. administration of Depot injections)		<p><b>Adult MH</b> Secondary services are maintaining a duty system, clozapine and depot clinics.</p> <p>3<sup>rd</sup> sector commissioned services asked to operate telephone/online services on a 3-county basis where possible. A list will be developed and distributed for staff and service users detailing services offered and updated regularly.</p> <p>Primary Care - telephone screening maintained and some interventions are also being delivered by phone Otherwise, patients will be contacted again or invited to contact the service in there months if an intervention is still required.</p> <p><b>OAMH</b> Development of new algorithm for triage of new referral into OAMH services.</p> <p><b>CAMHS</b></p>

			<p>The service has carried out a review of its provision and identified the core elements which it is able to deliver. Low risk service users will be discharged from the service This will be done predominantly through virtual means, but the ability to provide face to face support will be retained where needed. For those discharged, they will be provided with information containing sources of support, websites and apps which can support them, their families and carers, along with information of how to contact the service should they be unable to maintain their mental health in the community.</p> <p>The S-CAMHS Primary Mental Health Assessments and Interventions are coordinated from the SCAMHS SPOC. All young people who have a Care and Treatment Plan continue to be monitored and receive prescribed care as per Care Plan and this has been identified as a critical service which will need to be maintained.</p> <p><b>IPTS</b></p> <p>An urgent review of current caseload has taken place to identify those at highest risk to ensure that resources are in place to maintain virtual support to prevent decline in mental health. All new referrals are continuing to be collected through the services' Single Point of Contact. This service is being operated with a core group of staff, with urgent referrals being allocated and telephone assessments/interventions undertaken and other referrals being placed on a waiting list.</p>
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### 3.11 Learning Disabilities Services

*“Essential services that support patients with a learning disability to ensure that they are supported during the outbreak.*

*WG guidance issued:*

- *Vulnerable children and young people: coronavirus issued 06/04/20 WG website*
- *Coronavirus support for the Disability equality forum issued 27/03/20- WG website”*

<b>Learning Disability Services</b>			
Welsh Government Guidance	Recommendation	Captured in Log	Actions/ Evidence
Coronavirus (COVID-19): support for the Disability Equality Forum	Ensure that hate crime reporting information is shared due to reported increase in hate crime incidents.	No	Ensure that information on hate crime reporting is shared to people with learning disabilities.  The service can be contacted by phone: 0300 3031 982 or by e-mail: <a href="mailto:Hate.CrimeWales@victimsupport.org.uk">Hate.CrimeWales@victimsupport.org.uk</a> . Or <a href="https://www.reporthathe.victimsupport.org.uk/">https://www.reporthathe.victimsupport.org.uk/</a>
Coronavirus (COVID-19): support for the Disability Equality Forum	Link in with national volunteering arrangements to support service capacity.	No	Identify whether service users require additional community support and link with the following services; <a href="https://thirdsectorsupport.wales/contact/">https://thirdsectorsupport.wales/contact/</a> <a href="https://gov.wales/safe-help">https://gov.wales/safe-help</a>
Coronavirus (COVID-19): support for the Disability Equality Forum	Ensure that information from Public Health Wales is shared with vulnerable people so they are kept aware and updated with changes.	Yes	Easy read information is being disseminated to people with learning disabilities about Coronavirus (COVID-19).
Vulnerable children and young people: coronavirus	Ensure that residential provision for those with a social worker and a care and support plan remains open.	No	Determine arrangements in place to maintain services at Garreglwyd and other commissioned services for vulnerable children and young people.
Vulnerable children and young people: coronavirus	Special schools are expected to continue meeting the needs of learners.	No	Determine arrangements in place to maintain services at specialist schools and colleges for vulnerable children and young people

Vulnerable children and young people: coronavirus	Ensure that contact can still be made between social workers and vulnerable children.	Yes	CTLD service is providing virtual support for its service users. The intensity of virtual support is increased for higher risk individuals, with face to face capacity for those who require it pending risk assessment.
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### **3.12 Substance Misuse Services**

*“Urgent services for patients including ongoing maintenance therapy.*

*WG Guidance issued:*

- *COVID-19: guidance for substance misuse and homelessness services issued 19/03/20- WG website”*

<b>Substance Misuse Services</b>			
Welsh Government Guidance	Recommendations	Captured in Log	Actions/ Evidence
Coronavirus (COVID-19): guidance for substance misuse and homelessness services (version 1)	Substance misuse Area Planning Board (APB) leads should establish the relevant structures and contacts in each area.	No	<p>Link in with board to ensure consistent service planning and responses across the following services;</p> <ul style="list-style-type: none"> <li>• Day services for both substance misuse services and people who are homeless</li> <li>• Community treatment services for substance misuse</li> <li>• People with co-occurring conditions</li> <li>• Community services for people who are homeless</li> <li>• Hostels and temporary accommodation, including night shelters and houses of multiple occupation for these client groups</li> <li>• Housing First projects</li> <li>• Substance misuse outreach services, including mobile services</li> </ul>



			<ul style="list-style-type: none"> <li>• Homelessness outreach services, including mobile units and soup runs</li> <li>• Residential rehabilitation services</li> <li>• Community drug and alcohol services</li> </ul>
Coronavirus (COVID-19): guidance for substance misuse and homelessness services (version 1)	Services should work to prioritise both their services and staff to supporting the most vulnerable including where possible providing outreach to those who are most disengaged.	Yes	Desktop triage of cases have taken place in CDAT to prioritise service response.
Coronavirus (COVID-19): guidance for substance misuse and homelessness services (version 1)	Services should move to telephone/ video calling and reduce face to face contact. Should ensure that a person is not symptomatic before providing face to face support, and avoid if possible.	Yes	Service has virtual assessment arrangements in place.
Coronavirus (COVID-19): guidance for substance misuse and homelessness services (version 1)	Maintaining continuity of specialist substance misuse pharmacological interventions	Yes	Service has made arrangements for continued prescribing and pharmacy dispensing across the three counties, including development of contingency prescribers.
Coronavirus (COVID-19): guidance for substance misuse and homelessness services (version 1)	Consideration should be given to sustainable and clinically appropriate alternatives to existing OST supervised consumption services including the move to provision of Buprenorphine prolonged-release injection (Buvidal). If such a model is to be introduced, all relevant substance misuse services and the Substance Misuse Area Planning Board need to ensure appropriate and timely arrangements including clinical governance arrangements are in place prior to implementation.	Partial	Where supervised consumption is not possible, the cases are being managed on an individual risk basis. Existing Buvidal injections are being maintained.
Coronavirus (COVID-19): guidance for	In the event of restrictions or closures of any service providing	Partial	Work with leads to meet required guidance where appropriate.

<p>substance misuse and homelessness services (version 1)</p>	<p>pharmacological interventions via supervised consumption, the service is required to inform Welsh Government and the local substance misuse Area Planning Board representative with immediate effect. Upon which alternative arrangements should be made in line with local service continuity mechanisms to ensure service is resumed as soon as possible.</p> <p>Notice of nearby alternative services should be indicated clearly on the door of closed services. All services should now have contingency and emergency plans in place for service continuity of key services.</p> <p>All services users affected by service restrictions or closures should be provided with sufficient notice of alternative dispensing arrangements. Such notices should take into consideration any potential issues in relation to literacy and communication needs.</p>		
<p>Coronavirus (COVID-19): guidance for substance misuse and homelessness services (version 1)</p>	<p>Service delivery should continue to be in line with local and national clinical guidance. The quantity of injecting equipment should be sufficient to meet individual service user needs i.e. to achieve at least 100% coverage (clean equipment for each injecting event allowing for missed hits) and not</p>	<p>Partial</p>	<p>CDAT to liaise with DDAS regarding Needle Syringe provision and availability for service users.</p> <p>Labs are not currently processing DBST. CDAT to liaise with lab services and continue to offer DBST to service users following the pandemic.</p>

	<p>subject to any restrictions or arbitrary limits.</p> <p>Services providing an NSP service are encouraged to routinely monitor and maintain stock levels to account for unexpected surges in distribution and interruptions in delivery schedules.</p> <p>Where possible, individuals attending NSP services should be encouraged to plan in the event of self-isolation and ensure they maintain sufficient paraphernalia to last 14 days in line with their injecting needs.</p>		<p>Concern that there may be shortages of needles and syringes, leading to an increase in BBV which cannot be tested while services are unavailable.</p>
<p>Coronavirus (COVID-19): guidance for substance misuse and homelessness services (version 1)</p>	<p>Where known injecting service users have been required to self-isolate, arrangements should be made alongside local outreach services for home delivery of injecting paraphernalia (including sharps disposal bins).</p>	<p>No</p>	<p>Look at distributing sharp disposal bins with prenoxad kits.</p>
<p>Coronavirus (COVID-19): guidance for substance misuse and homelessness services (version 1)</p>	<p>Services should ensure all individuals are issued with drug poisoning prevention advice, and where required supplied with additional take home naloxone kits. Individuals should be encouraged to store take home naloxone in a visible and accessible location for others to find in the event of an emergency.</p>	<p>Yes</p>	<p>CDAT staff routinely provide advice to clients on social distancing and risks associated with sharing of supplies. Letters are routinely given to clients when starting or changing prescriptions. CDAT continues to provide Prenoxad kits to service users and concerned others.</p> <p>DRDs will be reviewed via the NEO database and cases known to the service will be reviewed by Team Leaders.</p>
<p>Coronavirus (COVID-19): guidance for substance misuse and</p>	<p>Individuals collecting NSP paraphernalia items on behalf of those who have been advised to self-isolate should not be</p>	<p>No</p>	<p>Look at arrangements in place for nominated individuals collecting prescriptions on behalf of those who are isolated in self/ household quarantine.</p>

<p>homelessness services (version 1)</p>	<p>discouraged or limited supply. Individuals should be reminded and discouraged from face to face contact with the isolated individual when delivering NSP items – instead posting the items through the letter box or leaving in a bag on the doorstep.</p> <p>Individuals collecting paraphernalia for others should be discouraged from collecting and returning used NSP paraphernalia / sharps containers on behalf of those required to self-isolate. Instead self-isolated individuals should be encouraged to place any needles and syringes in a sharps container and store in a safe location until it is possible to return to pharmacy for safe disposal.</p>		
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## Service Changes - Covid 19

Agenda Item Ref	Agenda Item / Theme	Date	Escalated from	Action No	Outcome	Narrative	Responsibility	Progress/Target Date/Agreed Timescale	Expected Cost	Service Change	Status R - Not completed A - In progress G - Completed	Service Change ALP View Yes /No	Source Doc
	Dental - urgent care	17/03/2020	Bronze (Primary Care)	5	Action	Meeting with CDS to confirm operational details of how they will deliver urgent care to symptomatic and diagnosed patients	Not stated	Not stated		v		No	Bronze (Primary Care)
	Community Pharmacy	17/03/2020	Bronze (Primary Care)	8	Decision	EHC/LAS move to telephone consultations	N/A	N/A		v	Green		Bronze (Primary Care)
	OoHs	24/03/2020	Bronze (Primary Care)	14	Decision	Agreed patients may have to travel after midnight and be seen at A&E	N/A	N/A		v	Green		Bronze (Primary Care)
7	Planned & Critical Care	12.03.2020		7a	Action	Confirm plans for cancellation of non-urgent surgical procedures and continuity arrangements to prioritise urgent, emergency & cancer surgery	GM Planned Care	18.3.20		v	Green		Bronze (Acute)
7	Planned & Critical Care	12.03.2020		7b	Action	Urgently profile Outpatient clinics and confirm plans for urgent priority patients, alternatives to clinic based care and reduced service capacity where indicated to release staff to support management of COVID 19 patients.	GM Planned Care	18.3.20		v	Green		Bronze (Acute)
7	Planned & Critical Care	16.03.2020		7d	Action	Explore opportunities for supporting capacity at Werndale Hospital.	GM Planned Care	18.3.20		v		No	Bronze (Acute)
7	Planned & Critical Care	23.03.2020		7h	Action	Evolving critical care plan to detail ongoing work including - <ul style="list-style-type: none"> <li>• Agree step down areas for each site in line with Site escalation plans</li> <li>• Resolve PPH coronary care shared resources (sluice)</li> <li>• BGH critically ill children pathway</li> <li>• Emergency surgical pathways (working with WAST)</li> <li>• Number of locations /trigger points considering nursing &amp; medical staff resource profiling</li> <li>• BGH Obstetric pathway</li> <li>• Werndale resource</li> </ul>	GM Planned Care	25.3.20		v		Yes	Bronze (Acute)
7	Planned & Critical Care	27.03.2020		7p	Action	Cancer Treatment Pathway Recognising variances in plans regarding Cancer surgery across sites, consideration to be given to the establishment of a Task and Finish Group to clarify interim pathways and criteria for procedures, with planning to include approved arrangements for treatment for Cancer patients at private hospitals.	All	To be progressed		v		Yes	Bronze (Acute)
7	Planned & Critical Care	30.03.2020		7v	Action	Assessment of Transfusion Patients Recognising challenges presented in admitting transfusion-dependent patients to hospital sites, information to be gathered regarding processes currently being followed across sites in order to reach agreement regarding assessment and management of risk.	GB/SP	To be progressed		v		No	Bronze (Acute)

7	Planned & Critical Care	01.04.2020			Decision	<p>Centralisation of Level 3 Services</p> <p>Recognising staffing challenges at WGH and BGH sites, and overall improvements in quality of care resulting from centralised services, Acute Bronze Group agreed a proposal to centralise treatment of Level 3 ICU patients in Carmarthenshire (GGH and PPH sites), while acknowledging inherent challenges in terms of transporting ventilated patients between sites, and sub-optimal patient cohorting arrangements, particularly at GGH.</p> <p>Proposals are based upon the following assumptions:</p> <ul style="list-style-type: none"> <li>• A safe staffing ratio of 3:1 must not be exceeded;</li> <li>• Centralisation planning to assume an aspirational maximum provision of 85 Level 3 ICU beds across GGH and PPH;</li> <li>• Additional delivery of medical Oxygen from BOC to be directed to GGH, given greater ventilated bed numbers, and lower system Oxygen losses at the site;</li> <li>• Transfer of Level 3 ventilated patients to GGH and PPH may release some staff from BGH and WGH for re-deployment;</li> <li>• Additional transport will need to be planned to convey ventilated patients from WGH and BGH sites.</li> </ul>				v		Yes	Bronze (Acute)
7	Planned & Critical Care	03.04.2020			Decision	<p>Acknowledging the caveats presented, and noting both that additional Vacuum Insulated Evaporator (VIE) capacity remains to be factored in, and that further mechanisms to ensure capacity is balanced across all sites will need to be put in place, Acute Bronze Group agreed the broad principles of the Critical Care and Enhanced Respiratory Plan for roll-out across the Health Board, subject to factoring in dependencies in terms of CPAP and ITU staffing models (to be discussed at the 06.04.20 Acute Bronze Group meeting). The Group further agreed that all trigger mechanisms for the different stages of the plan will need to be clearly communicated to all staff involved in order that they are fully prepared for the initiation of different phases.</p>				v		No	Bronze (Acute)
7	Planned & Critical Care	06.04.2020		7aa	Action	<p>Identification of Additional Bed Capacity</p> <p>Recognising the need to identify potential extra spaces within hospital sites that can be used for patient treatment (notwithstanding challenges in staffing these areas), each site to confirm additional spaces that might provide extra bed capacity to KJ.</p>	GMs	To be progressed		v		Yes	Bronze (Acute)
	Planned & Critical Care	15.04.2020		7af	Action	<p>Pharmacies Opening Hours</p> <p>In light of changes to opening hours for pharmacies across Primary Care and Acute Care areas, a paper detailing expectations for pharmacy opening hours to be provided to the Acute Bronze Group meeting scheduled for 17.04.20, and circulated to all staff.</p>	JPJ	For 17.04.20 agenda		v		Yes	Bronze (Acute)

7	Planned & Critical Care	20.04.2020			Decision	<p>Regional Support for Tertiary HddUHB Cancer Patients requiring Surgery</p> <p>Recognising significant concerns relating to the limitation of elective cancer treatment within Swansea Bay University Health Board (SBUHB) during the COVID-19 pandemic, and the resulting backlog of cancer surgeries, which has been exacerbated by limited theatre capacity within SBUHB, HddUHB Multidisciplinary Teams are proposing a regional support solution to mitigate harm to tertiary-stage patients residing within HddUHB area who have been referred for treatment to SBUHB.</p> <p>Acute Bronze Group agreed in principle to the proposal, subject to the development of a supporting operational framework based upon the following considerations:</p> <ul style="list-style-type: none"> <li>• Detail regarding relevant processes, pathways and specialties to be provided;</li> <li>• Detail relating to any variance in the proposal from current ministerial statements to be provided;</li> <li>• Internal lists of patients awaiting cancer treatments to be regularly mapped to enable capacity planning in terms of available operational capacity within HddUHB, as an alternative to SBUHB;</li> <li>• Transparency to be assured regarding the reporting of elective work undertaken across all Welsh Health Boards;</li> <li>• Robust governance arrangements relating to approval of requests to undertake external operations within the Health Board to be established.</li> </ul>				v		Yes	Bronze (Acute)
7	Planned & Critical Care	22.04.2020			Decision	Being advised of a proposal to use WGH Ward 4 as a facility to support ventilated patients in order to mitigate demand upon ICUs and theatres, and noting that the proposal is broadly supported by the Executive Director of Planning, Performance and Commissioning for submission to Gold Group, options regarding the provision of medical oxygen to Ward 4 were reviewed by Acute Bronze Group, noting			£	v		Yes	Bronze (Acute)
	Planned & Critical Care	22.04.2020			Decision	<p>Werndale USC Plan</p> <p>Noting updates to the plan agreed by Acute Bronze Group and by Gold Command to transfer suitable USC patients to the Werndale Hospital for further clinical management, Acute Bronze Group confirmed its approval of the plan, and agreed that no further amendments to the plan are required.</p>			£	v		No	Bronze (Acute)
8	Contingency Planning	20.03.2020		8l	Action	WGH DAV vehicle to be reutilised when required to support red calls.	GM WGH	Escalate to Silver group		v		No	Bronze (Acute)
8	Contingency Planning	23.03.2020		8p	Action	<p>Site plans confirming hospital movements to be communicated including –</p> <ul style="list-style-type: none"> <li>• Tertiary reparations to continue as normal</li> <li>• Inter hospitals transfers to cease</li> <li>• Patients attending A&amp;E who then require admission within Carmarthenshire, to be admitted to their local hospital nearest to their home.</li> </ul>	GMs (Sites)	25.3.20		v		Yes	Bronze (Acute)
8	Contingency Planning	25.03.2020		8w	Action	A joint meeting to be arranged between Out of Hours (OOH) Leads (to include WAST representatives) to ensure alignment of relevant services with the Covid-19 Acute Paediatric Escalation Plan.	JM	27.03.20		v		No	Bronze (Acute)
8	Contingency Planning	25.03.2020		8x	Action	Meetings to be held with site representatives to ensure that Paediatric Escalation Plans are aligned with site plans.	JM	30.03.20		v	Green		Bronze (Acute)

8	Contingency Planning	25.03.2020		8ad	Action	Support for any proposed Obstetrics & Gynaecology Consultant rota changes in Withybush General Hospital (WGH) to be ensured.	LH/ SJ	30.03.20		v		Yes	Bronze (Acute)
8	Contingency Planning	25.03.2020		Decision	Action	GGH Covid-19 Acute Paediatric Escalation Plan approved (subject to minor revisions and further updates)	Update for Silver/ Gold Command	Update for Silver/ Gold Command		v		No	Bronze (Acute)
8	Contingency Planning	25.03.2020		Decision	Action	Obstetrics Care Plan supported in principle by Withybush General Hospital (WGH), recognising the need to refine processes for putting supporting measures in place prior to submission to Silver and Gold command Groups.	Update for Silver/ Gold Command			v		Yes	Bronze (Acute)
8	Contingency Planning	25.03.2020		Decision		Independent Sector Capacity Plan (transfer of emergency Ophthalmology, Urgent Suspected Cancer and COPD services) approved in principle, recognising further development of operational details (ensuring anaesthetic capacity).	Update for Silver/ Gold Command	Complete		v	Green		Bronze (Acute)
8	Contingency Planning	27.03.2020		Decision	Action	COVID-19 Maternity/ Obstetric Plan (Operational Guidance) Plan supported in principle (recognising the potential for further minor revisions).				v		No	Bronze (Acute)
8	Contingency Planning	30.03.2020		8am	Action	Oncology/ Cancer Services Escalation Plan for COVID-19 - SACT Further detail was requested in the Systemic Anti-Cancer treatment (SACT) element of the Plan: Clarity regarding exact site location for provision of Chemotherapy (Level 3); Specification for treatment of SACT patients by priority level (1-6); Detail of SACT provision for BGH and WGH sites.	GB	To be progressed		v		Yes	Bronze (Acute)
8	Contingency Planning	30.03.2020		Decision	Action	Oncology/ Cancer Services Escalation Plan for COVID-19 Plan agreed in principle, recognising the need for further information to be provided.				v		Yes	Bronze (Acute)
8	Contingency Planning	30.03.2020		Decision	Action	Primary Care Optometric Support Proposals Acute Bronze group supported the proposals in terms of sustaining IVT services, recommending that the Director of Primary Care, Community and Long-Term Care be advised of the need to decide upon an option for Optometric support, as presented in the proposal paper.				v		Yes	Bronze (Acute)
8	Contingency Planning	03.04.2020		8ao	Action	Mental Health COVID-19 Preparedness Plan A Preparedness Plan for the MHLD Directorate to ensure the maintenance of essential services during the pandemic peak period was presented to Acute Bronze Group for information, with a request that any queries and concerns be forwarded to Liz Carroll.	All	To be progressed		v		No	Bronze (Acute)
8	Contingency Planning	03.04.2020			Decision	Pathway Flow between Hospital Sites and Field Hospitals Recognising the need to balance nursing and clinical capacity across all sites once field hospitals are operational, broad agreement regarding the need to expedite development of pathway flow between the various locations was confirmed.				v		Yes	Bronze (Acute)



8	Contingency Planning	08.04.2020		Decision	Field Hospitals Pathways Workshop – Planned Care Patients Given confirmation that Field Hospitals will admit community patients where care cannot be provided in the community, and recognising concerns expressed by County Directors at the exclusive designation of Field Hospitals as extensions of Acute Hospital sites, it was agreed that Field Hospitals will provide a continuing role in the treatment of Planned Care and community patients, following the operational Acute phase.				v		Yes	Bronze (Acute)
8	Contingency Planning	17.04.2020		8av Decision	Maternity and Neonatal Services Escalation Contingency Plans Having reviewed arrangements for each phase of escalation in place for each HB site, and noting that implementation of the Obstetric rota in BGD has not yet received Executive sign-off, Acute Bronze Group confirmed that, given its confidence that any inherent risks can be managed, Maternity and Neonatal Services Escalation Plans will be supported.				v		No	Bronze (Acute)
8	Contingency Planning	22.04.2020		8az Action	Endoscopy Update Noting that the Health Board recognises a clear and urgent need to plan for Endoscopy activity over the coming weeks and months, it was agreed by Acute Bronze Group that the update paper presented at its meeting held 22.04.2020 reflects the current position and, as such, is valid pending a further iteration of proposals for Endoscopy treatment to be forwarded for approval to Silver and Gold Command Groups. It was further advised that all managers are to note the governance structures applicable to any proposal for change to current portfolios, and are to ensure that all proposals are channelled via the HB command group hierarchy.	All	Open action		v	Green	Yes	Bronze (Acute)
7	Planned & Critical Care	06.04.2020		7z Action	Staff Modelling Recognising that staff modelling work undertaken by Heads of Nursing and the Nurse Staffing Programme Lead as an intrinsic element of Critical Care response planning will necessarily require consideration of different staff groups to make up safe patient/ non-nursing staff ratios, a proposal to include Physiotherapists confident in the operation of CPAPs (currently numbering 74 across the system) within the modelling work will be progressed.	SP	To be progressed				Yes	Bronze (Acute)
7	Planned & Critical Care	15.04.2020		7ad Action	Critical Care Medicines In order to mitigate potential risks to the availability of Critical Care medicines within the Health Board, and to support work between Pharmacy & Medicines Management Directorate and clinicians to manage stocks effectively, concerns that information regarding utilisation of drugs normally rated as second or third line choices (in order to protect stock levels) is not being as effectively disseminated as required among clinicians to be raised with Silver and Gold Command.	KJ	To be progressed				Yes	Bronze (Acute)

7	Planned & Critical Care	17.04.2020		7al	Decision	COVID Patient Transport To and From Field Hospital (FH) Sites Recognising that transport of COVID-19 patients must be included in FH operational arrangements, and recognising that further detail is required regarding patient flow and numbers before commissioning additional transport, Acute Bronze Group supported a proposal to consider the designation of an appropriate vehicle to transport COVID-19 patients to and from FH sites, subject to testing the practicalities involved.			£			Yes	Bronze (Acute)	
8	Contingency Planning	25.03.2020		8v	Action	Primary Care plans, currently under development, to be shared with the Group, once received.	KJ	27.03.20						Bronze (Acute)
8	Contingency Planning	03.04.2020			Decision	Management of Field Hospitals In accordance with Gold and Silver Command Groups' request that agreement from the Acute Bronze Group is reached regarding management of field hospitals following completion of building and operational modelling phases, consensus was reached by the Group regarding the need to ensure seamless treatment pathways and the need to support GMs (given the number of acute patients who may be admitted and the number of beds and resources required to support patient treatment), leading to an agreement that field hospitals will be managed through a Triumvirate structure, based within Secondary Care, and feeding into the Acute management structure, and that a Manager will be identified accordingly.						Yes	Bronze (Acute)	
8	Contingency Planning	03.04.2020		8ap	Action	Field Hospital Site Visits In order to check available facilities and to contextualise Critical Care planning, a recommendation to conduct site visits of field hospitals was endorsed, with arrangements for visits by GMs and relevant Service Leads to be progressed accordingly.	KJ	To be progressed				Yes	Bronze (Acute)	
8	Contingency Planning	03.04.2020			Decision	Pathway Flow between Hospital Sites and Field Hospitals Recognising the need to balance nursing and clinical capacity across all sites once field hospitals are operational, broad agreement regarding the need to expedite development of pathway flow between the various locations was confirmed.				v		Yes	Bronze (Acute)	
8	Contingency Planning	06.04.2020			Decision	Daily Operational Management of Field Hospitals Following confirmation by Silver Command Group that the operational management of Field Hospital sites will be provided through the Acute Bronze Group, it was agreed that the 08.04.20 meeting of the Group will include a workshop session to model the operational management structure of Field Hospitals and agree principles and clinical pathways which will support the sites. Points to consider will include: • Admission protocols • Triageing • Joint Primary and Secondary Care staffing models • Out of Hours cover						Yes	Bronze (Acute)	

8	Contingency Planning	06.04.2020		8aq	Action	Operational Management of Field Hospitals In order to determine whether planning relating to the Health Board Field Hospital sites is in step with national operating procedures, standard operating procedures relating to management of Field Hospitals will be circulated amongst the Group.	KJ	To be progressed				Yes	Bronze (Acute)
8	Contingency Planning	08.04.2020		8at	Action	Field Hospitals Pathways Workshop – Step Up/ Step Down Limitations: Following concerns raised regarding how Step Up of community patients to Field Hospitals can be facilitated, and regarding limitations upon community care providers in taking patients out of Field Hospitals, Meinir Jones undertook to respond to Eiry Edmunds.	MJ	To be progressed				Yes	Bronze (Acute)
8	Contingency Planning	08.04.2020		Decision		Field Hospitals Pathways Workshop Recognising the probability that the patient mix in Field Hospitals will include a significant number categorised as having acute care needs, and that patient mix will vary over time, it was agreed by Acute Bronze Group that consideration will need to be given to levels of general engineering servicing requirements, including medical oxygen supplies, to support treatment at Field Hospital sites.			£			Yes	Bronze (Acute)
8	Contingency Planning	08.04.2020		Decision		Field Hospitals Pathways Workshop – COVID/ Non-COVID Pathways Noting identification of Field Hospitals as including COVID-positive patient areas, subject to assurance that treatment of non-COVID patients can be managed safely and appropriately, it was agreed by Acute Bronze Group that there will be distinct COVID and non-COVID pathways through these sites.						Yes	Bronze (Acute)
8	Contingency Planning	08.04.2020		Decision		Field Hospitals Pathways Workshop – Step Up/ Step Down Limitations Following concerns raised regarding how Step Up of community patients to Field Hospitals can be facilitated, and regarding limitations upon community care providers in taking patients out of Field Hospitals, Meinir Jones undertook to respond to Eiry Edmunds.						Yes	Bronze (Acute)
8	Contingency Planning	08.04.2020		Decision		Field Hospitals Pathways Workshop – Step Up/ Step Down Model Development of a Step Up/ Step Down Model for Field Hospitals is complicated by, and will be subject to, the need to develop and agree processes for identification and filtering of suspected COVID patients once admitted to Field Hospital sites.						Yes	Bronze (Acute)

8	Contingency Planning	08.04.2020		Decision		Field Hospitals Pathways Workshop – Admission Pathways Consensus reached among Acute Bronze Group regarding patient admission pathways to Field Hospitals, either through direct admission from Primary Care, or via Acute sites, recognising that mechanisms relating to admission and triaging assessments undertaken in Field Hospitals will need to be clarified, and that GPs will need to understand the processes involved.						Yes	Bronze (Acute)
8	Contingency Planning	08.04.2020		Decision		Field Hospitals Pathways Workshop – Planned Care Patients Given confirmation that Field Hospitals will admit community patients where care cannot be provided in the community, and recognising concerns expressed by County Directors at the exclusive designation of Field Hospitals as extensions of Acute Hospital sites, it was agreed that Field Hospitals will provide a continuing role in the treatment of Planned Care and community patients, following the operational Acute phase.			v			Yes	Bronze (Acute)
8	Contingency Planning	08.04.2020		Decision		Field Hospitals Pathways Workshop – Community and HoN Feed into Tactical Planning Exercise In order to take a view on nursing and Secondary care requirements within Field Hospitals, it was agreed that the PPH Head of Nursing would be included in the desk-top and walk-through exercises to be held 09.04.20, and that HoNs would subsequently work closely with the PPH HoN to be appointed as part of the Field Hospital Triumvirate management structure.						Yes	Bronze (Acute)
8	Contingency Planning	08.04.2020		Decision		Field Hospitals Pathways Workshop – Application of Overarching Principles to Individual Sites It was agreed that any output from the walk-through and desk-top exercises to be held 09.04.20 feeding into the overarching principles agreed by Acute Bronze Group would be assessed jointly by Acute sites and Community Teams in order to determine how they can be applied in practice, given the differing nature of individual sites and localities.						Yes	Bronze (Acute)
8	Contingency Planning	08.04.2020		Decision		Field Hospitals Pathways Workshop – Medical Cover Acknowledging that workforce models for Field Hospitals will necessarily be based upon the acuity of patients at each site, and that re-purposing of current clinical staff will be required to support patient treatment, the need to establish clarity in relation to the medical model used to support Field Hospital facilities was agreed.			£			Yes	Bronze (Acute)

8	Contingency Planning	15.04.2020		8au		Field Hospital Workforce Modelling Noting that the central co-ordination of workforce modelling to support field Hospitals has not included input from Heads of Nursing (HoNs), and recognising the need to ensure that the deployment of appropriately skilled staff to Field Hospitals does not leave staffing gaps in hospital Acute and Critical Care areas, it was agreed to highlight the need to fully involve HoNs in re-deployment and site staffing planning.	KJ	To be progressed				Yes	Bronze (Acute)
13	IT Issues	17.04.2020		13i	Action	Digital Platforms Supporting Virtual Clinics/ Virtual Consultation Noting a variety of technological solutions available to enable virtual patient and clinician-to-clinician consultation, and recognising the need for clarity regarding how these various digital platforms may best be used to support virtual consultation, Acute Bronze Group discussed the respective merits of each system, noting the need to establish (for all options) clear governance arrangements, Identified staff Leads, effectiveness, and safety of systems once rolled out. Working on the premise that 'Attend Anywhere' and 'Microsoft Teams' offered the best solutions to providing virtual consultation, it was agreed by Acute Bronze Group that co-ordinated trials of both systems would be undertaken to inform a decision regarding the preferred platform to be rolled out for use (taking into consideration current and future funding for each system). In order to progress trials, technical support is to be provided to enable testing of 'Microsoft Teams' as a platform for virtual patient consultation in PPH.	SH/ RG	To be progressed				Yes	Bronze (Acute)

## Digital Implementation Project

<b>Submission Date</b>	05 May 2020
<b>Lead Director</b>	Andrew Carruthers
<b>Reporting Officer</b>	Stephanie Hire

<b>Pwrpas yr Adroddiad (dewiswch fel yn addas)</b> <b>Purpose of the Report (select as appropriate)</b>
Er Gwybodaeth/For Information

### ADRODDIAD SCAA SBAR REPORT

#### Sefyllfa / Situation

Welsh Government issued Hywel Dda University Health Board (HDDUHB) with emergency ring-fenced Digital Funding in response to the COVID pandemic. This funding is to pilot a selection of Software Systems across selected cohorts of patients within each directorate. This is to aid with service sustainability by means of Digital Technology, in particular in response to COVID.

The HDDUHB have set up a Project Group consisting of Scheduled and Unscheduled Care, Women and Children's, Therapies, Mental Health and Communities directorates to fast track these pilots and roll them out during the next ten weeks.

The project group have identified the following five software systems to trial, and attached a lead person to each;

- Microsoft Teams (yet to be agreed)
- Attend Anywhere (yet to be agreed)
- Dr Doctor (Chantel Roads)
- Patient Knows Best (Carolyn Williams)
- Consultant Connect (Jessica Svets)

This project requires prompt and significant progress within a 10 week period. To implement the project during this compressed timeline the group will ensure compliance with all relevant procurement policies, maintain the core principles of the health board and follow a Value Based Health Care approach in decision making.

#### Cefndir/Background

HDDUHB have been exploring options to introduce Digital Technology into its "business as usual" for several years. Exploring different software functions against service needs and the appetite for digitalisation from patients and staff.

The five software systems chosen for the pilot vary in functionality and have been implemented to different extents within HDDUHB.

##### Microsoft Teams

- Is now available for all across the Health board with limited functionality,
- Capacity to include up to 300 people in one virtual meeting,
- Booking App is currently being rolled out by the IT department,
- User will require migration to Office 365,
- SH requested a list of Medical staff and secretaries for priority migration who will be booking or carrying out virtual clinics to be submitted to the Scheduled Care Directorate office within 48 hours for submission.
- Software is currently included in the Office 365 procured on an all Wales Basis.

### Attend Anywhere

- 98% of GP's are currently using in the community,
- Works in a similar way to Microsoft Teams,
- Recent patient feedback has been positive and described as easy to use,
- Link is sent to patient which starts the virtual clinic,
- Chromium Edge is required, this has been rolled out in Hywel Dda,
- Maximum of 6 participants per virtual meeting.

### Dr Doctor

- Contains PROMS and PREMS applications,
- Can be used interchangeably with Microsoft Teams and Anytime Anywhere,
- Useful for large quantity similar procedures.

### Patient Knows Best

- Patient portal allows communications direct to patient account,
- Test results feature not yet active,
- Can be partnered with Attend Anywhere
- Includes features for documenting diagnostics, oxygen saturation, Care plans for patients, library of information, diary and appointments.

### Consultant Connect

- App based product,
- Available to register for Peer to Peer review,
- Record appointments,
- Adoptable platforms for peer review, regional/on-call rota/external agency,
- Can be linked across Community and Acute settings.

## **Asesiad / Assessment**

To achieve an evaluation of the pilot within 10 weeks the Digital implementation group have set out the following timeline.

Project Timeline			
Phase	Duration	Start Date	Completion Date
Scoping	1 week	05.05.2020	12.05.2020
Benefit Analysis and Operational Detail	1 week	12.05.2020	19.05.2020
IT Set Up	6 days	19.05.2020	24.05.2020
Training	3 days	25.05.2020	27.05.2020
Implementation/Communication	5 days	28.05.2020	01.06.2020
2 Week Review	2 weeks	02.06.2020	15.06.2020
4 Week Review	2 weeks	16.06.2020	29.06.2020
6 Week Review	2 weeks	30.06.2020	13.07.2020
8 Week Review	2 weeks	14.07.2020	27.07.2020
10 Week Review	2 weeks	28.07.2020	10.08.2020

See Scoping documents, attached:  
Scoping for Digital Implementation  
Scoping Summary

Once the individual service decides on its preferred system to pilot, the group will request the service to complete the 'Benefit Realisation and Operational Detail' phase. This will require a detailed analysis of which cohort of patients will be selected for the pilot, outline the core, desirable and optional objectives, completion of a benefit and risk analysis and create a service specific timeline within the 10 week pilot period.

After completing the 'Benefit Realisation and Operational Detail' Phase the group will initiate the 'IT set up' and 'Training' phases. For the 'IT Set Up' and 'Training' phases the group will need to understand in detail the IT resources available to them. A schedule for 'IT Set Up' and 'Training' will need to be agreed between the IT department and the service and fed back into the group. In response to comments made by the Assistant Director of Informatics at the initial meeting (05.05.2020) surrounding dedicated resources for this project. This could pose a significant risk to the project timeline and mitigating action will need to be agreed by the group at the next meeting (12.05.2020).

'Implementation' of the piloted system will be led by the service and fed back to the group. The group will provide guidance and share best practice in terms of communication and lessons learnt. As discussed in the initial meeting for implementation to be successful it will require sufficient training for staff and targeted communication and information to patients by means of letters and step by step guides.

Each Pilot will complete a fortnightly review into the group meetings and track their progress against the benefits and objectives initially outlined in the 'Benefit Analysis and Operational Detail' Phase. Services should outline what has been going well and not so well, and be given the opportunity to adjust their pilot accordingly.

At the end of the 10 week pilot period, each service will complete a Theoretical Evaluation of the system they chose. Each service should identify for each cohort of patients if the pilot has been successful or not successful and complete a review of the objectives outlined during the 'Benefit Analysis and Operational Detail' phase detailing key success factors and lessons learnt. The service should also provide patient feedback in terms of good or bad and how this can be improved or used to aid further implementations. A Benefit and Risk realisation should be completed against the benefit and risk analysis. And complete a review on how the project performed against the timeline.

### **Argymhelliad / Recommendation**

Services will continue to operate in the model activated in response to COVID until the pilot is implemented.

The group will meet weekly until the implementation of the piloted systems is complete and move to fortnightly meetings to enable review stages and evaluation process.

Feedback will be provided to 'Bronze' By the Project Lead through SBAR after each Digital Implementation meeting or verbally on an ad hoc basis.

Strategic objectives on adopting these pilots after the 10 week period need to be communicated into the group between week 8 and 10 of the pilot to further inform the evaluation.

Depending on further strategic objectives an analytic evaluation of the project should be completed once the information becomes available.



## Scoping for Digital Implementation

<b>Service</b>	
<b>Service Lead for Digital Implementation</b>	

<b>Microsoft Teams</b>	
Has your service already adopted this software	YES/NO
How could/is this software being utilised in terms of its functionality within your service?	
Will this system be useful to your service	Yes/NO
Have you requested migration/access to this software?	Yes/NO

<b>Attend Anywhere</b>	
Has your service already adopted this software	YES/NO
How could/is this software being utilised in terms of its functionality within your service?	
Will this system be useful to your service	Yes/NO
Have you requested migration/access to this software?	Yes/NO

<b>Dr Doctor</b>	
Has your service already adopted this software	YES/NO
How could/is this software being utilised in terms of its functionality within your service?	
Will this system be useful to your service	Yes/NO
Have you requested migration/access to this software?	Yes/NO

## Scoping for Digital Implementation

<b>Patient Knows Best</b>	
Has your service already adopted this software	YES/NO
How could/is this software being utilised in terms of its functionality within your service?	
Will this system be useful to your service	Yes/NO
Have you requested migration/access to this software?	Yes/NO

<b>Consultant Connect</b>	
Has your service already adopted this software	YES/NO
How could/is this software being utilised in terms of its functionality within your service?	
Will this system be useful to your service	Yes/NO
Have you requested migration/access to this software?	Yes/NO





# Digital Implementation Process Chart

Updated: 12<sup>th</sup> May 2020

# Phases



Key:



# Scoping

## Initial Meeting

Invite Directorate Leads and Service Delivery Managers to Digital Implementation Steering Group

## Circulate Scoping Document

Circulate a Scoping Template to all Services

## Collate Responses

Create Summary Table collating all responses

## Agree Preferred Way Forward

Agree pilot system for each service at meeting (12<sup>th</sup> May 2020)

## Discard Services from Pilot

Agree discarded services at meeting (12<sup>th</sup> May 2020)

Key:

Complete



Urgent Action  
Required



In Progress



Future Actions

# Scoping Outcomes

Template Slide to show Scoping Outcomes



## Benefit Analysis and Operational Detail

### Circulate Benefit Analysis and Operational Detail Document

Circulate document requiring detail

- **Scope of Preferred Way Forward**
- **Objectives**
  - Core
  - Desirable
  - Optional
- **Benefit Analysis**
- **Risk Analysis**
- **Additional Information**

### Collate Responses

Maintain Central Log for Digital Implementation Steering Group

Key:

Complete



Urgent Action  
Required



In Progress



Future Actions



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

# Benefit Analysis and Operational Detail

Template Slide to show Benefit Analysis and Operational Detail Outcomes

## Implementation: IT Set Up

### Installation Request

Clarity on how to request set up

- Portal?
- Request Template by email?

### Installation Procedure

Understand installation timelines?

- All in one go?
- Service by Service Migration?

### Ongoing Support

Will there be dedicated on going support?

### Gaps in IT resource

Will resource cause a problem to timeline?

### Collate IT Set Up Log

Collate responses for agreed IT Set Up for project reporting

- IT to report back into meetings?
- Project Team to collate?

### Amend Project Timelines Accordingly

Factor in issues from above and adjust timeline for accurate project monitoring

Key:

Complete



Urgent Action  
Required



In Progress



Future Actions

## Implementation: Training

### Training Request

Clarity on how to request training

- Portal?
- Request Template by email?

### Training Sessions

Understand training Sessions

- Duration?
- Group/individual training?
- By person?
- Instructions?

### Ongoing Support

Will there be dedicated on going support?

### Gaps in IT resource

Will resource cause a problem to timeline?

### Collate Training Log

Collate responses for agreed IT Set Up for project reporting

- IT to report back into meetings?
- Services to inform Project team for central reporting?

### Amend Project Timelines Accordingly

Factor in issues from above and adjust timeline for accurate project monitoring

Key:

Complete



Urgent Action  
Required



In Progress



Future Actions

# Implementation: Communications

## Staff

How will staff be communicated on the service change?

## Patients

Uniformed and single message to patients

- Explanation of service change
- Alternative options (no access to IT)
  - Offer access to tablets/WiFi Dongles
    - Charitable Funds?
- Specific guidelines on accessing digital services for their cohort
  - ❖ Written instructions
  - ❖ Telephone Support
  - ❖ Software Information (Functionality, Data Protection)

Key:

Complete



Urgent Action  
Required



In Progress



Future Actions

## Fortnightly review

### Set up Review Meeting

Fortnightly meetings for review

### Circulate Review Document

Create a template for fortnightly reviews to include

- Review of Objectives
- Review of Benefits and benefit realisation
- Review of Risks and Risk Realisation
- Patient Feedback
  - Questionnaires?
    - Telephone?
    - Emails?
    - Text?

### Amend Pilot

Assess requirement to amend pilot

- Need to make adjustments as seamless as possible

### Collate responses

Summaries responses for project reporting.

Key:

Complete



Urgent Action  
Required



In Progress



Future Actions

## Week 10 Evaluation

### Set up Review Meeting

Set up extended review meeting

### Strategic Objectives

Understand the Digital strategic objectives for the health Board moving forward

### Circulate Review Document

Create a template for 10 week evaluation to include

- Objectives Realisation
- Benefit realisation
- Risk Realisation
- Lessons Learnt
- Share Good Practice
- Services after the pilot?
- Patient Feedback
  - Questionnaires?
    - Telephone?
    - Emails?
    - Text?

### Recommendations to Bronze

Collate pilot evaluations and produce overarching recommendation to Bronze.

Key:

Complete



Urgent Action  
Required



In Progress



Future Actions

Row Labels	Colonoscopy	Flexi Sig	OGD	Grand Total
BGH	11	6	4	21
GGH	27	27	8	62
PPH	29	10	21	60
WGH	29	19	31	79
<b>Grand Total</b>	<b>96</b>	<b>62</b>	<b>64</b>	<b>222</b>



The Recovery Plan has been driven by Welsh Government and the document 'A proposal to support the psychological and physical wellbeing of vulnerable people affected by the COVID 19 pandemic', the document recommends that the impact of COVID-19 should be considered at population level and across the life course:

Because of the significant social impact of the COVID-19 response, children and their families are experiencing disruptions at multiple levels and could exacerbate adverse childhood experiences. The Health Visiting service will provide a service for the Early Years', and on 'Starting and developing well'.

Focussing on some emerging trends that are:

- Families Facing financial insecurity as a result of the crisis -Support to reduce child poverty –
- Increased focus on safeguarding, ensuring children are safe, whether they are attending a childcare setting or staying home for those at risk of abuse or neglect and those with special needs. Those children requiring an enhanced or intensive service.
- Support the mental wellbeing of all children through crisis – particularly in context of childcare and school closures and pressure on health services
- Issues effecting social distancing with very young children, creating productive social and educational groups
- Reduced uptake of immunisation and vaccinations and wider Healthy Child Wales Programme (HCWP)

Issue raised	WG Directives	HB position	Actions required:	Review	By whom
Restarting the Service		Currently following WG directives in regards to a reduced HCWP	To identify priority areas where there has been potential high impact as a result of COVID19	Weekly initially progressing to monthly or when any significant changes in regards to COVID	Senior management team and Team Leaders
Ensure a safe working environment that enables social distancing	Maintaining a 2m distancing in a work environment	Following National Guidelines. Implementation of a rota system – to work from home or office, depending on IT equipment. Guidelines developed for working from home.	To implement more flexible work hours between 8am-7pm where possible. Increase the rota in line with availability of IT equipment.	Weekly	Senior management team and Team Leaders

COVID 19 Recovery Plan For Health Visiting Service 7<sup>th</sup> May 2020 Hywel Dda University Health Board

Adapting the Workforce	Increase the HCWP contacts as part of the recovery phase, but adapting to peaks	Review current workforce levels, which is currently reduced by approx. 33% due to redeployment, social shielding and isolation and other COVID related absence.	Review level of workforce to reintroduce the required face to face contacts: Recall staff on redeployment as necessary.	Weekly initially progressing to monthly or when any significant changes in regards to COVID	Senior management team and Team Leaders
Continuing and reviewing new ways of working to support scaling up of service during the recovery phase of COVID 19	Recovery plan as by WG and HB	Hywel Dda has set up hubs and clean clinic rooms, to have a central phone line for triaging calls To continue using a hub based approach along with community assets To continue to have have a central phone line for triaging calls and generic email address.	To maintain the hub based approach and clean clinic rooms. Continue to provide access to health visiting in a variety of ways including a digital focus. To continue to review new ways of working and build on positive lessons learned. Adapt the service to meet the changing demands as a result of COVID 19	Weekly initially progressing to monthly or when any significant changes in regards to COVID	Senior management team and Team Leaders
Increasing the delivery and prioritisation of contacts.	In line with increase in the delivery of the HCWP	Currently the HB is operating a reduced service via virtual or telephone contacts, face to face contacts only carried when absolutely necessary as a result of a risk assessment	Agreed to prioritise: Primary Birth Visits (PBV) for primigravida Vulnerable families beginning with those requiring an intensive health visiting service	Weekly initially progressing to monthly or when any significant changes in regards to COVID	Senior management team and Team Leaders

COVID 19 Recovery Plan For Health Visiting Service 7<sup>th</sup> May 2020 Hywel Dda University Health Board

Digital Profile	To continue to increase Digital profile to maintain safety levels through the recovery phase and to provide a service fit for the future.	Currently there has been increase in IT resources however a deficit to provide an effective service remains. Microsoft teams and SKYPE are being used effectively. Still awaiting for Web based app Attend anywhere. SMART phones requested for all staff. Identified as a priority service for WICCIS. Working closely with Comms Team to post Early Years Public Health information on Face Book (FB)	To continue to review risk assessments To work with IT to implement an app to enable virtual face to face contacts with families and groups of parents. To work with Comms team to develop a Health Visiting Service information on FB	daily	Senior management team and Team Leaders
PPE	Health Visitors have access to basic protection such as gloves and aprons and masks. HB to have Guidelines for home visiting	PPE ordered via Paul Buckingham, in line with HDUHB recommendations Guidelines developed for home visiting	Been flagged at bronze meeting Team leaders currently identifying which families will require a visit face to face: safeguarding on the register but needs a multi-agency approach.	daily	Senior management team and Team Leaders
Immunisations	WG clear this remains the responsibility of Primary Care but support to be offered if	Immunisation clinics to continue in Ceredigion and Llanelli practices where Health Visitors	TL to review staffing levels to support the immunisation programme.	daily	Senior management team and Team Leaders

COVID 19 Recovery Plan For Health Visiting Service 7<sup>th</sup> May 2020 Hywel Dda University Health Board

	agreeable to staffing levels	have historically delivered immunisations to the 0-5years. Health Visitors promote immunisations at every relevant contact.	Work closely with immunisation team and primary care to promote / deliver immunisations.		



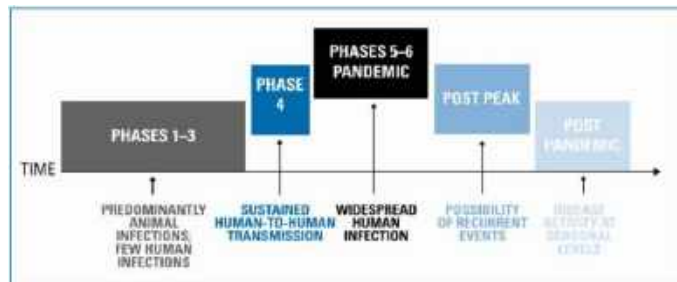
**Endoscopy Services – Hywel Dda University  
Health Board  
Covid 19 Pandemic  
Recovery Plan**

## Contents

Summary.....	3
Introduction.....	3
1. Recovery plan.....	4
1.1 Phase 1 .....	5
1.2 Phase 2 .....	8
1.3 Phase 3 .....	10
1.4 Practicalities surrounding the booking and undertaking of lists .....	11
Appendix 1.....	14

## Summary

As per the WHO's definition of the phases of a pandemic, Wales is currently in Phases 5 and 6 of the COVID-19 pandemic. This document provides guidance for Health Boards to develop a recovery plan including a mitigation and planning outline strategy for a likely "new normal" for



endoscopy services in Wales in the phase of gradual lifting of restrictions and post peak phase of COVID-19. This guidance draws on recommendations from the Service Recovery Documents published by the British Society of Gastroenterology (BSG) but also includes information specific to Wales developed by the National Endoscopy Programme (NEP) using other evidence. In line with previous BSG guidance, all but emergency endoscopic procedures have been either suspended, halted and or individually risk assessed for prioritisation since the 23<sup>rd</sup> of March 2020 and so planning the recovery of the service is imperative in order to reduce the number of delayed procedures moving forward and its consequent adverse impact on patient outcomes.

## Introduction

This document is a high level account of the actions taken by Endoscopy Management team and Clinical Leads for Endoscopy across all sites in readiness, and during the initial management of COVID 19 patients within the health board. And our phased plans to re-introduce and change the ways we deliver Endoscopy in Hywel Dda. Included in this document is the guidance and advice developed by the British Society of Gastroenterology (BSG) for what is best for patients, the population at large and healthcare staff, whilst ensuring there is a balance of risks.

## Recovery Plan

This plan sets out three phases of recovery and provides guidance on actions required in each phase along with general recommendations on practical considerations.

It is important to note that we anticipate that COVID-19 infection rates could fluctuate as public health measures relax, and so it might be necessary for some units within the Health Board to return to the level of activity in the preceding phase of the epidemic. This will need to be judged at a site level.



## Phase 1: Now

<b>Procedures</b>	<ul style="list-style-type: none"> <li>All emergency procedures should be undertaken as per BSG guidance.</li> </ul>
<b>Waiting list</b>	<p>In order to decide the appropriate action for referrals and patients already waiting, the following guiding principles are being adopted:</p> <ul style="list-style-type: none"> <li>A standardised approach to clinical management of patients waiting for procedures has been agreed. The approach is utilised consistently by a defined small group of senior clinicians &amp; service leads to make a clear decision on:             <ol style="list-style-type: none"> <li>Whether the patient should proceed straight to an endoscopic procedure or;</li> <li>Defer the endoscopic procedure to a post-pandemic phase i.e. when no significant restrictions are present for the population that would impact attendance at endoscopy or;</li> <li>Suggest an alternative procedure in addition to deferment or;</li> <li>Suggest an alternative procedure instead of an endoscopic procedure</li> </ol> </li> </ul> <p>A safety net of review by either primary or secondary care is being developed to ensure that there is clear communication of this decision to patients and primary care colleagues. The management decisions the team have made, ensures there is a balance of risk, whilst assessing what is best for patients, the population at large and healthcare staff.</p> <p><u>Lower GI</u></p> <ul style="list-style-type: none"> <li>USC's – Telephone clinics to be undertaken by the Colorectal Team for all patients who are deemed to be high risk.</li> </ul> <p><u>Upper GI</u></p> <ul style="list-style-type: none"> <li>Suspend all direct to test Endoscopy until Phase 3.</li> <li>All patients will have a senior assessment by telephone to accurately assess risk and those without red flag symptoms as per BSG guidance will be discharged on treatment with direct access SOS to secretary should their symptoms progress.</li> </ul>

	<p>We are also developing processes to ensure that patients advised to shield because of age or co-morbidity are not disadvantaged by any undue delay or put at higher risk because of non-adherence to strict regulations on Infection prevention and control</p> <p>Further to the above review of referrals, a clear understanding of the following has been essential in order to assist with planning the recovery process:</p> <ul style="list-style-type: none"> <li>• Number of new referrals received</li> <li>• Numbers of backlog patients</li> <li>• Number of new referrals usually received</li> </ul>
<b>Tracking</b>	<ul style="list-style-type: none"> <li>• The Service Management team are tracking on a weekly basis all deferred procedures, surveillance, screening, non-urgent symptomatic patients and USC patients. We are working on processes to ensure all referring clinicians and patients are kept informed of the status of their referral.</li> </ul>
<b>Bowel Screening</b>	<ul style="list-style-type: none"> <li>• The Health Board are following the communication from BSW asking Screening Practitioners to check with all participants who are known to be FIT +ve for screening and awaiting screening colonoscopy for alarm symptoms and individual risk factors to prioritise them appropriately. We have implemented CT scans as an immediate mitigation procedure during the pandemic phase.</li> </ul>
<b>FIT</b>	<ul style="list-style-type: none"> <li>• The Health Boards has started discussing the logistics for implementing FIT in low risk groups (as per NICE DG30 guidance) as this will assist with triaging of referrals from primary care.</li> <li>• Agreement at Senior Clinical level that FIT will be considered as part of Phase 3 of the recovery plan.</li> </ul>
<b>Surveillance</b>	<ul style="list-style-type: none"> <li>• We are continuing with Clinical validation of the backlog of surveillance procedures in accordance with the BSG surveillance guidelines in order to create capacity <ul style="list-style-type: none"> <li>➤ Process developed including database, discharge letter and patient leaflet.</li> <li>➤ Early indications suggest ..... of patients can be discharged under the new guidance.</li> </ul> </li> </ul>

<b>Releasing capacity</b>	<ul style="list-style-type: none"><li>• Early options appraisal developed to ensure any staff deployed for COVID commitments can return – this will be based on each sites COVID capacity and recovery plan.</li></ul>
<b>Other Administrative tasks</b>	<ul style="list-style-type: none"><li>• Implement the NEP screening tool for all patients expecting procedures (Appendix 1) and all cases planned for endoscopy in the next phase.</li><li>• Agree realistic points on lists planned for the next phase considering PPE change between patients, room clean between patients and IP&amp;C regulations. (We expect list capacity to realistically be between 6- 8 points rather than 12 depending on operators and types of procedures. This will vary by case mix and environmental issues (e.g. waiting area space, recovery area space, green zone for post-procedure admissions, room airflow turnaround).</li></ul>

## Phase 2: Early Recovery

<b>Procedures</b>	<p>The following procedures should resume in line with IP&amp;C regulations and local policy:</p> <ul style="list-style-type: none"> <li>• Planned EMR/ESD for high risk lesions</li> <li>• USC referrals – to be risk assessed on an individual basis (please see above guiding principles for review of referrals)</li> <li>• EUS for cancer staging/treatment planning where this will significantly impact therapy</li> <li>• New suspected acute colitis</li> <li>• Small bowel endoscopy for therapy</li> <li>• Variceal banding in high risk cases (recent bleeding).</li> <li>• Oesophageal endotherapy for Barrett’s Intramucosal carcinoma (subsequently for HGD depending on local feasibility)</li> <li>• Bronchoscopies – to be risk assessed on an individual basis (only those fit enough who’ve had CT with operable tumour)</li> <li>• Introduction of a Dyspepsia pathway for patients with red flag symptoms.</li> </ul>
<b>Bowel Screening</b>	<ul style="list-style-type: none"> <li>• Re-start screening colonoscopy initially for the risk stratified screening participants as above.</li> <li>• Re-start screening colonoscopy for all participants waiting following a positive screening FIT test when locally feasible, as per BSW protocols.</li> <li>• Ensure the screening tool (included in Appendix 1) is implemented for all screening procedures as well.</li> </ul>
<b>Waiting list</b>	<ul style="list-style-type: none"> <li>• Continued prioritisation of new referrals, including the clinical validation implemented in Phase 1.</li> </ul>
<b>FIT</b>	<ul style="list-style-type: none"> <li>• Develop plans for implementing FIT in low risk groups (NICE DG30) as above.</li> </ul>
<b>Surveillance</b>	<ul style="list-style-type: none"> <li>• Ensure that surveillance validation backlog is complete in order to have a clear understanding of the true demand (using the audit template that the NEP previously provided to track any removals from the waiting list and change of management).</li> </ul>

<b>Other Administrative tasks</b>	<ul style="list-style-type: none"><li>• Plan for increased activity with reduced capacity due to IP&amp;C restrictions and list capacity as outlined above in the next phase</li><li>• Commence discussions with colleagues within the Health Board regarding sustainable plans for increase in capacity and returning Endoscopy units to their original footprint.</li><li>• Consider the use of digital platforms in the absence of face to face Outpatient Clinics e.g. Consultant Connect, Microsoft Teams.</li></ul>
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### Phase 3: Re-emergence

<p><b>Procedures</b></p>	<p>The following procedures should be considered to recommence:</p> <ul style="list-style-type: none"> <li>• Any procedures that were deferred in previous phases and all new referrals</li> <li>• All symptomatic routine referrals. *This will need discussion and individual prioritisation by the Senior Clinical group.</li> <li>• FIT+ bowel screening colonoscopy - prioritisation should be to try and ensure that all participants who have already tested positive but not been able to attend for screening colonoscopy yet prior to lockdown should be individually risk assessed and prioritised bearing the above principles in mind.</li> <li>• Surveillance – polyp follow-up after validation by new guidelines complete in the previous phases and as per national guidelines</li> <li>• Disease assessment for IBD - use Faecal Calprotectin wherever feasible and clinically prioritised.</li> <li>• Low-risk follow-up and repeat scopes</li> <li>• Elective therapeutic procedures</li> <li>• Bariatric endoscopy *This will need individualised discussion at a local level depending on capacity and wider considerations</li> <li>• Routine/non urgent small bowel endoscopy</li> <li>• EUR for biliary dilatation, possible stones, submucosal lesions, pancreatic cysts without high-risk features</li> <li>• Endoscopy as part of clinical research</li> <li>• ERCP (please see BSG Grid 2 for further detail)</li> </ul> <p>*For patients with non USC lower GI symptoms a FIT test is recommended by the BSG, and if it is &lt;10, the procedure may not be required as per NICE DG30 guidance.</p>
<p><b>FIT</b></p>	<ul style="list-style-type: none"> <li>• Implement FIT in low risk groups to comply with NICE DG30 guidance.</li> </ul>
<p><b>Analysis</b></p>	<ul style="list-style-type: none"> <li>• We will continue to track and analyse the lessons learnt from the pandemic and new ways of working.</li> </ul>

### Practicalities surrounding the booking and undertaking of lists

<p><b>Pre-procedure checks for patients</b></p>	<ul style="list-style-type: none"> <li>• Patients must self-isolate for 7 days before coming in for a procedure.</li> <li>• Ensure that patients are provided with the contact numbers for the endoscopy unit before their procedure and are aware that they must contact the unit in case they develop any symptoms of COVID-19 during the 7-day self-isolation period. The procedure must be rescheduled in the event of this happening.</li> <li>• Once community testing is available a throat swab must be performed and be negative before a patient comes in for a procedure.</li> <li>• Patients must complete a pre-procedure screening questionnaire, which includes GI symptoms known to be associated with COVID-19 (Appendix 1).</li> <li>• A pre-procedure temperature check must be carried out whilst the patient is in the unit and screening questions confirmed by the admitting nurse to ensure that there are no new symptoms.</li> </ul>
<p><b>Post-procedure checks for patients</b></p>	<ul style="list-style-type: none"> <li>• Endoscopy Unit coordinators must call patients at both 7 and 14 days following their procedure to ask if they have developed any symptoms (question 2 of pre-procedure questionnaire) that could be attributed to COVID-19.</li> </ul>
<p><b>Points per list</b></p>	<ul style="list-style-type: none"> <li>• As stated above, list capacity is expected to realistically be between 6- 8 points rather than 12.</li> <li>• Whilst this is the standard advice, the specifics of this will need to be dependent on:             <ul style="list-style-type: none"> <li>➢ The type of procedure</li> <li>➢ The comfort of the operator (with flexibility expected around this)</li> <li>➢ The ability to adhere to social distancing measures within the unit (please see points below) must be taken into account when booking the case mix on a list.</li> </ul> </li> <li>• Procedure rooms will have different turnaround times due to their variance with negative pressure / air filtration systems.</li> <li>• Services should map the patient journey from their reception area to discharge room. This will determine what capacity can be safely accommodated and will suggest the optimal timing on a list. This ‘mapping’ needs to bear in mind constraints from the physical environment and staffing levels as well as IP&amp;C issues (social distancing, staff usage of PPE, airflow in theatres etc.).</li> </ul>

Endoscopy Services Recovery Plan v.1 – Hywel Dda University Health Board

<b>PPE</b>	<ul style="list-style-type: none"> <li>• National guidelines surrounding PPE must be adhered (Please click <a href="#">here</a> for advice from Public Health Wales).</li> <li>• Although different endoscopic procedures may have different levels of risk, for the sake of simplicity and safety we have decided to recommend the same personal protection measures for all procedures.</li> <li>• All patients must be provided with and wear a surgical mask during their procedure.</li> </ul>
<b>Social distancing within units</b>	<ul style="list-style-type: none"> <li>• Waiting areas will be arranged in order to allow patients to enter and exit and sit prior to their procedure whilst maintaining a 2 metre distance from other patients.</li> <li>• Recovery areas will be arranged in order to allow patients to maintain a 2 metre distance from other patients throughout.</li> <li>• Hospital regulations will be considered with regards to allowing visitors to accompany patients to the unit.</li> </ul>
<b>Shift patterns</b>	<ul style="list-style-type: none"> <li>• Each unit is working up an appraisal to provide a 7-day working pattern.</li> </ul>
<b>Paper Notes</b>	<ul style="list-style-type: none"> <li>• Paper notes pose an infection risk and should not be taken inside the procedure room.</li> <li>• Appropriate measures for checking and re-checking patient identification must be in place. Endoscopy reports must be printed and taken to the notes as soon as possible.</li> </ul>
<b>Computer entry of reports on a list</b>	<ul style="list-style-type: none"> <li>• Ensure the cleaning and disinfection of keyboards and consoles in between procedures or other infection control strategies such as a clear transparent plastic sheet to cover the keyboard that is changed after every case.</li> </ul>
<b>Telephone Assessment</b>	<ul style="list-style-type: none"> <li>• Telephone assessments of patients will continue whenever possible in order to reduce face-to-face contact between patients and clinicians.</li> <li>• This also includes consideration around the use of digital technology.</li> </ul>
<b>STT</b>	<ul style="list-style-type: none"> <li>• The Straight to Test pathway should be followed by all Health Boards for all referral urgencies and tests. This will decrease time to procedure for patients and reduce pressure on outpatient services.</li> <li>• When a patient is placed on the STT pathway, the responsibility for reviewing the results of the test and arranging the appropriate follow up lies with the secondary care clinician that triaged them onto an STT pathway.</li> <li>• A standardised pre-assessment form is to be used by all admin staff and any “red flags” must be passed on to a pre-assessment nurse to carry out a more detailed pre-assessment.</li> </ul>



- Nurse pre-assessment is to be carried out only when a red flag is raised at admin pre-assessment.

## **Appendix 1 – COVID-19 Pre-Procedure Screening Questions**

### **Accompanying notes:**

- *This questionnaire should be carried out with the patient 2 weeks before their procedure date*
- *The patient must be informed to self-isolate for 7 days before their procedure date*
- *The patient must be asked to inform the unit if they develop any of the symptoms discussed before their procedure*
- *When the patient attends for their procedure the admitting nurse must confirm the their answers to the below questions and ensure that they have not developed any new symptoms.*

### **Screening questions:**

1. In the past 14 days have you been in direct contact with someone who has either been diagnosed with Coronavirus after a throat swab test or someone who has had a new cough, fever or breathlessness?
2. Do you currently have flu-like symptoms, particularly a cough or high temperature/fever or shortness of breath, or have you had these within the past 14 days?
3. Do you have any other health conditions – if so, which ones?
4. Are you on any immune-suppressive medication or treatment for cancer?
5. Have you had a letter asking you to shield from contact with others?
6. Do you work in an area where you have a high exposure to people with confirmed and/or potential Coronavirus?
7. Are you willing to attend for your procedure currently or would you prefer to defer (postpone) your procedure for now?
8. Who will be accompanying you to your procedure? – *Please make patient aware of local hospital guidance regarding visitors*
9. *When the patient attends for their procedure please carry out a temperature check – Confirm patient has normal temperature Yes / No*

**Options appraisal regarding return to limited activity in Endoscopy.**

Options	Positive	Negative
<p><b>Option 1:</b> <b>All Sites</b>-Continue as present</p>	<p><b>GGH-</b> Urology 2 mornings (Wednesday and Friday) average 8 points, mix of USC's and stent removal.            - GI patients USC's and referrals average 2 a day.            - Assist in theatre with EUS / ERCP add hock.            - Limited endoscopy support services in place, HSDU, waiting list.  <b>WGH-</b> Ward 1 could remain as Covid positive - using Endoscopy facilities for changing and showering  <b>PPH-</b>'Old dept' could remain as Covid positive - using Endoscopy facilities for changing and showering  <b>BGH-</b> existing endoscopy team cover emergency endoscopy 'in hours' in the Anaesthetic room of DSU 3 and 'out of hours' in the Theatre            - "Old" Endoscopy unit (Level 6) remains as an Enhanced Care Ward (no patients as of 05/05/2020)</p>	<ul style="list-style-type: none"> <li>- Inability to manage Bowel screening patients</li> <li>- Inability to manage endoscopy referrals, screening , USC's, waiting lists</li> <li>- Continued delays in diagnosis of cancer patients and routine patients.</li> <li>- Limited ability to follow mandated cancer pathways.</li> <li>- Continuation of staff deployment</li> <li>- When current BGH COVID ward reaches full capacity an additional ward will be open, therefore Endoscopy Service would be stopped in DSU 3</li> <li>- No access to decontamination area - Endoscopy staff to 'vac pack' scopes and manage transportation to and from site</li> </ul>
<p><b>Option 2:</b> <b>GGH-</b>Re introduce 1 room daily am <b>or</b> pm depending on Endoscopist</p>	<p>-Return to limited service, as a reduced endoscopy capacity, to manage social distancing and infection control issues.            - 4 points per list due to infection prevention guidelines on AGP's and ventilation of room following procedure.            - All endoscopy support services i.e. HSDU, Waiting list , pre assessment, BSW remain on site            -Recommence BSW screening (6 points) 2 patients.</p>	<ul style="list-style-type: none"> <li>- Reduced points on list due to social distancing in all areas, reception, admission, recovery and discharge.</li> <li>- Would need additional PPE to manage service as per recommendations.</li> </ul>



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<p><b>PPH-</b> Recommence limited Endoscopy service within 'new dept' current location</p>	<p>- 6 points per list for respiratory patients due to infection Prevention guidelines on AGP's and ventilation of rooms following procedures.</p> <p>-Return to limited service , as a reduced endoscopy capacity, to manage social distancing and infection control issues</p> <ul style="list-style-type: none"><li>- All endoscopy support services ie. HSDU, Waiting list, pre assessment remain on site</li><li>- Endoscopy staff would return to substantive positions</li><li>- Ability to manage USC patients</li><li>- Old unit could be continued to be kept as Red Covid endoscopy. Current unit to be kept as green.</li></ul>	<ul style="list-style-type: none"><li>- ECG Dept may need their rooms back for recommencement of their services affecting our ability to deliver a service in the 'new dept'</li><li>- OPD Dept may need their rooms back for recommencement of their services affecting our ability to deliver a service in the 'new dept'</li><li>- May not fit with PPH hospital plan to manage pandemic</li><li>- Staff who have been deployed would need to return to Endoscopy service</li><li>- Would need additional PPE to manage service within the National Endoscopy Programme recommendations</li><li>- Would require additional PPE to manage services as per recommendations.</li></ul>
<p><b>WGH-</b>Relocate Ward 1 patients to another ward within WGH and recommence limited Endoscopy service in existing</p>	<p>- Return to limited service , as a reduced endoscopy capacity, to manage social distancing and infection control issues, using the pre- covid endoscopy WGH set up as a baseline</p>	<ul style="list-style-type: none"><li>- Ward 1 would need relocation</li><li>- May not fit with WGH hospital plan to manage pandemic</li></ul>

<p><b>BGH</b> - Endoscopy Unit to <b>stay</b> on DSU3</p>	<ul style="list-style-type: none"> <li>- All endoscopy support services ie. HSDU, Waiting list , pre assessment, BSW remain on site</li> <li>- Endoscopy staff would return to substantive positions</li> <li>- Ability to manage USC patients and recommence BSW screening</li> </ul> <ul style="list-style-type: none"> <li>- Return to limited service within DSU3 – some procedures could be performed but with very limited capacity (see negative)</li> <li>- “Old” Endoscopy unit (Level 6) remains as an Enhanced Care Ward that would fit with BGH hospital plan to manage pandemic</li> <li>- Endoscopy staff would return to substantive positions</li> </ul>	<ul style="list-style-type: none"> <li>- Staff who have been deployed would need to return to Endoscopy service</li> <li>- Would need additional PPE to manage service within the National Endoscopy Programme recommendations</li> </ul> <ul style="list-style-type: none"> <li>- When current BGH COVID ward reaches full capacity an additional ward will be open, therefore Endoscopy Service would be stopped in DSU 3</li> <li>- DSU 3 not suitable for Endoscopy purposes, very difficult to manage ‘Early recovery phase’ as per BSG guidance – area not suitable to provide patients flow</li> <li>- ERCP list would need to be performed in the main Theatre</li> </ul>
<p>Options</p>	<p>Positive</p>	<p>Negative</p>
<p><b>Option 3:</b> <b>GGH</b>-Re introduce 1 room daily am <b>AND</b> pm depending on Endoscopist</p>	<p>-continue to further increase USC and BS capacity</p>	<ul style="list-style-type: none"> <li>- Would need additional PPE to manage service as per recommendations</li> </ul>



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<p><b>PPH-</b> Relocate Endoscopy back to original department</p>	<p>-Return to limited service, as a reduced endoscopy capacity, to manage social distancing and infection control issues.          - All endoscopy support services i.e. HSDU, Waiting list, pre assessment remain on site          - ECG and OPD would have their rooms returned to them allowing them to utilise their departments to full potential with Endoscopy having no impact on their services</p>	<ul style="list-style-type: none"> <li>- May not fit with PPH hospital plan to manage pandemic</li> <li>- Endoscopy/DSU area would need to be returned to existing format possibly having an effect on plans for HDU/ITU patients utilising area during pandemics</li> <li>- No separation of covid and non covid</li> </ul>
<p><b>WGH-</b> Relocate Endoscopy to another area internally</p>	<p>-Return to limited service , as a reduced endoscopy capacity, to manage social distancing and infection control issues.          - All endoscopy support services i.e. HSDU, Waiting list , pre assessment, BSW remain on site          - Endoscopy staff would return to substantive positions          - Ability to manage USC patients and recommence BSW screening          -Ward 1 would not need relocation</p>	<ul style="list-style-type: none"> <li>- May not fit with WGH hospital plan to manage pandemic</li> <li>- Area would need to be suitable for Endoscopy purposes e.g. air conditioning, oxygen and suction, ability to comply with infection control guidelines and recommendations around aerosol generated procedures.</li> <li>- HSDU would need to scopes manage transportation of scopes to and from unit.</li> </ul>
<p><b>BGH-</b> Endoscopy Unit to <b>move back</b> to the original location on Level 6</p>	<p>-Return to limited service – ability to manage ‘Early recover phase’ as per BSG guidance – ability to increase activity with reduced capacity          - Decontamination of the scopes remains in the unit – no need to manage transportation to and from site          - Use telephone screening with SCOTS criteria and divide Endoscopy list as “COVID-minimised” AM list and “hot” PM list</p>	<ul style="list-style-type: none"> <li>- Enhanced Care Ward would need relocation</li> <li>- May not fit with BGH hospital plan to manage pandemic</li> </ul>



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	<ul style="list-style-type: none"> <li>-All endoscopy support services ie. Decontamination room, Waiting list, BSW remain on site</li> <li>- ERCP to be performed within the unit</li> <li>- Endoscopy staff would return to substantive positions</li> </ul>	
Options	Positive	Negative
<p><b>Option 4</b>  <b>PPH, WGH &amp; BGH-</b> Relocate Endoscopy externally to Field Hospital or Mobile Endoscopy units on site</p>	<ul style="list-style-type: none"> <li>-See Option 3</li> <li>-Endoscopy staff would remain able to support inpatient emergencies and 'on calls' within 'old dept' if area not Covid</li> <li>-“Old” Endoscopy unit (Level 6) remains as an Enhanced Care Ward that would fit with BGH hospital plan to manage pandemic</li> </ul>	<ul style="list-style-type: none"> <li>- Field hospital environments may need to be adapted to be suitable for endoscopy</li> <li>- HSDU would need to 'vac pack' scopes and manage transportation to and from site.</li> <li>- Staff and endoscopist would need to travel to location</li> <li>- No access to x- ray if needed</li> <li>- Emergency protocol would need to be 999 depending on location of unit.</li> <li>- Time restrictions as mobile unit may be difficult to source at present.</li> </ul>

### Evaluation of options

**Option 1:** - Do nothing – Continue to run a limited service for urology, USC and emergency patients, on GGH site only.

**Option 2:** - Re introduce 1 room daily am **OR** pm at GGH to increase USC and BS capacity. Recommence limited Endoscopy services within current footprint across other sites with the exception of WGH- Ward 1 patients would have to relocate to another ward to recommence any service.

**Option 3:-** Re introduce 1 room daily am **AND** pm at GGH to increase USC and BS capacity further. Relocate Endoscopy on PPH & BGH sites to original Department. Relocate Endoscopy to another area on the WGH site.

**Options 4:** - PPH, WGH & BGH to relocate all endoscopy services to either Field Hospitals or Mobile units.



## **HDUHB ONCOLOGY/Cancer Services Escalation Plan for COVID 19**

The Oncology/ Cancer Services Escalation plan looks at the plans that are currently in place for all aspects of the Oncology/ Cancer Services during the COVID 19 pandemic, taking into account the facility for cancer services may be compromised due to a combination of factors including staff sickness, lack of beds etc.

This plan looks at the Tumour site specific cancer services in relation to referral, diagnostic and surgery plans within Hywel Dda, and makes reference to implications of tertiary pathway referrals. It also looks at the Oncology services for SACT and Radiotherapy, as well as the Cancer Services co-ordinators and Cancer Tracking team.

The plan reads from level 0 which is colour coded Green where work is carried out as normal, through levels 1 Yellow, Level 2 Amber, Level 3 Red. This reflects the impact on individual services as we progress through the COVID 19 pandemic and to ensure that cancer services are maintained wherever possible, in line with the principles of the Wales Cancer Network and the NHS Collaborative, which states that during the acute phase emergency treatment (where there is imminent danger to life within 3 days) and urgent care (where there is likely disease progression limiting curability within 4 weeks) should continue. The plan has an overall RAG rating of the current status, which varies between tumour site / service.

This document has been prepared in line with Welsh Government, Wales Cancer Network and any Royal College guidance that has been issued in relation to COVID 19.

## HDUHB ONCOLOGY/Cancer Services Escalation Plan for COVID 19

Tumour Site	Current Status	Green Level 0 (Normal effect on services)	Yellow Level 1 (Moderate effect on services)	Amber Level 2 (Severe effect on services)	Red Level 3 (Major disruption to services)
<b>Urology Bladder</b>		No COVID or Suspected patients.  Work as per normal	Cystoscopy - USC Haematuria. Check cystoscopy for follow up Bladder cancer - high risk 3 month f/up. <b>Continue to refer Muscle Invasive Bladder cancer to Swansea</b>	As of 14 <sup>th</sup> April 2020, Urological USC clinics and surgery will be carried out in Werndale Hospital for those patients not requiring HDU/ITU. Cystoscopy - USC Haematuria. <b>Continue to refer Muscle Invasive Bladder cancer to Swansea</b>  Discussions are taking place with regards to working regionally with SBUHB to carry out Cystectomy/ Partial Cytstectomy locally in GGH	Macroscopic/visible haematuria only
<b>Prostate</b>			USC MRI & Selective Prostate Biopsy. Done on 1 or 2 sites (PPH/GGH).  <b>Tertiary</b> RALP service suspended at C&V	High risk prostate biopsy only. Delay USC Low/Intermediate risk. Treat as clinically diagnosed. Start on Hormones.  TRUS Biopsy is being carried out in the Priory Day Hospital in GGH <b>Tertiary</b> RALP service suspended at C&V	High Risk Kidney cancers  USC Orchiectomy
<b>Kidney</b>			All Kidney cancers	High Risk Kidney cancers Reinstated Nephrectomy surgery as of 16.4.20 at GGH due to lower that predicted COVID activity.	

## HDUHB ONCOLOGY/Cancer Services Escalation Plan for COVID 19

<b>Testicular</b>  <b>Penile</b>			USC Orchiectomy  USC Biopsy Refer to SBUHB for surgery.	USC Orchiectomy  USC Biopsy Refer to SBUHB for surgery.  SBUHB are currently developing plans for low risk surgery, not requiring HDU/ITU in the Sancta Maria Hospital.	
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## HDUHB ONCOLOGY/Cancer Services Escalation Plan for COVID 19

Tumour Site	Current Status	Green Level 0 (Normal effect on services)	Yellow Level 1 (Moderate effect on services)	Amber Level 2 (Severe effect on services)	Red Level 3 (Major disruption to services)
<b>Breast</b>		<p>No COVID or Suspected patients.</p> <p>Work as per normal</p>	<p>Move WGH Breast surgery to PPH &amp; WGH surgeon operate there as of week 23.3.20</p> <p>Surgeries to continue as per routine. Urgent and USC patients only.</p>	<p>As of 21<sup>st</sup> April 2020, Breast surgery will be carried out in Werndale Hospital.</p> <p>USC clinics will take place Peony Suite PPH for PPH, WGH and BGH USC referrals.</p> <ol style="list-style-type: none"> <li>1. Patients over the age of 70 years with ER positive disease will have a clip placed in the tumour and to be started on endocrine treatment.</li> <li>2. Patients who are postmenopausal and ER positive will be placed on to endocrine treatment with a clip insertion.</li> <li>3. To continue to operate on the premenopausal women and triple negative breast cancers.</li> </ol>	<p>Very Limited Service.</p> <p>To only offer surgery to the triple negative breast cancers. Remainder of cancers will be treated with primary endocrine treatment.</p> <p>USC patients only</p>

## HDUHB ONCOLOGY/Cancer Services Escalation Plan for COVID 19

Tumour Site	Current Status	Green Level 0 (Normal effect on services)	Yellow Level 1 (Moderate effect on services)	Amber Level 2 (Severe effect on services)	Red Level 3 (Major disruption to services)
<b>LGI (Lower Gastro Intestinal)</b>		<p>No COVID or Suspected patients.</p> <p>Work as per normal</p>	<p>1a) Presenting as emergency requiring surgery within 24 hours e.g. Closed loop obstruction, perforation - surgery offered in all sites based on patient factors. ASA grade, performance status.</p> <p>1b) Needing surgery within 72 hrs for e.g. Unresolved obstruction, bleeding</p> <p>All USC referrals will be managed. STT to test for young fit patients. Clinic appointment for elderly. Radiological imaging for confirmed cancer only. Discussion with radiologists if referrals downgraded. Radiological surveillance to be deferred unless new red flag symptoms.</p> <p>Consultants to vet clinics. Surgery on both sites at present. Cardigan clinics stepped down and patients to been seen in WGH. Consider Neo-adjuvant for rectal cancer? Short course R.T</p>	<p>As of 14.4.20 USC clinics will take place on a Monday and Thursday am in Werndale Hospital. Colorectal theatre not currently using Werndale. Clinicians will undertake any life threatening surgery via the emergency pathway</p> <p>COLONIC CANCER MANAGEMENT Early T1 and T2 cancers. Watch and wait till elective capacity restored. T3 and T4 tumours – imminent obstruction proceed to stenting or stoma if no evidence of symptoms. Rescan in 4 weeks?? And also regular remote consultations.</p> <p>RECTAL CANCER MANAGEMENT Short course radiotherapy (SCRT) for all rectal cancers including the ones who would have gone on to have straight to surgery normally and early rectal cancers. Patients who have completed Neo – Adjuvant would need reassessment as before with imaging, fitness for surgery, HDU/ITU support if required, risk of complications if surgery differed</p>	<p>Patients can be delayed for 10 to 12 weeks with no predicted outcomes eg. Screen detected carcinomas</p>

## HDUHB ONCOLOGY/Cancer Services Escalation Plan for COVID 19

				<p>and also potential risk of COVID infection.</p> <p>Patients requiring surgery within 4 weeks with expectation of possible cure and to halt progression of disease. Currently operational in both GGH &amp; WGH sites for all residents of Hywel Dda.</p> <p><b>Proposed plan – COVID activity dependant</b></p> <p>Try to gradually reinstate cancer surgery that is currently on hold. Look at annual numbers of colorectal cancer for H Dda and from this extrapolate roughly how many we should be picking up a month.</p> <p>Avoid colonoscopy (agp) unless absolutely essential so will be using abdominal CT to diagnose- mostly in Werndale.</p> <p>Extend the net from current 'obstructing cancers to try and identify other symptomatic cancers. No backlog at present to note.</p> <p>Will then possibly start: Short stay low risk, eg right hemicolectomy, ? subtotal colectomy</p>	
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## HDUHB ONCOLOGY/Cancer Services Escalation Plan for COVID 19

				<p>Left sided cancers above the rectum will be offered resection and stoma to avoid risks of anastomosis</p> <p>If 1 and 2 goes well and our COVID situation remains the same we could look at APER and anterior resection.</p> <p>It may be prudent to plan theatre 1 or 2 to HDU in recovery for 48 hours and recovery in Werndale for these major cases unless we are more successful at isolating our chosen elective ward (Derwen/Picton)</p>	
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## HDUHB ONCOLOGY/Cancer Services Escalation Plan for COVID 19

Tumour Site	Current Status	Green Level 0 (Normal effect on services)	Yellow Level 1 (Moderate effect on services)	Amber Level 2 (Severe effect on services)	Red Level 3 (Major disruption to services)
<b>Skin</b>		<p>No COVID or Suspected patients.</p> <p>Work as per normal</p>	<p>Minimise clinics to USCs. This involves triage that should be documented in the notes and there is room for discretion by the clinician.</p> <p>Reduce hospital visits through triage and see and treat clinics. Attempt definite treatment wherever possible in one visit.</p> <p>Everything else via virtual clinics or postpone (postponed cases will have been triaged)</p> <p>There is specific guidance for;</p> <p>Bowens/SCC in situ:-: consider deferring</p> <p>Melanoma in situ consider deferring treatment 2-3 months</p> <p>Consider defer wider local excision of completely excise T0 &amp; T1a melanomas for three months</p> <p>Only SCC &amp; MM for MOP. Dr Paulus is going through MOP lists</p> <p>MDT support will be provided as usual by SBUHB.</p>	<p>Cancel all elective surgeries.</p> <p>Defer all surgical excisions of BCC, including Mohs micrographic surgery, for 3-6 months, with exceptions for highly-symptomatic lesions. Highly symptomatic lesions and those with potential for significant rapid growth could be considered for surgery.</p> <p>Defer many surgical excisions of SCCs, such as SCC <i>in situ</i> and small, well differentiated SCCs. Prioritise the following lesions: Rapidly-enlarging tumours, poorly-differentiated tumours, perineural tumours, ulcerated and symptomatic lesions; lesions in patients with significant risk factors (while balancing the risk of COVID-19 complications for these high-risk patients).</p>	<p>Defer treatment of melanoma <i>in situ</i> for 2-3 months.</p> <p>Defer wide local excision of completely excised stage T0 and T1a melanoma in patients who had an initial diagnostic excision biopsy.</p> <p>The NCCN has recommended deferral of treatment of T0 and T1A lesions for up to 3 months, depending on clinical and histological features such as adequacy of biopsy sample and margin positivity.</p>



## HDUHB ONCOLOGY/Cancer Services Escalation Plan for COVID 19

			<p><b>Tertiary</b>                  Minor ops being undertaken at NPTH &amp; Singleton. 2 clinics held last week - 15 patients per clinic - only 8 pts turned up at one of the clinics.</p> <p>Minimal plastic surgery being undertaken - only SCC and melanomas.</p>		
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Tumour Site	Current Status	Green Level 0 (Normal effect on services)	Yellow Level 1 (Moderate effect on services)	Amber Level 2 (Severe effect on services)	Red Level 3 (Major disruption to services)
<b>UGI (Upper Gastro Intestinal)</b>		No COVID or Suspected patients.  Work as per normal	<p><b>Diagnostics</b>                      USC UGI endoscopy referrals are still being prioritised                      Acute UGI cancer problems are being dealt with through the emergency service.                      All cancer resections in Morrision and UHW have been cancelled</p> <p><b>Tertiary</b>                      Pancreatic – Kings have suspended outsourcing service</p>	<p>UGI endoscopy - the risk of aerolization of viral particles and the need to confine activity to absolute urgent cases only.</p> <p><b>All endoscopies have been cancelled including USC cases. The trolleys in endoscopy are being relocated to the COVID tent. Only emergency UGI cases are being done on the CEPOD lists.</b></p> <p>Guidance has been released with regards to emergency inpatient endoscopy that still needs to be carried out.</p>	UGI emergency cases only through the emergency route

## HDUHB ONCOLOGY/Cancer Services Escalation Plan for COVID 19

Tumour Site	Current Status	Green Level 0 (Normal effect on services)	Yellow Level 1 (Moderate effect on services)	Amber Level 2 (Severe effect on services)	Red Level 3 (Major disruption to services)
<b>Head &amp; Neck</b>		<p>No COVID or Suspected patients.</p> <p>Work as per normal</p>	<p>1) Follow up clinics – Patients more than 18 months -24 months from treatment: Will be seen after 6 months: These patients will have access to the key workers via telephone</p> <p>2) Acute patients, who are within 3 months of treatment and or on going treatments will consider themselves as high risk, vulnerable patients. They need to self-isolate but have access to key workers via phone: These patients will be seen on request after phone triage:</p> <p>3) USC referrals will be triaged again Red flag symptoms/ Neck lump patients – clinical examination +/- core biopsy : No nasal endoscopy examination in obvious laryngo pharyngeal symptoms: Direct to test i.e. CT and MRI : Limited US request</p> <p>4) Streamlining USC patients to one single theatre , avoiding high risk group i.e. endoscopic nasal surgery:</p> <p>5) Post laryngectomy - Speaking valve changes – High risk and would suggest , using thickeners or blocking appliance : Servox as alternatives:</p>	<p>OPD to remain in house in GGH. OPA at Werndale Hospital not required at this point. Theatre at Werndale Hospital will be on an ad hoc basis as and when required.</p> <p>Currently during April, clinics are held daily in GGH. As of May MDT Follow up clinics will be held on a Wednesday.</p> <ol style="list-style-type: none"> <li>1) Follow Up clinics to continue as planned; Access to all patients to either the surgeon, CNS via phone</li> <li>2) Acute patients continue to have access via phone</li> <li>3) Patient to be streamlined to single day to reduce exposure and use of time and resources</li> <li>4) Streamlining <i>likely tumour endoscopy into CEPOD list</i></li> <li>5) Continue as before</li> </ol> <p>Patient management by ENT team with remote expert input if required</p>	<ol style="list-style-type: none"> <li>1) Access via phone for follow up patients to be continued: On call ENT team aware</li> <li>2) Acute patients have access via phone, CNS</li> <li>3) Continue with single day OPD and emergencies from over night</li> <li>4) CEPOD list to be utilised only in life threatening cases i.e. airway compromise, stridor Related to cancer</li> <li>5) Continue as before</li> </ol> <p>Patient management by ENT team with remote expert input if required</p>

## HDUHB ONCOLOGY/Cancer Services Escalation Plan for COVID 19

Tumour Site	Current Status	Green Level 0 (Normal effect on services)	Yellow Level 1 (Moderate effect on services)	Amber Level 2 (Severe effect on services)	Red Level 3 (Major disruption to services)
<b>Lung</b>		<p>No COVID or Suspected patients.</p> <p>Work as per normal</p>	<p>All follow ups to be telephoned or VC first. Face to face only if clinically indicated.</p> <p>CT performed on basis of abnormal CXR. Initial assessment post CT via phone or VC.</p> <p>CT + U/S guided biopsies at clean facility.</p> <p>EBUS only following PET and only if accurate staging essential.</p> <p>Limit Thoracoscopy to essential procedures for high suspicion of malignancy and PS 0/1 if patients would consider and be candidates for SACT presently</p> <p><b>Tertiary</b> Monday PM Lung Cancer clinic continuing and moved to H&amp;N OPD on first floor at Morrision Hospital so throughput continues.</p> <p>Treatment stages being impacted by reduced theatre capacity as part of COVID 19 plans. Elective surgery is currently on hold.</p>	<p>As chemotherapy, radiotherapy or surgery become not available then reconsider if investigation necessary. Continue with thoracoscopy while enough beds and nursing staff to perform. If unable to provide Thoracoscopy, patients to be managed as outpatient with tunnelled pleural catheter.</p>	<p>Further invasive investigation only if likely to lead to treatment.(i.e. patient fit enough and enough capacity to allow treatment)</p>

## HDUHB ONCOLOGY/Cancer Services Escalation Plan for COVID 19

Tumour Site	Current Status	Green Level 0 (Normal effect on services)	Yellow Level 1 (Moderate effect on services)	Amber Level 2 (Severe effect on services)	Red Level 3 (Major disruption to services)
Gynaecology		<p>No COVID or Suspected patients.</p> <p>Work as per normal</p>	<p>RAC/MDT to continue unchanged. A dedicated USC GOPD clinic weekly on all sites.</p> <p>OP Hysteroscopy will run as USC urgent cases only. USC operative procedure are being accommodated</p> <p>Colposcopy screening suspended, therefore, continue to accommodate outstanding colposcopy referrals and continue with high grade treatments.</p> <p>Continue with USC Vulval sessions.</p> <p>All Tertiary Gynae surgery in SBUHB has been suspended.</p> <p>Consideration for those patients to be operated on in H Dda has not been supported by the Bronze COVID Group. The consequence is a delay in treatment.</p>	<p>As of 14<sup>th</sup> April 2020, Gynaecology USC clinics and surgery will be carried out in Werndale Hospital.</p> <p>RAC/MDT to continue unchanged. A dedicated USC GOPD clinic weekly on all sites.</p> <p>OP Hysteroscopy will run as USC urgent cases only. USC operative procedure are being accommodated</p> <p>Colposcopy screening suspended, therefore, continue to accommodate outstanding colposcopy referrals and continue with high grade treatments.</p> <p>Continue with USC Vulval sessions.</p> <p>All Tertiary Gynae surgery in SBUHB has been suspended. The Consultant Gynae Oncological Surgeon at SBUHB is currently supporting the local team at GGH to carry out surgery for tertiary H Dda patients both in GGH and Werndale Hospital.</p>	<p>Very high risk patients only</p>

## HDUHB ONCOLOGY/Cancer Services Escalation Plan for COVID 19

Tumour Site	Current Status	Green Level 0 (Normal effect on services)	Yellow Level 1 (Moderate effect on services)	Amber Level 2 (Severe effect on services)	Red Level 3 (Major disruption to services)
Haematology		<p>No COVID or Suspected patients.</p> <p>Work as per normal</p>	<p>MDT's continue weekly OP clinics reduced or being done virtually over phone. Community and out of hospital phlebotomy support (setup still in progress) USC patients being seen within urgent time-limits and GP's informed if they are being downgraded All non-urgent chemotherapy, maintenance and IV Zometa deferred by 3-4 months Treatment breaks for vulnerable and highly immunocompromised patients, where deemed appropriate All IV Rituximab changed to SC Rituximab to reduce patient time and exposure in unit and reduce nursing care burden Priority level 1 and 2 patients will have priority for treatment and continue on treatment Patients on long-term oral anti-cancer medications i.e. ibrutinib being offered prescriptions for longer durations (3 months instead of 1 month) to reduce hospital visits, through home-care</p>	<p>MDT frequency to be reduced Virtual attendance at MDT meetings from home, if self-isolating Telephone consultations and follow-up in urgent patients Manage patients by treatment intent (curative vs palliative) in appropriate age groups Cross-cover sites to support as appropriate depending on staff availability and on-call rota</p>	<p>Treat and manage only emergency or very urgent patients Cross cover sites to support as appropriate depending on staff availability and on-call rota Provide an emergency service by telephone</p>

**HDUHB ONCOLOGY/Cancer Services Escalation Plan for COVID 19**

			<b>Tertiary</b> Originally all clinics cancelled, but last week started running clinics on a Tues, Wed and Thurs for new USC patients. Virtual clinics also being run. All appointments cancelled up until mid-April.		
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## HDUHB ONCOLOGY/Cancer Services Escalation Plan for COVID 19

Health Board Wide SACT Services ( Systemic Anti-cancer Therapy)	Current Status	Green Level 0 (Normal effect on services)	Yellow Level 1 (Moderate effect on services)	Amber Level 2 (Severe effect on services)	Red Level 3 (Major disruption to services)
		<p>No COVID or Suspected patients.</p> <p>Work as per normal</p>	<ul style="list-style-type: none"> <li>• Oncology clinics are being screened by Consultant Oncologists and patients suitable for telephone review are being identified. Face to face appointments only if essential. <b>Ongoing</b></li> <li>• The Wales Cancer Network have issued guidance ‘Clinical guide for the management of cancer patients during the coronavirus pandemic’ , with prioritisation of patients requiring SACT with priority levels 1 – 6.</li> <li>• People with cancer who continue on treatment will receive GCSF injections as part of their regime to try and minimise neutropenia. <b>Ongoing</b></li> <li>• Admission flow charts in place to direct oncology triage call handlers for each acute site should a cancer patient at risk of neutropenic sepsis require assessment/admission. • Oncology/Haematology Triage line open 24/7 – 9-5 covered by Acute</li> </ul>	<ul style="list-style-type: none"> <li>• As of Monday 30th March all Carmarthenshire SACT will be provided at GGH. This ensures we can provide 1 meter between the treatment chairs. Additionally, as staff become sick workforce capacity will be maximised. The units will be upskilling to provide a place for transfusion of blood products to cancer patients also, should this be necessary. <b>In Place</b></li> <li>Oncology OPA clinics for Carmarthenshire will all move to PPH from Monday 30<sup>th</sup> March. This will be supported by a limited number of staff (1 oncology CNS &amp; 1HCSW/Receptionist) <b>In Place</b></li> <li><b>Bronglais Chemotherapy Unit</b> is located in the centre of several red areas and therefore the unit is moving to the old renal unit. Moving and Handling Department have now been moved to the university to facilitate this. Until</li> </ul>	<p>All chemotherapy will be given on one hospital site once staffing levels deplete. This will probably be WGH. We will try and maintain a service in BGH for as long as possible due to logistics, but this service may also have to be moved to WGH, depending on staffing levels.</p> <p>All Oncology OPA will be carried out via telephone with only the very exceptional patients having to come into the hospitals. Consent via VC for new patients will also be considered and supported by CNS/Cancer Pharmacist at the Hywel Dda end.</p> <p>All systemic anti-cancer treatment will be suspended except priority 1 when there would be threat to life if treatment suspended.</p>

## HDUHB ONCOLOGY/Cancer Services Escalation Plan for COVID 19

		<p>Oncology, OOH Swansea Bay UHB. <b>Completed.</b></p> <ul style="list-style-type: none"> <li>• The Macmillan Cancer Information Hubs have all been closed. Two of the staff are manning a 9-5 helpline for concerned cancer patients from the Oncology unit at Witybush where we have the space and the telephone line to provide this. They are supported by the Oncology CNS Team in terms of ensuring the advice they give continues to be valid and up to date. <b>In Place</b></li> <li>• Patient information leaflet for cancer patients has been developed and widely circulated with helpline numbers on. <b>Completed</b></li> <li>• Acute Oncology CNS Team are providing remote advice to acute admitting sites, but not providing a physical presence. As of week 23rd March, this can also now be picked up and run from home where necessary. If AOS staff numbers start depleting, then the priority will be to manage the triage line. Additional directions and relevant clinical management policies have now been embedded into the AOS intranet page. <b>In Place</b></li> </ul>	<p>the move has been made, cancer patients attending the unit will have designated parking spaces outside the current unit and will access via the patio door straight into the unit.</p> <p>The expected completion on this move is the end of April. <b>On Going</b></p> <p><b>WGH PHODU</b> - The Pembrokeshire Unit remains operational. Patients and staff are directed to enter the hospital via the green physio entrance, signage is in place, and then to first floor via a green stairwell/lift. The unit itself is spacious and 2 metre rule between chairs is achievable. <b>In Place</b></p> <p>Oncology Outpatients continues but Consultants are no longer travelling to the unit but using VC facilities instead. Patients are supported at the Hywel Dda end by Oncology CNS Team <b>In Place</b></p> <p><b>Remote Consent for SACT</b> Swansea Bay have drawn up a concession to the usual consent policy facilitating remote consent. This has now gone through Hywel</p>	<p>Outreach may be considered in the scenario</p>
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**HDUHB ONCOLOGY/Cancer Services Escalation Plan for COVID 19**

			<ul style="list-style-type: none"> <li>• The CaPS (Cancer Psychological Support Service) is being run from Ty Cymorth as a telephone service for psychological support for patients and staff for the foreseeable future. This service will combine with the bereavement counselling service for this period to provide support where needed. <b>In Place</b></li> </ul> <p><b>Tertiary</b> Treatments ongoing for both Rx and SACT unless patient choice.</p>	<p>Dda governance and is being used with immediate effect. Named nurses in each SACT unit are completing the consent process by countersigning the consent form with the patient on the first treatment day. <b>In Place</b></p> <p><b>Phlebotomy</b> From 30<sup>th</sup> March two community phlebotomy clinics have been set up to provide an offsite service for pre- treatment blood tests and central line care for cancer patients. Carmarthenshire location is Cefneithin Community Hall, Pembrokeshire location is Crundale Community Hall. These will be available Monday, Wednesday, Friday, staffed by one qualified nurse and one HCSW with phlebotomy skills.</p> <p>The community hall in Pembrokeshire is £50 per day, 3 days per week. The Community hall in Cefneithin is free of charge. In BGH Phlebotomy service will continue as normal. <b>In Place</b></p>	
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## HDUHB ONCOLOGY/Cancer Services Escalation Plan for COVID 19

### **Systemic Anti-Cancer Treatments (SACT)**

#### **Priority level 1**

Curative therapy with a high (>50%) chance of success.

Adjuvant (or neo) therapy which adds at least 50% chance of cure to surgery or radiotherapy alone or treatment given at relapse.

#### **Priority level 2**

Curative therapy with an intermediate (20- 50%) chance of success.

Adjuvant (or neo) therapy which adds 20 – 50% chance of cure to surgery or radiotherapy alone or treatment given at relapse.

#### **Priority level 3**

Curative therapy of a low chance (10 – 20%) of success

Adjuvant (or neo) therapy which adds 10 – 20% chance of cure to surgery or radiotherapy alone or treatment given at relapse

Non-curative therapy with a high (>50%) chance of >1 year of life extension.

#### **Priority level 4**

Curative therapy with a very low (0-10%) chance of success.

Adjuvant (or neo) therapy which adds a less than 10 chance of cure to surgery or radiotherapy alone or treatment given at relapse

Non-curative therapy with an intermediate (15-50%) chance of > 1 year life extension.

#### **Priority level 5**

Non-curative therapy with a high (>50%) chance of palliation / temporary tumour control but < 1 year life extension.

#### **Priority level 6**

Non-curative therapy with an intermediate (15-50%) chance of palliation or temporary tumour control and < 1 year life extension.

## HDUHB ONCOLOGY/Cancer Services Escalation Plan for COVID 19

Tertiary Radiotherapy SBUHB	Current Status	Green Level 0 (Normal effect on services)	Yellow Level 1 (Moderate effect on services)	Amber Level 2 (Severe effect on services)	Red Level 3 (Major disruption to services)
		<p>No COVID or Suspected patients.</p> <p>Work as per normal</p>	<p>Reducing footfall in the department. changing clinic letters to say only 1 other person may accompany the patient</p> <p>Consultants will need to <b>screen clinics to see if any follow up pts can be delayed/cancelled/have a telephone consultation instead</b></p> <p>Hostel will remain open until we have advice from execs otherwise.</p> <p>Radiotherapy altered fractionation being implemented immediately for: Breast Prostate</p> <p>Complete patients already started on treatment, prioritising Category 1 treatments, Emergency pts, then 2, then 3.</p> <p>Compensate gaps in treatment with RCR recommended techniques where possible. Extend overall treatment time only if necessary.</p> <p>Delay / Omit RT where safe to do so</p> <p>Default single fraction for bone pain and SCC unless needs otherwise</p>	<p>All that can be and are currently within the planning system have been delayed on hormones for (min) 12 weeks and are in Mosaic back to 'pre CTSim' appt stage. They will need a repeat CTSim in due course. Further patients have been diverted to Rutherford who were suitable also within the planning queue. This has had the biggest immediate impact on RT capacity. Delegated Approval Pathway (by RT technologists) back up and running</p> <p><b>Breast</b> 5# - reduced from 15#. First two patients started treatment Monday. Will have biggest long term impact on capacity. Re-consent issues here addressed.</p> <p>All other treatments are ongoing for both Rx and SACT unless patient choice. All Linacs up and running. Ward 12 closed due to Covid. Hostel remains open. Maggie's closed, facility being utilised for SDU staff support. Patients being supported virtually.</p>	<p>Very Limited Service.</p>

**HDUHB ONCOLOGY/Cancer Services Escalation Plan for COVID 19**

			<p>Hypo-fractionate where clinically acceptable</p> <p>Caution regarding additional risk of concurrent chemotherapy with RT</p> <p>Covid19+ patients managed with infection control measures (currently planned to be Lin 4) but still treat if clinically stable and already on treatment. If not yet started, assess if delay is reasonable. Consider very carefully before recruiting new pts to clinical trials as high possibility of protocol deviations and reduced research nurse staffing (though note some trials may be beneficial to reducing capacity eg PRIMETIME)</p> <p>Utilise regimens and schedules which are less hospital intense to reduce hospital stays/visits/ contact period/ risk of toxicity/ risk of admission as appropriate e.g.</p> <ul style="list-style-type: none"> <li>• omit concurrent, adjuvant or neo-adjuvant chemotherapy if acceptable</li> <li>• replace toxic regimens with less toxic agents</li> <li>• consider hypofractionated schedules</li> </ul>	<p><b>Radiographer Review</b> Frequency of this has been significantly reduced as per other emails due to need to use staff on machines. Concession issued. Any sick pts still seen.</p> <p><b>Lin 2</b> New linac up and running and has been handed over as intended. Radiotherapy staff are familiarising themselves with the machine with first patients starting next Monday. MeV electrons not available on Lin 2 until mid-April which is when Lin C (current MeV machine) will be switched off (to move to 3 x matched linac service whilst minimising replans). Introduction of surface guided technology is delayed until some point in the future.</p> <p><b>Mould Room –</b> Now a reduced service Weds / Thurs / Fri only 11am-3pm. No new electron end plates to be made.</p> <p><b>Lin4</b> Designated as for treating COVID patients with PPE if well. Staff trained.</p> <p><b>Radiographers</b></p>	
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**HDUHB ONCOLOGY/Cancer Services Escalation Plan for COVID 19**

			<ul style="list-style-type: none"> <li>• defer treatments in all patients where this is unlikely to have a significant impact or disease control, survival or late toxicity</li> <li>• consider toxicity of radiotherapy to the lung in patients with known Covid-19 infection</li> <li>• simplify treatments if possible</li> </ul> <p><b>Tertiary</b> Treatments ongoing for both Rx and SACT unless patient choice. All Linacs up and running. Ward 12 closed due to Covid. Hostel remains open. Maggie's closed, facility being utilised for SDU staff support. Patients being supported virtually.</p>	<p>Have been familiarising themselves with treatment machine if have been non-clinical, split the department into two to maintain workforce, enabling off site working etc.</p> <p><b>Physics</b> Similarly have been cross-skilling themselves and further enabling off site working. This all means that we are aiming to reduce our treatment linacs down to 3 functioning, matched machines</p>	
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## HDUHB ONCOLOGY/Cancer Services Escalation Plan for COVID 19

Health Board Cancer Services Team	Current Status	Green Level 0 (Normal effect on services)	Yellow Level 1 (Moderate effect on services)	Amber Level 2 (Severe effect on services)	Red Level 3 (Major disruption to services)
		<p>No COVID or Suspected patients.</p> <p>Work as per normal</p>	<p><b>MDT Meetings</b></p> <ol style="list-style-type: none"> <li>1. Reduction in MDT patient numbers if we are not doing them already to reduce MDT time.</li> <li>2. Only have the core decision making team attend to keep numbers down in the room.</li> <li>3. We have considered disruption due to staff isolation/ illness. Looking at Skype / Face time if approved by the health board for people working from home.</li> <li>4. Cancer Services are not collecting notes for the MDT meetings. They are collating lists of patients for discussion and Consultants are prepping beforehand.</li> </ol> <p><b>Cancer Tracking</b> Cancer Tracking will continue on a daily basis.</p>	<p><b>MDT Meetings</b></p> <p>Only one Co-ordinator manning the MDT with 2 other core members of the MDT in the room at any one time.</p> <p><b>Cancer Tracking</b> Team started working split shifts. Daily tracking will continue.</p>	<p><b>MDT Meetings</b></p> <p>Move to a virtual MDT where the list can be circulated to the MDT members with an additional column on the end for the Management Plan to be completed and returned to the co-ordinator to upload onto CaNISC.</p> <p><b>Cancer Tracking</b> Will continue to track as much as possible but may have to concentrate on escalation lists only.</p>

## **HDUHB ONCOLOGY/Cancer Services Escalation Plan for COVID 19**

This is phased response which will be dictated by local needs at any given time.

It is apparent that during the COVID-19 healthcare crisis, individuals and teams across Wales will have to practise very differently. The risk benefit from certain treatments as a result of associated immune-compromise and the availability of staff, infrastructure and facilities means that Healthcare professionals are going to have different discussions, sometimes very difficult ones, with patients.

We all have general responsibilities in relation to coronavirus and for these we should seek and act on national and local guidelines. We also have a specific responsibility to ensure that essential cancer service care continues with the minimum burden on the NHS.

Cancer services may not seem to be in the frontline with coronavirus but we do have a key role to play and this must be planned. In response to pressures on the NHS, the elective component of our work may be curtailed. However, cancer services will need to continue to deliver care.

We need to consider that the facility for cancer services may be compromised due to a combination of factors including staff sickness and supply chain shortages among others.

Some people with cancer are more at risk of becoming seriously ill if they contract the coronavirus infection:

- People with cancer who are undergoing active chemotherapy or radiotherapy
- People with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
- People having immunotherapy or other continuing antibody treatments for cancer
- People having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors.
- People who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs.

In addition to immunosuppression, several factors/co-morbidities are likely to be linked with a poorer prognosis with coronavirus:

- age over 60
- pre-existing cardiovascular disease
- pre-existing respiratory disease.

## **HDUHB ONCOLOGY/Cancer Services Escalation Plan for COVID 19**

The more of these individual factors a cancer patient has, the more likely they are to develop a serious illness with coronavirus especially if treated with systemic anti-cancer therapies.

Cancer patients will want to discuss with their clinicians whether the risks of beginning or continuing their cancer treatment could outweigh the benefits, given that many patients receiving systemic therapies in particular are more at risk of becoming seriously unwell if they contract the coronavirus infection. In the event of disruption to cancer services, clinicians may also need to prioritise treatment for those most in need. It is important that all decisions taken are done so with multidisciplinary team (MDT) input and clearly communicated with patients.

### **General measures across all services to reduce patient contact and maximise workforce capacity**

- Minimise face-to-face appointments
  - Offer consultations via telephone or video consultation wherever possible.
  - Cut non-essential follow-up visits.
  - Accelerate adoption of stratified follow-up models.
  - Home delivery of oral systemic agents where suitable/available.
- Reduce dwell time in services
  - For those who do still need to attend, particularly for treatment, schedule appointments to reduce waiting times.
  - Encourage patients not to arrive early
  - consider measures such as texting them when ready to see them so they can wait in their car.

Follow broader trust actions and protocols including testing and isolation of patients with coronavirus symptoms.

If staff are required to self-isolate due to contact with a confirmed case of coronavirus, consider ways they can continue to provide care and/or support MDTs. For example:

- Virtual attendance at MDT meetings



## HDUHB ONCOLOGY/Cancer Services Escalation Plan for COVID 19

- Telephone or video consultations, especially follow-ups
- identifying vulnerable patients and making contact to discuss changes to care and treatment
- identifying patients suitable for remote monitoring/follow-up
- Data entry (where remote access enabled).

### **Categories of cancer services to consider**

- Surgical patients: Continue to require admission and surgical management
- Systemic anti-cancer treatments: MDT decision-making should continue.
- Radiation therapy.
- Proton beam therapy

The Lead Cancer Clinician for the health board has developed a plan, at the request of the deputy CMO, via the Wales Cancer Network, in relation to providing an informal briefing to outline any action plan regarding the treatment of cancer patients at this time. With particular reference to MDT's, (Out-patient clinics e.g. cancer follow up and new referrals), elective cancer surgery / emergency cancer surgery, SACT / haematology and radiotherapy (if applicable).

1. **Diagnostics**( Imaging and endoscopy)

Regarding radiology, all **newly diagnosed cancer** will have appropriate imaging.

Surveillance imaging for treated cancers are suspended unless patient develops **new red flag symptoms** which warrant intervention.

Any other case scenario would need **discussion** with the radiologists regarding timing of scans particularly downgraded scans.

2. **Surgery**

Level 1a and level 1b (Op needed to save life within 24 hrs and 72hrs respectively) are being operated on.

Level 2- Intervention required if there is risk of progression of disease within 4 weeks. Currently being operated on but likely to change in the coming days/weeks.

## **HDUHB ONCOLOGY/Cancer Services Escalation Plan for COVID 19**

Level-3 Surgery can be delayed for up to 12 weeks.

As of now, all level 2 and 3 cancers are being operated on but likely to change in the coming days/ weeks with COVID infections

### **3. MDT meetings**

Discussions have taken place with MDT leads and we are in agreement to reduce patient numbers and core decision making personnel to attend these meetings only. We are mindful that there might be disruption in the coming weeks due to staff isolation/ illness. Remote working has been explored and encouraged.

### **4. Outpatient Appointments**

All referrals are streamlined and we have prioritised all urgent suspected cancer referrals. Patients are given either outpatient appointments or sent for straight to tests (endoscopy or Scans) at present. Endoscopy arrangements likely to change in the coming weeks during COVID peak.

### **5. Surgical admissions and procedures**

All non-urgent surgical admissions and surgery have been cancelled in the Health Board. Provision for emergency and cancer work are in place.

### **6. Discharge of vulnerable patients**

Following guidance from our Scheduled Care Director, robust mechanisms are in place to discharge patients from our acute sites. This is to free up beds and also prevent possible COVID infections.

### **7. Internal and professional events**

All study leave, professional leave and teaching sessions in the Hospital have been suspended to enable workforce in the planning of an imminent COVID outbreak.

## **1. Suspend non-urgent outpatient appointments and ensure urgent appointments are prioritised**

We have been actively cancelling clinics and appointments that are non-urgent in line with the process outlined below, since the start of this week.

A Health Board wide team has been set up; a Senior Operational Lead has been identified to work with all Health Board personnel to review how we suspend non-urgent outpatient appointments, and ensure urgent appointments are prioritised. Our Senior Clinicians have been fully engaged in assessing the clinical urgency across a range of specialities. This includes continuing to provide, where necessary, Rapid Access, Urgent Suspected Cancer, Cancer Care and Urgent appointments.

## **HDUHB ONCOLOGY/Cancer Services Escalation Plan for COVID 19**

We are currently working together with the appointment centre, patients and carers, to ensure patients are made aware of any changes to their scheduled appointments, and exploring all options of how our patients can access hospital services whilst social distancing; including the use of virtual appointments, community centres or integrated care centres, where appropriate.

We have been actively cancelling clinics and appointments that are non-urgent in line with the process outlined above, since the start of the week.

Whilst we have been establishing the use of See on Symptoms, we are now expanding this at pace across specialties with clinical engagement.

### **2. Suspend non-urgent surgical admissions and procedures (whilst ensuring access for emergency and urgent surgery)**

Upon receipt of the framework on Friday evening, we immediately commenced the process of cancelling all routine non-urgent surgical work across the Health Board. We are aware that our local private provider has this week been operating on a business as usual basis; however, we are in active discussions with them regarding how we work with them to support the need for additional capacity as part of our escalation response.

Speciality teams have worked together with senior clinicians to ensure that all USC and urgent surgery/treatment is undertaken appropriately, as clinically prioritised.

These actions are designed to protect our patients, staff and communities, and allow for services and beds to be reallocated, and for staff to be redeployed and retrained in priority areas.

We continue to follow the advice of Public Health Wales, the Chief Medical Officer (for Wales) and Welsh Government, as the situation evolves.

### **3. Prioritise use of Non-Emergency Patient Transport Services to focus on hospital discharge and ambulance emergency response**

As part of our outpatient reduction plan, we are working closely with NEPT services to consider how we best realign their activity to other higher priority areas within the NHS response, both considering the emergency response and also support discharge.

We have noted that as a consequence of the PM's announcement on Monday, there have been a significant number of voluntary care services drivers who are now unable to support the service. We continue to work with partners on how we best mitigate this.

## **HDUHB ONCOLOGY/Cancer Services Escalation Plan for COVID 19**

### **4. Expedite discharge of vulnerable patients from acute and community hospitals**

A dedicated hospital discharge rapid response service will be implemented to ensure that the 68 patients identified as needing social care support and 34 for Long Term Continuing Health Care are discharged from the acute sector by 30 March 2020. This process will continue throughout Business Continuity:

#### Low-level support

- For patients who previously were supported by Home from Hospital (Reablement, British Red Cross) the CONNECT service would be provided with the associated third sector support; and
- Lifeline installation within 24 hours of discharge.

#### Discharge to assess (Home from Hospital):

- No care and support plan needed just goal setting;
- Provided by Reablement, British Red Cross and any additional in-house capacity through deployed workers;
- Provision to respond within a maximum of 24 hours; and
- Assessment for care completed at home.

#### Complex Care Needs:

- Care and support/manual handling plan needed;
- Charged service;
- Residential placement offered for those currently waiting care; and
- Winter Bridging service to be extended and prioritised for those with complex needs.

#### Palliative:

- Increase capacity from Marie Curie to enhance our Continuing Care at Home service.

#### Virtual Ward:

- Crisis response service for patients who need care and treatment at home; and
- The use of the Acute Response Team.

### **5. Relax targets and monitoring arrangements across the health and care system**

## **HDUHB ONCOLOGY/Cancer Services Escalation Plan for COVID 19**

The Health Board is working in line with the Welsh Government new monitoring arrangements, and is reviewing what areas of performance, and quality and safety monitoring will be important during the pandemic.

As a result, our local executive performance review process has been suspended, to allow the organisation to focus on planning and implementing its response. We will establish mechanisms to monitor high priority Quality and Safety indicators.

### **6. Minimise regulation requirements for health and care settings**

The Long Term Care (LTC) Pathway caseload has been reviewed by the Pathway Co-ordinator and following the relaxing of the Choice Policy, rapid discharge to available Nursing Home beds is underway. For patients who have already been through the LTC assessment and have a documented DST, this DST will be sent to the Nursing Home to enable the home to assess if they are able to meet the individual's needs and agreed rapid discharge. This process will be managed electronically to avoid the care home staff having to attend hospital. For all other patients, a Nursing Needs assessment will be used completed and used for the same purpose.

Where necessary and appropriate, discussions will continue with Local Authorities regarding the potential use of residential home beds, where nursing home beds are not available, should there be additional capacity in the residential home sector. In discussion with patients and families, the option of choice of care homes will be removed.

In addition, there will continue to be MAPPA activity in the next few weeks, and our understanding is that there will continue to be screening and intervention of high risk safeguarding concerns.

### **7. Fast track placements to care homes by suspending the current protocol which gives the right to a choice of home**

The Long Term Care (LTC) Pathway caseload has been reviewed by the Pathway Co-ordinator and following the relaxing of the Choice Policy, rapid discharge to available Nursing Home beds is underway. For patients who have already been through the LTC assessment and have a documented DST, this DST will be sent to the Nursing Home to enable the home to assess if they are able to meet the individual's needs and agreed rapid discharge. This process will be managed electronically to avoid the care home staff having to attend hospital. For all other patients, a Nursing Needs assessment will be used completed and used for the same purpose.

Where necessary and appropriate, discussions will continue with Local Authorities regarding the potential use of residential home beds, where nursing home beds are not available, should there be additional capacity in the residential home sector. In discussion with patients and families, the option of choice of care homes will be removed.

## **HDUHB ONCOLOGY/Cancer Services Escalation Plan for COVID 19**

In order to support the Nursing Homes by reducing the volume of visitors, the LTC Specialist Nurses (Nurse Assessors) have moved to completing desk top reviews for the foreseeable future. The Health Board will be in regular contact with the RI/Managers to ensure that we continue to monitor the health and well-being of our residents. All Nurses and administration staff working in LTC/DoLS are aware that at some stage they will need to be deployed to District Nursing Services.

### **8. Permission to cancel internal and professional events, including study leave, to free up staff for preparations.**

All non-essential meetings/events and training has been postponed and/or cancelled. The time will be used more effectively to deliver COVID-19 training, planning and response implementation. We will have completed our active review of study leave applications in the next 48 hours, pending some necessary clinician to clinician discussions.

### **9. Relaxation of contract and monitoring arrangements for GPs and primary care practitioners.**

The Health Board has welcomed the contractual advice, which will assist us in supporting our contactors at a challenging time. Where there are actions for the Health Board, plans are being put in place to ensure that services to patients are delivered appropriately and in line with local and national guidance.

We will be working with other Health Boards to understand their position on National and Local Enhanced Services, so we can take a consistent approach with any suspension of services. We are however aware that the continuation of the Access indicator within QAIF is causing some disconcertion with Practices, who feel that given the current pressures the measure is out with current working arrangements. Work is ongoing to develop appropriate pathways for dental and eye care patients in line with the guidance.

### **10. Suspend NHS emergency service and health volunteer support to mass gatherings and events**

The Health Board is not aware of any staff who routinely support NHS Emergency Service or affiliated gatherings that would require volunteer support. It is understood that volunteers providing support to St John's Ambulance (and others) have already stepped back from this activity.

In addition to all the above actions, we are also rapidly developing the specification for "field hospital" facilities with Local Authority partners, to address the predicted acute bed capacity requirements, which for Hywel Dda is in excess of 1,000 beds. I know that Andrew Carruthers has discussed this with Andrew Sallows, and has agreed to share the final proposal for information.

## **Nursing & Residential Care Homes Risk and Escalation Management Policy**

### **1. Strategic Intent**

Within the context of an infectious outbreak (such as COVID-19), the purpose of this Risk Management and Escalation Policy is:

**1** To ensure that there are robust contingency plans in place:

- To mitigate the risks of harm to care home residents and/or care home failure;
- To prevent avoidable deaths;
- To ensure timely, appropriate interventions to support recovery from an escalation in their Risk status
- To minimise the impact of care home failure on the whole health and social care system

**2** To provide additionality to the existing Regional West Wales Escalating Concerns Policy for provider performance and support analysis of further risk escalation related to COVID-19 and implementation of escalation protocols and processes to mitigate

**3** To provide a process that allows us to assess the level of risk for every care home contracted by Health Board or the Local Authority and provide a daily overview of that risk

**4.** To provide a process that allows organisations to analyse the level of risk and implement appropriate and necessary escalation processes to mitigate the risk and timely de-escalation.

### **2. Context**

The ability of care homes to be able to continue to care for their residents safely and appropriately during any infection prevention outbreak is important in relation to improving outcomes for individuals, other residents and the home itself. London School of Economic identified 42-57% of all deaths linked to the virus were among care home residents. Studies included Spain, Italy, Ireland, Belgium and France. Further, the stability of care homes, particularly care homes for older people, is critical to the stability of the whole health and care system. Indeed, local and national evidence, focused primarily on older peoples care homes, has demonstrated the significant impact that care home compromise has already had with care homes being rendered unable to provide ongoing care to its residents. The latter has been mainly due to workforce constraints; historically recruitment and retention is challenging in the sector and

has run on an average vacancy factor of around 8 to 9%<sup>1</sup>. COVID-19 has exacerbated this problem and quite simply there is no other resource available to fill this void. Financial viability of the home is also challenged with a care home's reluctance to accept new residents when affected by an outbreak of the virus, associated with the potentially significant risks to other residents contracting COVID19, their duty of care to residents, and the associated reputational and financial risks.

Needless to say, prolonged periods in this position considerably challenges the financial viability of the home at a time when the health and care system simply would not tolerate it. It is also pertinent to acknowledge that the impact of COVID-19 on care home viability and sustainability is also highly likely to continue to have an effect on the market way beyond the current pandemic.

The usual measures that local authorities / health boards would implement in the event of the potential failure of a care home, such as moving residents to another care home; the local authority taking over the running of the care home; take over by another care home provider; or the health board taking over the running of a nursing care home are severely restricted in the context of the current Corona Virus pandemic, due to the risk of transference of COVID-19 and the health and social care system as a whole being under pressure due to reductions in staffing levels.

It is therefore of paramount importance that additional timely interventions are implemented to support the care home's recovery from escalated risk and ultimately to ensure the continuity of care of the residents.

### **3. Scope**

The scope of this policy includes:

- Care homes for adults with personal care (residential)
- Care homes for adults with nursing
- Care homes for learning disability
- Care homes for mental health

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<sup>1</sup> Skills for Care: The state of the adult social care sector and workforce in England (Oct 2019) reported that "In England, the average vacancy rate was 7.8%".

Social Care Wales Workforce Development Programme (SCWWDP) – workforce data collection 2017: Commissioned Care Provider Services Care reported that "Providers commissioned by Carmarthenshire and Swansea had the highest percentage of reported vacancies (9%) in Wales".



## 4. Risk Management

### Risks include:

- Failure to continue to provide the required standard of care
- Compromised safety and wellbeing of residents
- Compromised safeguarding practices
- More significant Deprivations of Liberty
- Failure in infection control creating a public health risk
- Destabilisation and closure of the home
- Failure to prevent avoidable deaths
- Increased demand on unscheduled care in acute hospitals
- Increased demand on community nursing and community hospitals
- Increased demand on alternative forms of social care
- Lack of cooperation of the care home
- Reputational and regulatory risks

In assessing risks associated with infectious outbreaks in nursing and residential care homes need to consider the unique challenges of each home which may impact on its resilience in these circumstances. There are two primary types of risk factors to be considered; however others include reputational, political, regulatory and service users' families.

Organisational	Health & Well-being
<ul style="list-style-type: none"><li>• Financial viability</li><li>• Leadership</li><li>• Workforce</li><li>• Environment</li></ul>	<ul style="list-style-type: none"><li>• Individual resident's complexity / acuity</li><li>• Safety and well-being of all residents</li><li>• Safety and well-being of staff</li></ul>

## 5. Risk Assessment

Each care home should be able to rate their level of risk in terms of their resilience to infectious outbreaks based on the challenges outlined above.

### 5.1 Organisational

**Financial Viability** – Nursing and residential care homes vary widely in their legal structures, business ownership and financial arrangements from a privately-owned single home, to not-for-profit organisations, and from local authority-run care homes to large companies operating many care homes across the UK.

The continued financial viability of the company or organisation which owns the care home(s) within the county is critical to its sustainability. In the event that cash flow failure or the home is unable to meet its financial obligations then a care home can rapidly collapse as a functioning entity, with the responsibility for the care and protection of the residents falling to health and social care, under the local authority's legal duties as well as the contractual obligations of the contracting organisation.

**Leadership** – Each care home will have key personnel which include the registered manager; deputy manager; registered nurse (if required); senior care workers / shift leaders.

Effective, responsive and cooperative leadership from the Responsible Individual and their key personnel is critical to mitigating the risks.

Small homes rely on a small number of key staff- the absence of these, even temporarily can cause rapid decline in the functioning and viability of the home. Many homes have entered this period with key weaknesses in this area.

**Workforce** - Typically the care sector's workforce is fragile compromised by recruitment and retention pressures. The workforce may consist of younger inexperienced staff and in contrast older workers close to retirement. Both these groups present their own challenges.

The availability and competence of the nursing and residential care home's workforce, together with any contingency staffing, to be able to deliver the required standard of care is essential to maintaining the health and well-being of the residents.

Homes which are reliant on temporary, bank or agency staff, or where morale is already low, are at particular risk.

**Environment** – The building layout and space in some nursing and residential care homes may not lend themselves easily to be able to effectively implement strategies to contain the spread of infection presenting increased risk of infection to other residents. In these situations, the guidance recommends isolation in 'a single room , with a separate bathroom where possible'.

## 5.2 Health & Wellbeing

**Individual Residents** - Each resident is an individual and their complexity / acuity will vary. Individual assessments will need to be considered to provide cumulative risk assessment in relation to the level of need / complexity / acuity of the entire nursing / residential care home population. This may regularly change given the 'turnover' of residents and their vulnerable disposition.

Assessments and interventions must distinguish between the different needs and wishes of each individual within a setting and avoid any generic approach to health needs of a setting. The needs of residents in care settings vary enormously from the well and active, people with the additional challenges of cognitive impairment or dementias, to people at the end of life. Interventions should reflect this range of needs within the setting.

**Safety & Well-being of all Residents of the Nursing / Residential Care Home** – Before agreeing to provide a service to an individual, the Registered Manager must consider any risks to the individual or to other residents, including preventing safeguarding concerns and avoidable deaths.

**Safety & Well-being of the Staff** – Before agreeing to provide a service to an individual, the Registered Manager must consider any risks to staff.

## **6. Risk Mitigation**

**Mitigating actions** on the level of risk can be considered against the four key areas that nursing and residential care home standards are assessed upon:

- Wellbeing
- Care & Support
- Environment
- Leadership & Management

The mitigating actions are based on evidenced based best practice guidance in relation to managing outbreaks.

### **6.1 Wellbeing**

- The average level of acuity / complexity is well managed and proportion of residents that are stable are greater than those who are not
- Nursing and residential care homes should have in place standard operating procedures for individual residents with suspected and confirmed infection, including appropriate infection control precautions to protect staff and residents.
- Nursing and residential care home staff should be trained to check the temperature of residents displaying possible signs of infection, using a tympanic thermometer (inserted into the ear). HDUHB has offered training via its Skills to Care programme.
- Where possible, nursing and residential care home staff should be trained to measure other vital signs, at the request of the physician, including blood pressure, heart rate, pulse, oximetry and respiratory rate. This will enable external healthcare practitioners to triage and prioritise support of residents according to need. HDUHB has offered training via its Skills to Care programme.
- All staff working with care home residents should recognise that COVID-19 may present atypically in this group. It may be necessary to use barrier precautions for residents with atypical symptoms following discussion with General Practitioners or other primary healthcare professionals.
- Where possible, primary care clinicians should share information on the level of frailty of residents (mild, moderate, severe frailty) with nursing and residential care homes, and use the Clinical Frailty Scale to help inform urgent triage decisions.

- Plans and protocols are available and implemented effectively to maintain wellbeing of residents (consider levels of escalation, CIW reports / inspections etc.)
- Practices within the home should continue to ensure individuals are properly safeguarded from abuse and/ or neglect. Any actual or risk of abuse or neglect must be reported to the local authority as usual.
- Any deprivations of liberty should continue to be the least restrictive options and must be necessary and proportionate to the perceived risks. New or renewal applications for deprivation of liberty safeguards should continue as usual.

## 6.2 Care & Support

- Care Homes should be supported to remain open to new admissions and to receive existing residents back from hospital during an infectious outbreak, following government guidance [covid-19-admission-and-care-of-people-in-care-homes](#) . This decision will ultimately remain with the Responsible Individual and Registered Manager and should only occur when it is safe to do so.
- When symptoms of infection present there is daily access to General Practitioners or other primary healthcare professionals.
- Remote monitoring available within the home to identify early signs of potential infection and access to intermediate care response within 2 hours
- Nursing and residential care homes should have standard operating procedures for isolating residents with a cognitive impairment who 'walk with purpose' (often referred to as 'wandering'). Behavioural interventions may be employed but physical restraint should not be used. If the person already has a DoLS authorisation, **in many cases changes to the person's arrangements for their care and treatment will not constitute a new deprivation of liberty and the current authorisation will cover the new arrangements**, but it may be appropriate to carry out a review.
- Nursing and residential care homes should consider whether it is feasible to manage residents entirely within their rooms or in identified 'zones' during a possible or actual outbreak. This will have implications for safe staffing, which should be considered before adopting such a policy. Advice from the Infection Prevention team will be provided for the individual circumstances of each home reporting a possible outbreak.
- Nursing and residential care homes should work with GPs and local pharmacists to ensure that they anticipate palliative care requirements and order anticipatory medications early in the illness trajectory.
- All residents have the opportunity to have an Advanced Care Plans in place, if they have the capacity to do so.  
[advance-care-planning-quick-guide](#)
- Workforce stability – reporting of deficits and recruitment challenges

## 6.3 Environment

- Social distancing measures have been adopted, particularly in communal lounges and dining areas

- Personal Protective Equipment is being worn and used correctly.
- Staff are following the correct hand washing procedure
- Cleaning schedules have been increased and focus on “high traffic” areas such as door handles, toilet flushes, and other frequently touched surfaces
- Government infection control guidance is being followed: [coronavirus-infection-prevention-and-control](#)

## 6.4 Leadership & Management

- Clear evidence of support from GPs and the community multidisciplinary teams
- Nursing and residential care homes should work with General Practitioners, community healthcare staff and community geriatricians to review Advance Care Plans with care home residents. This should include discussions about how COVID-19 may cause residents to become critically unwell, and a clear decision about whether hospital admission would be considered in this circumstance.
- Advance Care Plans must be recorded in a way that is useful for professionals called in an emergency situation. A paper copy should be filed in the care home records and, where the facility already exists, an electronic version used which can be shared with relevant services.
- Nursing and residential care homes should be aware that escalation decisions to hospital will be taken in discussion with paramedics, general practitioners and other healthcare support staff and in consideration of the individual’s Advanced Care Plan.
- A jointly agreed algorithm for **Care Home Assessment of a Suspected Case of COVID-19** is known and available for care homes to follow, see **Care Home Assessment and Management of Suspected COVID**
- They should be aware that transfer to hospital may not be offered if it is not likely to benefit the resident and if palliative or conservative care within the home is deemed more appropriate. Support will be provided to Care Homes by Clinical Nurse Specialists for Palliative Care. Care Homes should work with healthcare providers to support families and residents through this.

## 7. Escalation Levels and Monitoring Processes

### 7.1 Overview

The County should have in place a Community **Daily Operational Command** (DOC) system, which acts as the central point for care home data gathering, monitoring and analysis to inform a risk escalation level and appropriate reporting lines.

The **Daily Operational Command** will:

- Gather and monitoring processes to determine the level of risk within the service area

- Identify different level of risk escalation including the triggers for action
- Manage risk escalation levels 1 & 2 through monitoring processes and coordinated collaboration through use of a series of 'Action Checklists' – ensuring that actions are communicated and reported back through appropriate levels of command.
- Produce a daily Situation Report (SitRep) with key data.
- Alert key partners through the SitRep of any Level 3 issues that will need to be immediately escalated.

## 7.2 County Escalation Levels

Colour Coding	Level of Pressure	Monitoring	Level of Support	Action
<b>LEVEL 1</b>	Moderate/ manageable pressure	Monitoring officer works with staff and reports into daily DOC	Standard operating processes are <b>functioning as efficiently as possible</b> and not significantly compromising the system.	<b>Tolerate</b>
<b>LEVEL 2</b>	Significant Pressure	Senior Manager / Head of Service (HoS)	<b>Enhanced support required</b> with senior managers and HoS working together across the whole care system to provide appropriate support.	<b>Collaborate</b>
<b>LEVEL 3</b>	Extreme Pressure	Head of Service / Director	Requires <b>crisis intervention from external support</b> to continue service provision.	<b>Intervene</b>
<b>BUSINESS CONTINUITY</b>	Failure	Director of Social Services / Director of Long Term Care	Nursing / residential care home ceases to be in a position to continue to provide care <b>and requires extreme contingency</b> such as transfer of residents to alternative setting and / or external 'take over'.	<b>Contingency</b>

## 7.3 Care Home Risk Assessment

Every nursing and residential care home is contractually required to have a Business Continuity Plan which complies with the County's guidance document. This includes advice to keep their Business Continuity Plan under constant review, as official advice changes. The nursing / residential care home's risk rating is assessed using the West Wales Escalating Concerns Policy's risk assessment matrix:

Likelihood	Impact			
	1. Insignificant	2. Minor	3. Moderate	4. Major
4. Almost certain	4	8	12	16
3. Likely	3	6	9	12
2. Possible	2	4	6	8
1. Unlikely	1	2	3	4

Residential and nursing care homes are advised that their staffing levels will determine their risk level, as follows:

Staff Availability	0-10% Reduction	10-20% Reduction	20-30% Reduction
Risk Level			

Residential and nursing care homes are advised that the number of residents who are suspected COVID-infectious will determine their risk level, as follows:

Staff Availability	0-1 resident	2 – 4 residents	5 or more residents
Risk Level			

The County’s guidance to residential and nursing care homes sets out what is expected of providers during a COVID-19 incident or outbreak.

### 7.4 Operational Management of Escalation

- Baseline risk assessment should have been undertaken between care home providers and the County’s Commissioning team for each care home (core provider performance practice)
- Nursing and residential care home managers will contact the County’s Local Authority Commissioning team to update their risk assessment when there is a change (i.e. 2 or more residents presenting with COVID-19 symptoms; more than 10% reduction in staff availability). The Local Authority will notify all other parties.
- Nursing and residential care home business owners will contact the County’s Commissioning team to update their risk assessment if there are concerns about the financial viability of their business.
- The West Wales Escalating Concern Procedure will be used where the risk level of a nursing / residential care home is elevated to amber or red.

### 7.5 Actions to be taken at each level of Escalation

The menu of actions below provides an overview of the actions expected to be undertaken at each level.

Colour Coding	Level of Pressure	Actions Expected
<b>Green: Level 1</b>		
<b>TOLERATE</b>	Moderate/ manageable pressure	<p>Business as usual to ensure compliance with regulations / health and care standards</p> <p>Care Settings should have in place standard operating procedures for individual residents</p> <p>Appropriate infection control precautions to protect staff and residents.</p> <p>Home is provided with contact details for additional advice and support e.g. Infection Prevention &amp; Control, district nursing visits, 'just checking' calls from senior management.</p>
<b>Amber: LEVEL 2</b>		
<b>COLLABORATE</b>	Severe Pressure	<p>Implement any guidance and protocols associated with risk (e.g. <i>Managing outbreaks in care settings with multiple occupants</i>)</p> <p>Maintain good communication links with all relevant Authorities and Professionals.</p> <p>Communication to families and any other parties will need to be done in agreement with the Local Authority and or Local Health Board</p> <p>Daily reviews of residents' symptoms by appropriate professionals</p> <p>Engage with primary care GP, in reach from community nurse daily, virtual vital signs monitoring, routine IP&amp;C / Environmental Health Officer assessments, monitoring spread of infection, implementation of protocols to zone</p> <p>Access to secondary care physician for advice re Advanced Care Planning and Palliative care planning as appropriate.</p>
<b>Red: Level 3</b>		
<b>INTERVENE</b>	Extreme Pressure	<p>Care provision replaced by either Local Authority and / or Health Board personnel.</p> <p>Transfer of infected residents into another facility to protect those not infected.</p> <p>In consultation with Director of Operations and Medical Director, admit those residents who are infected to hospital to protect those remaining residents.</p>
<b>BLACK: BUSINESS CONTINGENCY</b>		
<b>CONTINGENCY</b>	Failure	<p>In the event of business continuity failure, transfer of all residents to another facility which is able to meet their needs.</p> <p>Re-provision of the nursing / residential care home into a RED nursing / residential care home site and admit other infected residents from other facilities. '</p> <p>Take over' by other organisation to stabilise the home on temporary and / or permanent basis.</p>



## 7.6 De-Escalation Process

Head of Service confirms de-escalation to Level 3 or below and notifies Directors

## 8. Operational Management and Responsibility

See **Error! Reference source not found.**

### 8.1 Clinical Management and Monitoring of Affected Residents

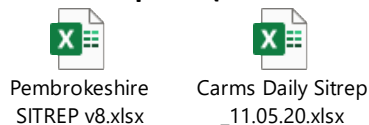
- Those residents affected by COVID-19 (suspected and confirmed) will be identified by the Daily Operational Command
- DOC notifies the relevant Locality Leadership (GP, Locality Manager and their teams)
- Daily consultation by GPs with their Care Home registered patients daily
- GPs will be responsible for reviewing those residents daily and where affected by COVID-19 ensure that close monitoring of their condition is in place by themselves and their multidisciplinary (MDT) professional colleagues
- Communication with family members undertaken by the appropriate individual determined by the GP and the MDT
- GP will refer to secondary physicians (medical and / or specialist palliative care) for specialist advice and / or when Outbreak of 10+ residents in the home
- Infection Prevention and Control / Environmental Health Officers daily support

### 8.2 Management to Support Provider Performance and Home Sustainability

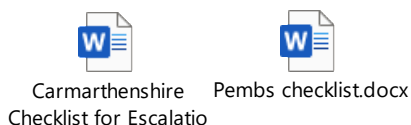
- Those care homes affected by COVID-19 (suspected and confirmed) will be identified by the DOC
- DOC notifies the appropriate Head of Service (Local Authority and / or Health Board)
- DOC notifies the relevant Locality Manager who will work with the Head of Service to support provider performance and implement appropriate mitigating actions

## **APPENDICES (To be set up as a shared folder)**

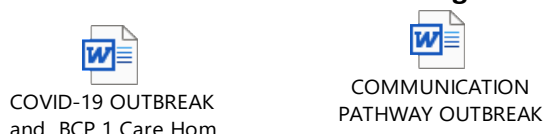
### **1. SITREP Template (Note: Carmarthenshire template under review)**



### **2. Action Checklists**



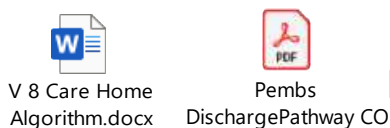
### **3. Care Home Guidance to manage an outbreak**



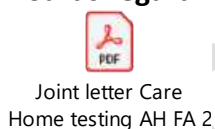
### **4. Business Continuity Planning in Care Homes**



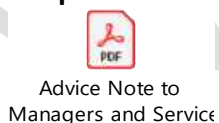
### **5. Care Home Assessment and Management of Suspected COVID**



### **6. Welsh Government's Guidance to Service Providers, Local Authorities and Health Boards regarding testing of new admissions / readmissions to Care Homes**



### **7. Carmarthenshire and Pembrokeshire's Advice Note to Service Providers regarding Hospital Discharges**



### **8. Carmarthenshire and Pembrokeshire's Advice Note on Managing COVID-19 Outbreaks in Care Settings with Multiple Occupants**



### **9. Quick Guide to Advanced Care Planning, DNACPR overview etc.**



## **10. Pembrokeshire's Policy for the decommissioning of Care and Support Services and the closure of residential/ nursing care homes, April 2017**

Insert document.

## **11. Other pertinent guidance and protocols:**

UK Government Infection control guidance:

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

British Geriatric Society COVID-19: *Managing the COVID-19 pandemic in care homes for older people* <https://www.bgs.org.uk/resources/covid-19-managing-the-covid-19-pandemic-in-care-homes>

Public Health Wales guidance: *Information for Health and Social Care professionals – Wales* <https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/information-for-healthcare-workers-in-wales/>

NICE COVID-19 rapid guideline: *Managing symptoms (including at the end of life) in the community* <https://www.nice.org.uk/guidance/ng163>

Welsh Government's COVID 19 Moral and Ethical Advisory Group Wales guidance: *Coronavirus: ethical values and principles for healthcare delivery framework* <https://gov.wales/coronavirus-ethical-values-and-principles-healthcare-delivery-framework-html>

UK Government guidance: *Coronavirus (COVID-19): looking after people who lack mental capacity* <https://www.gov.uk/government/publications/coronavirus-covid-19-looking-after-people-who-lack-mental-capacity>

<b>Version</b>	<b>Approved by</b>	<b>Date</b>	<b>Status</b>	<b>Responsible Person</b>
0.1	Tactical Health & Social Care	20.04.20	Working Doc	Rhian Dawson
1.1	Tactical Health & Social Care	24.4.20	Updated to reflect comments from: IEG; Geriatric Consultants; GP Cluster Leads	Rhian Dawson
1.2	Tactical Health & Social Care	29.4.20	Amendments from: Regional Safeguarding Board; Pembs County Council	Rhian Dawson
1.3	Tactical Health & Social Care; Hywel Dda Gold Command	12.5.20	Amendments from Pembs County Council; Carmarthenshire County Director	Rhian Dawson

# WEST WALES CARE PARTNERSHIPS DISCHARGE REQUIREMENTS



## COVID-19 Hospital Discharge Service Requirements

### West Wales Care Partnership

DRAFT

# WEST WALES CARE PARTNERSHIPS DISCHARGE REQUIREMENTS

## Contents

1. West Wales Care Partnership .....	5
1.1. Overview .....	5
1.2. Governance Arrangements re COVID-19 .....	5
2. Purpose and Scope .....	6
2.1. Purpose.....	6
2.2. Scope.....	6
2.3. Implementation.....	8
3. Home First Model.....	8
3.1. Discharge to Recover and Assess (D2RA) pathways .....	9
3.1.1. Discharge Pathway 1 – Front Door Turnaround.....	10
3.1.2. Discharge Pathway 2 – Home with Support.....	10
3.1.3. Discharge Pathway 3 – Transfer to bedded ‘step down’ facility.....	11
3.1.4. Discharge Pathway 4 – Transfer back to person’s existing care home.....	11
3.2. Roles & Responsibilities (Pathway 3 & 4).....	12
3.2.1. Clinical & Managerial Leadership Teams .....	12
3.2.2. Ward Teams .....	12
3.2.3. Discharge Teams.....	13
3.2.4. Community Health Teams.....	13
3.2.5. Therapy Services.....	13
3.2.6. Adult Social Care Teams .....	14
3.2.7. Care Providers.....	14
4. System Components (Pathways 3 & 4 only, 1 & 2 to follow) .....	15
4.1. Infection Control & Prevention .....	15
4.2. COVID Testing on Discharge .....	15
4.3. Risk Assessing People during Times of Escalation .....	16
4.4. County Care and Support Offers .....	17
4.5. Medicines Management .....	17
4.6. Equipment.....	18

## WEST WALES CARE PARTNERSHIPS DISCHARGE REQUIREMENTS

5. Reporting Requirements .....	18
6. Assessments .....	19
6.1. Palliative Care .....	19
6.2. Continuing NHS Health Care [CHC] including Decision Support Tool (DST) .....	19
6.3. Capacity Assessments .....	19
6.4. Best Interest Assessments [BIA] .....	20
Appendix 1 D2RA Pathway 3 .....	21
Appendix 2 D2RA Pathway 4 .....	22
Appendix 3 Risk Assessment Form .....	23
Appendix 4 Health & Social Care Mapping .....	26
Appendix 5a Carmarthenshire Rapid Discharge Process Map .....	32
Appendix 5b Ceredigion Rapid Discharge Process Map .....	33
Appendix 5c Pembrokeshire Rapid Discharge Process Map .....	34
Guidance .....	35

## WEST WALES CARE PARTNERSHIPS DISCHARGE REQUIREMENTS

Approved by;

Version no	Date	Approved

### Version Control

Version no	Date	Amendment
0.1	4 <sup>th</sup> May 2020	Initial draft
0.2	6 <sup>th</sup> May 2020	Discharge pathways added, reflects updated guidance for step up/down care arrangements
0.3	10 <sup>th</sup> May 2020	RD review
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0.8	13 <sup>th</sup> May 2020	Therapies services, IP&C guidance added
0.9	14 <sup>th</sup> May 2020	Red / Green discharge lounge added



# WEST WALES CARE PARTNERSHIPS DISCHARGE REQUIREMENTS

## 1. West Wales Care Partnership

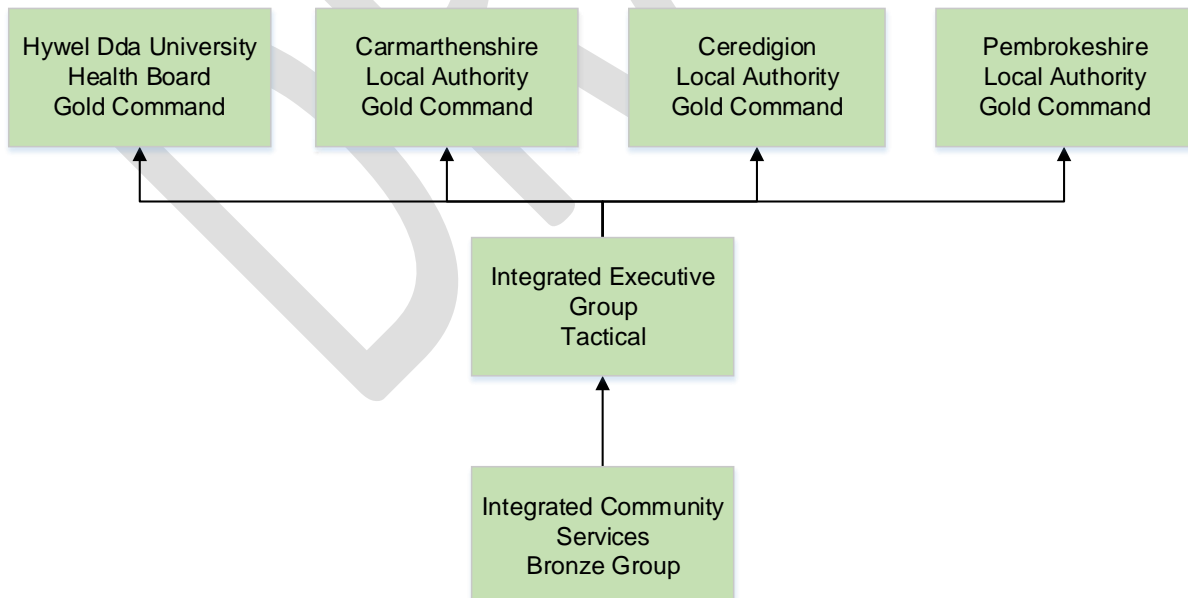
### 1.1. Overview

The West Wales Care Partnership is one of seven strategic partnerships in Wales who oversee the delivery of the sustainable social services agenda, more recently 'A Healthier Wales' and ensure that the statutory requirements of the Social Services & Wellbeing (Wales) Act 2014 are met.

The Regional Partnership Board has representation from key Directors, Elected Members & Independent Board Members/Chair from across the 3 Local Authorities and UHB in West Wales. The RPB has set a number of strategic priorities to be achieved across the organisations and provides overview and scrutiny to ensure delivery. This includes monitoring of all regional funding that is disseminated through the WWCP.

Furthermore, the Integrated Executive Group (IEG) has been established at Regional level which has representation from the 3 Directors of Social Services and a number of Executive Director's from the UHB which serve as a decision making forum for the region. Since we have entered COVID-19 emergency response, the IEG is recognised as an Integrated Health & Social Care Tactical Command group.

### 1.2. Governance Arrangements re COVID-19



# WEST WALES CARE PARTNERSHIPS DISCHARGE REQUIREMENTS

## 2. Purpose and Scope

### 2.1. Purpose

The purpose of this Guidance document is to outline our local implementation of the Welsh Government (WG) Hospital Discharge Service Requirements (Wales)<sup>1</sup> and the Update to Guidance in respect of Step-up and Step-down Care Arrangements during the COVID-19 period.<sup>2</sup>

The Discharge Requirements set out hospital discharge requirements that Hywel Dda University Health Board, the three local authorities (Carmarthenshire, Ceredigion and Pembrokeshire), the third sector and other independent parties MUST adhere to and implement during the 'COVID Emergency Period.

The foundation of these requirements are those developed as part of the 'Every Day Counts; Home First' ethos and the associated Discharge to Recover and Assess (D2RA) pathways.

To manage discharge and hospital flow during this emergency period we must;

- Expedite the service and practice developments contained at scale and pace; and
- Pool the expertise and learning at local, regional and national levels.

### 2.2. Scope

A Task & Finish Group, consisting of representatives from Health Board and each Local Authority was established to progress the work;

#### Pathways

In the first instance, given the level of risk and impact on vulnerable individuals and the resilience / sustainability of services, the initial focus of this work is on the D2RA pathways where discharge is to a new or existing bedded facility, pathways 3 & 4. These plans will consider alternative 'step down' bedded facilities to Care Homes, which may include Field Hospital sites depending on whole system risk and escalation assessment.

#### Patient COVID-19 Status

The discharge requirements apply to all patients in receipt of services from secondary care, mental health and learning disability services and are cohorted into 3 COVID-19 status groups;

**Green** patients            Admitted to an acute hospital with COVID-19 related reasons & COVID-19 negative on discharge

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<sup>1</sup> WG (2020) COVID-19 Hospital Discharge Requirements (Wales)

<sup>2</sup> WG (2020) Update to Guidance in respect of Step-up & Step-down Care Arrangements

## WEST WALES CARE PARTNERSHIPS DISCHARGE REQUIREMENTS

**Amber** patients      Admitted to an acute hospital for non COVID-19 &  
COVID-19 negative or awaiting screening result

**Red** patients      Admitted to an acute hospital with or contracted COVID-19 in hospital &  
COVID-19 positive

Full information is contained within [COVID Testing](#) section 4.2.

### Tracking of Patient Cohort

Acute and community hospitals must keep a daily list of all those suitable for discharge and report on the number of patients on the list who have left the hospital through the daily situation report.

Health & Social Care Partners must ensure that there are robust tracking mechanisms so that care users do not get lost in the system and monitor all individuals in step-down bedded facilities and in care homes not of their first choice. The nominated care coordinators will follow up to ensure patients are able to transfer back to their own home, or move on to long term care, soon as possible.

The existing complex patient discharge management tool hosted on SharePoint is being developed to ensure that all the above tracking and the subsequent reporting are maintained on a regional basis on a single platform. This can provide real time patient discharge information across all three counties in both acute and community hospital beds.

### Minimising Risk

Health & Social Care Partners must minimise risks associated with multiple contacts for patients, and actively seek to implement reciprocal arrangements for delegated tasks between health and social care staff. For example, simple nursing tasks that could be appropriately undertaken by domiciliary care staff and vice versa;

There needs to be clear accountability and escalation mechanisms at each stage of the discharge to assess process in each County.

### Escalation

The WG discharge requirements refer to the COVID-19 emergency period and this period remains in force until WG stands them down. A cautious approach is required due to the risk of additional surges in demand on easing of the current lockdown arrangements in place and the impact of resuming business as usual whilst still seeing the tail end of the first surge.

## WEST WALES CARE PARTNERSHIPS DISCHARGE REQUIREMENTS

Any decision making during this emergency period needs to reflect the 'heat' across the whole system at any given time. As such, Health & Social Care Partners must ensure they are able to monitor system escalation at any point in time in terms of demand and capacity to ensure that a balanced approach is taken across the whole system in respect of pressures on individual system areas and the resources available to respond. A Daily Operational Command should be established in each County to which Stakeholders across primary care, community, acute and social care should report their escalation status.

System level decision making relating to escalation status should be implemented as according to the Escalation Policy<sup>3</sup> see [guidance documents](#).

A Regional 'Sitrep' will provide a heat map of demand and capacity across both acute & community services within West Wales that will be reviewed weekly by the Integrated Executive Group across Health & Social Care. This will include RAG status and capacity of care homes and Infection Control.

### Personal Protection Equipment (PPE)

It is assumed that Health & Social Care Partners will ensure that the appropriate PPE is provided at the point of discharge, further details can be found within the risk assessment form for discharge.

### 2.3. Implementation

The discharge requirements, funding protocol, assessment and care threshold elements are in place with immediate effect.

## 3. Home First Model

The Home First mind-set:

- Recognises that most patients benefit from assessment in their normal place of residence where they can surprise professionals with their ability to cope in familiar surroundings;
- Acknowledges that prescribing long-term 'solutions' for patients (e.g. care home placements) may set inappropriate expectations for professional teams, patients and their families and lead to self-fulfilling prophecies

The processes and services required to enable the Home First mind-set to be delivered in practice include:

- Strengths-based and co-produced assessment (the 'What Matters' conversations)
- Simple & timely inter-professional referral and assessment processes

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<sup>3</sup> West Wales Care Partnership Care Home Risk and Escalation Management Policy

## WEST WALES CARE PARTNERSHIPS DISCHARGE REQUIREMENTS

- Trusted assessor models NB for simple care package restarts and reablement packages
- Prompt (24 to 48 hours) access to home or bed-based intermediate care services
- Optimal utilisation of third sector and housing partners to support confidence building, provide practical help and make the community connections required to sustain independence and wellbeing
- Shared risk re 'funding without prejudice' whilst establishing needs and responsibility for long-term funding is being established outside of hospital.

### 3.1. Discharge to Recover and Assess (D2RA) pathways

The All Wales 'Home First: Cartref yn Gyntaf' conference held in September 2018 explored the 4 'Discharge to Recover then Assess' pathways that support delivery of the above.

During 2018 and 2019 the Delivery Unit facilitated a series of workshops attended by nearly 250 health and social care commissioners, public, providers, policy makers, regulators and support agencies to start the process of co-producing a guidance papers for the discharge pathways.<sup>1</sup>

These workshops were designed to

- describe what 'discharge to recover then assess in an existing care home placement' should look like;
- Identify the practicalities and contingencies required to safely implement it; and
- Propose ongoing support/shared learning mechanisms.

The majority of patients will be able to be discharged without further support, other than that provided by their usual support mechanisms, such as family, friend and neighbours. For those require ongoing support, the default will be immediate entry on to a D2RA pathway, details of this discharge process is outlined in [Acute & Community Hospitals](#) section 4.2.1.



## WEST WALES CARE PARTNERSHIPS DISCHARGE REQUIREMENTS

During this emergency period whilst some of the operational elements of the pathways have changed, there is now a requirement to consider palliative care services as part of the pathways, and associated timescales the 'Home First' mind-set remains our core principle. Taking on board the All Wales guiding principles local pathways have been developed across the 4 pathways that require support to enable discharge to recover and assess either at home, in a bedded 'step-down' facility or in a person's existing care home.

A brief description of each pathway is below however during this first phase of development and operational delivery, the focus will be on pathway 3 – discharge to recover and then assess or palliative care in a bedded 'step down' facility as this is currently the area that is the highest risk across the whole system.

### 3.1.1. Discharge Pathway 1 – Front Door Turnaround

Comprehensive assessment at the 'front door' and turnaround for individuals deemed safe to assess, treat and support at home.

Types of services likely to be involved:

- Advice and Liaison
- Community Resource Teams
- Acute Response Teams
- Virtual Wards

Patient outcomes:

- Maximised independence and signposting
- Avoidance of in-patient deconditioning and infection risks
- Seamless transfer to longer-term support if required

### 3.1.2. Discharge Pathway 2 – Home with Support

In-patient treatment is complete (patient is medically optimised?) Individual is ready to return home but needs support during the recovery phase and, potentially, going forward.

Types of services likely to be involved:

- Community Resource Teams
- Reablement
- District Nursing/Acute Response
- Third sector Housing

Patient outcomes:

- Avoidance of in-patient deconditioning and infection risks
- Maximised recovery and independence.

## WEST WALES CARE PARTNERSHIPS DISCHARGE REQUIREMENTS

- Reduced reliance on statutory services.
- Seamless transfer to longer-term support if required

### 3.1.3. Discharge Pathway 3 – Transfer to bedded 'step down' facility

This will be the initial focus during this emergency period and will need to consider how the field hospitals will be utilised during this period. In-patient treatment is complete. Patient currently has medium to high dependency needs (including overnight) that rule out Pathway 2.

Types of services likely to be involved:

- Commissioned step-down beds/units in a care home
- Community Hospitals (with appropriate facilities and therapy support)
- Field Hospitals established as part of the COVID-19 response
- In-reach/outreach teams (CRTs, early supported discharge etc.)

Patient outcomes:

- Avoidance of in-patient deconditioning and infection risks
- Sufficient time in a supportive environment to recover from the acute episode
- Seamless transfer to longer-term support or placement if required

The full pathway can be found in [Appendix 1](#).

### 3.1.4. Discharge Pathway 4 – Transfer back to person's existing care home

Where individuals have been admitted from a care home and it looks as if their needs have changed, they should be assessed in their usual environment, based on the same rationale for Pathways 1, 2 & 3.

*(Note: For individuals who look as if they may need a new care home placement, Pathways 2 & 3 should always be the default options. Welsh Guidance is clear: 'adopt or justify').*

Types of services likely to be involved:

- Mental Health Liaison
- Community Resource/Therapy Teams
- Virtual Wards
- District Nurses

Patient outcomes:

- Avoidance of in-patient deconditioning and infection risks
- Least disruption to individual's physical and mental well-being
- Reduced mortality risk

The full pathway can be found in [Appendix 2](#).

## WEST WALES CARE PARTNERSHIPS DISCHARGE REQUIREMENTS

### 3.2. Roles & Responsibilities (Pathway 3 & 4)

#### 3.2.1. Clinical & Managerial Leadership Teams

- Ensure that individual risk assessments are completed prior to transfer to a bedded facility to ensure that the environment at the time of transfer is the optimal environment, with risks to the individual and others mitigated. The risk assessment form is contained in Appendix 4.
- Create safe & comfortable discharge spaces for patients to be transferred to within 1 hour of the decision to discharge, ensuring enough space for increased numbers of discharges.
- Senior clinical staff are to be available to support ward and discharge staff with appropriate risk-taking and clinical advice arrangements.
- Ensure capacity & sickness of staff resources are tracked daily to enable backfill & redeployment.
- Ensure all patients identified as being in the last days or weeks of life are rapidly transferred to the Palliative Care teams who will be responsible for facilitating discharge home (which may be a care home) or a hospice, see the [Palliative Care](#) section 6.1.
- Ensure that the data integrity of the daily discharge reporting provided to Welsh Government via the Delivery Unit.
- Ensure patients on D2RA pathways are tracked and followed up to assess for long term needs at the end of the recovery period.

#### 3.2.2. Ward Teams

- A Clinical Criteria for Discharge an Expected Date of Discharge will be agreed within 24 hours of admission.
- On admission the patient receives the relevant new NHS Wales admission leaflet A, contained [guidance section](#).
- A clinically-led review **of all patients** undertaken at an early morning board round.
- Timely testing will be undertaken for those patients who are suspected of COVID-19 and the results will form part of the decision making at the board round.
- Any patient meeting revised clinical criteria i.e. whose acute treatment is completed, will be deemed suitable for discharge.
- A 2<sup>nd</sup> afternoon board round to agree any further patients not required to be in hospital and therefore able to be discharged.
- Social care or integrated discharge team colleagues should be involved in twice daily ward reviews.
- Virtual options should be employed wherever practicable.



## WEST WALES CARE PARTNERSHIPS DISCHARGE REQUIREMENTS

- On decision of discharge the patient, family or carer, existing care providers are informed and receive the relevant new NHS Wales discharge leaflet b1, contained [guidance section](#).
- Once discharge confirmed transfer **within 1 hour** to a designated discharge lounge. Confirmed COVID-19 patients, red patients, should not mix with non COVID-19 patients and therefore this may necessitate establishing separate discharge lounges.
- Discharge from the hospital discharge lounge should occur **within 2 hours**.
- Discharged patients COVID-19 test results should be included in documentation where appropriate. If results are not ready on time then they should be forwarded in a timely manner.
- A risk assessment form needs to be completed by the Lead Clinician if there is a requirement for support from Community Services or Adult Social Care Services on discharge, see [Appendix 3](#).

### 3.2.3. Discharge Teams

- Provide expert advice and support to ward teams on the appropriate D2RA pathways.
- Arrange dedicated staff to support and manage patients on pathway 0.
- Provide effective discharge planning for people with no home to go to and ensure that no-one is discharged to the street.

### 3.2.4. Community Health Teams

- The model should be available at least 08:00 – 20:00 7 days per week.
- Have an easily accessible Single Point of Contact to accept referrals from hospitals and alongside local authorities source the appropriate care requested.
- Provide a named point of contact to receive and respond to care provider enquiries.
- Deliver enhanced occupational therapy and physiotherapy 7 days per week.

### 3.2.5. Therapy Services

Therapeutic support will be available in step down bedded facilities based on stratified approach.

This will be based on clinical risk and include;

- Therapists training others in step down bedded facilities to deliver therapeutic care
- Therapists developing therapeutic plan/guide that follows patient from acute hospital to step down facility, delivered by care team.
- Therapists devising, delegating and overseeing therapeutic plans for individuals.
- Therapeutic interventions may be delivered by trained HCSW's/therapy support workers.
- Therapists providing hands on assessment & interventions.

## WEST WALES CARE PARTNERSHIPS DISCHARGE REQUIREMENTS

Deployment of therapies is

- Considered/balanced across the system (acute/community/primary/step down units) following a risk based approach
- Likely to be different for each profession and individual patient need
- Viewed as a single/complete resource
- flexible over time, flexing up and down in response to surges in Covid demand
- tailored to locality/population need
- mobile across settings, to target skill/resource in the right place for patient need (therapists moves with the patient)
- Appropriate – staffing model is appropriate to the needs of the patients/unit. Ranging from visiting/inreach approach to supporting leadership and day to day operations where rehabilitation is primary purpose
- Staff skills and skill mix used to best effect
- Underpinned by training where needed
- Delivered over 7/7 where this adds value
- Equipped to deliver required activity
- Aligned with wider MDT
- Collaborative and interdisciplinary, working together and sharing of skills with others

### 3.2.6. Adult Social Care Teams

- Provide a Single Point of Contact for HDuHB to approach when coordinating the discharge of patients. Full details on a county by county basis can be found in Appendix 4
- Continue safeguarding investigations in the hospital setting, wherever necessary.
- Ensure 7 day working for community health & social care teams.

### 3.2.7. Care Providers

- Registered Managers are requested to use the care & Support Capacity Tool App provided by DEWIS to make vacancy information available in real time.
- Where Trusted Assessor relationships and arrangements are not in place, rapidly work with the discharge team to implement these rules and processes.
- Care Homes will be provided with appropriate guidance by Local Authorities to help them manage patients discharged from hospital during the COVID-19 response including how COVID-19 testing is reported as part of the discharge process.
- People should **only** be placed in a care home if there is no option of keeping them at home. Similarly patients should only be stepped down to 'bedded facility' to quarantine

## WEST WALES CARE PARTNERSHIPS DISCHARGE REQUIREMENTS

only following risk assessment which considers risk to individual and risk to acute hospital 'flow'

### 4. System Components (Pathways 3 & 4 only, 1 & 2 to follow)

#### 4.1. Infection Control & Prevention

The ability of care homes to be able to continue to care for their residents safely and appropriately during any infection prevention outbreak is important in relation to improving outcomes for individuals, other residents and the home itself. Further, the stability of care homes is critical to the stability of the whole health and care system.

It is therefore of paramount importance that additional timely interventions are implemented to minimise the care home's risk of introducing the virus and / or containing spread of the virus. Further, it is critical that support is provided to ensure the care home's recovery from escalated risk and ultimately to ensure the continuity of care of the residents. Effective and efficient infection prevention and control (IP&C) measures are fundamental to this.

A framework to support care homes aims to provide a framework for Health Board and Local Authority partners to coordinate the implementation of an evidence based approach to managing prevention and containment of COVID-19 within a closed environment such as Care Homes. The full document can be found below in the [guidance section](#).

#### 4.2. COVID Testing on Discharge

On the 29<sup>th</sup> April 2020 Welsh Government issued updated guidance in respect of Step-up and Step-down care arrangements, this document outlines the new approach to testing on discharge for people normally resident in care homes or potentially being discharged to a care home on D2RA pathway 3 & 4.

The summary of the discharge scenarios and the testing requirements for each patient type;

Patient COVID-19 Status	Discharge / Action Scenario	Desired Outcome
<b>Green</b> Admitted with COVID-19 and COVID test negative on discharge	Transfer back to placement or own home, on D2RA pathway if required.  No requirement to isolate; care can be provided as normal	Individual recovers in their Optimal environment.  Risks to other service users are mitigated.
<b>AMBER</b> Admitted for non-COVID-19 reasons	Provider <b>agrees</b> it is appropriate to transfer back to placement /care package and they can comply with	Individual recovers in their optimal environment, with risks to themselves and to

## WEST WALES CARE PARTNERSHIPS DISCHARGE REQUIREMENTS

<p>and COVID-19 test negative</p>	<p>requirements for isolation for 14 days.</p> <p>Provider <b>does not</b> agree that it is appropriate to transfer.</p> <p>Individual is transferred to a suitable step-down facility until the 14 day self-isolation period is complete.</p> <p>Further negative test required prior to transfer at the end of the 14-day period.</p>	<p>others mitigated</p> <p>Individual is supported until such time as safe transfer home is arranged.</p>
<p><b>RED</b></p> <p>Admitted with or contracted COVID19 in hospital and Ready to move on from acute phase of treatment. and COVID test positive</p>	<p>Transfer/remain in 'step-down/step-up whilst Covid +ve' facility.</p> <p>Transfer back to placement/care package or to non-COVID step-down facility, once COVID test negative and symptoms have resolved.</p> <p>Some patients may continue to test positive for some time after they become asymptomatic. Where positive testing is prolonged e.g. during 'virus-shedding', advice should be sought from Public Health Wales and the case discussed with the provider to ascertain whether transfer to the care home is safe and appropriate.</p>	<p>Individual receives appropriate support for recovery and rehabilitation.</p> <p>Risks to other Residents / service users are mitigated.</p> <p>Individual is supported to return to their familiar environment as soon as it is safe and appropriate to do so.</p>

### 4.3. Risk Assessing People during Times of Escalation

Normally discharges for people needing care & support will be POST 14 days of onset of symptoms and the person will have require a Negative test. However at times of escalation of acute and field hospital bed pressures or due to specific individual need it may be necessary to risk assess this position and to support a person to be discharged earlier.

## WEST WALES CARE PARTNERSHIPS DISCHARGE REQUIREMENTS

NB. In most cases the individual should be supported to continue to isolate for 14 days post last symptom the following considerations could assist practitioners when considering such risks, these do not replace clinical/ professional judgement.

A risk assessment form is available in [Appendix 3](#)

### 4.4. County Care and Support Offers

The health and social care offers within each county, have been assessed in respect of the red, amber and green patient cohorts outlined above.

Individual County Rapid Discharge Process Maps can be found in [Appendix 5](#)

### 4.5. Medicines Management

During the COVID-19 period, patients should be discharged with up to 28 days' supply of medication, depending on their individual circumstances.

In limited circumstances, depending on the individual's prognosis (e.g. 24 hours or less), it may be appropriate for hospitals to issue a small amount of palliative care medicines at the point of discharge, to support end of life care in their place of choice. However hospitals **must not** routinely do so. Any further supplies required after this timeframe can be accessed via the usual mechanisms.

Considerations prior to discharge should include:

- Whether the patient has any physical limitations that would prevent them taking their medication e.g. arthritis etc.
- Whether the patient has any cognitive limitations that would reduce reliability of adherence to the medication regime e.g. dementia, confusion etc.
- If the patient was receiving support with medication prior to admission/requires support for the first time on discharge, who needs to be contacted to check such support is ready?
- Does/will the community pharmacy assist the patient with medication ordering or by dispensing medication into a compliance aid? If so, the pharmacy will need to be informed of the patient's discharge and will require notice to make adequate preparations e.g. if the patient requires a Medication Admission Record to support medication administration by domiciliary care workers etc.
- Is the patient prescribed a 'special order' or other less common/more specialised medicine that may not be easily obtainable in the community? If so advanced discussions with the community pharmacy will be necessary.

## WEST WALES CARE PARTNERSHIPS DISCHARGE REQUIREMENTS

### 4.6. Equipment

Nominated lead co-ordinators for each local Joint Equipment Store will need to ensure that there is access to sufficient equipment to support discharge of people with reablement or rehabilitation needs at home.

Access to such equipment can be quickly (same day where needed) and easily facilitated seven days a week (utilising mutual aid with neighbouring areas or redeployment of community-based staff if required). This may include the purchase of additional equipment and the recycling, cleaning and reuse of equipment.

## 5. Reporting Requirements

Current performance standards on DTOC monthly reported delays will be suspended from 1<sup>st</sup> April 2020. Instead, in addition to the daily situation report outlined below, brief updates will be submitted to Welsh Government on a weekly basis, so that barriers to implementation can be understood and addressed. This data will not be used for performance management purposes.

As part of this reporting framework all acute and community hospitals must;

- Undertake a daily early morning board round to establish a daily list of all patients suitable for discharge - all patients not requiring an acute bed are added to the list and allocated a discharge pathway. Discharge home is the default pathway.
- Maintain daily list of all patients discharged from the above list to enable the number of daily delayed discharges to be calculated.
- Weekly provide details of the above to Welsh Government via the Delivery Unit for trend analysis during the COVID Emergency period.

In addition, Adult Community & Social Care Teams must;

- Twice weekly, provide a list of patients waiting for discharge across the pathways including those patients who are delayed whilst waiting to step-up or step-down due to being COVID-19 positive.

A daily Regional Sitrep will provide a heat map of demand and capacity across both acute & community services within West Wales, this is reviewed daily by the Integrated Community Group in each county, chaired by the County Director. This will include RAG status and capacity of care homes and Infection Control.

## WEST WALES CARE PARTNERSHIPS DISCHARGE REQUIREMENTS

### 6. Assessments

*This section describes how the assessment process in acute hospital will be considered*

#### 6.1. Palliative Care

This should occur where possible in the patient's home under the responsibility of the patient's general practitioners and community staff, supported where necessary by palliative specialists and third sector. Palliative care is specifically mentioned in the General Medical Services contract. Access to admission for palliative care purposes where necessary, to inpatient specialist palliative care expertise, and to palliative interventions should be preserved where it is possible and safe. This must be judged according to the local context. The palliative nature of the goals of care may make access more urgent. Access to the full range of allied health professionals to support end of life care is essential, including community assistive equipment, nutrition, communication and psychological care and to facilitate death in location of choice is essential.

#### 6.2. Continuing NHS Health Care [CHC] including Decision Support Tool (DST)

CHC assessments for individuals on the D2RA and in community settings, will not be required until the end of the COVID-19 emergency period;

Local Health Boards (LHBs) should be able to choose not to undertake a CHC assessment until after the emergency period. The intention of this is not to withdraw a duty of care over the patient. In most cases, the LHB will retain responsibility for organising, funding and providing care for them. This may happen in various ways and does not mean a continued presence in hospital; it may mean discharge to a care or nursing home with appropriate support or discharge to their own home with appropriate support. In some cases this will mean a situation not too dissimilar to finding someone eligible for CHC and arranging a care package for them.

There is an expectation that LHBs will take a proportionate view to undertaking three-and twelve-month reviews to ensure that the individual's care package is meeting their needs and to ensure that any concerns raised are addressed as appropriate.

Local systems need to ensure that they have a method of monitoring actions taken during the COVID-19 emergency measures, for example using the NHS CHC Checklist in the [guidance documents](#), so that individuals are assessed correctly once business as usual resumes

#### 6.3. Capacity Assessments

If there is concern that a person lacks the mental capacity to make a decision about their care and support, an assessment of their mental capacity around making a decision around a specific issues will need to take place. This will need to be undertaken in line with the Mental Capacity Act, 2005 and associated Guidance. The assessment should be undertaken by the most

## WEST WALES CARE PARTNERSHIPS DISCHARGE REQUIREMENTS

appropriate professional and undertaking the assessment must not result in a delay to the person's discharge from hospital. The most appropriate assessor will ensure that the assessment is conducted and recorded to inform the discharge planning. This may be done in a discharge bed following the acute & recovery phase.

### 6.4. Best Interest Assessments [BIA]

When a person is assessed as not having the mental capacity to make the required decision, decisions around people's care and support following their hospital stay will continue to need to be in people's best interest, but this should not delay a person's discharge from hospital. Due to the time constraints meetings will not take place, but the decision maker should consult with others as appropriate, in line with the time available to make the decision. The decision-maker will record the assessment in the respective Local Authorities documentation; please note that if a person has an appointed Power of Attorney or Court Appointed Deputy, these individuals need to be contacted in relation to decision making.

**Wherever possible decisions around a person's capacity and what is in their best interest, should take place outside of a hospital setting and wherever possible a person should move to a discharge bed or interim care facility to have this assessment and decision made.**

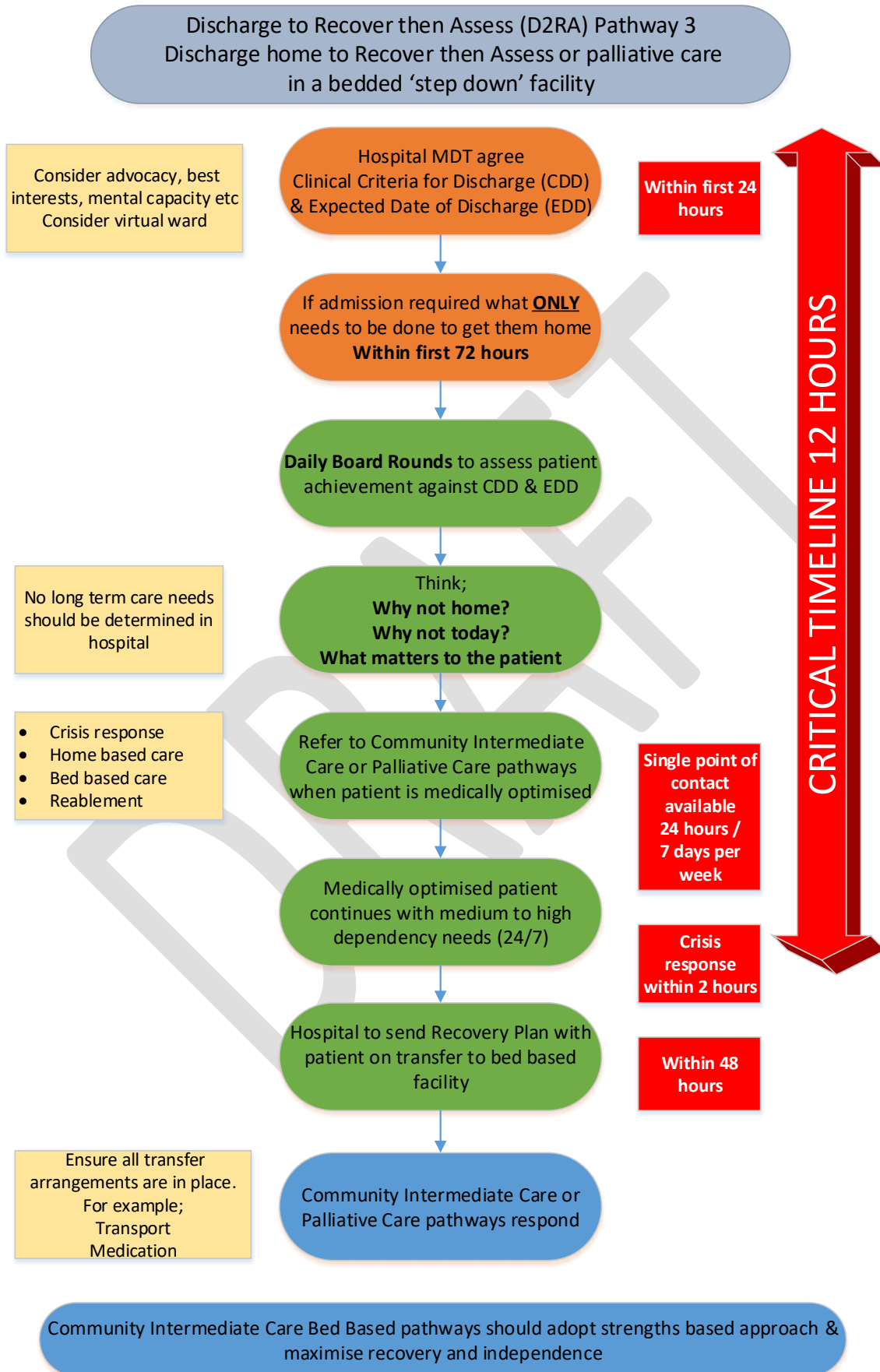
Following the emergency COVID-19 response period, a full BIA should be scheduled and conducted at the earliest convenient time.

*NOTE: It is expected that Welsh Government will be issuing appropriate guidance which will be incorporated into this guidance when it becomes available.*



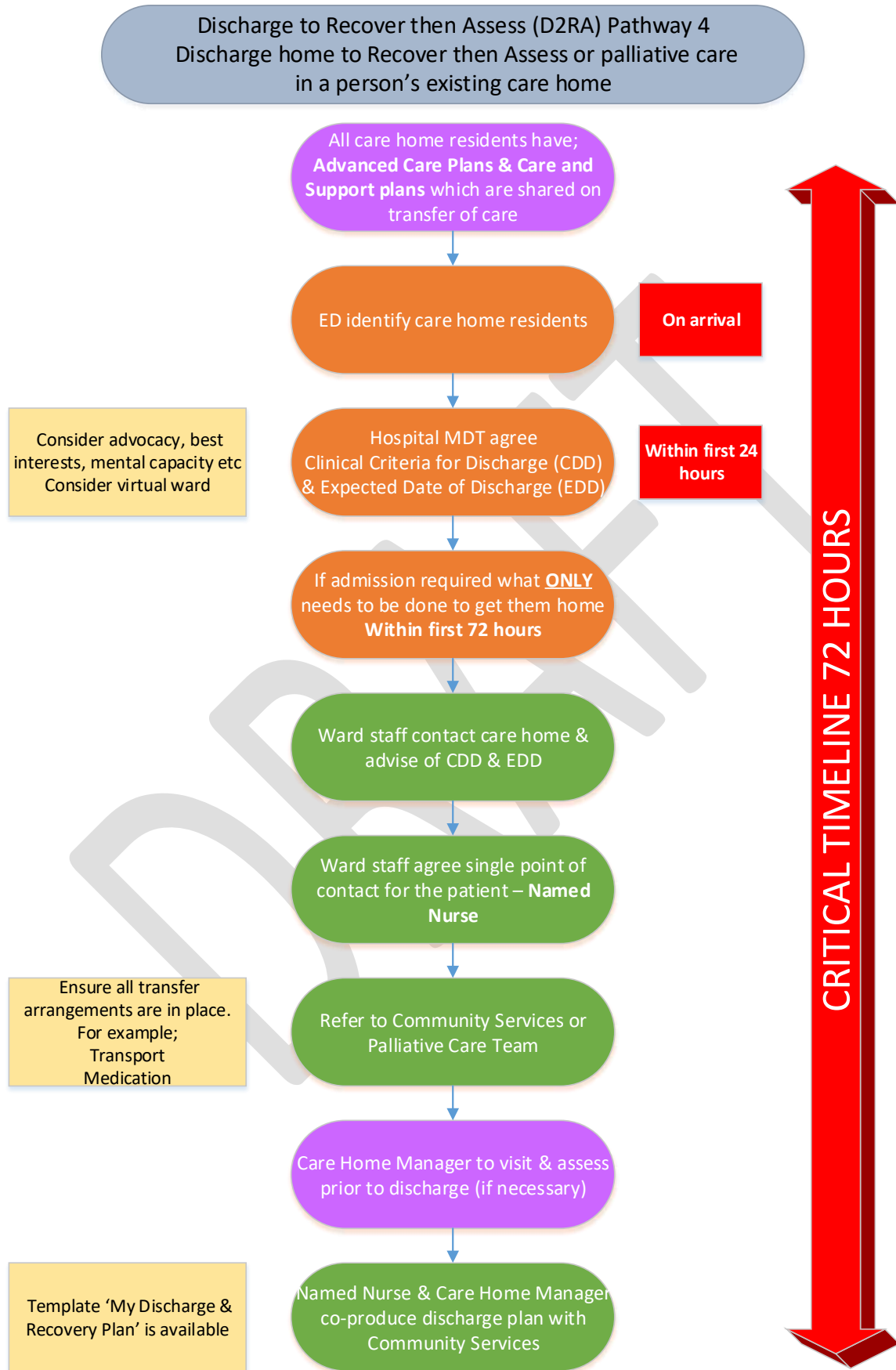
# WEST WALES CARE PARTNERSHIPS DISCHARGE REQUIREMENTS

## Appendix 1 D2RA Pathway 3



# WEST WALES CARE PARTNERSHIPS DISCHARGE REQUIREMENTS

## Appendix 2 D2RA Pathway 4



WEST WALES CARE PARTNERSHIPS DISCHARGE REQUIREMENTS

Appendix 3 Risk Assessment Form

**COVID 19 Risk Assessment Form**



Patient Addressograph	Hospital Site:	
	Ward:	
	Date of Discharge:	

**CLINICAL BACKGROUND**

(to be completed by the Lead discharge Clinician as part of the hospital discharge assessment)

DISCHARGE FOR CARE IN THE COMMUNITY	Yes	No
Has the patient been in close proximity or on a COVID ward with anyone that has confirmed as contracting Coronavirus while in hospital?		
Has the patient been tested for Coronavirus?		
<b>All patients must be tested prior to transfer, however, for community based packages a positive test will not necessarily prevent discharge (refer to managers advice notes)</b>		
If Yes please provide the date tested		
Has the patient been confirmed as contracting Coronavirus?		
If confirmed, at the time of assessment, is the patient considered infectious?		
If Yes: Please provide clinical guidance on the recommended period of isolation for the patient in their own home upon discharge.		
Is the individual the subject of Aerosol Generating Procedures?		
If so, please specify anticipated daily contacts to inform PPE requirements.		
Is the patient currently symptomatic?		
If yes, what symptoms are they displaying: (Physical impact/deterioration on the patient: e.g. mobility and the ability to engage in personal care activities)		

## WEST WALES CARE PARTNERSHIPS DISCHARGE REQUIREMENTS

<b>WHOLE SYSTEM CONSIDERATIONS</b>	
What are current levels of escalation across the system & service availability? (can be obtained from the community services SITREP)	
Acute Hospital Sites	
Field Hospital Sites	
Community Services	
<p>What is the availability of a step down facility prior to return home? These should normally be considered rather than a care establishment/ facility as community services as priority aim to free up these step down beds rather than in reaching to the acute service directly.</p> <p>During times of escalation give consideration to how these can be flexed, are there any regional or cross county opportunities? Are there any cross discipline considerations that may assist people with additional support needs?</p>	

<b>INDIVIDUAL CONSIDERATIONS</b>
Does the person have any additional support needs that would make a field hospital and / or a step down facility unsuitable for their needs?
What would the impact for them be of an extended hospital stay ?

<b>ENVIRONMENT</b>	<b>Yes</b>	<b>No</b>
Does the person share their home with anyone else ?		
If yes is anyone else at the premises considered to be vulnerable?		
Are they shielding?		
Are they 70+ (isolating)		
If sharing does the individual have access to their own:		
Bedroom		
Bathroom		
Separate laundry arrangements		

**WEST WALES CARE PARTNERSHIPS DISCHARGE REQUIREMENTS**

<b>SUPPORT NEEDS</b>	<b>Yes</b>	<b>No</b>
Is there appropriate support in place as required with the necessary PPE?		
Which organisation is leading any support?		
LHB Lead Care		
LA Lead Care		
Family Lead Care		
Community Lead Care		
How will the person access essential items?		
Food delivery		
Medication		
Other : Please specify		

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## WEST WALES CARE PARTNERSHIPS DISCHARGE REQUIREMENTS

### Appendix 4 Health & Social Care Mapping

What are the actions for Councils and Adult Social Care services?

As part of implementing the discharge to assess model, local authorities are expected to:

	<b>Carmarthenshire</b>	<b>Ceredigion</b>	<b>Pembrokeshire</b>
Agree a single point of contact arrangement for each health board, to approach when coordinating the discharge of all patients.	Delta Wellbeing	Porth Gofal	Intermediate Care SPA Linda Jones Intermediate Care Manager
Flexibly deploy social work, social care and occupational therapy staff across hospital and community settings to support patients on the Discharge to Recover then Assess pathways	In place, additional social work staff deployed to support D2RA	Plans in place if required	In place, additional social work staff deployed to WGH
Safeguarding investigations should continue to take place in a hospital setting, wherever necessary.	Processes for 3 counties are overseen and monitored via Regional Safeguarding board		
Suspend the need for funding panels for hospital discharge during the COVID-19 incident, with additional funding available to local authorities to cover any increased costs during this period	In place No funding panel for hospital discharge normally		
Support real time communication between the hospital and the single point of contact, not just by email	In place		
Provide capacity to contribute to the review of care provision during the Discharge to Recover then Assess intervention	Additional social work resource deployed currently to support reviews of people on D2RA pathways	Plans in place if required	Additional social work resource deployed currently to support reviews of people on D2RA pathways

## WEST WALES CARE PARTNERSHIPS DISCHARGE REQUIREMENTS

Ensure there is 7-day working for community health and social care teams	In place for SW and Community nursing Corporate manager rota in place	Some weekend working is in place but at reduced levels, there is limited demand at this time. Corporate manager rota in place	Some weekend working is in place but at reduced levels, there is limited demand at this time. Corporate manager rota in place
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### Local Health & Social Care Partners

Close partnership working will be key to the delivery of these COVID-19 Hospital Discharge Requirements. Health and Social Care partners must

	Carmarthenshire	Ceredigion	Pembrokeshire
Work together and pool staffing to ensure the best use of resources and prioritisation in relation to patients being discharged, respecting appropriate local commissioning routes.	Daily joint Sit Rep in place across health and social care. Regular Senior Leaders tactical meeting in place to ensure resources are targeted at greatest areas of need	Daily joint Sit Rep in place across health and social care. Regular Senior Leaders tactical meeting in place to ensure resources are targeted at greatest areas of need	Daily joint Sit Rep in place across health and social care. Regular Senior Leaders tactical meeting in place to ensure resources are targeted at greatest areas of need
On a daily basis review capacity across the system, pooling information from hospital sites, community teams and the national Care and Support Capacity Tool, to which discharge teams will have access from April 2020	Commissioning team in regular communication with all provider services Includes access PPE and deployment of staffing if needed.	Commissioning team in regular communication with all provider services Includes feedback on any issues and ensures access PPE and	Commissioning team in regular communication with all provider services. Provider hub in place to support. Includes access PPE and

## WEST WALES CARE PARTNERSHIPS DISCHARGE REQUIREMENTS

	Carmarthenshire	Ceredigion	Pembrokeshire
		deployment of staffing if needed.	deployment of staffing if needed.
In order to minimise the risks associated with multiple contacts for patients, actively seek to implement reciprocal arrangements for delegated tasks between health and social care staff. For example simple nursing tasks that could be appropriately undertaken by domiciliary care staff and vice versa.	This area requires further work across the region		
	OT lead on Reablement via short term care pathway.  OTA's are trusted assessors.	Early consideration of joint working between acute response team and enablement OTA's are trusted assessors.	Early consideration of joint working some trusted assessors in place  Work already completed in relation to rapid access adaptations which has been successful
Ensure there are robust tracking mechanisms so that care users do not get lost in the system at a time of very rapid response. Monitor all individuals in step-down bedded facilities and in care homes not of their first choice. The nominated care coordinators will follow up to ensure patients are able to transfer back to their own home, or move to their long-term care home, as soon as possible.	Key worker allocated who retains responsibility throughout process.	Process in place via Porth Gofal Triage	Process in place via intermediate care service.
	Tracking also in place across the region via commissioning teams		
Coordinate work with local and national voluntary sector organisations to provide services and support to people requiring support around discharge from hospital and subsequent recovery	Delta Wellbeing Connect program CAVS & programme 7 of transformation	Porth Cymorth Cynnar supporting this agenda.	Community hub developed and in place PIVOT Community Connectors



## WEST WALES CARE PARTNERSHIPS DISCHARGE REQUIREMENTS

	<b>Carmarthenshire</b>	<b>Ceredigion</b>	<b>Pembrokeshire</b>
	Need this to link to discharge lounge developments	Programme 7 of transformation  Need this to link to discharge lounge developments	Programme 7 of transformation  Need this to link to discharge lounge developments
Work together to expand the capacity in domiciliary care, care homes and reablement services in the local area.	Increased Ind' Dom by 458 hrs per wk (includes 150 hrs of Reablement / Bridging services) Continually Recruiting to grow in house Dom Care service Redeployed some corporate staff to support with "non-registered" activity  Redeployment of day centre staff to support care homes & supported living settings Agency style response from "simply safe" initiative.	Recruitment campaign in place, open advert for enablement and care homes & ind' sector.  CCC is supporting the ind' sector with their recruitment.  Redeployment of day centre staff to support care homes & supported living settings.  DASH initiative for shopping / prescription collection.	Recruiting to grow in house Dom Care & Reablement services. Redeployment and recruitment exercises in place continue.  Work currently focussing on supporting the Care home sector  Redeployment of day centre staff to support care homes & supported living settings

## WEST WALES CARE PARTNERSHIPS DISCHARGE REQUIREMENTS

	Carmarthenshire	Ceredigion	Pembrokeshire
		Segregation of staff in place to reduce risks of cross contamination	
	<p>Commissioned &amp; 3<sup>rd</sup> sector services have altered their offer to support people in the community, increase in numbers of people supported</p> <p>Alternative forms of support in place for informal carers</p>		

### Step down arrangements per LA area

As part of implementing the discharge to assess model, in response to COVID-19 the following services are available in each county

	Carmarthenshire	Beds	Ceredigion	Beds	Pembrokeshire	Beds
Field Hospitals	Selwyn Samuel Llanelli LC Carmarthen LC Parc y Scarlets (Barn & Stadium)	120 95 84 368	Cardigan Leisure Centre  Aberystwyth leisure Centre  Ysgol Penweddig, Aberystwyth	48  52  51	Bluestone  South Pembrokeshire Hospital (Cleddau ward)	128  40
Community Hospital	Amman Valley (Non COVID +) Llandovery (Non COVID +)	16 28	Tregaron Hospital (currently restricted capacity due to staffing issues)	12	SPH (Sunderland) Tenby	30 10
Step down facilities Older Persons	No designated beds but commissioned as required with negative test.		Enfys Fach – not yet operational but planned to utilise as step up/step down	26	Hillside Havenhurst Martello House	7 7 8
Mental Health	Nil		Nil		Milford House	5
People with additional support needs	Would welcome regional discussion		No in house provision		Hillside bungalow Havenhurst bungalow	2 2

## WEST WALES CARE PARTNERSHIPS DISCHARGE REQUIREMENTS

					Martello House	8
Alternative accommodation offer	5 properties for people with no care needs who are positive and cannot return home because they are living with someone who is shielding.		Nil		Silverdale Lodge Bluestone Lodges	15 0 *

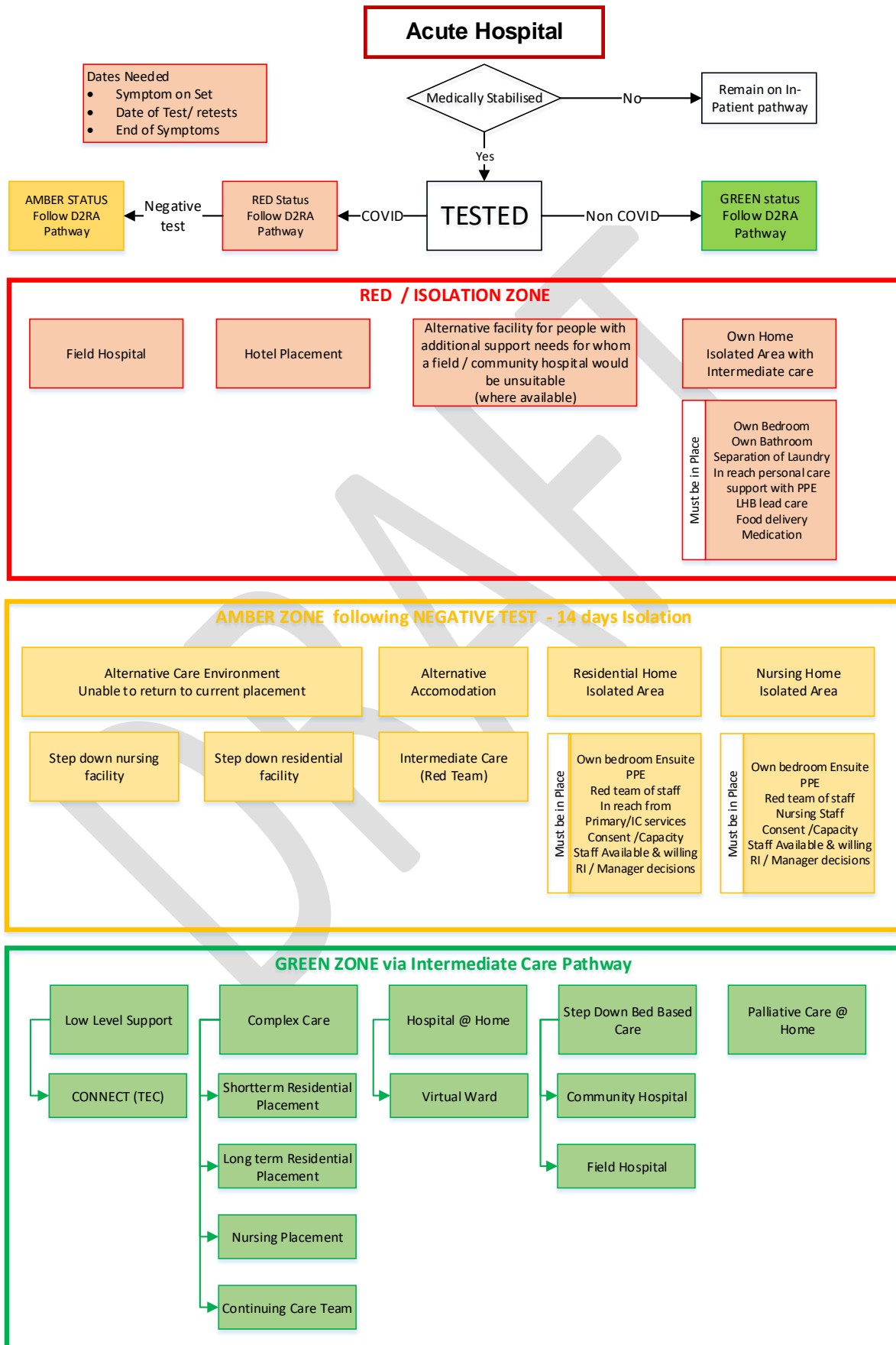
\*This is an additional option under the contract with the resort

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# WEST WALES CARE PARTNERSHIPS DISCHARGE REQUIREMENTS

## Appendix 5a Carmarthenshire Rapid Discharge Process Map

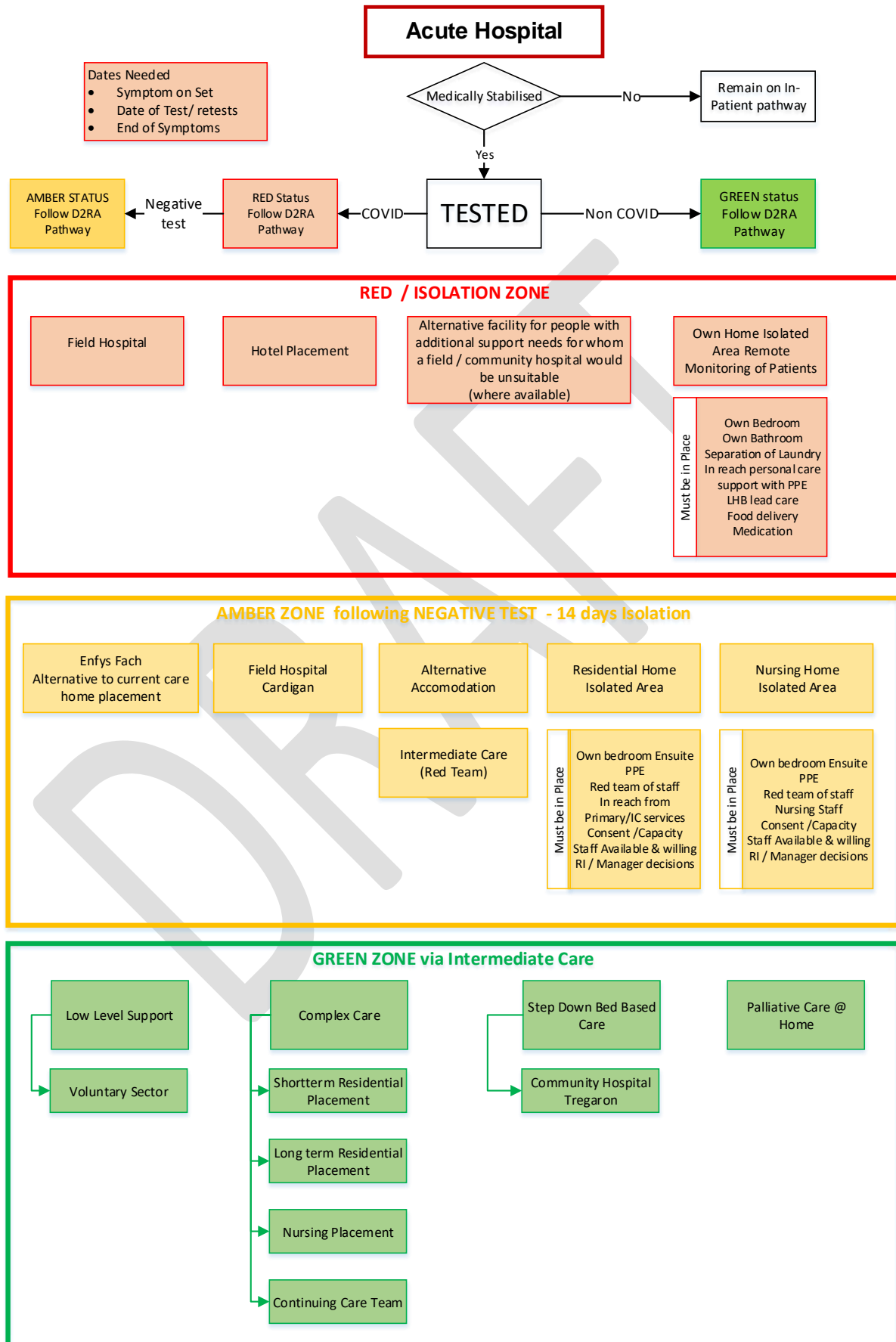
### Pathway – Hospital Discharge for people who need support : Covid 19 Recovery



# WEST WALES CARE PARTNERSHIPS DISCHARGE REQUIREMENTS

## Appendix 5b Ceredigion Rapid Discharge Process Map

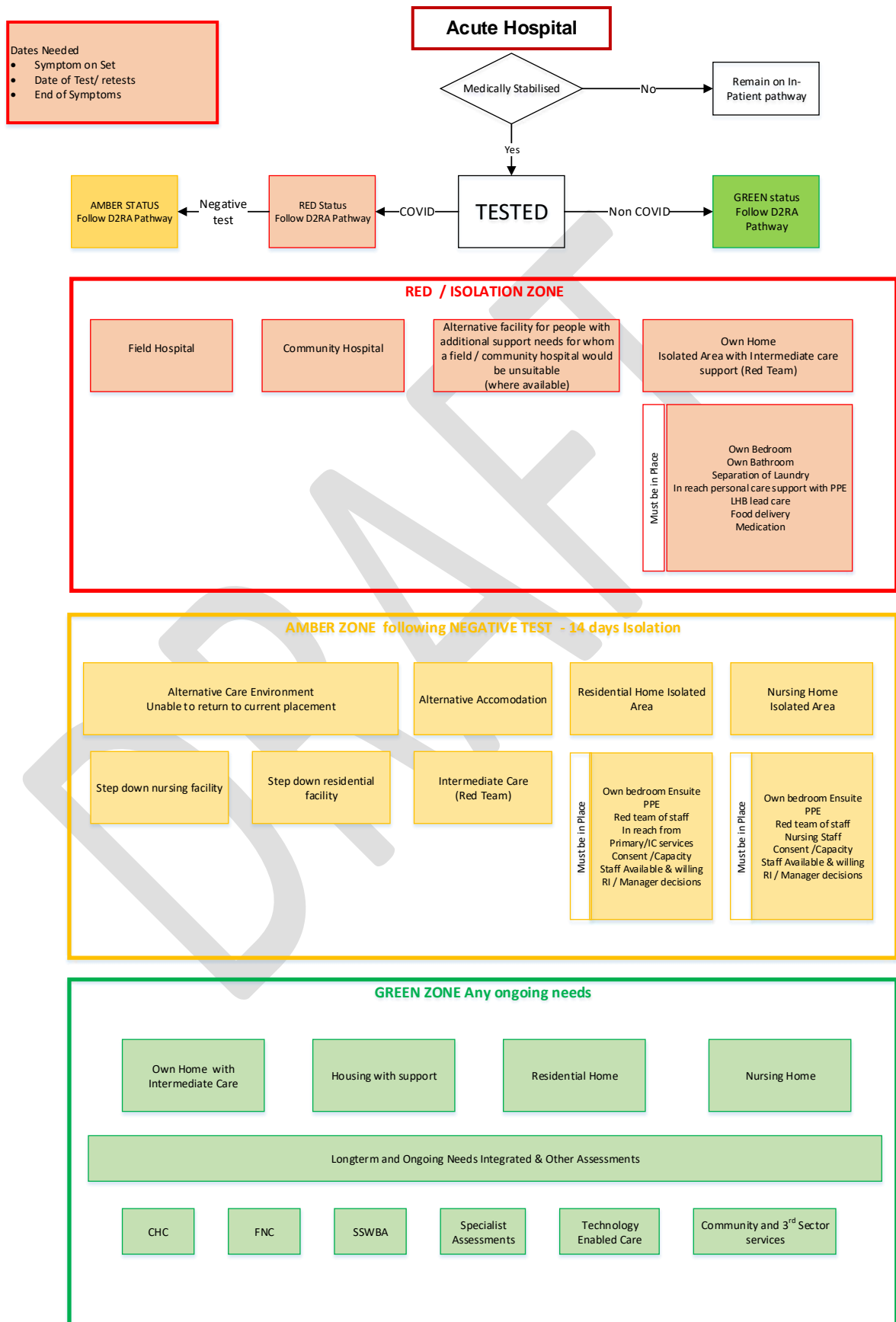
### Pathway – Hospital Discharge for people who need support : Covid 19 Recovery



# WEST WALES CARE PARTNERSHIPS DISCHARGE REQUIREMENTS





## Appendix 5c Pembrokeshire Rapid Discharge Process Map

### Pathway – Hospital Discharge for people who need support : Covid 19 Recovery



## WEST WALES CARE PARTNERSHIPS DISCHARGE REQUIREMENTS

### Guidance

Guidelines	Attachment
Welsh Government – COVID-19 Hospital Discharge Requirements	 Welsh Government COVID-19 Hospital Di
Welsh Government – Patient leaflet A on admission to hospital	 patient-discharge-c hoice-leaflet-a-on-a
Welsh Government – Patient leaflet B1 on being discharged to their usual place of residence	 patient-discharge-c hoice-leaflet-b1-for-
Welsh Government – Update to Guidance in respect of Step-up and Step-down Care Arrangements during the COVID-19 period	 update-guidance-o f-step-up-step-dow
Public Health Wales - Admission and Care of Residents during COVID-19 Incident in a Residential Care Setting in Wales	 2020 04 09 - Admission and Care o
West Wales Partnership – Nursing & residential Care Homes Risk and Escalation Management Policy	 Care Home Risk Escalation Managen
CHC Checklist – December 2019	 CHC Checklist.odt
West Wales Partnership Integrated Preventative Approach to Infection Prevention and Control in Care Homes;	 Integrated Preventative Approa

<sup>i</sup> <http://howis.wales.nhs.uk/sitesplus/407/page/36206>

## GOLD STRATEGIC GROUP

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	18 May 2020
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	COVID-19 Financial Forecasting Principles
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Huw Thomas, Director of Finance
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Rebecca Hayes, Senior Finance Business Partner

<b>Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)</b>
Ar Gyfer Trafodaeth/For Discussion

<b>ADRODDIAD SCAA SBAR REPORT</b>
<b><u>Sefyllfa / Situation</u></b>
The purpose of the report is to outline the Health Board's approach to the internal and external reporting and forecasting of the financial implications in response to the COVID-19 pandemic, which will be submitted to the various stakeholders of financial governance and assurance, as well as being included as a response in the "Financial Implications" section of the Q1 Operational Plan requested by Welsh Government (WG).
<b><u>Cefndir / Background</u></b>
Guidance has been received from WG outlining the external expectations of the organisation's ability to record and report the costs incurred in the local response to COVID-19 pandemic, both the gross and net (costs exceeding available funding).  WG have provided a monitoring template which is a monthly reporting requirement for 2020/21. The recording and reporting mechanisms that are implemented locally will need to be designed to fulfil this requirement as well as any further internal requirements.
<b><u>Asesiad / Assessment</u></b>
The high level principles are expected to be relatively fixed, subject to material changes in guidance from WG. The methodology of delivering the reported output however, is expected to evolve and be refined, especially in the first quarter of the year. This is due to the pace at which the organisation has needed to respond to COVID-19 and the fluidity of plans as the situation progresses.
<b><u>Argymhelliad / Recommendation</u></b>
The Gold Strategic Group is asked to approve the Q1 2020-21 Financial Forecast.



# Financial Forecasting

## **Key Assumptions**

The clinical model is undergoing refinement to reflect the latest demand modelling scenarios and costings are therefore subject to change.

## **Field Hospitals**

The profiling is based on the 2.4 Public Health Wales (PHW) model at 40% compliance, amended for local information regarding non-COVID-19 patients. This reflects a 'worst case' scenario, when compared to the current actual numbers of COVID-19 patients. The demand model forecast might also be subject to change based on the local assessment of the likely impact of revised WG guidelines in respect of relaxing 'lock down'. PHW modelling assumes demand ceases by the end of November 2020, however applying local intelligence extends the Health Board's forecast to the end of January 2021.

- Staff costs have been modelled on a substantive cost basis - no premium for Agency workers has been built in. An assessment of whether this model could be fulfilled by the market has not yet been completed, but this is a key risk;
- Staffing ratios assumed in the model could be subject to change should the need arise;
- Non pay costs are based on a Carmarthenshire model of 750 beds scaled up or down where specific site details are not yet known;
- Drugs cost assumption is based on a respiratory ward and does not necessarily reflect the cost of a COVID-19 acuity ward;
- Further Non-Pay costs are expected for Transport, IT, and PPE. Insufficient information is currently available to estimate these costs and therefore no provision has been made;
- All capital costs and contractually committed costs (i.e licences to operate and associated running costs such as rates) are considered to be sunk costs. If notice were served on Bluestone, it is assumed that it would take 4 months to complete restoration works;
- The planning assumptions are that the Design, Build and restoration costs are being treated as revenue as there will be no long term assets involved;
- In line with discussions at the Capital Review Meetings with WG, the Health Board has currently capitalised the initial equipping of the Field Hospitals in the same way as it would normally capitalise the initial equipping of a new or refurbished ward. The cost of oxygen is also currently listed as a capital cost. Most of the items capitalised will have a use on the acute sites following the pandemic.

## **Existing Acute Sites**

- The latest HR recruitment tracker has been used as the basis for forecasting purposes. The number of offered and accepted posts has been used as the basis of the Month 2 forecast. The demand requirement as per the HR demand tracker has been used from Month 3 onwards.
- Currently the phased restating of some Planned Care activity is being discussed. At this moment there is insufficient detail available to cost this accurately.
- Any bank and agency staff used in April are assumed to continue in May.

## Financial Forecasting

- The general position continues to be fluid across a number of staff groups across the health board, our working assumptions are being clarified and confirmed as and when decisions are made.
- The impact of the recent Medical and Dental circular regarding out of hours enhanced payments has been costed where the rota impact is known. However, a minimum of 50% of the rotas are **omitted** from the forecast, as the additionality has not yet been validated and quantified.
- Some A4C working areas have amended working patterns to ensure safety in the workplace is maintained. It is not clear, however, if there is a significant financial impact to these changes.
- Non-Pay: The forecast from Month 2 onwards is based on the actual costs incurred in Month 1, less any known non-recurring expenditure. Other specific non pay costs have also been included as follows:
  - Transportation: additional cost of commuting and the continued use of the winter pressures vehicle has been included.
  - Accommodation: any known additional accommodation costs in terms of hotel costs for staff are included.
  - Additional drugs costs: these costs relate primarily to home care drugs where specific information has been provided.

It should also be noted that, whilst the assumption for Field Hospitals is that at present the running costs are variable, the Health Board has recruited fixed term staff for a period of six months which should be considered as a sunk cost. The Health Board's recruitment plans amounted to a monthly cost of £4.6m, of which the majority have been fulfilled. The monthly estimated cost of fixed term staff already recruited is £3.4m, which over a period of six months would amount to £20.3m.

### Savings

- The non-delivery of the majority of our savings plans for the current anticipated duration of the outbreak.

### Contracting

- Includes assessment of the impact of lost NCA income, NCA and English Provider expenditure, loss of over-performance typically achieved in Central Income, and an anticipated increase in CHC costs. This is offset by WHSSC slippage in Q1 only in line with guidance from FDU.
- Confirmation is outstanding as to any cost to the Health Board on the commissioning of Werndale via WHSSC and additional WAST (no provision in this submission).

### Primary Care

- 'Additional costs in Primary Care':
  - Includes an estimate of the impact of the Bank Holiday Enhanced Service and accelerated transfer to NOACs;
  - Detailed guidance is awaited from WG to understand how any variation from contract rules is to be treated;
  - Accounting treatment of Community Pharmacy increase in dispensing requires input from WG;
  - Prescribing data is two months in arrears, and therefore cannot yet be quantified e.g. for March 2020 until June 2020, and further guidance regarding the accounting treatment of any additional costs is awaited from WG/WAO.

## Appendix

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply
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: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	Improve efficiency and quality of services through collaboration with people, communities and partners

<b>Gwybodaeth Ychwanegol:</b> <b>Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	COVID 19 – Decision making & Financial Guidance
Rhestr Termau: Glossary of Terms:	Included within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw : Parties / Committees consulted prior to Gold Strategic Group:	Not Applicable

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Financial values noted within the report.
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Not Applicable
<b>Gweithlu:</b> <b>Workforce:</b>	Not Applicable
<b>Risg:</b> <b>Risk:</b>	Financial risk is highlighted within the report
<b>Cyfreithiol:</b> <b>Legal:</b>	Not Applicable
<b>Enw Da:</b> <b>Reputational:</b>	Not Applicable
<b>Gyfrinachedd:</b> <b>Privacy:</b>	Not Applicable
<b>Cydraddoldeb:</b> <b>Equality:</b>	Not Applicable

	MONTH 1		MONTH 2		MONTH 3	
	Existing Sites	Field Hospitals	Existing Sites	Field Hospitals	Existing Sites	Field Hospitals
	£'000	£'000	£'000	£'000	£'000	£'000
Drugs	104	-	43	4	43	21
Clinical Supplies	481	3	215	46	203	46
Establishment Expenses	185	15	450	-	450	-
General Supplies	234	2	77	2	77	13
CHC	122	-	241	-	491	-
Testing Units	67	-	73	-	71	-
Premises and Fixed Plant	438	657	40	1,076	40	924
Primary Care	-	-	285	-	22	-
Commissioning	-	-	29	-	29	-
Other	-	-	35	-	35	-
<b>NON PAY</b>	<b>1,631</b>	<b>677</b>	<b>1,488</b>	<b>1,128</b>	<b>1,461</b>	<b>1,004</b>
Prof Scientific and Technical	12	-	40	5	10	35
Additional Clinical Support	407	-	672	-	640	-
Healthcare Scientists	-	-	8	-	8	-
Allied Health Professionals	38	-	124	-	184	-
Admin and Clerical	-	-	3	2	3	17
Estates and Ancillary	292	-	901	99	900	54
Medical and Dental	329	-	819	1	580	4
Nursing	384	-	775	21	880	147
<b>PAY</b>	<b>1,462</b>	<b>-</b>	<b>3,342</b>	<b>128</b>	<b>3,205</b>	<b>257</b>
<b>INCOME</b>	<b>364</b>	<b>-</b>	<b>465</b>	<b>-</b>	<b>465</b>	<b>-</b>
<b>NON-DELIVERY OF SAVINGS</b>	<b>2,520</b>	<b>-</b>	<b>2,722</b>	<b>-</b>	<b>2,720</b>	<b>-</b>
<b>TOTAL</b>	<b>5,977</b>	<b>677</b>	<b>8,017</b>	<b>1,256</b>	<b>7,851</b>	<b>1,261</b>
		<b>6,654</b>		<b>9,273</b>		<b>9,112</b>

## Bundle Public Board 16 April 2020

3.1

Responding to the COVID-19 Pandemic

*Presenter: Steve Moore*

Reviewing Ratifying Decisions Report - COVID-19

COVID-19 Financial Guidance\_FINAL

2020-03-30 AG to CEs AO letter COVID-19 - Decision Making & Financial Guidance

**CYFARFOD BWRDD PRIFYSGOL IECHYD  
UNIVERSITY HEALTH BOARD MEETING**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	16 April 2020
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Responding to the COVID-19 Pandemic – Review and Ratification of Decisions Made Since 9 <sup>th</sup> March 2020
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Steve Moore, Chief Executive
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Steve Moore, Chief Executive

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

This report is presented to the Board to review and ratify the decisions made as part of Hywel Dda University Health Board's (HDDUHB's) response to the COVID-19 Pandemic since 9<sup>th</sup> March 2020.

**Cefndir / Background**

This report sets out the planning assumptions and our local response to the COVID-19 pandemic to date, the governance arrangements underpinning this work and the principle risks to bring to the Board's attention together with the actions that have been taken to mitigate these.

**Asesiad / Assessment**

**1. PLANNING ASSUMPTIONS**

The Health Board's response to the COVID-19 pandemic to date has been based on the Reasonable Worst Case scenario forecasts for our population of 80% of the population becoming infected, mitigated by 66% (RWC -66%) due to the expected impact on social distancing and other measures. This model was provided to the Health Board on 12<sup>th</sup> March 2020 and predicted the local peak of hospital demand to occur in week 13. Whilst it is not possible to be certain in the early stages of the outbreak, at the Gold Command Meeting on Monday 16<sup>th</sup> March, it was believed the Health Board were approximately in week 4, giving a planning horizon to address the peak of roughly 2 months. The RWC -66% for Hywel Dda Health Board is set out overleaf:

Week	Prevalent cases requiring O2	Prevalent cases requiring O2 + NIV	Prevalent cases requiring ventilation	Prevalent cases All hospital
1	0	0	0	0
2	0	0	0	0
3	1	0	0	2
4	3	1	0	5
5	9	2	1	12
6	22	4	2	29
7	65	11	6	82
8	129	25	15	170
9	294	58	34	387
10	611	120	72	802
11	1068	209	128	1406
12	1451	285	180	1916
13	1481	291	192	1964
14	1184	232	163	1579
15	808	158	117	1083
16	510	100	76	686
17	314	62	46	422
18	193	38	27	258
19	119	23	16	158
20	74	14	9	97
21	46	9	5	60
22	28	5	2	35
23	16	3	1	20
24	8	1	0	11
25	4	1	0	5
26	2	0	0	2

There are a number of issues that have been considered in relation to this model in order to support the Health Boards response:

- The RWC -66% does not include an estimate for emergency and urgent patients requiring a hospital bed who do not have COVID-19. The estimate of 550 is a best estimate in the absence of reliable information on the changing demand from our population. It is considerably lower than historic usage although somewhat higher than current experience in our emergency pathways. Further work is underway to provide more accurate estimates as our actual usage data evolves.
- The split between mechanical ventilation, Continuous Positive Airway Pressure (CPAP) plus Oxygen and Oxygen is also subject to on-going clinical consideration and the emerging evidence from other Health Boards who are already at higher levels of admissions.
- The strong clinical view is that the Health Board should accommodate all ventilated, CPAP +O2 and those patients on Oxygen who are at high risk of escalating to CPAP/ventilation in our existing hospital system. Taken together with our non COVID-19 bed requirement, our total hospital bed requirement, including additional surge capacity would be utilised for these patients This is important for the design of field hospitals as well as each hospitals preparations.

- The model does not include potential demand from Powys, Second Homes/holiday let occupation or South Gwynedd. It also assumes no change to usual flows between Swansea Bay UHB and Hywel Dda UHB

The final and most important point is that all of this is subject to change. The RWC -66% model was constructed from the Imperial College London model prior to the additional “lock down” announced by the Prime Minister on Monday 23<sup>rd</sup> March 2020. Latest modelling data gives an early sign that the peak may be lower however the clear instruction from Welsh Government at the time of writing this paper has been to continue to plan on the basis the above numbers. As a result, and taken together with the lead times and foreseeable shortages of equipment and construction capacity, the Gold Command Group has not changed its planning requirements for Tactical and Bronze groups as yet although it has asked each level to be conscious of the possibility that planning assumptions may change.

There are also a number of additional considerations that have been decided by the Gold Command Group in relation to other elements of our COVID-19 response not directly associated with our capacity expansion plans. In particular there has been an urgent need to support large numbers of staff to work at home, open a Command Centre to manage communications, guidance dissemination and the coordination of testing locally. Some of this involves the redeployment of existing staff and some has required investment.

## 2. OUR LOCAL RESPONSE

The Health Board’s response can be summarised into 7 key areas and each is described below:

- Suspension of all non-urgent elective activity across the Health Board. This was a decision taken by Welsh Government on the advice of Health Boards and others. It has allowed time and space for hospitals to reconfigure themselves, train staff and develop field hospital plans. It will mean, however, that the Health Board will not achieve its RTT plan for March 2020, although we were on target to do so, and there will be a growing number of patients awaiting elective treatment which is an important consideration in relation to the length of the outbreak
  - For patients with compromised immune systems (such as those undergoing cancer treatment, treatment for Parkinson’s Disease and Rheumatological conditions) or with other vulnerabilities and who may still require on going care, clinicians are making case by case judgements on the safest care management plan. This means that treatments continue, with some changes to minimise risk however the Board should be aware that more difficult risk based clinical decisions may be necessary should hospitals admit significant numbers of COVID-19 patients in the coming weeks.
- From Board level down, many internal processes for assurance, performance management and financial turnaround have been scaled down or suspended. This includes internal Holding to Account meetings, regular CEO-led performance reviews of directorates and internal audit activity.
- External performance review processes, reviews by inspectorates/regulators and external audits have similarly been scaled back or suspended. This includes Joint Executive Team and Targeted Intervention meetings with Welsh Government officials.
- In order to rapidly recruit the staff needed to support our response, a number of HR procedures have been changed, suspended or significantly scaled back. The most significant of these are:



- A Gold Command Group decision to select out those applying for roles who fall into at COVID-19 risk groups including pregnant women
- Rapid background tests rather than full DBS checking of those applying for roles.
- Significantly reduced induction training
- The Health Board is in the process of establishing field hospital provision in 9 locations (2 co-located) across the 3 counties. Arising from the planning assumptions set out above, the assessed need has been in the order of an additional 1400 beds – more than doubling the bed base. The locations of these sites are:

	<b>Number of beds</b>
Carmarthen Leisure Centre	93
Selwyn Samuel Centre	143
Parc y Scarlets Stadium	92
Parc y Scarlets Barn	276
Llanelli Leisure Centre	154
<b>Subtotal: Carmarthen</b>	<b>758</b>
Cardigan Leisure Centre	48
Penweddig School	57
Plas Crug	44
<b>Subtotal: Ceredigion</b>	<b>149</b>
Bluestone	128
<b>Subtotal: Pembrokeshire</b>	<b>128</b>
<b>Total field hospitals</b>	<b>1,035</b>

There remains a shortfall in bed numbers and work continues to find additional locations. Additionally, work continues to specify the precise field hospital clinical model and find the staff necessary to bring these beds on line quickly. There is a concern, given our long-standing challenges in recruitment that we will not find sufficient additional staff to achieve this. That, together with the shortfall in identified physical bed space, remains a key focus for the Health Board response groups.

The sources of finance for the above is unclear although reassurances have been given by Welsh Government to not delay planning in the absence of clear indications of funding envelopes. There is also an intention, agreed with Local Authority colleagues across the 3 counties to use Integrated Care Fund allocations to offset costs although this is likely to be insufficient to cover all costs.

The timescales for handover of each site are being assessed although there is an expectation that the Parc y Scarlets beds will be handed over in the next 7 days. This will allow for some onsite training of staff prior to admitting patients. The other developments in Carmarthenshire will then follow with Pembrokeshire and Ceredigion phased beyond this.

This phased approach will allow the Health Board to flex its response in the light of the actual experience of the outbreak at a local level. This may lead to the need to identify additional sites or stop work on unopened sites if, optimistically, the numbers of admission prove to be lower. There will be a level of abortive costs associated with the latter and additional costs associated with the former.

- Each of the existing hospitals has undertaken significant work over the last month to reconfigure themselves in order to respond to COVID-19. Each has divided itself into COVID and non-COVID areas with separate Emergency Department entrances,

additional temporary triage space outside Emergency Departments, separation of all wards and departments and separation of all staff into two groups. This is to minimise the risk, as far as is possible, of the virus circulating into the whole hospital when the number of COVID patients starts to significantly increase.

There has also been significant work to ensure oxygen loads are sufficient, with urgent and unforeseen work needing to be undertaken to increase flow rates and capacity.

This is due to the fact that the planning numbers set out above require a significant expansion of Critical Care capacity, from circa 35 beds normally in use to 192 as well as large numbers of patients requiring CPAP support. Costs for oxygen supply enhancements, equipment and consumables will need to be factored into our financial planning.

The same point needs to be made in relation to likely staffing costs as with the field hospital plan. Our ability to find sufficient numbers of staff set against the need for a level of sustained surge capacity makes estimates difficult but costs are likely to be significant. This remains a key focus in our on-going response plan.

- As part of the Health Board's COVID-19 response and in light of requirements for staff to work from home and avoid unnecessary travel wherever possible, all staff have been categorised according to their roles into Front Line (including front line support functions) and those who can work from home. For those working from home, there have been challenges at a national level in relation to available bandwidth and the numbers of Virtual Private Network (VPN) tokens that can be in use at any one time. NWIS continues to work on both issues and has made progress and the Health Board has, where possible, used shared tokens to allow more staff to access the network and purchased additional laptops for those who needed them.

Alongside this the Gold Command Group made a decision to rapidly accelerate the roll out of Office 365 as a way to bypass the capacity constraints and support both virtual clinical consultations (via MS Teams) and full email/diary access via full Office 365 capability.

Finally, in focusing efforts on our COVID-19 response, it is unlikely that the Health Board will be in a position to enact its savings plan for at least the first 6 months of the year.

The costs of all the above are likely to be considerable and without precedent although it is difficult to set this in a reasonably precise range at this stage given the speed, complexity and constraints inherent in the level of response required by the Health Board. Given the scale of what we are trying to achieve – more than doubling our bed base – it is unsurprising that the cost could be significant. It will also be offset partially or wholly by central funding, however this cannot be scaled at present. On 30<sup>th</sup> March, the Director General of NHS Wales has written to all Chief Executives regarding decision making and financial guidance which is attached. The Health Board will be compliant with the requirements of this letter recognising that where approval is required we are constructing short business cases to support this as closely to the time of decision making as possible.

An Accountable Officer letter has been sent by the Chief Executive to the Director General outlining the issues set out above concurrently with this paper.

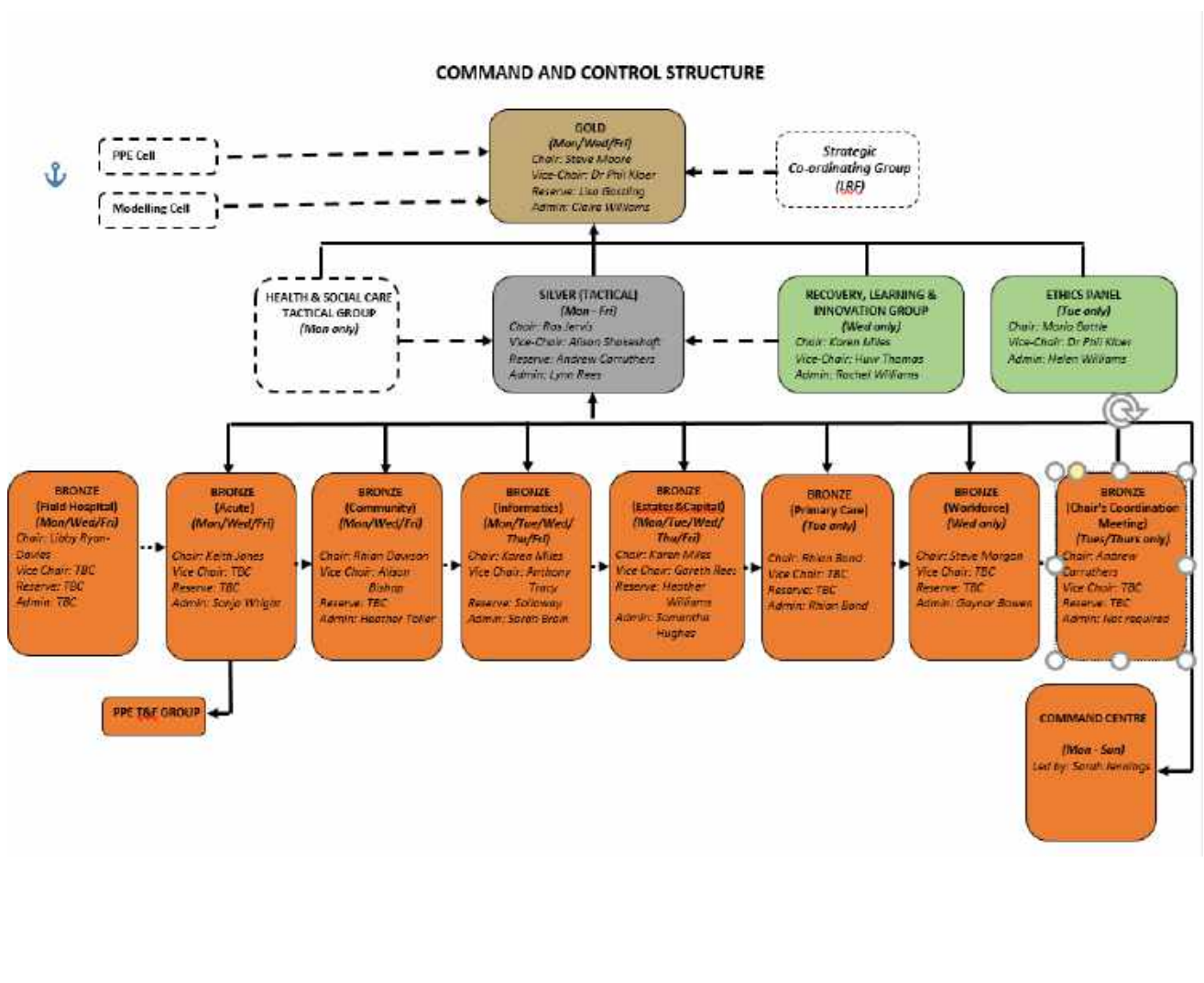
In delivering the above, it should be recognised that we have received significant support from our partners as well as our local population without whom it would not have been possible to achieve so much in so little time.

### 3. GOVERNANCE

Although decisions on the clinical model will in practice need to be made rapidly by the command and control structure, there are decisions that cannot be formally delegated. Thus, the Board will need to be kept informed of changes that are being made and either approve these, or ratify them. The Command structure must at all times continue to work within the Board approved Standing Orders and Standing Financial Instructions and refer appropriate decisions to the Board for approval and ratification.

In addition to the formal Committees, there will be a short term Recovery, Learning and Innovation Group, focussed on exiting the pandemic as smoothly as possible and ensuring actions to improve organisational sustainability are progressed where appropriate. An Ethics panel has also been established to provide ethics input into Health Board policy and guidelines, to support health professionals with ethical issues arising within patient care, and to facilitate ethics education for health professionals and other Health Board staff. At the end of the pandemic the panel will become a permanent feature of the governance structure.

Copies of decision logs from Gold, Silver and Bronze groups alongside the notes from the recovery group and the ethics panel will be shared with all Board Members.



#### 4. RISKS AND ISSUES

There are many risks associated with planning at the required pace and to the required scale needed. There are, however three principle risks to bring to the Board's attention along with the mitigating actions we are taking:

Principle Risk	Mitigation	Current Risk Score (LxI)	Rationale for current risk score
<p>There is a risk that the HBs response to COVID-19 will be insufficient to address peak in demand terms of bed space, workforce and equipment/consumables. This is caused by increased demand for services above the level secured. This could lead to an impact/affect on difficult triaging decisions for our clinicians, poor quality and safety for patients and an inability to accommodate every patient that needs us.</p>	<ul style="list-style-type: none"> <li>• A strong Command &amp; Control structure has been implemented and judged fit for purpose by our assigned Military Liaison Officer.</li> <li>• Planning numbers have been clearly communicated from Gold to Tactical and Bronze groups at the earliest opportunity.</li> <li>• Tactical and Bronze groups responded quickly to the planning numbers set out in the RWC -66% model thus maximising the chances of securing the capacity needed.</li> <li>• Clinical debate continues to attempt to address the areas of most concern such as ventilator support.</li> <li>• An Ethics Panel has been established to consider the challenges ahead and provide guidance.</li> <li>• QSEAC will scrutinise PPE and areas of concern such as oxygen supply and ventilators.</li> <li>• Modelling cell established to provide regular forecasts of the progress of the pandemic at local level.</li> </ul>	<p>3x5=15</p>	<p>Likelihood is based on a balanced view of all the limiting factors related to an unprecedented expansion of the Health Board's bed base versus some improvement in modelling forecasts which reduce the initial peak. Impact recognises the significant clinical risk of the risk becomes reality.</p>
<p>There is a risk that HBs response proves to be larger than needed for actual demand. This is caused by incorrect modelling assumptions or changes in the progression of the pandemic. This could lead to an impact/affect on abortive costs and possible</p>	<ul style="list-style-type: none"> <li>• Modelling cell established to provide regular updates on planning numbers, linked into the Welsh Government modelling group and other Health Boards</li> <li>• The approach to field hospital development is phased as far as possible so that our response can be flexed downward should this be required.</li> <li>• Welsh Government direction to risk over provision rather than under provision will limit reputational damage.</li> </ul>	<p>3x4=12</p>	<p>Likelihood recognises that limits to our ability to grow our bed base reduce the risk of over capacity and our modelling is informing the scale of gap. Field hospital development is also staged so later stages may be able to</p>

reputational damage	<ul style="list-style-type: none"> <li>All developments subject to a business case approach to ensure value for money is considered alongside other issues.</li> <li>Board oversight and sign off of decision-making at all levels of the Command Structure.</li> </ul>		be postponed as real world data becomes apparent.
<p>There is a risk that the HB's normal business will not be given sufficient focus. This is caused by corporate and operational focus is diverted to COVID planning. This could lead to an impact/affect on poor patient outcomes and experience, increase in complaints, increased follows, delays to treatment, increase in financial deficit, increase scrutiny by regulators/ inspectors.</p>	<ul style="list-style-type: none"> <li>Ethics Panel established and asked to consider issues related to the care of non-COVID-19 patients.</li> <li>Clinicians are making case by case risk based decisions for high risk/vulnerable patients.</li> <li>All urgent and emergency work continuing at present.</li> <li>Werndale capacity being used for cancer services.</li> </ul>	3x4=12	At this early stage of the pandemic, urgent patients and those needing cancer, rheumatological and other services to prevent deterioration continue to receive care and processes are in place to maintain this. Impact is based on the fact that harm will be done if the risk materialises.

**Argymhelliad / Recommendation**

In the light of the above information and recognising both the unprecedented nature of the challenge and the risks we face, the Board is asked to ratify the decisions made in the 7 response areas set out above.

**Amcanion: (rhaid cwblhau)  
Objectives: (must be completed)**

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): <a href="#">Hyperlink to NHS Wales Health &amp; Care Standards</a>	All Health & Care Standards Apply

Amcanion Strategol y BIP: UHB Strategic Objectives: <a href="#">Hyperlink to HDdUHB Strategic Objectives</a>	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	Improve efficiency and quality of services through collaboration with people, communities and partners Develop a sustainable skilled workforce Support people to live active, happy and healthy lives

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termiau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not Applicable

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Any issues are identified in the report.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Any issues are identified in the report.
<b>Gweithlu: Workforce:</b>	Any issues are identified in the report.
<b>Risg: Risk:</b>	This report provides evidence of current key issues at both a local and national level, which reflect national and local objectives and development of the partnership agenda at national, regional and local levels.  Ensuing that the Board is sighted on key areas of its business, and on national strategic priorities and issues, is essential to assurance processes and related risks.
<b>Cyfreithiol: Legal:</b>	Any issues are identified in the report.
<b>Enw Da: Reputational:</b>	Any issues are identified in the report.
<b>Gyfrinachedd: Privacy:</b>	Not Applicable
<b>Cydraddoldeb: Equality:</b>	<ul style="list-style-type: none"> <li>• Has EqIA screening been undertaken? Not on the Report</li> <li>• Has a full EqIA been undertaken? Not on the Report</li> </ul>



## **COVID-19 - Financial Guidance to NHS Wales' organisations**

Given the immediate challenges presented by the COVID-19 pandemic, it is recognised that routine financial arrangements and disciplines are disrupted and need to adapt on an interim basis.

In this environment, there is a need to ensure that:

- There are clear and pragmatic financial arrangements in place which minimise any disruption to the system
- Business continuity arrangements are effective
- Frameworks to support effective decision making are clear
- Core financial assumptions and positions are clear and monitored, but with a light touch approach whilst maintaining sufficient clarity on minimum key measures

This guidance has been developed to support organisations and provide clarity on expectations for this disrupted period and until organisations return to business as usual arrangements.

### **Principles**

This document has been developed with the following guiding principles:-

- Finance will not be a barrier to delivering the operational needs of the service in response to the COVID-19 pandemic but needs to be managed and monitored in a structured manner;
- Funds will flow to and from NHS Wales' organisations in a timely manner;
- Organisations are expected to work together to ensure that services are not disrupted during this period as a result of cross-border flows and commissioning;
- Requests for COVID-19 funding will be facilitated through a simplified process that balances financial governance and operational need; and
- Organisations will track both the additional costs arising from COVID-19, and reductions in expenditure due to COVID-19 (i.e. reduced elective activity) in a structured and transparent manner.

### **Financial Governance**

The maintenance of financial control and stewardship of public funds will remain critical during the NHS Wales response to COVID-19. Chief Executives, Accountable Officers and Boards must continue to comply with their legal responsibilities and have regard to their duties as set out in [Managing Welsh Public Money](#) and other related guidance. Any financial mismanagement during this period should be managed in exactly the same way as at any other time.

NHS Wales organisations should undertake an urgent and timely review of financial governance arrangements to ensure decisions to commit resources in response to COVID-19 are robust and appropriate. Value for money is expected to remain a consideration when making decisions with a significant financial impact.

Specifically, organisations are expected to ensure that systems are in place to support decision-making at pace whilst maintaining appropriate controls and governance. This relates in particular to:

- Ensuring an appropriate scheme of delegation is in place and compliance with SFIs. This should include ensuring effective authorisation and signatory systems are in place to minimise any disruption
- Financial information should be collected in support of COVID-19 which is auditable and evidenced and supported by good documentation of key decisions



- Delegation limits and approvals should be documented and followed, having been approved by the Board. The arrangements should also be sufficiently robust and flexible to ensure that authorisation and decisions can take place in the absence of key staff.

No new revenue or capital business investments should be progressed unless related to the response to COVID-19 or otherwise expressly approved by Welsh Government.

From a governance perspective, organisations are also expected to ensure that any proposed service delivery solution in response to COVID-19 have appropriate NHS Indemnity arrangements and advice from Welsh Risk Pool as required.

### **Core Financial Systems & Processes**

NHS Wales Shared Services Partnership has outlined the business continuity arrangements in respect of key financial processes including payroll, procurement and accounts payable. These systems are able to operate via remote working with limited disruption. The systems are, however, dependent upon the ongoing exercise of controls within NHS Wales' organisations. In particular, organisations are asked to ensure that purchase to pay arrangements are appropriately effective and timely, and any payroll adjustments are communicated at an early stage. This will ensure timely payments to suppliers and maintaining cash flow, and ensuring no impact on the pay of our staff.

Organisations should ensure that robust business continuity arrangements are in place covering core financial systems, monitoring and reporting. This should include ensuring procedures, and rules for key systems are available and accessible to all appropriate staff, in a common place (both hard copy and electronically) to support staff required to undertake roles outside of their normal duties.

Business continuity plans should be kept under constant review, tested to ensure they remain effective, shared with all staff members, and updated on a timely basis where required with clear and timely communication.

Standing Financial Instructions require clear quotations and tender processes, which in the current situation, may not be possible. In ensuring appropriate use of public money, where this is not possible any new arrangements must be clearly documented, and decision making justifiable in the context of future scrutiny and accountability.

Organisations should ensure that control is maintained over inventory and stocks which will be critical should supply chains be under pressure. Organisations should therefore consider whether more frequent stock checks are required, and have clear processes in relation to products in high demand and optimise product distribution to ensure the right items are available at the times for patient care.

If inventory is moved to other NHS organisations, then records will need to be kept of where these items are being sent to ensure that they are appropriately accounted for and are not lost or wasted.

NHS Wales' organisations are required to continue to pay suppliers and other NHS bodies (including NHS England providers) on a timely basis.

### **Counter Fraud**

During emergencies and crises, organisations are inevitably more vulnerable to a risk of fraud. There is already emerging evidence of increased phishing e-mails and other fraudulent activity. There are particular risks around invoice and procurement fraud.

We would encourage organisations to remain vigilant to this heightened risk of fraud and to take the following actions:-

- Maintain basic and fundamental financial controls around authorisation and segregation of duties; and
- Engage with your local counter fraud service if you require any guidance or note any suspicious activity.

### **Revenue & Capital Allocations and Cash**

NHS Wales organisations have received clear allocations for 2020/21, and all organisations should always utilise the funding available within their agreed allocation. It is anticipated that reductions in planned care activity as part of the response to COVID-19 will free up resources (finance and workforce) to be diverted to the COVID-19 response.

Welsh Government recognises the importance of liquidity and cash management at this time. The NHS Financial Management Team will prioritise the distribution of cash to support NHS Wales' organisations. Welsh Government will ensure that cash is paid to NHS Wales' organisations on a regular and timely basis to facilitate key financial activities such as payroll, procurement and accounts payable.

If additional allocations and/or requests for funding are approved through the processes outlined in this document, Welsh Government will communicate approval and issue the allocation in a timely manner, including converting into cash allocations on a timely basis.

It is acknowledged that organisations will incur additional costs in relation to COVID-19 and outline arrangements for monitoring and reimbursement below.

### **Ring-fenced Allocations (excluding DEL/AME Non Cash Depreciation)**

During this period, it is recognised that there may be under-utilisation or re-direction of ring-fenced services for their traditional purpose with therefore a reduced expenditure level against the baseline ring-fenced allocation. During this period there will be no claw-back of ring-fenced allocations therefore any under-spend against the allocation is an appropriate offset against increased COVID-19 expenditure.

### **Cost Reimbursement – Revenue Costs**

In many instances, the operational costs of the COVID-19 response will be met from within existing funding, as resources are re-directed from planned elective activity or other planned commitments. Further, costs of significant programmes and actions co-ordinated on a Once for Wales basis will be funded centrally as part of the national co-ordinated response.

Where an organisation has a need to incur specific additional costs associated with the local response, or where an organisation has a national leadership role, then Welsh Government will consider making additional revenue funding available. This will require a submission to Welsh Government explaining the nature of the additional cost, the likely timeframe it will be incurred and why it cannot be met from within the existing allocation. This will ensure an audit trail to support business critical decisions and support enabling allocation processes.

In order to facilitate a swift response, requests for funding support should be submitted to the central mailbox at [NHSFinancialManagement@gov.wales](mailto:NHSFinancialManagement@gov.wales)

Implementation of identified actions and appropriate procurement should not be delayed whilst waiting for funding confirmation from Welsh Government.

### **Financial Reporting & Monitoring**

Organisations need to ensure they will be able to track their financial position on an ongoing basis, and capture the impact of the COVID-19 pandemic. Welsh Government is revising existing monitoring arrangements to ensure routine monitoring is focussed on the bare minimum requirements to sustain clear financial reporting and integrity at this time. At a high level, this monitoring will describe the following:-

- Baseline position pre COVID-19 as per previous plans;
- Year to Date & Forecast outturn position
- Risks
- Allocation & Income assumptions (recognising that this is a fast changing environment)
- Cash flow & Capital assumptions
- Additional COVID-19 expenditure incurred; and
- Planned expenditure or investments that was not incurred due to COVID-19;

Organisations should build this approach into reporting and forecasts, and establish appropriate mechanisms to facilitate tracking of any additional expenditure in relation to COVID-19.

Welsh Government acknowledges that organisations' efforts will be wholly directed towards the COVID-19 response, which will affect the pursuit of savings and efficiencies at this time. It is recognised that delivering savings will not be prioritised unless they are supportive of the current situation and challenges. Organisations should review and identify which programmes will, and will not, be maintained or ceased, and progress to date documented and closed down to allow progress when the system returns to a normalised position. Organisations are expected to provide a clear assessment of their forecast outturn position having considered non-delivery of planned savings and the other variables outlined above.

Welsh Government is re-developing monitoring guidance for 2020-21, which will be issued in due course. This is being developed in line with the principles above and in the spirit of the challenges associated with COVID-19. Monitoring will therefore adopt a 'light-touch' approach with key areas of focus around COVID-19 reporting, and with sufficient flexibility for organisations to describe the financial impact of COVID-19 clearly. This will reflect both planned impacts on expenditure, and unplanned financial impacts of COVID-19.

### **Capital**

The principles of ensuring clarity on assumed allocations, forecast expenditure, and COVID-19 impact outlined within this guidance applies to Capital in addition to Revenue expenditure. Capital support will be provided for:

- Testing equipment and facilities
- Inpatient facilities, to include compliance issues with existing isolation rooms and conversion to negative pressure where required
- Inpatient facilities, expansion of isolation rooms numbers to meet the requirements of WHC (2018) 033
- Critical care facilities and equipment
- Diagnostics

- Works and equipment required to cohort patients not requiring critical care, including those in non NHS owned facilities where required
- Digital equipment
- Other capital requirements not covered by the above as required

As per reimbursement of revenue costs, organisations are asked to outline where additional capital funding is required above approved Capital Resource Limits (CRLs) and Capital Expenditure Limits (CELs), organisations should make submissions to Welsh Government outlining the detail of the costs, and timeframe it will be occurred. Implementation of identified actions and appropriate procurement should not be delayed whilst waiting for funding confirmation from Welsh Government

Routine capital monitoring will be reflected in the revised Monitoring Returns; however, given the challenges of COVID-19, Capital Projects progress reports are not required until at least the end of Quarter 1, when the position will be reviewed.

Given the exceptional circumstances of the current situation, for 2019/20 due to the ongoing uncertainty about year-end deliveries for both COVID and non COVID equipment and delay in construction schemes CRLs/CELs will continue to be amended for one week after 31<sup>st</sup> March, with the intention of closing them on 8 April 2020.

Depreciation funding requirements above baseline, will be obtained via the Non Cash Estimate Exercise in early August and refined in November (the June exercise will not be undertaken in 2020/21).

#### **Purchase of enhanced discharge support services / Partnership arrangements**

Timely discharge and community care wrap around packages will be essential to release bed capacity within hospitals. Discharge to Recover and Assess packages are anticipated to be enhanced and will include community response team ('CRT') support, intermediate care beds (in a community hospital or care home) and domiciliary care.

Within existing partnership arrangements Welsh Government anticipates that additional costs will be incurred by both the local authorities involved and healthcare bodies. It is also envisaged that organisations collectively will be repurposing existing funding streams such as the Integrated Care Fund as an appropriate resourcing mechanism in these circumstances. Any additional planned expenditure which requires funding support should comply with the revenue cost reimbursement model outlined above within this guidance.

#### **Cross-Border Flows**

It is essential that NHS Wales organisations collaborate effectively and minimise any disruption on the system during this period. All Welsh commissioners are expected to deploy the same approach as English commissioners and agree block contract arrangements with English providers in line with NHS England guidance. The NHSE guidance reflects that this arrangement should be in place to 31 July 2020 but we anticipate that this period will be extended and organisations should ensure that they are able to respond swiftly to any extension. It is recognised that this arrangement may have a disproportionate impact on those organisations with a high reliance on English providers and who cannot re-deploy internal resources to offset this financial pressure. This will be considered directly with specific impacted organisations.

An approach to Long Term Agreements for quarter 1 during the COVID-19 pandemic period has been developed by Deputy Directors of Finance, which is endorsed by Welsh Government as both a pragmatic and sensible approach. It is vital that organisations ensure stability, and no disruption in the system at this time.

Actions being taken and led directly by Welsh Government on a system wide basis as part of the response to COVID-19 will be resourced directly with no anticipated impact on any individual organisation.

It is anticipated that Welsh organisations will have similar pragmatic reciprocal arrangements with English commissioners as appropriate on any activity for English residents treated in Welsh providers.

### **Primary Care Contractors**

From 1 April, it is anticipated that Primary Care contractors are enabled to prioritise their workload according to what is necessary to prepare for and manage the outbreak, and therefore as a principle organisations should ensure that income will be protected as per existing contractual arrangements if other routine contracted work has to be substituted. Health Boards should plan to continue to make payments on this basis and ensure timely cash flow to independent contractors. Welsh Government will reimburse any additional costs in relation to COVID-19 as part of the reimbursement processes outlined in this guidance. Specific developments on a national basis may result in further guidance and support in relation to actions being taken by Primary Care contractors and this will be issued by policy leads in due course.

It is also intended that, during the outbreak, payments made under the Premises Cost Directions will be maintained. This will be in the event that premises are not able to open or where the use of premises is diverted away from GMS to support other COVID activities.

### **Summary**

This guidance is intended to provide clear minimal expectations and be a supportive framework for organisations to consider what is or is not maintained in the current situation.

Given the pace and urgency of the current situation and environment, there may be additional areas for clarification that has not been addressed by this guidance. Any queries in relation to this can be directed at [NHSFinancialManagement@gov.wales](mailto:NHSFinancialManagement@gov.wales) or directly with either Steve Elliott, Hywel Jones, Andrea Hughes, or Val Whiting in the first instance who will support you as required.

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

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



Llywodraeth Cymru  
Welsh Government

To Chief Executives

Our Ref: AG/SE/SB

30 March 2020

Dear Colleagues

### **COVID-19 – Decision Making & Financial Guidance**

I want to take this opportunity to thank you and your teams for your support and commitment during these unprecedented times. The challenges associated with COVID-19 are significant, and delivering the necessary solutions are the priority for us all.

In these exceptional and unprecedented circumstances, I recognise that organisations and teams are required to make potentially difficult decisions at pace. These decisions may at times be without a full evidence base, or be without the support of key individuals who would ordinarily support business as usual processes and advice.

In taking urgent and exceptional decisions in this challenging environment, I recognise that there is a disruption to our usual financial discipline and authorisation processes. However, this continues to be within the context of needing to ensure appropriate use of public money. It is vital therefore, that within this disrupted environment, individual and collective decision-making is effective and stands the test of scrutiny when our services and systems return to a normalised position in the future. Once we return to a normalised position, the NHS will be called to account for its stewardship of public funds.

Across Welsh Government, the First Minister has asked all departments of government to both prioritise resources to deal with the COVID-19 pandemic and to ensure those resources are deployed effectively on the actions that will make the biggest difference. It is within that context that I am writing this letter to you.

I would urge organisations to ensure that in making decisions at this time the following applies:

- Due consideration is given to regularity in relying on legal powers, propriety and meeting the standards of 'Managing Welsh Public Money', and value for money supported by an assessment of the realistic options available to you at the time

- Decisions taken must be rational and justifiable with due consideration of all options and risk. If approval is required then it should be sought, and justification for decisions should be recorded, if not at the time then subsequently. Ultimately, we need to ensure the decisions we are taking are defensible to the patients and public we serve, and this should provide a clear and consistent test to our actions.
- Individuals and organisations should ensure that our decision making conduct is in line with Nolan Principles, and integrity is at the heart of what we do, with no conflict of interest affecting or appearing to affect decisions. If a decision is planned which is particularly novel, contentious, or repercussive, my officials are on hand to provide advice and guidance to inform any decision making.
- During emergencies such as these, organisations inevitably are more vulnerable to a risk of fraud, and unfortunately, some will try to take advantage of this situation for personal gain. That is why at times like these a continued focus on good governance and potential fraud is key.
- If you have any concerns in any aspects of your decision making process and revised governance arrangements, in addition to seeking advice of officials, you should ensure the continual involvement of Wales Audit Office in your activities to re-focus your decision making processes.

In keeping with the principles and spirit of this correspondence, and the indication set out by the Minister to step back from routine monitoring arrangements, our routine financial arrangements need to adapt on an interim basis. I therefore attach guidance to organisations on expectations from a financial management and reporting perspective at this time. This outlines the minimum expectation in this area, and aims to ensure a supportive and balanced focus in forthcoming months on ensuring core minimum requirements are in place to support all organisations at this challenging time.

Once again, thanks to you and your teams for everything that you do. My officials continue to be available to provide support on the issues I have outlined above. If there are any areas for further clarification or where additional advice and guidance is required, let me know.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Andrew Goodall', with a stylized flourish at the end.

**Dr Andrew Goodall CBE**

**CYFARFOD BWRDD PRIFYSGOL IECHYD  
UNIVERSITY HEALTH BOARD MEETING**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	28 May 2020
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Care Home Preparedness – COVID-19
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Jill Paterson, Director of Primary Care, Community and Long Term Care
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Rhian Dawson, Chair Bronze Community (Health Board)

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Gwybodaeth/For Information

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

This paper sets out the current position on Care Home preparedness for escalated conditions related to COVID-19. It outlines the historical fragile nature of Care Home provision, the likely impact of COVID-19 and a Risk and Escalation Management Policy which includes protocols which could, when implemented, effectively mitigate the risk to residents and the Care Homes themselves. This paper should be read in conjunction with the following documents:

- West Wales Care Partnership Care Home Risk and Escalation Management Policy (v1.3)
- Escalation Checklist
- Integrated Preventative Guidance for Infection Prevention and Control in Care Homes (v3)
- Sitrep Example Template

**Cefndir / Background**

The NHS and Local Authorities have faced significant pressures regarding capacity and demand in recent years. Working together as one local Care system, rather than fragmented or competing services, is essential if levels of quality and access to health and care services are to be sustained. Care homes, whether nursing or residential, have three times as many beds as hospitals and offer a critical component of this system. Across the Hywel Dda University Health Board area, there are 122 Care facilities (Nursing and residential) providing care for nearly 3,000 residents.

However, concerns have been raised for some time regarding the fundamental viability of the Market and associated workforce recruitment and retention pressures. These pressures also apply to Local Authority owned homes. The workforce position is further compromised by the reduction in working age population with interest in employment in this area increasingly waning, with the consequence that the Care Home service consistently runs on a high level of vacancies. Given this, the impact of a pandemic such as COVID-19 on workforce depletion (medical suspension and sickness absence) is therefore likely to be catastrophic for the Care Homes and their residents.



There are also significant risks to our whole health and social care system if the care home sector collapses:

- Compromised safety and wellbeing of vulnerable group
- Increased demand on unscheduled care (acute hospitals)
- Increased demand on community nursing and community hospitals
- Increased demand on alternative forms of social care

Recent experience has demonstrated that our COVID-19 preparedness plans for the Sector required strengthening, if indeed Commissioning Organisations along with Care Homes were to be able to respond appropriately in order to continue to support the Sector to care for their vulnerable residents. A recent outbreak in a nursing / residential care home locally demonstrated the fragility of that Home to sustain care provision when sickness absence and medical suspension due to the virus decimated the Registered Nurse workforce. Further, heightened anxiety amongst employees regarding the impact of the virus on their own health and wellbeing resulted in the care workers choosing to terminate their employment. This example highlighted the reality that, in such circumstances when the workforce is so compromised, and in the absence of any backfill or other alternative, extreme measures such as admission to Acute Hospitals may be the only option to safeguard this vulnerable group. Needless to say, prolonged periods in this position considerably challenges the financial viability of the Home at a time when the health and care system simply could not sustain it.

The ability of registered Residential and Nursing Care Homes to be able to continue to care for their residents safely and appropriately during any infection prevention outbreak is critical in relation to improving outcomes for individuals, other residents and the home itself. Prioritising the implementation of robust systems to monitor and support care home resilience during the COVID-19 Pandemic should, therefore, be an essential contingent.

The British Geriatric Society (BGS) have recently published guidelines which would seem valuable to consider in relation to developing a Framework that would enable Organisations to assist Care Homes during this time with the appropriate level of intervention and support (BGS 2020) – see Evidence Base, below.

### **Asesiad / Assessment**

On review of the learning from the outbreak in a local care home and assessment of the best practice recommendations outlined in the BGS guidance, it became apparent that the following areas required urgent attention in order to provide robust assurance in relation to Care Home preparedness for COVID-19:

1. Robust support from General Practice and Clusters with clear lines of communication and access for advice.
2. Ensure that Advanced Care Plans (ACPs) in place are reviewed in the context of COVID-19 to ensure decision making regarding treatment is in the best interest of the resident. It is critical that plans are contemporaneous and consider each resident's unique needs and circumstances.
3. Enabling the Home to identify early deterioration in a resident's condition.
4. Availability of specialist Secondary Care support for complex decision making and discussions with family (Geriatricians, Secondary Care Consultants).
5. Efficient implementation of Infection Prevention and Control protocols and guidance (information had been made available however need to ensure this is applied bespoke to the specific needs of each care home (building layout and needs of the residents).
6. Robust processes are in place to highlight when Care Home resilience is compromised

(by either workforce depletion and / or levels of acuity and complexity of residents' needs).

7. Robust processes are in place to implement risk mitigation when escalated levels of risk in relation to care home resilience is identified.

Improvements in relation to points 1 – 5 above have been implemented across all our care homes. With reference to points 6 & 7 however, this required consideration and development of a care home 'Risk Assessment and Escalation' policy and associated protocols which required endorsement at regional West Wales level to ensure consistency of implementation across our Region. This Policy enhances the existing Regional West Wales Escalation Policy relating to provider performance and specifically supports analysis of further risk escalation related specifically to COVID-19 and the implementation of escalation protocols and processes to mitigate.

The Policy supports implementation of the following:

- Daily collection of data in relation to care home demand and capacity
- Analysis of the data to determine the level of care home resilience based on risk assessment
- Monitoring the requirement to escalate the level of risk and implement appropriate and agreed actions in a timely and efficient way
- Evaluate the impact of those mitigating actions to either de-escalate or determine further escalation.

It suggests that the above is facilitated through implementation of a Daily Operational Command (DOC) in each County which is responsible for providing daily operational position in relation to Care Home compromise; this position statement is known as the 'Sitrep'. The 'Sitrep' will be circulated to key stakeholders within the health and social care system for their consideration and implementation of the necessary agreed actions according to the Escalation Level.

Baseline risk assessment in each care home was determined by those BGS best practice recommendations and existing provider performance position. Care homes are expected to report increasing risk associated with suspected / confirmed cases, workforce depletion and other factors on a daily basis.

Action Checklists have also been developed which support the managers to implement mitigating actions locally at both individual level to ensure improved service user outcomes and at 'organisational' level to bolster the resilience of the home. The intensity of these actions will increase relative to the level of escalation in the home. The Policy and Action Checklists acknowledge that while the overarching 'menu' of actions should be the same across all three counties within the West Wales Regional footprint, application of those actions may vary at County level as local service infrastructure may vary.

It is anticipated that the Risk and Escalation process will contribute to the management of unscheduled care hospital 'flow' through the system during the impact of the pandemic in forthcoming weeks and months. The Community 'Sitrep' will add value to Acute Hospital 'Sitreps' and allow whole system consideration of 24/7 capacity, demand and escalating pressure in the system. Moreover, it provides the necessary governance related to circumstances where business continuity should be implemented in cases where there may be care home failure and extreme measures need to be implemented e.g closure, Local Authority 'take over' and / or transfer of residents to an alternative setting.

The Risk Management and Escalation Policy and Processes could also be utilised for other social care service areas such as domiciliary care; an area of provision which is also susceptible during challenging times like this.

It is hoped that this process will not be limited to providing contingency for COVID-19; but should aim to ensure that 'whole system' monitoring becomes an integral part of integrated working in the future to ensure sustained and optimum levels of quality and access to Health and Care services.

The current version of the Policy is attached to this report for reference, along with supporting documents. Version control will be held by the Integrated Executive Group (IEG) (West Wales Regional Partnership Board); it is important to note that the Policy may require regular review given the rapidly changing nature of national policy and guidance relating to COVID-19. Implementation of the Policy is the responsibility of each County system and this is reviewed through the COVID-19 command and control structure.

The Policy and its protocols have been embedded into core practice across all three Counties, Carmarthenshire, Ceredigion, and Pembrokeshire following discussion with Directors of Social Services of each Local Authority and Directors of the Health Board through the joint Health and Social Care COVID Planning Structure and have provided the necessary process to inform and respond to escalation of risk within Care Home facilities enabling the provision of appropriate support, thus maintaining their resilience to sustain care provision.

#### Argymhelliad / Recommendation

The Board is asked to note and receive this report.

<b>Amcanion: (rhaid cwblhau)</b>	
<b>Objectives: (must be completed)</b>	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	COVID-19 Community Bronze Risk Ref: Sustainability and Resilience of Domiciliary and Residential Social and Nursing Care.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): <a href="#">Hyperlink to NHS Wales Health &amp; Care Standards</a>	2. Safe Care 2.1 Managing Risk and Promoting Health and Safety 7. Staff and Resources
Amcanion Strategol y BIP: UHB Strategic Objectives: <a href="#">Hyperlink to HDdUHB Strategic Objectives</a>	3. Growing older well 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.
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	9. All HDdUHB Well-being Objectives apply

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	British Geriatric Society (2020) Managing the COVID-19 Pandemic in Care Homes <a href="https://www.bgs.org.uk/resources/covid-19-managing-the-covid-19-pandemic-in-care-homes">https://www.bgs.org.uk/resources/covid-19-managing-the-covid-19-pandemic-in-care-homes</a>
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Hywel Dda University Health Board Gold Command West Wales Integrated Executive Group Tactical Command

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	None
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Risk Mitigation related to Care Home Compromise
<b>Gweithlu: Workforce:</b>	At heightened escalation Care Home may require enhanced support from Health Board workforce to sustain care provision during the crisis episode to mitigate harm and care home failure
<b>Risg: Risk:</b>	e.g. risks identified and plans to mitigate risks: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) <a href="http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906">http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906</a>
<b>Cyfreithiol: Legal:</b>	e.g. legal impacts or likelihood of legal challenge: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) <a href="http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906">http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906</a>
<b>Enw Da: Reputational:</b>	e.g. potential for political or media interest or public opposition: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) <a href="http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906">http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906</a>
<b>Gyfrinachedd: Privacy:</b>	e.g. potential for data breaches: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) <a href="http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906">http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906</a>
<b>Cydraddoldeb: Equality:</b>	Has EqIA screening been undertaken? No Has a full EqIA been undertaken? No



## **Nursing & Residential Care Homes Risk and Escalation Management Policy**

### **1. Strategic Intent**

Within the context of an infectious outbreak (such as COVID-19), the purpose of this Risk Management and Escalation Policy is:

**1** To ensure that there are robust contingency plans in place:

- To mitigate the risks of harm to care home residents and/or care home failure;
- To prevent avoidable deaths;
- To ensure timely, appropriate interventions to support recovery from an escalation in their Risk status
- To minimise the impact of care home failure on the whole health and social care system

**2** To provide additionality to the existing Regional West Wales Escalating Concerns Policy for provider performance and support analysis of further risk escalation related to COVID-19 and implementation of escalation protocols and processes to mitigate

**3** To provide a process that allows us to assess the level of risk for every care home contracted by Health Board or the Local Authority and provide a daily overview of that risk

**4.** To provide a process that allows organisations to analyse the level of risk and implement appropriate and necessary escalation processes to mitigate the risk and timely de-escalation.

### **2. Context**

The ability of care homes to be able to continue to care for their residents safely and appropriately during any infection prevention outbreak is important in relation to improving outcomes for individuals, other residents and the home itself. London School of Economic identified 42-57% of all deaths linked to the virus were among care home residents. Studies included Spain, Italy, Ireland, Belgium and France. Further, the stability of care homes, particularly care homes for older people, is critical to the stability of the whole health and care system. Indeed, local and national evidence, focused primarily on older peoples care homes, has demonstrated the significant impact that care home compromise has already had with care homes being rendered unable to provide ongoing care to its residents. The latter has been mainly due to workforce constraints; historically recruitment and retention is challenging in the sector and

has run on an average vacancy factor of around 8 to 9%<sup>1</sup>. COVID-19 has exacerbated this problem and quite simply there is no other resource available to fill this void. Financial viability of the home is also challenged with a care home's reluctance to accept new residents when affected by an outbreak of the virus, associated with the potentially significant risks to other residents contracting COVID19, their duty of care to residents, and the associated reputational and financial risks.

Needless to say, prolonged periods in this position considerably challenges the financial viability of the home at a time when the health and care system simply would not tolerate it. It is also pertinent to acknowledge that the impact of COVID-19 on care home viability and sustainability is also highly likely to continue to have an effect on the market way beyond the current pandemic.

The usual measures that local authorities / health boards would implement in the event of the potential failure of a care home, such as moving residents to another care home; the local authority taking over the running of the care home; take over by another care home provider; or the health board taking over the running of a nursing care home are severely restricted in the context of the current Corona Virus pandemic, due to the risk of transference of COVID-19 and the health and social care system as a whole being under pressure due to reductions in staffing levels.

It is therefore of paramount importance that additional timely interventions are implemented to support the care home's recovery from escalated risk and ultimately to ensure the continuity of care of the residents.

### **3. Scope**

The scope of this policy includes:

- Care homes for adults with personal care (residential)
- Care homes for adults with nursing
- Care homes for learning disability
- Care homes for mental health

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<sup>1</sup> Skills for Care: The state of the adult social care sector and workforce in England (Oct 2019) reported that "In England, the average vacancy rate was 7.8%".

Social Care Wales Workforce Development Programme (SCWWDP) – workforce data collection 2017: Commissioned Care Provider Services Care reported that "Providers commissioned by Carmarthenshire and Swansea had the highest percentage of reported vacancies (9%) in Wales".

## 4. Risk Management

### Risks include:

- Failure to continue to provide the required standard of care
- Compromised safety and wellbeing of residents
- Compromised safeguarding practices
- More significant Deprivations of Liberty
- Failure in infection control creating a public health risk
- Destabilisation and closure of the home
- Failure to prevent avoidable deaths
- Increased demand on unscheduled care in acute hospitals
- Increased demand on community nursing and community hospitals
- Increased demand on alternative forms of social care
- Lack of cooperation of the care home
- Reputational and regulatory risks

In assessing risks associated with infectious outbreaks in nursing and residential care homes need to consider the unique challenges of each home which may impact on its resilience in these circumstances. There are two primary types of risk factors to be considered; however others include reputational, political, regulatory and service users' families.

Organisational	Health & Well-being
<ul style="list-style-type: none"><li>• Financial viability</li><li>• Leadership</li><li>• Workforce</li><li>• Environment</li></ul>	<ul style="list-style-type: none"><li>• Individual resident's complexity / acuity</li><li>• Safety and well-being of all residents</li><li>• Safety and well-being of staff</li></ul>

## 5. Risk Assessment

Each care home should be able to rate their level of risk in terms of their resilience to infectious outbreaks based on the challenges outlined above.

### 5.1 Organisational

**Financial Viability** – Nursing and residential care homes vary widely in their legal structures, business ownership and financial arrangements from a privately-owned single home, to not-for-profit organisations, and from local authority-run care homes to large companies operating many care homes across the UK.

The continued financial viability of the company or organisation which owns the care home(s) within the county is critical to its sustainability. In the event that cash flow failure or the home is unable to meet its financial obligations then a care home can rapidly collapse as a functioning entity, with the responsibility for the care and protection of the residents falling to health and social care, under the local authority's legal duties as well as the contractual obligations of the contracting organisation.

**Leadership** – Each care home will have key personnel which include the registered manager; deputy manager; registered nurse (if required); senior care workers / shift leaders.

Effective, responsive and cooperative leadership from the Responsible Individual and their key personnel is critical to mitigating the risks.

Small homes rely on a small number of key staff- the absence of these, even temporarily can cause rapid decline in the functioning and viability of the home. Many homes have entered this period with key weaknesses in this area.

**Workforce** - Typically the care sector's workforce is fragile compromised by recruitment and retention pressures. The workforce may consist of younger inexperienced staff and in contrast older workers close to retirement. Both these groups present their own challenges.

The availability and competence of the nursing and residential care home's workforce, together with any contingency staffing, to be able to deliver the required standard of care is essential to maintaining the health and well-being of the residents.

Homes which are reliant on temporary, bank or agency staff, or where morale is already low, are at particular risk.

**Environment** – The building layout and space in some nursing and residential care homes may not lend themselves easily to be able to effectively implement strategies to contain the spread of infection presenting increased risk of infection to other residents. In these situations, the guidance recommends isolation in 'a single room , with a separate bathroom where possible'.

## 5.2 Health & Wellbeing

**Individual Residents** - Each resident is an individual and their complexity / acuity will vary. Individual assessments will need to be considered to provide cumulative risk assessment in relation to the level of need / complexity / acuity of the entire nursing / residential care home population. This may regularly change given the 'turnover' of residents and their vulnerable disposition.

Assessments and interventions must distinguish between the different needs and wishes of each individual within a setting and avoid any generic approach to health needs of a setting. The needs of residents in care settings vary enormously from the well and active, people with the additional challenges of cognitive impairment or dementias, to people at the end of life. Interventions should reflect this range of needs within the setting.



**Safety & Well-being of all Residents of the Nursing / Residential Care Home** – Before agreeing to provide a service to an individual, the Registered Manager must consider any risks to the individual or to other residents, including preventing safeguarding concerns and avoidable deaths.

**Safety & Well-being of the Staff** – Before agreeing to provide a service to an individual, the Registered Manager must consider any risks to staff.

## **6. Risk Mitigation**

**Mitigating actions** on the level of risk can be considered against the four key areas that nursing and residential care home standards are assessed upon:

- Wellbeing
- Care & Support
- Environment
- Leadership & Management

The mitigating actions are based on evidenced based best practice guidance in relation to managing outbreaks.

### **6.1 Wellbeing**

- The average level of acuity / complexity is well managed and proportion of residents that are stable are greater than those who are not
- Nursing and residential care homes should have in place standard operating procedures for individual residents with suspected and confirmed infection, including appropriate infection control precautions to protect staff and residents.
- Nursing and residential care home staff should be trained to check the temperature of residents displaying possible signs of infection, using a tympanic thermometer (inserted into the ear). HDUHB has offered training via its Skills to Care programme.
- Where possible, nursing and residential care home staff should be trained to measure other vital signs, at the request of the physician, including blood pressure, heart rate, pulse, oximetry and respiratory rate. This will enable external healthcare practitioners to triage and prioritise support of residents according to need. HDUHB has offered training via its Skills to Care programme.
- All staff working with care home residents should recognise that COVID-19 may present atypically in this group. It may be necessary to use barrier precautions for residents with atypical symptoms following discussion with General Practitioners or other primary healthcare professionals.
- Where possible, primary care clinicians should share information on the level of frailty of residents (mild, moderate, severe frailty) with nursing and residential care homes, and use the Clinical Frailty Scale to help inform urgent triage decisions.

- Plans and protocols are available and implemented effectively to maintain wellbeing of residents (consider levels of escalation, CIW reports / inspections etc.)
- Practices within the home should continue to ensure individuals are properly safeguarded from abuse and/ or neglect. Any actual or risk of abuse or neglect must be reported to the local authority as usual.
- Any deprivations of liberty should continue to be the least restrictive options and must be necessary and proportionate to the perceived risks. New or renewal applications for deprivation of liberty safeguards should continue as usual.

## 6.2 Care & Support

- Care Homes should be supported to remain open to new admissions and to receive existing residents back from hospital during an infectious outbreak, following government guidance [covid-19-admission-and-care-of-people-in-care-homes](#) . This decision will ultimately remain with the Responsible Individual and Registered Manager and should only occur when it is safe to do so.
- When symptoms of infection present there is daily access to General Practitioners or other primary healthcare professionals.
- Remote monitoring available within the home to identify early signs of potential infection and access to intermediate care response within 2 hours
- Nursing and residential care homes should have standard operating procedures for isolating residents with a cognitive impairment who 'walk with purpose' (often referred to as 'wandering'). Behavioural interventions may be employed but physical restraint should not be used. If the person already has a DoLS authorisation, **in many cases changes to the person's arrangements for their care and treatment will not constitute a new deprivation of liberty and the current authorisation will cover the new arrangements**, but it may be appropriate to carry out a review.
- Nursing and residential care homes should consider whether it is feasible to manage residents entirely within their rooms or in identified 'zones' during a possible or actual outbreak. This will have implications for safe staffing, which should be considered before adopting such a policy. Advice from the Infection Prevention team will be provided for the individual circumstances of each home reporting a possible outbreak.
- Nursing and residential care homes should work with GPs and local pharmacists to ensure that they anticipate palliative care requirements and order anticipatory medications early in the illness trajectory.
- All residents have the opportunity to have an Advanced Care Plans in place, if they have the capacity to do so.  
[advance-care-planning-quick-guide](#)
- Workforce stability – reporting of deficits and recruitment challenges

## 6.3 Environment

- Social distancing measures have been adopted, particularly in communal lounges and dining areas

- Personal Protective Equipment is being worn and used correctly.
- Staff are following the correct hand washing procedure
- Cleaning schedules have been increased and focus on “high traffic” areas such as door handles, toilet flushes, and other frequently touched surfaces
- Government infection control guidance is being followed: [coronavirus-infection-prevention-and-control](#)

## 6.4 Leadership & Management

- Clear evidence of support from GPs and the community multidisciplinary teams
- Nursing and residential care homes should work with General Practitioners, community healthcare staff and community geriatricians to review Advance Care Plans with care home residents. This should include discussions about how COVID-19 may cause residents to become critically unwell, and a clear decision about whether hospital admission would be considered in this circumstance.
- Advance Care Plans must be recorded in a way that is useful for professionals called in an emergency situation. A paper copy should be filed in the care home records and, where the facility already exists, an electronic version used which can be shared with relevant services.
- Nursing and residential care homes should be aware that escalation decisions to hospital will be taken in discussion with paramedics, general practitioners and other healthcare support staff and in consideration of the individual’s Advanced Care Plan.
- A jointly agreed algorithm for **Care Home Assessment of a Suspected Case of COVID-19** is known and available for care homes to follow, see **Care Home Assessment and Management of Suspected COVID**
- They should be aware that transfer to hospital may not be offered if it is not likely to benefit the resident and if palliative or conservative care within the home is deemed more appropriate. Support will be provided to Care Homes by Clinical Nurse Specialists for Palliative Care. Care Homes should work with healthcare providers to support families and residents through this.

## 7. Escalation Levels and Monitoring Processes

### 7.1 Overview

The County should have in place a Community **Daily Operational Command** (DOC) system, which acts as the central point for care home data gathering, monitoring and analysis to inform a risk escalation level and appropriate reporting lines.

The **Daily Operational Command** will:

- Gather and monitoring processes to determine the level of risk within the service area

- Identify different level of risk escalation including the triggers for action
- Manage risk escalation levels 1 & 2 through monitoring processes and coordinated collaboration through use of a series of 'Action Checklists' – ensuring that actions are communicated and reported back through appropriate levels of command.
- Produce a daily Situation Report (SitRep) with key data.
- Alert key partners through the SitRep of any Level 3 issues that will need to be immediately escalated.

## 7.2 County Escalation Levels

Colour Coding	Level of Pressure	Monitoring	Level of Support	Action
<b>LEVEL 1</b>	Moderate/ manageable pressure	Monitoring officer works with staff and reports into daily DOC	Standard operating processes are <b>functioning as efficiently as possible</b> and not significantly compromising the system.	<b>Tolerate</b>
<b>LEVEL 2</b>	Significant Pressure	Senior Manager / Head of Service (HoS)	<b>Enhanced support required</b> with senior managers and HoS working together across the whole care system to provide appropriate support.	<b>Collaborate</b>
<b>LEVEL 3</b>	Extreme Pressure	Head of Service / Director	Requires <b>crisis intervention from external support</b> to continue service provision.	<b>Intervene</b>
<b>BUSINESS CONTINUITY</b>	Failure	Director of Social Services / Director of Long Term Care	Nursing / residential care home ceases to be in a position to continue to provide care <b>and requires extreme contingency</b> such as transfer of residents to alternative setting and / or external 'take over'.	<b>Contingency</b>

## 7.3 Care Home Risk Assessment

Every nursing and residential care home is contractually required to have a Business Continuity Plan which complies with the County's guidance document. This includes advice to keep their Business Continuity Plan under constant review, as official advice changes. The nursing / residential care home's risk rating is assessed using the West Wales Escalating Concerns Policy's risk assessment matrix:

Likelihood	Impact			
	1. Insignificant	2. Minor	3. Moderate	4. Major
4. Almost certain	4	8	12	16
3. Likely	3	6	9	12
2. Possible	2	4	6	8
1. Unlikely	1	2	3	4

Residential and nursing care homes are advised that their staffing levels will determine their risk level, as follows:

Staff Availability	0-10% Reduction	10-20% Reduction	20-30% Reduction
Risk Level			

Residential and nursing care homes are advised that the number of residents who are suspected COVID-infectious will determine their risk level, as follows:

Staff Availability	0-1 resident	2 – 4 residents	5 or more residents
Risk Level			

The County’s guidance to residential and nursing care homes sets out what is expected of providers during a COVID-19 incident or outbreak.

### 7.4 Operational Management of Escalation

- Baseline risk assessment should have been undertaken between care home providers and the County’s Commissioning team for each care home (core provider performance practice)
- Nursing and residential care home managers will contact the County’s Local Authority Commissioning team to update their risk assessment when there is a change (i.e. 2 or more residents presenting with COVID-19 symptoms; more than 10% reduction in staff availability). The Local Authority will notify all other parties.
- Nursing and residential care home business owners will contact the County’s Commissioning team to update their risk assessment if there are concerns about the financial viability of their business.
- The West Wales Escalating Concern Procedure will be used where the risk level of a nursing / residential care home is elevated to amber or red.

### 7.5 Actions to be taken at each level of Escalation

The menu of actions below provides an overview of the actions expected to be undertaken at each level.

Colour Coding	Level of Pressure	Actions Expected
<b>Green: Level 1</b>		
<b>TOLERATE</b>	Moderate/ manageable pressure	<p>Business as usual to ensure compliance with regulations / health and care standards</p> <p>Care Settings should have in place standard operating procedures for individual residents</p> <p>Appropriate infection control precautions to protect staff and residents.</p> <p>Home is provided with contact details for additional advice and support e.g. Infection Prevention &amp; Control, district nursing visits, 'just checking' calls from senior management.</p>
<b>Amber: LEVEL 2</b>		
<b>COLLABORATE</b>	Severe Pressure	<p>Implement any guidance and protocols associated with risk (e.g. <i>Managing outbreaks in care settings with multiple occupants</i>)</p> <p>Maintain good communication links with all relevant Authorities and Professionals.</p> <p>Communication to families and any other parties will need to be done in agreement with the Local Authority and or Local Health Board</p> <p>Daily reviews of residents' symptoms by appropriate professionals</p> <p>Engage with primary care GP, in reach from community nurse daily, virtual vital signs monitoring, routine IP&amp;C / Environmental Health Officer assessments, monitoring spread of infection, implementation of protocols to zone</p> <p>Access to secondary care physician for advice re Advanced Care Planning and Palliative care planning as appropriate.</p>
<b>Red: Level 3</b>		
<b>INTERVENE</b>	Extreme Pressure	<p>Care provision replaced by either Local Authority and / or Health Board personnel.</p> <p>Transfer of infected residents into another facility to protect those not infected.</p> <p>In consultation with Director of Operations and Medical Director, admit those residents who are infected to hospital to protect those remaining residents.</p>
<b>BLACK: BUSINESS CONTINGENCY</b>		
<b>CONTINGENCY</b>	Failure	<p>In the event of business continuity failure, transfer of all residents to another facility which is able to meet their needs.</p> <p>Re-provision of the nursing / residential care home into a RED nursing / residential care home site and admit other infected residents from other facilities. '</p> <p>Take over' by other organisation to stabilise the home on temporary and / or permanent basis.</p>

## 7.6 De-Escalation Process

Head of Service confirms de-escalation to Level 3 or below and notifies Directors

## 8. Operational Management and Responsibility

See **Error! Reference source not found.**

### 8.1 Clinical Management and Monitoring of Affected Residents

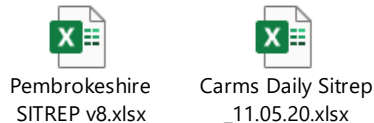
- Those residents affected by COVID-19 (suspected and confirmed) will be identified by the Daily Operational Command
- DOC notifies the relevant Locality Leadership (GP, Locality Manager and their teams)
- Daily consultation by GPs with their Care Home registered patients daily
- GPs will be responsible for reviewing those residents daily and where affected by COVID-19 ensure that close monitoring of their condition is in place by themselves and their multidisciplinary (MDT) professional colleagues
- Communication with family members undertaken by the appropriate individual determined by the GP and the MDT
- GP will refer to secondary physicians (medical and / or specialist palliative care) for specialist advice and / or when Outbreak of 10+ residents in the home
- Infection Prevention and Control / Environmental Health Officers daily support

### 8.2 Management to Support Provider Performance and Home Sustainability

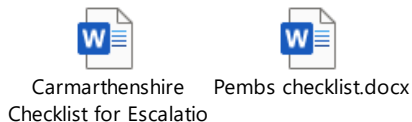
- Those care homes affected by COVID-19 (suspected and confirmed) will be identified by the DOC
- DOC notifies the appropriate Head of Service (Local Authority and / or Health Board)
- DOC notifies the relevant Locality Manager who will work with the Head of Service to support provider performance and implement appropriate mitigating actions

## **APPENDICES (To be set up as a shared folder)**

### **1. SITREP Template (Note: Carmarthenshire template under review)**



### **2. Action Checklists**



### **3. Care Home Guidance to manage an outbreak**



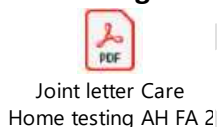
### **4. Business Continuity Planning in Care Homes**



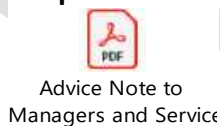
### **5. Care Home Assessment and Management of Suspected COVID**



### **6. Welsh Government's Guidance to Service Providers, Local Authorities and Health Boards regarding testing of new admissions / readmissions to Care Homes**



### **7. Carmarthenshire and Pembrokeshire's Advice Note to Service Providers regarding Hospital Discharges**



### **8. Carmarthenshire and Pembrokeshire's Advice Note on Managing COVID-19 Outbreaks in Care Settings with Multiple Occupants**



### **9. Quick Guide to Advanced Care Planning, DNACPR overview etc.**





**10. Pembrokeshire's Policy for the decommissioning of Care and Support Services and the closure of residential/ nursing care homes, April 2017**

**11. Other pertinent guidance and protocols:**

UK Government Infection control guidance:

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

British Geriatric Society COVID-19: *Managing the COVID-19 pandemic in care homes for older people* <https://www.bgs.org.uk/resources/covid-19-managing-the-covid-19-pandemic-in-care-homes>

Public Health Wales guidance: *Information for Health and Social Care professionals – Wales* <https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/information-for-healthcare-workers-in-wales/>

NICE COVID-19 rapid guideline: *Managing symptoms (including at the end of life) in the community* <https://www.nice.org.uk/guidance/ng163>

Welsh Government's COVID 19 Moral and Ethical Advisory Group Wales guidance: *Coronavirus: ethical values and principles for healthcare delivery framework* <https://gov.wales/coronavirus-ethical-values-and-principles-healthcare-delivery-framework.html>

UK Government guidance: *Coronavirus (COVID-19): looking after people who lack mental capacity* <https://www.gov.uk/government/publications/coronavirus-covid-19-looking-after-people-who-lack-mental-capacity>

<b>Version</b>	<b>Approved by</b>	<b>Date</b>	<b>Status</b>	<b>Responsible Person</b>
0.1	Tactical Health & Social Care	20.04.20	Working Doc	Rhian Dawson
1.1	Tactical Health & Social Care	24.4.20	Updated to reflect comments from: IEG; Geriatric Consultants; GP Cluster Leads	Rhian Dawson
1.2	Tactical Health & Social Care	29.4.20	Amendments from: Regional Safeguarding Board; Pembs County Council	Rhian Dawson
1.3	Tactical Health & Social Care; Hywel Dda Gold Command	12.5.20	Amendments from Pembs County Council; Carmarthenshire County Director	Rhian Dawson

**COVID19 - DAILY COMMUNITY SITREP**

**Date:** \_\_\_\_\_ **Completed by:** \_\_\_\_\_

**Summary**

**Escalation**

Care homes: **3 Red & 2 Amber**

Provision	RAG	Risk Mitigation Actions	Owner
Low level support	Green		
Equipment	Green		
D2A/Reablement	Green		
Domiciliary Care	Green		
Residential Care	Red		
Nursing Care	Red		
CHC Provision	Amber		
Com Hospitals	Green		
ART+	Amber		
GGH	Green		
PPH	Green		
Field Sites			
<b>Staff</b>	<b>RAG</b>		
Social Care	Green		
Health	Amber		
Therapies	Green		
<b>SU/Patient Data</b>	<b>Conf</b>		
Care First			
Domiciliary Care			
Care Homes			
ART			
Community Nursing			
Community Hospitals			
GGH (RTL)			
PPH (RTL)			
<b>Total</b>	<b>0</b>		

Provision

Practical/Low Level Support										
Provider	Resources	Concerns			Comments	RAG	Data Contact			
A&G	Available	None				Green				
CONNECT	Available	None				Green				
Community Equipment						Green				
PPE						Amber				
Commissioning Hub										
Discharge to Assess										
Locality	Waiting community	Waiting hospital	Reablement	Availability	Comments	RAG	Data Contact			
				BRX	Bridging					
A&G						Green				
JTs						Amber				
Llanelli						Green				
Total						Green				
Domiciliary Care @ Home										
Locality	Waiting community	Waiting hospital	Availability			Comments	RAG	Data Contact		
A&G						Green				
JTs						Amber				
Llanelli						Green				
Total	0	0				Green				
Complex Care @ Residential										
Locality	Waiting community	Waiting hospital	Availability			Comments	RAG	Data Contact		
				Standard	Dementia					
A&G						Red				
JTs						Red				
Llanelli						Red				
Total	0	0	0	0	0	Red				
Care @ Home										
Locality	Waiting community	Waiting hospital	Availability			Comments	RAG	Data Contact		
			Marie Curie	CCF	Commissioned					
A&G			Red	Red						
JTs			Red	Amber						
Llanelli			Red	Red						
Total	0	0	Red	Red						
Nursing Homes										
Locality	Waiting community	Waiting hospital	Availability			Comments	RAG	Data Contact		
			Standard	Dementia	Cwm Gwendraeth					
A&G						5 mental health wards	Red			
JTs							Red			
Llanelli							Red			
Total							Red			
Hospital Care										
Community	Capacity	RTL	Waiting for			Comments	RAG	Data Contact		
			Social Care	Health	Other					
AVH							Green			
LDV							Green			
ART							Amber			
Acute	Med Op	RTL	Reason							
PPH							Green			
SDP							Green			
Field Sites										
1								TBC		
2								TBC		
3								TBC		
4								TBC		

Older People																	
Care Home	Total	Covid Sympts	Covid Conf				RAG	Comments	Escalation plan	GPs	ACP/DNACPR	Residential Beds	Residential EMI Beds	Nursing Beds	Nursing EMI Beds	Respite	Reablement
							Green										
							Green										
							Green										
							Green										
							Green										
							Green										
							Green										
							Green										
							Red										
							Red										
							Green										
							Green										
							Green										
<b>Totals</b>	0	0	0														

Teifi, Tywi, Taf Area

Care Home	Total Capacity	Covid Sympt	Covid Conf				RAG	Comments				Designated Residential Beds	Designated Residential EMI Beds	Designated Nursing Beds	Designated Nursing EMI Beds	Respite	Convalescence
							Green										
							Green										
							Green										
							Green										
							Green										
							Green										
							Green										
							Green										
							Green										
							Green										
							Green										
							Green										
							Green										
							Green										
							Green										
							Green										
<b>Totals</b>																	

Amman Gwendraeth Area

Care Home	Total Capacity	Covid Sympt	Covid Conf	RIP Covid symptomatic	RIP other	RAG	Comments				Designated Residential Beds	Designated Residential EMI Beds	Designated Nursing Beds	Designated Nursing EMI Beds	Respite	Convalescence	
						Green											
						Green											
						Amber											
						Green											
						Green											
						Green											
						Green											
						Green											
						Green											
						Green											
						Red											
						Amber											
						Green											
<b>Totals</b>																	
<b>Grand Total</b>																	

Staff									
Internal									
Role	Area	Available	Not available			Critical voids/Posts not able to cover	Any other issues	RAG	Data Contact
			Self Isol	Covid	<a href="#">Other[1]</a>				
<b>Social Work</b>									
Social Work	A & G							Green	
	3 Ts & Complex Review Team							Green	
	Llanelli							Green	
<b>Nursing</b>									
Community Nursing	A & G							Green	
	3 Ts							Green	
	Llanelli							Amber	
	ART/Crisis Response							Amber	
	AVH							Green	
	Llandoverly							Green	
<b>OTs</b>									
OT	Llanelli								
	A&G								
	3T's								
<b>Physio</b>									
Physio	Llanelli							Green	
	A/G								
	3T's								

[1] vacancies, maternity, placements & long-term sick

Patient/ SU Information					
	Covid Suspected	Covid Confirmed		Comments	Data Contact
Care First					
Domiciliary Care					
Care Homes					
ART					
Community Nursing					
Community Hospitals					
GGH (RTL)					
PPH (RTL)					
<b>Total</b>	<b>0</b>	<b>0</b>			

Current Position:		GGH			
Risk Level	2				
	Empty	Suspected COVID Patients	Confirmed COVID Patients	Non-COVID Patients	
Vented Capacity in ITU					
Vented Capacity in ITU surge areas					
Ward Beds - COVID					
Ward Beds - Non COVID					
CCU					
Stroke					
Mortuary					
ED capacity					
Resus Capacity					
COVID Triage Capacity					
Ambulances outside now					
Ambulances en route					
Medically Optimised					
	0	0	0	0	
Actual Demand:	COVID		NON-COVID		
Unplaced in A&E / COVID Triage					
GP expected outstanding					
Electives still to be allocated a bed					
Planned ITU to Ward transfers					
Offered Repats					
Total Actual Demand	0		0		
Capacity:	COVID		NON-COVID		
Current empty beds					
Confirmed Discharges					
Query Discharges					
Total inpatient availability best case	28		15		

Current Position:		PPH			
Risk Level	4				
	Empty	Suspected COVID Patients	Confirmed COVID Patients	Non-COVID Patients	
Vented Capacity in ITU					
Vented Capacity in ITU surge areas					
Ward Beds - COVID					
Ward Beds - Non COVID					
CCU					
Stroke					
Mortuary					
ED capacity					
Resus Capacity					
COVID Triage Capacity					
Ambulances outside now					
Ambulances en route					
Medically Optimised					
	0	0	0	0	
Actual Demand:	COVID		NON-COVID		
Unplaced in A&E / COVID Triage					
GP expected outstanding					
Electives still to be allocated a bed					
Planned ITU to Ward transfers					
Offered Repats					
Total Actual Demand					
Capacity:	COVID		NON-COVID		
Current empty beds					
Confirmed Discharges					
Query Discharges					
Total inpatient availability best case					





Amber  
Green  
Red

Risk Escalation level	Carmarthenshire Actions
1	<ul style="list-style-type: none"> <li>• Care Settings should have in place standard operating procedures for individual residents with suspected and confirmed COVID-19 infection, including appropriate infection control precautions to protect staff and residents.</li> <li>• An <b>'incident'</b> of COVID-19 refers to a situation where there may only be one suspected case of coronavirus present. Where this is the case, it is still essential to assess the risk of infection to other Service Users and staff and monitor appropriately. The Care Home must report suspected cases via the COVID19 hotline number <b>01267 228952</b> or <b>by email</b> <a href="mailto:COV19ResidentialCare@carmarthenshire.gov.uk">COV19ResidentialCare@carmarthenshire.gov.uk</a></li> <li>• Care Settings should have a high-level infection prevention and control plan which provides initial guidance for the home to implement should an 'incident' or an 'outbreak' occur. This information (and any further information relating to expert infection prevention and control advice) should be available and accessible to the multi professional team supporting the care setting to manage the situation.</li> <li>• Care settings should be aware of the existence of Advanced Care Plans for residents and how these are accessed.</li> <li>• An incident of COVID-19 will still require immediate action so that the individual is isolated and that precautions can be put in place to prevent the spread of the virus.</li> <li>• For any suspected incident of coronavirus, the responsible Individual / Manager <b>MUST</b> inform that nominated representative from the Local Authority and/or Health Board.</li> <li>• When COVID-19 is suspected, staff should immediately follow the PPE guidance and infection control procedures. A deep clean should be carried out in the home and attention should be given to communal areas and surfaces such as handrails and door handles, this will help to reduce the risk of spread to others living in the setting.</li> <li>• The Provider Manager will need to establish good communication links with all relevant Authorities and Professionals. Communication to families and any other parties will need to be done in agreement with the Local Authority and or Local Health Board.</li> <li>• The Provider Manager must inform the Local Authority and/or the Health Board regarding any issues affecting quality of care or safe working practices or any Safeguarding issues.</li> <li>• GP practices to contact the care home twice weekly to review current position</li> <li>• Inform the Health Protection Team 0300 00 30032 and request that a COVID-19 test is carried out. <a href="mailto:covidenquires.hdd@wales.nhs.uk">covidenquires.hdd@wales.nhs.uk</a></li> <li>• Create a separate area for non-affected Service Users and or where possible, reduce communal gatherings.</li> <li>• Care Home Staff made aware of Psychological and Wellbeing Services availability for self-referral.</li> </ul>

2

- Performance & Quality Officer, Commissioning (or Responsible Individual in the case of local authority care homes) contacts the Care Home Manager to instigate the Carmarthenshire Outbreak Procedure for Care Homes. Report upwards to relevant Head of Service (Head of Strategic Joint Commissioning or Head of Homes and Safer Communities) and the County Director, Carmarthenshire. If critical, County Director to inform Head of Strategic Joint Commissioning via daily report or by telephone.
- Consider closing the home to new admissions.
- Care settings should notify GPs are informed of the situation and appropriate advice is sought for each individual. This may include discussing / reviewing palliative care arrangements.
- 'Named' nurse allocated to support the affected home and is responsible for escalating concerns to the district nursing team who will implement appropriate intermediate care / palliative care pathways as per routine practice.
- GP to refer to secondary care physicians where and when required and request face to face specialist consultation should GP deem necessary.
- Care Setting and / or district nurse will consult with GP and request face to face assessments on a day to day basis.
- Where care worker depletion; Deploy peripatetic crisis care workforce (Simply Safe).
- Consider appropriate transfer of affected residents to 'Red Care Home' (if such facility is available) and / or acute hospital (where appropriate and necessary).
- Advise Infection Prevention & Control and request review and appropriate daily support.
- Arrange for staff to work in separate teams: one team caring for affected residents and the other caring for unaffected residents.
- If appropriate, use signage to inform residents and staff of areas / zones not to be entered.
- Ensure laundry of affected individuals are either placed in alginate bags or washed separately at the recommended temperature (infection control).
- The responsibility of managing the outbreak lies with the Responsible Individual / Manager.
- The Local Authority / Health Board will nominate a lead person who will work closely with the Manager. In the case of the setting being both Residential and Nursing Care, the Local Health Board will also have a nominated lead person. The nominations will be recorded via the Daily Operational Command process.
- In the context of an outbreak, that settings of this type have the capability to take a Service User's temperature.
- Where clinically indicated and requested (by GP and / or WAST) settings will have the capability to take and report peripheral oxygen saturations (Oximetry). This will help clinicians to remotely assess the resident's clinical status.

	<ul style="list-style-type: none"> <li>• Community nursing service will provide the Care Setting with training to support staff in End of Life care including recognising early signs of distress; contact number for Clinical Nurse Specialists (including Out of Hours) to be provided.</li> <li>• The Provider Manager will need to establish good communication links with all relevant Authorities and Professionals. Communication to families and any other parties will need to be done in agreement with the Local Authority and or Local Health Board.</li> <li>• The Local Authority's / Health Board's lead Commissioning officer will arrange a COVID-19 meeting within 48 hrs – to include Responsible Individual/ Registered Manager and Locality Manager.</li> <li>• After the initial meeting, the Locality Manager will convene a meeting with GP and MDT to determine the clinical support required for the home.</li> <li>• In the event that residents' COVID 19 tests are positive, the Local Authority's /Health Board's lead Commissioning officer to arrange a meeting of professionals to review the Escalation plan checklist – to include representation from the GP/MDT meeting (as a minimum the Locality Manger and Clinical Lead Nurse), Infection Prevention &amp;Control, Responsible Individual for LA Care Homes and Commissioning representative. This meeting will not include the Care Home manager.</li> <li>• The Performance &amp; Quality Officer, Commissioning will report to the Daily Operational Command (DOC) meeting.</li> <li>• Monitor the situation closely by carrying out regular monitoring of all Service Users – checking for elevated temperatures and other respiratory symptoms</li> <li>• Inform the hospital and paramedics in advance if an individual requires admission to hospital during the outbreak.</li> <li>• The Local Authority and or Local Health Board's lead officers will coordinate a guided response to families. This will involve Social Work /Nurse Assessors.</li> <li>• Provide staff with opportunity to talk about their feelings; Refer to psychological and wellbeing services</li> </ul>
3	<ul style="list-style-type: none"> <li>• All guidance as above should be followed.</li> <li>• Where confirmed cases in the Care Setting are greater than 10 residents, GP to request secondary care support as per local agreements.</li> <li>• Transfer of infected residents into nominated 'Red Care Home' facility (if such facility is available) and / or acute hospital (where appropriate and necessary).</li> <li>• Care provision replaced by either Local Authority and / or Health Board personnel as according to CIW and Legal recommendations in such extreme circumstances.</li> </ul>

- In consultation with Director of Operations and Medical Director – consider need to admit those residents who are infected to hospital to protect those remaining residents.

4

- In the event of business continuity failure, consider:
- Re-provision of the nursing / residential care home into a RED nursing / residential care home site and admit other infected residents from other facilities.
- 'Take over' by other organisation to stabilise the care home on a temporary and/or permanent basis.

Risk Escalation level	Pembrokeshire Actions
1	<ul style="list-style-type: none"> <li>• Care Settings should have in place standard operating procedures for individual residents with suspected and confirmed COVID-19 infection, including appropriate infection control precautions to protect staff and residents.</li> <li>• An <b>'incident'</b> of COVID-19 refers to a situation where there may only be one suspected case of coronavirus present. Where this is the case, it is still essential to assess the risk of infection to other Service Users and staff and monitor appropriately.</li> <li>• Care Settings should have a high level infection prevention and control plan which provides initial guidance for the home to implement should an 'incident' or an 'outbreak' occur. This information (and any further information relating to expert infection prevention and control advice) should be available and accessible to the multi professional team supporting the care setting to manage the situation.</li> <li>• Care settings should be aware of the existence of Advanced Care Plans for residents and how these are accessed.</li> <li>• An incident of COVID-19 will still require immediate action so that the individual is isolated and that precautions can be put in place to prevent the spread of the virus.</li> <li>• For any suspected incident of coronavirus, the responsible Individual / Manager <b>MUST</b> inform that nominated representative from the Local Authority ( Provider Hub).</li> <li>• When COVID-19 is suspected, staff should immediately follow the PPE guidance and infection control procedures. A deep clean should be carried out in the home and attention should be given to communal areas and surfaces such as handrails and door handles, this will help to reduce the risk of spread to others living in the setting.</li> <li>• The Provider Manager will need to establish good communication links with all relevant Authorities and Professionals. Communication to families and any other parties will need to be done in agreement with the Local Authority and or Local Health Board.</li> <li>• The Provider Manager must inform the Local Authority and/or the Health Board regarding any issues affecting quality of care or safe working practices or any Safeguarding issues.</li> <li>• GP practices to contact the care home twice weekly to review current position</li> <li>• Inform the Health Protection Team 0300 00 30032 and request that a COVID-19 test is carried out. <a href="mailto:covidenquires.hdd@wales.nhs.uk">covidenquires.hdd@wales.nhs.uk</a></li> <li>• Create a separate area for non-affected Service Users and or where possible, reduce communal gatherings.</li> <li>• Care Home Staff made aware of Psychological and Wellbeing Services availability for self referral</li> </ul>

2

- Implement the Pembrokeshire Outbreak Procedure for Care Homes
- Consider closing the home to new admissions in accordance with Escalating Concerns procedures
- Care settings should notify GPs so they are informed of the situation and appropriate advice is sought for each individual. This may include discussing / reviewing palliative care arrangements.
- 'Named' nurse allocated to support the affected home and is responsible for escalating concerns to the district nursing team who will implement appropriate intermediate care / palliative care pathways as per routine practice
- GP to refer to secondary care physicians where and when required and request face to face specialist consultation should GP deem necessary
- Care Setting and / or district nurse will consult with GP and request face to face assessments on a day to day basis
- Where care worker depletion escalate to Provider hub to support & to sources additional capacity ie via LA, Health or contract.
- Consider & action appropriate isolation or zoning arrangements transfer of affected residents to 'Red Care Home' (if such facility is available) and / or acute hospital (where appropriate and necessary)
- Advise Infection Prevention & Control and request review and appropriate daily support
- Arrange for staff to work in separate teams: one team caring for affected residents and the other caring for unaffected residents.
- If appropriate, use signage to inform residents and staff of areas / zones not to be entered.
- Ensure laundry of affected individuals are either placed in alginate bags or washed separately at the recommended temperature (infection control).
- The responsibility of managing the outbreak lies with the Responsible Individual / Manager.
- The Local Authority will nominate a lead person who will work closely with the Manager. In the case of the setting being both Residential and Nursing Care, the Local Health Board will also have a nominated lead person, this will include Long Term Care Team for older people and for adults ( mental Health/ learning disability) team. The nominations will be recorded via the Daily Operational Command process.
- In the context of an outbreak, that settings of this type have the capability to take a Service User's temperature.
- Where clinically indicated and requested (by GP and / or WAST) settings will have the capability to take and report peripheral oxygen saturations (Oxymetry). This will help clinicians to remotely assess the resident's clinical status.
- Community nursing service will provide the Care Setting with training to support staff in End of Life care including recognising early signs of distress; contact number for Clinical Nurse Specialists (including Out of Hours) to be provided.



	<ul style="list-style-type: none"> <li>• The Provider Manager will need to establish good communication links with all relevant Authorities and Professionals. Communication to families and any other parties will need to be done in agreement with the Local Authority and or Local Health Board.</li> <li>• The Local Authority's lead officer will arrange a COVID-19 meeting within 48 hrs – to include RI, Manager and Senior Managers (LA/ LHB)</li> <li>• Monitor the situation closely by carrying out regular monitoring of all Service Users – checking for elevated temperatures and other respiratory symptoms</li> <li>• Inform the hospital and paramedics in advance if an individual requires admission to hospital during the outbreak.</li> <li>• The Local Authority lead officers will coordinate a guided response to families. This will involve Social Work /Nurse Assessors.</li> <li>• Provide staff with opportunity to talk about their feelings; Refer to psychological and wellbeing services</li> </ul>
3	<ul style="list-style-type: none"> <li>• All guidance as above should be followed</li> <li>• Where confirmed cases in the Care Setting are greater than 10 residents, GP to request secondary care support as per local agreements</li> <li>• Consider the transfer of infected residents into nominated RED care facility Care provision replaced by either Local Authority and / or Health Board personnel as according to CIW and Legal recommendations in such extreme circumstances</li> <li>• In consultation with Director of Operations and Medical Director – consider need to admit those residents who are infected to hospital to protect those remaining residents</li> </ul>
4	<ul style="list-style-type: none"> <li>• In the event of business continuity failure, consider:</li> <li>• Re-provision of the nursing / residential care home into a RED nursing / residential care home site and admit other infected residents from other facilities.</li> <li>• 'Take over' by other organisation to stabilise the care home on a temporary and/or permanent basis.</li> </ul>

# COMMUNICATION PATHWAY COVID-19 OUTBREAK

CARE HOME IDENTIFIES MORE THAN 2 RESIDENTS

CARE HOME MANAGER COMPLETES  
COVID-19 FORM AND NOTIFIES  
COMMISSIONING COVID-19 HOTLINE  
01267 228952

LEAD OFFICER COMMISSIONING  
CONTACTS CARE HOME  
MANAGER TO GO THROUGH  
OUTBREAK CHECKLIST

CONSIDER RED  
ZONE / SEPARATE  
AREA, IF SIZE AND  
LOGISTICS ALLOW

ADDITIONAL PPE  
REQUIREMENTS IN  
LINE WITH LOCAL  
GUIDANCE ISSUED

SENIOR MANAGER  
COMMISSIONING TO INFORM HOS  
DIRECTOR & INTEGRATED  
DIRECTOR

BRONZE COMMAND  
MEETING

COVID-19 RESPONSE MEETING TO  
BE ARRANGED BY LEAD  
OFFICER(S)  
SOCIAL WORKERS, NURSE  
ASSESSORS, CARE HOME  
MANAGER

LEAD OFFICER(S)  
RESPONSIBLE FOR  
ON-GOING  
MONITORING

NEGATIVE RESULTS  
INFECTION CONTROL  
PROCEDURES

ENSURE OUTCOME OF COVID-19  
TESTS ARE AVAILABLE  
'POSITIVE RESULTS'

NURSE ASSESSORS  
TO DISCUSS WITH  
FAMILIES  
(NURSING)

AGREE FORM OF WORDS FOR  
FAMILIES  
SIGN OFF BY STATUTORY  
DIRECTOR

SOCIAL WORK  
TO DISCUSS  
WITH FAMILIES  
(RESIDENTIAL)

STATUTORY DIRECTOR  
DECISION IF MEDIA /  
POLITICIAN RESPONSE  
REQUIRED

### MANAGING OUTBREAKS IN CARE SETTINGS WITH MULTIPLE OCCUPANTS

Managing the impact of the COVID-19 pandemic is an evolving situation that presents unique and difficult challenges daily, within the Health and Social Care sectors. The current climate has created an environment where the majority of Service Users are at high risk, therefore more susceptible of contracting the virus. It is also a known fact that the coronavirus can spread easily and quickly in enclosed settings; particularly where there are communal areas.

This guidance has been developed for Care Providers who have settings that are accommodating more than 4 individuals. It is supplementary to the Business Continuity plan guidance previously issued by the Council and sets out what is expected of Care Providers during a COVID-19 **incident** and, when an **outbreak** occurs.

Care Settings should have in place standard operating procedures for individual residents with suspected and confirmed COVID-19 infection, including appropriate infection control precautions to protect staff and residents. It is also important, in the context of an outbreak, that settings of this type have the capability to take a Service User's temperature, this will help to closely monitor individuals; when they become unwell.

An '**incident**' of COVID-19 refers to a situation where there may only be one case of coronavirus present. Where this is the case, it is still essential to assess the risk of infection to other Service Users and staff. An incident of coronavirus will still require immediate action so that the individual is isolated and that precautions can be put in place to prevent the spread of the virus.

When COVID-19 is suspected, staff should immediately follow the PPE guidance and infection control procedures. A deep clean should be carried out in the home and particular attention should be given to communal areas and surfaces such as handrails and door handles, this will help to reduce the risk of spread to others living in the setting.

An '**outbreak**' is defined as more than 2 persons having coronavirus symptoms which are linked by time and place. Immediate and appropriate measures should be put in place to prevent further spread and harm to Service Users and staff.

The responsibility of managing the outbreak lies with the Responsible Individual / Manager. The Local Authority will have a nominated lead person who will work closely with the Manager. In the case of the setting being both Residential and Nursing Care, the Local Health Board will also have a nominated lead person.

The Provider Manager will need to establish good communication links with all relevant Authorities and Professionals. Communication to families and any other parties will need to be done in agreement with the Local Authority and or Local Health Board.

Key actions that Provider Managers should take when an outbreak occurs are listed on page 2.

## COVID-19 (CORONAVIRUS)

### GUIDE FOR MANAGING AN OUTBREAK

1. Isolate individual(s) who are displaying symptoms of COVID-19.
2. Ensure that GPs are informed of the situation and appropriate advice is sought for each individual. This may include discussing palliative care arrangements.
3. Inform the Health Protection Team **0300 00 30032** and request that a COVID-19 test is carried out. [covidenquires.hdd@wales.nhs.uk](mailto:covidenquires.hdd@wales.nhs.uk)
4. Inform the Local Authority Commissioning Team **01267 228952** and request appropriate PPE equipment. (In line with local guidance)
5. Complete CIW online notification <https://careinspectorate.wales/providing-a-care-service/already-registered-services/notification-forms>
6. Monitor the situation closely by carrying out regular monitoring of all Service Users – checking for elevated temperatures and other respiratory symptoms
7. Consider Advance Care Planning decisions.
8. Inform the hospital and paramedics in advance if an individual requires admission to hospital during the outbreak.
9. Update individual's Care and Support Plan and include any changes to care requirements.
10. Create a separate area for non-affected Service Users and or where possible, reduce communal gatherings.
11. Arrange for staff to work in separate teams: one team caring for affected residents and the other caring for unaffected residents.
12. If appropriate, use signage to inform residents and staff of areas / zones not to be entered.
13. Ensure laundry of affected individuals are either placed in alginate bags or washed separately at the recommended temperature (infection control).
14. Close the setting to new admissions.
15. Stop outside visitors. (In light of the latest government advice about staying at home, and the need to shield care home populations, the decision for stopping visitors should already be in place).
16. The Local Authority's lead officer will arrange a COVID-19 meeting within 48 hrs – to include RI, Manager and Senior Managers (LA/ LHB)
17. The Local Authority and or Local Health Board's lead officers will coordinate a guided response to families. This will involve Social Work /Nurse Assessors.
18. Do not communicate with the media or politicians (local councillors). Requests for information must be directed to the Local Authority

#### Local Authority Contacts:

COVID-19 hotline **01267 228952** or [COV19ResidentialCare@carmarthenshire.gov.uk](mailto:COV19ResidentialCare@carmarthenshire.gov.uk)

## **General Considerations Business Continuity – Care Home Providers**

The UK is preparing for the spread of the Coronavirus and the associated risk this brings to vulnerable people within our Communities. Government guidance is changing daily - with increasing efforts being made to delay the spread of the virus.

We are asking that all care companies are continuously reviewing their contingency arrangements and the specific risks and challenges posed to their Service Users, staff and organisation.

It goes without saying that we fully appreciate the tremendous pressure that the situation is placing on you as front-line services, we want to assure you that we will provide as much support as we possibly can over the coming weeks and months.

In considering the potential affect the situation may have on your services, we have compiled a guide which we hope you will find helpful.

### **Does your BCP specifically plan for a COVID-19 pandemic?**

This will need to include how you have mitigated risks with additional precautions. E.g. Increased the cleaning routine within your care home.

Have you considered the following?

- Your BCP is likely to change during the course of the outbreak as official advice evolves and risks alter. Do you know how this will be done and by who?
- Important changes will need to be communicated quickly to relevant parties and staff informed and trained to ensure that they are working in line with the latest guidance. Have you considered how this might be done?
- Business Continuity Plans are important documents that can provide important points of reference for staff in emergency situations, especially in situations where key members of the management team may not be available. Do you have a plan where nominated key staff can deputise and are they aware of your BCP and its use?
- Have your staff received guidance on how to identify potential cases of Coronavirus?
- Does your organisation have a clear referral processes for potential cases of Coronavirus via 111 and Public Health Wales?

### **Does your plan comply / align to Public Health guidance?**

The UK and Welsh Government NHS and Public Health Wales are producing guidance for individuals and organisations. This guidance will change and update as the outbreak develops.

Some suggested links for up-to-date information are:

- UK Government - <https://www.gov.uk/government/topical-events/coronavirus-covid-19-uk-government-response>
- NHS - <https://www.england.nhs.uk/coronavirus/community-social-care-ambulance/>
- Welsh Government <https://gov.wales/coronavirus-covid-19-guidance-social-or-community-care-and-residential-settings>
- Public Health Wales <https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/>

## Infection Control Procedures

- Do you have an adequate supply of PPE? Have you increased how often you stock take?
- Have you examined the issue of the availability of reorders and continued supply in the event of a prolonged pandemic?
- Have you prepared your staff for situations where a Service User is suspected or confirmed to have coronavirus?
- What arrangements will be in place to continue to support people in isolation or who have contracted the virus?
- Has consideration been given to how staff will be able to continue to access PPE, e.g. in event of forced office closures?
- Has appropriate guidance been issued to staff around PPE requirements relating to the current outbreak?
- Has PPE been issued to staff with guidance on how to use it correctly?

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/872745/Infection\\_prevention\\_and\\_control\\_guidance\\_for\\_pandemic\\_coronavirus.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/872745/Infection_prevention_and_control_guidance_for_pandemic_coronavirus.pdf)

### Do you have plans for how service delivery will be continued in the event of significant staffing reductions?

An overall risk rating must be applied by multiplying the likelihood of the risk (scale of 1 to 4) by the consequence of the risk (scale of 1 to 4). The risk rating system will apply in line with a rating of Red, Amber, and Green.

Likelihood	Impact			
	1. Insignificant	2. Minor	3. Moderate	4. Major
4. Almost certain	4	8	12	16
3. Likely	3	6	9	12
2. Possible	2	4	6	8
1. Unlikely	1	2	3	4

We are advising that contingency planning for staffing levels is based on the following % This should be proportionate to the size and type of service that you provide

TOTAL STAFF	0-10% Reduction	10-20% Reduction	20-30% Reduction

### How will the availability of staffing / service be prioritised to meet the needs of Service Users?

Most social care providers will have a knowledge of their Service Users and the level of their need. Do you currently have up-to-date information around your Service User need (including medication requirements, vital care need, etc.) and the potential availability of alternative sources of support to help you prioritise the most critical needs?

Have you considered the following?

- How the situation and potential impacts on service delivery is being communicated to Service Users and their NOK?
- Are sufficient steps being taken to develop individual contingency plans for Service Users?
- Are communications accessible and available in suitable formats? (Bilingual/Large Font etc.)
- How will you identify and respond to changing needs of individuals?

### **Staffing Arrangements**

Staffing appears likely to be one of the key challenges that providers will face during this outbreak. Does your BCP currently consider your position as an employer and the guidance and support that will be available for staff?

Have you considered:

- How HR advice will be updated / provided to staff?
- Do you currently have an accurate and up to date list of contact details for all staff and their NOK?
- Have you considered the number of staff with dependents who may need care? Has this information been used in your analysis of how care delivery may be impacted?
- Have you considered the number of staff who provide unpaid care to their family? Has this information been used in your analysis of how care delivery may be impacted?
- Have you considered the number of staff who may be in the at-risk category (age or underlying health condition) Has this information been used in your analysis of how care delivery may be impacted?
- Do you have support mechanisms that staff can access during the course of the outbreak or in the event of fatalities etc.?
- Do you have adequate on call arrangements for out of hours?

### **Resilience and Effective Structures**

Part of your BCP will focus on how your organisation will structure to ensure that it is as resilient as possible when faced by significant staffing disruption

As part of this have you considered?

- Do you have emergency structures which clearly define key requirements and responsibilities of staff?
- Do these include reporting and communication structures – Customers, Public Health Wales, Commissioners, NHS etc?
- Do staff members have sufficient training to be able to move between different roles in this structure in the event of the absence of key staff?
- Have you identified what will be business critical activities? Do you have sufficient numbers of trained staff to ensure that these activities can continue uninterrupted?

## **Access to Company records and systems**

- Are all systems and important documentation available to staff in the event of office closure? (E.g. cloud based services, paper based records, grab bags)
- Have you considered key skills and system knowledge which may be lost in the event of staff absence?
- Do you have help desk / support numbers for the various systems you use and are these appropriately available to staff in the event of system malfunction.
- Do you have suitable IT / system access in the event of staff absence? E.g. user profiles/passwords
- Do staff have access to printing resource or available templates (does this also apply in event of office closure or staff isolation)
- Are phones/communications devices suitably available?

## **Mutually Supported Care Delivery**

In the event of a widespread pandemic there is the potential that individuals and organisations may need to support each other to ensure that individuals who need support can receive it. As part of this have you considered the following:

- Identifying the communities in which staff live.
- Engaging with providers / commissioners around pooled care staff of multiple providers.
- Shared Access to PPE or other resources?
- Do all Service Users have accurate and up to date Advance Care Plans, care plans and risk assessments in place? Are these available in paper form where suitable.
- Is important information around client need documented?

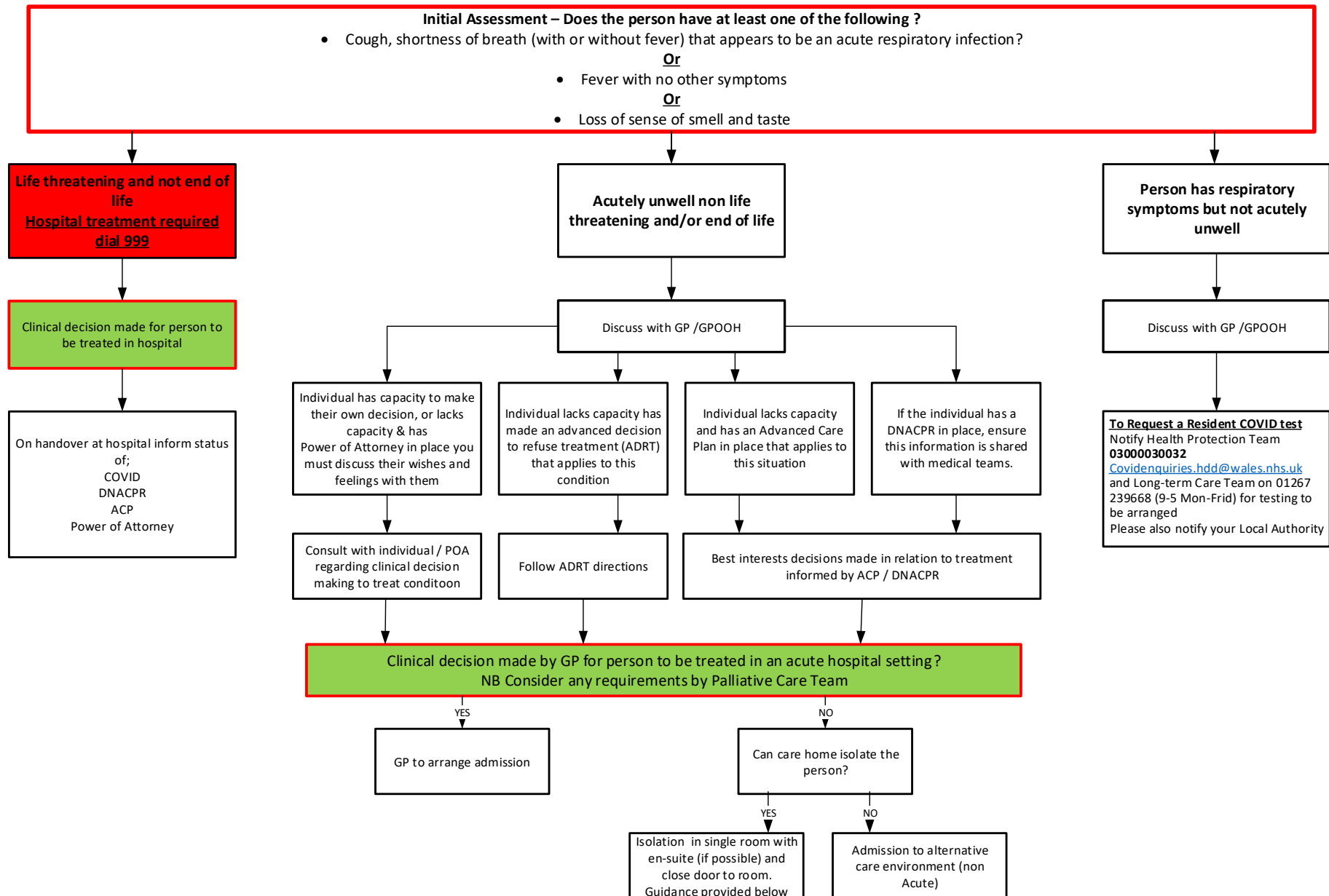
## **Local Authority Contact Information**

**Commissioning** – 01267 228952 (ext. 2952): COVID-19 Residential Care  
E-mail - [COV19ResidentialCare@carmarthenshire.gov.uk](mailto:COV19ResidentialCare@carmarthenshire.gov.uk)

**Delta Wellbeing** - 0300 333 2222



# Assessment of an Individual in a Care Home Suspected as having COVID-19



## Assessment of an Individual in a Care Home Suspected as having COVID-19

### Can the care home provide the following to isolate residents? If not consider alternative care environment.

- Isolation for person under respiratory and infection control precautions in a single room with en-suite (if possible) and closed door to room.
- Allocation of staff to patients under respiratory isolation.
- Ability to wear PPE as per protocols
- Cleaning / disinfection of room, fittings, equipment daily and on discharge / transfer, with a detergent clean and followed by 1000ppm of available chlorine.
- Ability to ensure all areas of the home that person has come into contact with before isolation are cleaned and disinfected.
- Waste from room to go into disposable rubbish bag / double bag and tie securely. Segregate in waste holding areas for 72 hours and then dispose of normally.
- All used linen & curtains to be processed as infected in alginate bags.

- Inform health Protection Team on 03000030032 on transfer of a suspected COVID-19 from a care home to hospital/alternative care environment.
- Ensure Manager/RI of care home is informed and inform next of kin

#### Others to notify

Care Inspectorate Wales  
Long-term Care

Tel: 01267 239668

Mon-Fri 09:00 – 17:00

#### Local Authorities

##### **Carmarthen**

Tel: 01267 228952

##### **Ceredigion Porth Gofal**

Tel: 01545 574000

Mon-Fri 08:45 – 17:00

##### **Pembs 'Provider Supply Hub'**

Tel: 01437 775775 or [providersupplyhub@pembrokeshire.gov.uk](mailto:providersupplyhub@pembrokeshire.gov.uk)

**Where there are 2 or more suspected cases, instigate the outbreak procedure.**

### Reducing Infection Rates

- Be vigilant for residents who are unwell / have a temperature and isolate immediately.
- Be vigilant for illness in staff and excluded from patient contact.
- Good respiratory etiquette with residents – cough into tissues and dispose of into waste bin and wash / clean hands.
- Maintain high standards of environment / equipment cleaning, resident hand hygiene after toileting and before eating.
- Regular cleaning of frequently touched surfaces e.g. door handles / chairs etc.

# Assessment of an Individual in a Care Home Suspected as having COVID-19

## **A quick guide to understanding the difference between Anticipatory Care Planning, Advanced Care Planning, Do not attempt resuscitation (DNACPR).**

### **Anticipatory Care plans**

These tend to be plans that people with long term conditions of any age may make to clarify their future wishes and feelings in relation to the type, nature and location of any care and support they may need as their condition deteriorates. These are led by the person and their wishes aspirations and feelings and can change over time and are dynamic and the person can change their mind at any time. They are not a legal binding document but may be used to inform care and support arrangements and any future “*best interests*” decisions where regard is being made for the persons expressed wishes.

### **Advanced Care Planning**

Advance care planning is similar to anticipatory care plans and the terms are often used interchangeably as it again offers people the opportunity to plan their future care and support, including medical treatment, while they have the capacity to do so. These plans are again person lead but tend to be made in discussion with a health professional and details the types of medical interventions that the person wants to have, or does not want to have, should their condition deteriorate. They also should include any information the person considers important to their health and care. These are sometimes also called **Advance statements**. These may be changed or withdrawn at any time by the person, they are not legally binding but should be considered carefully when future “*best interest*” decisions where regard is being made for the persons expressed wishes.

As part of Advanced Care Planning a person may choose to make an “**Advance Decision to Refuse Treatment**” (**ADRT**). The Mental Capacity Act 2005 allows a person, if they have capacity, to plan ahead for decisions about medical treatment, using a tool called an Advance Decision to Refuse Treatment (ADRT). This will only come into force once the person loses capacity to make their own choices. This can then become a legally binding decision and clinical staff **must** take it into account. ‘Capacity’ means being able to make one’s own decisions.

### **DNAR stands for Do Not Attempt Resuscitation.**

The DNAR form is also called a **DNAR order**, or **DNACPR** order. This is a document following agreement with the individual who has capacity is issued and signed by a doctor, it informs the medical team not to attempt cardiopulmonary resuscitation (CPR). The form is designed to be easily recognised and verifiable, allowing healthcare professionals to make decisions quickly about how to treat a person. The person may change their wishes at any time and withdraw their agreement.

It is not a legally binding document. The forms exist because without the healthcare team will always attempt CPR. The form only covers CPR, so even if a person has a DNAR form they should still be given all other types of medical treatment.

### **Next of Kin and Significant Other**

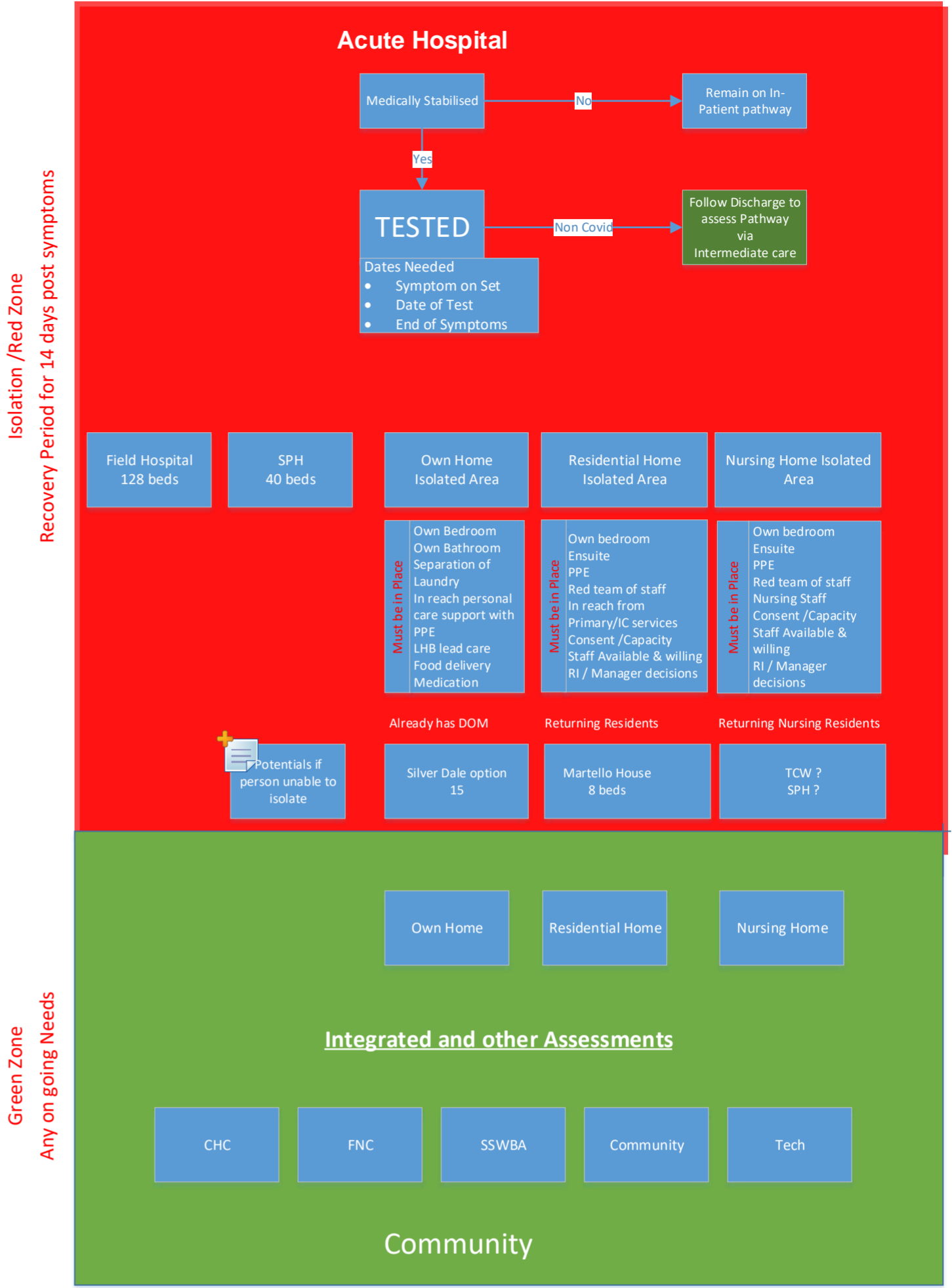
The term next of kin is sometimes misunderstood. A person’s next of kin is someone who is named to be kept informed of what happens to them in certain situations, for example if they’re taken to hospital from their GP surgery or have an accident. It doesn’t have to be a relative or partner – it can be anybody, including a significant other. A next of kin, family or significant other does not have any legal power and they are unable to make decisions about the person’s care or treatment if they lack capacity unless they’ve been appointed as that person’s attorney.

### **Lasting Power of Attorney**

The Mental Capacity Act 2005 (MCA) also provides mechanisms which allow the person to authorise others to legally make some decisions on their behalf, including “Lasting Powers of Attorney” (LPA). The person can make an LPA which will deal with property and affairs and/or an LPA dealing with health and welfare matters. NB. This process must be completed by the person whilst they still have capacity.

If a person hasn’t made an LPA and now lacks capacity, and there are ongoing decisions that need to be made on their behalf, next of kin, family members, significant others, can apply to the *Court of Protection* to be appointed as a *deputy*. This means that you’ll have the legal power to make decisions about certain aspects of their health and care.

**Pathways – Hospital Discharge : Covid 19 Recovery**



Isolation /Red Zone  
Recovery Period for 14 days post symptoms

Green Zone  
Any on going Needs



Registered Providers and  
Responsible Individuals of Care Home Services  
for Adults and Children in Wales  
Chief Executives Local Health Board  
Chief Executives Local Authorities  
Local Authority Directors of Social Services  
Association of Directors of Social Services  
Welsh Local Government Association

22 April 2020

Dear Colleagues

The safety and protection of the most vulnerable people in our communities has been an urgent priority in our response to the COVID-19 pandemic. We recognise that people living in care homes and other similar residential settings will be amongst the most vulnerable, with many relying on close personal care. We are working to ensure that care home residents and staff are fully supported and are putting additional measures in place to achieve this.

We are issuing updated Welsh Government guidance to reflect these changes - *COVID-19 Hospital Discharge Service Requirements (Wales)* and *Guidance for stepdown of infection control precautions and discharging COVID-19 patients*. Public Health Wales will also be updating its guidance on the *Admission and Care of Residents during COVID-19 in a Residential Care Setting in Wales*. These are available on the Welsh Government's web page for COVID-19, <https://gov.wales/coronavirus>

Public Health Wales, Local Authority Environmental Health and Social Care teams Health Boards and Care Inspectorate Wales are working closely with the sector to minimise harm from COVID-19. Care Homes will be supported in the management of any possible cases of COVID-19 and management of outbreaks including the co-ordination of referrals and access to testing facilities for staff, residents and family members if required.

As we work towards reducing the number of homes affected by COVID-19 the public health system will support all care homes to ensure that introduction of the virus to the home is minimised, and that all staff are familiar with the necessary Infection Prevention and Control procedures and on the appropriate use of Personal Protective Equipment (PPE).

Care homes may be at increased risk of COVID-19 infection from people returning from hospital and from new residents. We will therefore be testing all individuals being discharged from hospital to live in care homes regardless of whether or not they were admitted to hospital with COVID-19. We will extend that testing to people who are being transferred between care homes and for new admissions from the community. We also intend to increase testing within care homes as more testing capacity becomes available.

We will make sure all individuals due to be discharged from hospital or transferred to a care home but have tested positive are provided with appropriate step down care in local settings, such as in community hospitals which will be equipped for infection control and can also offer therapeutic support to aid individual recovery. They will be tested again to ensure a negative result before returning to their care home.

There will be an agreed discharge pathway for people who test negative prior to discharge from hospital. As testing can never be 100% reliable the national policy of 14 day supported self isolation for each individual will be necessary.

Albert Heaney wrote to local authority leaders on 8 April, summarising the testing facilities available for social care staff and testing within care homes. To update you, the limit of 15 tests per local authority has now been removed and we are working with partners to increase capacity. We are exploring how the process to access tests for social care staff can be streamlined, through the use of Care Inspectorate Wales' online system.

We are also considering the needs of staff who may not be able to access drive through testing arrangements, by making local testing services available.

We understand care providers and families will continue to worry about the impact of the virus in the community and particularly in care homes and we will continue to collect and publish data regularly.

The Minister for Health and Social Services will be making an oral statement on testing on Wednesday 22 April, to provide an update on testing of COVID-19 for critical workers.

Thank you for your continued efforts in responding to this emergency.

Yours sincerely

A handwritten signature in black ink, appearing to be 'Frank Atherton', written in a cursive style.

Dr Frank Atherton  
Chief Medical Officer

A handwritten signature in black ink, appearing to be 'Albert Heaney', written in a cursive style.

Albert Heaney  
Deputy Director General

## **Advice Note to Managers and Service Providers regarding Hospital Discharge**

- **All** requests for new admissions to residential care and new clients for domiciliary care (including Supported Living & Extra Care) **must** come through brokerage.
- All re-admissions to residential care and re-start for domiciliary care (including Supported Living & Extra Care) must come through the commissioning COVID-19 mailbox. There **must** be no direct restarts between Hospital staff and Service Providers.
- Providers **should not accept** people unless the following have been completed;
  - ✓ The **results** of any Covid-19 test
  - ✓ A discharge form completed by the lead **clinician** which includes **advice regarding the individual's current circumstance, infection control and PPE requirements**
  - ✓ A social work **assessment for** New requests and where there is a change in need for Re-starts
  - ✓ A confirmed **supply of PPE** (14 days) via Commissioning
  - ✓ An assessment of the home environment – New and restarts with a change.
  - ✓ An assessment and written confirmation from the Care Provider that they have the necessary **skills and capacity** to manage the client
  - ✓ Confirmation regarding any medical **palliative care** that will be provided where the circumstances require this

**Note:** The lead **clinician** referred to for the purposes of this process is the ward Nurse Manager and /or Senior Nurse for discharge who will complete the form following discussion with the medical team responsible for the patient's care in the acute setting.





## COVID-19 (CORONAVIRUS)

### MANAGING OUTBREAKS IN CARE SETTINGS WITH MULTIPLE OCCUPANTS

Managing the impact of the COVID-19 pandemic is an evolving situation that presents unique and difficult challenges daily, within the Health and Social Care sectors. The current climate has created an environment where the majority of Service Users are at high risk, therefore more susceptible of contracting the virus. It is also a known fact that the coronavirus can spread easily and quickly in enclosed settings; particularly where there are communal areas.

This guidance has been developed for Care Providers who have settings that are accommodating more than 4 individuals. It is supplementary to the Business Continuity plan guidance previously issued by the Council and sets out what is expected of Care Providers during a COVID-19 **incident** and, when an **outbreak** occurs.

Care Settings should have in place standard operating procedures for individual residents with suspected and confirmed COVID-19 infection, including appropriate infection control precautions to protect staff and residents. It is also important, in the context of an outbreak, that settings of this type have the capability to take a Service User's temperature, this will help to closely monitor individuals; when they become unwell.

An '**incident**' of COVID-19 refers to a situation where there may only be one case of coronavirus present. Where this is the case, it is still essential to assess the risk of infection to other Service Users and staff. An incident of coronavirus will still require immediate action so that the individual is isolated and that precautions can be put in place to prevent the spread of the virus.

When COVID-19 is suspected, staff should immediately follow the PPE guidance and infection control procedures. A deep clean should be carried out in the home and particular attention should be given to communal areas and surfaces such as handrails and door handles, this will help to reduce the risk of spread to others living in the setting.

An '**outbreak**' is defined as more than 2 persons having coronavirus symptoms which are linked by time and place. Immediate and appropriate measures should be put in place to prevent further spread and harm to Service Users and staff.

The responsibility of managing the outbreak lies with the Responsible Individual / Manager. The Local Authority will have a nominated lead person who will work closely with the Manager. In the case of the setting being both Residential and Nursing Care, the Local Health Board will also have a nominated lead person.

The Provider Manager will need to establish good communication links with all relevant Authorities and Professionals. Communication to families and any other parties will need to be done in agreement with the Local Authority and or Local Health Board.

Key actions that Provider Managers should take when an outbreak occurs are listed on page 2.

## COVID-19 (CORONAVIRUS)

### GUIDE FOR MANAGING AN OUTBREAK

1. Isolate individual(s) who are displaying symptoms of COVID-19.
2. Ensure that GPs are informed of the situation and appropriate advice is sought for each individual. This may include discussing palliative care arrangements.
3. Inform the Health Protection Team **0300 00 30032** and request that a COVID-19 test is carried out. [covidenquires.hdd@wales.nhs.uk](mailto:covidenquires.hdd@wales.nhs.uk)
4. Inform the Local Authority Commissioning Team **01267 228952** and request appropriate PPE equipment. (In line with local guidance)
5. Complete CIW online notification <https://careinspectorate.wales/providing-a-care-service/already-registered-services/notification-forms>
6. Monitor the situation closely by carrying out regular monitoring of all Service Users – checking for elevated temperatures and other respiratory symptoms
7. Consider Advanced Care Planning decisions.
8. Inform the hospital and paramedics in advance if an individual requires admission to hospital during the outbreak.
9. Update individual's Care and Support Plan and include any changes to care requirements.
10. Create a separate area for non-affected Service Users and or where possible, reduce communal gatherings.
11. Arrange for staff to work in separate teams: one team caring for affected residents and the other caring for unaffected residents.
12. If appropriate, use signage to inform residents and staff of areas / zones not to be entered.
13. Ensure laundry of affected individuals are either placed in alginate bags or washed separately at the recommended temperature (infection control).
14. Close the setting to new admissions.
15. Stop outside visitors. (In light of the latest government advice about staying at home, and the need to shield care home populations, the decision for stopping visitors should already be in place).
16. The Local Authority's lead officer will arrange a COVID-19 meeting within 48 hrs – to include RI, Manager and Senior Managers (LA/ LHB)
17. The Local Authority and or Local Health Board's lead officers will coordinate a guided response to families. This will involve Social Work /Nurse Assessors.
18. Do not communicate with the media or politicians (local councillors). Requests for information must be directed to the Local Authority

#### **Local Authority Contacts:**

COVID-19 hotline **01267 228952** or [COV19ResidentialCare@carmarthenshire.gov.uk](mailto:COV19ResidentialCare@carmarthenshire.gov.uk)

## **A quick guide to understanding the difference between Anticipatory Care Planning, Advanced Care Planning, Do not attempt resuscitation (DNAR).**

### **Anticipatory Care plans**

These tend to be plans that people with long term conditions of any age may make to clarify their future wishes and feelings in relation to the type, nature and location of any care and support they may need as their condition deteriorates. These are led by the person and their wishes aspirations and feelings and can change over time and are dynamic and the person can change their mind at any time. They are not a legal binding document but may be used to inform care and support arrangements and any future “*best interests*” decisions where regard is being made for the persons expressed wishes.

### **Advanced Care Planning**

Advance care planning is similar to anticipatory care plans and the terms are often used interchangeably as it again offers people the opportunity to plan their future care and support, including medical treatment, while they have the capacity to do so. These plans are again person lead but tend to be made in discussion with a health professional and details the types of medical interventions that the person wants to have, or does not want to have, should their condition deteriorate. They also should include any information the person considers important to their health and care. These are sometimes also called **Advance statements**. These may be changed or withdrawn at any time by the person, they are not legally binding but should be considered carefully when future “*best interest*” decisions where regard is being made for the persons expressed wishes.

As part of Advanced Care Planning a person may choose to make an “**Advance Decision to Refuse Treatment**” (**ADRT**). The Mental Capacity Act 2005 allows a person, if they have capacity, to plan ahead for decisions about medical treatment, using a tool called an Advance Decision to Refuse Treatment (ADRT). This will only come into force once the person loses capacity to make their own choices. This can then become a legally binding decision and clinical staff **must** take it into account. ‘Capacity’ means being able to make one’s own decisions.

### **DNAR stands for Do Not Attempt Resuscitation.**

The DNAR form is also called a **DNAR order**, or **DNACPR** order. This is a document following agreement with the individual who has capacity is issued and signed by a doctor, it informs the medical team not to attempt cardiopulmonary resuscitation (CPR). The form is designed to be easily recognised and verifiable, allowing healthcare professionals to make decisions quickly about how to treat a person. The person may change their wishes at any time and withdraw their agreement.

It is not a legally binding document. The forms exist because without the healthcare team will always attempt CPR. The form only covers CPR, so even if a person has a DNAR form they should still be given all other types of medical treatment.

## **Next of Kin and Significant Other**

The term next of kin is sometimes misunderstood. A person's next of kin is someone who is named to be kept informed of what happens to them in certain situations, for example if they're taken to hospital from their GP surgery or have an accident. It doesn't have to be a relative or partner – it can be anybody, including a significant other. A next of kin, family or significant other does not have any legal power and they are unable to make decisions about the person's care or treatment if they lack capacity unless they've been appointed as that person's attorney.

## **Lasting Power of Attorney**

The Mental Capacity Act 2005 (MCA) also provides mechanisms which allow the person to authorise others to legally make some decisions on their behalf, including “Lasting Powers of Attorney” (LPA). The person can make an LPA which will deal with property and affairs and/or an LPA dealing with health and welfare matters. NB. This process must be completed by the person whilst they still have capacity.

If a person hasn't made an LPA and now lacks capacity, and there are ongoing decisions that need to be made on their behalf, next of kin, family members, significant others, can apply to the *Court of Protection* to be appointed as a *deputy*. This means that you'll have the legal power to make decisions about certain aspects of their health and care

Jason Bennett Head of Adult Care & Housing.

Pembrokeshire County Council

Risk Escalation level	Carmarthenshire Actions
1	<ul style="list-style-type: none"> <li>• Care Settings should have in place standard operating procedures for individual residents with suspected and confirmed COVID-19 infection, including appropriate infection control precautions to protect staff and residents.</li> <li>• An <b>'incident'</b> of COVID-19 refers to a situation where there may only be one suspected case of coronavirus present. Where this is the case, it is still essential to assess the risk of infection to other Service Users and staff and monitor appropriately. The Care Home must report suspected cases via the COVID19 hotline number <b>01267 228952</b> or <b>by email</b> <a href="mailto:COV19ResidentialCare@carmarthenshire.gov.uk">COV19ResidentialCare@carmarthenshire.gov.uk</a></li> <li>• Care Settings should have a high-level infection prevention and control plan which provides initial guidance for the home to implement should an 'incident' or an 'outbreak' occur. This information (and any further information relating to expert infection prevention and control advice) should be available and accessible to the multi professional team supporting the care setting to manage the situation.</li> <li>• Care settings should be aware of the existence of Advanced Care Plans for residents and how these are accessed.</li> <li>• An incident of COVID-19 will still require immediate action so that the individual is isolated and that precautions can be put in place to prevent the spread of the virus.</li> <li>• For any suspected incident of coronavirus, the responsible Individual / Manager <b>MUST</b> inform that nominated representative from the Local Authority and/or Health Board.</li> <li>• When COVID-19 is suspected, staff should immediately follow the PPE guidance and infection control procedures. A deep clean should be carried out in the home and attention should be given to communal areas and surfaces such as handrails and door handles, this will help to reduce the risk of spread to others living in the setting.</li> <li>• The Provider Manager will need to establish good communication links with all relevant Authorities and Professionals. Communication to families and any other parties will need to be done in agreement with the Local Authority and or Local Health Board.</li> <li>• The Provider Manager must inform the Local Authority and/or the Health Board regarding any issues affecting quality of care or safe working practices or any Safeguarding issues.</li> <li>• GP practices to contact the care home twice weekly to review current position</li> <li>• Inform the Health Protection Team 0300 00 30032 and request that a COVID-19 test is carried out. <a href="mailto:covidenquires.hdd@wales.nhs.uk">covidenquires.hdd@wales.nhs.uk</a></li> <li>• Create a separate area for non-affected Service Users and or where possible, reduce communal gatherings.</li> <li>• Care Home Staff made aware of Psychological and Wellbeing Services availability for self-referral.</li> </ul>

2

- Performance & Quality Officer, Commissioning (or Responsible Individual in the case of local authority care homes) contacts the Care Home Manager to instigate the Carmarthenshire Outbreak Procedure for Care Homes. Report upwards to relevant Head of Service (Head of Strategic Joint Commissioning or Head of Homes and Safer Communities) and the County Director, Carmarthenshire. If critical, County Director to inform Head of Strategic Joint Commissioning via daily report or by telephone.
- Consider closing the home to new admissions.
- Care settings should notify GPs are informed of the situation and appropriate advice is sought for each individual. This may include discussing / reviewing palliative care arrangements.
- 'Named' nurse allocated to support the affected home and is responsible for escalating concerns to the district nursing team who will implement appropriate intermediate care / palliative care pathways as per routine practice.
- GP to refer to secondary care physicians where and when required and request face to face specialist consultation should GP deem necessary.
- Care Setting and / or district nurse will consult with GP and request face to face assessments on a day to day basis.
- Where care worker depletion; Deploy peripatetic crisis care workforce (Simply Safe).
- Consider appropriate transfer of affected residents to 'Red Care Home' (if such facility is available) and / or acute hospital (where appropriate and necessary).
- Advise Infection Prevention & Control and request review and appropriate daily support.
- Arrange for staff to work in separate teams: one team caring for affected residents and the other caring for unaffected residents.
- If appropriate, use signage to inform residents and staff of areas / zones not to be entered.
- Ensure laundry of affected individuals are either placed in alginate bags or washed separately at the recommended temperature (infection control).
- The responsibility of managing the outbreak lies with the Responsible Individual / Manager.
- The Local Authority / Health Board will nominate a lead person who will work closely with the Manager. In the case of the setting being both Residential and Nursing Care, the Local Health Board will also have a nominated lead person. The nominations will be recorded via the Daily Operational Command process.
- In the context of an outbreak, that settings of this type have the capability to take a Service User's temperature.
- Where clinically indicated and requested (by GP and / or WAST) settings will have the capability to take and report peripheral oxygen saturations (Oximetry). This will help clinicians to remotely assess the resident's clinical status.

	<ul style="list-style-type: none"> <li>• Community nursing service will provide the Care Setting with training to support staff in End of Life care including recognising early signs of distress; contact number for Clinical Nurse Specialists (including Out of Hours) to be provided.</li> <li>• The Provider Manager will need to establish good communication links with all relevant Authorities and Professionals. Communication to families and any other parties will need to be done in agreement with the Local Authority and or Local Health Board.</li> <li>• The Local Authority's / Health Board's lead Commissioning officer will arrange a COVID-19 meeting within 48 hrs – to include Responsible Individual/ Registered Manager and Locality Manager.</li> <li>• After the initial meeting, the Locality Manager will convene a meeting with GP and MDT to determine the clinical support required for the home.</li> <li>• In the event that residents' COVID 19 tests are positive, the Local Authority's /Health Board's lead Commissioning officer to arrange a meeting of professionals to review the Escalation plan checklist – to include representation from the GP/MDT meeting (as a minimum the Locality Manger and Clinical Lead Nurse), Infection Prevention &amp;Control, Responsible Individual for LA Care Homes and Commissioning representative. This meeting will not include the Care Home manager.</li> <li>• The Performance &amp; Quality Officer, Commissioning will report to the Daily Operational Command (DOC) meeting.</li> <li>• Monitor the situation closely by carrying out regular monitoring of all Service Users – checking for elevated temperatures and other respiratory symptoms</li> <li>• Inform the hospital and paramedics in advance if an individual requires admission to hospital during the outbreak.</li> <li>• The Local Authority and or Local Health Board's lead officers will coordinate a guided response to families. This will involve Social Work /Nurse Assessors.</li> <li>• Provide staff with opportunity to talk about their feelings; Refer to psychological and wellbeing services</li> </ul>
3	<ul style="list-style-type: none"> <li>• All guidance as above should be followed.</li> <li>• Where confirmed cases in the Care Setting are greater than 10 residents, GP to request secondary care support as per local agreements.</li> <li>• Transfer of infected residents into nominated 'Red Care Home' facility (if such facility is available) and / or acute hospital (where appropriate and necessary).</li> <li>• Care provision replaced by either Local Authority and / or Health Board personnel as according to CIW and Legal recommendations in such extreme circumstances.</li> </ul>



- In consultation with Director of Operations and Medical Director – consider need to admit those residents who are infected to hospital to protect those remaining residents.

4

- In the event of business continuity failure, consider:
- Re-provision of the nursing / residential care home into a RED nursing / residential care home site and admit other infected residents from other facilities.
- 'Take over' by other organisation to stabilise the care home on a temporary and/or permanent basis.



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# **Integrated Preventative Approach to Infection Prevention and Control in Care Homes; A Framework to support Care Home Resilience in relation to COVID-19**

## **Background and Context**

The ability of care homes to be able to continue to care for their residents safely and appropriately during any infection prevention outbreak is important in relation to improving outcomes for individuals, other residents and the home itself. Further, the stability of care homes is critical to the stability of the whole health and care system.

It is therefore of paramount importance that additional timely interventions are implemented to minimise the care home's risk of introducing the virus and / or containing spread of the virus. Further, it is critical that support is provided to ensure the care home's recovery from escalated risk and ultimately to ensure the continuity of care of the residents. Effective and efficient infection prevention and control (IP&C) measures are fundamental to this.

This guidance aims to provide a framework for Health Board and Local Authority partners to coordinate the implementation of an evidence based approach to managing prevention and containment of COVID-19 within a closed environment such as Care Homes.

## **An integrated preventative approach to infection prevention and control (IP&C) in care homes (and other closed environments)**

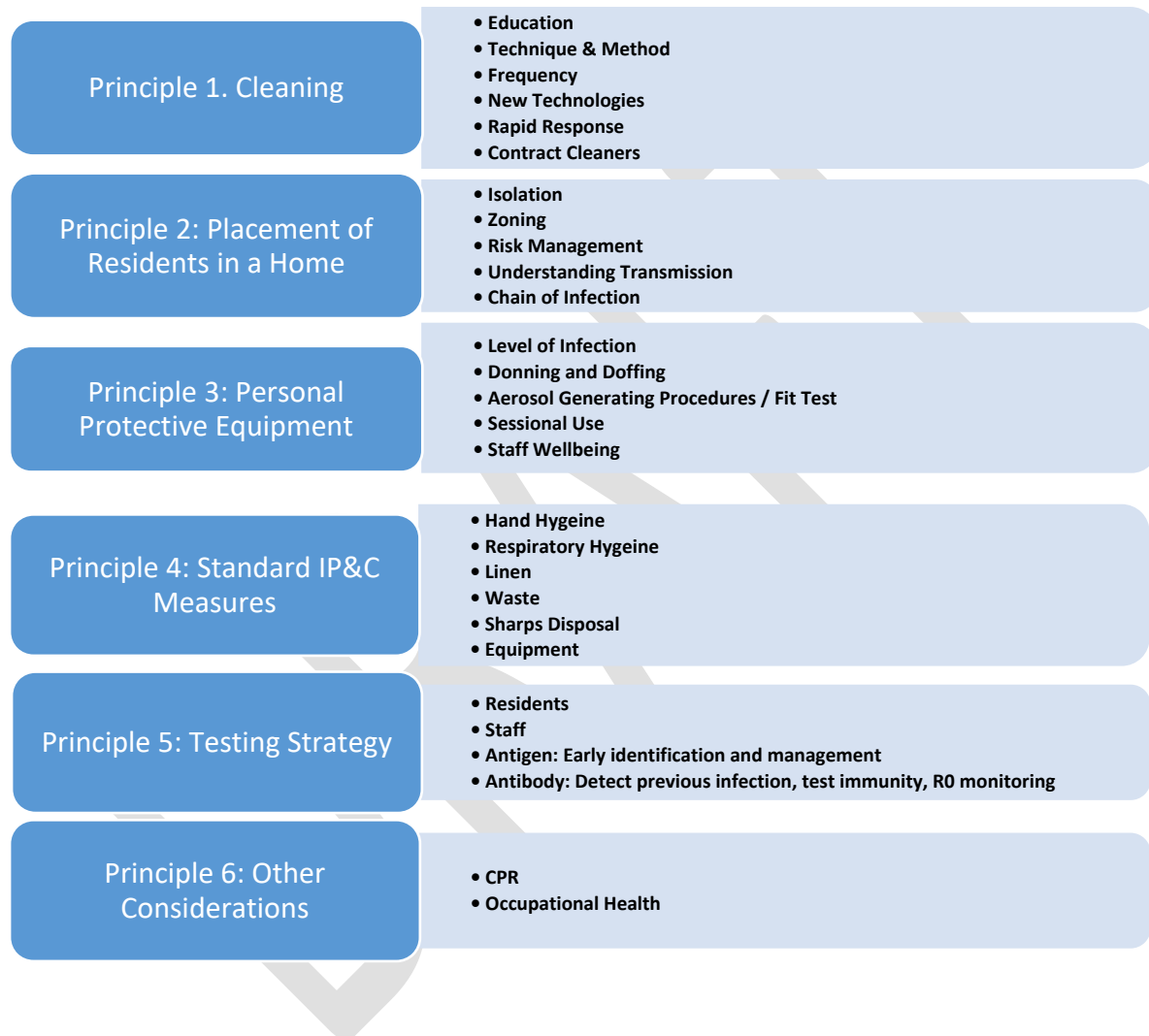
The prevention and control of infection is fundamental to the provision of a safe environment for residents, visitors and staff in a Care Home.

Historically, IP&C was seen as the domain of a specialist infection control team, usually in hospitals. However, in recent years IP&C has become everyone's business with a shift towards a culture of zero tolerance, where one avoidable infection is considered one too many. The Code of Practice for the Prevention & Control of Healthcare Associated Infections It sets out the minimum necessary infection prevention and control (IPC) arrangements for NHS healthcare providers in Wales:

<https://gov.wales/sites/default/files/publications/2019-06/code-of-practice-for-the-prevention-and-control-of-healthcare-associated-infections.pdf>

The Care Home manager or their delegated person is responsible for ensuring that appropriate IP&C guidelines are readily available, understood by all members of their staff and be part of their everyday practice in their Care Home. Information on the responsibilities for adoption and implementation of IP&C guidelines for Care Homes can be downloaded from the following NIPCM website:

Managing and coordinating Infection Prevention & Control relating to COVID-19 can be considered within a framework consisting of 6 key principles:



These Principles are outlined below in the following Checklist.



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Principle	Key Actions and Guidance	Responsible
<p>1 Standard IP&amp;C Measures</p>	<p><b>Standard infection control precautions (SICPs) definition</b> SICPs are the basic infection prevention and control measures necessary to reduce the risk of transmission of infectious agents from both recognised and unrecognised sources. Sources include blood and other body fluids, secretions and excretions (excluding sweat), non-intact skin or mucous membranes, and any equipment or items in the care environment. SICPs should be used by all staff, in all care settings, at all times, for all patients.</p> <p><a href="http://howis.wales.nhs.uk/sitesplus/documents/862/354-App11-SICP.pdf">http://howis.wales.nhs.uk/sitesplus/documents/862/354-App11-SICP.pdf</a> SICPs Policy: <a href="http://howis.wales.nhs.uk/sitesplus/documents/862/354-StandardInfectionPreventionControlPrecautionsSICPsPolicy-v2.pdf">http://howis.wales.nhs.uk/sitesplus/documents/862/354-StandardInfectionPreventionControlPrecautionsSICPsPolicy-v2.pdf</a></p> <p><b>Hand Hygiene</b> Hand hygiene is considered to be the single most important practice in reducing the transmission of infectious agents, including HCAI, when providing care. Before performing hand hygiene;</p> <ul style="list-style-type: none"> <li>• expose forearms</li> <li>• remove all hand/wrist jewellery (a single, plain metal finger ring is permitted but should be removed (or moved up/down) during hand hygiene)</li> <li>• ensure finger nails are clean, short and that artificial nails or nail products are not worn</li> <li>• cover all cuts or abrasions with a waterproof dressing</li> </ul> <p><b>Respiratory Hygiene and Cough Etiquette</b> Respiratory hygiene and cough etiquette is designed to contain respiratory secretions to prevent transmission of respiratory infections:</p> <ul style="list-style-type: none"> <li>• over the nose and mouth with a disposable tissue when sneezing, coughing, wiping and blowing the nose</li> <li>• dispose of all used tissues promptly into a waste bin</li> </ul>	<p>Care Home Manager</p>

		<ul style="list-style-type: none"> <li>offer hand wipes or wash hands with liquid soap and warm water after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions</li> <li>keep contaminated hands away from the mucous membranes of the eyes and nose</li> </ul> <p>Staff should promote respiratory hygiene and cough etiquette to all individuals and help those who need assistance with containment of respiratory secretions e.g. those who are immobile will need a receptacle (e.g. plastic bag) readily at hand for the prompt disposal of used tissues and offered hand hygiene facilities.</p> <p><b>There is a more detailed presentation available if needed</b></p>	
2	Placemen t of Residents	<p><b>Transmission Based Precautions (TBPs) definition</b> TBPs are applied when SICPs alone are insufficient to prevent cross transmission of an infectious agent. TBPs are additional infection control precautions required when caring for a patient with a known or suspected infectious agent. TBPs are categorised by the route of transmission of the infectious agent:</p> <p><b>Contact precautions</b> Used to prevent and control infection transmission via direct contact or indirectly from the immediate care environment (including care equipment). This is the most common route of infection transmission.</p> <p><b>Droplet precautions</b> Used to prevent and control infection transmission over short distances via droplets (&gt;5µm) from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual. Droplets penetrate the respiratory system to above the alveolar level. The maximum distance for cross transmission from droplets has not been definitively determined, although a distance of approximately 2 metres (6 feet) around the infected individual has frequently been reported in the medical literature as the area of risk.</p> <p><b>Airborne precautions</b> Used to prevent and control infection transmission without necessarily having close contact via aerosols (=5µm) from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual. Aerosols</p>	<p>Environm ental Health Officer (under guidance of Health Board IP&amp;C)</p> <p>Health Board IP&amp;C TBC</p>



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		<p>penetrate the respiratory system to the alveolar level. Interrupting transmission of COVID-19 requires both droplet and contact precautions; if an aerosol generating procedure (AGP) is being undertaken then airborne precautions are required in addition to contact precautions.</p> <p>COVID-19 Infection Prevention &amp; Control Guidance – Section 4.  <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881489/COVID-19_infection_prevention_and_control_guidance_complete.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881489/COVID-19_infection_prevention_and_control_guidance_complete.pdf</a></p> <p>TBP Policy: <a href="http://howis.wales.nhs.uk/sitesplus/documents/862/353-TBPPolicy%20-%20v2.pdf">http://howis.wales.nhs.uk/sitesplus/documents/862/353-TBPPolicy%20-%20v2.pdf</a></p> <p><b>Patient/Resident placement/isolation</b>          Patient placement or isolation requires a risk assessment in order to determine the most appropriate placement for the patient. This will depend on;</p> <ul style="list-style-type: none"> <li>• The infectious agent</li> <li>• The patient and their overall condition e.g. a productive cough</li> <li>• The area the patient is being cared for. This includes the potential for adverse outcomes in others and the availability of single rooms.</li> <li>• The procedure/activities being undertaken</li> </ul> <p>With COVID-19 single rooms with en-suite toilet and hand washing facilities are preferred for patients with known/suspected infections requiring contact precautions. The requirement to keep the door shut shall be on a risk assessment basis but is considered good practice.          If placement in a single room with toilet and hand washing facilities or transfer is not possible, placement decisions should be subject to a risk assessment and discussion with the Infection Prevention/Health Protection Team.</p>	
3	Personal Protective Equipment	<p>Staff should be trained on donning and doffing PPE.</p> <ul style="list-style-type: none"> <li>• staff should know what PPE they should wear for each setting and context</li> <li>• staff should have access to the PPE that protects them for the appropriate setting and context</li> <li>• gloves and aprons are subject to single use as per SICPs with disposal after each patient or resident contact</li> </ul>	Care Home Manager

- fluid repellent surgical mask and eye protection can be used for a session of work rather than a single patient or resident contact
- gowns or coveralls can be worn for a session of work in higher risk areas
- hand hygiene should be practiced and extended to exposed forearms, after removing any element of PPE
- staff should take regular breaks and rest periods

COVID-19 Infection Prevention & Control Guidance – Section 5.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/881489/COVID-19\\_infection\\_prevention\\_and\\_control\\_guidance\\_complete.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881489/COVID-19_infection_prevention_and_control_guidance_complete.pdf)

How to work Safely in a Care Home

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/881329/COVID-19\\_How\\_to\\_work\\_safely\\_in\\_care\\_homes.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881329/COVID-19_How_to_work_safely_in_care_homes.pdf)

Putting on PPE

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/881004/Putting\\_on\\_PPE\\_Care\\_Homes.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881004/Putting_on_PPE_Care_Homes.pdf)

Removing PPE

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/881005/Taking\\_off\\_PPE\\_Care\\_Homes.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881005/Taking_off_PPE_Care_Homes.pdf)

Sustained Community Transmission Table 4:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/879111/T4\\_poster\\_Recommended\\_PPE\\_additional\\_considerations\\_of\\_COVID-19.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879111/T4_poster_Recommended_PPE_additional_considerations_of_COVID-19.pdf)

Infographic PPE:

<http://howis.wales.nhs.uk/sitesplus/documents/862/PPE%20Infographic%20Layout%2009.04.20%202.pdf>

4	Cleaning	<p>Human coronaviruses can survive on inanimate objects and can remain viable for up to 5 days at temperatures of 22 to 25°C and relative humidity of 40 to 50% (which is typical of air-conditioned indoor environments). Care of the environment must be given additional consideration in order to prevent the spread of infectious agents that might be contaminating items.</p> <ul style="list-style-type: none"> <li>• The environment must be cleaned at least daily and when visibly contaminated. Particular attention must be given to frequently touched items e.g. door handles, bed tables etc.</li> <li>• An increase in frequency must be considered particularly during outbreaks of infection</li> <li>• The environment must be clutter free to allow for effective cleaning</li> <li>• Equipment for cleaning must follow the colour coded cleaning system. These items must be clean, fit for purpose and decontaminated and/or disposed of appropriately</li> <li>• Terminal cleaning of the environment MUST be performed prior to use by any other resident.</li> </ul> <p>COVID-19 Infection Prevention &amp; Control Guidance - Section 3.3 and 4.9 <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881489/COVID-19_infection_prevention_and_control_guidance_complete.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881489/COVID-19_infection_prevention_and_control_guidance_complete.pdf</a></p> <p>After cleaning with neutral detergent, a chlorine-based disinfectant should be used, in the form of a solution at a minimum strength of 1,000ppm available chlorine. If an alternative disinfectant is used within the facility, the local infection prevention and control team (IPCT) should be consulted on this to ensure that this is effective against enveloped viruses.</p> <p>Dedicated or disposable equipment (such as mop heads, cloths) must be used for environmental decontamination and disposed as clinical waste.</p> <p>Reusable equipment (such as mop handles, buckets) must be decontaminated after use with a chlorine-based disinfectant as described above.</p> <p>Communal cleaning trollies should not enter the room.</p>	Care Home Manager
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5	Testing Strategy	<p>A letter from the Chief Medical Officer and the Deputy Director General to Local Authorities and Registered Care Home Providers stipulated the requirement to test:</p> <ul style="list-style-type: none"> <li>All individuals being discharged from hospital to live in care homes regardless of whether or not they were admitted to hospital with COVID-19</li> <li>People who are being transferred between care homes</li> <li>New admissions to care homes from the community.</li> <li>Currently directing queries to COVID Enquiries line and responding via Long Term Care Team/Infection Prevention Team</li> </ul>	Care Home Manager and Health Board IP&C Screening Team
6	Other Considerations	<p><b>End of Life Visiting:</b></p> <p><b>There is a more detailed presentation available if needed</b></p> <p><b>Cardio Pulmonary Resuscitation:</b> The Resuscitation Council UK recommends” <i>If there is a perceived risk of infection, rescuers should place a cloth/towel over the victim’s mouth and nose and attempt compression-only CPR and early defibrillation until the ambulance arrives. If the rescuer has full PPE then these should be worn.</i>”</p> <p>Currently our Health Board staff would not routinely take full PPE when responding to all community visits and many of them are lone workers.</p> <p>In the event of a sudden collapse, there would be a significant delay in retrieving this equipment. If resuscitation is delayed over three minutes, resultant irreversible brain damage occurs. In the absence of PPE, placement of a towel over the victim mouth and nose, and prompt initiation of chest compressions, would enhance the chances of survival.</p> <p><b>See Appendix for full protocol</b></p> <p><b>Occupational Health Guidance:</b></p> <p>The most common symptoms of coronavirus (COVID-19) are recent onset of a new continuous cough and/or high temperature. If you have these symptoms, however mild, stay at home and do not leave your house for 7 days from when your symptoms started (if you live alone), or 14 days (if you live with someone who has symptoms).</p>	



Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board



Cyngor Sir  
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Wash your hands more often than usual, for 20 seconds using soap and hot water, particularly after coughing, sneezing and blowing your nose, or after being in public areas where other people are doing so. Use hand sanitiser if that's all you have access to.

To reduce the spread of germs when you cough or sneeze, cover your mouth and nose with a tissue, or your sleeve (not your hands) if you don't have a tissue, and throw the tissue in a bin immediately. Then wash your hands or use a hand sanitising gel.

Clean and disinfect regularly touched objects and surfaces using your regular cleaning products to reduce the risk of passing the infection on to other people.

<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>

**There is a more detailed presentation available if needed**

**First Aid in Community areas & initial Lone Response:**

**First aider (FA)/ Healthcare Professional (HCP) Response to Sudden Events**

**Sudden Collapse of Patient**

**Approach the patient to assess :-**

***Shout for HELP***

***Assess for signs of life and presence of normal breathing for 10 seconds***

**Do not listen or feel for breathing by placing your ear and cheek close to the patient's mouth.**

**If signs of life/normal breathing absent →**

**Cardiac arrest confirmed**

**Ring 999 and respond to Ambulance Service requests for information.**

**Retrieve defibrillator if available and use on return to patient.**

**If no defibrillator available :-**

**Place a towel or cloth over the patient's nose and mouth.**

**If immediately available, don PPE.**

***DO NOT DO MOUTH TO MOUTH***

***Start Compression Only CPR\* and Continue with resuscitation until Ambulance Service arrives.***

***\*(NB If 2 HCPs with full PPE and resuscitation equipment present/arrive, they then follow the Other Healthcare Setting flowchart]***

**When the Ambulance Service has arrived,**

**Paramedic in Full PPE will assess the patient and decide on further actions.**

Llanelli Area												
Care Home	Total Capacity	Covid Sympomatic	Covid Confirmed	RIP	RAG	Comments	Residential Beds	Residential EMI Beds	Nursing Beds	Nursing EMI Beds	Respite	Reablement
Ashley Court **Find a place	0											
Clymaenllwyd	0											
Glasfryn	0											
The Haven	0											
Bryn Illtyd Care Home	0											
Brynhelyg **Find a place	0											
Llandaff House	0											
Hafan Y Coed	0											
Affalon House (previously Caefair)	0											
Ty Mair	0											
Llys Y Bryn	0											
Caemaen	30											
Y Plas	0											
Y Bwthyn	0											
<b>Totals</b>	<b>30</b>						<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>		

Teifi, Tywi, Taf Area												
Care Home	Total Capacity	Covid Sympomatic	Covid Confirmed	RIP	RAG	Comments	Designated Residential Beds	Designated Residential EMI Beds	Designated Nursing Beds	Designated Nursing EMI Beds	Respite	Convalescence
Allt Y Mynydd	0											
Annedd	0											
Blaenos	0											
Brynderwen	0											
Caeglas	0											
Cartef Croeso	0											
Erw Hir	0											
Glyn Nest	0											
Llanfair Grange	0											
Peniel House	0											
Plas Y Dderwen	0											
Towy Castle	0											
Y Garreg Llwyd	0											
Awel Tywi	0											
Maesllewelyn	0											
Dolyfelin	0											
<b>Totals</b>	<b>0</b>						<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>		

Amman Gwendraeth Area												
Care Home	Total Capacity	Covid Sympomatic	Covid Confirmed	RIP	RAG	Comments	Designated Residential Beds	Designated Residential EMI Beds	Designated Nursing Beds	Designated Nursing EMI Beds	Respite	Convalescence
Cartref Ael y Bryn	0											
Cartref Annwyl Fan **	0											
Cartref Llys Fechan	0											
Garnant House	0											
Glanmorfa	0											
Glanmorlais	0											
Gwernilwyn	0											
Llys Newydd	0											
Melbourne House	0											
Parc wern	0											
Plas y Bryn	0											
<b>Totals</b>	<b>0</b>						<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>		
<b>Grand Total</b>	<b>30</b>						<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>		

**CYFARFOD BWRDD PRIFYSGOL IECHYD  
UNIVERSITY HEALTH BOARD MEETING**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	28 May 2020
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Calculating and Maintaining the Nurse Staffing Levels during the COVID-19 Pandemic
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Mandy Rayani, Director of Nursing, Quality & Patient Experience
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Chris Hayes, Nurse Staffing Programme Lead

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

Coronavirus disease (COVID-19) pandemic across the UK (and globally) has meant that NHS Wales is under significant and, potentially, sustained additional pressure, with a direct impact on the nurse staffing resource. Based on patient number modelling data, whilst continuing to take account of the requirements relating to the Nurse Staffing Levels (Wales) Act (the Act), there has been a requirement for Hywel Dda University Health Board (HDdUHB) to review both the 'normal' and the escalation positions for the planned nurse staffing levels within a number of settings where nursing care is provided.

This paper describes, in broad terms, HDdUHB's plans to ensure that nurse staffing levels are systematically calculated and agreed; and to provide an overview of how the nurse staffing levels that are planned (both when the HDdUHB is operating at 'normal' levels of capacity and also if the UHB is required to move into escalated levels of capacity during the pandemic response) will be managed and maintained.

This SBAR provides information on these plans as they apply to the nurse staffing levels for the following clinical services:

- Critical care;
- Adult medical and surgical inpatients wards (i.e. Section 25B wards);
- COVID-19 inpatient wards;
- Community hospital /District Nursing services;
- Paediatric services;
- Mental health services; and the
- Newly established Field Hospitals.

**Cefndir / Background**

Since April 2018, and the commencement of the full scope of the Act, the nurse staffing levels for the 30 or so adult medical and surgical wards that are covered by Section 25B/C of the Act, have been calculated by using the triangulated methodology set out in the Act. In addition, in pursuit of achieving the best care quality for its patients, HDdUHB has sought to apply the

principles which underpin this triangulated approach to the review of a significant number of other nursing services which currently fall under the more general requirements of Section 25A of the Act.

In summary, these principles require that, in calculating the nurse staffing levels (specifically of an adult medical/surgical ward, although the good practice principles apply to any clinical service) , the UHB can demonstrate themselves to be:

- *Exercising professional judgement;*
- *Taking into account the average ratio of nurses to patients appropriate to provide care to patients that meet all reasonable requirements, estimated for a specified period using evidence based workfare planning tools; and*
- *Considering the extent to which patients' well-being is known to be particularly sensitive to the provision of care by nurses.*

(NSLWA: Section 25C, 1a and 1b(i)(ii))

Additionally, the detailed requirements of the Act (Sections 25B and C ) also state that the designated person may calculate different nurse staffing levels –

- *In relation to different periods of time;*
- *Depending on the conditions in which care is provided by a nurse*

(NSLWA Section 25C, 2a and 2b)

HDdUHB remains committed to using these principles to guide its actions when calculating nurse staffing levels as part of its COVID-19 pandemic response plan. It is acknowledged, however, that the pandemic modelling data provided through Public Health Wales requires the UHB to prepare radical plans for the scale of the service provision that may be required at the height of the pandemic. If this 'worst case scenario' modelling is approached – both in terms of patient numbers and patient acuity - the nurse staffing levels that it will be possible to achieve in such extreme conditions may vary significantly from the 'norm'. In these circumstances, the professional judgement and rationale underpinning the decision making to move to these nurse staffing levels will be carefully recorded.

Reflecting this latter position, on March 24<sup>th</sup> 2020, the Chief Nursing Officer (CNO) for Wales issued a letter to all Executive Nurse Directors in Wales offering clarity on the COVID-19 disruption to the Nurse Staffing Levels (Wales) Act (Appendix 1).

This letter acknowledges that the pandemic will disrupt the business-as-usual processes of - and work-streams associated with - the Nurse Staffing Levels (Wales) Act 2016 (*the Act*). The letter goes on to summarise a key position of the Welsh Government i.e. that the professional judgement of the designated person will remain a key determinant in ensuring staffing in all areas where nursing care is either provided or commissioned is managed as appropriately as possible during this extraordinarily difficult time.

Through the Director of Nursing, Quality and Patient Experience, HDdUHB has issued detailed guidance to the operational Heads of Nursing outlining the implications and actions to be taken as a consequence of the CNO's letter. These actions include:

- Suspending the usual biannual review and recalculation of nurse staffing levels which had been due in spring 2020, in order to free up additional time/effort to focus on COVID-19 planning/clinical work;
- Continuing to take 'all reasonable steps' to maintain the agreed nurse staffing level for the S.25B wards; and recording the circumstances if/when the planned nurse staffing levels cannot be achieved;

- Setting and maintaining nurse staffing levels for 'repurposed' COVID-19 wards. (The CNO letter confirms that such wards do not meet the definition for wards that fall under Sections 25B/C of the Act; reflecting this, the full triangulated methodology cannot be applied. However, the principles from the Act which are stated above will be applied to the initial calculation of the nurse staffing levels for the repurposed COVID-19 wards and these will be kept under review as a greater understanding of the nursing care needs of patients emerges)
- Establishing more robust data capture / record keeping systems regarding ward purpose and nurse staffing levels for both Section 25B/C wards and for other nursing services, in order that the narrative of the pandemic situation as it applies to nurse staffing levels can be properly and fully reflected in the three yearly report which will be required to be submitted to Welsh Government in 2021;
- Reviewing (by the designated person) of any changes to nurse staffing levels made as part of each nursing service's response to the pandemic;
- Suspending the plans currently underway to prepare the paediatric in-patient services for an extension to the Act which was originally planned for April 2021 (The CNO letter makes it clear that the commencement of the Act for this clinical service will be delayed beyond this date, with the exact date to be made clear later in 2020).

## Asesiad / Assessment

### **Calculating the Nurse Staffing Levels:**

- **S.25B wards:** In the absence of the suspended Spring 2020 nurse staffing level review and recalculation cycle, a 'table-top' review of the quality indicator and acuity data for the past 6 months for the wards that continue to be defined as falling under Section 25B has been undertaken (18 wards in total). Areas of concern emerging for a small number of wards from this review process are being explored by the Director of Nursing, Quality and Patient Experience (the designated person) with the relevant Head of Nursing; and the actions required as a result of such discussions will be agreed. In addition, the nurse staffing levels have been reviewed for the small number of Section 25B wards which have a changed number of beds and/or a changed patient cohort due to the work that has been done to 'zone' the hospitals to create COVID-19 and non-COVID wards. The changed nurse staffing levels for this latter group of wards are included within Appendix 2.
- **COVID-19 repurposed wards:** As described in the Background section above, an initial calculation of the nurse staffing levels for each of the repurposed COVID-19 wards has been conducted and agreed with the Director of Nursing, Quality and Patient Experience (the designated person). These nurse staffing levels are initially based on professional judgement but will be reviewed regularly as acuity and quality data become available to take into consideration. Consistency of approach when calculating/reviewing the nurse staffing levels for the wards across our various hospital sites; and sharing of learning across the HDdUHB will be key to ensuring that the calculated nurse staffing levels in these 'new' wards reflect the principles of the Act stated above. The wards repurposed as COVID-19 wards, including the dates they 'changed' from being defined as an adult medical or surgical ward, are detailed in Appendix 3.
- **Critical Care Units:** The critical care nurse staffing model for all four critical care units remains based on a 1 RN to 1 Patient model, in line with long standing national staffing level guidance. As will be described in the 'Escalation section below, the plans for adjusting and restructuring the critical care staffing levels will enable a significant increase in the number of ventilated beds should this be required across the HDdUHB. This revised approach to staffing of critical care beds is based on COVID-19 pandemic-specific national

guidance recently issued. i.e. [Coronavirus: principle for increasing the nursing workforce in response to exceptional increased demand in Adult Critical Care](#).

- **Field Hospitals:** HDdUHB and partner organisations have established emergency temporary bed capacity within public and private sector partner's premises to meet the potential need for additional capacity during the COVID-19 pandemic. The nursing workforce model that has been calculated for each of these sites reflect the anticipated patient numbers and clinical profile and the care pathways for that site and take full account of the wider multi-disciplinary workforce that will work alongside the nurse staffing team within these sites. This calculation of the nurse staffing level offers a 'best estimate' of both the number, and any specific skills required, of the nursing staff, in order to meet the needs of the patient cohorts anticipated for each facility.
- **Community Services:** All community nursing and community hospital services have been reviewed in line with the predicted demands of COVID-19 and some community nursing services are now being delivered in a different way. This will allow flexibility within the services to manage the potential of increased patient demand at a time of reduced nurse staffing levels. Examples of these changes include:
  - Suspension of non-essential patient contacts.
  - Development of a centralised Intermediate Care and District Nursing Team Hub in Pembrokeshire to centralise referrals and to co-ordinate planned, unscheduled and acute nursing and community responses.
  - Reduction in the HDdUHB-wide District Nursing service specification with the aim of reducing non-essential patient contacts; minimising increased demands on district nursing caseloads; and ensuring capacity within current nurse staffing levels.
  - Review of bed capacity and current function of the community hospitals, resulting in the in-patient capacity of some hospitals being increased whilst the current provision of some services being closed temporarily (and the service re-provided elsewhere in the HDdUHB) so that the staff can be deployed to other more essential services.
  - Consideration being given to establishing a Service Level Agreement with independent sector care homes and Local Authority so that, if the care home workforce is significantly depleted, HDdUHB health care staff can provide care and support (not purely nursing interventions) in exceptional circumstances.
- **Mental Health Services:** Following review, no changes to the current acute mental health service models or their nurse staffing levels are required at this time; however this will be kept under review. Within community adult mental health services, the teams are moving to a seven day a week service day provision, which is in line with the Transforming Mental Health agenda. In addition, the mental health liaison service for acute hospital sites is being rationalised and enhanced and the function will be achieved through different ways of working by the mental health substantive workforce.

Within the older adult mental health wards, care provision has had to be adjusted to reflect additional infection control precautions required within these wards. The nurse staffing levels have been increased to accommodate this need in the short term; with a review of the Health Board-wide service model for these very vulnerable patients taking place to ensure an appropriate care model is in place for the longer term. The nurse staffing levels for the wards should a revised patient pathway be implemented, will be calculated using the above principles

- **Paediatrics:** The paediatric inpatient wards in Glangwili General Hospital (GGH) and Bronglais General Hospital (BGH) have been separated into COVID-19 and non-COVID



areas. The Paediatric Ambulatory Care Unit (PACU) at Withybush General Hospital (WGH) has been temporarily relocated to the GGH site, with nursing staff deployed either to Cilgerran Ward at GGH in order to supplement the in-patient ward nursing team; or to the HDdUHB Child Health team to support out-patient work. The nurse staffing levels for the paediatric in-patient services have been reviewed and the revised calculation is now based on the professional judgement of the paediatric nursing leadership team and takes account of the available bed spaces and average occupancy for each site.

As with all in-patient areas, maintaining the nurse staffing level at the calculated levels is managed on a day by day basis, with the escalation plan that the core in-patient staffing team would be supplemented further through deployment of staff from non-essential services, if required.

It is noted that some of the service (and therefore nurse staffing level) described in this paper were planned changes, although the timescales for implementation have been escalated to assist in managing the current situation. Some of the changes made specifically because of COVID-19 pandemic will be evaluated over the coming months and consideration will be given to maintaining the changes in the longer term, should the changes evaluate positively.

### **Maintaining the Nurse Staffing Levels:**

HDdUHB has an overarching duty under S.25A of the Act to provide sufficient nurses, within both the services it provides and those it commissions, to allow nurses time to care for patients sensitively. The CNO letter referenced in the Background Section (Appendix 1) recognises that maintaining the nurse staffing levels that have been calculated for all wards/departments/services will be challenging over the months ahead, and goes on to acknowledge that the application of professional judgement, ultimately by the Executive Director of Nursing for each Health Board, will be required to minimise the risk to patient safety.

In addition to the responsibilities set out for all nursing services within S.25A of the Act, the responsibilities within S.25B for the wards that continue to fall under that Section of the Act, require that the nursing management structure continue to apply their professional judgement to maintaining the nurse staffing levels AND to take all reasonable steps to mitigate the risk to patients on those wards. It should be noted, however, that varying from the calculated nurse staffing level does not, of itself, constitute a lack of compliance with the Act.

In line with the recommendation stated within the CNO letter, a consistent approach to recording the rationale which underpins the decisions/actions taken in order to maintain the nurse staffing levels - and/or to explain when and why nurse staffing levels have been varied and/or escalated – is in place across all services.

Some of the recent actions taken in order to work towards maintaining the required nurse (and other healthcare professionals) staffing levels and ensuring that all services are staffed in accordance with agreed staffing levels include:

- Recruitment of registered nurses (including those on temporary NMC register) into fixed term contracts and onto the Nurse Bank. A total of 33.99 WTE additional registered nurses have been recruited up to the 30<sup>th</sup> April 2020.
- Recruitment of Health Care Support Workers (HCSW) into fixed term contracts and onto the Nurse Bank. A total of 445 staff (headcount) having undertaken the HCSW Skills to Care Induction Training between mid-March and 30<sup>th</sup> April 2020.
- 'Recruitment' of second and third year student nurses who have 'opted-in' to the national scheme to employ student nurses as Band 3 and Band 4 HCSW

- Providing 'refresher training' in critical care for registered nursing staff who have previously worked in Critical Care Units and who could be deployed to work in the critical care area during the pandemic
- Providing training in basic critical care for registered staff who could be deployed into critical care areas from services that have been suspended during the pandemic response
- Providing 'refresher training in ward nursing procedures' for registered nursing staff who are employed in clinical services that have been suspended during the pandemic response; and for registered nursing staff who are employed in non-clinical roles and who could be deployed into direct care-giving roles in the event of the need to initiate the Health Board's nurse staffing escalation plans.

Between mid-March and April 30<sup>th</sup>, 182 of the Health Board's substantive registered nursing staff have attended pertinent elements of the 'refresher training in ward nursing procedures' and a further 151 staff are booked to attend training appropriate to their training needs during May 2020. The range of skills training being offered includes: Intermediate life support; Medicines management; IV drug administration; Managing IV devices; and venepuncture and cannulation training.

### Escalation plans:

On the basis of the pandemic 'modelling' that has been undertaken for the Hywel Dda area, significant consideration has also been given to what adjustments to the planned rosters at varying levels of escalation/changes/increased capacity might be required.

It is recognised that the nurse staffing levels, at times of escalation within both the COVID-19 and the non-COVID wards, may need to vary significantly from the nurse staffing levels that the Board have been notified about previously.

Such nurse staffing levels would be adopted only after key 'thresholds' have been reached and the move to adopt these revised nurse staffing levels - in both COVID and Non-COVID (Section 25B) wards - would be managed through the HDdUHB pandemic response command structure. In this instance, the HDdUHB's 'Designated Person' (the key decision maker under the requirements of the NSLWA) i.e the Director of Nursing, Quality and Patient Experience would lead the decision making process which resulted in the use of the nurse staffing level escalation processes:

- In the **acute sites' wards**, the total number of both COVID-19 positive and non-COVID patients will be the key 'threshold indicator'. In addition, the number of COVID-19 patients requiring Continuous Positive Airway Pressure (CPAP) intervention will impact significantly on decisions regarding the required nurse staffing levels.
- Linked to patient numbers, the need to use the **Field Hospital** sites – and for what types of patients - will impact significantly on the nurse staffing level that it is possible to maintain within both acute sites and community nursing services, as some Registered Nurses and Health Care Support Workers from the acute and community services will be required to provide at least some of the nurse staffing which will be deployed to these facilities: The potential need to deploy acute hospital nursing staff into these facilities would be a key 'threshold indicator' leading to adjustments to the nurse staffing levels within the acute sites
- In **critical care** services, the key threshold indicator that would trigger a move to adopt a 'team' approach to caring for critically ill patients would be if the number of patients requiring invasive ventilation rises above the number of critical care nursing staff we have available to care for them on a 1:1 basis, 24 hours a day

### Mitigating the risks:

Should nurse staffing levels need to be adjusted as part of escalation processes, various ways of mitigating the risks through the creative use of the workforce - both long-standing staff and new recruits – will be implemented. The approach being taken to creating support teams that ‘wrap around’ these altered nurse staffing levels include:

- Plans to deploy some Allied Health Professional (AHP) staff (both registered and support staff) into the direct care teams, to either form part of the 24/7 care team or to provide ‘peripatetic’ support to the teams through their specific expertise in e.g. respiratory care;
- Development of focussed support worker roles at Band 3 for existing experienced HCSW who will be trained to provide specific support to nurses caring for patients with COVID illnesses e.g. Respiratory Care Support Workers.
- Development of standardised Job Descriptions and identifying experienced HCSW who could quickly gain the competencies to take on additional clinical tasks within the broader scope of practice described in these ‘new’ Job Descriptions (Band 3 and/or Band 4).
- Putting in place as standard, additional ‘support’ roles that currently exist in only a small number of wards e.g. Ward Administrator, Ward Housekeeper.
- Putting site-wide posts in place to coordinate supplies of Personal Protective Equipment (PPE) and other key supplies for wards.
- Effective use of the recently issued HEIW Delegation Framework (All Wales Guidelines for Delegation, Health Education and Improvement Wales 2020) to ensure that the whole workforce is working prudently: ‘only doing what only they can do’.

### Reporting the nurse staffing levels:

The CNO letter noted that the 3 year Welsh Government report (due in May 2021) *is* a statutory requirement, but acknowledges that the disruption caused by the COVID-19 pandemic will inevitably have a dramatic impact on the contents of the report. Processes have been adjusted and strengthened to ensure that, as a Health Board, we will be in a position to recount the story of what happened in relation to nurse staffing levels within HDdUHB during the whole of the 3 year reporting period – but particularly during the COVID-19 pandemic.

### Argymhelliad / Recommendation

The Board is asked to take assurance from this paper that the requirements of the Nurse Staffing Levels (Wales) Act – together with the further advice contained in the CNO letter issued on March 24<sup>th</sup> 2020 – are being reflected in the approach being taken by the Health Board in planning the nurse staffing levels for all key nursing services during the COVID-19 pandemic.

### Amcanion: (rhaid cwblhau)

#### Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:  
Datix Risk Register Reference and Score:

Corporate risk register 647 Score 8

Safon(au) Gofal ac Iechyd:  
Health and Care Standard(s):  
[Hyperlink to NHS Wales Health & Care Standards](#)

2. Safe Care  
4. Dignified Care  
7. Staff and Resources

Amcanion Strategol y BIP: UHB Strategic Objectives: <a href="#">Hyperlink to HDdUHB Strategic Objectives</a>	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.
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	The evidence underpinning the paper is based on the working papers of the All Wales Nurse Staffing Group over the past three years and the CNO guidance letter (dated 24 <sup>th</sup> March 2020).
Rhestr Termiau: Glossary of Terms:	Contained with the paper
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	None

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	The financial impact of the nurse staffing levels required over the coming period is likely to be significant with the need to recruit additional staff (both registered nurses and health care support workers) on a temporary, fixed term basis.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	The intention underpinning the Act is to ensure safe, effective and quality patient care.
<b>Gweithlu: Workforce:</b>	This paper relates to the nursing workforce for the acute sites, critical care, community services, mental health, paediatric inpatients and the newly established field hospitals
<b>Risg: Risk:</b>	Risk of non-compliance with the Nurse Staffing Levels (Wales) Act 2016
<b>Cyfreithiol: Legal:</b>	Risk of non-compliance with the Nurse Staffing Levels (Wales) Act 2016
<b>Enw Da: Reputational:</b>	There is a potential negative reputational risk if the Health Board were perceived to be not acting in the spirit of the Act.
<b>Gyfrinachedd: Privacy:</b>	Currently no impact in relation to privacy identifiable within this work
<b>Cydraddoldeb: Equality:</b>	No negative EqIA impacts identified.



To: NHS Executive Nurse Directors

24 March 2020

Dear Colleagues,

### **Clarity on COVID19 disruption to Nurse Staffing Levels (Wales) Act 2016**

As COVID19 has become an established and significant epidemic across the UK, NHS Wales' staff and services are coming under increasingly extreme pressure. Welsh Government is fully aware that any sense of "business-as-usual" is becoming increasingly untenable.

I want to provide you with clarity and assurances around how I expect these additional pressures will disrupt the business-as-usual processes of - and work-streams associated with - the Nurse Staffing Levels (Wales) Act 2016 (*the Act*).

It will be helpful to consider the effects of the COVID19 pressures under two headings: firstly the ongoing work to extend the Act's second duty to paediatric inpatient wards; and secondly, compliance with and reporting against the existing duties under the Act.

#### **Extending the second duty to Paediatrics**

Thus far, the provisional schedule for this work has been as follows:

- June to August 2020: 3 month public consultation on the draft regulations and amended statutory guidance;
- November 2020: regulations laid before the Senedd;
- December 2020: Senedd debate and presumptive passing of regs;
- April 2021: Coming-into-force date of regulations on paediatric inpatient wards.

The timetable of those processes is now clearly compromised. In terms of the legislative steps, the capacity to undertake the drafting requirements is still available within Welsh Government. We intend to reschedule the plenary debate to February 2021, allowing the consultation to take place later in 2020, several months after the projected peak of COVID19 activity.

The remaining issue is the capacity within the health boards to take the necessary actions to prepare their wards and staff for the introduction of the new regulations. April 2021 now appears to be entirely unfeasible as a coming-into-force date. Given the current timescales, it is a fair assumption that health boards will require approximately 12 months of preparation time under normal circumstances before the regulations could come into force. In the context of this work stream, I consider *normal circumstances* to be suspended.

However a final decision on a coming-into-force date won't need to be made until the regulations are laid before the Senedd in early 2021. We will of course be monitoring the COVID19 pressures intently in the coming weeks and months, and it is my intention that the 12 month countdown on necessary preparation time for health boards will not resume until pressures have subsided significantly enough to allow this work-stream to continue. For example, if by October 2020 we have returned to what could be considered more "normal circumstances", we would then target a coming-into-force date of October 2021.

This approach is of course based on the best currently available evidence and projection, and is subject to change if and when the situation evolves. Should our approach change in any way, I will of course update you immediately.

Also linked to the extension to paediatric inpatients, I am conscious that our second planned data capture around compliance with the interim paediatrics principles is due this coming May. For obvious reasons I have taken the decision to postpone this until November, pending any further developments.

### **Summary**

- Welsh Government will proceed with the legislative steps that will allow extension of the Act's second duty within this government term as committed.
- This will be achieved through delaying the public consultation to late 2020 and the plenary debate to early 2021.
- The planned April 2021 coming-into-force date will be postponed based on at what point health boards have returned to normal enough circumstances to reasonably proceed with the necessary preparations for extension of the Act's second duty into paediatric inpatient wards.

### **Compliance with and reporting against the existing duties under the Act**

Broadly, the duties on health boards currently under the Act are as follows:

- to calculate nurse staffing levels for adult medical and surgical wards using a prescribed triangulated methodology;
- to take all reasonable steps to maintain those calculated nurse staffing levels;
- to produce a three-yearly report to Welsh Ministers (May 2021) on the extent to which nurse staffing levels have been maintained and the impact not maintaining them has had on care.
- to have regard to providing sufficient nurses wherever nursing care is provided or commissioned;

### **Calculation**

The wording of the statutory guidance is that health boards *should* undertake a recalculation every six months rather than *must*. There is an important legal distinction between the two. If "must" had been used, the biannual calculation schedule would be absolutely mandatory, and we would either need to consider suspending that guidance or accept that all health boards would be non-compliant with the Act. However, "should" allows for more discretion and flexibility in extraordinary circumstances. With the next biannual calculation due imminently, you will need to ask serious questions about whether the resource that goes in those calculations is better used elsewhere.

Further, there is a question around on which wards the health boards would actually be using that triangulated calculating methodology given that we expect ward purposes to change dramatically, and at a rapid pace. On the Executive Nurse Directors Skype meeting on Wednesday last week, you were united in your view that by the peak of the Covid19 pressures, it is likely that all of your currently designated adult medical and surgical wards

will have become “*Covid wards*”. Those wards would technically be considered medical in nature, however given that they will be entirely novel, the lack of quality indicator information alone would make it impossible for you to perform the triangulated calculation as prescribed. There is also a fundamental question of whether the *Welsh Levels of Care* evidence-based workforce planning tool could be applied in those wards given that they will be significantly different environments to the business-as-usual medical and surgical wards where the tool was tested for 2 years.

### Maintaining Nurse Staffing Levels

It is safe to say that during the additional Covid19 pressures, maintaining the nurse staffing levels that have been calculated on your adult medical and surgical wards will become an impossible challenge. Your workforces are likely to be reduced by sickness, and significant numbers of the available nursing staff will be redeployed to Covid19 response out of necessity.

However, we must bear in mind that varying from the nurse staffing level does not constitute a lack of compliance with the Act. As long as a ward remains designated as an adult medical or surgical ward, you will still be actively applying your professional judgement and taking all reasonable steps to mitigate the risk to patients on those wards. Indeed, closing those wards entirely is a reasonable step available to you if you deem it necessary. It is not a step we envisaged being commonly implemented when writing the legislation, but this public health crisis is in essence the most extreme test of the flexibility built into the Act.

### Reporting

I am aware that you are due to take annual reports to your boards in May. I am also mindful that those annual reports are a voluntary step that you as a group of peers agreed to on an all-Wales basis rather than something that is mandated within the Act or its statutory guidance. In usual circumstances it is eminently sensible to provide annual assurances to your Boards that can then be aggregated to create the 3-yearly reports to Welsh Government. However in these extraordinary circumstances, you need to decide whether the time and resource necessary to produce those reports would not be more valuably redirected elsewhere.

In terms of the 3 year report (due in May 2021) which is a statutory requirement, the disruption caused by this pandemic will inevitably have a dramatic impact on the contents of those reports. Thanks to the work of the All Wales Adult work-stream of the Nurse Staffing Programme, we now have a consistent approach to meeting the reporting requirements of the Act. However, a key part of that approach involves enhancements to the HCMS system, which will be impacted by the additional Covid19 pressures. The timescale for delivery was initially 1 April, though I understand that has slipped by a week according to our last update. Whether the enhancements are delivered in April or not, it does not seem reasonable to ask frontline nurses to adopt a new process during what will be a national staffing emergency.

What will be important during these coming months, is that careful records are kept of the steps that you take to manage this developing situation. In April 2021, the first 3-year reports will look significantly different to how we would have envisaged at the start of this year. However, you will still be required to recount the story of what happened on your wards, for example, on what date you closed particular medical and surgical wards to repurpose them as Covid19 wards.

### Overarching regard for providing sufficient nurses

Your duty under section 25A of the Act will remain an important factor in how you are deploying your nursing staff across the entirety of your health boards wherever nursing care is provided or commissioned. Even during a period where “providing sufficient nurses” will

seem like a foreign concept, your responsibility of minimising risk to patient safety through applying your professional judgement will remain.

### **Summary**

Under these exceptional circumstances, it is the Welsh Government's position that:

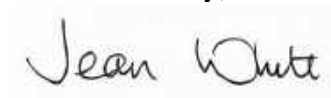
- it is within the health boards' respective discretion to proceed with or cease work on the imminently scheduled biannual re-calculation of adult medical and surgical wards;
- similarly it is within the health boards' respective discretion to indefinitely postpone the annual report to board, due May 2020;
- adult medical and surgical wards that have been repurposed as novel wards to deal with the Covid19 pandemic would be considered an exception under the definition of an adult medical ward, therefore would not be subject to the prescribed triangulated calculation methodology;
- as long as wards remain designated as adult medical and surgical wards, health boards will be expected to persist with taking all reasonable steps to maintain calculated nurse staffing levels and undertake the usual mitigating actions where possible;
- we acknowledge that those reasonable steps and mitigating actions are still likely to fall short of enabling health boards to maintain the Nurse Staffing Levels calculated during usual circumstances;
- health boards should ensure that they take whatever steps they deem necessary to record their actions taken over the coming months in order to adequately articulate within the first three-year report (due April 2021) the narrative of these extraordinary circumstances;
- health boards – through their executive nurse directors - ensure they are informed of actions being taken in other health boards, and that a consistent, collaborative approach is taken by all; and
- your professional judgement as designated persons will remain a key determinant in ensuring staffing in all areas where nursing care is either provided or commissioned is managed as appropriately as possible during an extraordinarily difficult time.

Finally, I feel I must stress the importance of remaining united as a peer group. Especially in such extraordinary times, there is clear value to a once-for-Wales approach to how health boards manage these immense pressures.

A hoffech gael yr wybodaeth hon yn  
Gymraeg, byddwch cystal â rhoi gwybod.

If you would like to receive this information in  
Welsh, please let me know.

Yours sincerely,



Professor Jean White CBE  
Chief Nursing Officer  
Nurse Director NHS Wales



**Appendix 2: List of wards which retain S.25B status**

Site	Name of Ward	Number of beds	Establishment during COVID-19-19		Previous funded establishment		Record the date when the purpose of the ward changed & the rationale
			RN WTE	HCSW WTE	RN WTE	HCSW WTE	
BGH	BGH Dyfi	26	32.22	20.61	32.22	20.61	Ward remains a S.25B Adult medical ward
BGH	BGH Meurig	14	11.61	11.61	11.61	11.61	Ward remains a S.25B Adult medical ward
BGH	BGH Ceredig	28	21.88	21.88	21.32	21.32	Ward remains a S.25B Adult surgical ward
GGH	GGH Cadog	20	15.28	15.28	15.28	15.28	Ward remains a S.25B Adult medical ward
GGH	GGH Gwenllian	20	20.73	18.00	20.73	18.00	Ward remains a S.25B Adult medical ward
GGH	GGH Steffan	19	15.28	15.28	15.28	15.28	Ward remains a S.25B Adult medical ward
GGH	GGH Padarn	19	15.28	15.28	15.28	15.28	Ward remains a S.25B Adult medical ward
GGH	GGH Towy	20	15.28	15.28	15.28	15.28	Ward remains a S.25B Adult medical ward
GGH	GGH Cleddau	15	13.50	13.50	6.28	6.28	Ward remains a S.25B Adult surgical ward
GGH	GGH Derwen	26	18.49	18.49	15.28	15.28	Ward remains a S.25B Adult surgical ward
GGH	GGH Picton	10	11.98	11.98	5.75	5.75	Ward remains a S.25B Adult surgical ward

PPH	PPH Ward 5	21	20.73	19.78	15.28	15.28	Ward remains a S.25B Adult medical ward but nurse staffing levels recalculated based on change in patient pathway
PPH	PPH Ward 6	28	20.73	20.73	11.03	11.03	Ward repurposed as a S.25B Adult Medical ward and nurse staffing levels re-calculated based on change to primary purpose
PPH	PPH Ward 7	28	19.17	19.17	16.55	16.55	Ward remains a S.25B Adult surgical ward
PPH	WGH Ward 7	28	20.73	20.73	20.73	20.73	Ward remains a S.25B Adult medical ward
WGH	WGH Ward8/CC U	26	29.73	16.23	29.73	13.50	Ward remains a S.25B Adult medical ward but nurse staffing levels recalculated based on change in patient pathway
WGH	WGH Ward 10	16	15.28	11.73	15.28	11.73	Ward remains a S.25B Adult medical ward. Nurse Staffing Levels, following the refurbishment of the ward and return to 16 beds confirmed
WGH	WGH Ward 3	24	17.38	17.38	15.28	15.28	Ward remains a S.25B Adult surgical ward

The above required establishment have been calculated in line with the approach taken as part of the biannual calculation cycles and are based on a combination of early/late/ND and long day shift patterns and include 26.9% uplift.

**Appendix 3: List of wards previously S25B but repurposed as covid-19 wards**

Site	Surgical Wards	Number of beds	Establishment during COVID-19		Previous funded establishment		
			RN WTE	HCSW WTE	RN WTE	HCSW WTE	
BGH	BGH Ystwyth	18	21.32	17.77	21.32	17.77	02/04/2020: Section 25B ward repurposed as a covid-19 ward
BGH	BGH Rhiannon	15	12.55	12.55	12.32	11.49	20/03/2020: Section 25B ward repurposed as a covid-19 ward
GGH	PPH Ward 1	21	15.28	15.28	15.28	21.56	18/03/2020 Section 25B ward repurposed as a covid-19 ward. Identified as a ward for CPAP patients
GGH	PPH Ward 3	8	12.55	20.73	19.78	14.70	04/04/2020: Section 25B ward repurposed as a covid-19 ward
GGH	PPH Ward 4	8	12.55	20.73	21.56	19.78	04/04/2020: Section 25B ward repurposed as a covid-19 ward
GGH	PPH Ward 9	29	15.28	21.56	27.00	21.56	23/03/2020: Section 25B ward repurposed as a covid-19 ward
GGH	GGH Teifi	11	15.28	18.00	20.73	20.73	10/04//2020: Section 25B ward repurposed as a covid-19 ward
GGH	GGH Merlin (including 5 beds on Tysul)	24	27.00	29.73	15.28	10.78	16/03/2020: Section 25B ward repurposed as a covid-19 ward. Nurse staffing levels reflective of environmental issues of managing the additional 5 beds on Tysul.
GGH	GGH Preseli	8	18.00	15.28	19.95	15.28	23/03/2020: Section 25B ward repurposed as a covid-19 ward. Identified as a ward for CPAP patients.
WGH	WGH Ward 1	28	20.73	21.56	20.73	19.78	20/03/2020 Section 25B ward repurposed as a covid-19 ward
WGH	WGH Ward 12	24	17.06	20.73	17.06	20.73	03/04/2020: Section 25B ward repurposed as a covid-19 ward
WGH	WGH Ward 11	21	24.28	20.73	21.56	18.00	01/04/2020: Section 25B ward repurposed as a covid-19 ward .Identified as a ward for CPAP patients.

The above are accurate up to 07/05/2020 and is subject to change as operational teams develop and change their operational plans

The above required establishment have been calculated in line with the approach taken as part of the biannual calculation cycles and are based on a combination of early/late/ND and long day shift patterns and include 26.9% uplift



## CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	28 May 2020
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Financial Governance and Value for Money Considerations – COVID 19
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Huw Thomas, Director of Finance
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Huw Thomas, Director of Finance

### Pwrpas yr Adroddiad (dewiswch fel yn addas)

#### Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

### ADRODDIAD SCAA SBAR REPORT

#### Sefyllfa / Situation

This report is intended to provide Board members with information as to how, from a financial governance perspective, Hywel Dda University Health Board has responded to the urgent situation created by the COVID-19 pandemic.

It asks Board members to:

- Note the work undertaken to ensure expenditure incurred has been regularised within the organisation's scheme of delegation
- Approve the expenditure based on the scrutiny provided by the Finance Committee on the approval made by Gold Command Group.

#### Cefndir / Background

Hywel Dda University Health Board (HDdUHB), in common with all health and social care providers in Wales, faces unprecedented challenges during this time of response to the pandemic. HDdUHB has already made and is likely to continue having to make decisions at pace to protect both staff and patients and, for reasons of expediency, has not always be in a position to follow the scheme of delegation as written. Where this has occurred, we have documented the reason for this and have ensured that decisions have been regularised through the appropriate governance processes.

#### Asesiad / Assessment

The Health Board committed expenditure in the areas detailed below in its response to the pandemic threat which commenced in March 2020. The response was based on the modelling data available at the time which indicated that the Health Board could need as many as 1500 additional beds.

An additional 993 whole time equivalent (WTE) have been recruited into the Health Board through the COVID-19 recruitment process; over a period of 6 months this will equate to £10.8m of additional costs.

Gold Command Group approved at its 18<sup>th</sup> May 2020 meeting the expenditure in relation to the actual number of staff recruited (to date). The information verified to date is for the following staff groups

- Health Care Support Worker (HCSW)
- HCSW - Student Nurses
- HCSW - Medical Students
- Porters
- Laundry
- Catering
- Domestic
- Semi-Skilled
- Informatics additional staff costs

Additional items of equipment were also required at short notice to equip additional beds on the acute sites and in the Field Hospitals.

A review of orders placed on Oracle over £0.025m which were associated with the equipping of additional Level 3 beds required on the acute sites and the additional equipment required to split sites into red and green areas was undertaken. £5.8m of orders placed were over £0.025m. A review has been undertaken on all of these order to assess the value for money implications.

A similar review of the orders placed on Oracle over £0.025m which are associated with the Field Hospitals was undertaken. £2.7m of orders placed were over £0.025m. These orders have also been reviewed and assessed for value for money considerations.

Both the Finance Committee and Gold Command Group have received reports and updates on these items. On 18<sup>th</sup> May 2020, Gold Command Group approved these expenditure decisions in retrospect to regularise them within the organisation's scheme of delegation.

In line with the Health Board's scheme of delegation and standing financial instructions a paper has also been prepared for the Audit and Risk Assurance Committee (ARAC) to undertake a Single Tender Action review of the expenditure.

The costs reported in are all gross costs to the Health Board and we are working closely with Welsh Government to understand what the funding arrangements associated with these costs will be.

### **Argymhelliad / Recommendation**

The Board is requested to:

- Note the work undertaken to ensure expenditure incurred has been regularised within the organisation's scheme of delegation
- Note the expenditure based on the scrutiny provided by the Finance Committee on the approval made by Gold Command Group.
- Approve the expenditure based on the scrutiny provided by the Finance Committee on the approval made by Gold Command Group.

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk currently being assessed.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply
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: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	Improve efficiency and quality of services through collaboration with people, communities and partners

<b>Gwybodaeth Ychwanegol:</b> <b>Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	COVID 19 – Decision making & Financial Guidance
Rhestr Termau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw : Parties / Committees consulted prior to Gold Strategic Group:	Not Applicable

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Financial values noted within the report.
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Not Applicable
<b>Gweithlu:</b> <b>Workforce:</b>	Not Applicable
<b>Risg:</b> <b>Risk:</b>	Financial risk is highlighted within the report

<b>Cyfreithiol: Legal:</b>	Not Applicable
<b>Enw Da: Reputational:</b>	Not Applicable
<b>Gyfrinachedd: Privacy:</b>	Not Applicable
<b>Cydraddoldeb: Equality:</b>	Not Applicable

<b>Enw'r Pwyllgor / Name of Committee</b>	Quality, Safety And Experience Assurance Committee
<b>Cadeirydd y Pwyllgor/ Chair of Committee:</b>	Ms Anna Lewis
<b>Cyfnod Adrodd/ Reporting Period:</b>	Meeting held on 7 <sup>th</sup> April 2020
<b>Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:</b>	
<ul style="list-style-type: none"> <li>• <b>Revised QSEAC Terms of Reference (ToRs):</b> the Committee received the revised QSEAC Terms of Reference (ToRs) for ratification following approval at Board on 26th March 2020. Members suggested a number of amendments in particular, additional narrative in regard to the Research &amp; Development Sub-Committee and amended narrative to reflect the requirements by QSEAC of the Listening &amp; Learning Sub-Committee (L&amp;LSC). Following inclusion of the suggested amendments, the QSEAC ToRs to be approved via Chair's Action, and subsequently ratified by the Board.</li> <li>• <b>Approval of the QSEAC Self-Assessment of Performance Process 2019/20:</b> Members were advised that following discussions with the QSEAC Chair, 5 key questions would be posed to self-assess the Committee's effectiveness during 2019/20 as a more appropriate methodology than the previous questionnaire.</li> <li>• <b>Draft Annual Quality Statement 2019/20:</b> the Committee received the draft Annual Quality Statement 2019/20, with some further year-end data still required. Given that the Siarad Iechyd / Talking Health Readers' Panel and the Stakeholder Reference Group have been stood down due to the COVID-19 pandemic, discussions would be held with the Board Secretary on how best to progress a review of the draft AQS from a governance perspective. The Committee agreed to a number of amendments, and whilst supporting the proposed priorities for 2020/21, acknowledged that these may be delayed due to COVID-19.</li> <li>• <b>Corporate Risks Assigned to QSEAC:</b> Given the new set of risks that have been identified due to the COVID-19 pandemic, with the acknowledgement that a further review of the current risks will be required, a report to include the new COVID-19 identified risks would be presented to QSEAC.</li> <li>• <b>Quality and Safety Assurance Report:</b> the Committee received the Quality and Safety Assurance Report, noting a number of changes to the content of future reports due to COVID-19. Members recognised that given the requirement to develop revised quality metrics in light of COVID-19, it may not be feasible to present the same Quality and Safety Assurance Reports to subsequent QSEAC meetings. Members further recognised that given the current pace of change, any data provided in the report is quickly out of date. With regard to external inspections, whilst the Community Health Council (CHC) and Healthcare Inspectorate Wales (HIW) inspections have ceased, Members received an assurance that any identified actions from previous inspections would still be</li> </ul>	



progressed. The Chair suggested that given the omission of quality metrics from the Delivery Unit which assists Members to interpret the narrative, only limited assurance could be gained from the report; it was agreed that a meeting would be arranged to agree these quality metrics as soon as possible.

- **Patient Outcomes Associated With The Implementation Of The Single Cancer Pathway:** the Committee received a verbal update in relation to patient outcomes associated with the implementation of the single cancer pathway, advising that currently there is no formal mechanism across Wales to evaluate outcomes for long cancer waits. Members were informed that the cancer team in Hywel Dda has engaged with the Wales Cancer Network in regard to developing a suitable model. A draft proposal is currently in development, which is broadly reflective of the model in England with a focus on cancer waits in excess of 104 days, to be presented for consideration once normal business resumes. Given the recognition that any delay in cancer treatment could be significant for patients, an evaluation of cancer waits in excess of 104 days is currently being undertaken, which may result in each cancer pathway adopting different target waits. Members queried the continuation of cancer treatments as the pandemic develops, and were advised that a detailed assessment would be required to determine the impact on patients. However, for Members assurance, the Health Board would be following guidance issued by the Wales Cancer Network. Members received an assurance from the actions taken by the cancer team, and recognised that given the pace of change during COVID-19, good governance would be paramount to support the rapidly changing situation.
- **Hospital Acquired Thrombosis (HAT) Action Plan:** the Committee received the Hospital Acquired Thrombosis (HAT) Action Plan, developed following concerns previously raised by QSEAC regarding the lack of progress made. Members were advised that a Task & Finish Group had been established, with its inaugural meeting to be held in April 2020, to progress the actions required, including consideration of the recommendations on the adoption of the All Wales Thromboprophylaxis Policy. Members were further advised that awareness raising mechanisms for all clinical staff would be included within weekly walk rounds, however given COVID-19, progress may be slower than anticipated. Members welcomed the action plan and accepted that the impact of COVID-19 may affect some of the actions. Given, however, that HAT has been a longstanding concern of QSEAC, the Committee requested that all steps are taken to progress the actions in a timely manner.
- **Nurse Staffing Levels Annual Assurance Report 2019/20:** the Committee received the draft Nurse Staffing Levels Annual Assurance Report 2019/20, providing an assurance to QSEAC that during 2019/20, the Health Board has complied with the Nurse Staffing Levels (Wales) Act (NSLWA) 2016. During discussions, it was proposed that in order to ensure Members have a better understanding in regard to the instances where professional judgements are required going forward, additional narrative would be included within further reports to QSEAC and the Board. In relation to staffing levels with COVID-19, Members were appraised of the proposals following discussions with the Chief

Nursing Officer, which will be presented to Board in order that Members can understand the expectations and support the approach taken.

- Public Health Update:** the Committee received a verbal Public Health update outlining the significant amount of progress achieved by the Health Board and stakeholders on COVID-19 preparedness since the Board meeting on 26th March 2020. Members received an assurance that Personal Protective Equipment (PPE) and oxygen supply discussions are taking place at Command structure meetings. Members were informed that the Health Board is establishing revised staff modelling in order that wards can be staffed differently. For example, given the ward configuration in field hospitals, this could equate to 1 registrant to 26 patient ratio. The Director of Nursing, Quality and Patient Experience advised that following a visit to the field hospitals, assurance could be provided that this ratio is safe and appropriate. Members welcomed the detailed update regarding COVID-19 planning, and on behalf of QSEAC, expressed thanks to all the staff involved.

With regard to the Llwynhendy Tuberculosis (TB) Outbreak, Members were advised that following further screening sessions in December 2019 and February 2020, any patients identified as having latent TB are currently being managed. Further sessions have now been paused due to the current government lockdown in place, however for Members assurance, further screening sessions will be arranged once the current pandemic has ceased.

With regard to Flu Vaccinations during 2019/20, Members welcomed the fact that performance indicators for all groups had improved during the period despite the vaccine delays experienced at the beginning of the season and the fact that vaccinations had necessarily been ceased due to the government lockdown in place.

**Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd a'u cyfer / Matters Requiring Board Level Consideration or Approval:**

- QSEAC revised Terms of Reference (attached)

**Risgiau Allweddol a Materion Pryder /**

**Key Risks and Issues/ Matters of Concern:**

- Quality and Safety Assurance Report:** given the omission of quality metrics from the Delivery Unit to assist Members to interpret the narrative meaning only limited assurance could be gained from the report, it was agreed that a meeting would be arranged to agree these quality metrics as soon as possible.

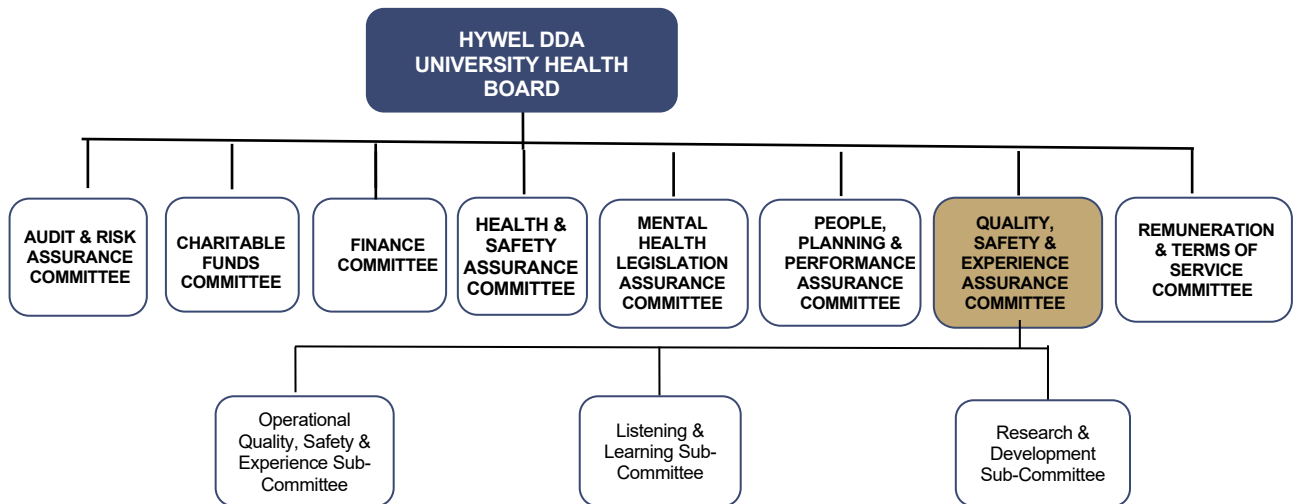
**Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:**

**Adrodd yn y Dyfodol / Future Reporting:**

In addition to the items scheduled to be reviewed as part of the Committee's work programme, following up progress of the various actions identified above will be undertaken.

**Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:**

7<sup>th</sup> May 2020.



## QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE

### TERMS OF REFERENCE

Version	Issued To	Date	Comments
V0.1	Quality Safety & Experience Assurance Committee	16.06.2015	Approved
V0.2	Hywel Dda University Health Board	30 .07.2015	Approved
V0.3	Hywel Dda University Health Board	26.11.2015	Approved
V0.4	Quality Safety & Experience Assurance Committee	18.10.2016	Approved
V.04	Hywel Dda University Health Board	26.01.2017	Approved
V.05	Quality Safety & Experience Assurance Committee	20.02.2018	Approved
V.05	Hywel Dda University Health Board	29.03.2018	Approved
V.06	Quality Safety & Experience Assurance Committee	05.02.2019	Approved via Chair's Action 20.03.2019
V.07	Hywel Dda University Health Board	28.03.2019	Approved
V.08	Hywel Dda University Health Board	26.03.2020	Approved
V.09	Quality Safety & Experience Assurance Committee	07.04.2020	Approved via Chair's Action
V.09	Hywel Dda University Health Board	28.05.2020	

## QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE

### 1. Constitution

- 1.1 The Quality & Safety Committee was established as a Committee of the Hywel Dda University Health Board (HDdUHB) and constituted from 1<sup>st</sup> October 2009. On 1st June 2015, the Committee took on an enhanced role and was re-named the Quality, Safety & Experience Assurance Committee.

### 2. Membership

- 2.1 Formal membership of the Committee shall comprise of the following:

#### Member

Independent Member (Chair)

5 x Independent Members (including Audit & Risk Assurance Committee Chair and People, Planning & Performance Assurance Committee Chair)

- 2.2 The following should attend Committee meetings:

#### In Attendance

Executive Director of Nursing, Quality & Patient Experience (Lead Executive)

Executive Medical Director & Deputy CEO

Executive Director of Operations

Executive Director of Therapies & Health Science (Chair of Operational Quality, Safety & Experience Sub-Committee)

Executive Director of Public Health

Director of Primary, Community & Long Term Care

Associate Medical Director Quality & Safety

Assistant Director of Nursing, Assurance and Safeguarding

Assistant Director, Legal Services/Patient Experience

Hywel Dda Community Health Council (CHC) Representative (not counted for quoracy purposes)

- 2.3 It is expected that Sub-Committee Chairs will attend QSEAC for the purpose of presenting their update reports.
- 2.4 Membership of the Committee will be reviewed on an annual basis.

### 3. Quorum and Attendance

- 3.1 A quorum shall consist of no less than three of the membership, and must include as a minimum the Chair or Vice Chair of the Committee, and two other Independent Members, together with a third of the In Attendance members.
- 3.2 The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair, taking into account the balance of skills and expertise

necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by the Welsh Government.

- 3.3 Any senior officer of the UHB or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting to assist with discussions on a particular matter.
- 3.4 The Committee may also co-opt additional independent 'external' experts from outside the organisation to provide specialist skills.
- 3.5 Should any officer member be unavailable to attend, they may nominate a deputy with full voting rights to attend in their place, subject to the agreement of the Chair.
- 3.6 The Chairman of the UHB reserves the right to attend any of the Committee's meetings as an ex officio member.
- 3.7 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Quality Safety & Experience Assurance Committee.
- 3.8 The Committee can arrange to meet with Internal Audit and External Audit (and, as appropriate, nominated representatives of Healthcare Inspectorate Wales), without the presence of officers, as required.
- 3.9 The Chair of the Quality Safety & Experience Assurance Committee shall have reasonable access to Executive Directors and other relevant senior staff.
- 3.10 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

#### **4. Purpose**

The purpose of the Quality, Safety & Experience Assurance Committee is to:

- 4.1 Scrutinise, assess and seek assurance in relation to the patient impact, quality and health outcomes of the services provided by the Board.
- 4.2 Provide evidence based and timely advice to the Board to assist it in discharging its functions and meeting its responsibilities with regard to the quality and safety of health care provided and secured by the University Health Board.
- 4.3 Provide assurance that the Board has an effective strategy and delivery plan(s) for improving the quality and safety of care patients receive, commissioning quality and safety impact assessments where considered appropriate.
- 4.4 Assure the development and delivery of the enabling strategies within the scope of the Committee, aligned to organisational objectives and the Annual Plan/Integrated Medium Term Plan for sign off by the Board.
- 4.5 Provide assurance that the organisation, at all levels, has the right governance arrangements and strategy in place to ensure that the care planned or provided across the breadth of the organisation's functions, is based on sound evidence, clinically effective and meeting agreed standards.

- 4.6 Provide assurance that the organisation is discharging its functions and meeting its responsibilities with regards to the quality and safety of research activity carried out within the Health Board.

## **5. Key Responsibilities**

The Quality, Safety & Experience Assurance Committee shall:

- 5.1 Provide advice to the Board on the adoption of a set of key indicators of quality of care against which the University Health Board's performance will be regularly assessed and reported on.
- 5.2 Seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action.
- 5.3 Recommend acceptance of risks that cannot be brought within the UHBs risk appetite/tolerance to the Board through the Committee Update Report.
- 5.4 Receive assurance through Sub-Committee Update Reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate).
- 5.5 Ensure the right enablers are in place to promote a positive culture of quality improvement based on best evidence.
- 5.6 Oversee the development and implementation of strengthened and more holistic approaches to triangulating intelligence to identify emerging issues and themes that require improvement or further investigation.
- 5.7 Provide assurance that all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the quality and safety of care provided, and in particular that sources of internal assurance are reliable, there is the capacity and capability to deliver, and lessons are learned from patient safety incidents, complaints and claims.
- 5.8 Provide assurance to the Board that current and emerging clinical risks are identified and robust management plans are in place and any learning from concerns is applied to these risks as part of this management.
- 5.9 Provide assurance to the Board in relation to improving the experience of patients, including for those services provided by other organisations or in a partnership arrangement. Patient Stories, Patient Charter and Board to Floor Walkabouts will feature as a key area for patient experience and lessons learnt.
- 5.10 Provide assurance to the Board in relation to its responsibilities for the quality and safety of mental health, primary and community care, public health, health promotion, prevention and health protection activities and interventions in line with the Health Board's strategies.
- 5.11 Ensure that the organisation is meeting the requirements of the NHS Concerns, Complaints and Redress Arrangements (Wales) Regulations.
- 5.12 Approve the required action plans in respect of any concerns investigated by the Ombudsman.
- 5.13 Agree actions, as required, to improve performance against compliance with incident reporting.

- 5.14 Provide assurance that the Central Alert Systems process is being effectively managed with timely action where necessary.
- 5.15 Provide assurance on the delivery of action plans arising from investigation reports and the work of external regulators.
- 5.15 Approve the annual clinical audit plan, ensuring that internally commissioned audits are aligned with strategic priorities.
- 5.16 Provide assurance that a review process to receive and act upon clinical outcome indicators suggesting harm or unwarranted variation is in place and operating effectively at operational level, with concerns escalated to the Board.
- 5.17 Consider advice on clinical effectiveness, and where decisions about implementation have wider implications with regard to prioritisation and finances, prepare reports for consideration by the Executive Team who will collectively agree recommendations for consideration through relevant Committee structures.
- 5.18 Provide assurance in relation to the organisation's arrangements for safeguarding vulnerable people, children and young people.
- 5.19 Receive the R&D Annual Report for approval prior to submission to the Health and Care Research Wales (to ensure the UHB increases its R&D capacity, research output and research income).
- 5.20 Receive decisions made with regard to significant claims against the Health Board, valued in excess of £100,000, or valued under £100,000, but which raise unusual issues or may set a precedent, and ensure that the learning from such cases is considered, with relevant actions agreed as appropriate.
- 5.21 Approve policies and plans within the scope of the Committee, having taken an assurance that the quality and safety of patient care has been considered within these policies and plans.
- 5.22 Assure the Board in relation to its compliance with relevant healthcare standards and duties, national practice, and mandatory guidance.
- 5.23 Develop a work plan which sets clear priorities for improving quality, safety and experience each year, together with intended outcomes, and monitor delivery throughout the year.
- 5.24 Review and approve work plans for Sub-Committees to scrutinise and monitor the impact on patients of the Health Board's services and their quality.
- 5.25 Refer quality & safety matters which impact on people, planning and performance to the People, Planning & Performance Assurance Committee (PPPAC), and vice versa.
- 5.26 Agree issues to be escalated to the Board with recommendations for action.

## **6. Agenda and Papers**

- 6.1 The Committee Secretary is to hold an agenda setting meeting with the Chair and/or Vice Chair and the Lead Director (Director of Nursing, Quality & Patient Experience) at least **six** weeks before the meeting date.

- 6.2 The agenda will be based around the Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests from Committee members. Following approval, the agenda and timetable for request of papers will be circulated to all Committee members.
- 6.3 All papers must be approved by the Lead/relevant Director, ensuring these are submitted in accordance with the Standard Operating Procedure for the Management of Board and Committees.
- 6.4 The agenda and papers will be distributed **seven** days in advance of the meeting.
- 6.5 The minutes and action log will be circulated to members within **ten** days to check the accuracy.
- 6.6 Members must forward amendments to the Committee Secretary within the next **seven** days. The Committee Secretary will then forward the final version to the Committee Chair for approval.

## **7. In Committee**

- 7.1 The Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

## **8. Frequency of Meetings**

- 8.1 The Committee will meet bi-monthly and shall agree an annual schedule of meetings. Any additional meetings will be arranged as determined by the Chair of the Committee in discussion with the Lead Executive.
- 8.2 The Chair of the Committee, in discussion with the Committee Secretary, shall determine the time and the place of meetings of the Committee and procedures of such meetings.

## **9. Accountability, Responsibility and Authority**

- 9.1 Although the Board has delegated authority to the Committee for the exercise of certain functions, as set out in these Terms of Reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens, through the effective governance of the organisation.
- 9.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 9.3 The Committee shall embed the UHB's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.
- 9.4 The requirements for the conduct of business as set out in the UHB's Standing Orders are equally applicable to the operation of the Committee.

## **10. Reporting**

- 10.1 The Committee, through its Chair and members, shall work closely with the Board's other Committees, including joint/sub committees and groups, to provide advice and assurance to the Board through the:
  - 10.1.1 joint planning and co-ordination of Board and Committee business;
  - 10.1.2 sharing of information.



- 10.2 In doing so, the Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.
- 10.3 The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. The Committee will receive an update following each sub-committee or task and finish group meeting providing an assurance on the business undertaken on its behalf. The Sub Committees reporting to this Committee are:
- 10.3.1 Operational Quality, Safety & Experience Sub-Committee
  - 10.3.2 Listening & Learning Sub-Committee
  - 10.3.2 Research & Development Sub-Committee
- 10.4 The Committee Chair, supported by the Committee Secretary, shall:
- 10.4.1 Report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes the submission of a Committee update report, as well as the presentation of an annual report within six weeks of the end of the financial year.
  - 10.4.2 Bring to the Board's specific attention any significant matters under consideration by the Committee.
  - 10.4.3 Ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant Committees, of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.
- 10.5 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation, including that of any sub committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Quality & Safety Committee Handbook.

## **11. Secretarial Support**

- 11.1 The Committee Secretary shall be determined by the Board Secretary.

## **12. Review Date**

- 12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.

<b>Enw'r Pwyllgor / Name of Committee</b>	Quality, Safety And Experience Assurance Committee
<b>Cadeirydd y Pwyllgor/ Chair of Committee:</b>	Ms Anna Lewis
<b>Cyfnod Adrodd/ Reporting Period:</b>	Meeting held on 7 <sup>th</sup> May 2020
<b>Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:</b>	
<ul style="list-style-type: none"> <li> <b>Policy/Guidance Updates - COVID-19 National and Local Approved and Published Guidance:</b> the Committee received the Policy/Guidance Updates - COVID-19 National and Local Approved and Published Guidance report, outlining the approach taken by HDdUHB given the recognition that all COVID-19 guidance would require a robust process for approval and dissemination within the Health Board. Members were advised that the new procedures are now embedded and approved and published on the Health Board's COVID-19 Patient Management webpages, and that learning from COVID-19 would be taken forward for future engagement with clinical teams. The Committee received an assurance that for any variations in guidance, the Health Board would engage with key individuals who may be impacted by the guidance, and for any cases where significant discrepancies occur, a report would be presented to Gold Command for approval. </li> <li> <b>New Corporate Risks Assigned to QSEAC in Light of COVID-19:</b> whilst acknowledging the need to defer this item due to the requirement to follow the identified process regarding the inclusion of new risks onto the Corporate Risk Register, concerns were expressed from an Independent Member perspective at not being in a position to scrutinise new and emerging risks, and enquired whether an approach could be agreed in the interim. Members were reminded that it had been agreed at the Board meeting in March 2020 that for assurance purposes, non-COVID-19 risks should be managed through the Executive Team. The Committee received an assurance that Datix reporting now includes reference to COVID-19. While the number of new risks related to COVID is still being assessed by the services, a significant number of existing risks are impacted by COVID and its consequences, and these are being reviewed currently in order to provide an accurate reflection in the Risk Register for scrutiny by the Board at June 2020 meeting. </li> <li> <b>Incident Reporting During COVID-19:</b> the Committee received a verbal update in relation to incident reporting during COVID-19, and advised that to date, the total reported incidents on Datix is comparable to the previous year, which now has additional fields for COVID-19 related incidents. 9 reported incidents related to communication issues, which are currently being reviewed, and at the end of March 2020, 5 incidents in relation to PPE had been reported, in the main regarding fit testing, however no further issues in regard to PPE have been reported since. In relation to the potential for a possible reduction in Hospital Acquired Infections (HAIs) due to COVID-19, Members were advised that Infection Prevention meetings are being reinstated and would review the </li> </ul>	

available data to establish any emerging themes, in particular whether following improved hand hygiene during the COVID-19 period, a reduction in community infections may result.

- **Patient Feedback during COVID-19:** the Committee received a verbal update in relation to patient feedback during COVID-19, advising that between January and March 2020, the Health Board received 55 formal complaints, which have reduced by 50% from April 2020 with the numbers continuing to fall on a weekly basis by approximately 5% per week. Whilst the complaints received generally relate to patient appointments, the most significant area of concern related to communication from wards to patient's families. In response to this concern, Members were provided with details of the newly established family liaison role which it is anticipated would be ward based for 2 shifts per day, 7 days per week, to facilitate communication and patient experience. Recognising the Committee's role in advocating the patient's voice, it was proposed that a review of this long standing theme should be taken forward by QSEAC. Members welcomed the work of the Patient Advisory Liaison Service (PALS) team who have been supporting the operational site teams with a range of duties. In response to a query regarding end of life visits during COVID-19, the Committee received an assurance that wards have received guidance that risk assessments should be undertaken on a ward by ward basis, and that where appropriate, visits by a relative should take place. On occasions where this has not been possible, wards have used skype facilities. The Committee was also presented with the draft Ombudsman year end position, demonstrating the significant improvements made by the Health Board at the initial stage of investigations, resulting in no public interest reports being issued during the year. Members welcomed the improvement, noting the positive foundation this would provide to take forward future work.
- **Nurse Staffing Principles for COVID-19:** the Committee received the Nurse Staffing Principles for COVID-19 report, highlighting the significant amount of work that has been undertaken by the team involved to reach this point, and providing an assurance that a robust process has been undertaken to determine the revised calculations in regard to the professional to patient ratio models outlined within the report. Members noted that the Health Board has considered alternative professional to patient ratio models for areas outside of 25B (wards that can be defined as medical or surgical wards), given that quality indicators are currently not available for COVID-19 wards, with the calculations based on a worst case scenario following national guidance. In relation to field hospitals, the calculations have been based on the principle of utilising other registrants. The Committee was informed that prior to calculating the professional to patient ratio requirements for field hospitals, discussions with other Health Boards have taken place and that on analysis, Hywel Dda's modelling is on par with these. The Committee received assurance on the detailed modelling work that had been undertaken to assist with the workforce calculations underpinning the professional to patient ratios.

- Personal Protective Equipment Update:** the Committee received the Personal Protective Equipment update report to provide assurance on the work undertaken following the regular reports presented to Gold Command. Members were advised that a healthcare model has been operating in parallel with a Local Authority (LA) model, and that following discussions with the Executive Director of Finance, to improve PPE ordering going forward, the procurement team has been embedding new systems in order to manage concerns regarding availability and distribution. Members expressed their thanks to the team involved in progressing adequate PPE supplies, recognising the importance of providing a level of assurance to staff following the concerns raised.
- Critical Care Medicines:** the Committee received the Critical Care Medicines report, advising that during normal business, medicines shortages are routinely managed effectively within pharmacy procurement teams. However, for the treatment of COVID-19, there are limited medicines available to treat the virus. Members were informed of the process which has been established to ensure all Health Boards have adequate supplies, including a centralised dashboard of critical medicines which is updated daily, with medicines moved in a timely manner to where they are required. Members were informed that the current risk score of 20 has been calculated on a worst case scenario, which may now be lower than previously predicted given the lower peak in demand anticipated. Members recognised that in light of the recently amended modelling scenarios issued, a re-calculation of the risk score would now be required and captured on the COVID-19 Risk Register.

**Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer /**

**Matters Requiring Board Level Consideration or Approval:**

- None

**Risgiau Allweddol a Materion Pryder /**

**Key Risks and Issues/ Matters of Concern:**

- New Corporate Risks Assigned to QSEAC in Light of COVID-19:** concerns regarding Independent Members inability to scrutinise new and emerging risks due to the requirement to follow the identified process regarding the inclusion of new risks onto the Corporate Risk Register, to be mitigated through the management of these by the Executive Team until this deferred item could be placed on QSEAC's agenda.
- Patient Feedback during COVID-19:** concerns relating to the long standing theme of communication within complaints reporting to be mitigated by a review of this issue by QSEAC.

**Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf /**

**Planned Committee Business for the Next Reporting Period:**

**Adrodd yn y Dyfodol / Future Reporting:**

In addition to the items scheduled to be reviewed as part of the Committee's work programme, following up progress of the various actions identified above will be undertaken.

**Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:**

9<sup>th</sup> June 2020.

**CYFARFOD BWRDD PRIFYSGOL IECHYD  
UNIVERSITY HEALTH BOARD MEETING**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	28 May 2020
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Annual Quality Statement 2019/20
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Mandy Rayani, Executive Director of Nursing, Quality and Patient Experience
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Cathie Steele, Head of Quality and Governance

**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 purpose of this report is to share with the Board the Annual Quality Statement (AQS) 2019/20. The attached AQS is required to be published on the University Health Board (UHB) website, subject to Board agreement.

**Cefndir / Background**

The Annual Quality Statement (AQS) provides an opportunity for organisations to ‘tell the story’ of good practice and initiatives being taken forward, as well as confirming what went well and what not so well and the actions being taken as a result. All NHS organisations are required to publish an AQS, as part of the annual reporting process.

**Welsh Health Circular (WHC) Annual Quality Statement 2019 / 2020 Guidance**

The Welsh Health Circular (WHC) [Annual Quality Statement 2019 / 2020](#) Guidance was issued on 23<sup>rd</sup> December 2019. The update guidance highlights that:

“NHS organisations need to be mindful that the Health and Social Care (Quality & Engagement) (Wales) Bill includes a new, broader duty of quality which requires NHS bodies in Wales to exercise their functions with a view to securing improvement in the quality of health services.

The Bill contains annual reporting requirements which require NHS bodies to assess the extent to which the steps they have taken to comply with the new duty of quality have led to improvements in outcomes. This new reporting requirement will build on and replace the existing Annual Quality Statement to form the basis of the mechanism through which the duty will be reported. Revised guidance will be co-produced ahead of the new requirements being introduced.

In the interim, annual quality statements will continue very much as in previous years but with an eye on the future requirements under the Bill. This Welsh Health Circular therefore provides guidance on the content and structure of the statement for 2019-20.”

In light of the updated WHC, and as reported to the 3<sup>rd</sup> October 2019 Quality, Safety and Experience Assurance Committee (QSEAC) meeting, the proposed process was reviewed to ensure that it met the requirements of the new guidance.

### **Preparation of the Annual Quality Statement**

A request was made to all services and directorates that they complete a template giving examples, for potential inclusion in the AQS 2019/20, of new services, new initiatives or developments which improve quality of care for Hywel Dda residents within the Health and Care Standard domains of staying healthy, safe care, effective care, dignified care, timely care, treating people as individuals and our staff. The Communications Team have also provided a list of stories that they collected throughout the year for potential inclusion.

The AQS presented includes proposed priorities for 2020/21. These have been drawn from the Annual Plan which should ensure that there is monitoring of progress during the year. A link has also been made to the Strategic Equality Plan for 2020/24.

The intention was to share a draft of the AQS with the Stakeholder Reference Group, as a meeting agenda item, to test the language and content from a user-perspective. Unfortunately due to the current COVID-19 pandemic, this was not possible. Therefore, following a discussion with the Board Secretary, a decision was made to share the draft AQS with members outside of a formal meeting. The draft AQS was reviewed by the Stakeholder Reference Group, with members providing helpful comments and suggestions.

The Quality, Safety and Experience Assurance Committee (QSEAC) received the draft AQS on 7<sup>th</sup> April 2020. The Audit and Risk Assurance Committee (ARAC) received the AQS on 5<sup>th</sup> May 2020, for the purposes of assurance regarding compliance with the WHC.

Internal Audit have undertaken a review, as agreed in the 2020/21 internal audit plan, to assist the Health Board with accuracy checking, including the scrutiny of data and evidence, before final publication of the AQS. At the time of writing this report Internal Audit had issued the draft report outlining their findings. The level of assurance given, by Internal Audit, as to the effectiveness of the system of internal control in place to manage the risks associated with the AQS is substantial assurance.

The AQS has been submitted for Welsh translation and will also be available in other languages, large print and a range of alternative accessible formats.

### **Asesiad / Assessment**

The AQS is compliant with the WHC [Annual Quality Statement 2019 / 2020](#) Guidance and incorporates all key themes of the Health and Care Standards for Wales and the NHS Wales Outcome and Delivery Framework.

A significant amount of data was collected from across the organisation in response to the request made to all services and directorates. There are many examples of innovative work being undertaken across our hospitals and communities to improve patient outcomes and experiences by working together and in different ways. Examples include the partnership work which led to the establishment of the Learning Disabilities Dream Team; the introduction of a new Faecal Microbiota Transplant service for the treatment of relapsing *Clostridium difficile* infection; the new Twilight Sanctuary in Llanelli in partnership with Dyfed Powys Police and Carmarthenshire County Council; and the new Integrated Care Centre in Cardigan.

It is rewarding to see so many positive examples of the work being undertaken by our staff that are being recognised as leading examples and receiving national awards. The Assurance, Safety and Improvement Team were finalists at the Health Service Journal Patient Safety Awards in the category of Patient Safety Team of the Year. So many of our staff have been honoured with various awards, including Meryl Davies receiving the Pharmacist of the Year award at the Advancing Healthcare Awards Wales; Laura Andrews being presented with the Cavell Star for her outstanding contribution to Learning Disabilities nursing; and Dr Jennifer Boyce receiving recognition at the BEST awards for her invaluable commitment to educating the next generation of healthcare professionals.

The year has not been without challenges, and these have been recognised as priorities for improvement in 2020/21. These priorities include increasing the uptake of immunisations and vaccinations; expanding the use of the Friends and Family test; and increasing the opportunities for listening and learning from patient experience. We are working hard to achieve the delivery of our goals in the context of COVID-19; however, in these exceptional circumstances, it may be necessary to adjust these priorities as the year unfolds.

### Argymhelliad / Recommendation

The Board is asked to endorse the University Health Board's Annual Quality Statement for 2019/20 for publication; noting the process for development and approval of the report, including consideration of the draft report by the Quality, Safety and Experience Assurance Committee, on behalf of the Board.

<b>Amcanion: (rhaid cwblhau)</b>	
<b>Objectives: (must be completed)</b>	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	No corresponding risk identified on organisational risk register
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): <a href="#">Hyperlink to NHS Wales Health &amp; Care Standards</a>	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives: <a href="#">Hyperlink to HDdUHB Strategic Objectives</a>	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Welsh Health Circular (WHC) <a href="#">Annual Quality Statement 2019 / 2020</a> Guidance.  We have engaged with the Health Board Directorates to develop the AQS 2020/21.
Rhestr Termiau: Glossary of Terms:	Annual Quality Statement (AQS) Audit and Risk Assurance Committee (ARAC) Quality, Safety and Experience Assurance Committee (QSEAC) Welsh Health Circular (WHC)
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Audit and Risk Assurance Committee Executive Team Quality, Safety and Experience Assurance Committee Stakeholder Reference Group

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	The AQS requires resource in the form of staff time to produce it. This comes principally from the Director of Nursing, Quality and Patient Experience's budget. Resource will also be required from other areas such as Communications.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	The AQS reports on the quality of HDdUHB services to the public, and is an important part of the Health Board's Annual Reporting process.
<b>Gweithlu: Workforce:</b>	Development of staff through pooling of skills and integration of knowledge
<b>Risg: Risk:</b>	The Annual Quality Statement has reputational risks if it is not published, or if the information within it is inappropriate or inaccurate. These are mitigated through review by Committees/Groups of the Health Board and by the Board Secretary, as well as audit by Internal Audit.
<b>Cyfreithiol: Legal:</b>	The Annual Quality Statement has legal risks if it is not published, or if the information within it is inappropriate or inaccurate. These are mitigated through review by Committees/Groups of the Health Board and by the Board Secretary, as well as audit by Internal Audit.
<b>Enw Da: Reputational:</b>	The Annual Quality Statement has reputational Risks if it is not published, or if the information within it is inappropriate or inaccurate. These are mitigated through review by Committees/Groups of the Health Board and by the Board Secretary, as well as audit by Internal Audit.
<b>Gyfrinachedd: Privacy:</b>	N/A
<b>Cydraddoldeb: Equality:</b>	Equality considerations are integral to the way in which the Health Board carries out its duties, particularly with



regard to the care and treatment of patients and service users. This means thinking about people as individuals and taking a person centred approach, so that we treat everyone fairly, with integrity, dignity and respect, whatever their particular characteristics, needs, background and beliefs. Examples in relation to particular protected groups are included in the report, but equality and human rights considerations are fundamental to the care and treatment of each individual accessing our services.

All decisions relating to the planning, development, delivery and review of services and written control documents are subject to the Health Board's Equality Impact Assessment process, as appropriate.

# Hywel Dda University Health Board

## Annual Quality Statement

2019 to 2020

*13<sup>th</sup> May 2020*



## Table of Contents

Welcome from the Chair and Chief Executive .....	4
About the Annual Quality Statement.....	6
The AQS Themes .....	6
The Population We Serve .....	8
Health Board Profile.....	9
Specialised services .....	11
Staying Healthy.....	12
“Staying Healthy” case study: the learning disabilities dream team .....	16
“Staying Healthy” case study: supporting carers .....	17
Safe Care.....	18
“Safe care” case study: training on the appropriate use of gloves .....	21
“Safe care” case study: patient safety team of the year finalists .....	22
Effective Care .....	23
“Effective Care” case study: Faecal Microbiota Transplant (FMT) .....	26
Dignified Care .....	27
“Dignified Care” case study: charter to ensure rights of people with learning disabilities.....	28
“Dignified Care” case study: dementia care training.....	29
“Dignified Care” case study: day surgery – ensuring dignity for transgender patients .....	30
Timely Care .....	31
“Timely Care” case study: the twilight sanctuary .....	35
“Timely Care” case study: Cardigan integrated care centre .....	36

Individual Care .....	37
“Individual Care” case study: listening to our service users – a choice for bowel preparation .....	40
“Individual Care” case study: Charter for Improving Patient Experience .....	41
Staff and Resources .....	42
“Staff and Resources” case study: pharmacist of the year .....	46
“Staff and Resources” case study: Cavell Star award for outstanding contribution to learning disability nursing .....	47
“Staff and Resources” case study: recognition for invaluable commitment to educating the next generation of healthcare professionals .....	48
“Staff and Resources” case study: lifestyle screening .....	49
Our commitment for 2020/21: a final message from the Chair and Executive Lead for the Quality, Safety and Assurance Committee .....	50
Patient support services (feedback and complaints): Share your experience .....	52



Alternative formats and large print are available on request by calling 01267 239554

## Welcome from the Chair and Chief Executive

We are delighted to bring you the 2019 to 2020 Annual Quality Statement for Hywel Dda University Health Board (the Health Board). This provides you with a summary of the work that has been undertaken in the last year and demonstrates our commitment to improve the quality of our services and to meet the needs of our patients across Carmarthenshire, Ceredigion, Pembrokeshire and borders.

The Annual Quality Statement has allowed us to reflect on the commitments made in last year's statement and showcase the work that is underway or planned to meet our priorities. It also gives us the opportunity to highlight the extraordinary achievements of our staff and the awards they have won over the year for their considerable efforts in making improvements and innovations to patient care. The Annual Quality Statement does not cover all the work we have undertaken during 2019 to 2020 but provides examples of what we have done over the past year. To the best of our knowledge the information provided in this Annual Quality Statement provides an accurate and representative picture of the quality of services we provide and the improvements we are advancing for the people of Carmarthenshire, Ceredigion and Pembrokeshire. The Annual Quality Statement has been subject to Internal Audit scrutiny and awarded a level of assurance of substantial assurance.

We continuously monitor our systems and processes so that we can learn and improve to ensure safe and high quality care. We welcome your feedback in the form of complaints, concerns and compliments and provide a variety of ways in which you can do that. We work together with Healthcare Inspectorate Wales and the Community Health Council who give us independent feedback in light of visits to the Health Board, and ensure that we act upon their recommendations.

At the end of March 2020 with the start of the COVID-19 pandemic we entered into a very different world in the NHS. Every one of our teams, all our partners and our communities have joined forces to give the best care and support possible to our population. It has been humbling and inspiring to see and be part of that response. Quality of care is the most important thing we do. Our ability to plan and respond to the pandemic was

enhanced and made easier by the bedrock of the quality of care laid before the outbreak, which is described in this report. A heartfelt thankyou to everyone who has worked so hard to make this possible. We are very proud of and grateful to you all.



**Maria Battle, Chair**



**Steve Moore, Chief Executive**

## About the Annual Quality Statement

Welcome to our Annual Quality Statement (AQS) for 2019 to 2020. This document gives us the opportunity to share with you how we are doing to ensure that our services are meeting local needs and meeting high standards. The Annual Quality Statement is an opportunity for Hywel Dda University Health Board to demonstrate in an open and honest way how it is performing and the progress that is being made to ensure that all of the services that we provide meet the high standards required.

The AQS has been set out under seven themes, each theme underpinning the quality and safety of the care that we deliver, each has three components:

- How we met the commitment made in 2019/20
- Successes and challenges
- Our commitments for 2020/21.



### The AQS Themes

**Staying Healthy** – how we ensure that people in Hywel Dda are well informed to manage their own health and wellbeing.

**Safe Care** – how we ensure that people in Hywel Dda 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 Hywel Dda 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 Hywel Dda are treated with dignity and respected and treat others the same.

**Timely Care** – the arrangements we have to ensure that people in Hywel Dda 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 Hywel Dda as individuals, reflecting their own needs and responsibilities.

**Staff and Resources** – the information we have available for people in Hywel Dda to understand how their NHS is resourced and make clear how we make careful use of them.

Within the document, where we are providing information on how we met the commitments made in 2019/20, you will see various coloured face symbols which indicate whether we have achieved target or whether we have improved:



Achieved target or made an improvement



Have made some improvements, but have not achieved target



Have not achieved target or improved



## The Population We Serve



**Population growth:** The total population of Hywel Dda is estimated at 385,615 and is predicted to rise to 425,000 by 2033.



**Ageing population:** The average age of people in Hywel Dda is increasing steadily. The current number of over 65 year olds is predicted to increase from 88,200 (2013) to 127,700 in 2033. Currently, 3.2% are aged 85 and over (the second highest in Wales). The number of people providing unpaid care for family members is also increasing.



**Changing patterns of disease:** There are an increasing number of people in our area with diabetes and more people with dementia as our population ages. The number of people with more than one long-term illness is increasing. In 2018 Public Health Wales published a national picture on the burden of disease in Wales. It showed that cancers, cardiovascular disease, musculoskeletal conditions, mental health and substance misuse were the leading causes of death in Wales.



**Tobacco:** Almost one in 5 adults (18.7%) in our area smoke. While this number continues to fall, tobacco use remains a significant risk factor for many diseases, including cardiovascular disease and lung cancer, and early death.



**Food:** Two in every three people in our area do not eat enough fruit and vegetables, and more than 3 in 5 people are overweight or obese. For some people access to healthy, affordable food is difficult.



**Physical activity:** Over 40% of adults in our area do not take enough regular physical activity to benefit their health. Almost one third of our population are inactive.



**Social isolation and loneliness:** 16.2% of our population report feeling lonely.



**Welsh language:** The proportion of Hywel Dda residents of all ages who can speak Welsh is 46.6%.



**Health inequalities:** Variation in healthy behaviours leads to variation in health outcomes in Hywel Dda and this is also influenced by levels of deprivation. For example, whilst smoking prevalence in Hywel Dda has declined, there are communities in the health board area where rates of smoking have not changed. These communities [Llanelli & Pembroke Dock] as well as Cardigan are identified areas of deprivation within Hywel Dda. Within less deprived areas, there are often pockets of hidden deprivation.



## Health Board Profile

**385, 615**

We serve a population of around **385,615** in Carmarthenshire, Ceredigion, Pembrokeshire and borders

**25%**

We cover a **quarter** of the landmass of Wales



Nearly a quarter of our population is aged over **65**.

**3,142**



**2,928** babies are born in our area every year

We have fewer people aged **25-44** and more people aged **55-79**

There are areas of **deprivation** including parts of **Llanelli, Pembroke Dock** and **Cardigan**. Within less deprived areas there are often pockets of hidden deprivation.

**11,180**

We employ **11,180** staff.



We have **four** main hospitals:

**Bronglais** in Aberystwyth;  
**Glangwili** in Carmarthen;  
**Prince Philip** in Llanelli; and  
**Withybush** in Haverfordwest



Last year we:

Helped **151, 248** people through our Emergency Departments



We have **seven** community hospitals / integrated care centres:




Cared for **62, 177** inpatients in our hospitals.

**Amman Valley** and  
**Llandovery** in  
Carmartheshire  
**Tregaron, Aberaeron** and **Cardigan** in  
Ceredigion;  
**Tenby** and **South Pembrokeshire Hospital Health**  
and **Social Care Resource Centre** in Pembrokeshire.

We have:

**48** general practices;  
**47** dental practices plus **3** orthodontic practices;  
**99** community pharmacies;  
**61** general ophthalmic practices;  
**11** health centres;  
**Numerous** locations providing mental health and learning disabilities services.



Further information of protected characteristics across our three counties based on results of the 2011 Census is included in our [Strategic Equality Plan for 2020 to 2024](#).


**Specialised services** support people with a range of rare and complex conditions. They are not available in every local hospital because they have to be delivered by specialist teams of doctors, nurses and other health professionals who have the necessary skills and experience. Unlike most healthcare, which is planned and arranged locally, specialised services are planned nationally by the Welsh Health Specialised Services Committee (WHSSC) on behalf of the seven local health boards in Wales. WHSSC works closely with the health boards to ensure that any specialised services commissioned is of a high standard and that there are no concerns identified from a quality perspective. They do this on our behalf through a quality assurance framework which is monitored by their quality and patient safety committee and reported into the health board.


## Staying Healthy

The principle of staying healthy is about ensuring that you are well informed so that you can manage your own health and wellbeing.

It's about the Health Board working with you to protect and improve health and wellbeing and reducing health inequalities.

We want you to be empowered to make decisions about your own health, behaviour and wellbeing that impact positively throughout your life.

In our statement last year, we said we would...	How we did
<p>Increase the uptake of the flu vaccination</p> 	<p>80 Community Pharmacies in our Health Board offered flu vaccinations in 2019 to 2020, compared to 78 in 2018 to 2019.</p> <p>In October to December 2019, 9,368 flu vaccinations were provided in the Community Pharmacies, compared to 6,391 for the same period in 2018.</p> <p>In 2019, the Health Board also offered, as a targeted approach, flu vaccinations to patients attending clinics for:</p> <ul style="list-style-type: none"> <li>• chronic liver disease</li> <li>• respiratory issues</li> <li>• pre-assessment prior to surgery</li> <li>• antenatal care (Glangwili Hospital)</li> </ul> <p>The numbers of patients vaccinated through these clinics was small but using the “every contact counts” approach the Health Board an</p>

	<p>opportunity to raise awareness of the importance of vaccination with patients with a chronic condition.</p> <p>In our South Pembrokeshire cluster work, the Health Board introduced a new role of an Outreach Nurse for the Elderly (ONE). This new role has been instrumental in engaging with care homes and the community and is able to provide flu vaccinations, helping increase flu vaccinations in these areas.</p> <p>The Health Board has also encouraged the workforce to have a flu vaccine and to capture the vaccination uptake developed accurate and timely reports for departments and managers. As at 31 December 2019, 4,897 staff received their flu vaccination.</p>
<p>Reduce smoking rates in pregnancy</p> 	<p>The Health Board data demonstrates that smoking rates in pregnancy reduced from 17% to 16% at initial assessment in 2019 with 67% of women giving up smoking during pregnancy.</p> <p>We routinely incorporated carbon dioxide monitoring for all antenatal consultations. A reading above 4 automatically triggers a referral to smoking cessation services.</p> <p>Smoking cessation practitioners, provided by Public Health Wales, also facilitate integrated clinics within the antenatal clinics to discuss strategies to stop smoking during pregnancy.</p> <p>The Health Board also provide a comprehensive range of smoking cessation services within secondary care, primary care, pharmacy level 3 and community.</p>

Monitor visits to mothers and babies 10 to 14 days old and monitor vaccination rates



The Health Board monitors new birth visits and the 98% of these contacts have been seen within the required timescale. Those that are not seen within this timescale have been reviewed and have been found to be due to valid reasons, for example babies remaining on the Special Care Baby Unit post-delivery.

Improvement in the communication and transfer of care between the midwifery and health visiting services has been achieved. A transfer of care pathway between midwifery and health visiting has been developed and is currently being implemented. This will be monitored over the next 12 months with quarterly reviews.

In response to the COVID-19 pandemic innovative ways of communicating with families have been explored. This has led to the development of a digital service to improve communication which allows for a virtual approach for all new birth visits. However, this exploratory work has also highlighted the lack of IT and communication resources available to the health visiting service. This has given us a challenge of being able to follow the Welsh Government directive to provide an essential health visiting service especially to vulnerable families. The Health Board's health visiting service aims to improve these resources within the next 12 months ensuring accessibility of the service to all families.

Immunisation and vaccinations are a key component of the public health role of the health visiting service. Immunisations are promoted at every contact; health visitors are informed of non-attendees and will contact parents to explore any barriers to immunisation.



	<p>During the last 12 months and as a result of this, catch up clinics have been set up in GP surgeries and local community venues in identified low uptake areas. The aim is to improve uptake and provide a flexible and accessible service to meet the needs of the community. This has contributed to an improvement in immunisation rates in those communities. This work is ongoing in partnership with the Health Board's immunisation co-ordinator.</p> <p>In addition to this, on a national level quarterly cover reports are received, which allow us to scrutinise and monitor with the aim of continuing to improve immunisation uptake.</p>
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## “Staying Healthy” case study: the learning disabilities dream team



The Learning Disabilities Programme Group (LDPG) is a strategic group of service managers from Health and Social Care across the 3 counties of Carmarthenshire, Ceredigion and Pembrokeshire. The group aim to ensure meaningful engagement with people with learning disabilities. They have commissioned a Statement of Intent and a Model of Care and Support for the Region. 3rd Sector services have been invited to the meetings, but had not been able to get the views of people with learning disabilities to be meaningfully represented at these meetings.

A group of adults with learning disabilities, supported by People First advocacy services, met to decide how best to provide advice and support to the LDPG.

They named themselves the Dream Team and this team has now evolved into a group of 10 people from across the 3 counties representing the wider learning disabilities population.

The Dream Team have developed a Meetings Agreement paper which specifies how meetings are run so as to ensure that the level of communication is appropriate, that papers are produced in Easy Read format, that there are breaks during the meeting and that people are given time to be heard. The Dream Team have also developed a Charter to explain how they wanted the Services to be transformed.

## “Staying Healthy” case study: supporting carers

The number of unpaid carers is increasing and in recognition of their contribution to supporting the care of family members the Health Board has commissioned a pilot project to establish Carer Officers in Prince Phillip Hospital, Glangwili General Hospital, Withybush General Hospital and Bronglais General Hospital (a total of four posts). This project was specifically developed to respond to the Welsh Government priority to increase the involvement of unpaid carers in the hospital discharge planning process.

The pilot project is a partnership between the Health Board and our local authority partners, and is being delivered by Carers Trust Crossroads Sir Gar, Gofalwyr Ceredigion Carers and Hafal Crossroads. The Carers Officers will play a vital role helping to support and provide advice to unpaid carers through their hospital journey, whether as a carer and/or patient. The Carers officers will be working directly on hospital wards and signposting to other services for support. They will support carers and educate staff on the issues facing unpaid carers to ensure effective liaison on areas such as hospital discharge.


The Health Board also continues to co-ordinate the Investors in Carers (IiC) scheme, which is a Health Board led Quality Assurance Scheme in Partnership with the West Wales Carers Development Group. The Scheme involves 3 levels of Bronze, Silver and Gold with six themed standards. Settings have to produce evidence of achievement in a number of areas within these themes. IiC has been designed to be utilised by a wide range of settings including GP surgeries, mental health and learning disabilities wards/teams, some hospital settings, schools/colleges, libraries, local authority teams, Job Centre Plus and third sector organisations. A total of 115 settings have achieved their bronze level IiC with a further 55 in progress, 5 have Silver with another 18 working on theirs and 2 are at Gold level with a further 3 progressing with theirs. An integral part of IiC is a process where Carers can register with their GP surgery along with a referral to the counties Carers Information Services. Figures for 2019/20 are 8,467 Carers had registered and 742 Carers had a referral (2018/19 figures were 7763 and 597 respectively).

## Safe Care

The principle of safe care is about ensuring that you are protected from harm and supported to protect yourself from known harm.

The health, safety and welfare of people are a priority for us. We want to provide services focused on safe care and are continually looking for ways to be more reliable and to improve the quality and safety of the services we deliver.

Although the provision of care has some associated element of risk of harm to service users, we want to identify, prevent and minimise unnecessary or potential harm. Therefore we want to ensure that you are kept safe and protected from avoidable harm through appropriate care, treatment and support.

<b>In our statement last year, we said we would...</b>	<b>How we did</b>
<p>Expand the monitoring and escalation processes by introducing a Nurse Early Warning Score (NEWS) in community services and evaluate its use.</p> 	<p>To mark World Sepsis Day (Friday 13 September 2019), the Health Board launched the National Early Warning Score (NEWS) tool for use in the community and GP practices to improve early recognition and treatment of sepsis.</p> <p>Sepsis is a life threatening condition that arises when the body's response to an infection injures its own tissues and organs. It can be caused by something as simple as a cut or an insect bite, or an infection like pneumonia. It is also a risk following surgery, or for women who have just given birth.</p> <p>NHS Wales became the first healthcare system in the world to implement the NEWS tool as the standard in all hospitals in 2012</p>



but it has not been used by community nurses and GP practices until now.

NEWS enables clinicians and nurses to calculate a patient's physical condition is at risk of deteriorating in a standardised and universally understood way.

Starting with Tenby Surgery and the Pembrokeshire District Nursing Team, the use of NEWS will be rolled out by across our district nursing teams and GP practices in Carmarthenshire, Ceredigion and Pembrokeshire over the next 18 months.

Reduce the number of incidents of avoidable pressure damage experienced by patients in our care




Incidents reporting pressure damage continue to be within the top three patient related incidents reported. Reducing the number of incidences of avoidable pressure damage has continued to be part of the Health Board Quality Improvement work. Whilst we have not made the Health Board wide progress we aspired to, there are pockets of improvement.

In April 2019, Teifi Ward, a trauma and orthopaedic ward in Glangwili Hospital celebrated over 120 days without hospital-acquired pressure damage.

The team invested in special training and worked in collaboration with the Health Board Tissue Viability Team, Quality Improvement Team and Practice Development Nurse to ensure pressure damage prevention was a top priority.

The ward undertook a trial on special new 'Hybrid Mattress'. The mattress is a combination of both foam and air and designed for

	<p>individuals at risk of developing pressure damage. Patients and staff both responded positively to the mattresses and a number have been purchased for Teifi Ward as a result.</p>
<p>Monitor the number of incidents reported within the health board and ensure that there is learning following serious concerns.</p> 	<p>During 2019/20, we have reviewed the mechanisms in place and increased the arrangements for monitoring incidents. For example, a quality assurance and improvement report has been presented to each meeting during the year of the Quality, Safety and Experience Assurance Committee.</p> <p>The quality assurance section of the report includes a summary of data, intelligence and actions to provide high quality care against the core quality assurance process that exist within the Health Board and the core quality and safety indicators.</p> <p>There are a number of core quality assurance processes in use across the organisation; these include Board to Floor Walkabouts, feedback on experiences of care, service specific spot checks, and clinical audit. An overview of quality can be obtained through analysis of quality and safety indicators; these include incidents resulting in harm, serious incidents (SI), and complaints.</p> <p>The highest-level of patient safety incidents reported in 2019 to 2020 are pressure damage, patient accidents including inpatient falls, and medication related incidents. With these areas in mind the quality improvement section of the report has focused on the improvement work in these areas.</p> <p>The full reports presented to the committee are available on the Health Board <a href="#">internet</a>.</p>

## “Safe care” case study: training on the appropriate use of gloves

Utilising the work undertaken in Great Ormond Street Hospital supported by NHS England ‘The Gloves are Off’ Campaign, the Health Board introduced new training.

The use of non-sterile gloves has often been linked to episodes of cross-infection in hospital and can make the patient feel uncomfortable. Reducing glove usage in staff reduces the risk of acquiring an infection in hospital improving their safety. It also increases the chance that they would recover without the need for additional antibiotics.

The aim of the new training is to:

- Improve staff compliance with hand hygiene
- Reduce hospital acquired infections
- Reduce the level of skin complaints (dermatitis) from staff due to the overuse of gloves
- Improve the environmental impact

Two pilot wards were identified and glove usage monitored over the pilot period. In the two wards an improvement in Hand Hygiene was noted thus reducing the risk of infection.

This training will now be rolled out across the sites, ward by ward.



## “Safe care” case study: patient safety team of the year finalists

The Health Board’s Assurance, Safety and Improvement Team were finalists at the Health Service Journal Patient Safety Awards 2019 in the category of Patient Safety Team of the Year. The team were recognised for their work to drive forward the patient safety culture agenda through a programme of patient safety initiatives.

The team recognised that within the Health Board there were no clear ‘images’ used as prompts at a clinical level to remind staff of risks and/or near misses that had been identified through the investigation of patient safety incidents.

On discussion with numerous ward level staff it was recognised that thematic learning posters would help teams learn because it would grab attention, and can explain concepts simply and quickly.



Due to the lack of images to act as ‘quick’ prompts repetitive errors and incidents continued. Through critical thinking the team decided to focus on the incidental findings of previous investigations as well as the larger contributing factors and raise awareness with colourful, bright and bold posters.

The team also lead a comprehensive and collaborative programme of activities to ensure the ‘right culture’ is present across the Health Board including:

- Regular patient safety days
- Learning from events posters
- WalkRounds™ – Board to Floor Visits
- Ward health checks




## Effective Care

The principle of effective care is about ensuring that you receive the right care and support as locally as possible and ensuring you are enabled to contribute to making that care successful.

We want you to receive the right care and support so that you are empowered to improve or manage your own health and wellbeing.

We want interventions to improve health to be based on the best practice and coming from good quality research.

<b>In our statement last year, we said we would...</b>	<b>How we did</b>
<p>Continue to implement the hip fracture pathway and evaluate this work.</p> 	<p>The Health Board is continuing to make improvements to the hip fracture pathway. We are evaluating the work undertaken. The rollout of patient reported experience measures (PREMS) and patient reported outcome measures (PROMS) is now further supported across the Health Board with additional administration staff.</p> <p>We are seeking funding from Welsh Government to enhance the Clinical Nurse Specialist support for this service.</p>

Improve the quality of care and treatment plans within Mental Health Services by undertaking audits of documentation and reviewing our training.



The Mental Health and Learning Disabilities Directorate within the Health Board has established a programme of ongoing review for Care and Treatment Plan.

Compare to the end of year audit undertaken 2018/19, the audit for 2019/20 has seen an improvement across the Directorate in relation to Care and Treatment Planning.

The target, set by Welsh Government, is for Health Boards to achieve 90% compliance of all service users within mental health and learning disabilities services to have a current Care and Treatment Plan in place, within date and updated within a twelve month period. The Directorate has seen a 23% increase in compliance from last year, with the current compliance rate at 89%.

The audit also measures the quality of the Care and Treatment Planning. A 7% improvement overall in quality has been seen, with an average of 87% recorded over the year (the target set is 90%).

Figures demonstrate that the Directorate is on target to achieve 90% across the standards set in the coming year.

To ensure this is embedded and developed the Directorate has implemented a rolling monthly Care and Treatment Planning training programme, which is available to all staff. Bespoke training is also available to teams to further individualise care planning and achieve the targets set. The training programme is also provided as part of the preceptorship programme for newly qualified nurses.

Ensure our patients receive their care in the most appropriate care setting and encounter minimal delays as they move through the different stages of care.



The Health Board has made a commitment to improving how services are delivered. Three programmes are outlined in the Health Board's Health and Care Strategy: Transforming Mental Health and Learning Disabilities; Transforming our Communities; and Transforming our Hospitals.

The Health Board has improved its:

- Integrated Community Network. For example, making enhancements to Community Pharmacies including triage and treat, walk-In centres & information pods
- Health and Well-Being Centres. For example, the opening of Aberaeron and Cardigan Health and Wellbeing Centres offering a range of health and well-being services and support
- Hospital Network. For example, the establishment of front door therapy services on all four acute hospital sites
- Mental Health and Learning Disability Care & Support Network. For example, the development of the Gorwelion 24hr Community Mental Health Centre, in Aberystwyth, including a place of safety and peer mentoring roles

## “Effective Care” case study: Faecal Microbiota Transplant (FMT)

The Health Board has introduced a new service, Faecal Microbiota Transplant (FMT) which is a treatment for relapsing cases of *Clostridium difficile* Infection (CDI).

When a patient has a course of antibiotics there is a chance they could develop a CDI which can lead to ongoing diarrhoea. This happens because the patients’ normal bowel bacteria has been destroyed and the bowel has not been able to recover from the infection. Ongoing diarrhoea is very debilitating for the patient and can lead to malnutrition, dehydration and isolation and make them susceptible to other infections.

FMT aims to replace the patient’s normal bowel bacteria that is destroyed with the use of antibiotics.

An agreement is in place with the University of Birmingham to the supply the frozen aliquots to the Health Board. The initial agreement with University of Birmingham was that FMT would only be available to Prince Philip Hospital due to the distance that it would need to be transported. Since completing the initial FMT the service has been expanded across the Health Board.


Since the service has been available, all transplants that have taken place have been successful, with clear stool samples provided post-transplant. The patients saw improvement in general health, improved appetite and no further relapse requiring admission to hospital.



## Dignified Care

The principle of dignified care is about ensuring you are treated with dignity and respect and that you treat others the same.

We should consider, at all times, and protect the fundamental human rights to dignity, privacy and informed choice. Care provided must take into account your needs, abilities and wishes.

<b>In our statement last year, we said we would...</b>	<b>How we did</b>
<p>Establish a collaborative project to improve communication with patients, their families and carers.</p> 	<p>The Health Board has undertaken a number of collaborative projects throughout the year, including</p> <ul style="list-style-type: none"><li>• Collaborative care model development for older people with a mental health and medical presentation</li><li>• The development of pilot collaborative care model in Bronglais General Hospital to bring together the acute and mental health teams for older people with a mental health and acute medical presentation</li></ul>

## “Dignified Care” case study: charter to ensure rights of people with learning disabilities

In August 2019, Hywel Dda Board members pledged to do what they can to ensure people with learning disabilities have the same rights and choices as everyone else. The Charter was formally launched by Deputy Minister for Health and Social Care AM Julie Morgan at Pembroke Show.

All Executives and Independent Members (in post at the time) signed “My Charter”, a charter written by people with learning disabilities in west Wales, called the Dream Team, setting out what they expect and want in life.



By signing, people express their agreement and also pledge to do what they can to make the charter a reality in work, with family and friends and in their communities.

A video detailing the charter and featuring some of the stories of people in west Wales with learning disabilities is available at [www.pembrokeshirepeople1st.org.uk](http://www.pembrokeshirepeople1st.org.uk)

## “Dignified Care” case study: dementia care training

In an effort to support patients living with Dementia, a training needs analysis has been undertaken. The work defines types of dementia, categories of patients who live with this condition and its debilitating effects; and also the perceived training requirements for both informed, skilled and influencers in the care arena.

Dementia research is continuous with new ideas being developed around this condition. Several groups are in place across Wales, to support the introduction of the Good Work Framework. This Framework provides staff with an outline of the patients’ needs, the needs of the carers and staff and the potential outcomes for the patient and family.

For the patient living with Dementia, at whatever stage, this work focusses care givers on gaining the necessary skills to provide quality care.

The acquisition of knowledge through the Good Work Framework benefits the patient and families by ensuring that the education surrounding Dementia is achieved to the benefit of patient care.

The Day Service Unit is continuing to progress providing a ‘dementia friendly’ environment for patients. This includes the laying of dementia friendly colour flooring, notices in toilets to minimise the risk of disorientation, and the assurance of the engagement of all staff. A dementia link nurse has also been allocated.

Patients who are admitted for surgical procedures and who are living with dementia can be cared for in an environment that minimises the potential for increased confusion and anxiety. This also makes the experience less stressful for the carers and relatives.



## “Dignified Care” case study: day surgery – ensuring dignity for transgender patients

During 2019, the Day Surgery Unit explored how dignified care could be provided for transgender patients listed for planned surgical procedures within the service.

The service have reviewed the training needs of the staff and implemented bespoke sessions for Senior Sisters over a 2 day period and 2 hour sessions for other nursing staff.

The members of staff who have received training have given positive feedback on the training. The service has also received equally positive feedback from the small number of transgender patients attending the day surgery units.

Further work, between Scheduled Care, Equality and Diversity and Macmillan Services, to evaluate and roll out the training sessions is ongoing.









## Timely Care

The principle of timely care is about you having timely access to services based on clinical need and about you being actively involved in decisions about your care.

We recognise that not receiving timely care can have a huge impact on your experience of our health services and on your ability to achieve the best health outcomes,

We want to ensure that, to get the best possible outcome, your condition is diagnosed promptly and treated according to clinical need.

In our statement last year, we said we would...	How we did
<p>Continue to improve access to Ophthalmology Care</p> 	<p>We have developed and introduced an Optometry Cataract Enhanced Referral Programme. There are 45 practices with 67 Optometrists trained to provide this service.</p> <p>Between April and September 2019, 519 patients have been referred for cataract under the enhanced scheme. 287 have been directly listed following a virtual review of the notes by an ophthalmology consultant. This represents the equivalent of 43 outpatient clinics (12 patients per clinic) whose capacity has been released to see patients with other eye conditions.</p>
<p>Improve the waiting times for follow-up outpatient appointments</p> 	<p>Prior to the COVID-19, outpatient waiting times for follow up were improving. However, the pandemic has affected our waiting times for follow-up outpatient appointments.</p> <p>As part of the ongoing pandemic management, we have introduced digital platform on a trial / test basis to enable appointments via a</p>

	mobile phone or laptop. An evaluation of the digital platforms will be undertaken.
<p>Reduce the waiting times for patients requiring assessment/treatment in emergency departments</p> 	<p>The Health Board's unscheduled care system continues to remain extremely challenged with significant pressure at the front door of the four acute sites. Whilst the number of patients arriving at our Emergency Departments by ambulance has been lower during 2019 than the previous year, overall the Health Board continues to experience high volumes of attendances at our Emergency Departments, together with high GP referrals for assessment which are resulting in admissions.</p> <p>The Health Board's Emergency Departments 4 Hour performance continues to be above the all Wales trend in the first 7 months of 2019/20. Our performance was consistently ranked as being the second best in Wales and in June 2019 the Health Board was the best performing in Wales.</p> <p>The Health Board's Emergency Departments 12 Hour performance remains a significant challenge. Insufficient capacity within our acute hospitals impacts on the waiting times in our emergency departments particularly overnight. Reducing 12 hour waits remains a key priority. The Health Board ambition is to completely eliminate 12 hour waits in our emergency departments.</p>
<p>Improve access to orthodontic and dental assessment and treatment</p> 	<p>As part of the NHS Wales pilot, e-referrals were introduced in March 2019. This allowed for a consistent approach to the process of referrals for all specialist and secondary care services. Systems are in place to identify any incorrect or inadequately completed referrals at the earliest possible stage preventing patients having any undue delays in accessing the correct services. Additionally, triaging of the</p>

referrals is completed in a timely manner ensuring that patients are provided with the care required in the post appropriate setting.

Patients and the referring dentist are able to track their referrals online as each patient is issued with a unique reference number.

Triaging of referrals is completed in a timely manner meaning that patients are signposted to the most appropriate service for the dental needs, based on the information provided on the referral.

The table below sets out the number of referrals received, since the introduction of the pilot, for the period March 2019 to December 2019.

<b>Speciality</b>	<b>Total</b>
Maxillofacial Surgery	372
Minor Oral Surgery	2326
Oral Medicine	509
Orthodontics	1644
Paediatrics	1227
Restorative	306
Special Care Dentistry	304
Urgent (maximum 2 week wait)	132
<b>Total referrals</b>	<b>6820</b>

The level of access to General Dental Services remains relatively stable over the last 12 months at 46%

Improve access to assessment and diagnosis for Autistic Spectrum Disorder/ Attention Deficit Hyperactivity Disorder.



The Health Board has increased its funding for services to assess and diagnose Autistic Spectrum Disorder. The funding is available to increase the small resource of staff that is currently available to provide the assessment service. However, recruitment of staff with the appropriate skills has proved challenging and the current waiting times are sensitive to vacancies and sickness absences. The Health Board has also seen an increase in the referrals for the assessment services. A further financial commitment for this service has been made in the Annual Plan for 2020 to 2021 and we will continue to work towards an improved service.

## “Timely Care” case study: the twilight sanctuary

A ground breaking out of hour’s mental health service for adults has been launched in Llanelli. The Twilight Sanctuary is the first of its kind in Wales and is open Thursday to Sunday from 6pm to 2am, to offer a place of sanctuary for adults at risk of deteriorating mental health when other support based services are closed.

In partnership with Dyfed Powys Police and Carmarthenshire County Council, the Health Board are working together with Mind and Hafal to run the service which provides support when people need it from Mind’s centre in Llanelli.

The Twilight Sanctuary offers sanctuary and support to people at risk of deteriorating mental health, providing an alternative venue to receive early access help.

This service is the one of the first projects from the Transforming Mental Health programme to launch.

A short video had been produced to promote the service and can be viewed here: <https://youtu.be/g5spgSdYA5M>



## “Timely Care” case study: Cardigan integrated care centre

Cardigan’s brand new Integrated Care Centre opened its doors to the public on Monday, 9 December, bringing joined-up care to local communities for the first time.

The opening of the centre followed hot on the heels of the launch of a similar initiative in Aberaeron, and represented a decisive change of direction in the way that we deliver health and social care services in a largely rural landscape in the 21<sup>st</sup> Century.



As well as providing a modern, fit for purpose healthcare service including a GP practice, dental service and pharmacy, the new centre – which has been developed with £23.8m of Welsh Government funding – will host a range of other clinics and services delivered by the Health Board, the third sector, local authority and partner organisations.


Further information on the services provided at the Integrated Care Centre can be found on our website <http://www.wales.nhs.uk/sitesplus/862/news/51899>

## Individual Care

The principle of individual care is about treating you as an individual, reflecting your own needs and responsibilities.

All those who provide care have a responsibility to ensure that whatever care they are providing includes attention to basic human rights. Where people are unable to ensure these rights for themselves, when they are unable to express their needs and wishes as a result of a sensory impairment, a mental health problem, learning disability, communication difficulty or any other reason, access to independent advocacy services must be provided.

We recognise that every person has unique needs and wishes. Your needs and wishes may vary with factors such as age, gender, culture, religion and personal circumstances, and your needs may change over time. Therefore respecting you as individuals is a central part of all care.

<b>In our statement last year, we said we would...</b>	<b>How we did</b>
Implement of a Patient Experience Charter and Children's Rights Charter  	The <a href="#">Charter for Improving Patient Experience</a> was approved by the Board in January 2020 and will be formally launched during Experience of Care Week in April 2020, with a programme of patient experience developments, to enable a wider range of improved ways in which feedback can be provided to the Health Board. Work has commenced on developing a Children and Young Persons Charter and the planned date for this is September 2020.

Increase the feedback received from patients, families and carers received and improve engagement with children and young people.



The Health Board captures service user feedback in a variety of ways, in accordance with the NHS Framework for Assuring Service User Experience, which involves the use of a four quadrant model (real time, retrospective, pro-active/reactive and balancing).



Examples of the various methods include: surveys in clinical and ward areas, patient stories, on line surveys, the Big Thank You (an online facility to report compliments), as well receiving feedback in the form of complaints.

Earlier this year we started to pilot of a new Patient Experience module in the Datix system (our Health Board Concerns and Risk Management System). The module has been designed to capture compliments that are received at a ward level either directly from patients or from their family, carers or friends.

We have also introduced the Friends and Family Test (FFT). The FFT is an opportunity for people to provide feedback on their experience of services; it involves us asking a standard question after patients have received care and treatment: “How likely are you to recommend our service to friends and family if they need similar care or treatment”? The service is currently available for all Accident and Emergency and minor injury units within the Health Board and a roll out program to extend the system to all other areas of the organisation will be implemented in 2020 to 2021.

During September and October 17,871 FFT surveys were sent representing 91% of the patients who attended our emergency



	<p>departments. The response rate average was 12.2% and 84.5% returned a positive recommendation. We will be rolling the FFT across the Health Board in 2020.</p>
<p>Implement the revised Welsh Language Standards.</p>  	<p>In May 2019, the Health Board launched new promotional materials to support the launch of the Welsh Language Standards.</p> <p>The Health Board has formally adopted the Welsh Government’s new Welsh Language Standards, which place a statutory duty on public bodies to give equal prominence to both the Welsh and English languages, as well as promoting and facilitating the use of the Welsh language, making it easier for people to use in their day-to-day-life.</p> <p>The Standards aim to make it clear to organisations what their duties are in relation to the Welsh language; make it clearer to Welsh speakers about the services they can expect to receive in Welsh, make Welsh language services more consistent and improve their quality, ensuring important messages are reaching patients in their first language and making people feel more valued.</p> <p>The Health Board has asked all of our staff to get ready and to familiarise themselves with the statutory duties that the new Standards will bring, and our responsibilities as a health board to ensure we provide excellent bilingual services to all. You can also find out more about how we have implemented the Welsh Language Standards in our Welsh Language Annual Report.</p>

## **“Individual Care” case study: listening to our service users – a choice for bowel preparation**

In response to a number of complaints and a theme in the patient satisfaction survey within Endoscopy, a change has been made to the bowel preparation for a colonoscopy procedure. Complaints and feedback was received regarding the volume and taste of the current bowel preparation Moviprep.

The service, after a discussion with screening colonoscopists and pharmacy lead, over a period of three months, undertook a trial of an alternative called bowel preparation called Plenvu.

A patient group direction (PGD) is in the process of being written which when approved will allow the service to offer a choice of Moviprep or Plenvu to the patient (unless medical co-morbidities indicate otherwise).

Plenvu is half the volume of Moviprep which makes it more tolerable to consume. The theory is that the taste may not suit all but it will be easier to take as less volume needed.

## “Individual Care” case study: Charter for Improving Patient Experience



In February 2019, the Health Board agreed it would produce a Charter for Improving Patient Experience.

The Charter and associated poster has been co-produced with patients and the community and is based on what matters to them when accessing care and treatment, to enable a positive experience.



The Charter was approved by the Board in February 2020. It will inform the Health Board’s patient experience programme, individual service plans for patient experience, and integration of patient experience feedback into service planning and improvement.

For more detail on how the Health Board is working towards providing individual care, please see link below to our Strategic Equality Plans and Objectives and associated Annual Reports  
<http://www.wales.nhs.uk/sitesplus/862/page/61233>

## Staff and Resources

The principle of staff and resources is about ensuring that everyone in Hywel Dda can find information about how their NHS is resourced and how we make care use of the resources.

A significant resource is our workforce which consists of all the people who work in, for, or with our services and they are all integral to the delivery of a high quality, person-centred and safe service.

In our statement last year, we said we would...	How we did
<p data-bbox="194 671 801 758"><b>Implement the ‘Aspiring Medical Leaders’ Programme</b></p>  	<p data-bbox="808 671 2045 933">The Aspiring Medical Leaders Programme was implemented in 2019, providing the foundation knowledge needed to develop a healthcare system with A Healthier Wales: Our plan for Health and Social Care in mind. The programme focusses on real time organisational learning by challenging delegates to use the programme as the means of solving real issues mainly within their respective services.</p> <p data-bbox="808 973 2045 1316">The programme is available to our consultants, specialty and associate specialist (SAS) doctors and general practitioners. Since its inception in 2019, 2 cohorts, each comprising of 20 delegates, have enrolled on the programme. The delegates reflect the rich mix of gender, ethnicity, specialism, sector, and location that exists within the organisation. This model mitigates the inclination for silo thinking, connects large parts of the whole system and also assists in developing relationships both locally and more widely.</p> <p data-bbox="808 1356 2045 1441">The programme is run over a 12 month period and explores topical matter pertinent to leadership development, whilst also exposing</p>

delegates to the workings of the non-medical leadership functions within the organisation.

The outcomes of the programme are:



- An understanding of the fundamental knowledge of non-clinical aspects of the organisation and broader system.
- Increased capability to influence within own specialist areas of clinical responsibility and developing capability to influence across the system.
- Peer support and collective desire for improving clinical services beyond the programme's lifetime.

In December 2019, the first cohort of 20 delegates completed the programme. Upon conclusion of the programme, participants were tasked with articulating their reflections and aspirations as a consequence of their attendance.

Feedback captured included:

- "Confidence in the knowledge attained, leading to greater personal ambition";
- "'Thirst' to learn more and become a better leader"
- "Appreciation of different skills and knowledge within the organisation and possibility of achieving more with closer relationships and taking advantage of those skills".

2020 will see Cohort 2 draw close on the Aspiring Medical Leaders Programme. A scoping exercise to engage further cohorts is currently being undertaken by our medical and organisation development teams.

	<p>A short promotional video of some of our senior clinical leaders discussing the approach to medical leadership within the organisation, highlighting our commitment to developing the leadership capability of medical staff across Carmarthenshire, Ceredigion and Pembrokeshire can be found at <a href="http://www.wales.nhs.uk/sitesplus/862/page/100220">http://www.wales.nhs.uk/sitesplus/862/page/100220</a></p>
<p><b>Implement the ‘Grow your Own’ Programme</b></p>  	<p>Over recent years, we have developed and implemented our ‘Grow Your Own’ programme. This programme is a combination of existing, new and innovative schemes, aimed at increasing our registered nurses across Hywel Dda University Health Board.</p> <p>Our aim is to increase the number of registered nurses to fulfil our vacancies within the Health Board and the ‘Grow Your Own’ programme offers an affordable route into nursing and allows nurses who are working in non-acute areas to move to the acute areas of nursing.</p> <p>Our Health Care Apprentice programme is an exciting opportunity that enables individuals to train to become a fully registered nurse through work-based learning. They begin by completing a Foundation Apprenticeship in Health Care Support Services (level 2), progress to an Apprenticeship in Clinical Health Care Support (level 3), before embarking on part-time university education, starting at level 4.</p> <p>The Health Care Apprentice Programme combines many programmes into one, which shows that we are committed to proving a direct pathway into nursing. Those on the programme do not need to reapply for the different programmes along the way. When they have finished the programme, they become a qualified Registered Nurse.</p>

In May 2019, Hywel Dda launched its Apprenticeship Academy. 187 applications were received for the 40 vacancies. 113 applicants attended assessment days and every person, whether successful or not, was offered individual face to face feedback.

Due to the calibre of applicants, 53 offers of employment were made and accepted (not the planned 40). 53% of those offered were Welsh speakers and 17% of those offered were male (which far exceeds our 7.8% ratio for male nurses in Hywel Dda).

Since the launch of the Apprenticeship Academy, other Apprentices have been recruited into other areas of the Health Board and with more staff groups expressing an interest.

Videos on our Apprenticeship Academy can be found here:

<https://www.youtube.com/watch?v=8ruORYE-Hic&t=41s>

[https://www.youtube.com/watch?v=rOXleB\\_4SGI](https://www.youtube.com/watch?v=rOXleB_4SGI)

<https://www.youtube.com/watch?v=7rzLG07fQII>

## “Staff and Resources” case study: pharmacist of the year

Meryl Davies, Primary Care Antibiotic Pharmacist won the Pharmacist of the Year award at the prestigious Advancing Healthcare Awards Wales held in November.

Meryl was recognised for her innovative and disciplined way of working, focusing on addressing the appropriateness of prescribing of antibiotics. She audited general practices to assess appropriateness and then visited each practice, along with a consultant microbiologist, to discuss and educate prescribers on appropriate prescribing of antibiotics. This process has seen an improvement in antibiotic prescribing at re-audit and has received positive feedback from practices. Patients on repeat antibiotics are now reviewed to ensure that medication is still appropriate to avoid unnecessary harm.

Meryl has also provided advice on the implementation of new testing machines to help identify likely bacterial respiratory infections and has represented the health board on its national work steam. She has also worked with the Ceredigion Infection Prevention Nurse and Frailty Nurse on the management of urinary tract infections in care homes. This resulted in a 30% reduction in the amount of antibiotics prescribed during the pilot phase and a reduction in urine samples sent to the laboratory. The methods used in this pilot has now been adopted across Wales. Patients benefit from less evasive testing and appropriate use of antibacterial agents.

Meryl’s reputation is well known amongst the executive team. She is focused, driven, and enthusiastic and is both visible and accessible to support clinicians across the Health Board. She has demonstrated a passion for this role and has a vision for how it can be developed.





## **“Staff and Resources” case study: Cavell Star award for outstanding contribution to learning disability nursing**

A senior Learning Disability nurse at Hywel Dda University Health Board celebrated receiving a prestigious award for her outstanding contribution to Learning Disability nursing. Laura Andrews, Professional Lead for Learning Disabilities Nursing, was presented with the Cavell Star by the Chair of the Health Board, Maria Battle.

The Cavell Star recognises outstanding nurses, midwives, nursing associates and healthcare assistants who go above and beyond in their professional duties and show exceptional care.



Laura was nominated for the award by her colleagues in the Learning Disabilities health liaison service for her passion and dedication towards LD nursing. She has been a LD nurse for over 30 years and has a wealth of knowledge and experience, having worked in many settings both in England and Wales.

Maria Battle, Chair of the Health Board, explained that “Laura is a true advocate and champion of learning disability nursing. She has tirelessly raised the profile of learning disabilities in all arenas she attends and takes every opportunity to encourage new students into the profession.

“Laura has been instrumental in developing new services to meet the needs of those with a learning disability and she always includes and values the input of people with a learning disability to ensure their voice is heard.”

## **“Staff and Resources” case study: recognition for invaluable commitment to educating the next generation of healthcare professionals**



A Pembrokeshire GP was amongst several doctors and dentists from across Wales recognised for their invaluable commitment to educating the next generation of healthcare professionals.

Health Education and Improvement Wales (HEIW) awarded five winners, along with three runners up, at the BEST Awards ceremony that took place on 2 April.

The dedication of medical and dental trainers ensures NHS Wales is equipped to deliver excellent patient care now and in the future.

Dr Jennifer Boyce of Argyle Medical Group, Pembroke Dock was announced as joint winner with Dr Sara Bodey of Betsi Cadwaladr University Health Board in the primary care category.

As a GP trainer, Dr Boyce has been awarded for demonstrating professionalism and empathy while also bringing enthusiasm to the role of the GP in a rural area.

Julie Rogers, Deputy Chief Executive and Director of Workforce & Organisational Development at HEIW, said: “The BEST Awards recognise those doctors and dentists at the forefront of delivering medical and dental education across Wales.

“It’s fantastic to celebrate those who have been nominated by trainee doctors and dentists for their enthusiasm and commitment to their role as trainers and the support they provide.”

## “Staff and Resources” case study: lifestyle screening



From May 2019, the Health Board’s Occupational Health Service has offered lifestyle screening, including a cardiovascular disease (CVD) risk assessment, to all Health Board staff. Evidence suggests that offering workplace screening:

- Identifies high risk individuals
- Directs appropriate treatment
- Promotes early intervention
- Encourages employees to adopt lifestyle changes to reduce CVD risk

A Healthier Wales (Welsh Government, 2018) identified prioritising the health of workers as a key component in meeting the health needs of the Welsh population with a “commitment to make NHS Wales an exemplar employer in its support for wellbeing at work and a healthy workforce”

This is reflected in the Health Board’s strategy for the delivery health and care services A Healthier Mid and West Wales; Our Future Generations Living Well (Hywel Dda UHB, 2018) which proposed “*The health and well-being of our staff is paramount*”.

Between May and November 2019, 306 staff members underwent screening across four main hospital sites. 32% of the screenings undertaken were for administration and clerical staff who make up 19% of workforce.

The key findings include:

- 25% of staff are within the “healthy” BMI range, 41% Overweight, 28% Obese and 4.5% morbidly obese
- 6% of staff (that completed the relevant section) had moderate or more level of anxiety and depression
- 44% heard about Hywel’s Health through word of mouth, followed by poster 19%

## Our commitment for 2020/21: a final message from the Chair and Executive Lead for the Quality, Safety and Assurance Committee

As Chair and Executive Lead for the Health Board Quality, Safety and Experience Assurance Committee (QSEAC) we hope that you have found that this AQS has provided a snapshot of our work, demonstrating our commitment to improve the quality of our services and to meet the needs of our patients across Carmarthenshire, Ceredigion, Pembrokeshire and borders.

In our Annual Plan for 2020 to 2021, agreed before the Covid-19 pandemic, we agreed a number of delivery priorities. The delivery priorities in our Annual Plan link to our commitment to continue to improve the quality of our services. In 2020 to 2021, we will endeavour to:

### Staying Healthy

Improve our population health and wellbeing by:

- increasing the uptake of immunisations and vaccinations
- increasing access to smoking cessation services

### Safe Care

Further develop the quality dashboard to enable Team to Board reporting

Focus improvement activity on avoidable harm such as hospital acquired thrombosis, pressure damage, sepsis management and antimicrobial stewardship, in line with our organisational quality and safety priorities

### Effective Care

Refresh our Quality Improvement Framework to reflect the progress made and the learning to come from it

### Dignified Care

Expand the friends and family test to all services provided by the Health Board and publish the results

### Timely Care

Deliver the single cancer pathway which significantly speeds up the time to treatment

Complete the Stroke Service re-design programme which encompasses the entire stroke pathway, from prevention, through acute stroke care and rehabilitation, to life after stroke

### Individual Care

Increase the opportunities for listening and learning from the patient experiences in our services including

- scrutinising and sharing the learning through a new Listening and Learning from Events Sub Committee
- publishing, implementing and evaluating our patient experience charter

### Staff and Resources

Deliver an Organisational Development Programme to progress the skills and change management tools we need to nurture the culture to deliver high quality services, whilst living our values and embodied in the Hywel Dda way.

The QSEAC is a statutory committee of the Board. Its primary purpose is to scrutinise, assess and seek assurance in relation to the patient impact, quality and health outcomes of the services provided by the Board. The full terms of reference for the committee can be found on our website <http://www.wales.nhs.uk/sitesplus/862/opendoc/324367> With this primary purpose in mind the QSEAC will receive at its meetings throughout 2020 to 2021 updates on the key quality priorities, as part of our commitment to continuous learning and improvement for the benefit of our communities and our staff.

We are working hard to achieve the delivery of our goals in the context of COVID-19, but in these exceptional circumstances, it may be necessary to adjust these priorities as the year unfolds. The COVID-19 pandemic means that the Health Board is working through a very difficult period where plans for care have been made, rapidly implemented and reassessed daily. Staff have demonstrated, and are still demonstrating, dedication and commitment to ensuring that our residents receive the urgent and emergency care required. Simultaneously, local people are providing essential support to the NHS by following government measures to tackle the virus, and by many expressions of gratitude that mean so much to our staff. So we particularly want to echo and emphasise the thanks given by the Chair and the Chief Executive in the introduction to the AQS. Thank you for your dedication and commitment.



**Professor John Gammon  
(Independent Member)  
Chair - Quality, Safety and  
Experience Assurance  
Committee (until March 2020)**



**Anna Lewis  
(Independent Member)  
Chair - Quality, Safety and  
Experience Assurance  
Committee (from April 2020)**



**Mandy Rayani  
(Executive Director)  
Director of Nursing, Quality and  
Patient Experience**

**Patient support services (feedback and complaints): Share your experience**

Quality drives everything we do and for us to continue to improve we'd like to know about your recent experience of using our services.

You can do this by contacting our patient support services:

**Telephone:** 0300 0200 159

**Email:** [hdhb.patientsupportservices@wales.nhs.uk](mailto:hdhb.patientsupportservices@wales.nhs.uk)

**Online:** [Using our feedback form](#) which can be found on our website  
<https://hduhb.nhs.wales/healthcare/services-and-teams/patient-support-services-complaints-feedback/>

**Post:** Freepost Feedback @ Hywel Dda



**If it matters to you  
- it matters to us.**

**We are listening.**

# Bwrdd Iechyd Prifysgol Hywel Dda

## Datganiad Ansawdd Blynyddol

2019 i 2020

*13 Mai 2020*



## Tabl Cynnwys

Gair o groeso gan y Cadeirydd a'r Prif Weithredwr .....	4
Gwybodaeth am y Datganiad Ansawdd Blynyddol .....	6
Themâu'r Datganiad Ansawdd Blynyddol.....	6
Y boblogaeth yr ydym yn ei gwasanaethu .....	8
.....	8
Proffil y Bwrdd Iechyd .....	9
Gwasanaethau Arbenigol .....	11
Cadw'n Iach .....	12
Astudiaeth achos "Cadw'n Iach": tîm perffaith anabledau dysgu .....	14
Astudiaeth achos "Cadw'n Iach": cefnogi gofalwyr.....	15
Gofal Diogel .....	16
Astudiaeth achos "Gofal Diogel": hyfforddiant ar ddefnydd priodol o fenig .....	20
Astudiaeth achos "Gofal Diogel": ar rhest fer tîm y flwyddyn – diogelwch y claf .....	21
Gofal Effeithiol .....	22
Astudiaeth achos "Gofal Effeithiol": Trawsblaniad Microbiota Ysgarthol .....	24
Gofal Urddasol.....	25
Astudiaeth achos "Gofal Urddasol": siarter i sicrhau hawliau pobl sydd ag anabledau dysgu .....	26
Astudiaeth achos "Gofal Urddasol": hyfforddiant gofal dementia .....	27
Astudiaeth achos "Gofal Urddasol": llawfeddygaeth ddydd – sicrhau urddas ar gyfer cleifion trawsryweddol...28	
Gofal Amserol .....	29
Astudiaeth achos "Gofal Amserol": <i>Twilight Sanctuary</i> .....	33
Astudiaeth achos "Gofal Amserol": Canolfan Gofal Integredig Aberteifi.....	34



Gofal Unigol .....	35
Astudiaeth achos “Gofal Unigol”: gwrando ar ein defnyddwyr gwasanaeth – rhoi dewis ar gyfer paratoi’r coluddyn .....	38
Astudiaeth achos “Gofal Unigol”: Siarter ar gyfer Gwella Profiad y Claf .....	39
Staff ac Adnoddau .....	40
Astudiaeth achos “Staff ac Adnoddau”: fferylllydd y flwyddyn .....	44
Astudiaeth achos “Staff ac Adnoddau”: Gwobr Seren Cavell am gyfraniad rhagorol i nyrsio anabledau dysgu .....	45
Astudiaeth achos “Staff ac Adnoddau”: cydnabyddiaeth o ymrwymiad amhrisiadwy i addysgu’r genhedlaeth nesaf o weithwyr gofal iechyd proffesiynol .....	46
Astudiaeth achos “Staff ac Adnoddau”: Sgrinio Ffordd o Fyw .....	47
Ein hymrwymiad ar gyfer 2020/21: Gair i Gloi gan Gadeirydd ac Arweinydd Gweithredol y Pwyllgor Sicrwydd Ansawdd, Diogelwch a Phrofiad .....	48
Gwasanaethau Cefnogi Cleifion (adborth a chwynion): Rhannu eich profiadau .....	50



Mae fformatau eraill a phrint bras ar gael ar gais trwy ffonio 01267 239554

## Gair o groeso gan y Cadeirydd a'r Prif Weithredwr

Rydym yn falch iawn o gyflwyno Datganiad Ansawdd Blynyddol Bwrdd Iechyd Prifysgol Hywel Dda 2019 i 2020. Mae hyn yn rhoi crynodeb i chi o'r gwaith a wnaed yn ystod y flwyddyn ddiwethaf ac yn dangos ein hymrwymiad i wella ansawdd ein gwasanaethau ac i ddiwallu anghenion ein cleifion ledled Sir Gaerfyrddin, Ceredigion, Sir Benfro a'r ffiniau.

Mae'r Datganiad Ansawdd Blynyddol wedi caniatáu inni ystyried yr ymrwymadau a wnaed yn natganiad y llynedd ac arddangos y gwaith sydd ar y gweill neu wedi'i gynllunio i gyflawni ein blaenoriaethau. Mae hefyd yn rhoi cyfle inni dynnu sylw at gyflawniadau rhyfeddol ein staff a'r gwobrau y maent wedi'u hennill dros y flwyddyn am eu hymdrechion sylweddol a'u gwaith arloesol i wella gofal cleifion. Nid yw'r Datganiad Ansawdd Blynyddol yn cwmpasu'r holl waith rydym wedi'i wneud yn ystod 2019 i 2020 ond mae'n rhoi enghreifftiau o'r hyn yr ydym wedi'i wneud dros y flwyddyn ddiwethaf. Hyd eithaf ein gwytodaeth, mae'r wybodaeth a ddarperir yn y Datganiad Ansawdd Blynyddol hwn yn rhoi darlun cywir a chynrychioliadol o ansawdd y gwasanaethau a ddarparwn a'r gwelliannau yr ydym yn eu hyrwyddo ar gyfer pobl Sir Gaerfyrddin, Ceredigion a Sir Benfro. Mae'r Datganiad Ansawdd Blynyddol wedi bod yn destun craffu Archwilio Mewnol a dyfarnwyd lefel o sicrwydd sylweddol.

Rydym yn monitro ein systemau a'n prosesau yn barhaus fel y gallwn ddysgu a gwella i sicrhau gofal diogel ac o ansawdd uchel. Rydym yn croesawu eich adborth ar ffurf cwynion, pryderon a chanmoliaeth ac yn darparu amryw o ffyrdd i chi allu gwneud hynny. Rydym yn gweithio gydag Arolygiaeth Gofal Iechyd Cymru a'r Cyngor Iechyd Cymuned sy'n rhoi adborth annibynnol inni o ymweliadau â'r Bwrdd Iechyd, ac yn sicrhau ein bod yn gweithredu ar eu hargymhellion.

Ddiwedd mis Mawrth 2020 gyda dechrau'r pandemig COVID-19 aethom i fyd gwahanol iawn yn y Gwasanaeth Iechyd. Mae pob un o'n timau, ein holl bartneriaid a'n cymunedau wedi dod at ei gilydd i roi'r gofal a'r gefnogaeth gorau posib. Mae wedi bod yn ysbrydoledig gweld a bod yn rhan o'r ymateb hwnnw. Ansawdd gofal yw'r peth pwysicaf i ni, a gwnaed ein gallu i gynllunio ac ymateb i'r pandemig yn haws gan sylfaen ansawdd y gofal a osodwyd cyn hyn, a ddisgrifir yn yr adroddiad hwn. Diolch o galon i bawb sydd wedi gweithio mor galed i wneud hyn yn bosib. Rydym yn falch iawn ohonoch ac yn ddiolchgar i chi i gyd.



**Maria Battle, Cadeirydd**



**Steve Moore, Prif Weithredwr**

DRAFT

## Gwybodaeth am y Datganiad Ansawdd Blynyddol

Croeso i'n Datganiad Ansawdd Blynyddol ar gyfer 2019 i 2020. Mae'r ddogfen hon yn gyfle inni rannu gwybodaeth â chi ar lle yr ydym arni i sicrhau bod ein gwasanaethau yn diwallu anghenion lleol ac yn bodloni safonau uchel. Mae'r Datganiad Ansawdd Blynyddol yn gyfle i Fwrdd Iechyd Prifysgol Hywel Dda i ddangos, mewn ffordd agored ac onest, sut mae'n perfformio a'r cynnydd a wneir i sicrhau bod yr holl wasanaethau a ddarparwn yn bodloni'r safonau uchel sy'n ofynnol.

Cyflwynir y Datganiad Ansawdd Blynyddol dan saith thema, gyda phob thema'n sail i ansawdd a diogelwch y gofal a ddarparwn. Mae tair cydran i bob thema:

- Sut wnaethom gyflawni'r ymrwymiad a wnaed yn 2019/20
- Llwyddiannau a heriau
- Ein hymrwymadau ar gyfer 2020/21.



## Themâu'r Datganiad Ansawdd Blynyddol

**Cadw'n Iach** – sut yr ydym yn sicrhau bod pobl yn Hywel Dda yn wybodus i reoli eu hiechyd a'u llesiant eu hunain.

**Gofal Diogel** – sut yr ydym yn sicrhau bod pobl yn Hywel Dda yn cael eu hamddiffyn rhag niwed a'u cefnogi i amddiffyn eu hunain rhag niwed hysbys.

**Gofal Effeithiol** – y trefniadau sydd gennym mewn lle i bobl Hywel Dda i gael y gofal cywir a'r gefnogaeth gywir mor lleol â phosib, ac i'w galluogi i gyfrannu at wneud y gofal hwnnw'n llwyddiannus.

**Gofal Urddasol** – sut yr ydym yn sicrhau bod pobl yn Hywel Dda yn cael eu trin ag urddas a pharch ac yn trin eraill yn yr un modd.

**Gofal Amserol** – y trefniadau sydd gennym i sicrhau bod pobl yn Hywel Dda yn cael mynediad amserol at wasanaethau yn seiliedig ar anghenion clinigol a'u bod hefyd yn cymryd rhan weithredol mewn penderfyniadau am eu gofal.

**Gofal Unigol** – sut yr ydym yn trin pobl yn Hywel Dda fel unigolion, gan adlewyrchu eu hanghenion a'u cyfrifoldebau eu hunain.

**Staff ac Adnoddau** – y wybodaeth sydd ar gael gennym ar gyfer pobl yn Hywel Dda i ddeall sut mae eu Gwasanaeth Iechyd yn cael ei adnoddu, a dangos yn glir sut yr ydym yn gwneud defnydd gofalus o'r adnoddau hynny.

Yn y ddogfen, lle'r ydym yn darparu gwybodaeth ar sut y gwnaethom gyflawni'r ymrwymiadau a wnaed yn 2019/20, fe welwch amryw o symbolau wyneb lliw sy'n nodi a ydym wedi cyflawni'r targed neu a ydym wedi gwella:



Cyflawni'r targed neu wedi gwella



Gwella rhywfaint, ond heb gyflawni'r targed



Heb gyflawni'r targed na gwella

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## Y boblogaeth yr ydym yn ei gwasanaethu



**Twf poblogaeth:** Amcangyfrifir mai cyfanswm poblogaeth Hywel Dda yw 385,615 a rhagwelir y bydd yn codi i 425,000 erbyn 2033.



**Poblogaeth sy'n heneiddio:** Mae cyfartaledd oedran pobl yn Hywel Dda yn codi'n raddol. Rhagwelir y bydd y nifer bresennol o bobl dros 65 oed yn cynyddu o 88,200 (2013) i 127,700 yn 2033. Ar hyn o bryd, mae 3.2% yn 85 oed neu hŷn (yr ail uchaf yng Nghymru). Mae'r nifer o bobl sy'n darparu gofal di-dâl i berthnasau hefyd yn cynyddu.



**Patrymau newidiol afiechyd:** Mae diabetes ar nifer gynyddol o bobl yn ein hardal ac mae gan fwy o bobl ddementia wrth i'r boblogaeth heneiddio. Mae'r nifer o bobl sydd â mwy nag un salwch hirdymor yn cynyddu. Yn 2018 cyhoeddodd Iechyd Cyhoeddus Cymru ddarlun cenedlaethol ar faich afiechyd ar Gymru. Dengys mai canserau, clefyd cardiofasgwlaidd, cyflyrau cyhyrysgerbydol, afiechyd meddwl a chamddefnydd sylweddau yw prif achosion marwolaeth yng Nghymru.



**Tybaco:** Mae bron un ym mhob pum (18.7%) oedolyn yn ein hardal yn 'smygu. Er bod y nifer hwn yn parhau i ostwng, mae defnydd tybaco yn parhau i fod yn factor risg sylweddol i lawer o afiechydon, yn cynnwys clefyd cardiofasgwlaidd, canser yr ysgyfaint a marwolaeth gynnar.



**Bwyd:** Nid yw dwy ran o dair o boblogaeth ein hardal yn bwyta digon o ffrwythau a llysiau, ac mae dros tri ym mhob pump dros bwysau neu'n or-dew. I rai pobl mae'n anodd cael gafael ar fwyd iach, fforddiadwy.



**Gweithgarwch corfforol:** Nid yw dros 40% o oedolion ein hardal yn ymarfer corff yn ddigon rheolaidd er budd eu hiechyd. Mae bron traean ein poblogaeth yn anactif.



**Arwahanrwydd cymdeithasol ac unigrwydd:** Mae 16.2% o'n poblogaeth yn dweud eu bod yn teimlo'n unig



**Y Gymraeg:** Cyfran preswylwyr Hywel Dda o bob oed sy'n medru'r Gymraeg yw 46.6%.



**Anghydraddoldebau iechyd:** Mae amrywiad mewn ymddygiadau iach yn arwain at amrywiad mewn canlyniadau iechyd yn Hywel Dda ac mae lefelau amddifadedd yn dylanwadu ar hyn hefyd. Er enghraifft, er bod y nifer sy'n 'smygu yn Hywel Dda wedi gostwng, mae cymunedau yn ardal y bwrdd iechyd lle nad yw cyfraddau 'smygu wedi newid. Mae'r cymunedau hyn [Llanelli a Doc Penfro] yn ogystal ag Aberteifi yn ardaloedd o amddifadedd yn Hywel Dda. Mewn ardaloedd llai difreintiedig, yn aml mae pcedi o amddifadedd cudd.



## Proffil y Bwrdd Iechyd

**385,615**

Rydym yn gwasanaethu poblogaeth o oddeutu **385,615** yn Sir Gaerfyrddin, Ceredigion, Sir Benfro a'r ffiniau

**25%**

Rydym yn gweithio ar draws **chwarter** más tir Cymru



Mae bron chwarter ein poblogaeth dros **65** oed.

**3,142**



Mae **2,928** o fabis yn cael eu geni yn ein hardal bob blwyddyn

Mae gennym lai o bobl **25-44** oed a mwy o bobl **55-79** oed.

Mae yma ardaloedd o **amddifadedd** yn cynnwys rhannau o **Lanelli, Doc Penfro ac Aberteifi**. Mewn ardaloedd llai difreintiedig yn aml ceir pocedi o amddifadedd cudd.

**11,180**

Rydym yn cyflogi **11,180** aelod o staff.



Mae gennym **bedwar** prif ysbyty:

**Bronglais** yn Aberyswyth;  
**Glangwili** yng Nghaerfyrddin;  
**Tywysog Philip** yn Llanelli; a  
**Llwynhelyg** yn Hwlfordd



Y llynedd, gwnaethom:

Helpu **151, 248** o bobl trwy ein Hadrannau  
Achosion Brys



Mae gennym **saith**  
ysbyty cymunedol:

**Dyffryn Aman** a  
**Llanymddyfri** yn Sir  
Gaerfyrddin  
**Tregaron, Aberaeron** ac **Aberteifi** yng  
Ngheredigion;  
**Canolfan Iechyd a Gofal Cymdeithasol Ysbyty**  
**De Sir Benfro** a **Dinbych-y-pysgod** yn Sir Benfro.



Gofalu am **62, 177** o gleifion  
mewnol yn ein hysbytai.

Mae gennym:

**48** meddygfa;  
**47** deintyddfa a **3** phractis orthodonteg;  
**99** fferyllfa gymunedol;  
**61** practis offthalmeg cyffredinol;  
**11** canolfan iechyd;  
**Lleoliadau niferus** yn darparu gwasanaethau  
iechyd meddwl ac anabledau dysgu.

Mae gwybodaeth bellach ar nodweddion gwarchoddedig ar draws ein tair sir, yn seiliedig ar ganlyniadau Cyfrifiad 2011, wedi'i chynnwys yn ein Cynllun Cydraddoldeb Strategol 2020 i 2024.



**Gwasanaethau Arbenigol** – gwasanaethau sy'n cefnogi pobl ag ystod o gyflyrau anghyffredin a chymhleth. Nid ydynt ar gael ym mhob ysbyty lleol oherwydd mae'n rhaid iddynt gael eu darparu gan dimau arbenigol o feddygon, nyrsys a gweithwyr iechyd proffesiynol eraill sydd â'r sgiliau a'r profiad angenrheidiol. Yn wahanol i'r mwyafrif o ofal iechyd, sy'n cael ei gynllunio a'i drefnu'n lleol, mae gwasanaethau arbenigol yn cael eu trefnu'n genedlaethol gan Bwyllgor Gwasanaethau Iechyd Arbenigol Cymru ar ran y saith bwrdd iechyd lleol yng Nghymru. Mae Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru yn gweithio'n agos gyda'r byrddau iechyd i sicrhau bod unrhyw wasanaethau arbenigol a gomisiynwyd o safon uchel ac nad oes unrhyw bryderon yn cael eu nodi o safbwynt ansawdd. Maen nhw'n gwneud hyn ar ein rhan trwy fframwaith sicrwydd ansawdd sy'n cael ei fonitro gan eu pwyllgor ansawdd a diogelwch y claf ac yn adrodd yn ôl i'r bwrdd iechyd.


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## Cadw'n Iach

Mae'r egwyddor o gadw'n iach yn ymwneud â sicrhau eich bod yn wybodus fel y gallwch reoli eich iechyd a'ch llesiant eich hun.

Mae'n ymwneud â'r Bwrdd Iechyd yn gweithio gyda chi i wella iechyd a llesiant a lleihau anghydraddoldebau iechyd.

Rydym am i chi gael eich grymuso i wneud penderfyniadau am eich iechyd, eich ymddygiad a'ch llesiant eich hun sy'n cael effaith gadarnhaol drwy gydol eich bywyd.

<b>Yn ein datganiad y llynedd, gwnaethom ddweud y byddem yn...</b>	<b>Dyma sut wnaethon ni</b>
<p>Cynyddu'r nifer sy'n cael y brechiad ffliw</p> 	<p>Cynigiodd 80 o Fferyllfeydd Cymunedol yn ardal y Bwrdd Iechyd frechiadau ffliw yn 2019 i 2020, o gymharu â 78 yn 2018 i 2019.</p> <p>O fis Hydref i fis Rhagfyr 2019, darparwyd 9,368 o frechiadau ffliw yn y Fferyllfeydd Cymunedol, o gymharu â 6,391 am yr un cyfnod yn 2018.</p> <p>Yn 2019, cynigiodd y Bwrdd Iechyd hefyd, fel dull wedi'i dargedu, frechiadau ffliw i gleifion sy'n mynychu clinigau ar gyfer:</p> <ul style="list-style-type: none"><li>• clefyd cronig yr afu</li><li>• problemau anadlol</li><li>• cyn-asesu cyn llawdriniaeth</li><li>• gofal cyn geni (Ysbyty Glangwili)</li></ul> <p>Roedd nifer y cleifion a gafodd eu brechu trwy'r clinigau hyn yn fach ond gan ddefnyddio'r dull "mae pob cyswllt yn cyfrif", roedd yn gyfle</p>

	<p>i'r Bwrdd lechyd godi ymwybyddiaeth o bwysigrwydd brechu ymhlith cleifion â chyflwr cronig.</p> <p>Yn ein gwaith clwstwr yn Ne Sir Benfro, cyflwynodd y Bwrdd lechyd swydd newydd sef Nyrs Allgymorth i'r Henoed. Mae'r swydd newydd hon wedi bod yn allweddol wrth ymgysylltu â chartrefi gofal a'r gymuned, a gall ddarparu brechiadau ffliw, gan helpu i gynyddu niferoedd brechiadau ffliw yn yr ardaloedd hyn.</p> <p>Mae'r Bwrdd lechyd hefyd wedi annog y gweithlu i gael brechiad ffliw ac, er mwyn nodi'r nifer sy'n cael eu brechu, datblygodd adroddiadau cywir ac amserol ar gyfer adrannau a rheolwyr. O 31 Rhagfyr 2019, roedd 4,897 aelod o staff wedi cael brechiad ffliw.</p>
<p>Lleihau cyfraddau 'smygu yn ystod beichiogrwydd</p> 	<p>Mae data'r Bwrdd lechyd yn dangos bod cyfraddau ysmegu mewn beichiogrwydd wedi gostwng o 17% i 16% yn yr asesiad cychwynol yn 2019 gyda 67% o fenywod yn rhoi'r gorau i ysmegu yn ystod beichiogrwydd.</p> <p>Rydym yn cynnwys monitro carbon deuocsid fel mater o drefn ym mhob ymgynghoriad cyn-geni. Mae darlenniad uwch na 4 yn sbarduno atgyfeiriad yn awtomatig at wasanaethau rhoi'r gorau i ysmegu.</p> <p>Mae ymarferwyr rhoi'r gorau i ysmegu, a ddarperir gan lechyd Cyhoeddus Cymru, hefyd yn hwyluso clinigau integredig cyn geni i drafod strategaethau i rhoi'r gorau i ysmegu yn ystod beichiogrwydd.</p> <p>Mae'r Bwrdd lechyd hefyd yn darparu ystod gynhwysfawr o wasanaethau rhoi'r gorau i ysmegu o fewn gofal eilaidd, gofal sylfaenol, fferyllfa lefel 3 a'r gymuned.</p>

Monitro ymweliadau â mamau a babanod 10 i 14 diwrnod oed a monitro cyfraddau brechu



Mae'r Bwrdd Iechyd yn monitro ymweliadau genedigaethau newydd a 98% o'r cysylltiadau hyn o fewn yr amserlen ofynnol. Mae'r rhai na welir o fewn yr amserlen hon wedi'u hadolygu a chanfuwyd bod hyn oherwydd rhesymau dilys, er enghraifft babanod sy'n aros ar Uned SCBU ar ôl geni.

Cyflawnwyd gwelliant o ran cyfathrebu a throsglwyddo gofal rhwng y gwasanaethau bydwreigiaeth ac ymwelwyr iechyd. Mae trosglwyddo llwybr gofal rhwng bydwreigiaeth ac ymwelwyr iechyd wedi cael ei ddatblygu ac yn cael ei weithredu ar hyn o bryd. Bydd hyn yn cael ei fonitro dros y 12 mis nesaf gydag adolygiadau chwarterol.

Mewn ymateb i bandemig COVID-19, archwiliwyd ffyrdd arloesol o gyfathrebu â theuluoedd. Mae hyn wedi arwain at ddatblygu gwasanaeth digidol i wella cyfathrebu sy'n caniatáu dull rhith ar gyfer pob ymweliad genedigaeth newydd. Fodd bynnag, mae'r gwaith archwiliadol hwn hefyd wedi tynnu sylw at y diffyg adnoddau TG a chyfathrebu sydd ar gael i'r gwasanaeth ymwelwyr iechyd. Mae hyn wedi rhoi her inni allu dilyn cyfarwydddeb Llywodraeth Cymru i ddarparu gwasanaeth ymwelwyr iechyd hanfodol yn enwedig i deuluoedd agored i niwed. Nod gwasanaeth ymwelwyr iechyd y Bwrdd Iechyd yw gwella'r adnoddau hyn o fewn y 12 mis nesaf gan sicrhau gwasanaeth hygyrch i bob teulu.

Mae imiwneiddio a brechu yn rhan allweddol o rôl iechyd cyhoeddus y gwasanaeth ymwelwyr iechyd. Hyrwyddir imiwneiddiadau ym mhob cyswllt; hysbysir ymwelwyr iechyd am bobl nad ydynt yn bresennol a byddant yn cysylltu â rhieni i archwilio unrhyw rwystrau rhag imiwneiddio.

Yn ystod y 12 mis diwethaf, ac o ganlyniad i hyn, mae clinigau dal-i-fyny wedi'u sefydlu mewn meddygfeydd a lleoliadau cymunedol lleol mewn ardaloedd lle mae niferoedd imiwneiddio yn isel. Y nod yw cynyddu'r nifer a darparu gwasanaeth hyblyg a hygyrch i ddiwallu anghenion y gymuned. Mae hyn wedi cyfrannu at welliant mewn cyfraddau imiwneiddio yn y cymunedau hynny. Mae'r gwaith hwn yn parhau mewn partneriaeth â chydlynnydd imiwneiddio'r Bwrdd Iechyd.

Yn ogystal â hyn, ar lefel genedlaethol, derbynnir adroddiadau chwarterol, sy'n caniatáu inni graffu a monitro gyda'r nod o barhau i gynyddu'r nifer sy'n cael eu himiwneiddio.

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## Astudiaeth achos “Cadw’n Iach”: tîm perffaith anabledau dysgu



Mae'r Grŵp Rhaglen Anabledau Dysgu yn grŵp strategol o reolwyr gwasanaeth lechyd a Gofal Cymdeithasol ar draws y tair sir. Nod y grŵp yw sicrhau ymgysylltu ystyrlon dyda phobl ag anabledau dysgu. Mae wedi comisiynu Datganiad o Fwriad a Model o Ofal a Chefnogaeth ar gyfer y rhanbarth. Gwahoddwyd gwasanaethau'r 3ydd Sector i'r cyfarfodydd, ond nid oeddent wedi gallu cael barn pobl ag anabledau dysgu i'w cynrychioli'n ystyrlon yn y cyfarfodydd hyn.

Cyfarfu grŵp o oedolion ag anabledau dysgu, gyda chefnogaeth gwasanaeth eiriolaeth Pobl yn Gyntaf, i benderfynu ar y ffordd orau o ddarparu cyngor a chefnogaeth i'r Grŵp Rhaglen Anabledau Dysgu.

Fe wnaethant enwi eu hunain yn *Dream Team*, ac mae'r tîm perffaith hwn bellach wedi datblygu yn grŵp o 10 unigolyn o ledled y tair sir gan gynrychioli'r boblogaeth anabledau dysgu ehangach.

Mae'r *Dream Team* wedi datblygu papur Cytundeb Cyfarfodydd sy'n nodi sut mae cyfarfodydd yn cael eu cynnal er mwyn sicrhau bod lefel y cyfathrebu yn briodol, bod papurau'n cael eu cynhyrchu ar fformat Hawdd ei Ddeall, bod seibiannau yn ystod y cyfarfodydd a bod pobl yn cael amser i gael eu clywed. Mae'r *Dream Team* hefyd wedi datblygu Siarter i egluro sut roeddent am i'r gwasanaethau gael eu trawsnewid.

## Astudiaeth achos “Cadw’n Iach”: cefnogi gofalwyr

Mae nifer y gofalwyr di-dâl yn cynyddu ac i gydnabod eu cyfraniad at gefnogi gofal aelodau o'r teulu mae'r Bwrdd Iechyd wedi comisiynu prosiect peilot i sefydlu Swyddogion Gofalwyr yn Ysbyty Tywysog Phillip, Ysbyty Glangwili, Ysbyty Llwynhelyg ac Ysbyty Bronglais (cyfanswm o bedair swydd). Datblygwyd y prosiect hwn yn benodol i ymateb i flaenoriaeth Llywodraeth Cymru i gynyddu cyfranogiad gofalwyr di-dâl yn y broses cynllunio rhyddhau o ysbyty.

Mae'r prosiect peilot yn bartneriaeth rhwng y Bwrdd Iechyd a'n partneriaid awdurdod lleol, ac mae'n cael ei ddarparu gan Ymddiriedolaeth Gofalwyr Croesffordd Sir Gâr, Gofalwyr Ceredigion a Croesffordd Hafal. Bydd y Swyddogion Gofalwyr yn chwarae rhan hanfodol yn y gwaith o helpu i gefnogi a darparu cyngor i ofalwyr di-dâl ar eu taith drwy ysbyty, p'un ai fel gofalwr a/neu glaf. Bydd y Swyddogion Gofalwyr yn gweithio ar wardiau ysbytai ac yn cyfeirio at wasanaethau eraill am gefnogaeth. Byddant yn cefnogi gofalwyr ac yn addysgu staff ar y materion sy'n wynebu gofalwyr di-dâl i sicrhau cyswllt effeithiol ar feysydd fel rhyddhau o ysbyty.


Mae'r Bwrdd Iechyd hefyd yn parhau i gydlynw'r cynllun Buddsoddwyr mewn Gofalwyr, sy'n Gynllun Sicrwydd Ansawdd dan arweiniad y Bwrdd Iechyd mewn Partneriaeth â Grŵp Datblygu Gofalwyr Gorllewin Cymru. Mae'r Cynllun yn cynnwys 3 lefel sef Efydd, Arian ac Aur gyda chwe safon â thema. Rhaid i leoliadau gynhyrchu tystiolaeth o gyflawniad mewn nifer o feysydd yn y themâu hyn. Dyluniwyd Buddsoddwyr mewn Gofalwyr i'w ddefnyddio gan ystod eang o leoliadau gan gynnwys meddygfeydd, wardiau/timau iechyd meddwl ac anableddau dysgu, rhai lleoliadau ysbyty, ysgolion/ colegau, llyfrgelloedd, timau awdurdodau lleol, Canolfan Swyddi a Mwy a sefydliadau'r trydydd sector. Mae cyfanswm o 115 o leoliadau wedi cyflawni lefel efydd gyda 55 arall ar y gweill, mae gan 5 lefel Arian gyda 18 arall ar y gweill, a 2 ar lefel Aur gyda 3 arall ar y gweill. Rhan annatod o Buddsoddwyr mewn Gofalwyr yw proses lle gall Gofalwyr gofrestru gyda meddygfa ynghyd â chael eu cyfeirio at Wasanaethau Gwybodaeth Gofalwyr y sir. Y ffigurau ar gyfer 2019/20 yw 8,467 o ofalwyr wedi cofrestru a 742 o ofalwyr wedi atgyfeirio (fffigurau 2018/19 oedd 7,763 a 597 yn yr un drefn).

## Gofal Diogel

Mae'r egwyddor o ofal diogel yn ymwneud â sicrhau eich bod yn cael eich diogelu rhag niwed, ac yn cael eich cefnogi i ddiogelu eich hun rhag niwed hysbys.

Mae iechyd, diogelwch a llesiant pobl yn flaenoriaeth inni. Rydym am ddarparu gwasanaethau sy'n canolbwyntio ar ofal diogel ac rydym yn chwilio'n barhaus am ffyrdd i fod yn fwy dibynadwy ac i wella ansawdd a diogelwch y gwasanaethau rydym yn eu darparu.

Er bod gan ddarparu gofal ryw elfen o risg o niwed i ddefnyddwyr gwasanaeth, rydym am nodi, atal a lleihau niwed diangen neu niwed posib. Felly, rydym am sicrhau eich bod yn cael eich diogelu a'ch hamddiffyn rhag niwed y gellir ei osgoi, a hynny trwy ofal, triniaeth a chefnogaeth priodol.

<b>Yn ein datganiad y llynedd, gwnaethom ddweud y byddem yn...</b>	<b>Dyma sut wnaethon ni</b>
<p>Ehangu'r prosesau monitro ac uwchgyfeirio trwy gyflwyno Sgôr Rhybudd Cynnar Cenedlaethol (<i>NEWS</i>) mewn gwasanaethau cymunedol, a gwerthuso ei ddefnydd.</p> 	<p>I nodi Diwrnod Sepsis y Byd (Gwener 13 Medi 2019), lansiodd y Bwrdd Iechyd yr offeryn Sgôr Rhybudd Cynnar Cenedlaethol (<i>NEWS</i>) i'w ddefnyddio yn y gymuned a meddygfeydd i wella adnabyddiaeth a thriniaeth gynnar o sepsis.</p> <p>Mae sepsis yn gyflwr sy'n peryglu bywyd sy'n codi pan fydd ymateb y corff i haint yn niweidio ei feinweoedd a'i organau ei hun. Gall gael ei achosi gan rywbeth mor syml â friw neu frathiad pryfyn, neu haint fel niwmonia. Mae hefyd yn risg yn dilyn llawdriniaeth, neu i fenywod sydd newydd roi genedigaeth.</p>





GIG Cymru oedd y system gofal iechyd cyntaf yn y byd i weithredu'r teclyn *NEWS* fel y safon ym mhob ysbyty yn 2012, ond dyma'r tro cyntaf iddo gael ei ddefnyddio gan nyrsys cymunedol a meddygfeydd.

Mae *NEWS* yn galluogi clinigwyr a nyrsys i gyfrifo bod cyflwr corfforol claf mewn perygl o ddirywio – mewn ffordd safonol a ddeallir yn gyffredinol.

Gan ddechrau gyda Meddygfa Dinbych-y-pysgod a Thîm Nyrsio Ardal Sir Benfro, bydd y defnydd o *NEWS* yn cael ei gyflwyno gan bob tîm nyrsio ardal a phractisau meddygon teulu yn Sir Gaerfyrddin, Ceredigion a Sir Benfro dros y 18 mis nesaf.


Lleihau nifer yr achosion o ddifrod pwysu y gellir ei osgoi ymhlith y cleifion yn ein gofal



Mae digwyddiadau sy'n adrodd am ddifrod pwysu yn parhau i fod o fewn y tri digwyddiad yr adroddir arnynt amlaf mewn perthynas â chleifion. Mae lleihau nifer yr achosion o ddifrod pwysu y gellir ei osgoi wedi parhau i fod yn rhan o waith Gwella Ansawdd y Bwrdd Iechyd. Er nad ydym wedi gwneud cynnydd cyffredinol y Bwrdd Iechyd yr oeddem yn anelu ato, rydym wedi gweld pocedi o welliant.

Ym mis Ebrill 2019, dathlodd Ward Teifi, ward trawma ac orthopedeg yn Ysbyty Glangwili, dros 120 diwrnod heb ddifrod pwysu a gafwyd mewn ysbyty.

Buddsoddod y tîm mewn hyfforddiant arbennig a gweithio ar y cyd â Thîm Hyfywedd Meinwe, Tîm Gwella Ansawdd a Nyrs Datblygu Ymarfer y Bwrdd Iechyd i sicrhau bod atal difrod pwysu yn brif flaenoriaeth.

	<p>Mae'r ward wedi cynnal treial ar 'fatres hybrid' newydd arbennig. Mae'r fatres yn gyfuniad o sbwng ac aer ac wedi'i chynllunio ar gyfer unigolion sydd mewn perygl o ddatblygu difrod pwyso. Cafwyd ymateb gadarnhaol gan gleifion a staff i'r matresi, ac o ganlyniad prynwyd nifer ar gyfer Ward Teifi.</p>
<p>Monitro nifer y digwyddiadau yr adroddir amdanynt o fewn y bwrdd iechyd a sicrhau bod dysgu yn digwydd yn dilyn pryderon difrifol.</p> 	<p>Yn ystod 2019/20, rydym wedi adolygu'r mecanweithiau sydd ar waith ac wedi cynyddu'r trefniadau ar gyfer monitro digwyddiadau. Er enghraifft, cyflwynwyd adroddiad sicrwydd ansawdd a gwelliant ym mob cyfarfod yn ystod y flwyddyn i'r Pwyllgor Sicrwydd Ansawdd, Diogelwch a Phrofiad.</p> <p>Mae adran sicrwydd ansawdd yr adroddiad yn cynnwys crynodeb o ddata, deallusrwydd a chymau gweithredu i ddarparu gofal o ansawdd uchel yn erbyn y broses sicrwydd ansawdd graidd sy'n bodoli o fewn y Bwrdd Iechyd a'r dangosyddion ansawdd a diogelwch craidd.</p> <p>Mae nifer o brosesau sicrwydd ansawdd craidd yn cael eu defnyddio ar draws y sefydliad; mae'r rhain yn cynnwys Teithiau Cerdded o'r Bwrdd i'r Llawr, adborth ar brofiadau gofal, hapwiriadau penodol i wasanaeth, ac archwilio clinigol. Gellir cael trosolwg o ansawdd trwy ddadansoddi dangosyddion ansawdd a diogelwch; mae'r rhain yn cynnwys digwyddiadau sy'n arwain at niwed, digwyddiadau difrifol a chwynion.</p> <p>Y lefel uchaf o ddigwyddiadau diogelwch yr adroddwyd arnynt yn 2019 i 2020 yw difrod pwyso, damweiniau cleifion gan gynnwys cwmpadau cleifion mewnol, a digwyddiadau sy'n gysylltiedig â meddyginiaeth. Gyda'r meysydd hyn mewn golwg, mae adran gwella ansawdd yr adroddiad wedi canolbwyntio ar y gwaith gwella yn y meysydd hyn.</p>

Mae'r adroddiadau a gyflwynir i'r pwyllgor ar gael ar wefan y Bwrdd lechyd yn eu [cyfanrwydd](#).

DRAFFT

## Astudiaeth achos “Gofal Diogel”: hyfforddiant ar ddefnydd priodol o fenig

Gan wneud defnydd o'r gwaith a wnaed yn Ysbyty Great Ormond Street gyda chefnogaeth Ymgyrch 'The Gloves are Off' GIG Lloegr, cyflwynodd y Bwrdd Iechyd hyfforddiant newydd.

Mae'r defnydd o fenig di-haint yn aml wedi'i gysylltu â thraws-heintio mewn ysbyty a gall wneud i'r claf deimlo'n anghyffyrddus. Mae lleihau'r defnydd o fenig gan staff yn lleihau'r risg o gaffael haint mewn ysbyty gan wella diogelwch. Mae hefyd yn cynyddu'r siawns o wella heb yr angen am wrthfotigau ychwanegol.

Dyma nodau'r hyfforddiant newydd:

- Gwella cydymffurfiaeth staff â hylendid dwylo
- Lleihau heintiau a gafwyd mewn ysbyty
- Lleihau'r lefel o broblemau croen (dermatitis) gan staff oherwydd gordefnyddio menig
- Gwella'r effaith amgylcheddol

Nodwyd dwy ward beilot lle y cafodd defnydd menig ei fonitro dros y cyfnod peilot. Ar y ddwy ward nodwyd gwelliant mewn hylendid dwylo gan leihau risg o haint.

Bydd yr hyfforddiant hwn yn cael ei gyflwyno ar draws y safleoedd, ward wrth ward.



## Astudiaeth achos “Gofal Diogel”: ar rhest fer tîm y flwyddyn – diogelwch y claf

Cyrhaeddodd Tim Sicrwydd, Diogelwch a Gwelliant y Bwrdd Iechyd y Rownd derfynol yng Ngwobrau Diogelwch y Claf 2019 yr *Health Service Journal* yn y categori Tim Diogelwch y Claf. Cafodd y tîm gdnabyddiaeth am eu gwaith i yrru agenda diwylliant diogelwch y claf trwy raglen o fentrau diogelwch y claf.

Roedd y tîm yn cydnabod nad oedd unrhyw ‘ddelweddau’ clir yn cael eu defnyddio yn y Bwrdd Iechyd fel ysgogiadau ar lefel glinigol i atgoffa staff o risgiau a/neu ddigwyddiadau trwch blewyn a nodwyd trwy ymchwilio i ddigwyddiadau diogelwch y claf.

Wrth drafod gyda nifer o staff lefel ward, cydnabuwyd y byddai posteri dysgu thematig yn helpu timau i ddysgu oherwydd y byddai'n dal sylw ac yn ffordd syml a chyflym o egluro cysyniadau.



Oherwydd y diffyg delweddau fel ysgogiadau ‘cyflym’, roedd gwallau a digwyddiadau yn parhau. Trwy feddwl mewn ffordd feirniadol, penderfynodd y tîm ganolbwyntio ar ganfyddiadau atodol ymchwiliadau blaenorol yn ogystal â'r ffactorau sy'n cyfrannu mwy, a chodi ymwybyddiaeth gyda phosteri lliwgar, llachar ac amlwg.

Mae'r tîm hefyd yn arwain rhaglen gynhwysfawr a chydweithredol o weithgareddau i sicrhau bod y ‘diwylliant cywir’ yn bresennol ar draws y Bwrdd Iechyd, yn cynnwys:


- Diwrnodau diogelwch y claf rheolaidd
- Dysgu o bosteri digwyddiadau
- WalkRounds™ – Ymweliadau o'r Bwrdd i'r Llawr
- Gwiriadau iechyd ward

## Gofal Effeithiol

Mae'r egwyddor o ofal diogel yn ymwneud â sicrhau eich bod yn cael y gofal a'r gefnogaeth cywir mor lleol â phosib a sicrhau eich bod yn gallu cyfrannu i wneud llwyddiant o'r gofal hwnnw.

Rydym am i chi gael y gofal a'r gefnogaeth cywir fel eich bod wedi eich grymuso i wella neu reoli eich iechyd a'ch llesiant eich hun.

Rydym am i ymyriadau i wella iechyd fod yn seiliedig ar yr arfer gorau ac ar waith ymchwil o safon da.

<b>Yn ein datganiad y llynedd, gwnaethom ddweud y byddem yn...</b>	<b>Dyma sut wnaethon ni</b>
<p>Parhau i weithredu'r llwybr tor-clun a gwerthuso'r gwaith hwn.</p> 	<p>Mae'r Bwrdd Iechyd yn parhau i wneud gwelliannau i'r llwybr tor-clun. Rydym yn gwerthuso'r gwaith a wnaed. Mae'r broses o gyflwyno mesurau profiad yr adroddwyd arnynt gan gleifion (PREMS) bellach yn cael ei gefnogi ymhellach ar draws y Bwrdd Iechyd gyda staff gweinyddol ychwanegol.</p> <p>Rydym yn ceisio cyllid gan Lywodraeth Cymru i wella cefnogaeth Nyrsys Clinigol Arbenigol i'r gwasanaeth hwn.</p>

Gwella ansawdd cynlluniau gofal a thriniaeth o fewn Gwasanaethau Iechyd Meddwl trwy ymgymryd ag archwiliadau o ddogfennaeth ac adolygu ein hyfforddiant.



Mae Cyfarwyddiaeth Iechyd Meddwl ac Anableddau Dysgu y Bwrdd Iechyd wedi sefydlu rhaglen o adolygu parhaus ar gyfer Cynlluniau Gofal a Thriniaeth.

O'i gymharu â'r archwiliad a wnaed ar ddiwedd 2018/19, mae'r archwiliad ar gyfer 2019/20 yn dangos gwelliant ar draws y Gyfarwyddiaeth mewn perthynas â Chynllunio Gofal a Thriniaeth.

Y targed, a osodwyd gan Lywodraeth Cymru, yw i Fyrddau Iechyd sicrhau cydymffurfiaeth 90% o ddefnyddwyr gwasanaethau Iechyd meddwl ac anableddau dysgu fod â Chynllun Gofal a Thriniaeth gyfredol o fewn y dyddiad a'i ddiweddarau o fewn cyfnod o ddeuddeng mis. Mae'r Gyfarwyddiaeth wedi gweld cynnydd o 23% mewn cydymffurfiaeth o'r llynedd, gyda'r gyfradd gydymffurfio gyfredol yn 89%.

Mae'r archwiliad hefyd yn mesur ansawdd y Cynllunio Gofal a Thriniaeth. Gwelwyd gwelliant o 7% yn gyffredinol mewn ansawdd gyda chyfartaledd o 87% wedi'i gofnodi dros y flwyddyn (y targed a osodwyd yw 90%).

Dengys ffigurau bod y Gyfarwyddiaeth ar y trywydd iawn i gyflawni 90% ar draws y safonau a osodwyd yn y flwyddyn i ddod.

Er mwyn sicrhau bod hyn wedi'i ymgorffori a'i ddatblygu, mae'r Gyfarwyddiaeth wedi gweithredu rhaglen hyfforddi Cynllunio Gofal a Thriniaeth fisol dreigl, sydd ar gael i'r holl staff. Mae hyfforddiant pwrpasol hefyd ar gael i dimau i bersonoli cynllunio gofal ymhellach a chyflawni'r targedau a osodwyd. Darperir y rhaglen hyfforddi hefyd fel rhan o'r rhaglen ar gyfer nyrsys sydd newydd gymhwyso.

Sicrhau bod ein cleifion yn cael eu gofal yn y lleoliad gofal mwyaf priodol ac yn profi cyn lleied o oedi â phosib wrth iddynt symud trwy'r gwahanol gamau gofal.



Mae'r Bwrdd Iechyd wedi ymrwymo i wella'r modd y mae gwasanaethau yn cael eu darparu. Amlinellir tair rhaglen yn Strategaeth Iechyd a Gofal y Bwrdd Iechyd: Trawsnewid Iechyd Meddwl ac Anableddau Dysgu; Trawsnewid ein Cymunedau; a Thrawsnewid ein Hysbyati.

Mae'r Bwrdd Iechyd wedi gwella'r canlynol:

- Rhwydwaith Cymunedol Integredig. Er enghraifft, gwneud gwelliannau i fferyllfeydd cymunedol yn cynnwys brysbennu a thrin, canolfannau cerdded-mewn a chabannau gwybodaeth
- Canolfannau Iechyd a Llesiant. Er enghraifft, agor Canolfannau Iechyd a Llesiant Aberaeron ac Aberteifi sy'n cynnig ystod o wasanaethau a chymorth ar iechyd a llesiant
- Rhwydwaith Ysbyty. Er enghraifft, sefydlu gwasanaethau therapi drws blaen ym mhob un o'r pedwar safle ysbyty aciwt
- Rhwydwaith Gofal a Chefnogaeth Iechyd Meddwl ac Anableddau Dysgu. Er enghraifft, datblygiad Canolfan Iechyd Meddwl Cymunedol 24 awr Gorwelion, yn Aberystwyth, yn cynnwys man diogel a rolau mentora cydradd



## Astudiaeth achos “Gofal Effeithiol”: Trawsblaniad Microbiota Ysgarthol

Mae'r Bwrdd Iechyd wedi cyflwyno gwasanaeth newydd sef Trawsblaniad Microbiota Ysgarthol, sy'n driniaeth ar gyfer achosion atglafychol o Haint *Clostridium difficile* (CDI).

Pan mae claf yn cael cwrs o wrthfotigau mae siawns y gallai ddatblygu CDI a all arwain at ddolur rhydd parhaus. Mae hyn yn digwydd oherwydd bod y bacteria arferol yng ngholuddyn y claf wedi'i ddinistrio ac nid yw'r coluddyn wedi gallu gwella o'r haint. Mae dolur rhydd parhaus yn wanychol iawn i'r claf a gall arwain at ddiffyg maeth, dadhydradiad ac arwahanrwydd a gall hefyd eu gwneud yn agored i heintiau eraill.

Nod Trawsblaniad Microbiota Ysgarthol yw disodli'r bacteria arferol yng nholuddyn y claf sydd wedi'i ddinistrio trwy ddefnyddio gwrthfotigau.

Mae cytundeb ar waith gyda Phrifysgol Birmingham i gyflenwi'r alicwot wedi'u rhewi i'r Bwrdd Iechyd. Y cytundeb cychwynnol gyda Phrifysgol Birmingham oedd y byddai hyn ar gael i Ysbyty Tywysog Philip yn unig oherwydd y pellter y byddai angen ei gludo. Ers cyflawni'r Trawsblaniadau Microbiota Ysgarthol cychwynnol, mae'r gwasanaeth wedi'u ymestyn ar draws y Bwrdd Iechyd.

Ers i'r gwasanaeth fod ar gael, mae pob trawsblaniad a gyflawnwyd wedi bod yn llwyddiant, gyda samplau clir o garthion yn cael eu darparu ar ôl trawsblannu. Gwelodd y cleifion welliant mewn iechyd cyffredinol, mwy o awydd bwyta a dim ailwaelu pellach yn gofyn am dderbyn i ysbyty.



## Gofal Urddasol

Mae'r egwyddor o ofal urddasol yn ymwneud â sicrhau eich bod yn cael eich trin ag urddas a pharch ac eich bod yn trin eraill yn yr un modd.

Dylem, bob amser, ystyried a diogelu'r hawliau dynol sylfaenol i urddas, preifatrwydd a dewis gwybodus. Yn eich gofal, rhaid ystyried eich anghenion, eich galluoedd a'ch dymuniadau.

<b>Yn ein datganiad y llynedd, gwnaethom ddweud y byddem yn...</b>	<b>Dyma sut wnaethon ni</b>
Sefydlu prosiect ar y cyd i wella cyfathrebu â chleifion, eu teuluoedd a'u gofalwyr.	Mae'r Bwrdd Iechyd wedi ymgymryd â nifer o brosiectau ar y cyd trwy gydol y flwyddyn, gan gynnwys <ul style="list-style-type: none"><li>• Cyd-ddatblygu model gofal ar gyfer pobl hŷn sy'n dod i ysbyty gyda phroblem iechyd meddwl a meddygol</li><li>• Cyd-ddatblygu model gofal peilot yn Ysbyty Bronglais i ddwyn y timau aciwt ac iechyd meddwl ynghyd ar gyfer pobl hŷn sy'n dod i ysbyty gyda phroblem iechyd meddwl a meddygol</li></ul>

## Astudiaeth achos “Gofal Urddasol”: siarter i sicrhau hawliau pobl sydd ag anableddau dysgu

Ym mis Awst 2019, addawodd aelodau Bwrdd Hywel Dda i wneud yr hyn a allant i sicrhau bod gan bobl ag anableddau dysgu yr un hawliau a dewisiadau a phawb arall. Lansiodd y Siarter yn ffurfiol gan y Dirprwy Weinidol Iechyd a Gofal Cymdeithasol Julie Morgan AC, yn Sioe Sir Benfro.

Llofnododd yr holl Gyfarwyddwyr Gweithredol ac Aelodau Annibynnol (oedd yn eu swyddi ar y pryd) “Fy Siarter”, siarter a ysgrifennwyd gan bobl ag anableddau dysgu yng ngorllewin Cymru, yn nodi'r hyn y maent yn ei ddisgwyl a'i eisiau mewn bywyd.

Trwy arwyddo, mae pobl yn datgan eu cytundeb ac hefyd yn addo gwneud yr hyn a allant i wireddu'r siarter yn y gwaith, gyda theulu a ffrindiau ac yn eu cymunedau.

Ceir fideo o fanylion y siarter a straeon rhai o bobl gorllewin Cymru sydd ag anableddau dysgu yn [www.pembrokeshirepeople1st.org.uk](http://www.pembrokeshirepeople1st.org.uk)



## Astudiaeth achos “Gofal Urddasol”: hyfforddiant gofal dementia

Mewn ymdrech i gefnogi cleifion sy'n byw gyda Dementia, cynhaliwyd dadansoddiad o anghenion hyfforddi. Mae'r gwaith yn diffinio mathau o ddementia, categorïau o gleifion sy'n byw gyda'r cyflwr hwn a'i effeithiau gwanychol; a hefyd y gofynion hyfforddi canfyddedig ar gyfer dylanwadyr gwybodus, medrus a dylanwadol yn y maes gofal.

Mae ymchwil dementia yn barhaus gyda syniadau newydd yn cael eu datblygu am y cyflwr. Mae sawl grŵp ar waith ledled Cymru, i gefnogi'r gwaith o gyflwyno Fframwaith Gwaith Da. Mae'r Fframwaith hwn yn rhoi amlinelliad o anghenion y cleifion, y gofalwyr a'r staff a'r canlyniadau posibl i'r claf a'r teulu.

Mae'r gwaith hwn yn cefnogi rhoddwyr gofal i ennill y sgiliau angenrheidiol i ddarparu gofal o ansawdd i glaf sy'n byw gyda Dementia, ar ba bynnag gam.

Mae caffael gwybodaeth trwy'r Fframwaith Gwaith Da o fudd i'r claf a'i deulu trwy sicrhau bod yr addysg sy'n ymwneud â Dementia yn cael ei chyflawni er budd gofal y claf.

Mae'r Uned Gwasanaeth Dydd yn parhau i wneud cynnydd gan ddarparu amgylchedd 'cyfeillgar i ddementia' i gleifion. Mae hyn yn cynnwys gosod lloeriau lliw, hysbysiadau mewn toiledau i leihau'r risg o ddrysu, a sicrhau ymgysylltiad yr holl staff. Mae nyrs cyswllt dementia hefyd wedi'i dyrannu.

Gellir gofalu am gleifion sydd â dementia sy'n cael eu derbyn i ysbyty am driniaethau llawfeddygol mewn amgylchedd sy'n lleihau'r potensial ar gyfer mwy o ddryswch a phryder. Mae hyn hefyd yn gwneud y profiad yn llai o straen i'r gofalwyr a'r perthnasau.



## Astudiaeth achos “Gofal Urddasol”: llawfeddygaeth ddydd – sicrhau urddas ar gyfer cleifion trawsryweddol

Yn ystod 2019, archwiliodd yr Uned Llawfeddygaeth Ddydd sut y gellir darparu gofal urddasol i gleifion trawsryweddol a restrir ar gyfer llawdriniaethau wedi'u cynllunio o fewn y gwasanaeth.

Mae'r gwasanaeth wedi adolygu anghenion hyfforddi'r staff ac wedi gweithredu sesiynau pwrpasol ar gyfer Uwch Brif Nyrsys dros gyfnod o ddau ddiwrnod a sesiynau dwy awr ar gyfer staff nyrsio eraill.

Mae'r aelodau staff sydd wedi cael hyfforddiant wedi rhoi adborth cadarnhaol ar yr hyfforddiant. Mae'r gwasanaeth hefyd wedi cael adborth yr un mor gadarnhaol gan y nifer fach o gleifion trawsryweddol sy'n mynychu'r unedau llawfeddygaeth ddydd.

Mae gwaith pellach, rhwng Gofal wedi'i Gynllunio, Cydraddoldeb ac Amrywiaeth a Gwasanaethau Macmillan, i werthuso a chyflwyno'r sesiynau hyfforddi, yn parhau.







## Gofal Amserol

Mae'r egwyddor o ofal amserol yn ymwneud â'ch bod yn cael mynediad amserol at wasanaethau yn seiliedig ar angen clinigol ac eich bod yn cymryd rhan weithredol mewn penderfyniadau am eich gofal.

Rydym yn cydnabod bod peidio â chael gofal amserol yn medru cael effaith anferth ar eich profiad o'n gwasanaethau iechyd ac ar eich gallu i gyflawni'r canlyniadau iechyd gorau.

Rydym am sicrhau, er mwyn cael y canlyniad gorau posib, bod eich cyflwr yn cael ei ddiagnosio yn brydlon ac yn cael ei drin yn unol ag angen clinigol.

<b>Yn ein datganiad y llynedd, gwnaethom ddweud y byddem yn...</b>	<b>Dyma sut wnaethon ni</b>
Parhau i wella mynediad at Ofal Offthalmoleg 	Rydym wedi datblygu a chyflwyno Rhaglen Cyfeirio Gwell Cataract Optometreg. Mae 45 practis gyda 67 Optometrydd wedi'u hyfforddi i ddarparu'r gwasanaeth hwn.  Rhwng mis Ebrill a mis Medi 2019, atgyfeiriwyd 519 o gleifion am gataract dan y cynllun gwell. Rhestrwyd 287 yn uniongyrchol yn dilyn adolygiad rhith o'r nodiadau gan ymgynghorydd offthalmoleg. Mae hyn yn cyfateb i 43 clinig cleifion allanol (12 claf i bob clinig) y mae eu capasiti wedi'u rhyddhau i weld cleifion gyda chyflyrau llygad eraill.
Gwella amserau aros ar gyfer apwyntiadau dilynol cleifion allanol 	Cyn y pandemig COVID-19, roedd amseroedd aros cleifion allanol ar gyfer apwyntiadau dilynol yn gwella. Fodd bynnag, mae'r pandemig wedi effeithio ar ein hamseroedd aros am apwyntiadau cleifion allanol dilynol.

	<p>Fel rhan o reolaeth barhaus y pandemig, rydym wedi cyflwyno platfform digidol ar sail treial i alluogi apwyntiadau trwy ffôn symudol neu liniadur. Byddwn yn gwerthuso'r llwyfannau digidol.</p>
<p>Lleihau'r amseroedd aros i gleifion sydd angen asesiad / triniaeth mewn adrannau brys</p> 	<p>Mae system gofal heb ei gynllunio y Bwrdd Iechyd yn parhau i gael ei herio'n fawr gyda phwysau sylweddol wrth ddrws blaen y pedwar safle aciwt. Er bod nifer y cleifion sy'n cyrraedd ein Hadrannau Brys mewn ambiwlans wedi bod yn is yn ystod 2019 na'r flwyddyn flaenorol, ar y cyfan mae'r Bwrdd Iechyd yn parhau i brofi nifer uchel o bobl yn mynychu ein Hadrannau Brys, ynghyd â nifer uchel o atgyfeiriadau gan feddygon teulu am asesiadau sy'n arwain at dderbyn cleifion i ysbyty.</p> <p>Mae Perfformiad 4 Awr Adrannau Brys y Bwrdd Iechyd yn parhau i fod yn uwch na thuedd Cymru gyfan yn ystod 7 mis cyntaf 2019/20. Roedd ein perfformiad yn cael ei ystyried yn gyson fel yr ail orau yng Nghymru ac ym mis Mehefin 2019 ni oedd y Bwrdd Iechyd oedd yn perfformio orau yng Nghymru.</p> <p>Mae perfformiad 12 Awr Adrannau Brys y Bwrdd Iechyd yn parhau i fod yn her sylweddol. Mae capasiti annigonol ein hysbytai aciwt yn effeithio ar yr amseroedd aros yn ein hadrannau brys, yn enwedig dros nos. Mae lleihau arosiadau 12 awr yn parhau i fod yn flaenoriaeth allweddol. Uchelgais y Bwrdd Iechyd yw dileu arosiadau 12 awr yn llwyr yn ein hadrannau brys.</p>
<p>Gwella mynediad at asesiad a thriniaeth orthodonteg a deintyddol</p> 	<p>Fel rhan o gynllun peilot GIG Cymru, cyflwynwyd e-atgyfeiriadau ym mis Mawrth 2019. Roedd hyn yn caniatáu ymagwedd gyson at y broses o atgyfeiriadau ar gyfer yr holl wasanaethau gofal arbenigol a gofal eilaidd. Mae systemau ar waith i nodi unrhyw atgyfeiriadau anghywir neu sydd heb eu cwblhau'n ddigonol cyn gynted â phosib gan atal unrhyw oedi gormodol i gleifion wrth gyrchu'r gwasanaethau cywir. Yn ogystal, mae brysbennu'r atgyfeiriadau yn</p>

cael ei wneud mewn modd amserol gan sicrhau bod cleifion yn cael y gofal sy'n ofynnol yn y lleoliad mwyaf priodol.

Gall y claf a'r deintydd atgyfeirio olrhain yr atgyfeiriad ar-lein gan fod pob claf yn cael cyfeirnod unigryw.

Mae brysbennu atgyfeiriadau yn digwydd mewn modd amserol sy'n golygu bod cleifion yn cael eu cyfeirio at y gwasanaeth mwyaf priodol yn ôl anghenion deintyddol, yn seiliedig ar y wybodaeth a ddarparwyd yn rhan o'r atgyfeiriad.

Mae'r tabl isod yn nodi nifer yr atgyfeiriadau a dderbyniwyd, ers cyflwyno'r peilot, am y cyfnod Mawrth 2019 i Rhagfyr 2019.

<b>Arbenigedd</b>	<b>Cyfanswm</b>
Llawdriniaeth gên ac ar wyneb	372
Mân lawdriniaeth ar y geg	2326
Meddygaeth y geg	509
Orthodonteg	1644
Pediatreg	1227
Adferol	306
Deintyddiaeth Gofal Arbennig	304
Brys (aros pythefnos ar y mwyaf)	132
<b>Cyfanswm atgyfeiriadau</b>	<b>6820</b>

Mae lefel y mynediad at Wasanaethau Deintyddol Cyffredinol yn parhau i fod yn gymharol sefydlog dros y 12 mis diwethaf, sef 46%.

Gwella mynediad at asesiad a diagnosis ar gyfer Anhwylder Sbectrwm Awtistig /

Mae'r Bwrdd Iechyd wedi cynyddu ei gyllid ar gyfer gwasanaethau i asesu a diagnosio Anhwylder Sbectrwm Awtistig. Mae'r cyllid ar gael



Anhwylder diffyg Canolbwyntio a Gorfywiogrwydd.



i gynyddu'r adnodd bach o staff sydd ar gael ar hyn o bryd i ddarparu'r gwasanaeth asesu. Fodd bynnag, mae recriwtio staff sydd â'r sgiliau priodol wedi bod yn her ac mae'r amseroedd aros cyfredol yn cael eu heffeithio gan swyddi gwag ac absenoldebau salwch. Mae'r Bwrdd Iechyd hefyd wedi gweld cynnydd yn yr atgyfeiriadau ar gyfer y gwasanaethau asesu. Gwnaed ymrwymiad ariannol pellach i'r gwasanaeth hwn yn y Cynllun Blynyddol ar gyfer 2020 i 2021 a byddwn yn parhau i weithio tuag at wasanaeth gwell.

DRAFT

## Astudiaeth achos “Gofal Amserol”: *Twilight Sanctuary*

Mae gwasanaeth iechyd meddwl tu allan i oriau ar gyfer oedolion, sy'n torri tir newydd, wedi'i lansio yn Llanelli. Y Twilight Sanctuary yw'r cyntaf o'i fath yng Nghymru ac mae ar agor o ddydd Iau i ddydd Sul o 6pm tan 2am, i gynnig noddfa i oedolion sydd mewn risg o ddirywiad iechyd meddwl pan mae gwasanaethau eraill sy'n cynnig cymorth ar gau.

Mewn partneriaeth â Heddlu Dyfed Powys a Chyngor Sir Gâr, mae'r Bwrdd Iechyd wedi comisiynu ac yn gweithio ar y cyd â Mind a Hafal i redeg y gwasanaeth i ddarparu cefnogaeth pan mae ei angen ar bobl o ganolfan Mind yn Llanelli.

Mae Twilight Sanctuary yn cynnig noddfa a chefnogaeth i bobl sydd mewn risg o ddirywiad iechyd meddwl, gan gynnig man arall i gael mynediad cynnar at help.

Y gwasanaeth yw un o'r prosiectau cyntaf i'w lansio o'r rhaglen Trawsnewid Iechyd Meddwl.

Dyma fideo byr yn hyrwyddo'r gwasanaeth:

<https://youtu.be/g5spgSdYA5M>



## Astudiaeth achos “Gofal Amserol”: Canolfan Gofal Integredig Aberteifi

Agorwyd drysau Canolfan Gofal Integredig newydd Aberteifi i'r cyhoedd ddydd Llun, 9 Rhagfer, gan ddod â gofal cyd-gysylltiedig i gymunedau lleol am y tro cyntaf.

Daeth agoriad y ganolfan yn dynn ar sodlau lansiad menter debyg yn Aberaeron, ac roedd yn cynrychioli newid cyfeiriad pendant yn y ffordd yr ydym yn darparu gwasanaethau iechyd a gofal cymdeithasol i ardal sydd i raddau helaeth yn wledig yn yr 21ain Ganrif.



Yn ogystal â darparu gwasanaeth gofal iechyd modern a phwrpasol yn cynnwys meddygfa, deintyddfa a fferyllfa, bydd y ganolfan newydd – a ddatblygwyd gyda £23.8m o arian Llywodraeth Cymru – yn cynnal ystod o glinigau a gwasanaethau eraill a ddarperir gan y Bwrdd Iechyd, y trydydd sector, awdurdodau lleol a sefydliadau partner.


Mae gwybodaeth bellach ar y gwasanaethau a ddarperir yn y Ganolfan Gofal Integredig i'w gweld ar ein gwefan <http://www.wales.nhs.uk/sitesplus/862/news/51899>

## Gofal Unigol

Mae'r egwyddor o ofal unigol yn ymwneud â chi fel unigolyn, gan adlewyrchu eich anghenion a'ch cyfrifoldebau eich hun.

Mae gan bob un sy'n darparu gofal gyfrifoldeb i sicrhau bod pa bynnag ofal a ddarperir yn cynnwys sylw at hawliau dynol sylfaenol. Lle na all pobl sicrhau'r hawliau hyn drostynt eu hunain, pan na allant fynegi eu hanghenion a'u dymuniadau o ganlyniad i nam ar y synhwyrau, problem iechyd meddwl, anabledd dysgu, anhawster cyfathrebu neu unrhyw reswm arall, rhaid darparu mynediad at wasanaethau eiriolaeth annibynnol.

Rydym yn cydnabod bod gan bob unigolyn anghenion a dymuniadau unigryw. Gall y rhain amrywio yn ôl ffactorau fel oed, rhyw, diwylliant, crefydd ac amgylchiadau personol, a gall eich anghenion newid gydag amser. Felly, mae eich parchu chi fel unigolion yn rhan greiddiol o ofal.

<b>Yn ein datganiad y llynedd, gwnaethom ddweud y byddem yn...</b>	<b>Dyma sut wnaethon ni</b>
Gweithredu Siarter Profiad y Claf a Siarter Hawliau Plant 	Cymeradwywyd y <a href="#">Siarter Gwella Profiad y Claf</a> gan y Bwrdd ym mis Ionawr 2020 a bydd yn cael ei lansio'n ffurfiol yn ystod Wythnos Profiad o Ofal ym mis Ebrill 2020, gyda rhaglen o ddatblygiadau profiad y claf, er mwyn galluogi ystod ehangach o ffyrdd gwell o ddarparu adborth i'r Bwrdd Iechyd. Mae gwaith wedi dechrau ar ddatblygu Siarter Plant a Phobl Ifanc erbyn mis Medi 2020.

Cynyddu'r adborth cleifion, teuluoedd a gofalwyr a gwella ymgysylltu â phlant a phobl ifanc.



Mae'r Bwrdd Iechyd yn casglu adborth defnyddwyr gwasanaeth mewn sawl ffordd, yn unol â Fframwaith y GIG ar gyfer Sicrhau Profiad Defnyddwyr Gwasanaeth, sy'n cynnwys defnyddio model pedwar cwadrant (amser go-iawn, ôl-weithredol, rhagweithiol / adweithiol a chydbwysol).

Mae enghreifftiau o'r amrywiol dulliau yn cynnwys: arolygon mewn ardaloedd clinigol a wardiau, straeon y claf, arolygon ar-lein, Diolch yn Fawr (cyfleuster ar-lein i roi canmoliaeth), yn ogystal â chael adborth ar ffurf cwynion.

Yn gynharach eleni dechreuwyd treialu modiwl Profiad y Claf newydd ar system Datix (System Pryderon a Rheoli Risg y Bwrdd Iechyd). Dyluniwyd y modiwl i gofnodi canmoliaeth a gaed ar lefel ward, naill ai'n uniongyrchol gan gleifion neu gan eu teulu, gofalwyr neu ffrindiau.

Rydym hefyd wedi cyflwyno'r Prawf Teulu a Ffrindiau. Mae'r prawf hwn yn gyfle i bobl roi adborth ar eu profiad o wasanaethau; rydym yn gofyn cwestiwn safonol ar ôl i glaf gael gofal a thriniaeth: "Pa mor debygol ydych chi o argymell ein gwasanaeth i ffrindiau a theulu os oes arnynt angen gofal neu driniaeth?" Mae'r gwasanaeth ar gael ar hyn o bryd ar gyfer pob un o unedau achosion brys ac unedau mân anafiadau'r Bwrdd Iechyd, a bydd yn cael ei gyflwyno i bob adran arall yn y sefydliad yn 2020 i 2021.

Yn ystod mis Medi a mis Hydref, anfonwyd 17,871 o Brofion Teulu a Ffrindiau, sef 91% o'r cleifion wnaeth fynychu ein hadrannau brys. Cyfartaledd y gyfradd ymateb oedd 12.2% ac roedd ymateb 84.5% ohonynt yn gadarnhaol. Byddwn yn cyflwyno'r prawf ar draws y Bwrdd Iechyd yn 2020.

## Gweithredu Safonau'r Gymraeg.



Ym mis Mai 2019, lansiodd y Bwrdd Iechyd Ddeunydd Hyrwyddo Newydd i gefnogi lansiad Safonau'r Gymraeg.

Mae'r Bwrdd Iechyd wedi mabwysiadu'n ffurfiol Safonau'r Gymraeg gan Lywodraeth Cymru, sy'n gosod dyletswydd statudol ar gyrff cyhoeddus i roi amlygrwydd cyfartal i'r Gymraeg a'r Saesneg, yn ogystal â hyrwyddo a hwyluso defnydd y Gymraeg, gan ei gwneud yn haws i bobl ddefnyddio'r Gymraeg yn eu bywyd beunyddiol.

Nod y Safonau yw ei gwneud yn glir i sefydliadau beth yw eu dyletswyddau mewn perthynas â'r Gymraeg; ei gwneud yn fwy eglur i siaradwyr y Gymraeg am y gwasanaethau y gallant ddisgwyl eu cael yn Gymraeg, gwneud gwasanaethau Cymraeg yn fwy cyson a gwella eu hansawdd, gan sicrhau bod negeseuon pwysig yn cyrraedd cleifion yn eu dewis iaith gan wneud i bobl deimlo'n fwy gwerthfawr.

Mae'r Bwrdd Iechyd wedi gofyn i'r holl staff i baratoi ac i ymgysgu â'r dyletswyddau statudol a ddaw gyda'r Safonau. Mae gofyn iddynt hefyd baratoi ac ymgysgu â'n cyfrifoldebau fel Bwrdd Iechyd i sicrhau ein bod yn darparu gwasanaethau dwyieithog rhagorol i bawb. Ceir mwy o wybodaeth ar sut yr ydym wedi gweithredu Safonau'r Gymraeg yn ein Hadroddiad Blynyddol ar y Gymraeg.

## Astudiaeth achos “Gofal Unigol”: gwrando ar ein defnyddwyr gwasanaeth – rhoi dewis ar gyfer paratoi'r coluddyn

Mewn ymateb i nifer o gwynion a thema yn yr arolwg boddhad cleifion o fewn Endosgopi, gwnaed newid i baratoi'r coluddyn ar gyfer gweithdrefn colonosgopi. Cafwyd cwynion ac adborth ynghylch cyfaint a blas y paratoad coluddyn cyfredol sef Moviprep.

Ar ôl trafodaeth gyda cholonosgopyddion sgrinio ac arweinydd fferyllfa, dros gyfnod o dri mis, cynhaliodd y gwasanaeth dreial o ddewis arall o baratoad coluddyn o'r enw Plenvu.

Mae cyfeiriad grŵp cleifion yn y broses o gael ei ysgrifennu a fydd o'i gymeradwyo, yn caniatáu i'r gwasanaeth gynnig dewis o Moviprep neu Plenvu i'r claf (oni bai bod cyd-afiachuswydd meddygol yn nodi fel arall).

Mae Plenvu yn hanner cyfaint Moviprep sy'n ei gwneud yn fwy goddefadwy i'w gymryd. Y theori yw efallai na fydd y blas yn gweddu i bawb ond bydd yn haws i'w gymryd gan fod angen llai o gyfaint.

## Astudiaeth achos “Gofal Unigol”: Siarter ar gyfer Gwella Profiad y Claf



Ym mis Chwefror 2019, cytunodd y Bwrdd Iechyd y byddai'n cynhyrchu Siarter ar gyfer Gwella Profiad y Claf.

Mae'r siarter a'r poster cysylltiedig wedi'u cyd-gynhyrchu gyda chleifion a'r gymuned ac mae'n seiliedig ar yr hyn sy'n bwysig iddynt wrth gyrchu gofal a thriniaeth, er mwyn galluogi profiad cadarnhaol.

Cymeradwywyd y Siarter gan y Bwrdd ym mis Chwefror 2020. Bydd yn llywio rhaglen profiad y claf y Bwrdd Iechyd, ei gynlluniau gwasanaeth unigol ar gyfer profiad y claf, ac yn integreiddio adborth profiad y claf yn y gwaith o gynllunio a gwella gwasanaethau.



Am fanylion pellach ar sut mae'r Bwrdd Iechyd yn gweithio tuag at ddarparu gofal unigol, defnyddiwch y ddolen isod at ein Amcanion a Chynlluniau Cydraddoldeb Strategol ac Adroddiadau Blynyddol cysylltiedig <http://www.wales.nhs.uk/sitesplus/862/page/61233>



## Staff ac Adnoddau

Mae'r egwyddor o staff ac adnoddau yn ymwneud â sicrhau y gall pawb yn Hywel Dda ganfod gwybodaeth ar sut mae'r Gwasanaeth Iechyd yn cael ei adnoddu, a sut yr ydym yn gwneud defnydd o'r adnoddau hynny.

Cyfran sylweddol o'n hadnoddau yw ein gweithlu sy'n cynnwys yr holl bobl sy'n gweithio yn ein gwasanaethau, i'n gwasanaethau neu gyda'n gwasanaethau, ac mae pob un yn chwarae rhan hanfodol yn y gwaith o ddarparu gwasanaeth gofal o safon ac sy'n canolbwyntio ar unigolion.

<b>Yn ein datganiad y llynedd, gwnaethom ddweud y byddem yn...</b>	<b>Dyma sut wnaethon ni</b>
<p data-bbox="194 719 703 799">Gweithredu'r Rhaglen 'Darpar Arweinwyr Meddygol'</p>  	<p data-bbox="815 719 2024 1011">Gweithredwyd y Rhaglen Darpar Arweinwyr Meddygol yn 2019, gan ddarparu'r wybodaeth sylfaenol sydd ei hangen i ddatblygu system gofal iechyd gyda Cymru Iachach: Ein Cynllun ar gyfer Iechyd a Gofal Cymdeithasol mewn golwg. Mae'r rhaglen yn canolbwyntio ar ddysgu sefydliadol amser go-iawn trwy herio cynrychiolwyr i ddefnyddio'r rhaglen fel modd o ddatrys materion go-iawn yn bennaf yn eu priod wasanaethau.</p> <p data-bbox="815 1066 2024 1406">Mae'r rhaglen ar gael i'n hymgyngorwyr, meddygon arbenigol a meddygon cyswllt arbenigol, a meddygon teulu. Ers ei sefydlu yn 2019, mae 2 garfan, pob un yn cynnwys 20 o gynrychiolwyr, wedi cofrestru ar y rhaglen. Mae'r cynrychiolwyr yn adlewyrchu cymysgedd gyfoethog o ran rhyw, ethnigrwydd, arbenigedd, sector a lleoliad. Mae'r model hwn yn lliniaru'r tueddiad ar gyfer meddwl yn unigol, yn cysylltu rhannau eang o'r system gyfan a hefyd yn cynorthwyo i ddatblygu cysylltiadau yn lleol ac yn ehangach.</p>

Mae'r rhaglen yn rhedeg dros gyfnod o 12 mis ac yn ystyried materion amserol sy'n berthnasol i ddatblygiad arweinyddol, tra hefyd yn ystyried gweithrediad swyddogaethau arweinyddol anfeddygol yn y sefydliad.

Dyma ganlyniadau'r rhaglen:

- Dealltwriaeth o'r wybodaeth sylfaenol am agweddau anghlinigol o'r sefydliad a'r system ehangach.
- Mwy o allu i ddylanwadu o fewn meysydd arbenigol cyfrifoldeb clinigol eu hunain a datblygu gallu i ddylanwadu ar draws y system.
- Cefnogaeth cymheiriaid ac awydd ar y cyd i wella gwasanaethau clinigol y tu hwnt i gyfnod y rhaglen.

Ym mis Rhagfyr 2019, cwblhaodd y garfan gyntaf o 20 o gynrychiolwyr y rhaglen. Ar y diwedd, cawsant y cyfle i roi adborth.

Roedd yr adborth yn cynnwys:

“Hyder yn y wybodaeth a gafwyd, gan arwain at fwy o uchelgais bersonol”;

“Awch i ddysgu mwy a dod yn arweinydd gwell”

“Gwerthfawrogiad o'r gwahanol sgiliau a gwybodaeth yn y sefydliad a'r posibilrwydd o gyflawni mwy gyda chysylltiadau agosach a manteisio ar y sgiliau hynny”.

Yn 2020 bydd hi'n gyfle i Garfan 2 Rhaglen Darpar Arweinwyr Meddygol. Mae gwaith i ymgysylltu â charfanau pellach yn cael ei wneud ar hyn o bryd gan ein timau datblygu meddygol a sefydliadol.

Gellir gweld fideo hyrwyddo byr o rai o'n huwch arweinwyr clinigol yn trafod yr agwedd at arweinyddiaeth feddygol yn y sefydliad, gan dynnu sylw at ein hymrwymiad i ddatblygu gallu arweinyddol staff meddygol

	<p>ledled Sir Gaerfyrddin, Ceredigion a Sir Benfro yn <a href="http://www.wales.nhs.uk/sitesplus/862/page/100220">http://www.wales.nhs.uk/sitesplus/862/page/100220</a></p>
<p>Gweithredu'r Rhaglen 'Meithrin ein Nyrsys'</p> 	<p>Dros y blynyddoedd diwethaf rydym wedi datblygu a gweithredu ein rhaglen 'Meithrin ein Nyrsys'. Mae'r rhaglen hon yn gyfuniad o gynlluniau presennol, cynlluniau newydd a chynlluniau arloesol, â'r nod o gynyddu nifer ein nyrsys cofrestredig ar draws Bwrdd Iechyd Prifysgol Hywel Dda.</p> <p>Ein nod yw cynyddu'r nifer o nyrsys cofrestredig i lenwi ein swyddi gwag o fewn y Bwrdd Iechyd, ac mae'r rhaglen 'Meithrin ein Nyrsys' yn cynnig llwybr fforddiadwy i'r byd nyrsio ac yn caniatáu i nyrsys sy'n gweithio mewn meysydd nad ydynt yn rhai aciwt i symud i weithio mewn meysydd nyrsio aciwt.</p> <p>Mae ein Rhaglen Prentisiaeth Gofal Iechyd yn gyfle cyffrous sy'n galluogi unigolion i hyfforddi i fod yn nyrs gofrestrdedig trwy ddysgu yn y gweithle. Maen nhw'n dechrau trwy gyflawni Prentisiaeth Sylfaenol mewn Gwasanaethau Cymorth Gofal Iechyd (lefel 2), yn symud ymlaen i Brentisiaeth mewn Cymorth Gofal Iechyd Clinigol (lefel 3), cyn dechrau ar addysg prifysgol yn rhan-amser, gan ddechrau ar lefel 4.</p> <p>Mae'r Rhaglen Prentisiaeth Gofal Iechyd yn cyfuno nifer o raglenni mewn un, sy'n dangos ein bod wedi ymrwymo i ddarparu llwybr uniongyrchol i'r byd nyrsio. Nid oes angen i'r rhai hynny sydd ar y rhaglen gyflwyno cais arall ar gyfer y rhaglenni gwahanol ar hyd y ffordd. Pan maen nhw wedi gorffen y rhaglen, maen nhw'n dod yn Nyrs Gofrestredig Gymwysedig.</p> <p>Ym mis Mai 2019, lansiodd Hywel Dda ei Academi Brentisiaeth. Daeth 187 cais i law ar gyfer 40 lle. Mynychodd 113 o ymgeiswyr y dyddiau asesu, a chynigiwyd adborth wyneb-yn-wyneb i bob un – boed yn llwyddiannus neu beidio.</p>

Oherwydd safon yr ymgeiswyr, gwnaed a derbyniwyd 53 cynnig o gyflogaeth (nid y 40 gwreiddiol). Roedd 53% ohonynt yn medru'r Gymraeg ac 17% ohonynt yn ddynion (sy'n llawer uwch na'n cymhareb o 7.8% ar gyfer nyrsys gwrywaidd yn Hywel Dda).

Ers lansio'r Academi Brentisiaeth, mae prentisiaid eraill wedi'u recriwtio i feysydd eraill yn y Bwrdd Iechyd ac mae mwy o grwpiau staff wedi dangos diddordeb.

Dyma rhai fideos o'r Academi Brentisiaeth:

<https://www.youtube.com/watch?v=8ruORYE-Hic&t=41s>

[https://www.youtube.com/watch?v=rOXleB\\_4SGI](https://www.youtube.com/watch?v=rOXleB_4SGI)

<https://www.youtube.com/watch?v=7rzLG07fQII>

## Astudiaeth achos “Staff ac Adnoddau”: fferylllydd y flwyddyn

Cyhoeddwyd Meryl Davies, Fferylllydd Gwrthfotog Gofal Sylfaenol, yn Fferylllydd Y Flwyddyn yng ngwobrau mawreddog Hyrwyddo Gofal Iechyd Cymru ym mis Tachwedd.

Cafodd Meryl ei chydabod am ei ffordd arloesol a disgyblaethol o weithio, gan ganolbwyntio ar fynd i'r afael â phriodoldeb rhagnodi gwrthfotigau. Aeth ati i archwilio meddygfeydd i asesu priodoldeb ac yna ymwelodd â'r meddygfeydd, ynghyd â microbiologydd ymgynghorol, i drafod ac addysgu rhagnodwyr ar ragnodi gwrthfotigau mewn modd priodol. Mae'r broses hon wedi gweld gwelliant mewn rhagnodi gwrthfotigau wrth ail-archwilio ac mae wedi cael adborth gadarnhaol gan feddygfeydd. Bellach, mae cleifion sy'n cael gwrthfotigau amlroddadwy yn cael eu hadolygu i sicrhau bod y feddyginiaeth yn dal i fod yn briodol, er mwyn osgoi niwed diangen.

Mae Meryl hefyd wedi darparu cyngor ar weithredu peiriannau profion newydd er mwyn helpu i nodi heintiau anadlol bacterial tebygol ac mae wedi cynrychioli'r bwrdd iechyd ar ei ffrwd waith genedlaethol. Mae hi hefyd wedi gweithio gyda Nyrs Atal Heintiau Ceredigion a Nyrs Eiddilwch ar reoli heintiau'r llwybr wrinol mewn cartrefi gofal. Arweiniodd hyn at estyniad o 30% yn y nifer o wrthfotigau a ragnodwyd yn ystod y cyfnod peilot a gostyngiad yn y samplau wrin a anfonwyd i'r labordy. Mae'r dulliau a ddefnyddir yn y peilot hwn bellach wedi'u mabwysiadu ledled Cymru. Mae cleifion yn elwa o llai o brofion a defnydd mwy priodol o gyfryngau gwrthfacterol.



Mae gan Meryl enw da ymhlith y tîm gweithredol. Mae ganddi ffocws, ysgogiad a brwdfrydedd, mae'n weladwy, mae'n hawdd mynd ati ac mae'n cefnogi clinigwyr ar draws y Bwrdd Iechyd. Mae'n angerddol am ei swydd a chanddi weledigaeth ar sut i'w datblygu.

### **Astudiaeth achos "Staff ac Adnoddau": Gwobr Seren Cavell am gyfraniad rhagorol i nyrsio anableddau dysgu**

Roedd Uwch Nyrs Anableddau Dysgu ym Mwrdd Iechyd Prifysgol Hywel Dda yn dathlu ar ôl ennill gwobr fawreddog am ei chyfraniad rhagorol i nyrsio Anableddau Dysgu. Cyflwynwyd Seren Cavell i Laura Andrews, Arweinydd Proffesiynol Nyrsio Anableddau Dysgu, gan Gadeirydd y Bwrdd Iechyd, Maria Battle.

Mae Seren Cavell yn cydnabod nyrsys, bydwragedd, cymdeithion nyrsio a gweithwyr cymorth gofal iechyd sy'n mynt tu hwnt i'w dyletswyddau proffesiynol ac yn dangos gofal eithriadol.



Enwebwyd Laura am y wobwr gan ei chydweithwyr yn y Gwasanaeth Cyswllt Iechyd Anableddau Dysgu am ei hangerdd a'i hymroddiad tuag at nyrsio anableddau dysgu. Mae wedi bod yn Nyrs Anableddau Dysgu am dros 30 mlynedd a chanddi gyfoeth o wybodaeth a phrofiad, ar ôl gweithio mewn sawl lleoliad yng Nghymru a Lloegr.

Dywed Maria Battle, Cadeirydd y Bwrdd Iechyd "Mae Laura yn eiriolwr ac yn hyrwyddwr anableddau dysgu. Mae wedi bod yn ddifflino yn codi proffil anableddau dysgu ym mhob maes ac yn cymryd pob cyfle i annog myfyrwyr newydd i'r proffesiwn.

"Mae Laura wedi bod yn allweddol wrth ddatblygu gwasanaethau newydd i ddiwallu anghenion y rhai hynny sydd ag anabledd dysgu ac mae bob amser yn cynnwys ac yn gwerthfawrogi mewnbyn pobl ag anabledd dysgu i sicrhau bod eu llais yn cael ei glywed."

## Astudiaeth achos “Staff ac Adnoddau”: cydnabyddiaeth o ymrwymiad amhrisiadwy i addysgu'r genhedlaeth nesaf o weithwyr gofal iechyd proffesiynol



Roedd Meddyg Teulu o Sir Benfro ymhlith sawl meddyg a deintydd o bob rhan o Gymru a gydnabuwyd am eu hymrwymiad amhrisiadwy i addysgu'r genhedlaeth nesaf o weithwyr gofal iechyd proffesiynol.

Dyfarnodd Addysg a Gwella Iechyd Cymru bum enillydd, ynghyd â thri a ddaeth yn ail, yn seremoni wobrwyo BEST a gynhaliwyd ar yr 2ail o fis Ebrill.

Mae ymroddiad hyfforddwyr meddygol a deintyddol yn sicrhau bod gan GIG Cymru y cyfarpar i ddarparu gofal rhagorol i gleifion, nawr ac i'r dyfodol.

Cyhoeddwyd bod Dr Jennifer Boyce o Grŵp Meddygol Argyle, Doc Penfro yn enillydd ar y cyd â Dr Sara Bodey o Fwrdd Iechyd Prifysgol Betsi Cadwaladr yn y category gofal sylfaenol.

Fel hyfforddwr Meddygon Teulu, gwobrwywyd Dr Boyce am arddangos proffesiynoldeb ac empathi tra hefyd yn dod â brwdfrydedd i rôl y Meddyg Teulu mewn ardal wledig.

Meddai Julie Rogers, Dirprwy Brif Weithredwr a Chyfarwyddwr y Gweithlu a Datblygu Sefydliadol Addysg a Gwella Iechyd Cymru: “Mae Gwobrau BEST yn cydnabod y meddygon a'r deintyddion hynny sydd ar y llinell flaen yn darparu addysg feddygol a deintyddol ar draws Cymru.

“Gwych o beth yw dathlu y rhai hynny sydd wedi'u henwebu gan feddygon a deintyddion dan hyfforddiant am eu brwdfrydedd a'u hymrwymiad i'w rôl fel hyfforddwyr ac hefyd am eu cefnogaeth.”

## Astudiaeth achos “Staff ac Adnoddau”: Sgrinio Ffordd o Fyw



O fis Mai 2019, mae gwasanaeth Iechyd Galwedigaethol y Bwrdd Iechyd wedi cynnig sgrinio ffordd o fyw, gan gynnwys asesiad risg clefyd cardiofasgwlaidd, i bob aelod o staff y Bwrdd Iechyd. Awgryma tystiolaeth y canlynol am gynnig sgrinio yn y gweithle:

- Nodi unigolion risg uchel
- Cyfarwyddo triniaeth priodol
- Hyrwyddo ymyrraeth gynnar
- Annog gweithwyr i fabwysiadu newidiadau ffordd o fyw er mwyn lleihau'r risg o glefyd cardiofasgwlaidd

Mae Cymru Iachach (Lywodraeth Cymru, 2018) yn nodi blaenoriaethu iechyd gweithwyr fel cydran allweddol wrth ddiwallu anghenion iechyd poblogaeth Cymru gydag “ymrwymiad i wneud GIG Cymru yn gyflogwr enghreifftiol yn ei gefnogaeth i lesiant yn y gwaith ac i weithlu iach”.

Adlewyrchir hyn yn strategaeth y Bwrdd Iechyd ar gyfer darparu gwasanaethau iechyd a gofal sef Canolbarth a Gorllewin Iachach; Cenedlaethau'r Dyfodol yn Byw'n Dda (BIP Hywel Dda, 2018) a gynigiodd “*Mae Iechyd a Llesiant ein Staff yn holl-bwysig*”.

Rhwng mis Mai a mis Tachwedd 2019, sgriniwyd 306 aelod o staff ar draws safleoedd ein pedwar prif ysbyty. Roedd 32% o'r sgrinio hyn ar gyfer staff gweinyddol a chlerigol sy'n 19% o'r gweithlu.

Dyma rai o'r canfyddiadau allweddol:

- Mae 25% o staff o fewn yr ystod BMI Iach, 41% Dros Bwysau, 28% yn Ordeu, a 4.5% yn Afiachus o Ordeu
- Roedd gan 6% o'r staff (wnaeth lenwi'r adran berthnasol) lefel gymedrol neu uwch o orbryder ac iselder
- Clywodd 44% am Iechyd Hywel gan eraill, a 19% o'r poster



## Ein hymrwymiad ar gyfer 2020/21: Gair i Gloi gan Gadeirydd ac Arweinydd Gweithredol y Pwyllgor Sicrwydd Ansawdd, Diogelwch a Phrofiad

Fel Cadeirydd ac Arweinydd Gweithredol Pwyllgor Sicrwydd Ansawdd, Diogelwch a Phrofiad (QSEAC) y Bwrdd Iechyd, gobeithiwn bod y Datganiad Ansawdd Blynyddol hwn wedi rhoi cipolwg i chi ar ein gwaith, gan ddangos ein hymrwymiad at wella ansawdd ein gwasanaethau a diwallu anghenion ein cleifion ar draws Sir Gaerfyrddin, Ceredigion, Sir Benfro a'r ffiniau.

Yn ein Cynllun Blynyddol ar gyfer 2020 i 2021, rydym wedi cytuno ar nifer o flaenoriaethau cyflawni. Mae'r blaenoriaethau cyflawni sydd yn ein Cynllun Blynyddol yn gysylltiedig â'n hymrwymiad i barhau i wella ein gwasanaethau. Yn 2020 i 2021, byddwn yn ymdrechu i gyflawni'r canlynol:

### Cadw'n Iach

Gwella iechyd a llesiant ein poblogaeth trwy:

- cynyddu'r nifer sy'n cael imiwneiddiadau a brechiadau
- cynyddu mynediad at wasanaethau rhoi'r gorau i ysmegu

### Gofal Diogel

Datblygu'r dangosfwrdd ansawdd ymhellach er mwyn galluogi adrodd o'r Tîm i'r Bwrdd Canolbwyntio gweithgaredd gwella ar niwed y gellir ei osgoi megus thrombosis a gafwyd mewn ysbyty, difrod pwysu, rheoli sepsis a stiwardiaeth gwrthficrobaidd, yn unol â blaenoriaethau ansawdd a diogelwch y sefydliad

### Gofal Effeithiol

Adnewyddu ein Fframwaith Gwella Ansawdd i adlewyrchu'r cynnydd a wnaed a'r dysgu a ddaeth yn ei sgîl

### Gofal Urddasol

Ehangu'r prawf teulu a ffrindiau i bob gwasanaeth a ddarperir gan y Bwrdd Iechyd, a chyhoeddi'r canlyniadau

### Gofal Amserol

Cyflwyno'r llwybr canser sengl sy'n cyflymu'r amser at driniaeth yn sylweddol

Cwblhau rhaglen ail-ddylunio'r Gwasanaeth Strôc sy'n cwmpasu'r llwybr strôc cyfan, o atal, trwy ofal strôc aciwt ac adferiad, i fywyd yn dilyn strôc

### Gofal Unigol

Cynyddu'r cyfleoedd i wrando a dysgu o brofiadau cleifion yn ein gwasanaethau, yn cynnwys

- craffu a rhannu'r dysgu trwy Is-bwyllgor Gwrando a Dysgu newydd
- cyhoeddi, gweithredu a gwerthuso ein siarter profiad y claf

### Staff ac Adnoddau

Cyflwyno Rhaglen Datblygu Sefydliadol i symud ymlaen â'r sgiliau a'r offer rheoli newid sydd eu hangen arnom i feithrin y diwylliant i ddarparu gwasanaethau o ansawdd uchel, wrth fyw ein gwerthoedd ac ymgorffori ffordd Hywel Dda.

Mae QSEAC yn bwyllgor statudol o'r Bwrdd. Ei brif bwrpas yw craffu, asesu a cheisio sicrwydd mewn perthynas ag effaith, ansawdd a chanlyniadau iechyd y gwasanaethau a ddarperir gan y Bwrdd. Mae cylch gorchwyl llawn y pwyllgor i'w weld ar ein gwefan <http://www.wales.nhs.uk/sitesplus/862/opendoc/324367>. Â'r prif bwrpas hwn mewn golwg, yn ei gyfarfodydd trwy gydol 2020 i 2021 bydd QSEAC yn cael ddiweddariadau ar y blaenoriaethau ansawdd allweddol, fel rhan o'n hymrwymiad i ddysgu a gwella yn barhaus er budd ein cymunedau a'n staff.

Rydym yn gweithio'n galed i gyflawni ein nodau yng nghyd-destun COVID-19, ond o dan yr amgylchiadau eithriadol hyn, efallai y bydd angen addasu'r blaenoriaethau wrth i'r flwyddyn ddatblygu. Mae pandemig COVID-19 yn golygu bod y Bwrdd Iechyd yn gweithio trwy gyfnod anodd iawn lle mae cynlluniau ar gyfer gofal wedi'u gwneud, yn cael eu gweithredu'n gyflym a'u hail-asesu bob dydd. Mae staff wedi dangos, ac yn dal i ddangos, ymroddiad ac ymrwymiad i sicrhau bod ein poblogaeth yn cael y gofal brys ac argyfyngol sy'n ofynnol. Ar yr un pryd, mae pobl leol yn darparu cefnogaeth hanfodol i'r Gwasanaeth Iechyd trwy ddilyn mesurau'r llywodraeth i fynd i'r afael â'r feirws. Maent hefyd yn dangos eu diolchgarwch mewn amryw ffyrdd, sy'n golygu cymaint i'n staff. Felly, dymunwn adleisio a phwysleisio'r diolch a roddwyd gan y Cadeirydd a'r Prif Weithredwr yn y cyflwyniad i'r Datganiad Ansawdd Blynyddol hwn. Diolch o galon am eich ymroddiad a'ch ymrwymiad.



**John Gammon**  
(Aelod Annibynnol)

**Cadeirydd – Pwyllgor Sicrwydd  
Ansawdd, Diogelwch a Phrofiad  
(tan fis Mawrth 2020)**



**Anna Lewis**  
(Aelod Annibynnol)

**Cadeirydd – Pwyllgor Sicrwydd  
Ansawdd, Diogelwch a Phrofiad  
(o fis Ebrill 2020)**



**Mandy Rayani**

**Cyfarwyddwr Gweithredol  
Nyrso, Ansawdd a  
Phrofiad y Claf**

### Gwasanaethau Cefnogi Cleifion (adborth a chwynion): Rhannu eich profiadau

Mae ansawdd yn gefn i bopeth a wnawn, ac er mwyn i ni barhau i wella hoffem wybod am eich profiadau diweddar o ddefnyddio ein gwasanaethau.

Gallwch wneud hyn trwy gysylltu â'n gwasanaethau cefnogi cleifion:

Rhif ffôn: 0300 0200 159

Ebost: [hdhb.patientsupportservices@wales.nhs.uk](mailto:hdhb.patientsupportservices@wales.nhs.uk)

Ar-lein: [Gan ddefnyddio ein ffurflen adborth](https://hduhb.nhs.wales/healthcare/services-and-teams/patient-support-services-complaints-feedback/) sydd ar ein gwefan <https://hduhb.nhs.wales/healthcare/services-and-teams/patient-support-services-complaints-feedback/>

Post: Freepost Feedback @ Hywel Dda

**Os ydyw'n bwysig i chi, mae'n bwysig i ni. – Rydym yn gwrando.**



DRAFFT

**CYFARFOD BWRDD PRIFYSGOL IECHYD  
UNIVERSITY HEALTH BOARD MEETING**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	28 May 2020
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Nurse Staffing Levels Annual Assurance Report 2019/20
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Mandy Rayani, Executive Director of Nursing, Quality & Patient Experience
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Chris Hayes, Nurse Staffing Programme Lead

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

The Nurse Staffing Levels (Wales) Act (NSLWA) 2016 became law in March 2016 with the final sections of the Act coming into effect in April 2018.

Section 25E requires Health Boards/Trusts to report their compliance in maintaining the nurse staffing level for each adult acute medical and surgical ward. The Health Board (HB) must submit a three-yearly report to Welsh Government. To facilitate this, a process of submitting an annual assurance report, using a nationally agreed template, to each Health Board has been agreed through the All Wales Nurse Staffing programme.

The aim of this report is to provide an overview of the Health Board's level of compliance with the agreed nurse staffing levels; the impact upon the quality of care where the nurse staffing level was not maintained; and the actions taken in response to this position

This annual report represents the second of three annual reports which will, when aggregated at the end of the 2018-2021 reporting period, form the basis of the statutory three year report to Welsh Government required by the NSLWA.

The Board is asked to formally receive and note the information contained within the 2019/20 Nurse Staffing levels (Wales) Annual Assurance Report (Appendix 1) which has been produced using the prescribed NHS Wales reporting template.

**Cefndir / Background**

The Act has five sections:

- Section 25A of the Act relates to the overarching responsibility placed upon each Health Board, requiring Health Boards and Trusts to ensure they have robust workforce plans, recruitment strategies, structures and processes in place to ensure appropriate nurse staffing levels across their organisations. This duty came into effect in April 2017.

- Section 25B requires Health Boards/ Trusts to calculate and take reasonable steps to maintain the nurse staffing level in all adult acute medical and surgical wards. Health Boards/ Trust are also required to inform patients of the nurse staffing level.
- Section 25C requires Health Boards/Trusts to use a specific method to calculate the nurse staffing level in all adult acute medical and surgical wards. These duties came into effect in April 2018.
- Section 25D of the Act required that Welsh Government devised statutory guidance to support the Act and this was launched on the 2nd November 2017. An operational handbook was subsequently developed to assist Health Boards and Trusts interpret and implement the requirements of the Act and this was issued at the end of March 2018.
- Section 25E requires Health Boards/Trusts to report their compliance in maintaining the nurse staffing level for each adult acute medical and surgical ward and the Health Board must submit a three-yearly report to Welsh Government, along with an Annual Report to Board outlining compliance with the nurse staffing levels, the impact upon the quality of care where the nurse staffing level was not maintained and the actions required in response to this.

The Board's responsibilities under the Act are to:

- Identify a designated person (or a description of a person);
- Determine which ward areas where Section 25B applies;
- Receive and agree written reports from the 'designated person' on the nurse staffing level that has been calculated for each adult acute medical and surgical inpatient ward;
- Ensure that operational systems are in place to record and review every occasion when the number of nurses deployed varies from the planned roster; and
- Agree the operating framework which will specify the systems and processes to ensure that all reasonable steps are taken to maintain the nurse staffing level on both a long term and a shift-by-shift basis; and specify the arrangements for informing patients of the nurse staffing.

### Asesiad / Assessment

The 2019/20 Nurse Staffing levels (Wales) annual assurance report (Appendix 1) sets out the progress made within HDdUHB during 2019/20 in relation to meeting the various statutory requirements of the NSLWA. For ease of providing assurance, the report is divided into the following sections:

- **Section 25A**, which addresses the Health Boards/Trusts overarching responsibility to ensure appropriate nurse staffing levels in any area where nursing services are provided or commissioned, in addition to the detailed requirements relating to adult medical and surgical wards (page 1-3 of the report).
- The actions taken in relation to **calculating** the nurse staffing level on wards where section 25B applies (page 3-4 of the report).
- The use made of **the triangulated approach** to calculate the nurse staffing level on section 25B wards; and the use made of the principles underpinning this approach to provide the foundation for the work being undertaken to ensure appropriate nurse staffing levels are calculated for all areas where nursing services are provided (page 4 of the report).
- How the HDdUHB responsibilities **to inform patients** about nurse staffing levels are being met (page 5 of the report).
- **The extent to which** the nurse staffing levels in Section 25B wards have been maintained (page 5-6 of the report).

- The robustness of the systems and processes in place for **maintaining the nurse staffing level** (page 6 of the report).
- The **impact on care quality** as a result of not maintaining the nurse staffing levels (page 7 of the report).
- The **actions taken** when nurse staffing levels have not been maintained, both in relation to specific incidents and when considering the more strategic challenges in maintaining the calculated staffing levels (page 8-9 of the report).

The Board is asked to note, in particular, the emerging picture described in the section relating to the impact on care quality due to not maintaining the nurse staffing levels (page 7). The incidents which need to be reported under the Act are the number of serious incidents/complaints where failure to maintain the nurse staffing level was considered to have been a factor for the following patient harm incidents:

- Hospital acquired pressure damage (grade 3, 4 and unstageable).
- Falls resulting in serious harm or death (i.e. level 4 and 5 incidents).
- Medication related never events.

In addition, from 2019/20, we are also required to consider whether a failure to maintain nurse staffing levels played any part in any/all complaints received about nursing care.

Table 1 (below) sets out the number of serious incidents/complaints where failure to maintain the nurse staffing level was considered to have been a contributory factor. It should be noted however, that as yet, it is not possible to draw any cause/effect conclusions about any trends from the small numbers of serious incidents provided in this report; this will require several further data sets to be available.

Table 1.

Patient harm incidents (i.e. nurse-sensitive Serious Incidents /Complaints)	Total number of closed serious incidents/complaints during <u>current</u> reporting period.	Total number of serious incidents/complaints not closed and to be reported on/during the <u>next</u> reporting period	Number of serious incidents/complaints where failure to maintain the nurse staffing level was considered to have been a factor
Hospital acquired pressure damage (grade 3, 4 and unstageable).	25	1	0
Falls resulting in serious harm or death (i.e. level 4 and 5 incidents).	16	0	1
Medication related never events.	0	0	0
Complaints about nursing care	34	7	0

- There is one incident of a hospital acquired pressure ulcer which is not closed and this incident will be reported on during the next reporting period.
- There are 7 open complaints where the initial screening has identified that they are complaints about nursing care and these will also be reported on during the next reporting period.

All of the incidents and complaints included in the report have been scrutinised both by the operational teams and the nurse staffing programme team to review whether the nurse staffing

levels were maintained at the relevant time, and if not, whether failure to maintain the nurse staffing level contributed to any harm suffered by the patient but also to determine whether there are any other lessons to be learnt from the incidents that can be shared. The actions taken for the one incident where failure to maintain the nurse staffing level was considered to have been a factor are include on page 8 of the report.

To enable a more detailed level of monitoring of the impact of the significant changes made to nurse staffing levels in Section 25B wards since the commencement of Section 25B of the NSLWA, data relating to **all** incidents (not only the Serious Untoward Incidents of Level 4/5 patient harm reported here) of pressure damage/falls/medication related patient harm occurring in these wards will be monitored, analysed and presented to the Quality, Safety & Experience Assurance Committee (QSEAC) periodically during 2020/21. This approach will be presented as part of the routine assurance reporting relating to NSLWA which is made through this Committee.

Detail is provided in the final section of the draft annual assurance report in relation to the key actions taken in response to specific incidents / nursing care concerns when nurse staffing levels were not maintained as well as the broader, more strategic actions being taken to ensure that both the numbers and the skill set of the nursing workforce is appropriate to provide sensitive and individualised care to all HDdUHB patients

### Argymhelliad / Recommendation

The Board is asked to note:

- The content of the attached Nurse Staffing levels (Wales) Annual Assurance Report for 2019/20.
- The plan that QSEAC receives regular updates / assurance reports during 2020/21 which will contain more detailed data analysis, which aims to understand the impact on care quality as a result of changes made to / maintaining (or otherwise) the planned nurse staffing levels.

### **Amcanion: (rhaid cwblhau)**

### **Objectives: (must be completed)**

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Corporate risk register 647 Score 8
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): <a href="#">Hyperlink to NHS Wales Health &amp; Care Standards</a>	2. Safe Care 4. Dignified Care 7. Staff and Resources
Amcanion Strategol y BIP: UHB Strategic Objectives: <a href="#">Hyperlink to HDdUHB Strategic Objectives</a>	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: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS
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<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	The evidence underpinning the effectiveness of the maintenance of nurse staffing levels in ensuring the delivery of safe care has been articulated through the working papers of the All Wales Nurse Staffing Group over the past three years.
Rhestr Termau: Glossary of Terms:	Contained with the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	None

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	The financial impact of the nurse staffing levels over the last two years has been significant with investments made both in the registered nurse and health care support worker workforce.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	The intention underpinning the Act is to ensure safe, effective and quality patient care. One of the key requirements of the Act is to monitor the impact of nurse staffing levels on care quality; therefore, this metric will be carefully monitored as part of the work to implement the Act.
<b>Gweithlu: Workforce:</b>	This paper relates to the nurse staffing levels on the 30 wards where Section 25B applies.
<b>Risg: Risk:</b>	Risk of non-compliance with the Nurse Staffing Levels (Wales) Act 2016 if the work streams do not achieve the planned outcomes.
<b>Cyfreithiol: Legal:</b>	Risk of non-compliance with the Nurse Staffing Levels (Wales) Act 2016 if the work streams do not achieve the planned outcomes.
<b>Enw Da: Reputational:</b>	The reputation of the nursing services of the Health Board is enhanced through the level of engagement and contribution that staff of the Board are currently making to the All Wales work streams. This would be countered by the negative reputational risk if the Health Board were perceived to be not acting in the spirit of the Act.
<b>Gyfrinachedd: Privacy:</b>	Currently no impact in relation to privacy identifiable within this work
<b>Cydraddoldeb: Equality:</b>	No negative EqIA impacts identified.

	Annual Assurance Report with compliance with the Nurse Staffing Levels (Wales) Act
<b>Health board</b>	Hywel Dda University Health Board
<b>Date annual assurance report with compliance with the Nurse Staffing Levels (Wales) Act (NSLWA) is presented to Board</b>	28 <sup>th</sup> May 2020
<b>Reporting period</b>	The reporting period is 6 <sup>th</sup> April 2019 -5 <sup>th</sup> April 2020.
<p data-bbox="62 338 642 368"><b>Requirements of Section 25A</b></p> <p data-bbox="62 464 642 635">Section 25A refers to the Health Boards/Trusts overarching responsibility to ensure appropriate nurse staffing levels <u>in any area where nursing services are provided or commissioned, not only adult medical and surgical wards.</u></p>	<p data-bbox="651 338 2181 459">In addition to the work being undertaken for the wards where Section 25B applies, the Health Board has also been undertaking a structured approach to the review of the nurse staffing levels in all those areas where nursing services are provided or commissioned. The work to review the nurse staffing levels for the following areas is already underway (with the extension of this work stream to cover all provided and commissioned services planned during the coming year):</p> <ul data-bbox="701 464 1361 890" style="list-style-type: none"> <li>• Paediatric in-patient wards;</li> <li>• Outpatients Departments,</li> <li>• Endoscopy Units,</li> <li>• Main Theatres,</li> <li>• Critical Care Units,</li> <li>• Day Surgery Units;</li> <li>• Pre-Assessment Units.</li> <li>• Rheumatology Day Unit and Dermatology services ,</li> <li>• Mental Health In patient wards;</li> <li>• Community Hospital</li> <li>• Health Visiting;</li> <li>• Oncology Day Units; and</li> <li>• Cardiology Specialist Nursing services</li> </ul> <p data-bbox="651 922 2181 1074">For all these clinical nursing services, whether the service under review is supported by an associated All Wales Nurse Staffing programme work stream or not, Hywel Dda University Health Board (HDdUHB) has adopted, as far as is practically possible, the principle of using the same triangulated approach to calculating the nurse staffing levels as set out in the statutory guidance for those wards where Section 25B of the NSLWA currently applies. In undertaking these reviews therefore, the nursing management structure and the designated person take into account the following :</p> <ul data-bbox="701 1078 2181 1329" style="list-style-type: none"> <li>• any validated national guidelines which guide the assessment of nurse/patient ratios appropriate to the identified clinical area;</li> <li>• any quality indicators that are appropriate to the area under review; and</li> <li>• any themes associated with professional judgement that are appropriate to that clinical service;</li> <li>• And then they exercise their professional judgement in analysing the data thus gathered before agreeing a planned roster for the service and calculating a required establishment for that clinical area. The whole process is systematic and transparent and is undertaken in full collaboration with colleagues from the information, finance, workforce and organisational development and operational teams.</li> </ul> <p data-bbox="651 1361 2181 1418">In addition to the above general principles, there are some specific issues to note in relation to the progress made within the Health Board over the past 12 months and which relate to the individual work streams of the All Wales Nurse Staffing programme:</p>

**Paediatric In-patient Work stream:** In December 2019, the Health Minister announced plans to extend the Nurse Staffing Levels (Wales) Act 2016 to include paediatric inpatient wards. Within HDdUHB, a Task & Finish Group has been set and a detailed Implementation Plan has been developed, with the aim of ensuring organisational readiness at the time of commencement of the extension to the Act to paediatric inpatient wards. In addition, HDdUHB have provided the Chief Nursing Officer's (CNO) office with its first progress report on compliance with the interim nurse staffing principles for paediatric inpatient wards. This report shows good compliance with the majority of the principles and, where improvements are required, the Implementation Plan referred to above lays out detailed plans to achieve the requirements.

A letter received by the Chief Nursing Officer (CNO), dated 24<sup>th</sup> March 2020, provided Nurse Directors with clarity and assurances around the CNO's expectations around the covid-19 pandemic and in relation to the extension of the Act to include paediatric inpatient wards, the CNO confirmed that:

- *“Welsh Government will proceed with the legislative steps that will allow extension of the Act's second duty within this government term as committed. This will be achieved through delaying the public consultation to late 2020 and the plenary debate to early 2021.*
- *The planned April 2021 coming-into-force date will be postponed based on at what point health boards have returned to normal enough circumstances to reasonably proceed with the necessary preparations for extension of the Act's second duty into paediatric inpatient wards”.*

**District Nursing Work stream: During 2019/20,** HDdUHB has provided 6 monthly progress reports on compliance with the Chief Nursing Officer (CNO) and Nurse Directors' interim nurse staffing principles for district nursing. The reports submitted show a small overall improvement in compliance for several of the principles during this year.

**Commissioned Care:** Although the Care Home work stream has now been removed from the All Wales Nurse Staffing Programme and relocated under the responsibility of the National Collaborative Commissioning Unit, the Nurse Staffing Levels (Wales) Act continues to apply to care that is commissioned as well as care that is provided by the Health Board.

To that end, the Head of Long-term Care (HoLTC) within the HDdUHB has been working closely with the 3 Local Authority commissioning leads and independent care home providers during the year in order to gain a detailed understanding of the current and future staffing concerns and challenges for the sector in this locality. The HoLTC participated in a care home workshop as part of the All Wales Nurse Staffing Conference in September 2019 in order to contribute to the national approach to the considerable challenges of translating the NSLWA, alongside the Regulation and Inspection of Social Care (Wales) Act 2016, into practice within the independent care home sector. Alongside this, the current staffing challenges within this sector have been presented and discussed in detail to ensure that the challenges and risks are known and understood by Executive and Independent Members of the HDdUHB at various forums during the year.

Current staffing challenges as identified by the sector include: Low unemployment (particularly Pembrokeshire); more acceptable terms and conditions/more favourable rates of pay in retail sector; reduced European workers seeking employment; inability to

recruit skilled managers; high numbers of nurses and carers reaching retirement age; staff being recruited by agencies; and higher acuity of residents impacting on staff retention. In the last 6 months, one 40 bed Nursing Home in HDdUHB footprint has closed due to acute staffing problems. Over the 6 months prior to closure the home was running on 60% agency carers and 70% agency nurses, which was not sustainable from either a financial or a quality perspective.

In terms of setting the staffing levels for these care home environments, some of the larger national provider companies have developed their own tools through which they assess patient dependency: Other providers continue to rely on the Home Manager /Responsible Individual to use their professional judgement, taking into account their own assessment of patient dependency as well as the care home environment, which can impact significantly (both positively and negatively) on the staffing levels required

We are aware that some care providers report that recruitment and retention of nurses within their company is stable and there is either no agency nursing required or as little as 2% across the whole company. It is believed that this is due to staff being offered favourable terms and conditions, bonuses and development opportunities; however, in order that this is affordable, these homes apply a considerable '3rd party' top-up fee payable by the resident and model their business on 50% private customers.

In Dec 2019, the HDdUHB Long-term Care Service facilitated a "Care Home Wellbeing Collaborative" with the aim of establishing a forum where working plans to support the Sector can be developed. This Collaborative will be able to feed into other professional nursing forums within the HDdUHB with the goal that, through strengthening the partnership between the providers and the HDdUHB in this way, the HDdUHB can assist in raising the profile of working in a care home setting; open doors for joined up training opportunities and in turn help stabilise the retention of existing staff and encourage new blood into the Sector.

**Actions taken in relation to calculating the nurse staffing level on section 25B wards during the reporting period.**

- **Adult acute medical inpatient wards**
- **Adult acute surgical inpatient wards**

(Ref: paragraph 26-30 of NSLWA Statutory Guidance 2017)

The nurse staffing levels for 30 adult medical and surgical wards where section 25B applies were presented to the Board on the 28<sup>th</sup> November 2019.

Between 16/03/2020- 05/04/2020, 11 of the 30 wards presented to the Board in November 2019 were repurposed as covid-19 wards. The CNO letter, dated 24th March 2020, provided clarity and assurances around the adult medical and surgical ward work stream and confirmed that "*adult medical and surgical wards that have been repurposed as novel wards to deal with the Covid19 pandemic would be considered an exception under the definition of an adult medical ward, therefore would not be subject to the prescribed triangulated calculation methodology*".

Appendix 1 provides the detailed nurse staffing level for the 19 wards where S.25B, continues to apply, as of Autumn 2019, together with the rationale and outcome of the review processes undertaken during 2019/20, both as part of the bi-annual calculation cycle and, where it has been deemed necessary, outside of that cycle.

Appendix 2 provides the detail for the 11 wards which have been repurposed as covid-19 wards, up to the date that S.25B no longer applies

Particular issues to note when reviewing Appendix 1 & 2 are as follows:

- Within the 30 wards included in this report (19 S.25B wards and 11 covid wards), changes have been made to the required establishment of each ward to reflect the percentage of 'long days' worked within that ward (based on the

previous six months data). There have been increasing numbers of nursing staff requesting to work a 'long day' (11.5 - 12 paid hours) shift pattern wherever possible rather than the more traditional 'early' and 'late' (7.5 paid hours) shifts. The consequence of these significant shift pattern changes, whilst in line with the national picture, is that whilst continuity of care on any given day is improved, the 'care hours' available to the patient case load each day - but which were formerly 'hidden' within the traditional shift 'overlap' times - is reduced.

- Changes have been made to the planned roster for three wards to reflect a significant change in the acuity/dependency of the patients cared for on those wards over the reporting period (S.25B no longer applies to one of the wards as it has been repurposed as a covid 19 ward).
- Changes to the planned roster have been made for one ward to reflect changes in the care pathway for cardiac patients across several sites of the HDdUHB (S.25B no longer applies to this ward as it has been repurposed as a covid 19 ward).
- The acuity and/or quality indicator data for two wards has been reviewed outside of the biannual audit cycle in order to determine whether the emerging trend in the data indicated a need to recalculate the nurse staffing levels. Following detailed scrutiny and discussion with the relevant Senior Sister/Head of Nursing, and a review of additional information, it was determined that the review of the nurse staffing levels for these wards could in fact be undertaken in line with the routine 6-monthly cycle timetable (S.25B no longer applies to one of the wards as it has been repurposed as a covid 19 ward).
- One ward, where Section 25B applied during the previous reporting period, has been judged to no longer meet the inclusion criteria for Section 25B wards specified within the statutory guidance.

In May 2018, the Board was advised by the Director of Nursing, Quality and Patient Experience that an investment of circa £5.2 million was required in order to fully fund the establishment required to achieve the nurse staffing levels required for all Section 25B wards. The Board committed to making this investment in a phased approach over the coming 2-3 years. However, the detailed work undertaken during 2018/19 and continued in 2019/20 - and which has included recalculating the funding gap to take account of the increasing numbers of staff opting to work 'long day' shifts - has enabled the Health Board to achieve full compliance with the NSLWA requirement by January 2020, well ahead of the original schedule.

**Using the triangulated approach to calculate the nurse staffing level on section 25B wards**

(Ref: paragraph 31-45 NSLWA Statutory Guidance 2017 )

The triangulated methodology prescribed in the NSLWA as the required approach to calculating the nurse staffing levels for each ward has become embedded during 2019/20 as a routine, 6-monthly cycle that is undertaken with the nursing teams responsible for each Section 25B ward.

The nursing team's access to the data they are required to take account of within this methodology has been significantly improved during 2019/20 through the development of a comprehensive ward performance report which is now available via the HDdUHB's Information reporting system (IRIS). This system makes available, for the first time, information relating to patient flow, patient acuity and care quality in a single report that is readily accessible to Senior Sisters and the nursing management teams.

The Autumn 2019 nurse staffing level review cycle was changed to include direct discussion with Senior Sisters/Charge Nurses, Senior Nurse Managers and the Heads of Nursing simultaneously. Having tested other approaches during previous 6 monthly cycles, the very positive feedback received for this approach from all parties has led to a recommendation that this process will now be utilised as the foundation of process that the HDdUHB will utilise for future calculation cycles during 2020/21

<p><b>Informing patients</b></p> <p>(Ref: paragraph 20-25 NSLWA Statutory Guidance 2017)</p>	<p>The statutory guidance states that “<i>LHBs and Trusts must make arrangements to inform patients of the nurse staffing level</i>” (paragraph 20). The HDdUHB Internal Audit team conducted a review of the Health Board’s compliance with the NSLWA during 2019/20 and reported that the Board could be substantially assured in relation to its compliance with the NSLWA. The one area where the Internal Audit report recommended further actions related to the statutory requirements to inform patients of the nurse staffing levels. To ensure full compliance therefore, further actions have been taken during 2019/20 to ensure that a robust system is in place to ensure that the approved template to display the Nurse Staffing Level for each ward is refreshed and re-issued as soon as the Board has been formally notified, by the Director of Nursing, Quality and Patient Experience, of the nurse staffing level that has been agreed for each Section 25B ward</p> <p>In addition, revised processes have been put in place to ensure that patient/public information relating to the NSLWA is made more readily available to patients and the public. This has included putting in place new Patient Information leaflet holders; printing both bilingual and easy-read patient information leaflets; and displaying posters outlining the broad responsibilities of the NSLWA in high footfall patient/public areas outside the Section 25B wards.</p>
<p><b>Section 25E (2a) Extent to which the nurse staffing levels are maintained</b></p>	
<p><b>The extent to which the nurse staffing levels have been maintained</b></p> <p>(Ref: paragraph 13-19 NSLWA Statutory Guidance 2017)</p>	<p>When the second duty of the Nurse Staffing Levels (Wales) Act 2016 (the Act) came into force in April 2018, there was no consistent solution to extracting all of the data explicitly required under section 25E, and health boards were using a variety of E-Rostering and reporting systems. During the reporting period 2019/20, all health boards/trusts in Wales have been working as part of the All Wales Nurse Staffing Programme to develop a consistent approach to capturing quantitative data on a daily basis (in lieu of a single ICT solution) to enable each organisation to demonstrate ‘the extent to which the nurse staffing levels across the health board have been maintained’ in areas which are covered by Section 25B/C of the Act.</p> <p>For the 2019/20 annual report, this health board - together with all other health boards/trusts in Wales - is providing narrative to describe the extent to which the nurse staffing levels have been maintained in order to meet its statutory reporting requirement under Section 25E of the Act.</p> <p>For the 2020/21 reporting period, it is anticipated that this section of the annual report will contain quantitative data for part of the year at least. This data, once available for every health board in Wales, will be presented by all health boards in a consistent manner. This issue has been flagged as a risk to this Health Board since the commencement of Section 25B/C/E of the NSLWA in April 2018. The anticipated solution – i.e. enhancements to the Health and Care Monitoring System to enable collection of ‘planned roster compliance’ data on a daily basis – is anticipated to be completed during April 2020 although an actual release date (which has to be agreed at an All Wales basis as all Health Boards will be affected by the changes to the system) has yet to be agreed by Directors of Nursing across NHS Wales.</p> <p>One of the fundamental enablers to maintain the nurse staffing levels is to ensure that the current workforce is effectively deployed. During 2019/20 a Turnaround/Efficiency work stream within the Health Board, chaired by the Director of Nursing, Quality and Patient Experience, achieved significant improvements in rostering practices across all areas and Section 25B wards in particular. This has been supplemented in the latter part of 2019/20 with the development of a weekly report to assist Senior Sisters/Charge Nurses to readily visualise the distribution of their staff against the planned roster, both prospectively and</p>

	<p>retrospectively. It is anticipated that this report will be able to be used to both support and monitor operational teams to improve the efficiency of rostering of their staffing resource until such time as the introduction of the Allocate rostering system across the Health Board (planned during 2020/21) provides this report as a key, routine report within the system.</p> <p>It should be noted that the last phase of the release of finance into ward budgets to enable the establishments to be uplifted and thus provide sufficient staffing resource to meet the planned rosters, was finalised in January 2020: A significant part of the resource made available during 2019/20 had been released into budgets in September 2019. However, given the time lapse between budget being made available and permanent staff (where it has been possible to recruit – largely this has been for Health Care Support Worker posts only) commencing into these newly created posts, the benefits of the additional, more stable workforce in maintaining the nurse staffing at the agreed levels is only just, at the time of writing this report (end February 2020) beginning to filter through into the practice setting. There is thus, as yet, no real trends available to demonstrate, even anecdotally, the extent to which the nurse staffing levels have been maintained at their agreed levels.</p> <p>2019/20 has continued to see challenges in recruiting into registered nurse posts, despite the significant efforts of the workforce and organisational development teams: Many solutions being put in place however will only produce outcomes in the longer term and, whilst we anticipate they will have a significant positive impact on the registered nurse vacancy position across the Health Board, it will be another couple of years at least before some of these schemes begin to impact on the registered nurse vacancy position.</p>
<p><b>Process for maintaining the nurse staffing level</b></p> <p><a href="#">(Ref: paragraph 13-19 NSLWA Statutory Guidance 2017)</a></p>	<p>There are well embedded processes within the nursing structures on each of the acute sites for reviewing staffing levels operationally on a daily basis; and for making operational, risk-based decisions about the deployment of staff via the bed/staffing meetings. During 2019/20, teams have begun to introduce the use of the patient acuity data being captured on a daily basis for all Section 25B wards across the Health Board to inform these operational decisions relating to staff deployment.</p> <p>A number of HDdUHB policies have been/are being reviewed in order to ensure they are fully reflective of the statutory requirements of the NSLWA. During 2019/20, the Procedure for Flexible Deployment of Staff; the Enhanced Patient Support Policy; Nurse Staffing Levels and Escalation Plan: Adult Acute Services Policy and Interim Guidelines for rostering of Nurses and Midwives have all been subject to review with several now approved and operational.</p> <p>One important issue to note is that, as a result of work initiated and led by HDdUHB representatives, the All Wales Directors of Nursing have agreed, and through the All Wales Nurse Staffing programme group have issued, further clarification on what constitutes the ‘all reasonable steps’ which are statutorily required to be taken in order to maintain the nurse staffing levels at the calculated levels. Each of the ‘steps’ listed within this additional guidance are currently being reviewed to confirm if they are appropriate ‘steps’ for this Health Board to include within its standard operating framework for the implementation of the Act. Once confirmed, all the ‘steps’ agreed as appropriate will then be included in this Health Board’s standard operating framework which is contained within Clinical Policy 409: Nurse Staffing Levels and Escalation Plan: Adult Acute Services Policy, which is currently under review with a planned completion date of May 2020. This clarification was requested specifically through the HDdUHB QSEAC in order to most effectively manage the risk associated with this aspect of the statutory guidance.</p>
<p><a href="#">(Ref: paragraph 43-44 NSLWA Statutory</a></p>	<p><b>Section 25E (2b) Impact on care due to not maintaining the nurse staffing levels</b></p>

Guidance 2017)

The below data relates to care that patients received between 6<sup>th</sup> April 2019- 5<sup>th</sup> April 2020.

Patient harm incidents (i.e. nurse-sensitive Serious Incidents /Complaints)	1) Total number of closed serious incidents/complaints during <u>last</u> reporting period	2) Total number of closed serious incidents/complaints during <u>current</u> reporting period.	3) Total number of serious incidents/complaints not closed and to be reported on/during the <u>next</u> reporting period	4) Increase/decrease in the number of closed serious incidents/complaints between reporting periods	5) Number of serious incidents/complaints where failure to maintain the nurse staffing level was considered to have been a factor
Hospital acquired pressure damage (grade 3, 4 and unstageable).	13	25	1	Increase	0
Falls resulting in serious harm or death (i.e. level 4 and 5 incidents).	21	16	0	Decrease	1
Medication related never events.	0	0	0	No Change	0
Complaints about nursing care*	Not available as no data was required to be reported for the 2018/19 annual assurance report	34 (Major, moderate, minor and minor-informal)	7	Not Applicable	0

\*NB: The Act requires reference to complaints about care provided to patients by nurses made in accordance with the complaints regulations therefore the complaints about nursing care above includes all those complaints graded as major, moderate, minor and minor-informal and managed through the 'Putting Things Right' regulations. However, the above does not include the complaints handled/responded to as 'early resolution' as these cases are not managed through the 'Putting Things Right' regulations.

- There is one incident of a hospital acquired pressure ulcer which is not closed and this incident will be reported on during the next reporting period.



- There are 7 open complaints where the initial screening has identified that they are complaints about nursing care and these will also be reported on during the next reporting period.

### Section 25E (2c) Actions taken if the nurse staffing level is not maintained

#### Actions taken if the nurse staffing level was not maintained

At the time of writing the report, there is one patient fall incident where not maintaining the planned nurse staffing level was deemed to have contributed to the incident:

- The incident occurred when staffing levels were below the planned roster due to the redeployment of staff off the ward in an attempt to better manage the risk across the whole acute site.

Action taken by the hospital site where this incident occurred has included significant changes to the way in which cross-site risk assessment of staffing levels is undertaken and the way in which staff redeployment decisions are made. In addition, the staff groups who participate in the review of the impact of any staff redeployment decisions e.g. through a review of patient harm or service disruption incidents, has been widened to include those who make the site-wide decisions 'out of hours'. Action is also being taken to ensure that all those involved in staff redeployment decision have a clear understanding of the rationale underpinning the NSLWA requirements in relation to the setting and maintaining of nurse staffing levels for each ward area. In addition, a review of the reliability of staff associated with specific agencies has resulted in changes to the temporary staffing suppliers used in this site.

All of the incidents and complaints included in this report have been scrutinised both by the operational teams and the nurse staffing programme team to review whether the nurse staffing levels were maintained at the relevant time, and if not, whether failure to maintain the nurse staffing level contributed to any harm suffered by the patient but also to determine whether there are any other lessons to be learnt from the incidents that can be shared.

There are a range of both short and long term actions being taken by the Health Board in an attempt to improve the extent to which a sufficient workforce is available to work within the Registered Nurse and Health Care Support Worker posts on both Section 25B wards and across the wider nursing services. These include:

- The schemes being led by the Workforce and Organisational Development teams to develop and implement innovative approaches to recruitment of current registrants as well as new Health Care Support Workers.
- The development of programmes which will enable people from the local population to develop into a registered nursing workforce, for example, apprenticeship schemes, 'Grow your Own' (Health Care Support Worker to Registered Nurse) scheme.
- Establishing a partnership arrangement, jointly led by Swansea and Aberystwyth University, to be able to offer a pre-registration nurse education programme in Aberystwyth, specifically targeting a local solution for this geographical area.
- Revision of recruitment procedures for new registrants to ensure that the Health Board maximises the numbers of new registrants recruited through the new national nursing student auto-allocation system.
- Developing plans to create innovate, career-enhancing clinical roles through the creation of cross sector (acute/community) rotational posts.
- Establishing a bespoke partnership arrangement with high volume on-contract agency providers for Bronglais General Hospital, thus significantly improving the stability of the workforce in that hospital.
- Reconfiguration and remodelling of inpatient wards to better reflect patient needs and thus more efficiently utilise the available nurse staffing resources e.g. Frailty unit in Withybush General Hospital, cardiac ward in Prince Phillip Hospital

A key priority identified in May 2018 was to ensure that the HDdUHB had the required clinical leadership skills amongst the senior members of the nurse staffing team. This reflected the statutory requirement to ensure that the agreed nurse staffing levels need to reflect both the appropriate number of staff AND the appropriate skill set within the staff in post for each and every team. At this time therefore, it was agreed by the Board to accept two specific recommendations Firstly, that all wards with 18 or more beds should have two sister/charge nurse posts within their structures; and secondly, all Senior Sister/Charge Nurse posts should be fully supernumerary to the planned roster AND the post holders be facilitated to attend a clinical leadership development programme.

During 2019/20, each ward with over 18 beds have recruited to a second Sister/Charge Nurse post: Where recruitment into these posts had been successful and the post holder had had a few months to bed into post, Senior Sisters/Charge Nurses, Senior Nurse Managers and Heads of Nursing have, without exception, reported on the benefits of a second Sister Charge/Nurse post in strengthening the clinical leadership of the ward.

In relation to the establishment of the Senior Sister/Charge Nurse role as fully supernumerary, the resource is now in place although there remain constraints to this happening consistently in practice due to the registered nurse recruitment/availability challenges. However, in November 2019, more than a dozen of the Section 25B ward Senior Sisters/Charge Nurses commenced on the first cohort of the HDdUHB Clinical Leadership for Nursing ('STAR') programme: Whilst the programme is still in its 'early days' the feedback thus far from participants - and their managers - about its impact has been excellent: The second cohort is due to commence in the summer of 2020.

### Conclusion & Recommendations

In summary, 2019/20 has been a year of significant forward progress in relation to fully meeting the requirements of the Nurse Staffing Levels (Wales) Act 2016:

- The completion, in January 2020, of the phased implementation of the funding of the initial assessment of the gap between the 'current' and the 'required' funding reflects a significant investment made by the Board;
- The recruitment of substantial numbers of Health Care Support Workers into the permanent roles created through this investment, and thus a level of stabilisation of this part of the workforce
- The significant steps taken to ensure local solutions are in place to resolve, in the medium to long term, the shortage of registered nurses
- Steps to enhance both the clinical leadership capacity, and capability, within the ward nursing teams
- Significant improvement in the availability of information to nurse leaders to support and inform their clinical decision making
- Improvements to the information provision to our patients and the public about what they can expect in relation to nurse staffing levels in our hospitals
- Further refinement of the governance systems and processes in place in relation to the NSLWA i.e. biannual nurse staffing level review process; associated policy and procedure revisions; assurance mechanisms/systematic reporting through QSEAC, Partnership Forum, Board

NB It should be noted that there has been a year on year decrease in the incidents of serious harm reported in the year 2019/20 when compared to 2018/19. However, there can be no trend drawn from this data at this stage due to insufficient data points and refinements that have been made to the accuracy of the comparability of the data collected.

The work programme associated with the NSLWA in 2020/21 will prioritise:

- Ensuring the paediatric directorate is prepared for the extension of the Act to Paediatric in-patients in 2021
- Finalising the nurse staffing level reviews of Section 25A areas currently in progress; and extending the number of Section 25A services that have undergone a comprehensive and systematic review of their nurse staffing levels

- Supporting the rollout of the Allocate rostering system to ensure that the system can be used to greatest effect in meeting the requirements the NSLWA
- Embedding reliable data capture processes in order to meet statutory reporting requirements relating to 'the extent to which the nurse staffing level has been maintained'

## Appendix 1: Summary of Required Establishment for wards where S.25B applies

<b>Health board/trust:</b>	Name: Hywel Dda UHB	
<b>Period reviewed:</b>	Start Date: 6 <sup>th</sup> April 2019	End Date: 5 <sup>th</sup> April 2020
<b>Number of wards where section 25B applies:</b>	<b>Medical:</b>	<b>Surgical:</b>
	11	8 (1 of the wards included is a combined medical and surgical ward but for the purpose of reporting is designated a surgical ward).

\*Supernumerary i.e. 1 WTE supernumerary ward sister/charge nurse included in the establishment

Medical Ward	Required Establishment at the start of the reporting period (as at April 6 <sup>th</sup> 2019)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Required Establishment at the end of the reporting period (as of April 5 <sup>th</sup> 2020)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
BGH Dyfi	34.35	22.03	Yes	32.22	20.61	Yes	Yes	Yes	A percentage of long days applied to the establishment	No	Choose an item.	
BGH Meurig	12.32	12.32	Yes	11.61	11.61	Yes	Yes	Yes	A percentage of long days applied to the establishment	No	Choose an item.	
GGH Cadog	16.11	16.11	Yes	15.28	15.28	Yes	Yes	Yes	A percentage of long days applied to the establishment	No	Choose an item.	
GGH Gwenllian	22.39	16.11	Yes	20.73	18.00	Yes	Yes	Yes	A percentage of long days applied to the establishment.  Increase in HCSW to reflect change in acuity	No	Choose an item.	

<b>GGH Steffan</b>	<b>16.11</b>	<b>16.11</b>	<b>Yes</b>	<b>15.28</b>	<b>15.28</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	A percentage of long days applied to the establishment	<b>No</b>	Choose an item.	
<b>GGH Padarn</b>	<b>16.11</b>	<b>16.11</b>	<b>Yes</b>	<b>15.28</b>	<b>15.28</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	A percentage of long days applied to the establishment	<b>No</b>	Choose an item.	
<b>GGH Towy</b>	<b>16.11</b>	<b>14.33</b>	<b>Yes</b>	<b>15.28</b>	<b>15.28</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	A percentage of long days applied to the establishment  Increase in HCSW to reflect change in acuity	<b>No</b>	Choose an item.	
<b>PPH Ward 5</b>	<b>15.40</b>	<b>15.40</b>	<b>Yes</b>	<b>15.28</b>	<b>15.28</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	A percentage of long days applied to the establishment	<b>No</b>	Choose an item.	
<b>WGH Ward 7</b>	<b>22.39</b>	<b>22.39</b>	<b>Yes</b>	<b>20.73</b>	<b>20.73</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	A percentage of long days applied to the establishment	<b>No</b>	Choose an item.	
<b>WGH Ward8/CCU</b>	<b>32.22</b>	<b>14.33</b>	<b>Yes</b>	<b>29.73</b>	<b>13.50</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	A percentage of long days applied to the establishment	<b>No</b>	Choose an item.	
<b>WGH Ward 10</b>	<b>17.88</b>	<b>17.88</b>	<b>Yes</b>	<b>17.06</b>	<b>16.23</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	A percentage of long days applied to the establishment	<b>No</b>	Choose an item.	

<b>Surgical Wards</b>	<b>Required Establishment at the start of the reporting period (as at April 6<sup>th</sup> 2019)</b>	<b>Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of</b>	<b>Required Establishment at the end of the reporting period (as of April 5<sup>th</sup> 2020)</b>	<b>Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of</b>	<b>Biannual calculation cycle reviews, and reasons for any changes made</b>	<b>Any reviews outside of biannual calculation, if yes, reasons for any changes made</b>
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	<b>RN WTE</b>	<b>HCSW WTE</b>	<b>the reporting period?*</b>	<b>RN WTE</b>	<b>HCSW WTE</b>	<b>the reporting period?*</b>	<b>Completed</b>	<b>Changed</b>	<b>Rationale</b>	<b>Completed</b>	<b>Changed</b>	<b>Rationale</b>
<b>BGH Ceredig</b>	<b>23.30</b>	<b>22.03</b>	<b>Yes</b>	<b>21.88</b>	<b>21.32</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	A percentage of long days applied to the establishment	<b>No</b>	Choose an item.	
<b>GGH Cleddau</b>	<b>14.33</b>	<b>9.83</b>	<b>Yes</b>	<b>13.50</b>	<b>6.28</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	A percentage of long days applied to the establishment	<b>No</b>	Choose an item.	
<b>GGH Derwen</b>	<b>19.15</b>	<b>16.11</b>	<b>Yes</b>	<b>18.49</b>	<b>15.28</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	A percentage of long days applied to the establishment	<b>No</b>	Choose an item.	
<b>GGH Picton</b>	<b>11.10</b>	<b>7.36</b>	<b>Yes</b>	<b>11.98</b>	<b>5.75</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	A percentage of long days applied to the establishment	<b>No</b>	Choose an item.	
<b>GGH Teifi</b>	<b>23.39</b>	<b>22.39</b>	<b>Yes</b>	<b>22.56</b>	<b>20.73</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	A percentage of long days applied to the establishment	<b>No</b>	Choose an item.	
<b>PPH Ward 6</b>	<b>17.94</b>	<b>11.51</b>	<b>Yes</b>	<b>17.22</b>	<b>11.03</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	A percentage of long days applied to the establishment	<b>No</b>	Choose an item.	
<b>PPH ward 7</b>	<b>19.63</b>	<b>16.67</b>	<b>Yes</b>	<b>19.17</b>	<b>16.55</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	A percentage of long days applied to the establishment	<b>No</b>	Choose an item.	
<b>WGH Ward 3</b>	<b>17.38</b>	<b>16.36</b>	<b>Yes</b>	<b>17.38</b>	<b>15.28</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	A percentage of long days applied to the establishment	<b>No</b>	Choose an item.	

## Appendix 2: Summary of Required Establishment for wards where S.25B applied for part of the reporting period

Number of wards where S.25B applied for part of the reporting period	Medical:	Surgical:
	7	4

	Required Establishment at the start of the reporting period (as at April 6 <sup>th</sup> 2019)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Required Establishment at the end of the period that S.25B applied		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Comment:
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		
BGH Ystwyth	22.03	18.48	Yes	21.32	17.77	Yes	02/04/2020: Repurposed as a covid ward
PPH Ward 1	15.40	21.32	Yes	15.28	21.56	Yes	18/03/2020: Repurposed as a covid ward
PPH Ward 3	19.54	15.65	Yes	19.78	14.70	Yes	04/04/2020: Repurposed as a covid ward
PPH Ward 4	21.32	19.54	Yes	21.56	19.78	Yes	04/04/2020: Repurposed as a covid ward
PPH Ward 9	27.24	21.23	Yes	27.00	21.56	Yes	23/03/2020: Repurposed as a covid ward
WGH Ward 11	22.39	18.83	Yes	21.56	18.00	Yes	01/04/2020: Repurposed as a covid ward
WGH Ward 12	17.88	17.88	Yes	17.06	20.73	Yes	03/04/2020: Repurposed as a covid ward
BGH Rhiannon	12.32	11.49	Yes	12.32	11.49	Yes	20/03/2020: Repurposed as a covid ward
GGH Merlin	16.11	11.61	Yes	15.28	10.78	Yes	16/03/2020: Repurposed as a covid ward
GGH Preseli	21.37	16.11	Yes	19.95	15.28	Yes	23/03/2020: Repurposed as a covid ward
WGH Ward 1	16.11	18.83	Yes	20.73	19.78	Yes	20/03/2020 Repurposed as a covid ward

<b>Enw'r Pwyllgor / Name of Committee</b>	People, Planning & Performance Assurance Committee (PPPAC)
<b>Cadeirydd y Pwyllgor/ Chair of Committee:</b>	Professor John Gammon
<b>Cyfnod Adrodd/ Reporting Period:</b>	Extra-ordinary Meeting held on 7 <sup>th</sup> May 2020
<b>Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:</b>	
<p>Given the approvals made at Board on 26<sup>th</sup> March 2020 to temporarily stand down PPPAC and hold meetings with the Chair of the Committee and the Lead Executives, the first of these Extra-ordinary PPPAC meetings took place on 7<sup>th</sup> May 2020, with an invitation issued to the wider membership (and all Independent Members who are not members to the committee) to submit any questions relating to the work of the Committee (workforce, planning and performance) for raising in discussion.</p> <ul style="list-style-type: none"> <li> <p><b>Questions from Members for Raising at Extra-ordinary PPPAC on 7<sup>th</sup> May 2020</b></p> <p>See Appendix 1 for the questions raised by Members of the at the Extra-ordinary PPPAC meeting on 7<sup>th</sup> May 2020, together with the responses.</p> </li> <li> <p><b>Table of Actions from BPPAC Meeting Held on 20<sup>th</sup> February 2020</b></p> <p>The Table of Actions from the BPPAC meeting held on 20<sup>th</sup> February 2020 were reviewed to provide assurance that any outstanding actions had been followed up:</p> <ul style="list-style-type: none"> <li>Assurance was provided that any outstanding actions relating to the HSE including violence and aggression training and relating to the fire enforcement notice had now transferred to the Health and Safety Assurance Committee (H&amp;SAC).</li> <li>NIAAS – confirmation received that actions in respect of NIAAS had been taken forward.</li> <li>Coding – confirmation received that coding had been reviewed by ARAC, with the presentation, which had been due to be discussed at Board Seminar, circulated to all Board Members.</li> <li>Process for needle stick injuries – agreement was reached that this matter would be followed up with the Executive Director of Nursing, Quality &amp; Patient Experience to ensure this action had been taken forward noting this would be forward planned for the inaugural PPPAC meeting.</li> </ul> <p>Confirmation was provided that all other outstanding actions would be progressed noting that this would be followed up in the written table of actions at the inaugural meeting of PPPAC.</p> </li> <li> <p><b>Performance</b></p> <p>The Chair of the Committee received an overview in relation to performance and was updated on the 5 key areas, which are still being overseen by Welsh Government. Details of the process in place for monitoring performance during the COVID-19 pandemic were discussed. It was agreed that the risk in relation to</p> </li> </ul>	



the areas which were not currently being managed would be included in the overarching Performance Report to Board. An update in relation to NWSSP performance, and an assurance was provided noting there were not any areas of concern at the present time. A detailed update on HDdUHB's capital programme and capital projects, including Women's and Children's Phase 2 was also provided.

WG have been kept fully updated on the capital schemes, and it was noted the rolling risk assessment in place. It was further noted that the Assistant Director of Planning is preparing a report in relation to the capital allocation to include a risk assessment, for example on the backlog maintenance programme and the inability to undertake essential works due to COVID-19.

A request was made to establish whether the action relating to GMS access and baseline assessment had been completed, noting this had formed part of the Out of Hours report which should have been followed up on noting an update report would be provided at the inaugural PPPAC meeting.

It was agreed that the operating framework document would be shared with Professor Gammon in order for preparations to commence in aligning this to the new work programme.

Assurance was requested on whether HDdUHB has sufficient resource in place to support staff during the current pandemic. Assurance was provided that the Executive Director of Workforce and OD is meeting with Trade Union leads and the Trade Union Independent Member twice a week to provide an update on all workforce matters and to consider and respond to any concerns raised. Members were provided with the detail of the resource currently in place, and whilst content that this is sufficient, queried whether staff are being provided with the appropriate time to access the support required, referencing the 'wobble room' as an example. Members were informed that counsellors are being mobilised on each acute site, with every staff member (acute and community) issued with a rainbow card providing 24/7 access to a counsellor. It was noted that the key areas of concern raised relate to PPE, conflicting messages, staff with underlying health conditions, caring for COVID-19 positive patients and further support for staff in green areas.

- **Information Provided Prior to the Extra-ordinary PPPAC Meeting**

The following information which had been provided prior to the meeting was reviewed:

- Month 12 Performance Summary (in lieu of IPAR)
- Hywel Dda UHB Staff Psychological Wellbeing Plan: COVID-19
- Staff Psychological Well-Being Update as at 17<sup>th</sup> April 2020 (as presented to the Local Negotiating Committee)
- Rainbow Poster Providing Access to Mental Health & Well-being Services and Contact Details
- Learning and Development: Overview of COVID-19 Training for Registered Nurses
- Mandatory Training Performance Compliance for Month 1 2020/21

- **Governance**

Given concerns regarding the governance of the Extra-ordinary PPPAC meeting, it was agreed that:

- Discussions would be held with the HDdUHB Chair in regard to re-establishing PPPAC with limited Executive Officer membership from the 30<sup>th</sup> June 2020 meeting;
- Sub-Committees of PPPAC not to be re-established as yet;
- A PPPAC Update Report from the Extra-ordinary meeting on 7<sup>th</sup> May 2020 to be presented to the Public Board on 28<sup>th</sup> May 2020;
- Outputs from the Extra-ordinary PPPAC meeting on 7<sup>th</sup> May 2020 (together with the information provided) to be circulated to all Independent Members;
- A review of all outstanding actions from the final meeting of BPPAC to be undertaken, and an update provided for the first PPPAC meeting to ensure all actions have been captured and either taken forward into PPPAC or H&SAC.
- Amended PPPAC TORS, to include reference to the Transformation Group which forms part of A Regional Collaboration for Health (ARCH) as agreed by the Board on 26<sup>th</sup> March 2020, to be shared with Professor Gammon and to feature as an agenda item at the first PPPAC meeting on 30<sup>th</sup> June 2020.

**Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:**

- The Board to agree to re-establish the PPPAC meeting from June 2020 onwards noting Executive Membership would be limited to the Executive Director of Workforce and OD, the Executive Director of Planning and the Executive Director of Operations.

**Risgiau Allweddol a Materion Pryder / Key Risks and Issues/ Matters of Concern:**

- None.

**Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:**

**Adrodd yn y Dyfodol / Future Reporting:**

In addition to the items scheduled to be reviewed as part of the Committee's work programme, following up progress of the various actions identified above will be undertaken.

**Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:**

30<sup>th</sup> June 2020

Question	Response
<p>In respect of long term workforce planning for potential sustained peaks that occur, how will staff be supported going forward.</p>	<p>There are a number of ways in which staff are being supported:</p> <ul style="list-style-type: none"> <li>• Introduced a 24/7 wellbeing service which provides support to staff whenever they require assistance.</li> <li>• A plan is in place, which will be scaled up and reduced, linked to demand.</li> <li>• WG has extended a National staff support scheme for all front line workers. All of these have been promoted.</li> <li>• All staff currently shielding and absent from work have been offered support during these difficult times.</li> </ul>
<p>How prepared is the Health Board for a potential increase in referrals and draw upon both adult and child/mental health services as a result of the impact of the lockdown/ economic/ educational downturn?</p>	<p>These issues which are very pertinent have been raised via the National MHLD COVID-19 Group and work is underway to draft a national recovery framework and principles.</p> <p>The Health Board e will continue to proactively engage in this national piece of work and work has already started to scope out the potential phased transition to the 'new normal' with a range of service options that will need to include the utilisation of digital platforms, when clinically and patient appropriate.</p>
<p>How we are risk assessing our BAME workforce and other staff with underlying health conditions in light of the over representation in COVID-19 deaths, and what safeguards are we putting in place?</p>	<p>On 01/05/2020 Aneurin Bevan University Health Board's BAME risk assessment was endorsed by Welsh Government as an interim risk assessment and issued to all Health Boards to review, amend with local data, and issue to be undertaken with all BAME workforce. As these are undertaken a view will given on the outcomes.</p> <p>As opposed to a devolved process, the team involved has been asked to consider how this can be undertaken in a centrally co-ordinated way to ensure consistency in approach and to ensure comprehensive assessments are undertaken.</p> <p>All Wales may update this risk assessment as there is an all Wales group reviewing this; if it changes the Health Baord will review and revise the conversation with employees.</p>

	This is being overseen through Gold Command .
In relation to the extra recruitment, and the demand for the field hospitals being less than modelled - how are we deploying this workforce?	<p>Predominantly, staff have been deployed to hospital sites, however over the past 2 weeks some of the new recruits have begun to familiarise themselves with field hospitals and have also been deployed to work with community teams.</p> <p>The training team is looking to bring some of the Health Care Support Workers back in for additional training to supplement the shortened skills to care programme.</p> <p>Discussions also took place on 05/05/2020 with Social Services and CAVS to consider how our additional workers could supplement care homes and councils.</p>
Will we be continuing with our apprenticeship scheme this year?	<p>The current thinking is that it does not feel appropriate for several reasons to proceed this year, these being:</p> <ul style="list-style-type: none"> <li>• saturation of new workers in preparation for COVID-19;</li> <li>• uncertainty of college opening arrangements;</li> <li>• The potential for several peaks within the next 12 months and the impact of available placements</li> <li>• There is an opportunity with colleges, to start people in February 2021 which might represent a more appropriate start date;</li> <li>• A need to understand the impact of decision on available monies from Welsh Government</li> </ul>
Is similar information available on volunteer recruitment and how volunteers are being deployed given the very large numbers who offered to volunteer?	<p>Prior to COVID-19, 302 volunteers were in HDdUHB's volunteer pool. This reduced to 24 through volunteer withdrawal due to COVID-19. Subsequent offers to volunteers during COVID-19 have resulted in 471 interviews completed with 207 being invited to join the volunteer pool and are currently undertaking training. The remaining 146 were unsuitable and 118 failed to respond.</p> <p>A risk assessment process for volunteer roles has been signed off by Workforce Bronze and roles approved include:</p> <ul style="list-style-type: none"> <li>• Transport of equipment/medicine</li> </ul>

	<ul style="list-style-type: none"> <li>• Gardening/green space</li> <li>• Patient transport volunteer</li> <li>• Community response volunteer</li> <li>• Check-in and chat volunteer</li> </ul> <p>Once the 207 volunteers have completed training and appropriate checks, they will be available for deployment in the volunteer pool from 7<sup>th</sup> May 2020.</p> <p>A further wave of potential volunteers (107) are currently on hold pending processing of the first wave into the volunteer pool.</p>
<ul style="list-style-type: none"> <li>- For the KPI external reporting to WG which has been suspended – given that the Health Board’s accountability to its patients is unchanged, can we be assured that we are continuing to make active use of data about service performance as we would in normal circumstances, even though WG are not asking for it.</li> <li>- What new or elevated risks does the Executive Director of Workforce &amp; OD envisage as a result of truncated recruitment processes? Are we seeing any evidence of issues yet?</li> <li>- What is the latest in terms of use and staffing and ration of the field hospitals?</li> <li>- What is the staff absence rate currently?</li> </ul>	<p>The Health Board are now reporting against Welsh Government revised guidance. The Health Board is continuing to make use of data and this will be discussed at the inaugural PPPAC.</p> <p>There are a few risks however these are for very different reasons. The Health Board is currently undertaking an assessment of the new workforce to understand their substantive positions.</p> <p>This is still very much being debated please see separate Board paper.</p> <p>There are many types of “absence” - the official sickness figures are 5.32%, 2.51% self isolating and 1.51% absent with COVID-19 related reasons. However in addition to this there are people who are shielding who are working from home, self-isolating not deemed as absent as working from</p>

	<p>home, and a number of staff redeployed due to health issues who are “absent” from their substantive workplace but not absent in terms of hours lost. Work is on going to develop reporting mechanisms.</p>
<p>The relationship with HEIW, assurance they are assisting HDdUHB in its strategy.</p> <p>In respect of the People indicators in the IPAR, a “deep dive” into an area i.e. Service Area/Hospital, etc could be considered to cover all the main indicators, including staff survey results.</p> <p>Mandatory training levels</p>	<p>Good working relationships remain with HEIW.</p> <p>Agreed for future reporting</p> <p>81.6% compliance compared to 80.4% April 2019</p>
<p>Being aware that much annual leave has been cancelled or postponed which means there will be many staff seeking to take annual leave later this year, what contingencies are in place to manage this increased demand over the coming months?</p>	<p>A briefing has been developed to encourage staff to take some of their annual leave whilst the hospitals are quieter.</p> <p>Those shielding have been asked to take 8 days leave for their 12 weeks shielded absence.</p> <p>A change to terms and conditions also means staff can carry leave over into the 2021/22 financial leave year. However we will be encouraging as many people to take leave as possible. The briefing will be amended should the COVID-19 position change and where staff are required to work rather than be on leave.</p>

**CYFARFOD BWRDD PRIFYSGOL IECHYD  
UNIVERSITY HEALTH BOARD MEETING**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	28 May 2020
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Performance update for Hywel Dda University Health Board – Month 1 2020/21
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Karen Miles, Director of Planning, Performance, Informatics and Commissioning In association with all Executive Leads
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Karen Miles, Director of Planning, Performance, Informatics and Commissioning

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

On 13<sup>th</sup> March 2020 Welsh Government (WG) announced that during the COVID19 pandemic they are relaxing targets and performance monitoring arrangements across health and social care in order to support front line services. This will be reviewed in September 2020.

This performance report has subsequently changed format to incorporate COVID19 elements, non-relaxed performance information and in-house (not currently reported) performance data. WG remain committed to supporting local teams and hold monthly meetings (via Skype) for all NHS Heads of Performance personnel. Our Health Board's Performance Manager attends.

To limit pressure on senior reporting officers the process of requesting narrative has ceased for all metrics apart from those considered high priority by Welsh Government.

This report is being brought to the Board's attention to examine and consider Hywel Dda University Health Board's latest available performance data, achievements, risks and actions during the COVID19 pandemic. This update consists of:

- Executive summary – a one page summary of key points;
- COVID19 summary – a one page summary of key points;
- Non COVID19 summary – a one page summary of key deliverables;
- Topic summaries – 5 themed pages

To help provide additional context a performance overview matrix can be viewed by accessing the [performance internet web page](#). This contains all available data during the COVID19 pandemic whether this is locally collected or formally reported.

**Cefndir / Background**

The [NHS Wales Delivery Framework 2019/20](#) identifies key areas to be monitored and, where relevant, improvements made for this aim to be achieved. The University Health Board is working to make improvements for its resident population, patients and staff and has identified a number of additional local performance indicators to further support the Framework.

Due to the COVID19 pandemic formal reporting of the above has ceased. Local reporting has continued where possible. National reporting has been limited to the following priority areas:

- Cancer;
- Ophthalmology;
- WAST;
- A&E attendances and admissions;
- Child health data.

The impact of staff deployment, capacity and training requirements during the pandemic has limited the amount of data collection in some areas.

The Performance Team are updating a daily dashboard for all COVID19 activity that is sent to Gold Command for scrutiny and assessment. Metrics include COVID positive cases per county, tests undertaken, staff calls to the command centre, sickness absence, admissions, bed usage, ventilated bed usage, discharges, deaths and mortuary capacity. The team have also developed a COVID functional capacity dashboard. This tracks the Health Boards capacity and forecasted demand for the month ahead. The dashboard is updated weekly and submitted to the Director of Operations and Gold Command for scrutiny and assessment.

### Asesiad / Assessment

Despite reduced national performance monitoring requirements, we continue to record and monitor data for all areas bar a few exceptions:

<b>Metric</b>	<b>Mar data</b>	<b>Apr data</b>	<b>Notes</b>
Stroke	<i>To follow</i>	<i>To follow</i>	The requirement to submit data to SSNAP (Sentinel Stroke National Audit Programme) was suspended on 20th March. Whilst all 4 acute hospital sites have been collecting stroke audit data locally, there have been practical difficulties in maintaining a complete dataset in some areas due to staffing demands. The recovery and backlog of data collection and input is expected to take a minimum of one month. Additionally stroke patients have been discharged earlier. Clinical nurse specialists have been organising scans as outpatient appointments and supporting patients in the community by telephone follow ups. TIA patients have been maintained via virtual clinics. Reporting will recommence from next month (May data will be included in June's report).
Patient satisfaction catering audits	n/a	n/a	Data not available for March & April as staff could not distribute questionnaires to all wards across the various sites due to COVID-19. Data will be coming in from May 2020 onwards.
Credits for cleaning audits	Yes	n/a	No audits were undertaken in April due to Covid-19 and ward access restrictions. Very High Risk audits have been resumed. Subject to access, High Risk audits will be completed in June.
Substance misuse	Yes	<i>To follow</i>	Due to the impact of Covid-19 and the exceptional demand on substance misuse services WG have suspended the publication of KPI's and statistics until September '20. We continue to record the information locally and have asked NWIS if capacity is available to resume publication before September.



Some performance metrics have been collected locally without validation due to the clinical input required. An example being pressure ulcers in the hospital and community setting.

The additional WG announcement to suspend non urgent outpatient appointments and surgical admissions/procedures as well as the reduction in face to face contact has directly impacted performance measures:

- 36 week Referral to Treatment (RTT) breaches have increased to 2,202;
- Diagnostic 8 week breaches have increased to 3,890;
- Therapies 14 week breaches have increased to 880 (highest jump being in Physiotherapy and Podiatry where face to face contact is usually undertaken);
- Cancelled appointments within 24 hours increased to 1,072 in March 2020;
- External RTT breaches have increased.

Unscheduled care metrics are showing improved performance (meeting trajectory), however despite demand for Red calls being reduced their performance has deteriorated.

### Argymhelliad / Recommendation

The Board is asked to discuss the revised report format in light of the current COVID19 pandemic requirements and advise of any issues arising from its content or format changes required going forward.

<b>Amcanion: (rhaid cwblhau)</b>	
<b>Objectives: (must be completed)</b>	
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): <a href="#">Hyperlink to NHS Wales Health &amp; Care Standards</a>	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives: <a href="#">Hyperlink to HDdUHB Strategic Objectives</a>	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	Improve Population Health through prevention and early intervention Support people to live active, happy and healthy lives Improve efficiency and quality of services through collaboration with people, communities and partners Develop a sustainable skilled workforce
<b>Gwybodaeth Ychwanegol:</b>	
<b>Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	NHS Wales Delivery Framework 2019-20
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cynllunio Busnes a Sicrhau Perfformiad:	Finance, Performance, Quality and Safety, Nursing, Information, Workforce, Mental Health, Primary Care

Parties / Committees consulted prior to University Health Board:	Business Planning and Performance Assurance Committee
<b>Effaith: (rhaid cwblhau)</b>	
<b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Better use of resources through integration of reporting methodology
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Use of key metrics to triangulate and analyse data to support improvement
<b>Gweithlu: Workforce:</b>	Development of staff through pooling of skills and integration of knowledge
<b>Risg: Risk:</b>	Better use of resources through integration of reporting methodology
<b>Cyfreithiol: Legal:</b>	Better use of resources through integration of reporting methodology
<b>Enw Da: Reputational:</b>	Not applicable
<b>Gyfrinachedd: Privacy:</b>	Not applicable
<b>Cydraddoldeb: Equality:</b>	Not applicable

# Performance update for Hywel Dda University Health Board *as at 30<sup>th</sup> April 2020*

Click one of the boxes below to navigate to that section of the report

Executive summary

COVID-19

Non-COVID overview

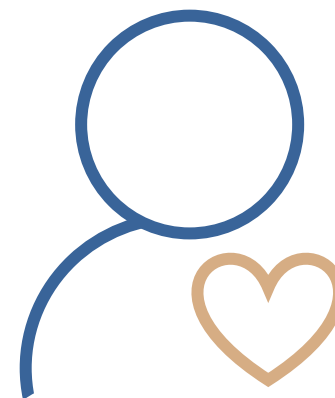
Unscheduled care

Cancer

Eye care

Population health

Finance



## Executive summary

Due to the current COVID-19 pandemic the format of this report has been temporarily amended to account for changes in performance management across Wales and to provide an update on COVID-19 for the Hywel Dda area.

COVID-19			
Confirmed COVID cases as at 30 <sup>th</sup> April 2020	Suspected & confirmed COVID patients admitted 4 <sup>th</sup> -30 <sup>th</sup> April*	Confirmed COVID patients discharged 4 <sup>th</sup> -30 <sup>th</sup> April*	Confirmed COVID patients who died in one of our hospitals in April
759	406	245	37

\* daily national situation reporting (sitrep) for COVID started on 4<sup>th</sup> April 2020

### Non-COVID

To provide the NHS with more capacity to deal with the COVID-19 pandemic, the Welsh Government have reduced national performance management requirements across Wales until the end of September 2020. The following are WG priority areas where measure reporting is continuing:

- **Where have improvements been made?**
  - The percentage of urgent suspected cancer patients who commenced treatment within 62 days of referral improved by 5.4%;
  - Performance in respect of the Single Cancer Pathway improved by 6% from the previous month;
  - 37 ambulance handovers were reported as taking longer than 1 hour during April 2020;
  - 86.5% of patients were seen within 4 hours in A&E/MIU (target 95%) and 47 patients spent longer than 12 hours (target 0);
  - Between October and December, 96.3% of babies had the recommended 3 doses of the '6 in 1' vaccine by their 1<sup>st</sup> birthday.
- **Where is improvement needed?**
  - The 65% target was not met for ambulances arriving within 8 minutes to calls for patients with life threatening conditions (56.7%);
  - Between July and September, 91.7% of children had 2 MMR doses by age 5;
  - The percentage of non-urgent suspected cancer patients who commenced treatment within 31 days of referral has declined by 1.6%;
  - 57.1% of high risk Ophthalmology patients waited no more than 25% over their clinical target date, a decline of 6.3% compared to February.
  - We have a financial plan with a year-end of £25.0m deficit. The current financial position at the end of April is £6.3m deficit against a deficit plan of £2.0m.
- **Impact of COVID-19**
  - Staff absence has increased; on the 30<sup>th</sup> April '20 sickness was 5.39% with 1.5% absent due to COVID and 2.57% self-isolating;
  - Some staff have been deployed from their substantive posts to assist with COVID-19 planning (e.g. recruitment and establishing field hospitals);
  - Most elective procedures and outpatient appointments have been cancelled to create capacity for staff training and COVID-19 patient admissions;
  - Staff are taking additional time for the putting on and taking off (donning and doffing) of personal protection equipment;
  - To avoid inpatient admission where appropriate, the temporary physical redesign of acute hospital facilities to accommodate separate COVID & Non-COVID pathways has led to some patients receiving extended clinical assessments within ED departments beyond the 4 hour threshold;
  - Where possible, staff have shifted to working from home which has required additional IT infrastructure and resources;
  - Fewer therapy appointments have occurred due to the increased risk of face to face contact and reduced staffing;
  - Non-urgent diagnostic investigations have been deferred with urgent & cancer related diagnostic investigations receiving priority;
  - Mental Health and Learning Disability patients have had reduced leave (i.e. attending social activities or shopping) to limit their risk of exposure.

We are also continuing to locally monitor performance across the Health Board. The [performance overview matrix](#) gives the latest position for all areas other than stroke, catering, cleaning and substance misuse; with the exception of substance misuse, for which we are reliant on NWIS and awaiting guidance, we aim to recommence performance reporting for these areas from next month (May's data).

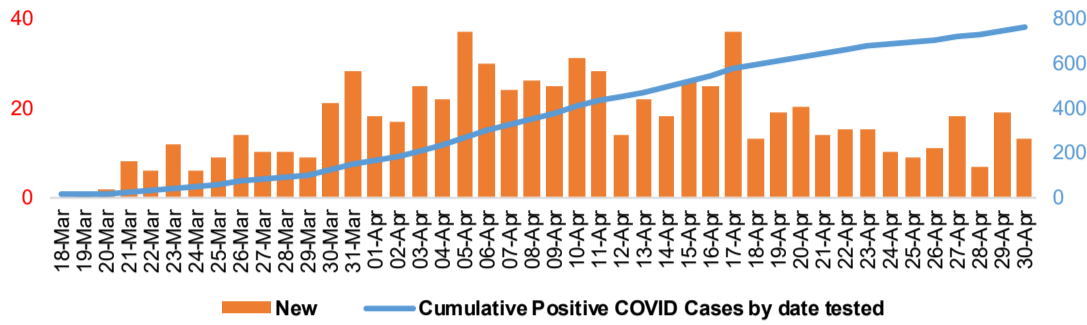
# COVID-19

The COVID-19 pandemic has already had a massive impact on our staff and services and we expect that this will continue well into 2020/21. As an organisation we are rising to the challenge and we will do so for as long as is needed.

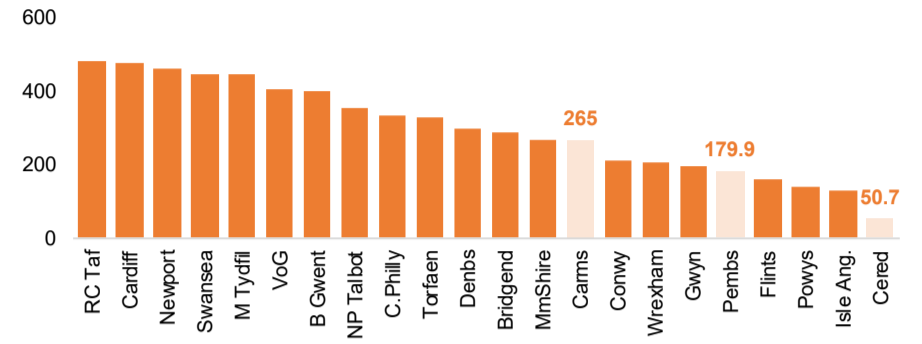
## Confirmed cases

As at 30<sup>th</sup> April 2020, there were 759 confirmed cases of COVID-19 for Hywel Dda residents, an increase of 608 cases from 31<sup>st</sup> March 2020. The highest number of new positive cases tested was on 5<sup>th</sup> and 17<sup>th</sup> April with 37 new cases reported for both days. Population rates for confirmed cases are seen to be lower in Hywel Dda than in many other local authority areas. On 30<sup>th</sup> April 2020, Ceredigion had the lowest local authority rate in Wales (50.7 per 100,000 population). It is important to note that the local authority rates may be skewed due to testing variation in each area and therefore should be used as a proxy.

Daily and cumulative confirmed cases for Hywel Dda by date of testing



Confirmed cases per 100,000 resident population



## Supporting our staff

We have established a COVID command centre which is open from 7am to 9pm every day. Staff are able to contact the command centre by email or phone with all COVID related queries e.g. staff testing, personal protective equipment (PPE), wellbeing support. In April the command centre had on average 99 calls per day from staff (2,971 in April overall). In addition, our Staff Psychological Wellbeing Service has changed the way they work to offer one to one support services to staff.

## Personal Protective Equipment (PPE)

The availability of PPE is a concern for all key workers during the COVID pandemic. We are closely monitoring our PPE stock levels and orders to ensure sufficient levels are maintained to protect our staff and patients. We are grateful for the overwhelming support we have received from the community (e.g. local companies, schools, individuals) to help us with this.

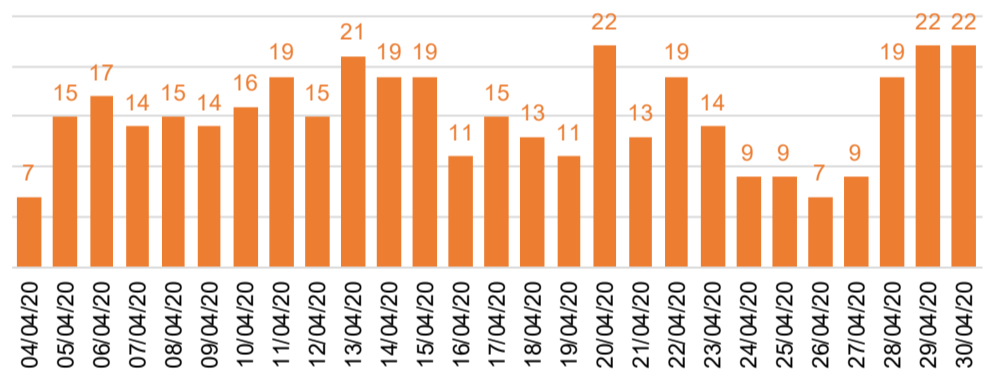
## Admissions

Between the 4<sup>th</sup> and 30<sup>th</sup> April there were 406 COVID (confirmed and suspected\*) admissions to our acute hospital sites; 21 in Bronglais General Hospital (BGH), 206 in Glangwili General Hospital (GGH), 73 in Prince Philip Hospital (PPH) and 106 in Wylabush General Hospital (WGH). This is an average of 15 COVID admissions a day across the Health Board and approximately 25% of all admissions. Non-COVID admissions averaged 60 per day over the same period.

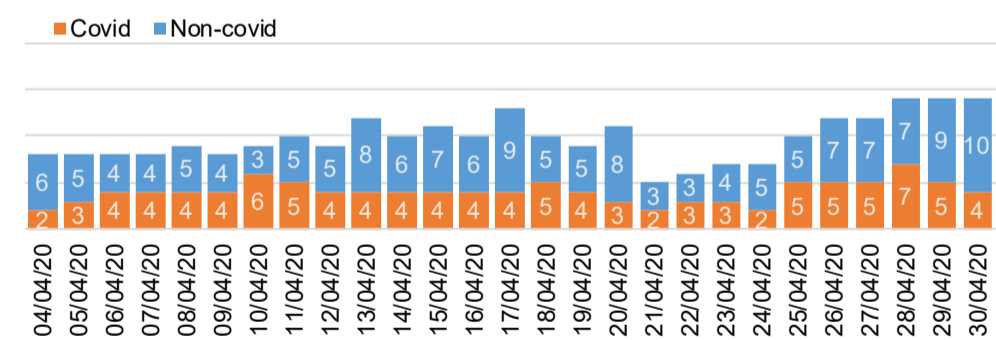
We have worked hard over the last 4-6 weeks to create 9 field hospitals across Hywel Dda. These new sites will offer important flexibility in the coming weeks and months for us to care for additional patients if the demand for acute hospital capacity exceeds threshold levels.

\* It is important to note some of the suspected COVID cases were shown to be negative when tested.

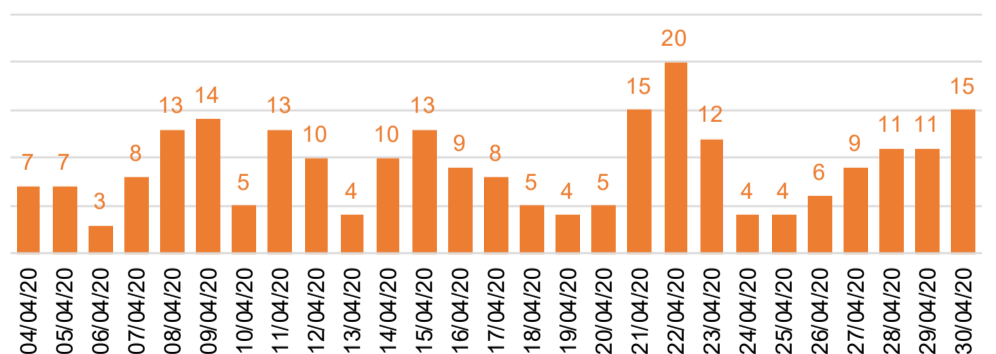
Hywel Dda daily COVID\* admissions during April 2020



Number of patients in an intensive care bed during April 2020



Number of COVID patients discharged during April 2020



## Intensive care

During this pandemic, the availability of ventilated beds in intensive care is an international concern. In April we had more than sufficient capacity to treat all patients (COVID and non COVID) who required ventilating. The Health Board is monitoring ventilated bed use, consumables and medication requirements on a daily basis to ensure sufficient capacity continues. Additionally we are modelling future capacity in order to accurately plan anticipated demand for ventilated beds.

## Discharges and deaths

Between 4<sup>th</sup> and 30<sup>th</sup> April, 245 COVID patients were discharged from hospital alive. Sadly, 37 patients died in our hospitals during April after being admitted and subsequently having a confirmed diagnosis of COVID-19.

For the latest figures on COVID-19 confirmed cases and deaths, see the Public Health Wales dashboard which is updated daily and can be accessed: <https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/>

## Non-COVID overview

This section includes summary information on some of the key areas that we prioritised to make improvements in 2019/20 and we are continuing in 2020/21. Due to the COVID 19 pandemic, we are providing data updates for all available indicators. However, to reduce the burden of our key operational staff, we have only included narrative for those areas Welsh Government have flagged as priority areas where measure reporting should continue. The reporting time period and frequency differs by indicator. See the [performance overview matrix](#) for details.

	Target	12m previous	Previous period	Latest data	Notes **	
Unscheduled care	Ambulance red calls	65%	67.9%	56.9%	56.7%	Carm 57.1%, Cere 41.7%, Pembs 62.1%. Additional military staff drafted in to support WAST. Sickness is not impacting upon emergency ambulance conveyance.
	Ambulance handovers over 1 hour	0	417	288	37	Ambulance arrivals decreased and although notification to handover has significantly reduced, handover to clear has significantly been extended due to the need to remove PPE and clean vehicles.
	A&E/MIU 4 hour waits	95%	81.3%	77.9%	86.5%	There has been a 56% reduction in the number of new attendances since April '19. GGH had the highest 4 hour performance in April '20 (90.7%) and we met trajectory for both 4 and 12 hours performance. In order to maximise opportunities to avoid inpatient admission where appropriate, some patients received extended clinical assessments within Emergency Department beyond the 4 hour threshold.
	A&E/MIU 12 hour waits	0	924	540	47	
	Non-mental health DTOC	12m↓	46	46	43	Due to COVID-19, DTOC census patient number monitoring has been suspended until Sep'20. Latest data is based on unverified numbers from the National DTOC database as at 13 <sup>th</sup> May '20.
	Mental health delayed transfers of care (DTOC)	12m↓	7	13	8	
Stroke and cancer	Admission to stroke unit <4 hours	59.8%	67.8%	n/a	n/a	Due to COVID-19 the requirement to submit data to SSNAP (Sentinel Stroke National Audit Programme) was suspended on 20th March. Whilst all 4 acute sites are collecting data locally, there is a backlog in inputting data from March and April '20 and there have been practical difficulties in maintaining a complete dataset in PPH and GGH with the recovery of data taking a minimum of one month depending on Covid-related pressures. WGH and BGH are reporting the same volume of stroke admissions as April '19 with a decline in PPH. GGH figures to follow.
	Assessed by stroke consultant <24 hours	84.2%	100%	n/a	n/a	
	Stroke patients - speech and language therapy	12m↑	38.3%	n/a	n/a	
	Urgent suspected cancer	95%	84.2%	73.8%	79.2%	Reported performance relates to March 2020 and part reflects improvements secured during prior to the WG suspension of routine diagnostic and surgical activity. Further improvement was limited by the suspension of tertiary cancer surgery pathways during the end March / early April period.
	Non urgent suspected cancer	98%	95.8%	98.0%	96.4%	
	Single cancer pathway	12m↑	79.4%	73%	79%	
Planned care and therapies	Hospital initiated cancellations	5%↓	158	113	1,072	During March '20, in response to the pandemic, an additional 959 operations were cancelled within 24 hours compared to February '20.
	Delayed follow-up appointments 5 specialties	12m↓	18,199	15,478	15,694	The number of delayed follow-up appointments has increased due to non-emergency outpatient appointments being postponed.
	Ophthalmology patients seen by target date	95%	n/a	63.4%	57.1%	Despite a 6.3% deterioration in performance, which is primarily due to patient cancellations, high risk treatment is continuing and there is a reduction in patients compared to last month (501 fewer high risk patients awaiting treatment). 370 (2%) patients are to be allocated a risk factor.
	Diagnostic waiting times	0	56	336	3,860	The cancellation of routine appointments has significantly increased the number of patients waiting beyond 8 weeks for Radiology & Cardiology diagnostic tests. Both services have confirmed that clinically led validation arrangements are in place to prioritise urgent referrals.
	RTT – patients waiting 36 weeks+	0	213	722	2,202	In line with the WG instruction to Health Boards, non-urgent pathways have been suspended due to the COVID pandemic. As a result the number of patients waiting over 36 weeks for treatment increased by 1,480 between March and April '20 and is 1,989 higher than April '19.
	RTT – patients waiting <=26 weeks	95%	89.4%	83.6%	78.7%	
	Therapy waiting times	0	41	212	880	Increases seen for Physiotherapy & Podiatry due to them being 'hands on' therapies, clinical activity has been limited to urgent/high risk patients.
Quality and safety	C.difficile	<=25	19	10	10	Cumulative reduction rate reporting has been stood down until July '20. As an interim measure we are reporting the numbers of infections.
	E.coli	<=67	23	16	27	
	S.aureus	<=20	13	19	10	
	Serious incidents	90%	25%	42.0%	17%	For the month of April 2020 there were 12 SI's due for closure and 2 were closed in date. There were also 3 never events reported.
	Concerns and complaints	75%	81%	68.9%	61.0%	Covid-19 activities have reduced time available for our services to resolve investigations. 73% compliance achieved overall for 2019/20.
MH +	Children/young people neurodevelopment waits	80%	35.8%	26.5%	22.9%	Assessments have continued successfully by telephone. The service is expected to have an increased waiting list going forward as the number of therapeutic intervention face to face appointments has been reduced.
	Adult psychological therapy waits	80%	n/a	49.3%	50.2%	
Population Health	'6 in 1' vaccine	95%	94.10%	94.5%	96.3%	The risk of COVID-19 has raised concerns among parents / guardians, who may delay bringing infants and children for routine childhood immunisations, leading to a decrease in uptake of all childhood immunisations, including the 6 in 1 and MMR.
	MMR vaccine	95%	91.0%	91.0%	91.7%	
	Attempted to quit smoking	5%	2.5%	1.8%	2.6%	COVID-19 presents a risk to smokers accessing cessation support services and to be CO validated as quit.
	Smoking cessation - CO validated as quit	40%	45.6%	47.1%	48.4%	
Workforce & finance	Sickness absence (R12m)	12m↓	4.86%	5.08%	5.19%	Covid-related pressures have impacted on workforce performance: <ul style="list-style-type: none"> <li>Occupational Health capacity has been severely limited.</li> <li>Medical appraisals have been suspended until September 2020.</li> <li>Core skills compliance is expected to rise when level 1 fire training (63.6%) reverts to the e-learning module but Covid priorities have delayed the implementation of this change.</li> </ul>
	Performance appraisals (PADR)	85%	79.0%	67.4%	68.6%	
	Core skills mandatory training	85%	80.1%	82.9%	81.6%	
	Consultants/SAS doctors - current job plan	90%	75%	78%	78%	Compliance is static due to Covid-19 activities. Work to be undertaken with service managers to determine how to address going forward.
	Finance - deficit	£25m	£2.92m deficit	£34.94m deficit	£6.29m deficit	Board's financial position at the end of April is £6.3m deficit against a deficit plan of no more than £2.0m. Additional costs have been incurred in response to the COVID19 pandemic.

+ Mental Health & neurodevelopment \*\* BGH: Bronglais General Hospital GGH: Glangwili General Hospital PPH: Prince Philip Hospital WGH: Withybush General Hospital. HDUHB/HB: Hywel Dda University Health Board/Health Board

### How did we do in April 2020?



**56.7%** of ambulances arrived to patients with life threatening conditions within the 8 minute target.



**37** ambulances waited more than 1 hour at our hospitals to handover their patient to an Accident and Emergency (A&E) department/Minor Injury Unit (MIU). This is the lowest reported number since Jul'17 (37).



**6,045** patients attended an A&E/MIU in April as a new attender. Of these patients, **86.5%** were seen and treated within 4 hours of arrival but **202** patients waited longer and **47** patients waited over 12 hours; There has been a 56% reduction in the number of new attendances compared to April '19.



In April there were 1,923 emergency admissions compared to 3,942 in April '19, to our hospitals of which 1,344 (70%) were admitted via A&E/MIU. On average medical emergency patients stayed in hospital for 11 days (Apr'19-Apr'20).

### Risks

- Ambulance staff must put on (don) Personal Protective Equipment (PPE) for all calls, and higher specification PPE where procedures produce airborne particles or respiratory droplets. Some staff have to don the full Versoflow hood and battery pack due to failing the PPE fitting test;
- Ambulance handovers of patients > 1 hour have reduced, however the time taken to become operational again has extended due the need to remove PPE and clean vehicles;
- Ambulance staff availability due to COVID19 related self-isolation and/or sickness and shielding;
- Existing vacancies and staffing of the additional field hospitals with Registered Nurses (RN) and Health Care Support Worker (HCSW) for both the new Red (suspected COVID19 symptoms) and Green (no suspected COVID19 symptoms zones in the emergency departments (ED). Deployment of staff unaccustomed to ED could impact patient flow;
- Staff availability due to COVID19 related self-isolation and sickness; loss of regular agency/partnership nurses due to social distancing travel requirements; In BGH staff are risk assessed to determine if they can work in Red ED or elsewhere accordingly;
- Residential and care homes requiring:
  - residents to have a negative COVID19 test before they are returned from hospital (ward or ED);
  - residents to be returned to the home within 4 hours of being discharged from an ED;
- Off-site COVID testing, delayed results and cross border 'discharge to assess' challenges;
- Vacancies in community hospitals negatively impact the efficient transfer of some patients from acute sites. There are some delays in reablement and long term care package availability due to both COVID19 concerns and staff shortages;
- Daily differences in Red and Green zone capacity to treat patients and the number of patients needing the service. There might be more patients in Green zone than in Red;
- Establishment of Green ED has created a second access pathway for ambulances. There were some handover delays due to additional infection prevention processes undertaken by ambulance crews to protect staff and patients;
- The Ambulatory Emergency Care & Surgical Assessment Units have merged into a Green ED zone, so some patients have remained in the department for a longer period of time with the intention of a quick turnaround, rather than admitting to a ward area.

### What are we doing?

- Welsh Ambulance Service Trust (WAST) trained military personnel to undertake several roles, such as drive the ambulance and support the WAST clinicians; Deep cleaning of vehicles before becoming operational; Military personnel deployed with our Advanced Practitioners and rapid response vehicle to support the putting on and taking off (don and doffing) PPE process. A number of Mid and West Wales Fire and Rescue staff trained to support WAST, awaiting occupational health clearance before they can be deployed;
- Detailed COVID19 plans on each site having Red and Green zones in the ED and defined inpatient wards;
- Patient streaming system implemented at the front door to screen for symptoms of potential COVID19;
- WGH to establish a short stay medical inpatient unit from 4<sup>th</sup> May '20 with the aim of improving patient flow out of the Green zone ED and discharging from this area within 48 hours;
- HCSW recruitment above normal levels to provide staff for acute and community hospitals;
- WGH established a Blue team consisting of senior hospital medical staff and an Advanced Practitioner (AP), to work with the intermediate care team to set up care and support systems for patients to remain at home. The Blue medical team extended their scope to screen all referrals for hospital admissions including from GPs and WAST (with the exception of emergency priority calls) resulting in good levels of admission avoidance;
- BGH has a dedicated COVID19 team of medics and nurses and the benefit of an experienced member of staff with previous experience from the Middle East Respiratory Syndrome (MERS) outbreak;
- From 4<sup>th</sup> May a Consultant Geriatrician in WGH and a GP will commence joint visits to care homes to review patients, ensuring care plans and Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) directives/Advanced Care Plans are in place;
- In hospital a Chronic Conditions Advanced Nurse Practitioner (ANP) commenced in April and after induction will support reviews of patients with prolonged stays, turnaround from short stay unit and enhance links with community chronic conditions teams for those already in WGH.

### How did we do in March 2020?



During March 2020, **79.2%** (84/106) of cancer patients who were referred by their GP as urgent with suspected cancer, commenced treatment within 62 days of their referral. This represents a 5.4% improvement over the previous month.



**96.4%** (133/138) of patients who were not on an 'urgent suspected cancer' pathway commenced treatment within 31 days of the date the requirement for treatment was agreed with them.



We are working towards implementation of the new single cancer pathway (SCP) to monitor progress of all newly referred cancer patients from the point of suspicion until treatment starts. The new pathway increases the number of patients who will be monitored during the diagnostic phase. In March, **79%** of patients covered by the SCP were treated within 62 days of the point of suspicion, a 6% improvement on the previous month.

### Risks

- Complex pathway delays – the nature and complexity of tumours for some patients do not support rapid diagnosis and treatment due to the need for multiple investigations and multi-disciplinary team reviews;
- Tertiary (specialist) centre capacity pressures at Swansea Bay University Health Board (SBUHB) continue to significantly compromise our performance across a number of cancer pathways;
- Local diagnostic service capacity pressures within our Radiology service continue to present a risk to recovery;
- The new pathway significantly increases the number of patients who will be monitored during the diagnostic phase of their pathways, placing added pressure on capacity within our diagnostic services;
- During the latter part of March, tertiary surgery was suspended due to COVID-19;
- Locally, surgery for those patients requiring ITU/HDU support and all aerosol generated diagnostic investigations were suspended due to COVID-19 as per national guidance.

### What are we doing?

- We are continuing to escalate our concerns regarding tertiary centre capacity and associated delays;
- The Health Board has secured recurrent investment from WG (£340k per annum) to invest in key diagnostic service capacity (Radiology, Endoscopy, Pathology, Dermatology) and cancer tracking teams;
- Due to all Tertiary Gynaecology surgery in Swansea Bay University Health Board (SBUHB) being suspended, the Health Board has arranged for the Consultant Gynaecology Oncological Surgeon at SBUHB to provide outreach surgery within Hywel Dda to help address delays for surgery;
- We are logging all patients who are not having investigations/diagnostics/surgery whether due to patient choice or cancelled by hospital on clinical grounds due to COVID-19;
- All urgent suspect cancer and urgent imaging investigations continue as usual;
- The Health Board has commissioned Werndale Hospital to support cancer outpatient & surgical pathways during April & May 2020;
- Plans are being progressed in accordance with the WG Operating Framework to further increase the volume of cancer diagnostic and surgical cases undertaken at local acute sites.

### How did we do in March 2020



In March 2020 **57%** of patients (7,514/13,170) were waiting in or within 25% of their target date which represents a 6% decline in performance. 98% of patients have been allocated a high risk factor (HRF) status leaving 370 (2%) patients waiting for an allocated HRF status.

### Risks

- New Eye Care patients can wait longer due to a shortage of consultant ophthalmologists. Capacity being used to cover the Emergency Eye Care service can also impact on waiting times;
- The COVID pandemic has affected the following eye care services:
  - Outpatient appointments have been lost with approximately 166 new and 392 follow up appointments not taking place;
  - Approximately 190 surgical procedures have not occurred;
  - From 16<sup>th</sup> to the 31<sup>st</sup> March the overall waiting list has grown by 315 patients for stage 1 and 34 patients for stage 4;
  - The overall waiting list growth is lower than expected due to a reduction in referrals for both routine and emergency surgery.


### What are we doing?


During the COVID pandemic the Eye care service has:

- Maintained treatments and reviews for imminently sight threatening or life threatening conditions;
  - A drop in compliance is partly due to the COVID pandemic which has led to some patients choosing not to attend hospital appointments:
    - New 246 (25% for March as opposed to yearly average 14%)
    - Follow up 549 (27% as opposed to yearly average of 15%)
    - Total 795 (26% as opposed to yearly average of 15%);
  - Although compliance had dropped, clinicians have been triaging patients waiting beyond 25% of their target date. This has led to an overall reduction in the number of patients on the R1 waiting list. This has ensured the correct clinical prioritisation of high risk patients is being undertaken and high risk patients are offered appointments first.
- Postponed any patients on longer than an 8 week follow up. These patients have been put onto a COVID crisis holding category which is being reviewed by clinicians going forward;
- Patients due back at 8 weeks or less are having their notes reviewed by a doctor to determine the appropriate action;
- Senior input is available via phone or email at all times of the day and a consultant is on site at Glangwili General Hospital from Monday to Friday;
- All Clinicians are reviewing clinics and contacting patients in advance as far as possible;
- The clinical team continue to see all ages of patients in the intravitreal injection therapy service including wet aged macular degeneration, retinal vein occlusion and diabetic macular oedema. This only applies if the patient is well and no symptoms of COVID-19. Some patients do not want to attend due to risks, therefore there is a virtual Clinical review happening weekly. This will change when and if the Royal College of Ophthalmology guidelines change.



### How did we do?

 The '6 in 1' vaccine is given as a single injection to protect babies against 6 serious childhood diseases: diphtheria, hepatitis B, Haemophilus influenzae type b (Hib), polio, tetanus and whooping cough. The '6 in 1' vaccine is given at 8, 12 and 16 weeks old. Between October and December 2019, **96.3%** of children had received 3 doses of the '6 in 1' vaccine by their first birthday, consistent with uptake in the previous quarter (95.1%).

 The MMR vaccine is also given as a single injection and protects against mumps, measles and rubella (German measles). It is given within a month of a baby's first birthday then again when the child is around 3 years 4 months. In Hywel Dda, between October and December 2019, **91.7%** of children received 2 doses of the MMR vaccine by their 5<sup>th</sup> birthday, compared to 91.0% in the previous quarter.


### Risks

- Both vaccines are safe and effective, however pockets of the population resist childhood vaccination for cultural and ethical reasons;
- Rurality causes difficulty for some families to attend clinics due to a lack of transport and the road networks in some parts of the counties;
- The risk of COVID19 has raised concerns among parents/guardians, who may delay bringing infants and children for routine childhood immunisations, leading to a decrease in uptake of all childhood immunisations, including the 6in1 and MMR;
- The need for social distancing has significantly impacted on the way 'baby clinics' are traditionally run. Less infants, children and their families can safely attend their GP surgeries/clinics at any given time, hence more time is required for clinics. This can impact on uptake.

### What are we doing?

- We will aim to share vaccination uptake data with GPs as Public Health Wales are looking at providing enhanced localised uptake data throughout this COVID19 pandemic. This will enable GPs to more easily identify, plan, and target specific groups of patients;
- Maintaining immunisation programmes is a key priority to protect public health from other preventable infections at this time. Welsh Government have advised that immunisations should continue in line with clinical advice and scheduled timings during this period as far as possible, as set-out in both a Joint Committee on Vaccination and Immunisation(JCVI) statement and in the Welsh Health Circular below:
  - [Link to JCVI statement](#)
  - [Link to Welsh Health Circular](#)
- This advice has been shared with all those providing the childhood immunisation programme in Hywel Dda UHB. Advice on social distancing and use of PPE has also been shared with those providing this service. By being able to reassure parents/guardians that social distancing measures are in place will hopefully address their concerns, minimising the risk of them non-attending, and ensure continued high uptake rates.

### How did we do in April 2020?

 The Health Board's financial position at the end of April is **£6.3m deficit** against a deficit plan of £2.0m. This is after incurring additional costs of £4.6m directly attributable to COVID19, and the impact of unidentified savings required of £2.0m due to diverting our operational focus to the response to the COVID-19 pandemic. In April, we delivered £0.2m of savings schemes against our plans of £0.8m due to the operational responses required to COVID-19.

### Risks

- We have a Financial Plan with a year-end of £25.0m deficit. A full year financial forecast will be completed in May in line with the Welsh Government Quarter 1 Operational Plan. Welsh Government have indicated that whilst certain specific additional costs incurred in response to the COVID19 pandemic will be funded by Welsh Government, there is no certainty of funding beyond these specific areas. This means that there is a significant risk that the Health Board's financial position may be adversely affected.

### What are we doing?

- Internal budget holder accountability statements in relation to the 2020/21 budget were replaced with a Delegations and Finance Delivery letter, in light of the COVID-19 pandemic. These clarify the continuation of existing financial control principles and the importance of existing governance processes and frameworks, and state the significance of decision making in response to, and the accurate recording of the financial impact of COVID-19;
- An alignment of strategic response to current demand modelling indicators between Welsh Government, HDUHB Gold Command and operational teams is on-going;
- Feedback/clarity from Welsh Government is being sought as to the levels of additional revenue and capital funding available.

<b>Enw'r Pwyllgor / Name of Committee</b>	Finance Committee
<b>Cadeirydd y Pwyllgor/ Chair of Committee:</b>	Mr. Michael Hearty, Chair
<b>Cyfnod Adrodd/ Reporting Period:</b>	Meeting held on 13 <sup>th</sup> March 2020
<b>Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:</b>	
<p>The Finance Committee has been established to advise the Board on all aspects of Finance and the revenue implications of investment decisions. The primary role of Hywel Dda University Health Board's (HDdUHB's) Finance Committee is, as such, to provide assurance on financial performance and delivery against HDdUHB financial plans and objectives and, with regard to financial control, to provide early warning of potential performance issues and to make recommendations for action to continuously improve the financial position of the organisation.</p> <p>This report summarises the work of the Finance Committee at its meeting held on 13<sup>th</sup> March 2020 (no meeting having been held in February 2020), with the following highlighted:</p> <ul style="list-style-type: none"> <li>• <b>Finance Report Month 11</b> – the Month 11 Finance Report was presented to Committee, identifying a Year to Date (YTD) variance to breakeven position of £32.2m and a revised projected year-end deficit position of £35.0m, following draw-back of £10m additional Welsh Government (WG) funding. Significant in-month adverse variances against plan were highlighted, with primary factors cited as significant pressures on drug costs in both Secondary and Primary Care; staff vacancies and sickness covered by premium cost staff, outsourcing costs due to vacancies; winter pressures; non-delivery of savings in Radiology and the impact of the unidentified savings profile gap. Members were assured that HDdUHB would meet the planned target of a £35m year-end deficit position, and were advised of a Finance Directorate project to develop a method of tracking financial consequences of decisions taken in-month, which would provide assurance regarding the effective monitoring of spending for 2020/21. Members were also advised of plans to develop processes which would enable earlier identification of non-recurrent benefits, thereby optimising flexibility with regard to their use.</li> <li>• <b>Referral to Treatment Time (RTT) Month 10 Report</b> – the Month 10 RTT Report was presented to Committee, supplemented with a verbal update regarding the Month 11 position. Members were assured that Month 11 data confirms the Month 10 RTT position, which indicates that, in terms of year-end spend, HDdUHB remains on course to meet the target of £6.45m against the current Financial Plan. Members were further assured that an operational Delivery Plan is in place which will enable attainment of target positions. Members were advised that additional funding of £1.5m has been secured from WG to support the cost of planned outsourced Orthopaedic activity, of which it was anticipated that approximately £1.1m would be committed, with full expenditure of the sum being partly dependent upon the</li> </ul>	

level of patient take-up of offers of outsourced treatment. The Committee's thanks were conveyed to Mr Keith Jones and the Planned Care Team in their management of the on-going operational pressures.

- **Draft Financial Plan 2020/21** – the Committee received the HDdUHB Draft Financial Plan 2020/21. Key budgetary points were highlighted to Members, together with details of the work being undertaken with Directorates to identify further savings. Members were assured that, while the Opportunities Framework had not yet reached full potential in supporting the delivery of significant savings opportunities, there was every confidence that it would yield future benefits in supporting the development of a 2021/22 Savings Plan and instil discipline in testing risk appetite within the Health Board.

In view of the recognised gaps within the HDdUHB Savings Plan, Members acknowledged that the Committee could not sign off the plan as it currently stood, and confirmed that they were content for the Chair of the Committee to take Chair's Action on their behalf to work through the Draft Financial Plan with the Executive Director of Finance and Lead Director for the Committee, and to confirm approval of the plan, or otherwise, on the Committee's behalf.

- **Workforce Pay Controls** – the Workforce Pay Controls report was presented to Committee, providing an outline of the approach for the delivery of the Workforce Efficiency and Effectiveness Programme for the 2020/21 financial year. Members were informed of the Workforce and Organisational Development Directorate's plans to drive the delivery of circa £7m savings linked to its business case for investment, and provided with details of key workforce efficiency and effectiveness savings schemes for 2020/21. Members commented upon the maturity of the work undertaken to date, and potential financial benefits to be derived.
- **Capital Financial Management** – the Capital Financial Management report was presented to Committee, providing the latest update regarding the All-Wales Capital Programme (AWCP) and the Capital Resource Limit (CRL) for 2019/20. Members were advised that HDdUHB is on course to meet its CRL for 2019/20.
- **Executive Team Opportunities Framework** – an update regarding the Executive Team Opportunities Framework was presented to Committee, informing Members of opportunities for technical efficiency identified through Framework processes and recognising that, while such opportunities may appear quick-to-deliver, they require a significant level of whole-system discussion to develop plans for implementation. Members were advised that while the Opportunities Framework would not deliver all savings required for 2020/21, a potential £10m to £12m potential savings over the next 12-18 months, generated by opportunities identified to date through application of the Framework approach, was possible.
- **Primary Care Prescribing** – the Committee received the Primary Care Prescribing report, outlining actions planned and implemented by the Pharmacy and Medicines Management Directorate to identify priority areas and mitigate pressures. Members commented upon the richness of detail

and intelligence contained within the report, and discussed potential opportunities to make full use of the intelligence available from GP practices. Significant savings delivered by the Pharmacy and Medicines Management Team in 2019/20 were also noted.

- **Corporate Risks** – Members received updated positions relating to the three risks assigned to the Finance Committee. In light of current national challenges in respect of the COVID-19 pandemic, Members recognised the need to refresh these Finance-related risks for the 26<sup>th</sup> March 2020 Board meeting.
- **IFRS 16 Leases and Pensions** – Members were provided with update reports noting preparations for the implementation of the International Financial Reporting Standard (IFRS) 16 Leases Accounting Standard, and advising of an agreement with Wales Audit Office and WG that HDdUHB 2019-20 Annual Accounts must account for the increase in employer contribution rate for the NHS Pensions Scheme in full and on a gross basis. In both cases, Members were assured that there would be no financial consequences for the Health Board.
- **KPMG Grip and Control Review** – A report and accompanying presentations detailing KPMG findings and recommendations relating to minimum expectations for HDdUHB control environments, and to the 2019/20 Delivery Framework, together with Finance Directorate responses, were presented to Committee. Members were assured that many of the recommendations arising from the review had already been implemented, and that further work would be undertaken to reinforce discipline relating to business case benefits realisation testing and opportunities testing, which would lead to a sound control environment going forward.
- **Finance Committee Terms of Reference and Workplan** – the Committee endorsed the proposal to submit the current Terms of Reference (ToR) for renewed approval to the Board, recognising that any amendments are likely to be informed by current COVID-19 pandemic requirements, future governance arrangements and Members’ responses to the annual self-assessment of Committee effectiveness exercise. It was noted that the ToR would be reviewed over the coming months, together with the Committee’s Workplan for 2020/21.

**Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:**

- Draft Financial Plan 2020/21.
- Revised Finance Committee Terms of Reference.

**Risgiau Allweddol a Materion Pryder / Key Risks and Issues/ Matters of Concern:**

- COVID-19 Pandemic.

- Recognised gaps in the HDdUHB Savings Plan for 2020/21, and the requirement for further work on the draft Financial Plan 2020/21 prior to Finance Committee sign-off and Board approval.
- Draw-back of £10m additional Welsh Government (WG) funding leading to the current forecast position of £35m, given the cumulative financial position and on-going operational pressures.
- Increased cost pressures relating to the use of agency staff, and continuing concern relating to workforce management
- Significant cost pressures relating to drugs, manifesting in both Secondary and Primary Care.

**Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf /  
Planned Committee Business for the Next Reporting Period:**

**Adrodd yn y Dyfodol / Future Reporting:**

In addition to the standing agenda items, the April 2020 Finance Committee meeting will include progress updates for the various actions identified above.

**Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:**

28<sup>th</sup> April 2020

<b>Enw'r Pwyllgor / Name of Committee</b>	Finance Committee
<b>Cadeirydd y Pwyllgor/ Chair of Committee:</b>	Mr. Michael Hearty, Chair
<b>Cyfnod Adrodd/ Reporting Period:</b>	Meeting held on 28 <sup>th</sup> April 2020
<b>Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:</b>	
<p>The Finance Committee has been established to advise the Board on all aspects of Finance and the revenue implications of investment decisions. The primary role of Hywel Dda University Health Board's (HDdUHB's) Finance Committee is, as such, to provide assurance on financial performance and delivery against HDdUHB financial plans and objectives and, with regard to financial control, to provide early warning of potential performance issues and to make recommendations for action to continuously improve the financial position of the organisation.</p> <p>This report summarises the work of the Finance Committee at its meeting held on 28<sup>th</sup> April 2020, with the following items highlighted:</p> <ul style="list-style-type: none"> <li>• <b>Finance Committee Annual Report 2019-20-</b> the Finance Committee Annual Report 2019-20 was received by the Committee, summarising its business undertaken during the year, and identifying key areas of risk and concern raised by the Committee to Board. The Committee endorsed the Annual Report 2019-20 for onward submission to the Board on 28<sup>th</sup> May 2020 for approval.</li> <li>• <b>Finance Report Month 12</b> – the Month 12 2019/20 Finance Report was received by the Committee, identifying an End of Year (EOY) variance to breakeven position of £34.9m (which excludes the impact of COVID-19), against a forecast of £35.0m, and a Month 12 variance to breakeven position of £2.6m. Members were advised that the end of year result remains subject to the closure and submission to Welsh Government (WG) of the final accounts for 2019-20 and the subsequent audit by Audit Wales. An operational variance to plan of £0.8m in month (£9.9m EOY) was highlighted, and the Committee advised that the impact of COVID-19 in Month 12 manifested in £1.6m of revenue costs and £0.4m of capital costs, with the majority (£1.0m) of COVID-19 revenue costs experienced within Unscheduled Care. Members were however assured that the working assumption (based on recent guidelines) is that WG will fund the additional revenue costs incurred. The Committee was also provided with a summary of HDdUHB's key financial targets for 2020-21, defined under the headings of revenue, savings, capital, cash and Public Sector Payment Policy targets.</li> <li>• <b>Referral to Treatment Time (RTT) Month 12 Report</b> – headline figures for HDdUHB Month 12 RTT position were reviewed by the Committee. Members were advised of an overall underspend of £0.6m against the £6.5m plan and £1.5m treatment outsourcing costs (which had been agreed with WG), due to</li> </ul>	

lower-than-forecast outsourcing activity in Orthopaedics, ENT/ General Surgery and Ophthalmology.

Members were informed of 722 recorded year-end breaches of the 36-week treatment target, all relating to the suspension of elective activity in response to the COVID-19 pandemic, however were assured that had it not been for the cancellation of elective procedures in March 2020, delivery against the 36-week target would have been achieved. As such, HDdUHB performance compares very favourably with that of other Health Boards in Wales.

- **Capital Financial Management** – the Capital Financial Management report was received by the Committee, providing the un-audited outturn position for the Capital Resource Limit (CRL) for 2019-20 (£40.295m), and the opening position for 2020-21. Members were informed that a total of £1.090m capital resource was handed back to Welsh Government for 2019/20 schemes, and that this reduction in resource for 2019/20 has been added to the Health Board CRL for 2020/21. Members were advised to note the impact of COVID-19 upon the 2019-20 CRL and the value of capital expenditure currently committed to respond to COVID-related demand for 2020/21. While there is currently no allocation in the 2020/21 CRL for new expenditure associated with COVID-19, Members were assured that work is being undertaken with colleagues in Local Government and WG to understand how these additional costs will be funded in 2020/21.
- **COVID-19 Value For Money (VFM) and Governance Framework** – Committee Members were advised that, as part of individual Directorate/ Departmental responses to the COVID-19 pandemic, some decisions involving a financial impact have necessarily been made outside of the Health Board's Standing Orders, Standing Financial Instructions and Scheme of Delegation. Consequently, there is now a requirement to review individual decisions in terms of VFM, assessment of associated risk, and benchmarking of available options, and to ensure that decisions are regularised through appropriate governance processes. The Committee was advised that the outcomes of this review will be summarised in a report to be presented to the Audit and Risk Assurance Committee, and that evidence in support of COVID-19-related decision-making within the Health Board is being prepared in anticipation of future external scrutiny.
- **COVID-19 Healthcare Contracts** – the Committee received a briefing paper highlighting the Health Board's current approach regarding the governance of Long Term Agreements (LTAs), with particular reference to NHS Guidance recommending revised arrangements for NHS contracting and payment during the COVID-19 pandemic. Members were advised of some concern that block contract agreements between HDdUHB and two English Trusts are unlikely to deliver value for money, as the majority of the work involved is elective. Members were further apprised of the material risk for HDdUHB linked with Non-Contracted Activity (NCA), and informed of the likelihood that, between NCA and block contracting arrangements with English Trusts, HDdUHB will be impacted to the sum of circa £2.9m. The Committee was advised that consideration needs to be given to the next steps when exiting block contract arrangements, and to expectations regarding the levels of activity to be undertaken for the remainder of the year, together with

subsequent reimbursement (including marginal rate applications at appropriate levels).

**Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:**

- Finance Committee Annual Report 2019-20.

**Risgiau Allweddol a Materion Pryder / Key Risks and Issues/ Matters of Concern:**

- The impact of COVID-19 upon the 2019-20 CRL and the value of capital expenditure currently committed to respond to COVID-related demand for 2020/21, with, as yet, no allocation in the 2020/21 CRL for new expenditure associated with COVID-19.
- Future external scrutiny of COVID-19-related decision-making outside of HDdUHB's Standing Orders, Standing Financial Instructions and Scheme of Delegation.
- The financial impact upon the Health Board resulting from NCA and block contracting arrangements with English NHS Trusts.

**Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:**

**Adrodd yn y Dyfodol / Future Reporting:**

In addition to the standing agenda items, the May 2020 Finance Committee meeting will include the draft Annual Accounts report for 2019/20.

**Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:**

26<sup>th</sup> May 2020



**CYFARFOD BWRDD PRIFYSGOL IECHYD  
UNIVERSITY HEALTH BOARD MEETING**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	28 May 2020
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Financial Report – Month 1 2020/21
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Huw Thomas, Director of Finance
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Mark Bowling, Assistant Director of Finance

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

The purpose of this report is to outline the Health Board's financial position to date against our Annual Plan and assess the key financial projections, risks and opportunities for the financial year.

**Asesiad / Assessment**

**HDdUHB's agreed Financial Plan is to deliver a deficit of £25m, after savings of £34.2m. The impact of the COVID-19 pandemic presents an unprecedented significant risk to the financial position.**

**Month 1 position**

- Month 1 variance to breakeven is £6.3m.
- Month 1 position is £4.2m operational variance to plan.
- The additionality of costs incurred in Month 1 due to the impact of the COVID-19 pandemic is £6.7m, with underspends repurposed of £2.5m.
- No additional funding in relation to the COVID-19 pandemic has been assumed in the reported position.

**Directorate Projections**

- The funding arrangements for the Health Board's response to the COVID-19 pandemic remain uncertain, and therefore there is a risk that the Health Board's financial position may be adversely affected. Both identified and as yet unidentified savings schemes included in the Financial Plan are also at risk of non-delivery due to the operational focus being diverted to respond to COVID-19, and where identified schemes are not supportive of the response needed. This results in a significant risk to the delivery of the Health Board's Financial Plan for 2020/21 of a £25m deficit.

## Savings Summary

- In-month delivery of £0.2m, which is £0.5m below plan, which is directly attributable to the COVID-19 pandemic.
- Green and Amber plans of £5.6m identified to Month 1, against which the forecast delivery is uncertain given the impact of the COVID-19 pandemic. At this stage, with COVID-19 demand modelling indicating that the pandemic may impact the remainder of the financial year, it is assumed that delivery will be adversely affected for the full year.

## Next Steps

- Alignment of strategic response to current demand modelling indicators between Welsh Government, Gold Command and operational teams.
- Clarity as to what current escalation measures can be safely and appropriately de-escalated/decommissioned and which ceased/deferred services/activities can be recommenced.
- Continue to work with Welsh Government to understand the level of additional revenue and capital funding available.

## Summary of key financial targets

The Health Board's key targets are as follows:

- Revenue: to contain the overspend within the Health Board's planned deficit
- Savings: to deliver savings plans to enable the revenue budget to be achieved
- Capital: to contain expenditure within the agreed limit
- PSPP: to pay 95% of Non-NHS invoices within 30 days of receipt of a valid invoice
- Cash: While there is no prescribed limit for cash held at the end of the month, WG encourages this to be minimised and a rule of thumb of 5% of monthly expenditure is used. For the Health Board, this is broadly £4.0m.

Key target		Annual limit	YTD limit	Actual delivery	Forecast Risk
Revenue	£'m	25.0	2.1	6.3	High
Savings	£'m	34.2	2.9	0.2	High
Capital	£'m	24.1	4.0	4.0	Medium
Non-NHS PSPP	%	95.0	95.0	n/a	Medium
Period end cash	£'m	4.0	4.0	2.9	Medium

## Argymhelliad / Recommendation

The Board is asked to discuss and note the financial position for Month 1.

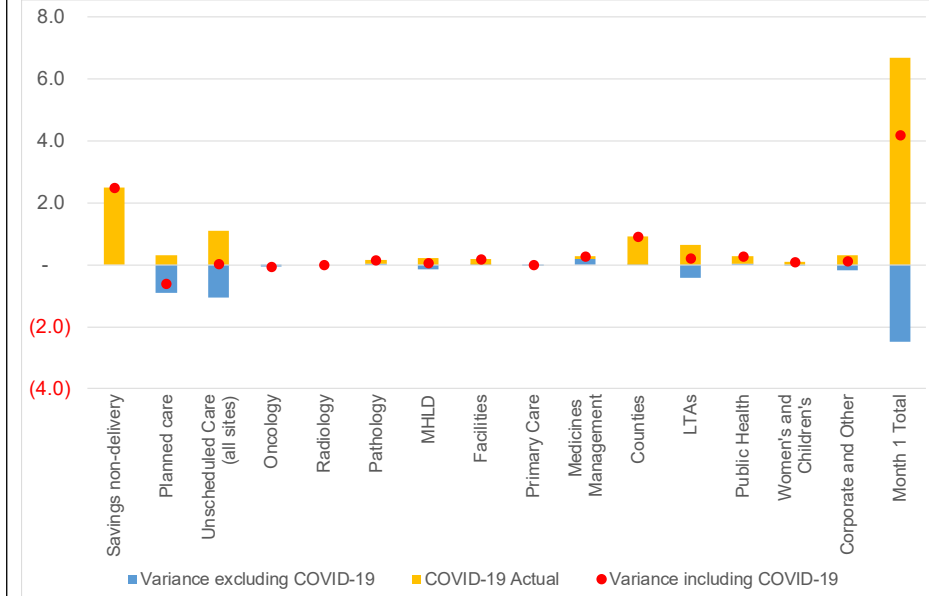
<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	BAF S09-PR20 BAF SO10-PR33
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	5. Timely Care 7. Staff and Resources
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	Improve Population Health through prevention and early intervention

<b>Gwybodaeth Ychwanegol:</b> <b>Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Monitoring returns to Welsh Government based on the Health Board's financial reporting system.
Rhestr Termau: Glossary of Terms:	BGH – Bronglais General Hospital CHC – Continuing Healthcare FYE – Full Year Effect GGH – Glangwili General Hospital GMS – General Medical Services MHLD – Mental Health & Learning Disabilities NICE – National Institute for Health and Care Excellence NOAC - Novel Oral Anti-Coagulant OOH – Out of Hours PPH – Prince Philip Hospital PSPP– Public Sector Payment Policy RTT – Referral to Treatment Time TB – Tuberculosis WG – Welsh Government WGH – Withybush General Hospital WRP – Welsh Risk Pool WHSSC – Welsh Health Specialised Services Committee YTD – Year to date
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y pwyllgor cyllid: Parties / Committees consulted prior to University Health Board:	Finance Committee

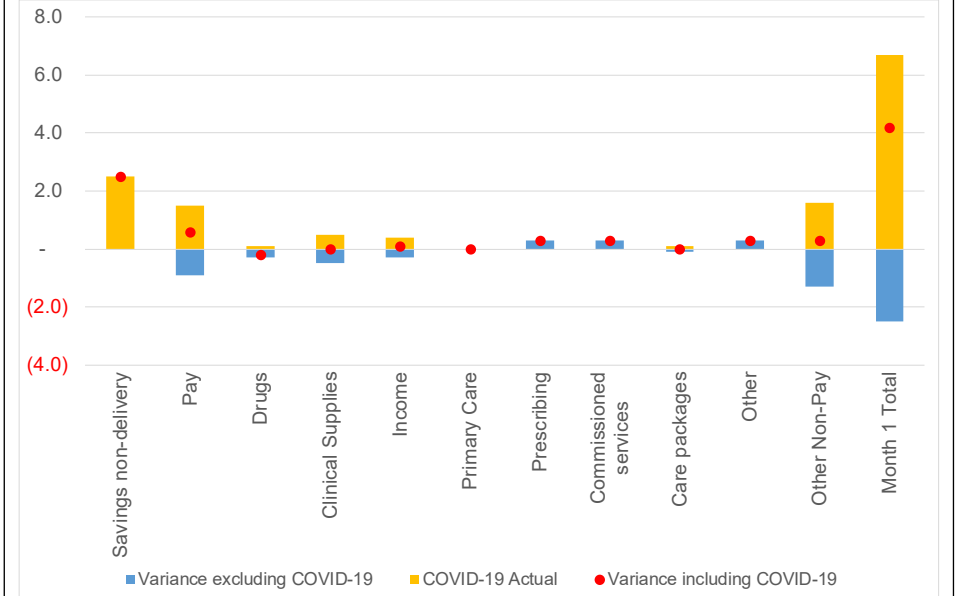
<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Financial impacts and considerations are inherent in the report.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	These are assessed as part of our savings planning.
<b>Gweithlu: Workforce:</b>	The report discusses the impact of both variable pay and substantive pay.
<b>Risg: Risk:</b>	Financial risks are detailed in the report.
<b>Cyfreithiol: Legal:</b>	The Health Board has a legal duty to deliver a breakeven financial position over a rolling three-year basis and an administrative requirement to operate within its budget within any given financial year.
<b>Enw Da: Reputational:</b>	Adverse variance against the Health Board's financial plan will affect our reputation with Welsh Government, the Wales Audit Office, and with external stakeholders.
<b>Gyfrinachedd: Privacy:</b>	Not Applicable
<b>Cydraddoldeb: Equality:</b>	Not Applicable

# Revenue Summary

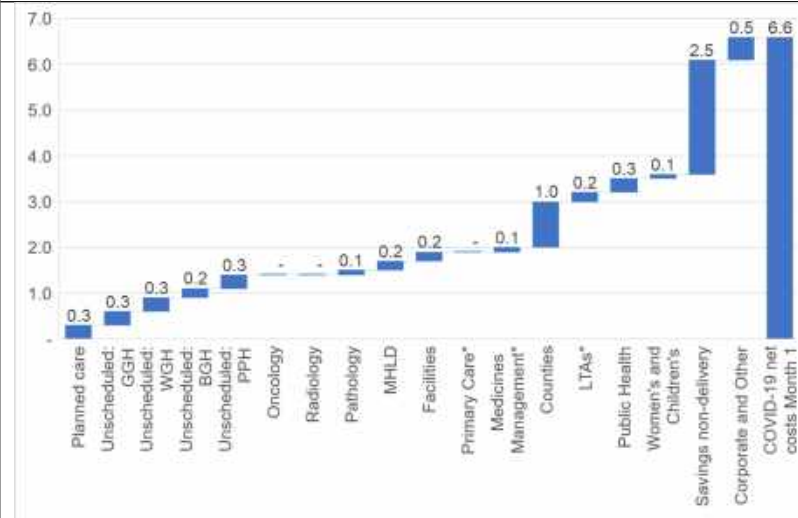
**YTD variance by Directorate (against Plan)**



**YTD variance by Subjective (against Plan)**



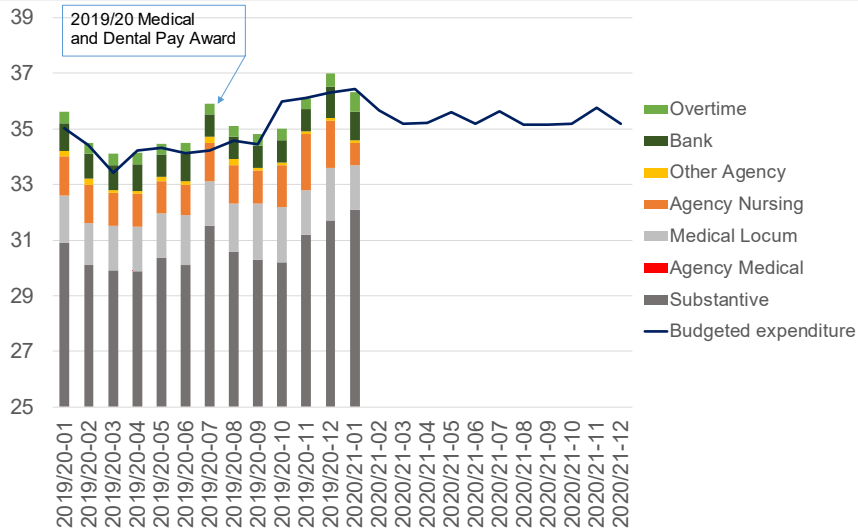
**Month 1 Actual COVID-19 costs**



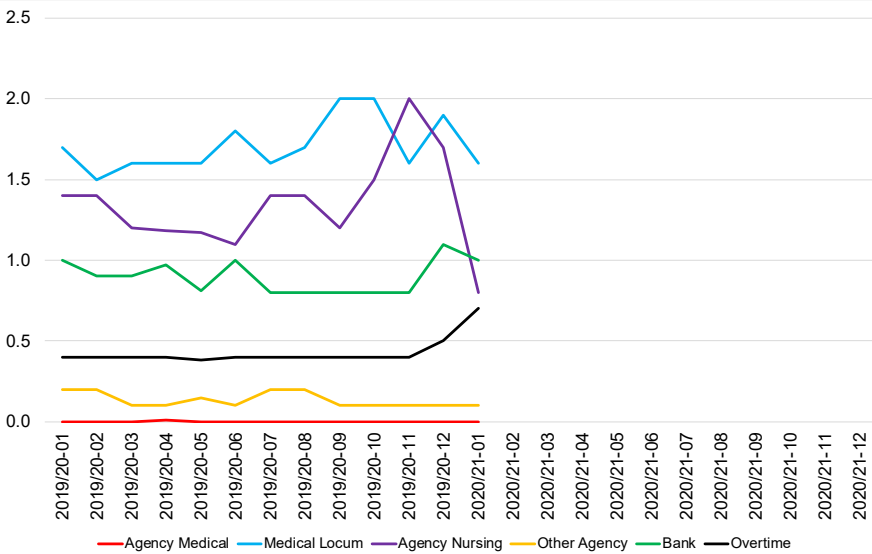
\* Any impact on Primary Care, LTAs and Primary Care Prescribing is excluded further data and guidance regarding the accounting treatment is available on an all-Wales basis.

# Key Subjective Summary

## Pay



Nurse Agency expenditure is significantly lower than prior year levels due to the service changes in response to the COVID-19 pandemic and reduced activity (for example, A&E); this is primarily within Unscheduled Care and Planned Care Directorates.



# Key Subjective Summary

CHC	
<p>Actual expenditure Budgeted expenditure</p>	<p>The total number of cases increased in month, mainly due to the Learning Disabilities cohort.</p> <p>A number of expedited discharges from acute settings in response to COVID-19 have resulted the need to utilise packages of care at a premium rate.</p>
Secondary Care Drugs	
<p>Actual expenditure Budgeted expenditure</p>	<p>There was an underspend in month, primarily due to Oncology where treatment regimes have been changed in response to the COVID-19 pandemic.</p>

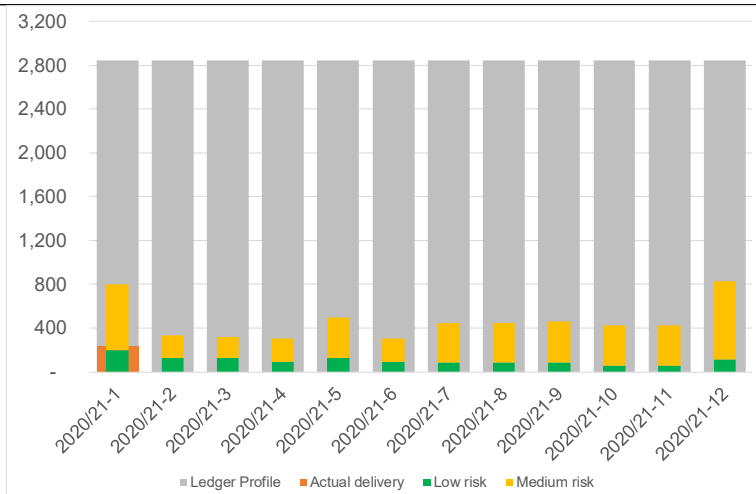
# Key Subjective Summary

Clinical Supplies and Services	
<p>— Actual expenditure      — Budgeted expenditure</p>	<p>The impact of the COVID-19 pandemic has driven £0.5m of additionality costs in Month 1.</p> <p>This is offset by cost reductions due to the service changes in response to the pandemic, most significantly manifesting in Planned Care in Theatres (£0.8m).</p>
Primary Care Prescribing	
<p>— Actual expenditure      — Budgeted expenditure</p>	<p>Pressures continue in the Category M outturn following the price increase from August 2019, despite an increase in budget during the 2020/21 financial planning process. The Health Board continues to see an increase in the use of NOACs as a result of the operation of the new NOAC Enhanced Service in GMS.</p> <p>As Prescribing data is two months in arrears, the impact of COVID-19 cannot yet be quantified for Month 1 and is therefore excluded. Further guidance regarding the accounting treatment of any additional costs is awaited from WG/Audit Wales (formerly WAO).</p>



# Savings and turnaround actions

## Risk-assessed directorate savings profile, delivery and forecast



### Assurance

- Green and Amber plans of £5.6m identified to Month 1, against which the forecast delivery is uncertain given the impact of the COVID-19 pandemic. At this stage, with COVID-19 demand modelling indicating that the pandemic may impact the remainder of the financial year, it is assumed that delivery will be adversely affected for the full year.
- In-month delivery of £0.2m, which is £0.5m below plan, which is directly attributable to the COVID-19 pandemic.

### Concerns

- The unprecedented circumstances mean that operational focus is diverted to the organisation's response to COVID-19, and therefore not on the delivery or identification of further savings schemes that are not supportive of the response to the pandemic.

### Next Steps

- The Opportunities Framework is being refreshed to identify alternative ways of working in response to COVID-19 that may result in cost reductions/formal savings schemes identified.
- The Value for Money Framework, alongside existing financial governance arrangements, is to be further developed and embedded into the organisation's decision-making processes.

<b>Enw'r Pwyllgor / Name of Committee</b>	Health and Safety Assurance Committee (HSAC)
<b>Cadeirydd y Pwyllgor/ Chair of Committee:</b>	Mrs Judith Hardisty
<b>Cyfnod Adrodd/ Reporting Period:</b>	Meeting held on 14 <sup>th</sup> May 2020
<b>Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:</b>	
<ul style="list-style-type: none"> <li> <p><b>HSAC Terms of Reference (ToRs):</b> the Committee received the HSAC Terms of Reference (ToRs) following approval at Board on 26th March 2020. Given that the Health &amp; Safety agenda has been elevated from Sub-Committee to Committee level, Members discussed the mechanisms required to provide the necessary assurance, and to ensure that Health &amp; Safety representatives are able to contribute at all levels of the organisation. In the absence of any further amendments, the Committee noted the Health &amp; Safety Assurance Committee Terms of Reference.</p> </li> <li> <p><b>Health and Safety Executive Enforcement Action Update:</b> the Committee received the Health and Safety Executive (HSE) Enforcement Action Update advising of the work being undertaken towards compliance with the notices served against the Health Board, following the HSE inspection between 2nd and 11th July 2019. Members noted that the Health Board has provided the HSE with an action plan for the three key work areas to evidence the positive progress made to date, however progress in relation to Violence and Aggression (V&amp;A) training has necessarily been stalled due to the social distancing requirements associated with COVID-19. The Committee received confirmation that the HSE have been advised of the Health Board's intention to reinstate training from September 2020 onwards, and have been fully supportive of this approach, understanding the challenges being experienced by the Health Board. Recognising that the Committee's focus should be on whether from a governance perspective, an assurance can be taken on delivery of the recommendations by the July 2020 deadline, and given that the report to the Committee provides only partial assurance, it was agreed that a further report should be presented to the extraordinary HSAC meeting being convened in June 2020.</p> </li> <li> <p><b>Fire Action Update:</b> the Committee received the Fire Action Update report, highlighting the enforcement notices issued in relation to Witybush and Glangwili General Hospitals. Members discussed the progress to date in regard to both Witybush and Glangwili General Hospitals and noted that due to the impact of COVID-19, and following discussions with the Mid and West Wales Fire Rescue Service (MWWFRS), the timeline to complete the work involved could be extended by up to 6 months. Following a meeting with the MWWFRS scheduled for 26<sup>th</sup> May 2020, a revised timescale for completion of the actions identified would be agreed and included within the next report to HSAC. Given that the report presented did not include the relevant detail required in order for the Committee to gain a level of assurance on the progress made to date together with the rationale for any delays, Members agreed that a further report should be presented to the Extraordinary HSAC meeting in June 2020.</p> </li> </ul>	

- Control of Contractors Update:** the Committee received the Control of Contractors Update, advising that following a recent material breach by an IT contractor, a review of the overall management of all contractors working within HDdUHB had been undertaken. This work had concluded with the development of a new Policy for Contractor Control within the HDdUHB. For clarity, Members were advised that the draft Estates Assurance – Control of Contractors (Limited Assurance) report had been presented to ARAC on 21<sup>st</sup> April 2020 and given the impact of COVID-19, a number of the detailed programme dates outlined within report could be delayed. However, the Committee was assured that the HSE have supported the established controls in place by the Health Board.
- Management of Violence & Aggression / Lone Working Update:** the Committee received the Management of Violence & Aggression/ Lone Working Update report, advising that the HSE had identified a number of improvements which are being progressed following the appointment of a new case manager in February 2020. Members noted the trial of a lone working device (Skyguard), with the next stage being to determine the number of staff and teams where this device will provide the optimum benefit. Members noted the report, however for the Committee's assurance, proposed that the next update should include further detail in regard to the improvement notice issues and the work on specific actions being undertaken towards compliance.
- Fire Safety Management Report:** the Committee received an update on the status of Fire Safety Management across HDdUHB, which would be a standing agenda item for HSAC meetings going forward. Members noted the Fire Risk Assessments position and the rationale for a reduction in the assessments undertaken due to COVID-19. In relation to Mandatory Fire Safety Training, Members were informed that whilst all face to face training sessions have been cancelled, with a consequent reduction in the Health Board's compliance, online training options are being considered as an interim measure. For the Committee's assurance, the MWWFRS has now undertaken visits to all Field Hospitals, and risk assessments are in the final stages of preparation.
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) reporting and COVID-19:** the Committee received a report on the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), to ensure Members were aware of the reporting requirements during COVID-19. Members received assurance that the Health Board would be following guidance issued by the HSE with regard to the appropriate reporting of incidents. Members acknowledged that the challenge would be in establishing a direct link to COVID-19 and any consequential harm emanating from the Health Board, however noted that these challenges would be replicated across Wales and nationally. For the Committee's assurance, the Health Board would undertake an internal investigation, regardless of whether the incident would require reporting under RIDDOR. Members received confirmation that for consistency, a toolkit had been shared and contributed to by all Health Boards in Wales.

- **Health & Safety Internal Audit Report:** the Committee received the Health and Safety Internal Audit Report for information, acknowledging that the management response would be presented to ARAC at its meeting on 23<sup>rd</sup> June 2020.
- **Any Other Business:** the Committee expressed its thanks to all staff for their continued commitment in ensuring that work is continuing, despite the challenges presented during the COVID-19 pandemic.

**Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer /  
Matters Requiring Board Level Consideration or Approval:**

None

**Risgiau Allweddol a Materion Pryder /  
Key Risks and Issues/ Matters of Concern:**

- **Health and Safety Executive Enforcement Action Update:** given that the report to the Committee provides only partial assurance, it was agreed that a further report should be presented to the extraordinary HSAC meeting being convened in June 2020.
- **Fire Action Update:** given that the report did not include the relevant detail required in order for the Committee to gain a level of assurance on the progress made to date together with the rationale for any delays, it was agreed to present a further report to the Extraordinary HSAC meeting in June 2020.

**Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf /  
Planned Committee Business for the Next Reporting Period:**

**Adrodd yn y Dyfodol / Future Reporting:**

In addition to the items scheduled to be reviewed as part of the Committee's work programme, following up progress of the various actions identified above will be undertaken.

**Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:**

22<sup>nd</sup> June 2020.

**CYFARFOD BWRDD PRIFYSGOL IECHYD  
UNIVERSITY HEALTH BOARD MEETING**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	28 May 2020
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Committee Update Reports
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Joanne Wilson, Board Secretary
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Clare Moorcroft, Committee Services Officer

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

The purpose of this report is to provide the Board with a level of assurance in respect of recent Board level Committee meetings that have been held since the previous Board report and are not reported separately on the Board agenda, as follows:

- Charitable Funds Committee (CFC) meeting held on 17<sup>th</sup> March 2020;
- Health & Safety Assurance Committee (HSAC) met on 14<sup>th</sup> May 2020, and will report to the June 2020 Public Board meeting.

An update report from the In-Committee Board meeting held on 26<sup>th</sup> March 2020 is appended.

The following meetings were stood down due to COVID-19:

- Mental Health Legislation Assurance Committee (MHLAC) meeting scheduled for 6<sup>th</sup> April 2020;
- People, Planning and Performance Assurance Committee meeting scheduled for 30<sup>th</sup> April 2020;
- Healthcare Professionals Forum meetings scheduled for 18<sup>th</sup> March and 15<sup>th</sup> May 2020;
- Staff Partnership Forum meeting scheduled for 6<sup>th</sup> April 2020;
- Stakeholder Reference Group meeting scheduled for 6<sup>th</sup> April 2020.

**Cefndir / Background**

The Hywel Dda University Health Board (UHB) Standing Orders, approved in line with Welsh Government guidance, require that a number of Board Committees are established. In line with this guidance, the following Committees have been established:

- Audit & Risk Assurance Committee
- Charitable Funds Committee
- Mental Health Legislation Assurance Committee
- Quality, Safety and Experience Assurance Committee
- Remuneration and Terms of Service Committee

The Board has established the following additional Committees:

- Finance Committee
- Health & Safety Assurance Committee
- People, Planning & Performance Assurance Committee

Attached to this report are individual summaries of the key decisions and matters considered by each of the Committees held since the previous Board report, where these are not separately reported to the Board.

Approved minutes from each of the Committees meetings are available on the UHB's website via the link below:

<http://www.wales.nhs.uk/sitesplus/862/page/72048>

The UHB has approved Standing Orders, in line with Welsh Government guidance, in relation to the establishment of Advisory Groups. In line with this guidance, the following Advisory Groups have been established:

- Stakeholder Reference Group
- Staff Partnership Forum
- Healthcare Professionals Forum

### **Asesiad / Assessment**

#### **Matters Requiring Board Level Consideration or Approval:**

The Charitable Funds Committee requested that the following item be raised at Board level:

- Hywel Dda Health Charities 3 Year Plan 2020-23 (due to the report containing employee specific information, this report was discussed at Corporate Trustee In-Committee Session on 26<sup>th</sup> March 2020).

The In-Committee Board requested that the following item be raised at Board level:

- A Healthier Mid and West Wales - Capital Update – Board ratification of the In Committee decision to approve the recommendations and cost assumptions within the Healthier Mid and West Wales – Capital Update report.
- Hywel Dda Health Charities Three Year Plan 2020/2023 – Board ratification of the Corporate Trustee's decision to approve the Hywel Dda Health Charities Three Year Plan and budget 2020/2023.

#### **Key Risks and Issues/Matters of Concern:**

There were no key risks and issues/matters of concern raised by the Charitable Funds Committee or In-Committee Board.

### **Argymhelliad / Recommendation**

The Board is asked to:

- Endorse the updates, recognising any matters requiring Board level consideration or approval and the key risks and issues/matters of concern identified, in respect of work undertaken on behalf of the Board at recent Committee meetings;
- Receive the update report in respect of the In-Committee Board meeting;
- Ratify the decisions made at the In-Committee Board as detailed above.

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
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): <a href="#">Hyperlink to NHS Wales Health &amp; Care Standards</a>	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives: <a href="#">Hyperlink to HDdUHB Strategic Objectives</a>	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	Improve efficiency and quality of services through collaboration with people, communities and partners

<b>Gwybodaeth Ychwanegol:</b> <b>Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Standing Orders External Governance Review
Rhestr Termau: Glossary of Terms:	Included within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Committee and Advisory Group Chairs

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Explicit within the individual Update Reports where appropriate.
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Explicit within the individual Update Reports where appropriate.
<b>Gweithlu:</b> <b>Workforce:</b>	Not Applicable
<b>Risg:</b> <b>Risk:</b>	Not Applicable
<b>Cyfreithiol:</b> <b>Legal:</b>	The Board has approved Standing Orders in relation to the establishment of Board level Committees. In line with its model Standing Orders, the Health Board has established Board level Committees, the activities of which require reporting to the Board. In line with its model Standing Orders, the Health Board has established a Stakeholder Reference Group, a Healthcare Professionals Forum and a Partnership

	Forum, the activities of which require reporting to the Board.
<b>Enw Da: Reputational:</b>	Not Applicable
<b>Gyfrinachedd: Privacy:</b>	Not Applicable
<b>Cydraddoldeb: Equality:</b>	Not Applicable



<b>Enw'r Pwyllgor / Name of Committee</b>	Charitable Funds Committee
<b>Cadeirydd y Pwyllgor/ Chair of Committee:</b>	Simon Hancock, Independent Member
<b>Cyfnod Adrodd/ Reporting Period:</b>	Meeting held on 17 <sup>th</sup> March 2020
<b>Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:</b>	
<ul style="list-style-type: none"> <li>• <b>Chair's Actions &amp; Decisions taken outside of Charitable Funds Committee (CFC) meetings</b> – it was confirmed that there had been no Chair's Actions or decisions taken outside of CFC meetings.</li> <li>• <b>Review of Charitable Funds Committee Terms of Reference</b> – the Committee noted and approved the following suggested amendments to the Terms of Reference: <ul style="list-style-type: none"> <li>• Membership - additional wording to be inserted clearly stating that members are 'acting as representatives of the Corporate Trustee';</li> <li>• Additional wording to be added to item 6.19 within the Terms of Reference to include 'Expenditure over £100,000 will require the approval of the Corporate Trustee'.</li> <li>• Given the current circumstances and emergency measures required relating to COVID-19, it was agreed that the processes for expenditure be re-considered at the current time. It was agreed by the Committee for Mr Huw Thomas, Mrs Mandy Rayani and Ms Sarah Jennings to have authorisation to jointly agree and oversee expenditure relating to COVID-19 (in particular relating to staff welfare) outside of the formal Committee meetings.</li> </ul> </li> <li>• <b>Update on the Impact of the Utilisation of IT Devices (Microsoft Surface Pros) to Support Patient Centre Care and Service Improvement</b> - the Impact of the Utilisation of IT Devices to Support Patient Centre Care and Service Improvement report was presented to Committee, providing an overview of the challenges experienced and the current position on the use of mobile IT devices within ward areas, where positive feedback has been received. Given the current COVID-19 pandemic and the restrictions on visiting patients on hospital sites, an additional £25,000 to purchase 100 mobile devices was requested, to provide inpatients without access to a smart phone/tablet with the prospect of maintaining patient/relative contact. Members agreed that the devices could be authorised via Chair's Action once further clarity had been received.</li> <li>• <b>Self-Assessment of Effectiveness Questionnaire</b> – the Committee agreed the suggested template for the 2019/20 questionnaire, noting this would be forwarded to Members via Survey Monkey.</li> <li>• <b>Charitable Funds Operations Sub-Committee (CFOSC) Update Report</b> – the Committee was presented with the CFOSC report providing an overview of the Sub-Committee's decisions, including discussions and deliberations, since the</li> </ul>	

previous report presented to the Committee on 20th September 2019. The Committee approved a request to purchase two replacement ultrasound scanners for the Breast Care Unit in Prince Phillip Hospital, which had been endorsed by the CFOSC.

- **Charitable Funds Operations Sub Committee Annual Report** - the Committee discussed and approved the Charitable Funds Operations Sub-Committee Annual Report for 2019/20, with it acknowledged that changes would be made to the structure of the CFOSC with interim arrangements already in place.
- **Charitable Funds Committee Risk Register** – the Committee received an update on an ongoing risk of reputational damage if the Health Board becomes implicated, by default, in events outside of its control, due to association, or perceived association, with any external charitable organisations. The current risk is within the CFC’s risk tolerance level of 8, agreed by the CFC on 20th September 2019. Members noted the significant action that is being undertaken in relation to this risk.
- **Approve Charitable Funds Committee Annual Report 2019/20 for Onward Submission to The Board** - the Committee discussed and approved the Charitable Funds Committee Annual Report for 2019/20 for onward submission to the Board.
- **Investment Advisor Performance Update** - the Hywel Dda Health Charities Investment Update provided by Sarasin & Partners was presented to Committee. Assurance was provided that the investments made on behalf of the Health Board are long-term and low risk, which should recover over time. Following the expenditure of approximately £1million on the Ward 10 refurbishment and Aberaeron Integrated Care Centre, there remains a total of £1.6million, which could be accessed at any time. The Committee agreed that the contract with Sarasin & Partners be extended in the short-term, and to review this arrangement further in 12 months’ time.
- **Integrated Hywel Dda Health Charities Performance Report** – the Committee received the Integrated Hywel Dda Health Charities Performance Report, providing an update on the charity’s performance and position as at 31st January 2020. Members were pleased to note that the value of funds has increased by £1,079,129 during this financial year, with donations increasing by 30% and legacies by 21% in comparison to the same period in the previous financial year, which is significantly greater than in previous years.
- **Psychological Support For Cancer Patients Update Report** – the Committee received the Psychological Support for Cancer Patients Report, providing an update on the resources purchased from charitable funds to support families with young children affected by cancer. Work is also being undertaken with the paediatric palliative care team at the prospect of providing a grief service for all family members.
- **Charitable Funds Investment Property** – the Committee received the Charitable Funds Investment Property report to consider its position in relation to the future of ‘Delfryn’, a property in Ceredigion owned by the Hywel Dda Health Charity. The

Committee agreed further investigation of the options be explored.

- **Hywel Dda Health Charities 3 Year Plan 2020-23** – the Committee received the Hywel Dda Health Charities Three-Year Plan 2020/23, developed in response to priorities identified on the future direction of the charity at the Charitable Funds Committee Workshop in December 2019. The Committee was asked to:
  - consider and approve the Hywel Dda Health Charities three-year plan from 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2023;
  - consider and approve a budget of £90,993 for the finance support function for the 2020/21 financial year;
  - consider the merits of an increased investment in the fundraising function of the charity and approve a budget of £327,413 for the fundraising function for the 2020/21 financial year;
  - consider and approve the establishment of a staff lottery scheme to raise funds to invest in staff health and wellbeing initiatives, for which a financial procedure would be devised.

Given the sums involved, and mindful of the required governance, it was agreed to present the Hywel Dda Charities 3 Year Plan to an In-Committee Trustee meeting on the 26<sup>th</sup> March 2020 for approval with the Committee's endorsement.

**Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd ar eu cyfer /Matters Requiring Board Level Consideration or Approval:**

- Hywel Dda Health Charities 3 Year Plan 2020-23.

**Risgiau Allweddol a Materion Pryder / Key Risks and Issues/ Matters of Concern:**

- No risks or issues/matters of concern identified to escalate to the Board.

**Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:**

**Adrodd yn y Dyfodol / Future Reporting:**

In addition to the items scheduled to be reviewed as part of the Committee's work programme, following up progress of the various actions identified at the previous Committee meeting will be undertaken.

**Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:**

To be confirmed.

**PWYLLGOR CRONFA ELUSENNOL  
CHARITABLE FUNDS COMMITTEE**

<b>DYDDIAD Y PAPUR: DATE OF PAPER:</b>	15 May 2020
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Expenditure of NHS Charities Together grant funding
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Sarah Jennings, Director of Partnerships and Corporate Services
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Nicola Llewelyn, Head of Hywel Dda Health Charities & Jennifer Thomas, Senior Finance Business Partner

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

This paper is intended to update the Charitable Funds Committee on the charity's approach to the expenditure of grant monies recently awarded from NHS Charities Together.

The Charitable Funds Committee is asked, under Chair's Actions, to note the content of the paper and to approve the eligibility criteria for the charity's recently established small grant scheme.

**Cefndir / Background**

**1. Introduction**

NHS Charities Together is the national umbrella body for NHS charities across the UK. It is a membership organisation representing, supporting and championing the work of NHS charities. Hywel Dda Health Charities has been a member for a number of years.

In March 2020 NHS Charities Together launched its 'Urgent COVID-19 Appeal' to support NHS staff and volunteers caring for COVID-19 patients. To date, the appeal has raised in excess of £120m with the income intended to benefit all NHS charities across the UK.

**2. NHS Charities Together grant scheme**

NHS Charities Together has developed a grant scheme in order to release the funding it has raised to its member organisations. Grant funding will be awarded periodically, with each grant allocation having a broad purpose for expenditure as follows:

**2.1 Stage 1: COVID-19 urgent response grants**

Grants to NHS charities to spend quickly on enhancing the well-being of NHS staff, volunteers and patients impacted by COVID-19, such as:

- Funding well-being packs/gifts for staff and volunteers on wards/departments (this could include food/meal deliveries and refreshments, wash kits, overnight stay kits, furniture for rest rooms, etc).

- Supporting patients' mental health through isolation with electronic communication devices so they can talk to family and friends.
- Other items as identified by members and their NHS bodies that enhance the well-being of NHS staff, volunteers and patients impacted by COVID-19.
- This list is not exhaustive.

## **2.2 Stage 2: Strategic integrated community and social care pathway grants**

Grants to NHS charities to support their voluntary, care and hospice sector so that NHS patients can leave hospital more quickly and safely, stay or remain out of hospital. Supporting the integrated care partnerships in this way significantly reduces stress on the NHS and provides the wrap around provision for patients which is vitally needed. NHS charities are encouraged to sustain, develop or establish these partnerships (where they have not done so already) in order to fund collaborative projects.

## **2.3 Stage 3: COVID-19 recovery and post pandemic grants**

Grants to NHS charities on supporting the mental health and recovery of NHS staff and volunteers. This will be in the form of grants that provide respite, rehabilitation and mental health recovery of NHS staff and their families.

NHS charities have been advised that dependant on local priorities and in consultation with clinical and senior managers within corresponding trusts and health boards, charities are free to use some stage 1 funding for early interventions in support of stage 2 and 3 activity, as required.

## **Asesiad / Assessment**

### **1. Expenditure of grant funding to date**

An initial stage 1 COVID-19 urgent response grant of £35,000 was received on 8<sup>th</sup> April 2020.

As per the terms and conditions of the grant award, a new restricted charitable fund was opened for the purpose of the funding received (T560).

To 8<sup>th</sup> May 2020, £12,259 of the grant funding had been spent on urgent and immediate needs identified and requested by our workforce as follows:

- £7,791 for 2,000 wash kits for frontline acute and community staff caring for COVID-19 patients who may be showering multiple times a day between home visits or wanting to freshen up before leaving work. Request submitted by multiple team leaders and managers and from our consultant psychologists who wanted to meet urgent staff welfare needs.
- £1,634 for 360 LED candles requested by our senior chaplain to allow colleagues across our hospitals, health centres and clinics to light a candle at 12 noon every day to remember those who are sadly no longer with us.
- £1,270 contribution towards 1,000 patient welcome packs being developed by the patient experience team (eye masks, ear plugs, comb, toothbrush & paste, headphones) to help make a patient's stay in hospital more comfortable when arriving with little or no belongings.
- £848 for children's and neonatal services on a variety of staff and patient well-being items requested by the services such as patient DVD players, fridge for the new A&E tent at GGH, digital camera to send images to families unable to visit patients.

- £342 to fund materials to promote the mental health and well-being services available to colleagues.
- £178 on items for staff rest rooms across the UHB.
- £115 to purchase gardening items for our mental health patients unable to leave their wards/units due to government social distancing guidance.
- £81 to purchase items to assist the patient experience team to develop their 'drop and go' service for families to deliver items for patients unable to receive visitors.

The overwhelming support from the general public for the NHS in recent weeks has seen many generous donations of gifts in kind (e.g. toiletries, food items, items for staff rest rooms) made to our hospitals, health centres and clinics. It is important to note that many of these donations have helped to support many of the urgent and immediate needs of our staff during this period.

## 2. Our current approach to expenditure - COVID-19 small grant scheme

A second stage 1 COVID-19 urgent response grant of £70,000 was received on 4<sup>th</sup> May 2020.

As only a small number of requests for funding have been received to date, a small grant scheme has been developed to encourage colleagues to consider and apply for items that would make the biggest difference to the well-being and welfare of staff, volunteers and patients impacted by the COVID-19 pandemic.

As the funding received from NHS Charities Together is intended to be spent on 'immediate and urgent' items to enhance the well-being of NHS staff, volunteers and patients impacted by COVID-19, the UHB's small grant scheme was launched on 11<sup>th</sup> May.

The grant scheme invites wards, services and departments to apply for a maximum of £500 for items to enhance staff and volunteer well-being as well as a maximum of £500 for items that enhance patient well-being.

To ensure as many people as possible can benefit from this funding, applications are currently limited to one application for staff and volunteer well-being and one application for patient well-being per ward, service or department.

Applications for items in excess of £500 will be considered on a case by case basis under the following scheme of delegation, in line with current approved financial procedures:

Up to £500	Senior Finance Business Partner Accounting & Statutory and Reporting & Head of Hywel Dda Health Charities
£500 to £5,000	Director of Partnerships and Corporate Services (Executive Lead for Hywel Dda Health Charities)
£5,000 to £25,000	Director of Finance, Director of Partnerships and Corporate Services, Director of Nursing, Quality and Patient Experience on behalf of Charitable Funds Sub-Committee
£25,000 to £50,000	Director of Finance, Director of Partnerships and Corporate Services, Director of Nursing, Quality and Patient
£50,000 to £100,000	Charitable Funds Committee
£100,000 +	Corporate Trustee

The grant scheme is intended to remain open for an initial two-week period (until Friday 22<sup>nd</sup> May) to respond to the urgent and immediate needs of the UHB's staff, volunteers and patients. Following this period, a brief evaluation will be undertaken before recommendations are made regarding the allocation of future funding in this way.

### 3. Eligibility criteria - COVID-19 small grant scheme

The following eligibility criteria for the small grant scheme has been developed for consideration and approval by the Charitable Funds Committee under chair's actions.

The criteria is aligned to that of the grant funding received from NHS Charities Together, in response to the requests for a wide range of items to support staff and patient well-being and welfare received to date.

It is intended to provide equity across the whole of the UHB to ensure that the nature of items approved can be made available to all upon request within the limitations of the funding available.

It is acknowledged that the items noted in the eligibility criteria do not provide an exhaustive list however once approved this criteria will provide guidance to finance colleagues when processing the applications received. It is also noted that some applications received may require consideration on a case by case basis with these principles in mind.

Items that CAN be funded	Items NOT TO be funded	Further consideration on a case by case basis
<b>Staff rest rooms</b>		
<ul style="list-style-type: none"> <li>- Kettle</li> <li>- Hot water flask</li> <li>- Filter coffee maker/cafetiere</li> <li>- Toaster</li> <li>- Toasted sandwich maker</li> <li>- Microwave</li> <li>- Fridge</li> <li>- DAB radio (with Bluetooth)</li> <li>- Crockery and cutlery</li> <li>- Wall clock</li> <li>- Furniture (e.g. chair, table)</li> <li>- Artwork</li> <li>- Yoga mats</li> </ul>	<ul style="list-style-type: none"> <li>- Coffee maker/machine (and pods)</li> <li>- George Foreman grill</li> <li>- Gaming equipment (e.g. PlayStation)</li> <li>- Amazon Echo</li> <li>- Sports equipment (e.g. exercise bike, treadmill, cross trainer)</li> <li>- Portable heaters (not approved by H&amp;S)</li> <li>- Fans (not approved by IP&amp;C)</li> </ul>	<ul style="list-style-type: none"> <li>- Freezer</li> <li>- Television</li> <li>- Minor works (e.g. painting, flooring, hot water tap/boiler)</li> </ul>
<b>Staff outdoor areas</b>		
<ul style="list-style-type: none"> <li>- Outdoor furniture e.g. tables, chairs, benches</li> <li>- Plants</li> </ul>	<ul style="list-style-type: none"> <li>- Petrol lawnmower (not approved by H&amp;S)</li> </ul>	<ul style="list-style-type: none"> <li>- Water butt</li> <li>- Garden storage box</li> <li>- Compost bin</li> <li>- Wood/masonry paint</li> </ul>
<b>Staff nutrition and hydration</b>		
<ul style="list-style-type: none"> <li>- Food items with a long shelf life e.g. sweets, chocolate, biscuits, healthy snacks</li> <li>- Tea, coffee, dried milk</li> <li>- Bottled water, squash etc</li> </ul>	<ul style="list-style-type: none"> <li>- Water coolers/fountains (not approved by IP&amp;C)</li> </ul>	<p><i>To be added when relevant examples are received</i></p>

<b>Staff toiletries/cosmetics</b>		
- Toiletries such as shower gel, shampoo/conditioner, hand cream etc - Emergency overnight kits e.g eye masks, toothpaste and brushes.	- Staff uniforms and protective clothing - Team fleeces / hoodies	<i>To be added when relevant examples are received</i>
<b>Staff miscellaneous</b>		
- Books, puzzle books, adult colouring books. - Colouring pens and pencils.	- Gift vouchers for staff (spa days, garden centres) - Health and safety items (e.g. antibacterial gels - Office equipment and materials (e.g stationery, filing cabinets)	- Staff lockers
<b>Staff IT equipment</b>		
<i>To be added when relevant examples are received</i>	- Webcams - Headsets - Laptops - Mobile phones and chargers	<i>When 'items not to be funded' are unable to be funded by departmental budgets or capital allocation</i>
<b>Patient medical equipment</b>		
<i>To be added when relevant examples are received</i>	- Pulse oximeters - Thermometers - Blood pressure monitors	<i>When 'items not to be funded' are unable to be funded by departmental budgets or capital allocation</i>
<b>Items for patient comfort</b>		
- Clothing (e.g. trousers, t-shirts, sweatshirts) - Activity items (e.g. arts, crafts materials, jigsaws) - Furniture and items for patient communal areas - Patient discharge packs (if being discharged and having to self-isolate)	- Walking frames - Fans for patient care areas (not approved by IP&C)	<i>When 'items not to be funded' are unable to be funded by departmental budgets or capital allocation</i>
<b>Patient IT equipment</b>		
- Additional electronic devices to aid patient communication	<i>To be added when relevant examples are received</i>	<i>To be added when relevant examples are received</i>

#### 4. Funding applications pending

The areas below have expressed an interest in accessing our COVID-19 funding in the immediate future to address a range of staff and patient well-being needs as a result of COVID-19.

Any future requests for funding will be considered within the scheme of delegation noted above and the approved eligibility criteria, in line with the availability of funding following the closure of the small grant scheme on Friday 22<sup>nd</sup> May.

- Field hospitals – improvements to staff rest areas, enhancements to the patient experience.



- Paediatric palliative care – provision of distraction and therapeutic resources for patients and their families who are shielding. The service’s play specialist is not currently able to visit patients to undertake this valuable work.
- Mental Health and Learning Disabilities – patient welfare packs for those unable to access group activities in the community.
- Occupational Therapy – discharge packs for vulnerable patients being discharged from hospital. Equipment for COVID-19 patients on discharge to support their rehabilitation.
- Patient experience team – electronic devices for families with no access to technology to keep in touch with their loved ones in hospital. Polo shirts for the new ‘family liaison’ roles supporting patient/family communication across in-patient areas.
- Critical care – improvements to staff rest rooms. Memorial gardens to allow staff, patients and their families to have a dedicated area for reflection. Patient and family support groups.
- Staff rest/recovery rooms – larger ‘cwtsh’ rooms set up across the UHB estate to enable staff to take time out.
- Patient clothing – clothing bank for patients with no means to access their own clothing.
- Emergency toiletries for patients – to supplement donations via the Amazon wish list for areas when additional items are in demand.

It is envisaged that the stage 1 COVID-19 urgent response grants from NHS Charities Together will be fully allocated following the small grant scheme and the funding of the projects listed above during May, June and July, as per the terms of the grant funding.

We have not received confirmation whether we will receive any further stage 1 COVID-19 urgent response grants from NHS Charities Together, however NHS charities are being encouraged to apply for additional funding, if and when required, should local needs exceed the level of funding received.

## **5. Our approach to future expenditure**

Additional funding under stage 2 (strategic integrated community and social care pathway) and stage 3 (COVID-19 recovery and post pandemic) grants from NHS Charities Together will be awarded to our charity however it is not yet clear when we will receive this funding or what the value of the funding will be.

When confirmation of future funding is received, the Executive Team (or the most relevant group within the Command and Control Structure), will be asked to identify the range of needs across the UHB which can be met by the funding available.

Any proposals for the allocation of funding will be submitted for consideration by the Charitable Funds Committee and/or Corporate Trustee, in line with the charity’s scheme of delegation.

It is also important to note that the charity’s ‘Apêl Hywel Dda NHS COVID-19 Appeal’ has raised almost £85,000 to support the welfare and well-being of our staff and volunteers as a result of COVID-19. Consideration by the Charitable Funds Committee to the allocation of this funding is also required to ensure that the generous donations received are spent in line with the aims of the charity and the best interests of our workforce. A proposal will be submitted shortly, following engagement with Director of Workforce & Organisational Development and other key colleagues regarding the allocation of this funding.

## **Argymhelliad / Recommendation**

The Charitable Funds Committee, under Chair's Actions, is asked to:

- Note the update on the charity's approach to the expenditure of grant monies recently awarded from NHS Charities Together.
- Consider and approve the eligibility criteria for the charity's recently established small grant scheme.
- Endorse the charity's approach to future expenditure of COVID-19 grants and charitable donations.

<b>Enw'r Pwyllgor / Name of Committee</b>	In-Committee Board
<b>Cadeirydd y Pwyllgor/ Chair of Committee:</b>	Miss Maria Battle
<b>Cyfnod Adrodd/ Reporting Period:</b>	Meeting held on 26 <sup>th</sup> March 2020
<b>Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:</b>	
<ul style="list-style-type: none"> <li>• <b>Covid-19 Checklist for NHS Chairs – 10 Key Questions</b> – In-Committee Board received the “COVID-19 Checklist for NHS Chairs – 10 Key Questions” together with HDdUHB’s considered response.</li> <li>• <b>A Healthier Mid and West Wales – Capital Update</b> – In-Committee Board received an update on the activities and timelines underway to progress both the Programme Business Case process required to support the delivery of the Health &amp; Care Strategy. It also identified the cost assumptions which require Board approval. The In-Committee Board approved the recommendations.</li> <li>• <b>Update on Operating Theatres (Response to Internal Audit &amp; Wales Audit Office Reviews)</b> - In-Committee Board received the update report on Operating Theatres (response to Internal Audit &amp; Wales Audit Office reviews), as a source of assurance that the majority of recommendations and findings raised by both reviews had been addressed, and that those remaining are actively being managed, with actions in place that support embedded processes.</li> <li>• <b>Commissioning Process and Review Arrangements for Out of Area Mental Health and Learning Disability Placements</b> - In-Committee Board received the Commissioning Process and Review Arrangements for Out of Area Mental Health and Learning Disability Placements report for assurance, noting the range of current systems and multi-agency approach to quality assurance for commissioned services, including those made out of area. The progress to date in improving and developing MHLD commissioning team processes was recognised by In-Committee Board.</li> <li>• <b>Swansea Bay City Deal – Life Sciences &amp; Wellbeing Campuses</b> - In-Committee Board received an update report, noting the timelines for the Outline Business Case submission by Swansea University on behalf of the ARCH partners. In-Committee Board desired to support the proposal in principle as the path of travel; noting that financial aspects are yet to be determined, and assuming there are no revenue or capital funding impacts for Hywel Dda UHB.</li> <li>• <b>Suspensions Report</b> – In-Committee Board received the Suspensions Report, providing an update on all employment suspensions as at 29th February 2020.</li> </ul> <p><b>Corporate Trustee (In Committee) Session - Hywel Dda Health Charities Three Year Plan 2020/2023</b> – in its role as Corporate Trustee of the charitable funds held by the UHB, the Hywel Dda Health Charities Three Year Plan 2020/2023, including the charity’s proposed governance, support, administration and fundraising costs for the 2020/21 financial year, were presented to the Corporate Trustee (In-Committee) for consideration. The Corporate Trustee approved the Hywel Dda Health Charities three-year plan and budget from 1st April 2020 to 31st March 2023.</p>	

**Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer /**

**Matters Requiring Board Level Consideration or Approval:**

- **A Healthier Mid and West Wales – Capital Update** - Board ratification of the In Committee's approval of the recommendations and cost assumptions within the Healthier Mid and West Wales – Capital Update report.
- **Hywel Dda Health Charities Three Year Plan 2020/2023** – Board ratification of the Corporate Trustee's approval of the Hywel Dda Health Charities Three Year Plan and budget 2020/2023.

**Risgiau Allweddol a Materion Pryder /**

**Key Risks and Issues/ Matters of Concern:**

None.

**Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf /**

**Planned Committee Business for the Next Reporting Period:**

**Adrodd yn y Dyfodol / Future Reporting:**

To be confirmed.

**Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:**

To be confirmed.

**CYFARFOD BWRDD PRIFYSGOL IECHYD  
UNIVERSITY HEALTH BOARD MEETING**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	28 May 2020
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Statutory Partnerships Update
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Sarah Jennings, Director of Partnerships and Corporate Services
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Anna Bird, Assistant Director - Strategic Partnerships, Diversity and Inclusion Martyn Palfreman, Head of Regional Collaboration

**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**

Hywel Dda University Health Board (HDdUHB) is a statutory member of Public Services Boards (PSBs) in Carmarthenshire, Ceredigion and Pembrokeshire and the West Wales Regional Partnership Board.

The purpose of this report is to provide an update to the Board in respect of the recent work of the three Public Services Boards and Regional Partnership Board.

**Cefndir / Background**

PSBs were established under the Well-being of Future Generations (Wales) Act 2015 (the Act) and their purpose is to improve the economic, social, environmental and cultural well-being in its area by strengthening joint working across all public services in Wales.

The effective working of Public Services Boards is subject to overview and scrutiny by the Well-being of Future Generations Commissioner, Wales Audit Office as well as designated local authority overview and scrutiny committees.

Regional Partnership Boards, based on LHB footprints, became a legislative requirement under Part 9 of the Social Services and Wellbeing (Wales) Act 2014 (SSWBWA). Their core remit is to promote and drive the transformation and integration of health and social care within their areas.

**Asesiad / Assessment**

**Carmarthenshire Public Services Board (PSB)**

The PSB will meet on a virtual basis on 14<sup>th</sup> May 2020 and a verbal update on key business and discussions will be provided at the Board meeting. A link to the Carmarthenshire PSB website is provided below, where copies of agenda and meeting papers are available to review. <http://www.thecarmarthenshirewewant.wales/meetings/>

### **Ceredigion Public Services Board (PSB)**

The planned meeting on 20<sup>th</sup> April 2020 was postponed, in recognition of the need of partners to focus on operational responses to COVID-19. Ceredigion PSB will hold a virtual meeting on 15<sup>th</sup> June 2020. A link to the agenda and papers of Ceredigion PSB is provided below:

<https://www.ceredigion.gov.uk/your-council/partnerships/ceredigion-public-services-board/public-services-board-meetings/>

### **Pembrokeshire Public Services Board (PSB)**

The PSB held a successful virtual meeting on 27<sup>th</sup> April 2020 and provided an opportunity for each partner to share an update on operational responses and information about how services have adapted to respond to COVID-19. PSB members acknowledged the significant and effective partnership working which has enabled a rapid mobilisation of staff and services, working with minimal governance arrangements. Members agreed that there was a need to capture learning to ensure that new ways of working that have facilitated action are continued in the longer term. Individual organisation recovery plans are being developed and members agreed to work jointly to develop a co-ordinated response that supports recovery in each sector.

It was noted that all partners have received significant support from individuals and communities and often more offers of help than requests for help and support. Pembrokeshire Association of Voluntary Services highlighted that they now have 60 community groups registered with the Pembrokeshire Community Support Network. This provides a firm foundation on which future community engagement can be built.

A link to the agenda and papers of Pembrokeshire PSB is provided below:

<https://www.pembrokeshire.gov.uk/public-services-board/psb-agendas-and-minutes>

### **PSB Funding from Welsh Government**

The Minister for Housing and Local Government, Julie James, wrote to all PSBs to say that due to the need to review funding priorities that Welsh Government were unable to continue to fund PSBs going forward. This has yet to be discussed at the local PSBs but will have an impact on the resourcing of the running of the PSBs and local and regional co-ordination and activity.

### **Regional Partnership Board (RPB) update**

In the light of the COVID-19 outbreak, on 20<sup>th</sup> March 2020 Welsh Government advised Regional Partnership Boards of a series of relaxations in relation to reporting and monitoring of Transformation Fund (TF) and Integrated Care Fund (ICF) programmes. It also signalled flexibility in relation to deployment of existing funding to support the response to the pandemic. Highlights include:

1. Permission to divert TF and ICF revenue funding to support the COVID-19 response so long as spend remains in line with grant guidance, terms and conditions
2. Amendment of 2020-21 ICF revenue plans to support COVID-19 response
3. Routine grant monitoring and reporting suspended
4. Option to invest ICF Capital in measures to reduce pressure on the system
5. RPB Annual Report deadline deferred from June to September 2020

Subsequently, Welsh Government has also confirmed the suspension of external evaluation of Transformation Fund programmes and advised of a requirement to capture innovation/new ways of working in response to COVID-19 and share with Welsh Government as appropriate.

The additional allocation to West Wales of £1.4m from the Transformation Fund has been withdrawn and the £11m residual funding across Wales absorbed into the central COVID-19 response pot within Welsh Government. However, alongside the increased flexibilities in use of existing funds, **an additional £10m has been made available across Wales to support local arrangements to implement Welsh Government's [COVID-19 Hospital Discharge Requirements](#)**. This funding will be distributed via RPBs and will bring £1.4m into West Wales to develop enhanced, integrated discharge arrangements that enable safe and accelerated discharge of patients from acute to community settings (including their home), thereby preserving surge capacity within the acute sector to respond to future waves of the pandemic. Proposals for deployment of this funding are currently being developed through the Bronze Community Group.

This funding sits alongside:

- £40m that is being made available from the local government hardship fund to support local authorities in meeting the additional costs experienced by adult social care providers resulting from COVID-19, for example increased staffing costs due to delivery of enhanced care, extra overtime payments and additional use of agency staff; increased infection control costs; additional food costs; additional ICT requirements; and loss of income due to COVID-19 deaths.
- £24m across Wales available to the third sector to help organisations in their COVID-19 response through addressing cash-flow issues; supporting more people to volunteer; and strengthening essential infrastructure including the Volunteering Wales platform.

In response to the above, in West Wales:

1. Temporary regional governance arrangements have been put in place from 23<sup>rd</sup> March 2020 to ensure timely decision-making during the pandemic whilst retaining openness and transparency. These were ratified by the RPB on 11<sup>th</sup> May 2020 and include:
  - Weekly meetings of Health and Social Care Leaders. This comprises of the Chief Executives of the partner organisations, Chair of the Health Board and Leaders of each Council.
  - The formation of a Health and Social Care COVID-19 Planning Group (HSCCPG), which temporarily supersedes the Integrated Executive Group. Meeting on a weekly basis, this comprises all members of the UHB Executive Team, Directors of Social Services and the Chief Executive of Ceredigion Association of Voluntary Organisations for the third sector. Its purpose is to coordinate a joined-up approach to the crisis, facilitate a whole system approach and take decisions on deployment of new funding and redirection of existing resources to support the COVID-19 response.
  - Virtual meetings of the RPB to receive updates from partners and to ratify decisions taken by the HSCCPG).
2. Several schemes within the ICF Capital programme have been paused and funds totalling £8m diverted to meet design, build and restoration costs of the 8 field hospital sites across the region; discussions are ongoing with Welsh Government regarding potential release of alternative capital funding to recompense for the diversion of existing resources and allow reinstatement of the paused programmes at a future date.
3. ICF revenue programmes for 2020-21 are being reviewed to optimise impact of existing programmes on the COVID-19 response and identify opportunities for diverting funding to specific COVID-19 related schemes where necessary.

4. Healthier West Wales (Transformation Fund) programmes are being reviewed and refocused as appropriate to support the COVID-19 response. Examples include:
- Extending the proactive calls that are being made through Delta Wellbeing as part of Programme 1 (Technology-enabled Care/ Connect) to cover shielded groups and other vulnerable residents including those with dementia and those at risk of domestic abuse. These calls also provide an opportunity to promote the programme and encourage take-up beyond the pandemic.
  - Expanding the Connect2you ('Vincles') element of the Connect Programme to enable a greater number of isolated and vulnerable participants to link virtually with peer groups, family and friends.
  - Adjusting crisis response capacity funded through Programme 3 (Fast-tracked, Consistent Integration) to optimise alternative pathways of care and help keep people safe within their homes and enhancing the approach through technology to enable virtual consultations.
  - Diverting a portion of the set-up grants earmarked within Programme 7 (Connecting People, Kind Communities) for the development of local action hubs to fund local groups providing COVID-19 specific support and use of the 'Connect2' time-banking platform to help match volunteer offers with requests for support within the community.
5. Evaluation of the Healthier West Wales programme has currently been suspended, although local monitoring of delivery and outcomes will continue with a view to evidencing impact and highlighting the potential contribution of the new models to the post-COVID-19 recovery and new pathways of care/ clinical models that are likely to be in place following the pandemic.

### Argymhelliad / Recommendation

The Board is asked to:

- Note the progress updates for each PSB, and the key areas of discussion highlighted in the report.
- Note the links to the PSB and RPB websites where the agenda and minutes of recent meetings can be accessed.
- Note that Welsh Government have written to PSBs to inform them that there will be no future funding of PSBs going forward.
- Note the significant progress update on the work of the RPB highlighted in the report in response to COVID-19.
- Note the diversion of funding from ICF (Revenue and Capital) and Transformation Fund to COVID-19 specific schemes.
- Agree the continuation of the Health and Social Care Leadership group, in line with previously agreed governance arrangements.

**Amcanion: (rhaid cwblhau)**

**Objectives: (must be completed)**

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
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Safon(au) Gofal ac Iechyd: Health and Care Standard(s): <a href="#">Hyperlink to NHS Wales Health &amp; Care Standards</a>	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives: <a href="#">Hyperlink to HDdUHB Strategic Objectives</a>	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.
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	Improve efficiency and quality of services through collaboration with people, communities and partners

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Well-being of Future Generations (Wales) Act 2015 Social Services and Well-being (Wales) Act 2014
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not applicable

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	HDdUHB staff time to support progression of PSB project and delivery group meetings being established to drive forward implementation of the Well-being Plans. The Regional Partnership Board is working collaboratively to deliver “A Healthier West Wales: Transformation proposal by the West Wales Regional Partnership Board”.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Improving the well-being of the population is at the forefront of the two key pieces of legislation that provide a focus for PSBs and RPBs. “A Healthier West Wales: Transformation proposal by the West Wales Regional Partnership Board” embraces a “through-age” model which will support people in Starting and Developing Well; Living and Working Well; and Growing Older Well.
<b>Gweithlu: Workforce:</b>	Implementing the five ways of working required under the Well-being of Future Generations (Wales) Act 2015 should lead to increased collaboration and integration between services, professionals and communities. “A Healthier West Wales: Transformation proposal by the West Wales Regional Partnership Board” includes a key programme of work focused on “an asset-based workforce”.

<b>Risg: Risk:</b>	<p>Whilst each PSB Well-being Plan is different, there are consistent themes of activity. There is a risk that whilst addressing local need, there may be some inconsistency in approach between counties for our wider population. We have a duty as PSB members to encourage consistency of approach where appropriate in order to minimise inequity. Resourcing the project and delivery groups of PSBs could be considered an “add on” responsibility by staff and the synergy with achieving HDdUHB’s goals need to be understood.</p>
<b>Cyfreithiol: Legal:</b>	<p>It is a statutory duty for each PSB to produce a Well-being Plan and Area Plan and for the UHB as named statutory partners to work with the PSBs and RPB to support the development and delivery of the actions within the Plan.</p>
<b>Enw Da: Reputational:</b>	<p>There is a statutory requirement for HDdUHB to contribute to the work of the PSBs and RPB. There is a statutory duty for the UHB to work in partnership with its three partner local authorities to transform health and social care delivery. The RPB Governance arrangements for an essential framework to support operational action.</p>
<b>Gyfrinachedd: Privacy:</b>	<p>Not applicable</p>
<b>Cydraddoldeb: Equality:</b>	<p>The focus of equality runs throughout the work of the PSBs aligns to a number of the Well-being goals: A More Equal Wales, A Healthier Wales, A More Prosperous Wales, A Wales of Cohesive Communities. This is an update paper therefore no EqIA screening has been undertaken.</p>

## HYWEL DDA UNIVERSITY HEALTH BOARD – WORK PLAN MARCH 2020 – MARCH 2021

The Board meets in public bi-monthly. The following table sets out the Board’s business for 2020/21, including standing agenda items (denoted by \*); items denoted by \*\* are those that are reported to the Board as and when required.

AGENDA ITEM/ ISSUE	LEAD	OFFICER	26 Mar 2020	16 Apr 2020	28 May 2020	23 Jun 2020	30 Jul 2020	24 Sep 2020	26 Nov 2020	28 Jan 2021	25 Mar 2021
Patient/Staff Story *	<b>MR</b>	<b>LO’C</b>	✓				✓	✓	✓	✓	✓
Public Forum Questions*	<b>Chair</b>	<b>JW</b>	✓				✓	✓	✓	✓	✓
<b>GOVERNANCE</b>											
Apologies*	<b>Chair</b>	<b>CM</b>	✓	✓	✓	✓	✓	✓	✓	✓	✓
Declaration of Interests*	<b>Chair</b>	<b>All</b>	✓	✓	✓	✓	✓	✓	✓	✓	✓
Minutes from previous meeting*	<b>Chair</b>	<b>CM</b>	✓	✓	✓		✓	✓	✓	✓	✓
Matters Arising & Table of Actions*	<b>Chair</b>	<b>CM</b>	✓		✓		✓	✓	✓	✓	✓
Report of the Chair*	<b>Chair</b>	<b>JW</b>	✓		✓		✓	✓	✓	✓	✓
Report of the Chief Executive* • Register of Sealings • Consultations Update	<b>SM</b>	<b>SMJ</b>	✓ ✓ ✓		✓		✓	✓	✓	✓	✓
Report of the Audit & Risk Assurance Committee	<b>PN</b>	<b>JW</b>	✓		✓		✓	✓	✓	✓	✓
Revised Governance Framework/ Committee Terms of Reference	<b>SM</b>	<b>JW</b>	✓								✓
Maintining Good Governance COVID-19	<b>SM</b>	<b>SM</b>		✓	✓						
HDdUHB Annual Quality Statement	<b>MR</b>	<b>SM</b>			✓						
HDdUHB Annual Report 2019/20	<b>Chair</b>	<b>EDs</b>				✓					
Performance Report	<b>KM/SJ</b>	<b>TP/AWF</b>				✓					
Accountability Report	<b>SM</b>	<b>JW</b>				✓					
Final Accounts for 2019/20	<b>HT</b>	<b>HT</b>				✓					
Letter of Representation	<b>HT</b>	<b>HT</b>				✓					
Wales Audit Office ISA 260	<b>WAO</b>	<b>HT</b>				✓					

<b>AGENDA ITEM/ ISSUE</b>	<b>LEAD</b>	<b>OFFICER</b>	<b>26 Mar 2020</b>	<b>16 Apr 2020</b>	<b>28 May 2020</b>	<b>23 Jun 2020</b>	<b>30 Jul 2020</b>	<b>24 Sep 2020</b>	<b>26 Nov 2020</b>	<b>28 Jan 2021</b>	<b>25 Mar 2021</b>
Approval of Charitable Funds Annual Report & Accounts	<b>SJ</b>	<b>NLI</b>				✓					
Committee Annual Reports: <ul style="list-style-type: none"> <li>• Audit &amp; Risk Assurance Committee</li> <li>• Business Planning &amp; Performance Assurance Committee</li> <li>• Charitable Funds Committee</li> <li>• Finance Committee</li> <li>• Mental Health Legislation Assurance Committee</li> <li>• Primary Care Applications Committee</li> <li>• Quality, Safety &amp; Experience Assurance Committee</li> <li>• University Partnership Board</li> </ul>	<b>Chairs</b>	<b>Lead Execs JW</b>				✓					
Advisory Group Annual Reports: <ul style="list-style-type: none"> <li>• Healthcare Professionals Forum</li> <li>• Staff Partnership Forum</li> <li>• Stakeholder Reference Group</li> </ul>	<b>Chairs</b>	<b>Lead Execs</b>				✓					
Standing Orders/Standing Financial Instructions	<b>SM</b>	<b>JW</b>							✓		
WAO Annual Audit Report	<b>WAO</b>	<b>JW</b>								✓	
WAO Structured Assessment	<b>WAO</b>	<b>JW</b>								✓	
<b>STRATEGIC ISSUES</b>											
Health & Care Strategy: A Healthier Mid and West Wales	<b>PK/RJ</b>	<b>PK/RJ</b>	✓				✓	✓	✓	✓	✓
Three Year Plan & Financial Plan <ul style="list-style-type: none"> <li>• New Hospital Build</li> </ul>	<b>KM/HT</b>		✓								
Primary Care Delivery Milestones	<b>JP</b>		✓								
Winter Planning 2020/21	<b>AC</b>						✓	✓	✓	✓	

<b>AGENDA ITEM/ ISSUE</b>	<b>LEAD</b>	<b>OFFICER</b>	<b>26 Mar 2020</b>	<b>16 Apr 2020</b>	<b>28 May 2020</b>	<b>23 Jun 2020</b>	<b>30 Jul 2020</b>	<b>24 Sep 2020</b>	<b>26 Nov 2020</b>	<b>28 Jan 2021</b>	<b>25 Mar 2021</b>
HDdUHB Major Incident Plan 2020/21	<b>RJ</b>	<b>SH</b>						✓			
HDdUHB Seasonal Influenza Plan 2020/21	<b>RJ</b>							✓			
Strategic Equality Plan Annual Report 2019/20	<b>SJ</b>	<b>JH</b>						✓			
Stroke Business Case	<b>AS</b>							✓			
<b>DELIVERING THE HERE AND NOW</b>											
Improving Patient Experience Report	<b>MR</b>	<b>LO'C</b>	✓		✓		✓	✓	✓	✓	✓
Report of the Quality, Safety & Experience Assurance Committee	<b>JG/AL</b>	<b>MR</b>	✓		✓		✓	✓	✓	✓	✓
Report of the Business, Planning & Performance Assurance Committee	<b>JH</b>	<b>KM</b>	✓								
Report of the People, Planning & Performance Assurance Committee	<b>JG</b>	<b>KM/LG</b>			✓		✓	✓	✓	✓	✓
Performance Update (IPAR)	<b>KM</b>	<b>TP</b>	✓		✓		✓	✓	✓	✓	✓
Report of the Finance Committee	<b>MH</b>	<b>HT</b>	✓		✓		✓	✓	✓	✓	✓
Finance Update	<b>HT</b>		✓	✓	✓		✓	✓	✓	✓	✓
Strategic Equality Plan and Objectives 2020-2024	<b>SJ</b>	<b>JH</b>	✓								
Responding to the COVID-19 Pandemic	<b>SM</b>			✓	✓						
Management of Outstanding Recommendations from Auditors, Inspectorates and Regulators	<b>SM</b>			✓							
Management of Operational and Corporate Risks during the Covid-19 Pandemic	<b>SM</b>			✓							
Update on Nurse Staffing Levels (Wales) Act	<b>MR</b>				✓				✓		

<b>AGENDA ITEM/ ISSUE</b>	<b>LEAD</b>	<b>OFFICER</b>	<b>26 Mar 2020</b>	<b>16 Apr 2020</b>	<b>28 May 2020</b>	<b>23 Jun 2020</b>	<b>30 Jul 2020</b>	<b>24 Sep 2020</b>	<b>26 Nov 2020</b>	<b>28 Jan 2021</b>	<b>25 Mar 2021</b>
Health & Care Standards Fundamentals of Care Audit 2019	<b>MR</b>	<b>SD</b>			✓						
Winter Planning 2019/20 – Evaluation	<b>AC</b>						✓				
Care Home Preparedness	<b>JP</b>				✓						
Calculating and Maintaining the Nurse Staffing Levels during the COVID-19 Pandemic	<b>MR</b>	<b>CH</b>			✓						
Financial Governance and Value for Money Considerations – COVID-19	<b>HT</b>				✓						
Report of the Health & Safety Assurance Committee	<b>JH</b>	<b>MR</b>			✓						
HDdUHB Primary Care Annual Report 2019/20	<b>JP</b>						✓				
Well-being Objectives Annual Report 2019/20	<b>SJ</b>	<b>AB</b>					✓				
Board Assurance Framework	<b>SM</b>	<b>JW</b>						✓			✓
Corporate Risk Register	<b>SM</b>	<b>JW</b>	✓					✓			✓
HDdUHB Director of Public Health Annual Report 2019/20	<b>RJ</b>							✓			
Mid Year Review of Annual Plan	<b>KM</b>	<b>PW</b>							✓		
Ombudsman Annual Letter	<b>MR</b>	<b>LO’C</b>							✓		
Ombudsman Reports**	<b>MR</b>	<b>LO’C</b>									
<b>COMMITTEE UPDATE REPORTS</b>											
Board Level Committees: <ul style="list-style-type: none"> <li>• Charitable Funds Committee</li> <li>• Mental Health Legislation Assurance Committee</li> <li>• Health &amp; Safety Assurance Committee</li> </ul>	<b>Chairs</b>	<b>JW</b>	✓		✓		✓	✓	✓	✓	✓

<b>AGENDA ITEM/ ISSUE</b>	<b>LEAD</b>	<b>OFFICER</b>	<b>26 Mar 2020</b>	<b>16 Apr 2020</b>	<b>28 May 2020</b>	<b>23 Jun 2020</b>	<b>30 Jul 2020</b>	<b>24 Sep 2020</b>	<b>26 Nov 2020</b>	<b>28 Jan 2021</b>	<b>25 Mar 2021</b>
In-Committee Board	<b>Chair</b>	<b>JW</b>	✓	✓	✓		✓	✓	✓	✓	✓
HDdUHB Advisory Groups: <ul style="list-style-type: none"> <li>• Healthcare Professionals Forum</li> <li>• Staff Partnership Forum</li> <li>• Stakeholder Reference Group</li> </ul>	<b>Chairs</b>	<b>JW</b>	✓				✓	✓	✓	✓	✓
HDdUHB Joint Committees & Collaboratives: <ul style="list-style-type: none"> <li>• Welsh Health Specialised Services Committee (WHSSC)</li> <li>• Emergency Ambulance Services Committee (EASC)</li> <li>• NHS Wales Shared Services Partnership (NWSSP)</li> <li>• Mid Wales Joint Committee for Health and Social Care (MWJC)</li> <li>• NHS Wales Collaborative Leadership Forum (CLF)</li> </ul>	<b>SM</b>	<b>AG</b>	✓				✓	✓	✓	✓	✓
Statutory Partnerships Update (incl Public Services Boards)	<b>SJ</b>	<b>AB</b>	✓		✓		✓	✓	✓	✓	✓
<b>FOR INFORMATION</b>											
Board Annual Workplan	<b>JW</b>	<b>CM</b>	✓		✓		✓	✓	✓	✓	✓
Internal Audit: Annual Governance Statement Review	<b>JW</b>					✓					
Head of Internal Audit Annual Report and Opinion 2019/20	<b>JW</b>					✓					
Healthcare Inspectorate Wales (HIW) Annual Report 2019/20	<b>HIW</b>						✓				
Medical Revalidation and Appraisal Annual Report 2019/20	<b>PK</b>	<b>HW</b>					✓				

<b>AGENDA ITEM/ ISSUE</b>	<b>LEAD</b>	<b>OFFICER</b>	<b>26 Mar 2020</b>	<b>16 Apr 2020</b>	<b>28 May 2020</b>	<b>23 Jun 2020</b>	<b>30 Jul 2020</b>	<b>24 Sep 2020</b>	<b>26 Nov 2020</b>	<b>28 Jan 2021</b>	<b>25 Mar 2021</b>
Organ Donation Annual Report 2019/20	<b>AC</b>								✓		
Community Health Council (CHC) Annual Report 2019/20	<b>CHC</b>								✓		

**Initials**

<b>AB – Anna Bird</b> <b>AC – Andrew Carruthers</b> <b>AG – Alison Gittins</b> <b>AL – Anna Lewis</b> <b>AS – Alison Shakeshaft</b> <b>AWF – Alexandra Williams-Fry</b> <b>CHC – Community Health Council</b> <b>CM – Clare Moorcroft</b> <b>ED’s – Executive Directors</b> <b>EL – Elaine Lorton</b> <b>GM – Gareth Morgan</b> <b>HIW – Healthcare Inspectorate Wales</b> <b>HT – Huw Thomas</b> <b>HW – Helen Williams</b> <b>JG – John Gammon</b>	<b>JH – Judith Hardisty</b> <b>JHo – Jackie Hooper</b> <b>JP – Jill Paterson</b> <b>JPJ – Jenny Pugh-Jones</b> <b>JW – Joanne Wilson</b> <b>KJ – Keith Jones</b> <b>KM – Karen Miles</b> <b>LC – Liz Carroll</b> <b>LO’C – Louise O’Connor</b> <b>LG – Lisa Gostling</b> <b>LRD – Libby Ryan-Davies</b> <b>MH – Michael Hearty</b> <b>MR – Mandy Rayani</b> <b>NLI – Nicola Llewellyn</b>	<b>PK – Philip Kloer</b> <b>PN – Paul Newman</b> <b>PS – Peter Skitt</b> <b>PW – Paul Williams</b> <b>RE – Rob Elliott</b> <b>RJ – Ros Jervis</b> <b>SD – Sharon Daniel</b> <b>SH – Sam Hussell</b> <b>SJ – Sarah Jennings</b> <b>SM – Steve Moore</b> <b>SMJ – Sian-Marie James</b> <b>SP – Sian Passey</b> <b>TP – Tracy Price</b> <b>WAO – Wales Audit Office</b>
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## GUIDANCE

# Coronavirus: ethical values and principles for healthcare delivery framework

Guidance for healthcare services when making decisions during the coronavirus outbreak.

## Contents

[1. Core values](#)

[2. Using the framework to deliver health services equitably](#)

[3. Principles and law underpinning ethical delivery of health care](#)

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## 1. Core Values to inform planning and decision making for health care delivery for all people in Wales

In addressing healthcare provision during the Covid19 Pandemic in Wales, the core value underpinning this ethical framework is 'equal concern and respect'.

This promotes the core constitutional commitment to equality, and the protections for all people, enshrined in law in Wales in respect of governance and language.

This means that:

- everyone matters –health service delivery will follow the principles set out in equality and human rights legislation

- everyone matters equally – this does not mean that everyone is treated the same, but does require health services to work effectively in partnership with each person equitably according to their needs
- the interests of each person are the concern of all of us, and of our society
- the harm that might be suffered by every person matters, and so our actions aim to minimise the overall harm that a pandemic might cause

## **2. Using the framework to deliver health services equitably**

The core value 'equal concern and respect' draws together a number of different ethical principles. When a particular decision has to be made, the following list of principles can be used systematically to help those delivering health services discharge their duty to ensure that the full range of ethical issues is considered.

## **3. Principles and law underpinning ethical delivery of health care**

### **Respect**

Means:

- holding a view of the person as a whole, taking into account their rights, wishes and feelings as a unique individual
- keeping people as informed as possible, ensuring that communications are available in accessible formats in their preferred language
- giving people the opportunity to express their views and take part in decisions on matters that affect them
- responding to people's personal preferences about their treatment and care, including communication and support needs
- when people are not able to make a decision, those who have to decide for them take decisions based on the best interests of the person
- maintaining confidentiality

### **Minimising the overall harm from the pandemic**

Means:

- cooperate to limit infection spread, especially to more vulnerable groups
- minimise the risk of complications if someone is ill
- avoid causing harm by inappropriately giving or omitting treatment or intervention
- learn from experience both at home and abroad about the best way to provide optimal healthcare to people who are ill, and contribute to research to increase knowledge about it
- minimise the disruption to society caused by the pandemic, including physical, psychological, social and economic harm
- minimise the impact of the pandemic activity on other essential health services needed for people's survival and wellbeing

## Fairness

Means:

- everyone matters equally, so people with an equal chance of benefiting from healthcare resources should have an equal chance of receiving them
- ways of assessing potential benefits and harms from a health intervention or its timing must respect individual rights

## Working together

Means:

- healthcare services must work together with other services, statutory agencies and third sector, to plan for, and respond to, a pandemic
- different parts of the overall health service must cooperate to help one another
- citizens and health workers all take responsibility for their own behaviour, especially by not exposing others to risk
- healthcare services being prepared to share information (for example, on the effects of treatment, or particular risks to some) that will help others

## Reciprocity

Based on the concept of mutuality between healthcare users, workers giving care and institutions providing services, means:

- any person asked to face increased risks or burdens during the pandemic should be supported on doing so by physical, mental and social wellbeing measures

- service leaders should ensure that risks and burdens are minimised as far as possible for all, responding proportionately to the risk

## Keeping things in proportion

Means:

- those responsible for providing information will neither exaggerate nor minimise the situation and will give people the most accurate information that they can
- those taking decisions on actions that may affect people's daily lives, aiming to protect the public from harm, will act flexibly and in proportion to the risks and benefits to individuals

## Flexibility

Means:

- those making individual healthcare plans will take into account new information and changing circumstances, and adapt plans accordingly
- people will have as much chance as possible to express concerns about, or disagreement with, decisions about their healthcare that affect them
- people who disagree with a decision about their health care are given access to a prompt, independent second opinion

## Good decision-making

Means:

- those making decisions about healthcare act with openness and transparency, in line with professional and legal responsibilities, and;
  - consult people as much as possible in the time available and provide adequate time for their decision making (with an advocate if wished), especially around end of life care and **do not attempt** Cardio-Pulmonary Resuscitation (DNACPR) decisions
  - involve people as much as possible in aspects of care planning that affect them, taking into account their individual needs and preferences
  - promote equity by assessing and responding to individual need, avoiding blanket policies based on protected characteristics especially disability or age
  - take into account all relevant views expressed and be open to challenge

- be clear about what decisions need to be made, and the model of care or analysis being applied
  - be open about what decisions have been made, and why, and who is responsible for making them
  - try to ensure that no person or group is excluded from being involved in decision making that affects them
  - be accountable for the decisions taken or not taken
  - take decisions reasonably, rationally, based on evidence, with a clear, practical process
  - record decisions and actions along with the justification or reasons for them
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GIG  
CYMRU  
NHS  
WALES

**THE PATIENT PATHWAY**  
**DURING THE COVID-19**  
**CRISIS:**

**A RESOURCE DOCUMENT**

**ETHICS IN CONTEXT**

## Contents

<u>AIM OF THE DOCUMENT</u> .....	2
<u>1. SOURCES OF INFORMATION</u> .....	6
<u>2. THE PATIENT JOURNEY: KEY DECISION POINTS</u> .....	8
<u>2.1. Asymptomatic people in the community</u> .....	8
<u>2.2. Early symptoms</u> .....	11
<u>2.3. If symptoms progress</u> .....	12
<u>2.4. The need to go to hospital</u> .....	16
<u>2.5. Death at home or in care homes</u> .....	16
<u>2.6. Referral to hospital</u> .....	17
<u>2.7. Progression to ICU</u> .....	22
<u>2.8. Palliative Care</u> .....	25
<u>2.9. Step-down/leaving hospital</u> .....	26
<u>2.10. Discharge home</u> .....	26
<u>2.11. Deaths</u> .....	27
<u>2.12. Bereavement</u> .....	27
<u>2.13. Long term monitoring</u> .....	28
<u>2.14. Continuing protection and opportunities for staff</u> .....	28
<u>2.15. Learning lessons</u> .....	28

## AIM OF THE DOCUMENT

This document aims to provide support for people, particularly leaders in health and social care, during the COVID-19 crisis. It looks at some likely key decision points on the patient pathway in Wales, recognising that healthcare professionals are making very difficult decisions under unprecedented pressure. It does not attempt to be prescriptive.

It should have value to busy clinicians, managers, volunteer co-ordinators and carers, but it does not give strong guidance on the resolution of ethical dilemmas. Instead it provides links to practical, authoritative information and guidance issued by respected organisations and where relevant, legal sources.

The document should be read in conjunction with guidance issued by the UK Moral Ethics Advisory Group (MEAG)<sup>1</sup>, and its Welsh equivalent, C-MEAG<sup>2</sup>, and guidance issued by professional bodies, all of which can easily be accessed by using links provided in the text. The UK Clinical Ethics Network is a particularly useful site<sup>3</sup>.

Note that advice for clinicians in Wales on ethics can be accessed by applying to Clinical Ethics Committees in Health Boards.

Guidance can also be found in documents issued by organisations supporting social care, and it is important for NHS and social care staff in Wales to work collaboratively<sup>4</sup>, as required by the Social Services and Well-being (Wales) Act 2014<sup>5</sup> and the Well-being of Future Generations (Wales) Act 2015<sup>6</sup>.

## DECISION MAKING FRAMEWORK

The Ethical Framework for Adult Social Care issued by England<sup>7</sup> and adopted by Wales, which is of relevance to NHS staff working in the community, lists a number of useful guiding principles as follows: Respect, Reasonableness, Minimising harm, Inclusiveness, Accountability, Flexibility, Proportionality, and Community. The same principles are identified in the work of MEAG and C-MEAG and by NHS Scotland, which issued its ethical guidance on 3<sup>rd</sup> April 2020<sup>8</sup>.

While the principles identified can be taken to reflect current thinking on medical ethics, they should not necessarily be treated as being of equal value. For example, in other scenarios involving applied ethics, such as decisions made by judges about end of life treatment, one would not value “flexibility” in itself, because that could

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<sup>1</sup> <https://www.gov.uk/government/groups/moral-and-ethical-advisory-group>

<sup>2</sup> <https://gov.wales/coronavirus-ethical-values-and-principles-healthcare-delivery-framework>

<sup>3</sup> [UKCEN resources during Covid-19](#)

<sup>4</sup> [https://socialcare.wales/cms\\_assets/hub-downloads/Partnership-working-%E2%80%93-implications-for-healthboards-and-NHS-Trusts.pdf](https://socialcare.wales/cms_assets/hub-downloads/Partnership-working-%E2%80%93-implications-for-healthboards-and-NHS-Trusts.pdf)

<sup>5</sup> <http://www.legislation.gov.uk/anaw/2014/4/contents>

<sup>6</sup> <http://www.legislation.gov.uk/anaw/2015/2/contents/enacted>

<sup>7</sup> <https://www.gov.uk/government/publications/covid-19-ethical-framework-for-adult-social-care/responding-to-covid-19-the-ethical-framework-for-adult-social-care>

<sup>8</sup> [Coronavirus \(COVID-19\): ethical advice and support framework - gov.scot](#)



produce uncertainty and result in inadvertent widening of scope – sometimes referred to as the “slippery slope” issue.

In the present crisis the pre-eminence of individual autonomy as an overriding principle has given way to a realisation of the importance of relational autonomy across society. Our interdependence on each other and the integrated functioning of society has come to the fore, with a heightened emphasis on fair distribution. This is seen in the way leaders at all levels have become aware of their reliance on others.

Within the concepts of ‘avoiding harm’ and ‘doing good’ has emerged a meticulous attention to detail, and to the importance of accurate data and scientific analysis to inform decision making. This is seen in the frameworks for difficult decision making that recognise the complexity of the individual and the need to provide care to a population whose needs outstrip the resources available to meet those needs. In this crisis, a commitment to care must be a core value at every level, which supports better decision making when demonstrated by compassionate leadership<sup>9</sup>.

This re-balancing of priorities and values has resulted in much of the high-quality guidance available, some but not all of which is cross-referenced in this paper.

With the passage of time, when the world reflects on the COVID-19 crisis and seeks to identify lessons that can be learned from the way in which governments handled it, ethicists may conclude that the predominant emphasis on individual autonomy became less dominant in the extreme circumstances of a pandemic, or that at least the ethical principles required substantial modification to recognise the interconnectedness of human relationships.

For many years clinicians have been taught the principles as originally described by Beauchamp and Childress<sup>10</sup>. In this situation they continue to pertain and can be stated as follows:

- Autonomy - The importance of considering and respecting as much as possible a person’s wishes and feelings, while ensuring they do not adversely impact on the rights of others
- Beneficence and non-maleficence – Weighing up the need for an intervention or support against the ability of the person to benefit from it. And in the process the person should not suffer disproportionate harm from whatever is offered.
- Justice - The just allocation of scarce resources must be assessed in proportion to the needs of all. For the individual, justice requires that the person receives the best care possible within the resources available<sup>11</sup>. A useful article on Guidelines for institutional ethics services responding to

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<sup>9</sup> [King's Fund: Why Compassionate Leadership Matters in Times of Crisis](#)

<sup>10</sup> [Beauchamp T L, Childress J F. Oxford University Press ISBN 0-19-514332-9](#)

<sup>11</sup> *Personhood and Healthcare*: Thomas MA, David C., Weiss TUB, David N., Hervé C , International Library of Ethics, Law and the New Medicine Vol 7 2001 Springer Netherlands ISBN 978-94-017-2572-9

COVID-19 was published by the Hastings Center<sup>12</sup> on the 16th March 2020.

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<sup>12</sup> <https://www.thehastingscenter.org/ethicalframeworkcovid19/>

## 1. SOURCES OF INFORMATION

A bewildering array of ethical guidance now exists in respect of COVID-19. Many organisations are issuing updates to their guidance on a regular basis – among them Welsh Government, Public Health Wales, NHS Organisations, Royal Colleges, Local Authorities and voluntary organisations.

Links are included to selected guidance documents at various points along the patient pathway.

A selection of useful guidance is listed below:

- **For healthcare professionals** ○ [GMC Ethical Guidance for doctors on COVID-19](#)
  - [Joint Statement by Chief Medical Officers for England, Wales, Scotland and Northern Ireland](#)
  - [RCN Clinical Guidance for managing COVID-19](#) (contains many useful links)
  - [Ethical Guidance on COVID-19 and Primary Care](#)
  - [BMA Ethics FAQs](#)
  
- **Guidance on practical matters** ○ [UK Government Guidance on COVID-19](#) (updated regularly)
  - [Public Health Wales Advice on COVID-19](#) (very useful updates for wide readership)
  
- **For managers** ○ [Welsh NHS Confederation updates](#)
  
- **Daily statistics**
  - [Regular information on the data](#)
  
- **Information about equality and human rights concerns** ○ [Royal College of Physicians on COVID-19 and Health Inequalities](#) ○ [Human Rights and COVID-19](#)
  
- **The wider world**
  - [World Health Organisation](#)
  
- **Faith Communities** ○ [Connections with Faith Communities](#)
  
- **Workforce support** ○ [Up-skilling support](#) ○ [Guidance for Trade Unions](#)
  
- **Excellent advice for Community Social Care and Ambulance Services** ○ [NHS England practical guidance](#)

- **Managing Capacity and Demand in Community Mental Health, Learning Disabilities and Autism Services** ○ [NHS England Advice for Community Services](#)
- **MHRA Guidance**
  - [MHRA Guidance on flexible approach to regulation during COVID-19 crisis](#)

## 2. THE PATIENT JOURNEY: KEY DECISION POINTS

This is an attempt to identify the key points when decisions may need to be made with and for patients. There are several points on the patient pathway when other organisations and partners such as local authorities and voluntary organisations are involved.

### 2.1. Asymptomatic people in the community

People who are feeling well are urged to follow Welsh Government's instructions about social distancing<sup>13</sup>. The Coronavirus Act 2020<sup>14</sup>, which became law at the end of March, aims to reduce the spread of the infection and consequently save lives, and it has far-reaching implications for the lives of the entire population. The Act introduces temporary measures which either amend existing legislation or create new statutory powers to enable the Government to respond quickly to deal with issues as they arise on many aspects of life, including the NHS, social care, the workforce, personal finance, the wider economy, the courts, prisons, transport services and the everyday freedoms which people have taken for granted for so long. In broad terms, the Act aims to:

- increase the size of the health and social care workforce in various ways, including the removal of barriers in order to allow recently retired NHS staff and social workers to return to work, and speeding up registration of newly qualified staff
- ease the burden on frontline staff by introducing measures to reduce administrative tasks, enabling local authorities to prioritise care for those with the most need, allowing staff to perform more tasks remotely, and having power to suspend individual port operations
- contain the spread of the virus by reducing unnecessary social contacts and strengthening the powers of police and immigration officers
- enable death services to manage the bodies of the deceased with respect and dignity during increased demand
- support people by allowing them to claim Statutory Sick Pay from day one, and by supporting the food industry to maintain supplies.

Some provisions of the Care Act 2014 (in England)<sup>15</sup> which involve *duties* to assess and meet eligible needs of adults and carers are downgraded to *powers* unless failure to provide care and / or support would result in a breach of an individual's human rights. In Wales a duty only arises where failure to do so would mean that the person may be experiencing or at risk of abuse or neglect.

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<sup>13</sup> [Statement from First Minister](#)

<sup>14</sup> [The Coronavirus Act 2020](#)

<sup>15</sup> <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

Regulations made under the Act provide wide-ranging powers designed to curtail the movement of people with the aim of limiting the spread of COVID-19 in the UK, and they are believed by some to be the most restrictive powers ever created in peacetime. Not everyone in the community will be infected with the COVID-19 virus, and there is a need to balance the concept of freedom of movement with the need to protect the lives of people living in the community. Families are separated, friends are unable to meet, theatres and churches are closed and many businesses cannot function effectively.

### *Balancing Risks and Benefits of Social Distancing and Self Isolation*

The police have the difficult task of rapidly becoming the enforcement agents for these restrictions, tasked with achieving an appropriate balance between safeguarding the community and the freedom of the individual<sup>16</sup>. Any breach of the Government advice issued under the Act requires a justifiable reason that must also be defensible on ethical grounds<sup>17</sup>.

### *The role of GPs*

GPs have an important role when their patients are seeking advice about how strictly particularly vulnerable people with known frailty should adhere to the guidance. Letters have been sent to this group of patients by GPs, and it might be necessary for them to have difficult conversations with patients and relatives by telephone to discuss the option of setting up a Lasting Power of Attorney or less formal ways of enabling people to express their wishes. Guidance for GPs and patients on COVID19 has recently issued by the Royal College of General Practitioners (RCGP)<sup>17</sup>, the National Institute for Health and Care Excellence (NICE)<sup>18</sup> and Public Health Wales<sup>20</sup>.

### *The right of every person to express their wishes*

A public information campaign of support is needed to explain in clear language what choices are open to people. 'My life my wishes'<sup>19</sup> is a booklet which explains the importance of advance care planning. This has been through trials in the community and has been well accepted and used extensively for more than two years.

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<sup>16</sup> <https://blogs.bmj.com/bmj/2020/02/17/coronavirus-and-the-ethics-of-quarantine-why-information-matters/> <sup>17</sup> <https://www.parliament.uk/business/committees/committees-a-z/commons-select/women-and-equalitiescommittee/news-parliament-2017/coronavirus-covid-19-inquiry-aunched-19-21-/>

<sup>17</sup> <https://www.rcgp.org.uk/policy/rcgp-policy-areas/covid-19-coronavirus.aspx/>

<sup>18</sup> <https://www.gponline.com/nice-publishes-rapid-guidance-managing-covid-19-primary-care/article/1679410> <sup>20</sup> <https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/how-to-protect-extremelyvulnerable-people-shielding/>

<sup>19</sup> <http://www.powysthb.wales.nhs.uk/mylifemywishes>

Age UK<sup>20</sup> has produced web-based guidance on expressing wishes. For those wishing to appoint a representative with Lasting Powers of Attorney (LPA), links to the Office of the Public Guardian explain how LPA can be generated <sup>21</sup>.

### *Identifying vulnerable groups during “lockdown”*

In addition to those identified as extra vulnerable who have received letters from their GP, there are other groups who are particularly vulnerable when normal human contact is suspended. These include the following groups to whom advice is available as indicated:

- Victims of domestic violence:
  - [Advice for Victims of Domestic Violence](#) ○ [Domestic abuse statement from UK Government](#) ○ [Advice from Women's Aid](#)
  
- Children who would usually have free school meals at school: ○ [Advice on free meals](#)
  
- People with learning disabilities:
  - [Advice: Learning Disabilities](#) ○ [Learning Disabilities Easy Read](#)
  
- People with physical disabilities: ○ [WHO guidance for people with disabilities](#)
  
- People receiving domiciliary care: ○ [Government advice on Domiciliary Care](#)
  
- People living in care homes: ○ [PHW Advice for Care Homes](#)
  
- People with mental health problems in hospital and community settings:
  - [Royal College of Psychiatrists Guidance](#)
  
- Street sleepers and homeless people: ○ [Advice for Homeless People from Shelter](#)

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<sup>20</sup> <https://www.ageuk.org.uk/information-advice/money-legal/legal-issues/power-of-attorney/what-happens-if-you-dont-have-a-power-of-attorney/>

<sup>21</sup> <https://www.lastingpowerofattorney.service.gov.uk/guide#topic-what-is-an-lpa>

- People with substance abuse problems: ○ [UK Government Advice for people with Substance Abuse Problems](#)
- The prison population:
  - [UK Government Advice for Prisons](#)

## 2.2. Early symptoms

People experiencing symptoms, or living with someone who develops symptoms, are required to self-isolate. Self-isolation differs from social distancing. It involves staying at home, only going out alone in the garden. It also means staying away from other people living in the same house, keeping at least 2 metres away from them especially people over 70 or with a long-term condition; sleeping alone if possible; and asking people to leave food deliveries outside the door.

### *Information for households*

Not every household has internet access by which to obtain information about important decisions such as the care of children and vulnerable family members. However, all households should have received information by post about social distancing and self-isolation, management of symptoms and practical matters such as disposal of personal waste.

Members of the public require information explaining what to expect and how to act if they develop symptoms, when to call the GP, participation in testing when it becomes widely available and information about data collection to identify as clearly as possible the number of potential infections in the population.

Early symptoms could include loss of taste and smell, sore throat and dry cough, but symptoms can vary widely and people are encouraged by the government to share information about their symptoms so that a national data base<sup>22</sup> can be maintained. For legal and ethical reasons it should be made clear that such information is anonymised and that it will remain confidential.

The First Minister for Wales has put in place a specific site offering advice on what people can expect and how they can help one another during the present crisis<sup>23</sup>.

### *Clinical trials*

Clinical trials are essential in the community and more widely, to collect information about the COVID-19 virus and the most effective treatments. Clinical staff are ideal subjects for prevention and early treatment studies, using the Kings data-base App to collect data.

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<sup>22</sup> [King's College London Symptom Reporting App Database](#)

<sup>23</sup> [Sources of information in Wales](#)



For rapid studies, it is easier to consent healthcare workers for data collection than it would be if the general public were to be involved. They can provide blood and swab samples more easily than the rest of the population, but drive-through swab sites may also be used to collect blood samples from them.

It is considered to be ethically sound to enter NHS staff into such trials because they are among those at the greatest risk of contracting COVID-19. However, it is important from an ethical perspective to enable other groups to access some clinical trials in order to afford them the opportunity to derive some benefit from new treatments for the virus and to contribute to the knowledge base<sup>24</sup>.

Resources already developed must be rapidly shared. Symptoms monitored on the Kings App can be collated with blood results data, which must be freely available to the patient in a trial.

There is a need for collaboration in COVID-19 research across the whole of the UK and internationally in order to ensure that the best possible care is delivered to patients on the basis of sound evidence. “Silo” working must be avoided and appropriate ethical standards of research must be met in the interests of the safety of patients and the population as a whole. This includes compliance with ethical standards and requirements.

The Medicines and Healthcare Regulatory Authority (MHRA) has a framework<sup>25</sup> for prioritising research submissions relating to COVID-19<sup>26</sup>. The Health Research Authority (HRA)<sup>29</sup> is also working to expedite Research Ethics Committee Reviews and has produced an expedited standard operating procedure to help submissions by researchers. A comprehensive list of potential opportunities for funding COVID-19 research can be found on the Medical Research Council (MRC) website<sup>27</sup>.

### **2.3. If symptoms progress.**

People who are worried about their deteriorating condition are advised to ring the 111 ‘phone number for advice. Some practical problems have been reported with this service due to the extreme pressure of telephone calls.

The algorithms used have had to focus on identifying and advising on COVID-19, although non-specific symptoms that could be suggestive of other serious illnesses make advice algorithms difficult to develop. Research is required into the outcomes of 111 advice and should explore whether people who need treatment in A&E were not directed there.

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<sup>24</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3894239/>

<sup>25</sup> <https://www.gov.uk/government/collections/mhra-guidance-on-coronavirus-covid-19>

<sup>26</sup> <https://www.hra.nhs.uk/covid-19-research/covid-19-guidance-sponsors-sites-and-researchers/> <sup>29</sup>  
<https://www.hra.nhs.uk/>

<sup>27</sup> <https://mrc.ukri.org/funding/browse/>

There could be a case for issuing clearer information to the public about conditions than can be confused with COVID-19<sup>28</sup> but NHS Direct Wales<sup>32</sup> <sup>29</sup> already offers a self-help guide for COVID-19 and advises patients experiencing life-threatening symptoms of any kind to dial 999 and not to visit a GP surgery, hospital or pharmacy.

Patients who are unable to use the internet - among them people with learning disabilities, some elderly people, those living in areas with no internet access in rural Wales and street sleepers - are likely to be disadvantaged in these circumstances.

It should also be noted that in addition to the Equality Act 2010<sup>30</sup>, Welsh Government has made a number of commitments to paying due regard to equality of opportunity for all people<sup>31, 32, 33</sup>.

### *The potential for unintended consequences*

While it is understandable that the key focus is on treating people who are suffering the severest symptoms of COVID-19, it has been claimed that other people who need medical care are suffering as a consequence partly because of staff absences caused by movement of key clinicians to areas treating COVID-19 patients, and partly as a result of self-isolation of some staff members with symptoms of the virus.

Much elective surgery had to be cancelled, except in emergencies. Surgery for cancer patients is being postponed<sup>34</sup>, that there is suboptimal management of chronic wounds in some areas<sup>35</sup>, that fewer renal transplants<sup>36</sup> are taking place and that children with mental health problems are not attending CAMHS appointments<sup>37</sup>.

These reports reveal a number of ethical issues concerning treatment priorities which are perhaps not being adequately addressed during the present crisis in which time is short and the media is driving information to the public. If resources are being re-allocated to treat COVID-19 patients this would have been anticipated at an earlier point during annual pandemic planning on the basis of ethical considerations, not necessarily with public consultation, but informed by evidence and supported by explicit and well-reasoned justifications<sup>38, 39</sup>.

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<sup>28</sup> <https://www.nhsdirect.wales.nhs.uk/SelfAssessments/symptomcheckers/COVID19.aspx> <sup>32</sup>  
NHS Direct Wales

<sup>29</sup> [Digital Health March 2020](#)

<sup>30</sup> <https://www.gov.uk/guidance/equality-act-2010-guidance>

<sup>31</sup> [s 120 Government of Wales Act 1998](#)

<sup>32</sup> [A More Equal Wales: Consultation on Socio-economic Duty](#)

<sup>33</sup> [s 77 Government of Wales Act 2006](#)

<sup>34</sup> [Statement on Cancer surgery during COVID-19 crisis](#)

<sup>35</sup> [European Wound Management Association Advice](#)

<sup>36</sup> [NHSBT Report](#)

<sup>37</sup> [Health Service Journal CAMHS report](#)

<sup>38</sup> [Annual Pandemic flu planning Wales](#)

<sup>39</sup> [Article: Strosberg. Virtual Mentor. 2006;8\(4\):241-244. Allocating scarce Resources in a Pandemic](#)

## *Access to PPE (personal protective equipment), ventilators, oxygen, medication and other resources*

Our health and social care staff are our most important resource and they need to be properly cared for at a time when a large number of people may be risking their health and even their lives. Many resources necessary to maintain the safety of staff and provide essential care for patients are scarce in the current crisis, and every effort is made across the UK to ensure that these are allocated fairly according to formulae which are calculated in a transparent manner, ensuring security of supplies, avoiding waste and exploring ways to re-use items, including unused medication, clean equipment and PPE<sup>40</sup>.

NHS and other employers owe a duty of care to their staff in the law of negligence and also under the Health and Safety at Work Act 1974<sup>41</sup> and Regulations made under it - The Personal Protective Equipment Regulations 2002<sup>42</sup> and the Personal Protective Equipment at Work Regulations 1992 (as amended)<sup>43</sup>. The duty under the Act subsists despite the present emergency situation. The Health and Safety Executive<sup>44</sup> and several professional bodies have issued advice for reference purposes during the COVID-19 crisis<sup>45, 46, 47</sup>.

The Health and Safety at Work Act places general duties on employers in relation to their employees:

*“2. (1) It shall be the duty of every employer to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all his employees.*

*(2) Without prejudice to the generality of an employer’s duty under the preceding subsection, the matters to which that duty extends include in particular:-*

- (a) the provision and maintenance of plant and systems of work that are, so far as is reasonably practicable, safe and without risks to health;*
- (b) arrangements for ensuring, so far as is reasonably practicable, safety and absence of risks to health in connection with the use, handling, storage and transport of articles and substances;*
- (c) the provision of such information, instruction, training and supervision as is necessary to ensure, so far as is reasonably practicable, the health and safety at work of his employees;*
- (d) so far as is reasonably practicable as regards any place of work under the employer’s control, the maintenance of it in a condition that is safe and without*

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<sup>40</sup> [HMG PPE guidance 12 April 2020](#)

<sup>41</sup> [Health and Safety at Work etc. Act 1974](#)

<sup>42</sup> [PPE Regulations](#)

<sup>43</sup> [The Personal Protective Equipment at Work Regulations 1992](#)

<sup>44</sup> [Health and Safety Executive Guidance](#)

<sup>45</sup> [Government guidance on PPE](#)

<sup>46</sup> [RCP Guidance on use of PPE](#)

<sup>47</sup> [RCN position statement on PPE](#)

*risks to health and the provision and maintenance of means of access to and egress from it that are safe and without such risks;*

(e) *the provision and maintenance of a working environment for his employees that is, so far as is reasonably practicable, safe, without risks to health, and adequate as regards facilities and arrangements for their welfare at work”.*

Clearly, what is reasonably practicable in the present crisis may not be the same as it would be in normal workplace settings. There is a large body of case law detailing claims made by injured employees and defences available to employers, and the Health and Safety Executive has recently published a report analysing compensation claims made by employees<sup>48</sup>. This is no place for a detailed exposition of this complex area of law, which involves both civil and criminal liability, but details can be found in an accessible form<sup>49</sup>.

Some organisations, including the Royal College of Nursing<sup>50</sup>, have been very concerned about the risks for staff if appropriate protective equipment is not provided.

The BMA<sup>51</sup> has issued a detailed statement after repeatedly seeking assurances from the UK government that there are sufficient safeguards in place dealing with the safety of doctors and seeking fresh guidance for the UK on PPE to match international safety standards. Concerns are heightened by reports of deaths of clinical staff who have tested positive for COVID-19.

In response, Public Health England have published updated guidance on PPE, which has been issued jointly by the Department of Health and Social Care, Public Health Wales, Public Health Agency Northern Ireland, Health Protection Scotland and NHS England as official guidance<sup>52</sup>.

The legal position is that an employer must do everything that is “*reasonably practicable*” to safeguard their employees and those affected by their operations. This means that employers must assess the risks of being infected by COVID-19 in the workplace and take appropriate measures to reduce the risk, taking into account any vulnerable employees such as those with underlying health problems.

Under the Regulations dealing with Personal Protective Equipment, if there are unavoidable occupational risks to health and safety that cannot adequately be controlled in other ways, PPE must be supplied, depending on the type of work and

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<sup>48</sup> [HSE Analysis of Claims 2019](#)

<sup>49</sup> [Health and Safety Law. All you Need to Know: NHS Executive](#)

<sup>50</sup> [RCN Views on PPE](#)

<sup>51</sup> [BMA approach to PPE problems](#)

<sup>52</sup> [Joint guidance on PPE](#)

its location, and with that in mind, the detailed government guidance points to different requirements applying to different NHS personnel.

The same Regulations require proper assessment of PPE before use, to confirm its fitness for purpose in terms of whether it affords adequate protection for its intended use, and adequate training for staff using it. There must also be compliance with storage, lifecycle and disposal standards relating to PPE.

Employers are required to give employees clear and accurate guidance on all these matters, and it is important for the supply chain to ensure that other essential equipment and medication is allocated fairly and according to predetermined and agreed criteria<sup>53</sup>.

#### **2.4. The need to go to hospital**

A single official source of information is essential for the public, giving clear information about when to dial for an ambulance<sup>54</sup> or go to hospital, especially for people living alone with progressing COVID-19 symptoms, and for relatives caring for patients at home. For some patients there is a sudden deterioration in condition which can be very frightening.

The advice can be different according to the location of the patient:

- In main cities
- In rural areas
- Note the particular difficulties in remote areas of Wales close to the border with England
- When the local ICTU is full.

Note the difficulties that can be experienced by rough sleepers<sup>55</sup>, substance users, people with learning disabilities, people with mental illness and other vulnerable people suffering from serious COVID-19 and non-COVID medical conditions.<sup>56</sup>

#### **2.5. Death at home or in care homes.**

Advice for carers and relatives is essential and members of the public need to know what is involved and what to expect.

Care Inspectorate Wales has also issued specific advice to care homes<sup>62</sup>.

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<sup>53</sup> “[An Evaluation Framework for Managing Supply Chain Performance in the Italian NHS](#)” Federico Lega et al. *Production Planning & Control*, Volume 24, 2013 - Issue 10-11, Published Online: 20 Mar 2012

<sup>54</sup> <https://www.ambulance.wales.nhs.uk/>

<sup>55</sup> <https://sheltercymru.org.uk/get-advice/homelessness/sleeping-on-the-streets/>

<sup>56</sup> [WLGA Guidance for councils on rough sleepers and homeless](#)

During the COVID-19 emergency, local hubs have been established in some areas to ensure rapid access to medicines needed for palliative care in care homes and in the community. Such hubs could be community pharmacies, GP practices, community hospitals, acute or other settings where palliative medicines (including controlled drugs) can be safely and legally stored and rapidly released when needed. Senior pharmacists in Health Boards and their teams will have an important role in this, and Health Boards need to ensure that they have rapid access to end of life medicines for patients.

See also 'Care for patients in Care Homes during the COVID-19 crisis NHS England'<sup>57</sup>. Note that this guidance recognises (page 21) that in exceptional circumstances, such as when a person is dying, excluding a relative may be inappropriate.

## 2.6. Referral to hospital.

Evidence-based decisions need to be made to assist clinicians in reaching the initial decision about whether a patient should be referred to hospital and possibly to critical care. These must be based on the needs and informed wishes of the individual patient. Crucial decisions need to be made by staff at various points in hospitals, depending on the condition of the patient on arrival, and patients and/or relatives need to be kept informed about the options. Not every patient suffering serious COVID-19 symptoms when entering hospital will require treatment in Intensive Care. Many need oxygen on a ward, perhaps recovering relatively quickly, but a small percentage will require supportive ventilation in critical care; data available from Italy suggests that a relatively small percentage of those will survive<sup>58</sup>.

The decision to admit the patient to critical care is likely to be based on information about the patient's general health and any underlying medical conditions, and after arrival in critical care a decision may need to be made about whether to provide organ support. Experience suggests that the time spent by patients on a ventilator could well amount to weeks, at a time when other patients may well be waiting for admission, so it is necessary to weigh the potential risks and benefits of admission to critical care for the individual patient. That process has been in place in the normal course of clinical practice for many years and clinicians will be familiar with applying it.

Some assistance for clinicians can be found in the use of objective decision tools, such as decision trees, and clinical frailty scoring, taken together with factors such as age. The importance of this approach is to facilitate defensible decision-making, and there are national guidelines to support this<sup>59</sup>. It is important to record carefully the basis for decisions and also to record the involvement of the patient, and if

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[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/878099/Admission\\_and\\_Care\\_of\\_Residents\\_during\\_COVID-19\\_Incident\\_in\\_a\\_Care\\_Home.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878099/Admission_and_Care_of_Residents_during_COVID-19_Incident_in_a_Care_Home.pdf)

<sup>58</sup> <https://jamanetwork.com/journals/jama/fullarticle/2764365>

<sup>59</sup> [NICE Guideline on COVID-19 Decision Chart](#)

necessary, family members. Second opinions may be sought, and where possible within the time available, an opinion could be sought from a Health Board Ethics Committee.

As far as patients are concerned, the pathway in hospitals may lead to concerns about

- a. Red /Green areas
- b. PPE
- c. Oxygen supplies
- d. Other drug supplies
- e. Considerations about an upgrade to ICU

The Royal College of Nursing has produced comprehensive information on nursing in the COVID-19 pandemic<sup>60</sup>.

### *Learning from experience*

Some of the problems experienced by front-line clinicians in Italy are explained in an article written to illustrate the ethical dilemmas they faced there and the tension between different ethical principles<sup>61</sup>, although by definition there is no “right” answer to ethical dilemmas. A study was carried out when elective surgery had been cancelled, all beds were occupied and it was impossible to meet the needs of so many critically ill patients. Although the participating clinicians appeared to favour first those patients with the greatest chance of surviving in the short term, followed by those who had the fewest co-existing conditions and the best chance of longer term survival, the article continues:

*“Although the participants’ input suggested that age should not be the primary or sole criterion for resource allocation, people recognised that there were circumstances under which it may be appropriate to consider stage of life in decision-making.”*

The author concludes that whatever the ethical guidance, if such resource-scarcity were to arise, there would be a large number of scenarios that might feel morally untenable, particularly in the face of “prognostic uncertainty”.

The paper concludes with the recommendation that it is most important to separate clinicians providing the care from those making triage decisions. The idea would be to have a triage officer, with the backing of a team with particular expertise in nursing and respiratory therapy, to make decisions about allocation of treatment resources, and then communicate them to clinicians, the patient and the family or supporter of

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<sup>60</sup> [RCN Guidance for nursing staff](#)

<sup>61</sup> <https://www.nejm.org/doi/full/10.1056/NEJMp2005492>

the patient (with the permission of the patient, if competent or a person with an LPA for medical decisions or Deputy if not).

If there were time available for such a system to be trialled in Wales, this could be a sensible route to consider for providing support for clinical teams on the front line.

The Hastings Centre has produced an informative paper on the same issue, entitled “Ethical Framework for Health Care Institutions Responding to COVID-19: Guidelines for Institutional Ethics Service Responding to COVID-19”<sup>62</sup>.

This paper, which covers responsibilities of leaders for staff as well as patients, covers a number of important issues, identifying 3 essential ethical duties of Healthcare Leaders responding to COVID-19:

- Duty to plan
- Duty to safeguard
- Duty to guide

The paper begins as follows:

*“An ethically sound framework for health care during public health emergencies must balance the patient-centred duty of care—the focus of clinical ethics under normal conditions—with public-focused duties to promote equality of persons and equity in distribution of risks and benefits in society—the focus of public health ethics. Because physicians, nurses, and other clinicians are trained to care for individuals, the shift from patient-centred practice to patient care guided by public health considerations creates great tension, especially for clinicians unaccustomed to working under emergency conditions with scarce resources”.*

This paper, which has thirteen highly qualified contributors, contains a large number of useful references and recommendations together with guidelines for ethics services responding to COVID-19. It is worth reading.

Another article based on the overwhelming recent experiences in Italy offers some guidance on ethical decision-making when it might become necessary to establish criteria for access to and discharge from Intensive Care<sup>63</sup>, based not only on clinical appropriateness and proportionality of care, but also inspired also by a criterion, agreed upon as widely as possible, of distributive justice and the appropriate allocation of limited health resources.

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<sup>62</sup> <https://www.thehastingscenter.org/ethicalframeworkcovid19/>

<sup>63</sup> <http://www.siaarti.it/SiteAssets/News/COVID19%20-%20documenti%20SIAARTI/SIAARTI%20-%20Covid19%20-%20Clinical%20Ethics%20Reccomendations.pdf>



The authors point out that this type of scenario is similar to what happens in the context of “disaster medicine,” on which ethical reflection has been necessary for some time. In that context practical guidance has been developed for physicians and nurses who have to make difficult choices.

The authors recommend, controversially, that clinicians should aim at guaranteeing intensive care treatment for patients who have the best chance of therapeutic success, pointing out that:

*“We are therefore dealing with privileging those who have the “greatest life expectancy.” As an extension of the principle of proportionality of care, the need for intensive care must therefore be integrated with other elements of “clinical suitability” for intensive care, thus taking into account the type and severity of the disease, the presence of comorbidities, and the impairment of other organs and systems and their reversibility. This entails that there is not necessarily a need to follow a criterion for access to intensive care, such as “first-come, first-served”.*

Articles in the UK media have expressed some alarm about an approach that scores people according to frailty and age<sup>64</sup>.

#### *The need for transparency in decision-making*

It is vital that decisions are made fairly, transparently and consistently on the basis of the best available evidence. A BMA publication which offers guidance for doctors during the present crisis explains that the clinical demands created by the pandemic will require doctors to make extremely difficult choices about how they provide care and to whom. The advice highlights how demands at the height of the pandemic will make it difficult for doctors to resolve the ethical dilemmas they will inevitably be required to face.

The ethical guidance issued by the BMA<sup>65</sup> echoes the elements identified widely in other UK guidance including C-MEAG. The BMA statement of the essential elements of an ethical framework for doctors<sup>66</sup>, refers to the underpinning principles as:

- **“Equal respect:** *everyone matters and everyone matters equally, but this does not mean that everyone will be treated the same*
- **Respect:** *keep people as informed as possible; give people the chance to express their views on matters that affect them; respect people’s personal choices about care and treatment*

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<sup>64</sup> [The Times April 13<sup>th</sup> 2020 comment on use of scores for over people](#) <sup>65</sup>

<sup>65</sup> [BMA COVID Guidance Ethical Issues](#)

<sup>66</sup> [BMA Ethical Guidance issued April 2<sup>nd</sup> 2020 for doctors during COVID-19](#)

- **Minimise the harm of the pandemic:** reduce spread, minimise disruption, learn what works
- **Fairness:** everyone matters equally. People with an equal chance of benefiting from a resource should have an equal chance of receiving it – although it is not unfair to ask people to wait if they could get the same benefit later
- **Working together:** we need to support each other, take responsibility for our own behaviour and share information appropriately
- **Reciprocity:** those who take on increased burdens should be supported in doing so
- **Keeping things in proportion:** information communicated must be proportionate to the risks; restrictions on rights must be proportionate to the goals
- **Flexibility:** plans must be adaptable to changing circumstances
- **Open and transparent decision-making:** good decisions will be as inclusive, transparent and reasonable as possible. They should be rational, evidencebased, the result of a reasonable process and practical in the circumstances.”

The guidance is the product of careful deliberations by an experienced team of clinicians and ethicists. It deals with issues of prioritising scarce resources and the following statement is made:

- “All decisions concerning resource allocation must be: –  
*reasonable in the circumstances*
- *based on the best available clinical data and opinion*
  - *based on coherent ethical principles and reasoning*
  - *agreed on in advance where practicable, while recognising that decisions may need to be rapidly revised in changing circumstances*
  - *consistent between different professionals as far as possible – communicated openly and transparently*
  - *subject to modification and review as the situation develops”.*

#### *Recording the reasons for decisions*

The principle of accountability identified in the ethical guidance issued by the UK and Welsh Governments<sup>67</sup> means that people making decisions need to be:

*“transparent about how and which decisions need to be made and on what basis; and prepared to justify which decisions are made and why, ensuring that appropriate records are being kept.”*

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<sup>67</sup> [Adult Social Care : Ethical guidance](#)

It would be dangerous to use the term “rationing” in the context of decisions that need to be made about admission to critical care. Evidence must always be carefully considered and based on a detailed assessment of the available evidence.

The strength of arguments in favour of prioritising a particular patient can depend on the quality of evidence available to clinical decision-makers, but as COVID-19 is a new disease, there is considerable uncertainty in the evidence in view of the sudden appearance of the virus which has left little time for research to be validated.

Although this complicates matters greatly, it is important for clinicians to be able to justify their decisions, and they will no doubt be aware of the need for meticulous recording of the reasons for their decisions, demonstrating that they have weighed in the balance the various risks and benefits to each patient of any proposed treatment, with consideration of the resources available at the time.

The term “futility” is not generally mentioned in conversations with patients and their relatives. What are described as “futile medical interventions” are treatments and procedures from which the patient is likely to derive no benefit or where the risk of harms greatly outweighs any possible small or transient benefit. More commonly discussed is the concept of non-maleficence which becomes relevant when considering whether the proposed treatment is likely to cause more harm than good.

Other considerations that need to be weighed in the balance are respect for the autonomy of the patient and how it relates to the interests of other people, as well as other patients, society, and the country as a whole. These issues are discussed in the context of COVID-19 in an article recently published in Australia<sup>68</sup>.

## 2.7. Progression to ICU

Conversations with patients and/or relatives need to take place when a patient is sick enough to be admitted to ICU, but preferably before that. If the patient lacks decision-making capacity and is over the age of 16, the Mental Capacity Act 2005 (MCA) applies.

### *Consent to the proposed treatment*

Treatment should not commence without consent, if the patient has mental capacity to consent to the intervention.

The Coronavirus Act has not altered the need to comply with the law in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)<sup>69</sup>, which apply whenever a person lacks capacity for a particular decision at the time the decision must be taken. However, the processes around applications under DoLS have been

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<sup>68</sup> [Australian Ethics Centre: Making difficult decisions in end of life care](#)

<sup>69</sup> [The MCA and DoLS during the COVID-19 pandemic](#)

made more proportionate in the Government's updated guidance for England and Wales.

There is no need for a detailed analysis of the legal framework at this point, as clinicians working with patients in ICU are very experienced and well-acquainted with this area of law. The essential point is that in highly pressured circumstances there may be little time to consent the patient. It might well be more practical for the question of consent to be dealt with by appropriately qualified staff before patients enter ICU.

In order to obtain informed consent, clinicians would be required to explain the details of the treatment and answer any questions that the patient may have. A severely ill patient suffering the effects of advanced infection with COVID-19 may not have capacity, but would be assumed to have it unless, following an assessment, lack of capacity could be established. Communication is obviously very difficult if the patient is gasping for breath and in pain, the situation very urgent and the unit extremely busy.

The first two sections of the MCA are very important. Section 1 sets out the following principles:

- *"A person must be assumed to have capacity unless it is established that he [or she] lacks capacity"*
- *A person is not to be treated as unable to make a decision unless all practicable steps to help him [or her] to do so have been taken without success*
- *A person is not to be treated as unable to make a decision merely because he [or she] makes an unwise decision*
- *An act done, or decision made, under the Act for or on behalf of a person who lacks capacity must be done, or made, in his [or her] best interests*
- *Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action".*

Section 2 of the MCA defines situations in which a person may lack capacity. It states:

*"For the purposes of this Act, a person lacks capacity in relation to a matter if at the material time they are unable to make a decision for themselves in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain. It does not matter whether the impairment or disturbance is permanent or temporary.*

*A lack of capacity cannot be established merely by reference to:*

- *a person's age or appearance, or*
- *a condition, or an aspect of their behaviour, which might lead others to make unjustified assumptions about their capacity."*

It is important for patients to be given as much help as is practical before they are assessed as being unable to make their own decisions, and they should be supported as far as possible in making a specific decision for themselves.

The principle of respect means that if:

*"a person may lack capacity as defined in the Mental Capacity Act, it is necessary to ensure that a person's best interests and support needs are considered by those who are responsible or have relevant legal authority to decide on their behalf".*

In the case of people under the age of 16 a different set of legal rules applies, and it would be necessary to determine the question of capacity by applying the *Gillick* criteria<sup>70</sup>, which will be familiar to clinicians working in PICU.

Clinicians should ascertain whether the patient had registered an advance decision to refuse treatment (ADRT), stating refusal of specific life-sustaining interventions, in compliance with the law, and whether there is a registered Power of Attorney for Health and Welfare decisions at an enhanced level for life-saving decisions. However, it must be noted that a person with capacity can change their mind at any time.

The Office of the Public Guardian<sup>71</sup> which deals with matters arising in connection with the Mental Capacity Act 2005 and Deprivation of Liberty safeguards, has issued guidance supporting staff, some of whom are working in new roles during the COVID-19 crisis, to make urgent applications to discover whether patients have attorneys or deputies in place. Liaison with staff in social care is likely to be necessary in some circumstances.

Conversations with relatives usually have to take place over the telephone rather than in person, which can create difficulties for both clinicians and relatives. Important life and death matters such as decisions about the cessation of treatment and complex risks and benefits involved in treatment decisions, ventilation or DNACPR (do not attempt cardio-pulmonary resuscitation) would normally be best discussed in person.<sup>72</sup> These major decision should be taken in advance wherever possible, preferably by generalist clinicians, as part of an advance care plan. Although ICU clinicians have considerable experience of breaking bad news to relatives in a sensitive way, at a distance this can be very difficult. It is also

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<sup>70</sup> [NSPCC summary of Gillick and Fraser guidelines](#)

<sup>71</sup> [Guidance by OPG on urgent applications in COVID-19 crisis](#)

<sup>72</sup> A letter on DNACPR in Wales from CMO/CNO will be publicly available shortly

necessary to keep in mind the need to comply with the legal framework on confidentiality and Data Protection.

In deciding to step-up care or step-down care it is suggested a few clear principles apply:

- The person's *wishes and feelings* are very important and effort should always be made to discover what the patient wanted, consulting Advance Decisions to Refuse Treatment, Lasting Powers of Attorney, documented conversations and information from family and close friends about key conversations
- The *clinical need* of the patient should be assessed using objective agreed criteria
- The patient's *ability to benefit* from the proposed treatment should be taken into account
- The *resources* available to meet the patient's needs should be considered.

Whenever there is dispute over what to do next, an immediate panel should be available to assess the situation (if possible two expert clinicians and a suitably qualified lay person) at all times of the day or night – electronically or by phone if necessary. The clinicians should be very senior people who are aware of the frontline resources at the time, but independent of those with the clinical dilemma. These important roles are best fulfilled in a voluntary capacity and conflicts of interest must be avoided.

An application to a Court should not be ruled out.

## 2.8. Palliative Care.

Well tried and tested advice exists concerning palliative care. Patients may die:

- a. At home
- b. In a care home
- c. In hospital
- d. In transit.

The Association for Palliative Medicine has produced useful guidance that has been widely adopted. Although written for professionals caring for the dying in hospitals, it is easily adapted to other settings.

### *Presence of a relative when someone is dying*

There has been considerable media comment on the inability of relatives in some areas to be present when their loved-one is dying.

Many hospitals have excluded all visitors, but there are policies to allow one relative to be at the bedside of a dying person, provided with appropriate PPE. This is a more humane response, better accords with the patient's wishes, and may help

decrease long term psychological morbidity in the bereaved. It may also relieve staff of some pressure. At the time of admission, it may be that one family member can be identified as low-risk for COVID-19 and wishing to be called in.

This is particularly important for dying children and those with learning difficulties, but it is of great importance to every family. Relatives may want to say goodbye, albeit through another, and want to know that the person did not die alone.

The guidance in England specified that although visiting is suspended, the only exceptional circumstances where one visitor – an immediate family member or carer – is permitted to visit if the patient is receiving end-of-life care, a parent or appropriate adult visiting a sick child or to support someone with a mental health issue such as dementia, a learning disability or autism, where not being present would cause the patient to be distressed.

## 2.9. Step-down/leaving hospital

Some patients who still require care after leaving a District General Hospital will be discharged to convalesce in Community Hospitals. Others will return home without step-down care in a hospital setting.

Advice will be needed for survivors, many of whom are likely to need support, particularly if they are suffering recognised physical and psychological symptoms following treatment in critical care.

A useful article in the Journal of the Intensive Care Society<sup>73</sup> reviewed the evidence of the high levels of psychological and neuro-cognitive consequences of critical illness.

It will also be necessary to make arrangements for managing the physical, effects of critical care, cognitive dysfunction, neuropathies and myopathies after discharge.

## 2.10. Discharge home

Advice needs to be provided to relatives and carers of patients returning home, and arrangements will be necessary in collaboration with social services for discharge. Pre-discharge home support and longer term monitoring at home for long term sequelae will also be necessary.

Hospital Discharge Services Requirements for health, social care, third and independent sector partners in Wales, applicable from April 6<sup>th</sup> 2020<sup>74</sup> are clearly set out in guidance. Much of the content is familiar, following work already carried out to embed the ‘*Every Day Counts; Home First*’ policy and “*Discharge to Recover then Assess*” Pathways in Wales.

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<sup>73</sup> [JICU Psychological impact of ICU](#)

<sup>74</sup> [Welsh Government Advice on COVID-19 patients leaving hospital](#)

People in need of particular support have been identified as pregnant women and families caring for elderly or disabled relatives.

## 2.11. Deaths

Advice has been issued by the Government on death certification, funerals and disposal<sup>75</sup>. Guidance on nurse verification of death has been produced by Marie Curie<sup>76</sup>.

Faith groups have been involved in discussions about these matters, as usual funeral arrangements will not normally be possible and the number of mourners will be restricted.

The guidance is designed to assist coroners, mortuary operators, pathologists, other medical practitioners and funeral directors and their staff who are required to manage bodies of deceased persons infected with COVID-19.

The advice contains additional information for healthcare workers in both secondary and primary care, and first responders who come into contact with a body that may be infectious, as well as for members of the public who identify a death in the community.

The guidance also includes specific information for faith communities and the public to help them to take action to reduce the risk to mourners and the bereaved following a death from any cause in the community.

- a. Handling of body
- b. Death certification
- c. Religious requirements
- d. Burial grounds
- e. Attendance at funerals.

The Muslim Council of Wales also issued a briefing and interim guidance regarding burials.

[Muslim Council of Wales- Briefing and Interim Guidance Regarding Burials and COVID-19](#)

## 2.12. Bereavement

Support during bereavement is already in place from trained counsellors, from faith groups and volunteers, but more help may be required. Advice has been issued by Chaplaincy services<sup>77</sup>.

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<sup>75</sup> [Government Guidance on COVID-19 Deaths](#)

<sup>76</sup> <https://www.mariecurie.org.uk/help/support/bereaved-family-friends/practical-legal/verifying-and-certifying-a-death>

<sup>77</sup> [Bereavement Advice](#)



Many families will be unable to attend funerals, and memorial events are being planned to help in marking mass deaths.

A number of on-line memorial sites are helpful for grieving relatives.

### 2.13. Long term monitoring.

It is envisaged that there will be a need for long term follow-up of groups for sequelae - for example those who were pregnant during the pandemic and people who were ventilated in ICU.

### 2.14. Continuing protection and opportunities for staff

The lives of many people working in health and social care will be changed by the COVID-19 crisis and longer term repercussions will present challenges and/or opportunities for some.

#### *Staff working in new roles*

The opportunity for staff to step up to more challenging roles could provide opportunities to some for working in different and more interesting ways in the future. However, some more vulnerable people with a history of mental health problems may well need to be identified by occupational health services as needing additional support after their working lives return to normal.

There are have also been concerns that claims for compensation could be made by patients and families suffering loss or damage as a result of what they consider to be negligence in healthcare. This situation was anticipated when the Coronavirus Act 2020 was passed, and special provision was made for indemnity for health service activity in England and Wales. Section 11 states:

*“(1) The appropriate authority may:*

*(a) indemnify a person in respect of a qualifying liability incurred by the person, **or***

*(b) make arrangements for a person to be indemnified, in respect of a qualifying liability incurred by the person, by an authorised person.*

*(2) References in this section to a qualifying liability are to a liability in tort, in respect of or consequent on death, personal injury or loss, arising out of or in connection with a breach of a duty of care owed in connection with the provision, after the coming into force of this section, of a relevant service”.*

### 2.15. Learning lessons

At the end of the pandemic, research will be needed into a number of matters, including planning the provision of services during the COVID-19 crisis, and in due

course consideration will doubtless be given to learning from the experiences of COVID-19 in the UK and also other countries on matters such as:

- Transport of sick patients – France has converted a TGV into a large intensive care unit. This allows it to be moved to anywhere that is at capacity to remove patients, care for them in transit even for many hours and take them to a city that has capacity. It has been used to transport patients from France to Germany. Could Wales learn from this idea?
- Prevention – the early trials of hydroxychloroquine to prevent viral load in infection are promising, but it is a drug with serious toxicity. Other work suggests vitamin D and prophylactic antivirals may play a role in decreasing viral burden and in decreasing the risk of cytokine storm. Wales should be an immediate adopter of pre-infection studies and work in collaboration with UK wide and international research groups. Is there a trials research register in Wales and are the relevant clinical research collaboratives being established in Wales?
- With the shortage of clinical PPE, coordination of volunteers across Wales could help to produce masks and scrubs and gowns for use in low-risk areas, reserving other PPE for high risk areas. Is such a network in action?
- Planning the exit strategy – plans for mobility, vaccination and other decision need to be developed now.
- Public information – Wales needs a really effective public information campaign for situations such as pandemics and some lessons could be learned from the way organ donation information was handled. There is also a need for public information to help the public avoid becoming victims of misinformation and fraud, as criminal groups have exploited the current emergency.

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