



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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	25 November 2021
<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

**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 Board meeting held on 30<sup>th</sup> September 2021; 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 and Operational Issues**

#### Llwynhendy Tuberculosis (TB) Outbreak Review

Members will recall that at the previous Board meeting (30<sup>th</sup> September 2021), the Terms of Reference for the Llwynhendy Tuberculosis (TB) Outbreak Review, to be undertaken jointly by the UHB and Public Health Wales (PHW), were formally approved. Since then, a small number of minor revisions have been made to the Terms of Reference and these are attached at **Appendix C**, with the revisions identified in red font, for the Board's further approval.

Members are asked to note and approve the revised Terms of Reference (**Appendix C**).

#### Clinical Accommodation and Hybrid Working

The UHB has previously outlined through Board its intention to develop new models, where services and staff will have the ability to work in a more hybrid manner. This will be a journey and a transition to a more agile organisation, which will involve a change in culture and where and how we work; bringing benefits to individuals, our town centres; and the environment.

As a result of the pandemic, there are additional requirements for clinical accommodation, in particular on the main acute sites, and this is only increasing as services are required to expand or new services developed to support the recovery programme. In order to facilitate this, the UHB is looking at opportunities to re-provide non-clinical accommodation on alternative sites and, in doing this, will make the shift to hybrid working models as previously described.

To deliver these changes, it will be necessary to secure extra accommodation and the UHB is pursuing opportunities to repurpose existing estate and lease or purchase a small number of additional facilities. New accommodation will be established for hybrid working, meaning flexible use of the space and allowing more members of staff to be based in the buildings, thus maximising the space released for the expansion of clinical services. The UHB is currently pursuing opportunities to lease additional accommodation in a building in Carmarthen and, separately, purchase a facility in Carmarthen. Both of these will facilitate the transfer of non-clinical accommodation off the acute sites to allow more clinical capacity. Equivalent plans are also being considered for Pembrokeshire and Ceredigion.

#### Glien House Lease proposal

As mentioned above, the UHB is pursuing opportunities to lease land in Carmarthen. Members are referred to **Appendix D** which provides detail about the UHB's plans to acquire a new lease to relocate the Command Centre and provide additional office space for HR and Workforce at Glien House, Johnstown, Carmarthen.

Members are asked to note and approve in principle the proposed lease arrangements (**Appendix D**).

#### Public Services Ombudsman for Wales (the Ombudsman): Annual Letter

On 1<sup>st</sup> October 2021, the UHB received its Annual Letter; a copy is attached at **Appendix E**.

Within the letter, the Ombudsman reflected upon the challenges of the remarkable year, and recognised that looking at themes and trends would not be particularly useful at this time. However, how we have all responded to these most difficult of circumstances would bring different insights.

Throughout the year, the UHB has faced multiple challenges, particularly the pressures brought about by staff absence and redeployment, which will inevitably have impacted on the ability to respond to concerns in a timely way. The Concerns Team has been working at a reduced capacity of 50%, whilst dealing with increasing numbers of calls and requests for assistance from patients and families.

Whilst the Ombudsman has seen a general decrease in the numbers of cases about health services, he noted a slight increase in the number of cases he has had to intervene in; this is true of our own organisation with 33 interventions over the year. Over the coming year, the priority for the organisation will be to implement an even stronger person centred process that complainants feel more engaged in and trusted to utilise. This will hopefully lead to a reduction in cases requiring intervention from the Ombudsman.

The Ombudsman received 64 complaints about the UHB throughout the year, amounting to 0.17 per 1,000 residents: 52% related to clinical treatment in hospital, with 20 of these cases partly upheld or upheld.

The Annual Letter will be presented to the Listening and Learning Sub-Committee in December 2021 for ongoing monitoring of the performance.

The recommendations included the requirement to share these findings with the Board; to engage with the new Complaints Standards Authority of the Ombudsman's office; and to correspond with the Ombudsman on our actions for the coming year in response to his letter. The UHB has attended training from the Complaints Standards Authority and is also arranging new dates for the coming few months. The Concerns Team, including the newly recruited team members, met with the Head of the Complaints Standards Authority last week and will engage regularly to maintain a close working relationship and achieve the best possible standards in delivering this area of work.

Members are asked to note the Ombudsman's Annual Letter and to consider the UHB's actions to be taken as a result recognising a formal response to the Ombudsman's office is in the process of being issued.

#### Public Interest Report

On 29<sup>th</sup> September 2021, the Ombudsman published a report under s.23 of the Ombudsman's Act 2019, as a public interest matter.

The Ombudsman upheld a complaint that the UHB failed to provide appropriate psychology services to a patient, and as a result failed to meet the patient's clinical needs, including his challenging behaviours. This was at a time when the impact of COVID-19 was being felt, during lockdown.

The Ombudsman found no evidence of contingency planning for when the service came to an end. The complaint was therefore upheld. The report can be accessed from the following link: [Hywel Dda University Health Board – 202002558 \(ombudsman.wales\)](#)

The Ombudsman recommended that the UHB apologised to the complainant and her son (which has been carried out); reminds the service of the need to ensure responses comply with the Putting Things Right Guidance; undertakes a review to identify any other patients with unmet clinical needs as a result of the closure of the specialist service and takes steps to meet any identified needs; and commissions and completes the planned review of the UHB's Child Psychology Services.

The UHB has established a Children and Young People's Working Group to review the findings and ensure our services meet the recommendations of the 'Wrong Door Report', issued by the Children's Commissioner. Reports on the progress of this Group are reported to the Board. The action plan has been developed and will be received and monitored by the Listening and Learning Sub-Committee.

#### Memorandum of Understanding: Aberystwyth University

On 11<sup>th</sup> November 2021, the UHB re-affirmed its partnership with Aberystwyth University through the signing of a new Memorandum of Understanding (MoU). The MoU provides the opportunity to take our partnership to the next level in the context of supporting *A Healthier Mid and West Wales*, in the related fields of education, research, innovation and enterprise.

#### **(4) National and Regional Issues**

##### Changing for the Future Engagement: Swansea Bay University Health Board

In my last Board Report, I advised Members that Swansea Bay UHB was undertaking a period of engagement on health and hospital services in the Swansea Bay area, which ended on 1<sup>st</sup> October 2021. On 1<sup>st</sup> October 2021, the UHB provided a response to Swansea Bay UHB ahead of its joint Executive Meeting in early November 2021. A copy of this is attached for information at **Appendix F**.

##### Radiology Informatics System Procurement: Outline Business Case

The Radiology Informatics System Procurement (RISP) Programme Board has drafted an Outline Business Case (OBC) that sets out the need to invest in a RISP Programme, which will achieve the vision of a seamless end-to-end electronic solution that enables the Radiology service to deliver a high quality, safe and timely clinical imaging service for the patients of Wales. The OBC explores the potential options for how this provision can be delivered and identifies a preferred option that will deliver the clinical requirements with optimum value for money, outlining the commercial arrangements required to deliver it, the resulting financial impact, and the management arrangements for successful implementation. Executive Team supported the OBC at its meeting on 10<sup>th</sup> November 2021 subject to Board approval, in order for the Programme Team to proceed to procurement of the preferred solution and development of the Full Business Case.

An SBAR providing a synopsis of the OBC is attached at **Appendix G**, with more detailed information made available within the main body of the document which has been shared with Board Members as part of In Committee Board papers due to its commercially sensitive nature.

I am inviting Board Members to approve this OBC to allow the UHB to issue a letter of support.

##### Funded Nursing Care Rate for 2021/22

Funded Nursing Care (FNC) refers to the NHS funding of Registered Nursing (RN) care within care homes, where the need for nursing input has been assessed as necessary.

The FNC rate has two components:

- Funding to reflect the RN time<sup>[1]</sup>; and
- Funding to reflect any continence products assessed as necessary.

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<sup>[1]</sup> Following the Supreme Court Judgment in 2018 a small amount of time where the RNs input is incidental is funded by Local Authorities. WG has made recurring funding available to LAs to cover this amount of time.

The rate is set annually on an all Wales basis by Health Boards using an Inflationary Uplift Mechanism (IUM), with the labour component uplifted in line with the NHS Agenda for Change Pay Scale (at midpoint Band 5), and the continence funding uplifted in line with the Consumer Price Inflation (CPI). This IUM has been approved as an appropriate mechanism by all Health Boards across Wales; HDdUHB considered the IUM on 25<sup>th</sup> March 2021.

Whilst the overall pay award for 2021/22 was 3%, some amendments to the increments within each Band have led to a situation where the uplift for the FNC rate would have been less than the overall 3%. The consensus view of the Heads of Long Term Care and the Head of Finance is that the labour component of the uplift be set at 3%.

This follows the spirit of the IUM as it has operated for several years and will result in:

- A 3% uplift on pay; and
- A 1.5% uplift for Continence Products

This will result in a revised rate for NHS A FNC of £184.32.

#### Getting it Right First Time (GIRFT) Benchmarking Review: Cardiac Surgery

Welsh Health Specialised Services Committee (WHSSC) commissioned Getting it Right First Time (GIRFT) to review both services in Wales due to a concern about health boards meeting their commissioned figures for procedures undertaken. GIRFT presented their findings to Swansea Bay University Health Board (SB UHB) at the end of June 2021.

The GIRFT team:

- Observed that Morriston is a small cardiac unit (29<sup>th</sup> of 31 centres in England and Wales) and performs the second-lowest number of aortovascular procedures per year in England and Wales.
- Reported that the overall outcome (mortality) of cardiac surgery is consistent with the average for England and Wales.
- Raised specific concerns and made recommendations about our outlier status in four aspects: quality metrics; mitral valve surgery outcomes; patient pathway and process issues (bed occupancy, length of stay and waiting times); and aortovascular surgery (a pan-Wales issue).
- Quality metrics: there were higher observed rates of Deep Sternal Wound Infection; return to theatre following surgery (for all cause and for bleeding); post-operative neurological dysfunction; post-operative renal dysfunction; and a higher than expected mortality for mitral valve surgery.

Outcomes and quality measures for all cardiac services in the UK are collated and published through the annual National Adult Cardiac Surgery Audit (NACSA). This national audit, which publishes data for three consecutive years, is undertaken through data submitted from each surgical centre through the National Institute for Cardiovascular Outcomes Research (NICOR). Some of the data presented by GIRFT differs from the outcomes for the Morriston unit that are presented in the NACSA audit and the reasons for these differences are being explored further.

Immediate actions taken by SBUHB:

- GIRFT recommended that all surgery should only be undertaken by consultants and that all mitral valve surgery should only be undertaken by the two mitral valve specialists. These recommendations were put in place immediately by the Executive Medical Director.
- The Executive Medical Director at SBUHB has convened a Gold command to oversee the development of a comprehensive action plan. A Silver command structure has been established in the Morriston Service Group, comprising clinical and managerial leads from the Service Group and cardiac surgical service.

- An action plan has been developed in conjunction with WHSSC to ensure that the identified actions address the issues raised in a timely way (Appendix 1). WHSSC are holding 6-weekly escalation meetings with the Health Board in order to oversee the implementation of the action plan.
- The service is undertaking a review of the outcomes reported by GIRFT and comparing these with the NACSA audit to ensure that the service is reporting data according to the consistent definitional criteria.

The UHB has been an active member at WHSSC where the report and subsequent response and actions have been received and discussed, and received assurance about the safety of the current cardiac surgery service at SB UHB following the immediate actions taken. Following a robust discussion at our In Committee Board on 29<sup>th</sup> July 2021, on 16<sup>th</sup> August 2021, I wrote to SB UHB asking that the UHB's Executive Medical Director and Director of Nursing, Quality and Patient Experience are involved in the establishment of the command structure to manage the review to support assurance and also communication with patients' resident in Hywel Dda and with the Hywel Dda Community Health Council.

Following this, the Executive Medical Director, Executive Director of Nursing, Quality and Patient Experience and Board Secretary have met with SB UHB Executives (on 29<sup>th</sup> September 2021 and 12<sup>th</sup> November 2021 so far) to feed into the command structure and seek assurance on the action plan and its implementation.

We have been working closely SB UHB throughout this time and attached for Members' information is the Board paper which was presented and discussed at the SB UHB Public Board meeting on 7<sup>th</sup> October 2021. This was also circulated to Members at the time of the SB UHB Public Board meeting. The paper can be accessed via the following link (Paper 2.1):

<https://sbuwb.nhs.wales/about-us/key-documents-folder/board-papers/october-2021-health-board/>

We have agreed that the SB UHB Patient Experience team will contact the families and meet with them in the first instance to explain the process and take on board any of their concerns linked to the review. The UHB will be updated after each meeting and discuss whether there are any issues raised outside the scope of the review and how to manage them.

A further update will be provided to the next Quality, Safety and Experience Committee (QSEC) in December 2021.

### Argymhelliad / Recommendation

The Board is invited to:

- **Endorse** the Register of Sealings (**Appendix A**) since the previous report on 30<sup>th</sup> September 2021;
- **Note** the status report for Consultation Documents (**Appendix B**) received/responded to;
- **Note and approve** the revised Terms of Reference for the Llwynhendy Tuberculosis Outbreak Review (**Appendix C**);
- **Note and approve** in principle the new lease arrangement for Glien House, Johnstown, Carmarthen (**Appendix D**);
- **Note** the Ombudsman's Annual Letter and to consider the UHB's actions to be taken as a result (**Appendix E**).
- **Note** the UHB's response to Swansea Bay UHB (1<sup>st</sup> October 2021) in response to the , the UHB provided a response to its Changing the Future Engagement (**Appendix F**);

- **Support** the Outline Business Case for the Radiology Informatics System Procurement (RISP) Programme (**Appendix G**).

<b>Amcanion: (rhaid cwblhau) 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: 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) 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>

## Appendix A - Register of Sealings from 6<sup>th</sup> September – 8<sup>th</sup> November 2021

Entry Number	Details	Date of Sealing
335	Deed of Novation of Supported Living Services Framework Agreement and Call Off Contract between Pembrokeshire County Council, Hywel Dda University Local Health Board, Consensus Support Services Limited and Grove Care Partnership Limited	22.09.2021
336	Trust Deed for the Establishment of a Project Bank Account for the Fire Precautions Upgrade Scheme, Withybush General Hospital, Haverfordwest - Phase 1 – WG DFL4 Framework Contract between Hywel Dda University Local Health Board, Sir Robert McAlpine Limited and Vinci Construction UK Limited	28.09.2021
337	Lease Relating to Part of Aberaeron Integrated Health Centre, Vicarage Hill, Aberaeron between Hywel Dda University Local Health Board and Welsh Ambulance Services NHS Trust	28.09.2021
338	Licence for Alterations Relating to Part of Aberaeron Integrated Health Centre, Vicarage Hill, Aberaeron between Hywel Dda University Local Health Board and Welsh Ambulance Services NHS Trust	28.09.2021
339	Confirmation Notice No. 1 – Project Manager, Commencement of Stage 4/5/6 Notice to Call Off Contract Agreement, Withybush General Hospital Fire Precaution Works Phase 1, Between Hywel Dda University Local Health Board and Mace Limited	04.10.2021
340	Confirmation Notice No. 1 – Cost Advisor, Commencement of Stage 4/5/6 Notice to Call Off Contract Agreement, Withybush General Hospital Fire Precaution Works Phase 1, Between Hywel Dda University Local Health Board and Lee Wakemans Limited	04.10.2021
341	Confirmation Notice No. 1 – Supply Chain Partner, Commencement of Stage 4/5/6 Notice to Call Off Contract Agreement, Withybush General Hospital Fire Precaution Works Phase 1, Between Hywel Dda University Local Health Board and Integrated Health Projects (IHP)	04.10.2021

**Appendix A - Register of Sealings from 6<sup>th</sup> September – 8<sup>th</sup> November 2021**

342	Agreement for Proposed Enabling Works to Provide VIE Compound for Phase Oxygen Upgrade at Block 4 Glangwili General Hospital Between Hywel Dda University Local Health Board and Lewis Construction Building Contractors Ltd.	02.11.2021
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**Appendix B: Consultations Update Status Report up to 5<sup>th</sup> November 2021**

Ref No	Name of Consultation (hyperlink included for online consultations)	Consulting Organisation	Consultation Lead	Received On	CLOSING DATE	Response Sent
468	<a href="#">Point of Care</a>	UK Government	Alison Shakeshaft, Will Oliver, Jenny Pugh-Jones, Sue Beach	16.08.2021	23.09.2021	Response not required as advised by Medicines Management Team
469	<a href="#">LGBTQ+ Action Plan for Wales</a>	Welsh Government	Ros Jervis, Anna Bird, Helen Sullivan	25.08.2021	22.10.2021	21.10.2021
470	<a href="#">Shaping Wales' future: using national indicators and milestones to measure our nation's progress</a>	Welsh Government	Lisa Gostling, Huw Thomas, Lee Davies, Ros Jervis - Catherine Evans & Anna Bird - leads	02.09.2021	26.10.2021	18.10.2021
471	<a href="#">Principles of Good Administration Consultation</a>	The Public Services Ombudsman for Wales	Mandy Rayani, Louise O'Connor	21.09.2021	01.11.2021	01.11.2021
472	<a href="#">Good Records Management Matters</a>	The Public Services Ombudsman for Wales	Mandy Rayani, Louise O'Connor	21.09.2021	01.11.2021	01.11.2021

**Appendix B: Consultations Update Status Report up to 5<sup>th</sup> November 2021**

Ref No	Name of Consultation (hyperlink included for online consultations)	Consulting Organisation	Consultation Lead	Received On	CLOSING DATE	Response Sent
473	<a href="#">Making flexible working the default</a>	UK Government	Lisa Gostling, Steve Morgan	13.10.2021	01.12.2021	

# An External Review of the Llwynhendy Tuberculosis Outbreak

## Terms of Reference

### 1. Scope

- 1.1 An outbreak of *M. tuberculosis* (TB) centred on the Llwynhendy electoral ward in Carmarthenshire, West Wales was first declared in November 2010. Since then an outbreak control team (OCT) has been convened and stood down three times. In November 2018 an OCT was reconvened for the fourth time. This is now delivering a staged approach to community screening, **which is ongoing**.
- 1.2 The Boards of Public Health Wales and Hywel Dda University Health Board wish to examine whether the outbreak has been managed optimally including whether contact tracing should have been extended at an earlier stage, and whether the clinical care provided to cases was optimal, and if these affected the extent and impact of the outbreak.
- 1.3 Public Health Wales and Hywel Dda University Health Board have agreed to jointly commission an independent external review to examine these questions as well as to identify the lessons learned from the response to this outbreak and to provide assurance of the current arrangements.
- 1.4 The review will cover the management of the outbreak from November 2010, when first declared, until the present time (August 2021), to identify the actions that have been taken in response to lessons identified.

### 2. Purpose

- 2.1 The purpose of the Review is to examine:
  - Whether the management of the outbreak since 2010 overall, and at each stage, was conducted in accordance with best practice guidance in place at the time of each phase of the outbreak (with reference to national strategies, **strategies in other parts of the UK, WHO guidance**, plans, guidelines and organisational protocols and procedures);
  - The effectiveness of the respective involvement of Public Health Wales and Hywel Dda University Health Board in the control of the outbreak and treatment of latent or active TB cases at each stage (including the current phase) including the people and financial resources provided by both organisations in response to the outbreak to prevent disease transmission and treat identified TB disease;
  - The governance arrangements (including reporting and escalation) for informing Teams and Boards of the outbreak and providing assurance to the Boards of each organisation;
  - A review of any reported cases of: 1. People identified over the course of the outbreak who have died where the death certificate identified

that TB contributed to or caused the death, and 2. People that have developed active TB;

- The effectiveness of any policy(ies) relevant to TB disease prevention, treatment and control including the management of outbreaks applicable in Wales in each phase of the outbreak and the reporting arrangements within Wales since the outbreak was first declared in 2010;
- The effectiveness of external expert advice sought and obtained including liaison with other organisations, for example, Public Health England (and UK Health Security Agency from October 2021) or the British Thoracic Society.

2.2 The review should identify lessons learned and make recommendations to Public Health Wales and Hywel Dda University Health Board for improvement. There may also be recommendations for other key stakeholders.

### **3. Reporting and Accountability**

3.1 The Executive Medical Director at Public Health Wales and the Executive Medical Director at Hywel Dda University Health Board will be the joint Executive sponsors of the review and are accountable to their Boards for the delivery of the Reviewers' report(s).

3.2 The priority of both organisations at the present time is to continue to manage the outbreak and not distract attention or divert resources from that objective.

3.3 The sponsors would like the review to proceed at pace and are therefore looking to receive an interim Reviewers' report(s) by the end of February 2022 (indicative) with the view to have a preliminary discussion with the Chairs of the Boards and Chief Executives of both organisations prior to a final report being submitted to and presented at the respective Boards no later than May 2022, with an expectation of a report to QSIAC by the end of March.

3.4 The Executive sponsors will prepare a joint SBAR for the respective Boards to support the review panel's final report.

3.5 The Reviewer(s) may wish to establish short duration task and finish groups on specific matters of enquiry as and when necessary, for example, a mortality review group and both organisations will give reasonable consideration to requests for any associated necessary resources.

3.6 The Review Project team will report regularly (monthly) on progress of the review to the Executive Sponsor and Executive Team in each organisation.

3.7 If, in the course of the Review, matters are identified that require immediate and urgent action on grounds of public health or quality and safety of clinical care, then these will be raised, in the first instance, with the Executive Sponsors of the Review to determine whether urgent actions are required.

## 4. Membership of the review team

### 4.1 The Reviewers are expected to include:

- A senior public health specialist with expertise in health protection including outbreak control and ideally with demonstrable knowledge of tuberculosis as a public health issue.
- A senior respiratory medicine specialist with expertise in tuberculosis disease.
- A respiratory nurse specialist with expertise in tuberculosis disease.
- A senior microbiologist with expertise in TB diagnosis and expertise in public health microbiology.
- Lay Member: An independent lay representative from a national organisation that has an interest in the treatment and control of tuberculosis and patient outcomes.

The review panel will be chaired by Professor Mike Morgan, previously NHS England's National Clinical Director for Respiratory Disease.

## 5. Resources to support the review

The commissioning organisations will agree a reasonable request from the reviewers for the resources, human and otherwise, needed to deliver the review. It is expected that this will include access to relevant premises and facilities to conduct necessary activities (meetings etc.); administrative support to assist document retrieval and management, arranging interviews, and the preparation of (a) report(s); retrieval and preparation of case records to support a mortality review; and project management to deliver the review.

A Project team will be established to support the review panel. The Project team will be led by a Project manager and will include administrative support, Communications and Information and Communications Technology. The Chair of the Review Panel will work closely with the Project Team to ensure adequate support to the review and review panel members.

## 6. Communications and publication of review findings

- 6.1 The review is undertaken as part of the legal duty of candour for Public Health Wales and Hywel Dda University Health Board and accordingly, the communication and dissemination of the findings will adopt an open and transparent approach.
- 6.2 A joint Communications Strategy will be agreed by both Public Health Wales and Hywel Dda University Health Board, that will define the end-

to-end process from the initiation of the review to the publication of the findings.

- 6.3 The Communication Strategy will include consideration of the needs of key stakeholders, including members of the public, individuals and families directly affected, Welsh Government, Health Boards, Community Health Councils and Local Authorities.
- 6.4 A joint Communications Plan will include details on plans for publication, including indicative timelines for public meetings and meetings with those directly affected. Where required, earlier contact will be made with individuals and families affected.

**Dr Fu-Meng Khaw**

Executive Medical Director  
National Director, Health Protection  
and Screening Services  
Public Health Wales

**Dr Philip Kloer**

Deputy Chief Executive  
Executive Medical Director  
Hywel Dda University Health Board

14 October 2021



## CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	25 November 2021
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Hybrid Working – Back to better for Hywel Dda – Glien House Lease Proposal
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Lee Davies, Executive Director of Strategic Development & Operational Planning
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Lee Davies, Executive Director of Strategic Development & Operational Planning

**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 paper sets out the plans to acquire a new lease to allow the Health Board to reconfigure accommodation to support current service pressures. The plans to provide a solution for a relocated and expanded Command Centre, and to support service reconfiguration plans for HR & Workforce services.

An agreement in principle is sought to progress with the lease arrangement for Glien House, a private modern office building located in Carmarthen. The lease will continue to be subject to ongoing scoping and due diligence work to ensure that the core requirements of the brief and all contractual arrangements are met

The committee is asked to approve the new lease arrangement to support the Health Board to reconfigure accommodation to support service change.

##### Cefndir / Background

The Health Board has previously outlined via committee its intentions to transition into new ways of working where services and staff will have the ability to work in a more hybrid manner. This will be a journey and a transition to a more agile organisation which will involve changing a cultural mind-set and will challenge where and how we work.

Whilst we are planning and delivering this change there are many service / accommodation pressures faced today that need to be addressed.

Based on this approach the Health Board has agreed the principle of acquiring further estate as a short term strategy to address current accommodation pressures, but recognising the medium term aim to transition into new ways of working and reducing our estate. Consequently the need for a medium term exit strategy will be incorporated into any arrangement made.

## **Asesiad / Assessment**

Wider strategic change is planned but this will not be a short term fix. The option to return to pre-pandemic status remains unviable and without short term change we will likely be faced with continued accommodation pressures.

**Glien House Lease Proposal:** The lease of Glien House, is a pathfinder option to support a solution to address specific short term accommodation pressures, but will also act as a best practice model for hybrid working practices. The terms of the occupancy are summarised below:

The Lease option provides an option for circa 100 desks or a combination of multi-use spaces, over two floors. Scoping work is underway to deliver on the proposed changes outlined below:

- Glien House provides a new solution for HR/Workforce team (Resourcing & Utilisation team – relocates circa 40 workstations / circa 65 staff from Hafan Derwen) / Addresses Covid 19 Command Centre (CCC) requirement (currently based in Tudor House);
- The vacated areas to be utilised by:
  - Hafan Derwen (HD) site:
    - HR/Workforce teams to support service re-configuration plans / support additional accommodation need and training facilities;
    - Relocation of the Command Centre team from Tudor House block – MHL D teams keen to re-occupy (scoping underway);
    - Relocation of Planning team and other teams to Building 08, St David's Park frees up circa 10 workstations – reuse options to be explored;
  - Glangwili site (GGH) – HR at GGH to relocate to Glien House site - 6 rooms / 13 desks freed up – Site management team keen to utilise space to support 'Same Day Emergency Care (SDEC) development'. Options to fast track relocation of HR team at GGH to be explored;

The CCC was established rapidly at the onset of the pandemic and is located in space traditionally occupied by MH&LD services. The CCC continues to support Covid-19 related functions but needs to transition to a permeant central communication hub as described in planning objective 1B to longer term expansion plans.

### **Overview of Lease Terms** (subject to legal review and contract):

- Landlord – Private
- Location – Johnstown, Carmarthen (near Ty Myddfai, MHL D leased facility);
- Demise – First and second floors (building shared with small businesses on ground floor)
- Tenant internal repairing and insuring lease
- Utility / Business Rates - Tenant's liability
- Term – 5 years with break option at year 3
- Car parking – access on site and expansion area available;

### **Financial position (Estimated):**

- Revenue: Annual running costs – circa £182k (includes rent / service charges / rates / cleaning, maintenance and IT revenue);
- Capital Investment:
  - IM&T infrastructure – circa £119k (Subject to brief and design review);
  - Furniture & Equipment – up to £150k (assumed all new but costs can be reduced if items are transferred);

- Other costs linked to moves and redevelopment of vacated spaces – currently not scoped, but not expected to be significant;

#### Next steps:

- Establish project team / commence due diligence checks (utilise newly appointed external resource to support design);
- To progress design feasibility i.e. development and agreement of service briefs, capacity review, mapping (proposed and existing), benefits review to ensure scheme meets the brief and key aims;
- Appoint solicitors and arrange the lease;
- Seek final approval to the scheme and funding prior to contract completion;

#### Delivery programme risk overview:

- Securing the lease – subject to negotiation and contract completion;
- Timescales – Lease negotiation period / IT connectivity links (BT link estimated at circa 4 months);
- Financial – further work is needed to confirm both capital and revenue commitment;
- Due diligence – work needed to confirm scheme viability i.e. meets service briefs, car parking, IT connectivity, affordable security, accessibility out of hours etc;
- Social Distancing restrictions – the scheme will need to be delivered in phases while restrictions continue to be in place;

As scoping work progresses the option to vary the scheme to reflect service feedback and on-going design remains. Final approval will be sought via the Exec Team prior to contract completion.

#### Argymhelliad / Recommendation

The committee is asked to approve the new lease arrangement to support the Health Board to reconfigure accommodation to support service change. The scheme to remain subject to final sign off following the conclusion of the ongoing fieldwork to confirm deliverability and viability.

<b>Amcanion: (rhaid cwblhau)</b>	
<b>Objectives: (must be completed)</b>	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	6. Sustainable use of resources 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>	1. Plan and deliver services to increase our contribution to low carbon Choose an item. Choose an item.

	Choose an item.
--	-----------------

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Early scoping work / Agreed Head of Terms
Rhestr Termiau: Glossary of Terms:	CCC – Covid 19 Command Centre; MHLG – Mental Health & Learning Disabilities; GGH – Glangwili General Hospital; HD – Hafan Derwen Site; IM&T – Information Management & Technology BT – British Telecom
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Use of Resources Group / Exec Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Subject to development of an Integrated Impact assessment exercise
Ansawdd / Gofal Claf: Quality / Patient Care:	N/A
Gweithlu: Workforce:	N/A
Risg: Risk:	Form part of the Integrated Impact assessment exercise
Cyfreithiol: Legal:	N/A

<b>Enw Da: Reputational:</b>	N/A
<b>Gyfrinachedd: Privacy:</b>	N/A
<b>Cydraddoldeb: Equality:</b>	N/A

Ask for: Communications

 01656 641150

Date: September 2021

 communications@ombudsman.wales

Maria Battle  
Hywel Dda University Health Board

By Email only: corporate.correspondence.hdd@wales.nhs.uk

### **Annual Letter 2020/21**

Dear Maria

I am pleased to provide you with the Annual letter (2020/21) for Hywel Dda University Health Board.

This letter discusses information from a year unlike any other in recent memory, and as such may not be useful for establishing trends or patterns. Information received during this remarkable year will, however, bring insights on how Public Services reacted in the face of unprecedented demand and the most difficult of circumstances.

The impact of the Covid-19 pandemic has inevitably affected our ability to engage with the Health Board over the past 12 months. However, I am pleased to report that regular meetings have taken place remotely and the Health Board has continued to engage constructively with our office to identify areas of improvement.

During the past financial year, we have intervened in (upheld, settled or resolved at an early stage) the same proportion of complaints about public bodies, 20%, compared with 2019/20.

Last year, we saw a 22% reduction in new complaints relating to Health Boards – a predictable reduction given the circumstances of the year. However, my Office intervened slightly more frequently in complaints involving Health Boards, 33% compared to 31% in 2019/20.

During 2020/21, despite challenges caused by the pandemic, my office made great strides in progressing work related to Complaints Standards and Own Initiative Investigations. The theme and consultation period of the first wider Own

Page 1 of 7

Initiative Investigation – into Local Authority Homelessness Assessments - was launched in September 2020 and the report is due in the coming months. We also commenced 4 extended Own Initiative Investigations, where we extended the scope of our work on a complaint already under investigation.

Last year, my office also pushed ahead with two new publications – ‘Our Findings’ and our first Equality Report.

‘Our Findings’ will be accessed via the PSOW website and replaces the quarterly casebooks. Our Findings will be updated more frequently and will be a more useful tool in sharing the outcomes of investigations. Our first Equality Report highlights the work done to improve equality and diversity, and to ensure that our service is available to people from all parts of society.

A summary of the complaints of maladministration/service failure received relating to your Health Board is attached.

I ask that the Health Board takes the following actions:

- Present my Annual Letter to the Board to assist Board members in their scrutiny of the Health Board’s complaints performance and their consideration of any actions to be taken as a result.
- Engage with my Complaints Standards work, accessing training for your staff and providing complaints data.
- Inform me of the outcome of the Health Board’s considerations and proposed actions on the above matters by 15 November.

This correspondence is copied to the Chief Executive of your Health Board and to your Contact Officer. Finally, a copy of all Annual Letters will be published on my website.

Yours sincerely,



Nick Bennett  
Ombudsman

cc. Steve Moore, Chief Executive, Hywel Dda University Health Board  
By Email only: alex.harries@wales.nhs.uk

## Factsheet

### Appendix A - Complaints Received

<b>Health Board</b>	<b>Complaints Received</b>	<b>Received per 1000 residents</b>
Aneurin Bevan University Health Board	96	0.16
Betsi Cadwaladr University Health Board	184	0.26
Cardiff and Vale University Health Board	62	0.12
Cwm Taf Morgannwg University Health Board	86	0.19
Hywel Dda University Health Board	64	0.17
Powys Teaching Health Board	16	0.12
Swansea Bay University Health Board	79	0.20
<b>Total</b>	<b>587</b>	<b>0.19</b>

## Appendix B - Received by Subject

Hywel Dda University Health Board	Complaints Received	% Share
Ambulance Services	0	0%
Appointments/admissions/discharge and transfer procedures	0	0%
Clinical treatment in hospital	33	52%
Clinical treatment outside hospital	11	17%
Complaints Handling	11	17%
Confidentiality	0	0%
Continuing care	1	2%
COVID19	1	2%
Disclosure of personal information / data loss	0	0%
Funding	1	2%
Medical records/standards of record-keeping	1	2%
Medication> Prescription dispensing	0	0%
NHS Independent Provider	0	0%
Non-medical services	0	0%
Other	4	6%
Patient list issues	1	2%
Poor/No communication or failure to provide information	0	0%
Rudeness/inconsiderate behaviour/staff attitude	0	0%
	64	

Appendix C - Complaint Outcomes  
 (\* denotes intervention)

Local Health Board/NHS Trust	Out of Jurisdiction	Premature	Other cases closed after initial consideration	Early Resolution/voluntary settlement*	Discontinued	Other Reports-Not Upheld	Other Reports - Upheld*	Public Interest Report*	Total
Hywel Dda University Health Board	12	16	11	13	0	2	20	0	74
% share	16%	22%	15%	18%	0%	3%	27%	0%	

## Appendix D - Cases with PSOW Intervention

	<b>No. of Interventions</b>	<b>No. of Closures</b>	<b>% Of Interventions</b>
Aneurin Bevan University Health Board	38	106	36%
Betsi Cadwaladr University Health Board	68	194	35%
Cardiff and Vale University Health Board	21	72	29%
Cwm Taf Morgannwg University Health Board	19	83	23%
Hywel Dda University Health Board	33	74	45%
Powys Teaching Health Board	5	17	29%
Swansea Bay University Health Board	25	80	31%
<b>Total</b>	<b>209</b>	<b>626</b>	<b>33%</b>

## Information Sheet

Appendix A shows the number of complaints received by PSOW for all Health Boards in 2020/2021. These complaints are contextualised by the number of people each health board reportedly serves.

Appendix B shows the categorisation of each complaint received, and what proportion of received complaints represents for the Health Board.

Appendix C shows outcomes of the complaints which PSOW closed for the Health Board in 2020/2021. This table shows both the volume, and the proportion that each outcome represents for the Health Board.

Appendix D shows Intervention Rates for all Health Boards in 2020/2021. An intervention is categorised by either an upheld complaint (either public interest or non-public interest), an early resolution, or a voluntary settlement.

Gofynnwch Cyfathrebu  
am:

 01656 641150

Dyddiad: Medi 2021

 cyfathrebu@ombwdsmon.cymru

Maria Battle  
Bwrdd Iechyd Prifysgol Hywel Dda

Trwy ebost yn unig: corporate.correspondence.hdd@wales.nhs.uk

## Llythyrau Blynyddol 2020/21

Annwyl Maria

Mae'n bleser gennyf ddarparu'r Llythyr Blynyddol (2020/21) i Fwrdd Iechyd Prifysgol Hywel Dda.

Mae'r llythyr hwn yn trafod gwybodaeth o flwyddyn a fu'n wahanol i unrhyw un arall yn y cof diweddar, ac felly efallai na fydd yn ddefnyddiol ar gyfer sefydlu tueddiadau neu batrymau. Fodd bynnag, bydd gwybodaeth a dderbyniwyd yn ystod y flwyddyn ryfeddol hon yn dod â mewnwelediadau ar sut ymatebodd gwasanaethau cyhoeddus i alw digynsail a'r amgylchiadau anoddaf a fu.

Mae'n effaith pandemig Covid-19 wedi effeithio yn anochel ar ein gallu i ymgysylltu â'r Bwrdd Iechyd dros y 12 mis diwethaf. Fodd bynnag, rwy'n falch o adrodd bod cyfarfodydd rheolaidd wedi cael eu cynnal o bell ac mae'r Bwrdd Iechyd wedi parhau i ymgysylltu'n adeiladol â'n swyddfa i nodi meysydd i'w gwella.

Yn ystod y flwyddyn ariannol ddiwethaf, rydym wedi ymyrryd (cadarnhau, setlo neu ddatrys yn y cam cynnar) yn yr un gyfran o gwynion am gyrff cyhoeddus, sef 20%, o gymharu â 2019/20.

Y llynedd, gwelsom ostyngiad o 22% mewn cwynion newydd yn ymwneud â Byrddau Iechyd - gostyngiad rhagweladwy o ystyried amgylchiadau'r flwyddyn. Fodd bynnag, ymyrrodd fy Swyddfa ychydig yn amlach mewn cwynion yn ymwneud â Byrddau Iechyd, 33% o gymharu â 31% yn 2019/20.

Yn ystod 2020/21, er gwaethaf heriau a achoswyd gan y pandemig, cymerwyd camau breision gan fy swyddfa wrth wneud cynydd â gwaith yn ymwneud â Safonau Cwynion ac Ymchwiliadau ar ei Liwt ei Hun. Lanswyd thema a chyfnod

Tudalen 1 o 7

ymgyngori'r Ymchwiliad ar ei Liwt ei Hun Ehangach cyntaf - i Aseidiadau Digartrefedd Awdurdodau Lleol - ym mis Medi 2020 a disgwylir yr adroddiad yn y misoedd nesaf. Cychwynnom hefyd 4 Ymchwiliad ar ei Liwt ei Hun estynedig, lle gwnaethom ymestyn cwmpas ein gwaith ar gŵyn sydd eisoes yn destun ymchwil.

Y llynedd, bwriodd fy swyddfa ymlaen hefyd â dau gyhoeddiad newydd - 'Ein Canfyddiadau' a'n Hadroddiad Cydraddoldeb cyntaf.

Bydd modd cyrchu 'Ein Canfyddiadau' trwy wefan OGCC a bydd yn disodli'r coflyfrau chwarterol. Bydd Ein Canfyddiadau yn cael ei ddiweddarau'n amlach, a bydd yn offer mwy defnyddiol wrth rannu canlyniadau ymchwiliadau. Mae ein Hadroddiad Cydraddoldeb cyntaf yn tynnu sylw at y gwaith a wnaed i wella cydraddoldeb ac amrywiaeth, ac i sicrhau bod ein gwasanaeth ar gael i bobl o bob rhan o'r gymdeithas.

Gweler ynghlwm grynodedd o'r cwynion o gamweinyddu/methiant gwasanaeth a dderbyniwyd mewn cysylltiad â'ch Bwrdd Iechyd.

Gofynnaf i'r Bwrdd Iechyd gymryd y camau canlynol:

- Cyflwyno fy Llythyr Blynyddol i'r Bwrdd i gynorthwyo aelodau'r Bwrdd i graffu ar berfformiad cwynion y Bwrdd Iechyd a'u hystyriaeth o unrhyw gamau i'w cymryd o ganlyniad.
- Ymgysylltu â'm gwaith Safonau Cwynion, rhoi hyfforddiant i'ch staff a darparu data cwynion.
- Rhoi gwybod imi am ganlyniad ystyriaethau a champau gweithredu arfaethedig y Bwrdd Iechyd yng nghyswllt y materion uchod erbyn 15 Tachwedd.

Mae'r ohebiaeth hon yn cael ei chopio i Brif Weithredwr eich Bwrdd Iechyd a'ch Swyddog Cyswllt. Yn olaf, bydd copi o'r holl Lythyrau Blynyddol yn cael eu cyhoeddi ar fy ngwefan.

Yn gywir



Nick Bennett  
Yr Ombwdsmon

Cc: Steve Moore, Prif Weithredwr, Bwrdd Iechyd Prifysgol Hywel Dda  
Trwy Ebst yn unig: alex.harries@wales.nhs.uk

## Taflen Ffeithiau

### Atodiad A - Cwynion a Gafwyd

<b>Bwrdd Iechyd</b>	<b>Cwynion a Gafwyd</b>	<b>Derbyniwyd fesul 1000 o drigolion</b>
Bwrdd Iechyd Prifysgol Aneurin Bevan	96	0.16
Bwrdd Iechyd Prifysgol Betsi Cadwaladr	184	0.26
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro	62	0.12
Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg	86	0.19
Bwrdd Iechyd Prifysgol Hywel Dda	64	0.17
Bwrdd Iechyd Addysgu Powys	16	0.12
Bwrdd Iechyd Prifysgol Bae Abertawe	79	0.20
<b>Cyfanswm</b>	<b>587</b>	<b>0.19</b>

Tudalen 3 o 7

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All calls are recorded for training and reference purposes | Bydd pob galwad yn cael ei recordio ar gyfer dibenion hyfforddi a chyfeirio

## Atodiad B - Cwynion a Gafwyd yn ôl Pwnc

Bwrdd Iechyd Prifysgol Hywel Dda	Cwynion a Gafwyd	% rhannu
Gwasanaethau Ambiwylans	0	0%
Apwyntiadau/derbyniadau/rhyddhau a gweithdrefnau trosglwyddo	0	0%
Triniaeth glinigol yn yr ysbyty	33	52%
Triniaeth glinigol y tu allan i ysbyty	11	17%
Ymdrin â Chwynion	11	17%
Cyfrinachedd	0	0%
Gofal Parhaus	1	2%
COVID19	1	2%
Datgelu gwybodaeth bersonol / colli data	0	0%
Cyllid	1	2%
Cofnodion meddygol/safonau cadw cofnodion	1	2%
Meddyginiaeth> Dosbarthu presgripsiynau	0	0%
Darparwr Annibynnol y GIG	0	0%
Gwasanaethau anfeddygol	0	0%
Arall	4	6%
Materion rhestr cleifion	1	2%
Cyfathrebu gwael/dim cyfathrebu neu fethiant i ddarparu gwybodaeth	0	0%
Anghwrteisi/ymddygiad anystyriol/agwedd staff	0	0%
	64	

Tudalen 4 o 7

Public Services Ombudsman For Wales | Ombudsmon Gwasanaethau Cyhoeddus Cymru, 1 Ffordd yr Hen Gae, Pencoed CF35 5LJ

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  01656 641199 
  [ask@ombudsman-wales.org.uk](mailto:ask@ombudsman-wales.org.uk) | [holwch@ombudsmon-cymru.org.uk](mailto:holwch@ombudsmon-cymru.org.uk)

All calls are recorded for training and reference purposes | Bydd pob galwad yn cael ei recordio ar gyfer dibenion hyfforddi a chyfeirio

Atodiad C - Canlyniadau Cwynion  
 (\* yn dynodi ymyrraeth)

	Tu hwnt i Awdurdodaeth	Cynamserol	Achosion eraill wedi'u cau ar ôl ystyriaeth gychwynnol	Datrys yn Gynnar/Setliad Gwirfoddol	Wedi rhoi'r gorau iddi	Adroddiadau Eraill – Ni Chadarnhawyd	Adroddiadau eraill a gadarnhawyd*	Adroddiadau er Budd y Cyhoedd*	Cyfanswm
Bwrdd Iechyd Prifysgol Hywel Dda	12	16	11	13	0	2	20	0	74
	16%	22%	15%	18%	0%	3%	27%	0%	

Atodiad D - Achosion lle ymyrrodd OGCC

	Nifer yr ymyriadau	nifer y cwynion a gaewyd	% o ymyriadau
Bwrdd Iechyd Prifysgol Aneurin Bevan	38	106	36%
Bwrdd Iechyd Prifysgol Betsi Cadwaladr	68	194	35%
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro	21	72	29%
Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg	19	83	23%
Bwrdd Iechyd Prifysgol Hywel Dda	33	74	45%
Bwrdd Iechyd Addysgu Powys	5	17	29%
Bwrdd Iechyd Prifysgol Bae Abertawe	25	80	31%
<b>Cyfanswm</b>	<b>209</b>	<b>626</b>	<b>33%</b>

Tudalen 6 o 7

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## Taflen Wybodaeth

Mae Atodiad A yn dangos nifer y cwynion a dderbyniwyd gan OGCC ar gyfer pob Bwrdd Iechyd yn 2020/2021. Caiff y cwynion hyn eu rhoi mewn cyd-destun yn seiliedig ar nifer y bobl y mae pob bwrdd iechyd yn eu gwasanaethu yn ôl pob sôn.

Mae Atodiad B yn dangos categori pob cwyn a dderbyniwyd, a pha gyfran o'r cwynion a dderbyniwyd sy'n cynrychioli ar gyfer y Bwrdd Iechyd.

Mae Atodiad C yn dangos canlyniadau'r cwynion a gaeodd OGCC mewn cysylltiad â'r Bwrdd Iechyd yn 2020/2021 Mae'r tabl hwn yn dangos y niferoedd, a'r gyfran y mae pob canlyniad yn ei chynrychioli ar gyfer y Bwrdd Iechyd.

Mae Atodiad D yn dangos Cyfraddau Ymyrru ar gyfer pob Bwrdd Iechyd yn 2020/2021. Mae ymyrraeth yn cael ei gategoreiddio naill ai gan gŵyn a gadarnhawyd (naill ai cadarnhawyd er budd y cyhoedd neu cadarnhawyd nid er budd y cyhoedd), penderfyniad cynnar, neu setliad gwirfoddol.

Tudalen 7 o 7

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Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

Ein cyf/Our ref:

Gofynnwch am/Please ask for: Lee Davies

Rhif Ffôn /Telephone: 01267 239561

E-bost/E-mail: Lee.Davies3@wales.nhs.uk

Dyddiad/Date: 01.10.21

Swyddfeydd Corfforaethol, Adeilad Ystwyth  
Hafan Derwen, Parc Dewi Sant, Heol Ffynnon Job  
Caerfyrddin, Sir Gaerfyrddin, SA31 3BB

Corporate Offices, Ystwyth Building  
Hafan Derwen, St Davids Park, Job's Well Road,  
Carmarthen, Carmarthenshire, SA31 3BB

Dear Sian,

## **“Changing For The Future” Engagement**

Further to recent discussions, we agreed we would provide you with a response on your current engagement ahead of a joint Executive meeting proposed for early November. This session will allow us more time to have an in-depth discussion on how the clinical strategies of the two Health Boards fit together, in particular specific opportunities and risks. Ahead of that, below is a summary of the key points we have raised in respect of your proposals through ARCH meetings and bilateral discussions:

### **1. Collaboration and partnership working**

I think both organisations would agree we enjoy strong working relationships which is mutually beneficial to both Health Boards and, more importantly, the population of South West Wales. That sets the foundation for any service change and we are keen to continue to work collaboratively as you seek to improve the services you provide across your three hospital sites. When the specific details of your plans have been further worked through, we would welcome the opportunity to have early discussions so we can assist you with engaging with our Board, CHC and the populations most affected. In some areas there will be benefit in us contributing to the design of service models, particularly for specialist services, and we would of course be keen to participate in this way.

### **2. Singleton Hospital and Neath Port Talbot Hospital**

In our discussions we have noted that there is evidence that access (travel times) to services can have a bearing on uptake and ultimately patient outcomes. We have a specific concern in this regard that Singleton and Neath Port Talbot Hospitals are more difficult for Hywel Dda residents to get to than Morriston and this may lead to unintentional health inequities, particularly for patients in areas of Pembrokeshire and Ceredigion. We of course recognise that this can't be entirely avoided but would ask that this is factored into your thinking when you review the configuration of regional services. Both Health Boards are working to the principle

of care closer to home and we are keen to develop pathways that maximise the range of services available locally (including virtual) and reduce patient journeys (including the use of one-stop for example).

### **3. South West Wales Cancer Centre**

Our understanding is your strategic direction remains to relocate the Cancer Centre to Morriston but you are acknowledging through your engagement that this is unlikely to be achievable in the near future. We have discussed, and there appears to be agreement in principle, that our ambition should be to develop radiotherapy service provision within a Hywel Dda site (as part of the SWWCC service). Our proposal is we jointly commission the ARCH South West Wales Cancer group to advise us on the potential scope and scale of this.

### **4. Transfer of Singleton GP medical take to Morriston**

We understand the rationale and recognise the potential benefits of only one medical take for Swansea Bay. Equally there will be advantages in having protected elective surgery capacity at Singleton and Neath Port Talbot Hospitals. That said this proposal does pose a potential risk to the proper functioning of Morriston Hospital, which could have implications for Prince Philip and Glangwili and those regional services remaining at Morriston. As discussed, it would be helpful if we could be kept up to date with the plans for this change and have some involvement when you reach the point of making a decision to proceed. Our Board is likely to have concerns about the impact on regional services and that way we can support you with providing assurance on the mitigations.

### **5. Elective Surgery**

As stated above we recognise there are benefits to transferring more elective surgical work to what will become protected capacity at Singleton and Neath Port Talbot. Our understanding is the majority of the activity transfer will be low complexity in nature and therefore the affected patients will be predominantly Swansea Bay residents; however, we are aware you are looking to maximise this and that may mean some regional services are affected. When you have greater clarity on this, we would appreciate early indication of the potential number of Hywel Dda residents and range of procedures impacted by the proposed change.

### **6. HASU**

We understand the proposed HASU is not intended to alter existing patient flows and therefore will be for Swansea Bay residents at this stage. There was of course a significant amount of regional work undertaken, pre-pandemic, on stroke and we would be keen to discuss through the ARCH forums the most appropriate time to recommence this.

I trust this reflects the conversations we have had up to this point and reinforces our commitment to working collaboratively across South West Wales. We look forward to working with you further on “Changing for the Future” and our forthcoming joint Executive.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Lee Davies', with a horizontal line underneath.

**Lee Davies**

Cyfarwyddwr Datblygu Strategol a Chynllunio Gweithredol  
Executive Director of Strategic Development and Operational Planning



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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	25 November 2021
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Radiology Informatics System Procurement: Outline Business Case
<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**

The purpose of the paper is to present a synopsis of the Outline Business Case (OBC) to the Board for approval, setting out the need to invest in a Radiology Informatics System Procurement (RISP) Programme, given that the current Picture Archiving & Communication System (PACS) contract supporting the delivery of the clinical radiology service in Wales is coming to the end of its tenure, with the first Health Board deployment order expiry in November 2024.

The RISP Programme's vision is of a seamless end-to-end electronic solution that enables the Radiology service to deliver a high quality, safe and timely clinical imaging service for the patients of Wales.

The OBC explores the potential options for how this provision can be delivered and identifies a preferred option that will deliver the clinical requirements with optimum value for money, outlining the commercial arrangements required to deliver it, the resulting financial impact, and the management arrangements for successful implementation.

Executive Team supported the OBC at its meeting on 10<sup>th</sup> November 2021, subject to Board approval.

**Cefndir / Background**

All Health Boards and Trusts in NHS Wales use the following main systems:

- The Picture Archiving and Communications System (PACS) is a storage and distribution platform, which collates all imaging investigations performed on patients. This is the clinical interface that enables the analysis of all imaging performed, including complex reformatting, disease progression analysis and measurement. The ultimate output is the production of a clinical report for the referring clinicians.
- The Radiology Information System (RIS) is a national system developed and supported by Digital Health and Care Wales (DHCW). It is known as Welsh Radiology Information System (WRIS) and supports the scheduling of radiology investigations, provides a clinical record of all imaging investigations performed on patients including the radiology

report; and holds data that underpins health boards' ability to generate business reports and statistics on performance.

Radiology is a high throughput, capital intensive service so having effective IT systems plays an essential role in delivering efficient radiology services and maximising the use of expensive equipment. The current configuration of Radiology departments, along with their associated systems and infrastructure in Wales, confines the delivery of care within traditional organisational boundaries. Both PACS and WRIS are deployed within health board boundaries and health board reorganisation with the associated organisational arrangements have made transition more difficult because of this siloed approach.

The current radiology IT systems (PACS/ RIS):

- Are disparate, with disjointed approaches to coding, administrative process, data collection and analysis and do not enable service planning on a strategic or national basis
- Do not facilitate cross boundary working resulting in variation in the delivery of radiology services across NHS Wales health boards and trusts that leads to increased waiting time for scans or delays to reporting and diagnosis.
- Make it difficult to share patient information easily between health boards and trusts both within Wales and England, impacting on acute/emergency care, MDT's and leading to inefficient care. Manual workarounds are in place to enable the right information to be available for use in the right place, at the right time but these are relatively inefficient and contribute to delays and increased clinical risk.

Given these challenges, there is an increasing need to identify an informatics solution that will support the delivery of an imaging workflow that will provide an efficient and effective Radiology service for the population and all patients within Wales.

### **Asesiad / Assessment**

This section of the paper provides a synopsis of the Outline Business Case; however, more detailed information is available within the main body of the document which has been shared with Board Members as part of In Committee Board papers due to its commercially sensitive nature.

### **Strategy Implications**

The components of the procurement (PACS, RIS, PDMS) are essential to the delivery of diagnostic radiology services. If the contracts are not replaced it will be impossible for services to continue. A range of options are considered in the outline business case. Whilst not aligned directly to any specific HB strategic case or business plan, effective diagnostic services underpin the majority of clinical pathways and as such support for this is key to the integrity of the Health Board service offering.

### **Options Considered**

The OBC explores the potential options for how this provision can be delivered and identifies a preferred option that will deliver the clinical requirements with optimum value for money, outlining the commercial arrangements required to deliver it, the resulting financial impact, and the management arrangements for successful implementation.

Options	Option 0	Option 1	Option 2	Option 3	Option 4
	Business as Usual	Do Minimum	Preferred Way Forward A	Preferred Way Forward B	More Ambitious
Scope	Do nothing	PACS + PDMS + DHCW RIS	PACS + PDMS + Commercial RIS (+ options for ETR and results acknowledgment)	PACS + PDMS + Commercial RIS (+ options for ETR and results acknowledgment)	PACS + PDMS + RIS + ETR and results acknowledgment (+ options for other disciplines)
Technical Solution	Current solution ceases	National DHCW data centre	National supplier data hosted (either data centre or cloud hosted depending on provider)	National supplier data hosted (either data centre or cloud hosted depending on provider)	National supplier data hosted (either data centre or cloud hosted depending on provider)
Service Solution	N/A	Regional Deployment	Regional Deployment	National Deployment	National Deployment
Service Delivery	N/A	In House RIS with PACS + PDMS delivered with supplier full-service management	Supplier Full-Service Management which could be delivered by either: a. Managed Service Contract b. Contract for Service with Maintenance Support		
Implementation	N/A	Phased by Health Board			
Project Funding	N/A	Combination of capital and revenue funding via either a. Revenue funded fully managed service; or b. Capital funded NHS owned assets/Revenue funded support			

### Financial Implications

At the stage of writing the OBC, limited supporting information is available to determine accurate costs, therefore indicative figures have been estimated based on supplier returns that were received in response to a Prior Information Notice (PIN) in May 2021, the Project Team's knowledge and experience of similar All Wales IT Systems, along with initial market testing information obtained in January 2021. The estimated financial implications of this are included within the main body of the OBC shared with Board Members as part of In Committee Board papers.

### Risk Analysis

The RISP Programme has a comprehensive risk log and governance structure through a Programme Board and Programme Director to the Chief Executive Group. In addition, the programme is subject to Welsh Government Gateway reviews, which will continue throughout the life of the programme. Key risks to the realisation of some of the benefits of the programme include:

- As a result of COVID-19 there is a risk that recovery activity may impact the ability of health boards to release the required resources to join the procurement dialogue teams in Tranche 2. The impact of this could be delays in the procurement process.
- As a result of the lack of certainty around the financial model associated with a possible cloud solution there is a risk the solution may not be affordable for the health boards. This could lead to delays in the procurement process.
- As a result of slippage to the procurement timescales caused by delays there is a risk this could impact the current Fuji PACS contract end dates (HDUHB contract end date: March 2025).

## Impact Assessment

Draft impact assessments have already been completed by the programme and will be reviewed throughout the procurement. Some aspects particularly related to the specific technical solution that is procured will not be able to be completed until the contract is awarded. Experts from the HBs and DHCW are supporting this work.

## Argymhelliad / Recommendation

The Board is asked to:

- **NOTE** the synopsis provided on the Outline Business Case setting out the need to invest in a RISP Programme to achieve the vision of a seamless end-to-end electronic solution that enables the Radiology service to deliver a high quality, safe and timely clinical imaging service for the patients of Wales.
- **APPROVE** the Outline Business Case in order for the Programme Team to proceed to procurement of the preferred solution and development of the Full Business Case.

## 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 Objectives Annual Report 2018-2019</a>	9. All HDdUHB Well-being Objectives apply

## Gwybodaeth Ychwanegol:

### Further Information:

Ar sail tystiolaeth: Evidence Base:	Contained with the Outline Business Case
Rhestr Termiau: 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:	Executive Team

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Detailed information is included within the Outline Business Case
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	The RISP Programme's vision is to achieve a seamless end-to-end electronic solution that enables the Radiology service to deliver a high quality, safe and timely clinical imaging service for the patients of Wales.
<b>Gweithlu:</b> <b>Workforce:</b>	Detailed information is included within the Outline Business Case
<b>Risg:</b> <b>Risk:</b>	Detailed information is included within the Outline Business Case
<b>Cyfreithiol:</b> <b>Legal:</b>	Detailed information is included within the Outline Business Case
<b>Enw Da:</b> <b>Reputational:</b>	Given that the current Picture Archiving & Communication System (PACS) contract supporting the delivery of the clinical radiology service in Wales is coming to the end of its tenure, the lack of a replacement system is a significant risk to patient care, and therefore would greatly affect the reputation of not only the Health Board but also NHS Wales.
<b>Gyfrinachedd:</b> <b>Privacy:</b>	Not Applicable
<b>Cydraddoldeb:</b> <b>Equality:</b>	An Equality Impact Assessment (EQIA) has been developed for the RISP Programme