

CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 May 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Operational Update and Progress Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Director of Operations Jill Paterson, Director of Primary Care, Community & Long Term Care
SWYDDOG ADRODD: REPORTING OFFICER:	Gareth Rees, Deputy Director of Operations

**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 report provides the Board with an update on the Operational Delivery team's progress against recovery plans which are built on the clinical delivery priorities set by the organisation for 2022/23. In addition, the report provides a wider and more general operational update and on this occasion only, sets out the governance arrangements that have been put in place in support of the broader operational delivery agenda, post COVID-19. It also provides context around Welsh Government expectations arising from periodic Integrated Quality Planning Delivery Review meetings.

The report picks up where the Chief Executive's Operational Update report presented to Board in March 2022 concluded.

Cefndir / Background

As the COVID-19 pandemic passes its second anniversary and the NHS learns how to adapt to working with the virus being a background feature of healthcare, the focus on service delivery is now entering a key phase of recovery, with significant energy and resource being directed into the key priorities as set by the Board.

The work of the operations directorate and its supporting management teams will invariably be involved in progressing each of the eight priorities set by the Board, and whilst some are under the full control and influence of the directorate, others are less so. Those in the first category are as follows:

- 1) Planned Care Recovery
- 2) Urgent and Emergency Care
- 3) Integrated Communities
- 4) Mental Health and Learning Disabilities
- 5) Vaccinations

Whilst progress updates will provide a continued focus on some of the priorities, others may be provided cyclically. Equally, some of the above will inherently be delivered through Health Board infrastructures exclusively, whilst others will require a composite approach, with support from the Integrated Executive Group (IEG). The IEG is a joint forum which brings together the Executives of the Health Board and the three Local Authorities, along with Regional Partnership Board (RPB) representatives.

Alongside a return to 'business as usual' activities, a focus remains on controlling the spread of residual and any future variants of COVID-19, and this continues to receive particular attention at this time. The changing landscape nationally on requirements for population testing has meant the role of the Health Board's modelling cell has been the subject of review. The review has concluded that, with such a change to the source of information identifying community incidence, much of the work it was involved with in producing models/forecasts is now largely redundant, as it lacks the requisite accuracy. Given this, and the fact that the Command Centre Dashboard provides a weekly insight of all that is required from a COVID-19 monitoring perspective, it has been agreed that the COVID-19 modelling work can for now be stood down. It follows that, in the event of a new coronavirus variant emerging, the work of the modelling group could recommence. All of the online analysis available from Health Board reporting dashboards will remain accessible for operational teams to review.

Operational Delivery Governance – Current Arrangements

Invariably, as the form and nature of clinical services provided by the Health Board adapts and changes, the governance arrangements that wrap around the operations directorate have also been reviewed and updated accordingly; building on the experience of the Gold, Silver Tactical and Bronze Command groups which have prevailed over the past two years.

The Gold, Silver Tactical and Bronze Command groups set up to support the rapid decision making required two years ago have now been largely stood down. A number remain in existence when viewed from a functional standpoint; however, for all intents and purposes, their business has been embedded into the directorate's substantive operational governance arrangements. As this is progressed, the governance arrangements for the operational arm of the organisation will remain under review to ensure their fitness for purpose, as the organisation further emerges from the pandemic.

The intention is that there will be an overarching Senior Operational Business Team (SOBT) meeting which draws together, from an operational perspective, quality, risk, performance, workforce and finance. This forum will provide a key escalation route for specific directorate delivery risks identified, and provide the opportunity to review progress against Board priorities through a multi-faceted lens encompassing all of the above domains.

Supporting the SOBT will be an Operational Planning and Delivery (OPDP) Group, and the Operational Quality, Safety and Experience Sub-Committee, which will ensure that the detail of planning objectives implementation and quality issues are appropriately monitored. The current Operational Planning and Delivery Programme Group will be strengthened in terms of membership, to include key corporate executive colleagues, with a strong programme management emphasis wrapped around the programmes of work.

Asesiad / Assessment

Against the key delivery priorities set by the Board, along with the broader system pressures that exist, the following is provided as an amplified update for this report.

COVID-19

The Chief Executive's report presented in March 2022 highlighted a fall in community infection rates, along with the numbers of in-patients in our hospitals with confirmed or suspected COVID-19. The profile reported indicated a previous position of 101 hospitalised infections which dropped to 59 in March 2022.

Compared with the figure reported in March 2022, the profile appears to have flattened, with hospitalised infection cases taken from data produced on 10th May 2022 showing a total of 53 hospitalised cases across Hywel Dda University Health Board sites. Since the last update to Board, the general trend taken weekly has consistently occupied a position in the range 40 – 60 hospitalised cases. However, the same taken a week later has highlighted a notable step down to fewer than 30 cases. The majority of these cases have also been found to be incidental to patient stays, as opposed to being a contributor to or principal reason for admission.

Likewise, care home pressures and the escalation position as at 10th May 2022 is indicating improvement, with fewer than 15% of homes (23 from 148) operating across the three counties in Red status. Whilst these cannot be interpreted as being in escalated status for COVID-19 reasons, there may be incidences where COVID-19 plays a part.

At the same time, five GP practices were showing level 4 Red status, whilst pharmacies in the same category numbered two with a further two also at level 5 (Black).

Whilst community incidence rates continue to fall, there is some indication that nationally, statuses being reported may not be wholly reflective of real circumstances, particularly as there has been a simultaneous change in testing regimes/protocols. Recognition of the impact of these variables is required when considering incidence rate trend data.

LONG COVID

Hywel Dda University Health Board's (HDdUHB) Long COVID integrated Multi-Disciplinary Team (MDT) service, operational since 21st October 2021, places the patient at the centre of care through a single point of referral and assessment to manage symptoms and rehabilitation. This approach improves integration of care across different services and avoids multiple referrals by coordinating information sharing to enable professionals to make quick decisions. Welsh Government funding for a further 12 months has facilitated continuation of the service with future modelling to manage key symptom areas informed by regular analysis of patient reported outcome measures.

The latest figures noting the number of referrals to the service are detailed below:

Long COVID MDT service (up to 29/04/2022):

Number of referrals: 282
Number of new patients contacts: 127
Number of follow-up contacts: 453
Total contacts (new and F/U): 580
Number of patients discharged: 35

VACCINATIONS

Vaccination remains a critical tool to enable the continued relaxation of the protective measures which have been in place since March 2020. Since the commencement of the COVID-19 vaccination programme, the Health Board has seen high uptake rates within all population priority groups, and continues to offer the current Spring Booster programme together with children's vaccines, and also ensuring no-one is left behind. Maintaining this pace alongside the vital programme of recovery and renewal will be challenging.

On 21st February 2022, the Joint Committee on Vaccination and Immunisation (JCVI) announced an initial spring booster campaign. Its guidance document ([Joint Committee on Vaccination and Immunisation \(JCVI\) statement on COVID-19 vaccinations in 2022: 21 February 2022 - GOV.UK \(www.gov.uk\)](#)) also sets out the JCVI's interim view that "an autumn 2022 programme of vaccination will be indicated for persons who are at higher risk of severe COVID-19".

There are also opportunities to build on learning from the COVID-19 vaccination programme and take further steps towards a more integrated approach across all immunisation programmes for our communities. Delivery of the COVID-19 vaccination programme in 2022/23 needs to be considered as a transition year, ideally moving towards a more fully integrated approach to immunisation and/or wider public population health that also takes account of future changes to Test, Trace, Protect arrangements, once these are announced, and is fully aligned to the National Immunisation Framework, as announced by Welsh Government on 24th February 2022 ([COVID-19 Vaccination Strategy for 2022 published | GOV.WALES](#)).

The children's vaccination programme remains available but uptake is slow. The Health Board will be refocussing its efforts to invite children once the spring booster programme is completed (anticipated June 2022).

UNSCHEDULED CARE SYSTEM PRESSURES

Emergency Department Attenders

The overall number of new attenders continues to increase, albeit at slightly lower levels to that experienced pre-pandemic in 2019. Notably, whilst self-presenters and ambulance arrivals are showing a reduction, healthcare professional referrals are increasing, as are the volume of patients in the over 75s cohort.

As a proxy indicator of patient acuity, the overall proportion of patients presenting to our EDs with more serious conditions (i.e. not those presenting with minor illness/injuries) has increased from 37% in April 2019 to near 50% in 2022. This is most notable at Glangwili and Witybush General Hospitals, whereas the position at Bronglais General Hospital has not changed significantly since 2019.

Emergency Admissions

The downward trajectory seen over several years in respect of emergency admissions has continued during and following the most recent waves of the pandemic. Conversely, however, the Health Board's cumulative bed occupancy has increased over the period, which is reflective of increasing lengths of stay exacerbated by challenges in patient discharge. Urgent and Emergency Care Policy Goals 5 & 6 will be focusing on measures to make improvements to length of stay and will form part of the policy goal transformation plans.

Escalation Patterns

This has led to a sustained period during which our hospital sites and community teams have been operating at the highest level of escalation, including one occasion in March 2022 as reported to the previous Public Board meeting, when Bronglais General Hospital temporarily escalated to Black status, due to the combined impact of capacity pressures, staffing deficits and a COVID outbreak across several wards. Learning from this escalation incident has been collated and shared with other site teams.

Ambulance Delays and Handover Data

Against this backdrop, ambulance handover delays have significantly increased, both across all Health Board sites and nationally. The handover performance has deteriorated to a point where the status is currently at a worst ever position for the Health Board as well as at an all Wales level. A national focus aimed at improving the position is already active and at the same time the Health Board is applying local influence, through collaboration with the Ambulance Emergency Medical Service (EMS).

In parallel with our broader Transforming Emergency & Urgent Care programme, designed to improve all aspects of our urgent and emergency care pathways, we have also jointly established an Ambulance Handover Improvement Operational Delivery Group (ODG) with the Welsh Ambulance Service Trust (WAST) to progress a range of improvement opportunities across the following areas:

1. Direct access for front line paramedics prior to conveying the patient to hospital;
 - Same day emergency care units – pilot commencing May 2022 for 9 weeks at Withybush General Hospital
 - Clinical advice either through utilising GPs sitting within the Health Board's intermediate care hubs or utilising WAST Advanced Paramedics working with local Health Board teams
 - Single point of contact for existing social care packages
2. Opportunity to utilise WAST Emergency Medical Technician posts (band 4) within emergency departments to relieve front door pressures – a task and finish group has been established to review and understand the opportunities.
3. Opportunity to commission a dedicated discharge vehicle to facilitate discharges from emergency departments – a task and finish group has been established to review demand and capacity and understand if there is a new need.

HEALTH BOARD RISK SUMMIT

Such have been the recent system pressures experienced, the Executive Director of Nursing, Quality & Patient Experience, together with the Executive Director of Operations, led a risk summit on 27th April 2022, at which system leads covering the three counties along with scheduled care were invited to discuss and explore the current system delivery risks, the majority of which were associated with patient safety and staffing, and to identify opportunities to deliver services in different ways so as to mitigate these. Discussions explored the removal of perceived barriers to doing so, and explored what support and assistance might facilitate innovation and change. A further session is being planned and will extend to our Local Authority partners, such that a more composite approach to county system oversight and improvement can be ascertained.

TRANSFORMING URGENT AND EMERGENCY CARE

The Six Goals framework provides the national policy context for key Ministerial priorities for Transforming Urgent and Emergency Care across Wales. These were formally launched on 27th April 2022 and a diary marker for a local launch event has been fixed for 16th June 2022.

The event on 16th June will affirm the Health Board's intention to continue to develop the 111 First/SDEC/Urgent Primary Care initiatives, as well as the development of the local 'Frailty Matters' programme. Local analysis of our hospital bed occupancy data has provided clear evidence that improving the pathway for this cohort of patients will have the greatest impact on the challenges faced in the urgent emergency care system. The Frailty Matters programme will drive improvement in our identification, assessment and treatment of patients diagnosed with frailty, so as to achieve best standards and practice in the management of care. The aims being a reduced length of stay and reduced bed occupancy for 80% of our hospitalised patient cohort.

Welsh Government has confirmed that funding is being made available to each Health Board to appoint both a programme and clinical lead who will oversee the urgent and emergency care programmes locally. It is anticipated that the Health Board will commence recruitment to these positions in June 2022. The Health Board's allocation to support the wider delivery of Transforming Urgent and Emergency Care amounts to £5.6 million, of which the Health Board will contribute 50% to match the allocation from the national programme. It is the intention locally that the transforming Urgent and Emergency Care programmes will effectively bring together delivery of the Ministerial priorities and A Healthier Mid and West Wales design assumptions into a complementary and unified delivery programme for improving urgent emergency care across Hywel Dda University Health Board.

PLANNED CARE RECOVERY

Elective operating has now recommenced at all four acute hospital sites with dedicated elective pathway beds provided at Prince Philip (orthopaedics and major cancer surgery), Withybush (general surgical and gynaecology) and Bronglais (orthopaedics, general surgery and gynaecology) hospitals. This has proved more challenging at Glangwili Hospital, with high priority ENT/Head & Neck Cancer pathway patients managed through a limited number of side rooms due to the overall unscheduled care demand on available beds.

Whilst positive progress was seen through March and April 2022, with an increase in overall surgical activity levels to 73% of pre-pandemic levels, capacity continues to be limited due staffing deficits and unscheduled care pressures on bed availability.

Progress with installation of the Modular Day Surgical Unit at Prince Philip Hospital continues, with the unit scheduled to open in early June 2022. Similarly, the redevelopment work to enable an expanded Cataract Day Surgical service at Amman Valley hospital is near completion. Both developments are being supported by targeted recruitment campaigns and will further increase overall capacity and activity during the remainder of Quarter 1.

In parallel, work is also continuing to further progress the transformation of outpatient service provision, with approximately 25% of current outpatient activity delivered via virtual platforms. Steady progress is also being achieved in the adoption of alternative delivery models to traditional clinic based follow-up care, with increasing utilisation of 'See on Symptom' (SoS) and 'Patient Initiated Follow Up' (PIFU) approaches, both of which release clinic capacity for priority patients.

With the recent launch of the Welsh Government Planned Care Recovery strategy and the supporting Ministerial Measures regarding outpatient and overall Referral to Treatment Time

(RTT) pathway waiting times during the remainder of this year and through to 2025, detailed planning continues to model likely timelines to recovery for both the remainder of 2022/23 and the longer term.

MENTAL HEALTH AND LEARNING DISABILITIES

A detailed progress report against Planning Objective 5G on our Transforming Mental Health and Transforming Learning Disabilities was presented to the Board in March 2022. This report included progress on plans to transform Child and Adolescent Mental Health Services (including autism and Attention Deficit Hyperactivity Disorder (ADHD) services). The report also addressed issues raised by the recent Healthcare Inspectorate Wales inspection as requested at the January 2022 Board meeting. Going forward, a further report will be taken to Board Seminar in June to enable a fuller discussion on service pressures. This will be followed by a 'deep dive' report to the July 2022 Public Board meeting.

Specialist Child and Adolescent Mental Health Services (SCAMHS)

A targeted Recovery Plan/trajectory has been agreed, to increase Part 1A&B performance by 40% (September 2022), with a longer term aim to attain 80% by March 2023. Continuing recruitment challenges and the need for staff to develop the requisite skills to undertake assessments means that the Recovery Plan implementation will likely take 12 months.

Recruitment challenges continue; however, we have successfully recruited 3 Band 6 Practitioners in May 2022, to add to the 2 recruited in April. Additionally 3 new Band 6 Practitioners in Primary Care have been recruited during April.

Services are introducing additional therapeutic group interventions to increase capacity to meet 28-day targets. Currently numbers of Do Not Attends, which is impacting on meeting the performance target, are being reviewed. Having commissioned Kooth in 2021 to provide digital counselling support to those on waiting lists, we are currently reviewing our use of other digital platforms to increase capacity.

Autism Spectrum Disorder (ASD)

Demand for assessment remains consistently high and has increased year on year, ranging from an average of 26 referrals per month in 2016, to 87 referrals per month in March 2022. Due to exponential demand, compounded by the impact of the pandemic, it continues to be exceptionally challenging to meet WG targets. All current posts have been successfully recruited to, which will provide additional capacity for diagnostic assessments. The Service Delivery Manager is reviewing all job plans to increase capacity for assessments. Specialist training is being arranged to enable all staff to be able to undertake National Institute for Health and Care Excellence (NICE) evidence-based diagnostic assessments. Process mapping of current systems and pathways is being undertaken to improve efficiency and reduce time to assessment. We are currently developing a procurement process to purchase dedicated support through an external organisation to assist waiting list management. The estate remains an issue and the service is currently trying to secure additional space to increase the number of assessments which can be undertaken.

Learning Disabilities (LD)

From 28th March 2022, an interim management structure has been implemented within the service to support the progression of the LD transformation programme through the provision of additional capacity. As a result, we are currently reviewing our community and inpatient provisions to determine future service requirements in line with the transformation agenda.

Vacancies remain an issue within the Community Teams, particularly in Pembrokeshire. Staff redeployed from our inpatient service continue to support acuity on mental health wards, which

has seen an increase in a targeted vaccination programme for LD patients. While we review our inpatient model, this cohort will work across community teams, health action teams and adult mental health inpatient areas.

Physiotherapy services are experiencing increasing waiting lists with subsequent breaches. This is in part due to clients returning to day services, who then require interventions.

Psychology and behaviour services are generally understaffed, with a number of vacancies in key senior positions, including 3 psychologists on maternity leave; other long-term sickness also creates pressure within the team. Contingency plans have been developed with psychology colleagues to mitigate risks and provide additional clinical supervision. As a result, criteria for eligibility has been temporarily tightened for new referrals.

Adult Mental Health

Community Mental Health Teams (CMHT) remain impacted by vacancies, particularly in the Pembrokeshire area. The use of agency staff has been agreed as a contingency. Recruitment continues for all areas carrying vacancies, with several recent appointments from outside the Health Board. Long term sickness rates have improved, however short-term sickness and COVID absences continue.

A twice daily 7-days a week bed management overview manages potential admissions, leave and discharges from the wards. Multi-agency membership includes in-patient, community and medical staff alongside St. John Ambulance, Local Authority partners and Police when required. Demand on inpatient beds remains high with 100% occupancy, with surge beds being used to ease pressures when needed.

The Section 136 (S136) Suite in Bryngofal is continuing, with a reduction in S136 detentions over the last quarter. A single point of contact for all S136 consultations has been established, which has greatly improved joint working with Dyfed Powys Police. This in turn has improved the consultation process, with patients diverted to assessment in a timelier manner and on a voluntary basis. Alternative Places of Safety continue in Ceredigion and Pembrokeshire, on occasion both have been impacted by current staffing pressures, however the contingency remains to maintain the Bryngofal service 24/7.

The Mental Health Single Point of Contact pilot is continuing, currently operating Monday to Wednesday 18.30 – 22.30 hours and Thursday 18.00 hours to midnight on Sunday. The service will be launched regionally with a targeted marketing campaign from mid-June 2022, with initial public facing operating hours of Monday to Sunday 09.00 hours – midnight. There will be a phased approach to 24/7 throughout the summer period as additional staff are recruited.

Welsh Government is currently agreeing sustainable funding to tender for a national Mental Health Conveyance scheme. In the interim, the pilot service operated by St. John Ambulance will continue. This service has greatly reduced staff and partnership organisations' time in having to provide transport to and from hospital settings and inter-hospital transfers, with over 300 conveyances being undertaken in Hywel Dda in the first 9 months.

Older Adult Mental Health

Occupancy rates in the Service are nearing 100% occupancy. There are periodic delays in discharges due to embargos in care homes. The lack of alternative and respite beds for Elderly Mentally Infirm (EMI) Nursing is putting pressure on wards to admit. CMHT staffing shortages (vacancies/non-COVID sickness) remain an issue. Memory Assessment Services (MAS) forecasting has been completed, however the trajectory is likely to be hindered by absences

and vacancies. Additional Formulation meetings have taken place through March and April to work through waiting lists. An ANP post is presently out to advert (fourth cycle). Contingency plans are in place, with cover being provided by the other 3 ANP's and interim medical support. Ceredigion CMHT (South) are still in temporary accommodation since being asked to vacate the Awel Deg site.

Psychological Therapies

Despite a number of targeted recruitment cycles, the service is still holding a number of vacancies in more specialist roles. Where recruitment is problematic, service areas are scoping alternative solutions such as additional training for current staff and changing posts to better meet needs. In modality areas with low staffing levels, work is being undertaken to include succession planning when reviewing recruitment options. The service is currently developing a specification to tender and purchase support from an external organisation to provide Cognitive Behavioural Therapy (CBT), to help manage waiting lists. Additionally the service is offering overtime to staff in some of the more problematic staffing areas, however there has been little uptake. Group therapeutic interventions are being piloted across a range of modalities, in order to achieve higher capacity for the offer of intervention appointments.

PRIMARY CARE

For the first time since the most recent changes to the delivery of Primary Care Services with the development of the new General Medical Services (GMS) contract in 2004, all four contractor professions have or are undergoing a period of contract change and reform. Whilst there is a rolling programme of reform and development for GMS, 2022 has seen considerable changes in the Community Pharmacy contract, signalling a move away from prescription dispensing to wider service delivery. Locally, work is being undertaken to look at the scope and provision of services through Community Pharmacies which will further enhance the ability for patients to access timely care close to home. The recent scale up and roll out of the Urinary Tract Infection (UTI) Test and Treat service, along with additional training for the Triage and Treat service has started to set a steady baseline for this development. For General Dental Services there has been an expansion of contract reform for 12 months, with a small percentage of practices opting to remain on an activity base (Units of Dental Activity) contract. Dental access for urgent care remains a challenge whilst we move through this reset period; however, a mobile dental unit which is being used as an additional fixed site premises for the Community Dental Service is, at present, assisting in meeting the demand for urgent access. Optometry contract reform is moving into negotiation during May 2022 with the aspiration that this will have concluded during the summer and will then move into an implementation phase. Whilst funding is always associated with contract reform, the extent to which contract change is funded is variable and there is, therefore, a potential risk to the Primary Care budgets depending on the final negotiated positions, which have not yet concluded.

Supporting sustainable service provision alongside developing services and contract reform remains a priority to ensure that appropriate and timely care is delivered to patients following the aspirations of the Primary Care Model for Wales. Work is ongoing to further progress the scale up and roll out of the GP-PA Development Programme, which will form part of a Primary Care workforce development group that includes pharmacy and practice nursing. The GP-PA (GP Physician's Assistant) programme was originally funded through the Pacesetter scheme. A development manager (qualified Physician's Assistant) is now in post and has developed a programme which allows for newly qualified PAs to work within HDdUHB to gain robust clinical experience, primarily in GMS but with selected elements in secondary care, with the anticipation that towards the end of the programme they will secure employment with one of the practices to which they have rotated. The first cohort are starting in Ceredigion and the

opportunities to fund a second cohort in another location are being explored. The Health Board has also employed a PA into one of the Managed Practices, with the expectation that further PAs will be recruited, aligned to the Primary Care Model for Wales. Whilst this individual is not part of the GP-PA development programme, opportunities for additional development are being considered and steps will be taken to ensure that they are part of the peer network, as one of the potential barriers to PAs working in General Practice is a lack of peer support.

WELSH GOVERNMENT INTEGRATED QUALITY PLANNING DELIVERY (IQPD) REVIEWS

Having recommenced in April 2022, the newly formed IQPD reviews essentially replace the former Quality and Delivery Review meetings which existed prior to the COVID pandemic. The updated focus being on delivery and performance at the first and second in each cycle of three, leaving the third to concentrate on IMTP and planning issues (effectively once per quarter).

The focus of the April meeting includes child and adolescent mental health services, maternity services, ambulance handover delays, cancer and progress on re-establishing planned care programmes.

ASSOCIATED SERVICES AND OTHER SPECIALTY AREAS

Sonographer Staffing Pressures

The Operational Planning and Delivery Programme Group (OPDP) has been receiving updates from the radiology team in relation to sonographer staffing challenges at Wthybush Hospital which are impacting negatively on inpatient and outpatient services, along with obstetric services. The most recent update (11th May 2022) describes the combined effect of sickness when added to an underlying long-term vacancy position. The situation is further exacerbated when the impact of hours lost as a result of training without adequate backfill is factored in. In general terms, the ultrasound department has a staffing establishment of 8.0 WTE with 4.6 WTE in post, with maternity leave, sickness and potential retirement further impacting.

To counter these impacts, a number of actions have been put in place to include:

- Referrals to other sites when capacity permits
- Transfer of staff from other sites when possible
- Redeployment of consultant radiologists engaged in reporting functions to carry out urgent scans, resulting in increased outsourcing reporting costs and delayed reporting timescales
- One sonographer has recently returned from long term sickness but has permanently reduced their hours
- A specialist musculoskeletal sonographer has been recruited for one day per month from 25th May on a locum contract
- An insourcing exercise is about to take place to test the market in order to insource an ultrasound service for the period of one year. Finance is yet to be secured
- Ongoing communications with key stakeholder service teams
- Antenatal Screening Wales growth scans have been reduced as far as possible during the pandemic and cannot be further reduced
- Two students have been identified as sources of support for Wthybush Hospital and will commence following qualification in July 2022. This will result in the ability to release a member of the general staff to train in the specialties of obstetric and general ultrasound, which takes two years to complete
- A range of associated measures each having indirect positive impacts on the situation at Wthybush Hospital have also been established
- Options to reduce elective backlog affected by this specialty are being explored and would be subject to additional funding.

It is expected that, once embedded, these measures will improve matters considerably, however the de-escalation of the situation in the medium term will be dependent on successfully insourcing an ultrasound service. A recent capacity and demand snapshot of ultrasound at Withybush Hospital has shown that scanning capacity has reduced over the past year due to staffing shortages and over the same period demand has increased. As a result and due to the inability to recruit presently, added to the length of time needed to train sonographers, the service will be unable to rely on the ultrasound service at Withybush Hospital meeting demand independently within the next 3 years and so there will be ongoing reliance on combinations of the mitigations listed.

Risk 1349 details the risk and the mitigations that have been put in place.

Digital Health Records

A long-term build-up of paper health records, and the storage pressures this has created over time, has been exacerbated by the two Government destruction embargoes which remain active. The product being demand for filing space significantly outstripping storage capacity particularly at the Health Board's central Llangennech store with the consequence of fire and health and safety risks to staff being escalated. Added to this, the Health Board has not made sufficient progress in its agenda to move to a paper light/paperless health record arrangement; however this was addressed in 2021/22 when dedicated resources were made available to support the beginning of a transformation journey which will culminate in the entire library being converted into a digital scanned format. To support the above, colleagues in IM&T have already purchased an electronic document management system (EDRMS) which will offer the platform for data storage and routine clinical accessibility. This is being presently commissioned and completion is expected in November 2022. It should be added that conversion to a scanned record format involves anything between 1.5 – 2 million records. Whilst clearly the immediate objective is a subset of a longer journey that will lead to a true Electronic Patient Record (EPR) resulting in little or no paper production whatsoever.

Aside from acquiring a leased facility to establish a scanning bureau, a specification for scanners is being prepared ahead of invitation to tender. Progress is also being made toward establishing a cohort of staff to form an in-house scanning team which has been designed to support the conversion from paper to digital of 30,000 new cases arising annually.

To conclude, a one-off revenue allocation in 2021/22 facilitated the conversion of 227,500 records into digital form which is expected to be completed in quarter three 2022/23. With approximately 20% of the total records being moved away from the Llangennech storage depot, the escalating fire and health and safety risks that have developed over time have almost been negated. The space created will facilitate pulling back of records held elsewhere in third party storage and hence further facilitate records control and progress toward digitisation over the remainder of this year. A further proposal for third party block scanning is being developed in anticipation of any financial slippage that may present.

Field Hospitals

The final site in the field hospital portfolio was returned to its owners on 29th April 2022, when Selwyn Samuel Centre (operationally referred to as Ysbyty Enfys Selwyn Samuel) was delivered back to Llanelli Town Council for use as an events centre and indoor bowling facility. Twenty-five months since original conversion and commissioning of the site into a field hospital facility, set up as part of a larger collaboration which eventually realised nine field hospitals spanning three counties, the site saw in-patient operational service between November 2020 and June 2021. The site and the staff who worked there have provided treatment and care to no less than 263 patients and this contributed to the avoidance of 3,824 bed days at existing

acute or community hospital settings. Since June 2021, the site has been used as a training venue and a base for the local acute response team, along with an outpatient facility for the lymphoedema service.

At this important point of closure of the final component of the field hospital programme, it is worth recalling that of the nine sites converted in readiness for the COVID-19 pandemic, three were involved in delivering in-patient support (Ysbyty Enfys Carreg Glas, Ysbyty Enfys Caerfyrddin and Ysbyty Enfys Selwyn Samuel) and cared for 381 patients avoiding 5,367 bed days which would otherwise have exerted additional bed pressures at the existing acute and community hospital settings local to those venues. It is also worth noting that in delivering in-patient care, the field hospitals and staff who worked at them contributed to a high degree of patient experience with zero complaints reported. The approach and management arrangements set up at Hywel Dda University Health Board were endorsed positively by the Healthcare Inspectorate Wales during their review between the first and second coronavirus waves.

In the broader context, a number of the remaining sites have been used to support mass vaccination along with providing accommodation for training support during times of accelerated staffing programmes during the pandemic; a feature that should not be overlooked. These achievements, a number of which indirectly supported the treatment of COVID patients, helped deal with an ever-changing COVID-19 landscape which would not have been possible without the sustained support of all three of the Health Board's Local Authority partners, the Llanelli Town Council and our private sector partners.

Liberty and Safeguarding Legislation

The Liberty Protection Safeguards (LPS) legislation was due to be implemented across Wales and England on 1st April 2022. Implementation was postponed until after the Code of Practice and associated regulations have been consulted on and changes made and laid before Parliament. A proposed 6 month pre-launch phase means that implementation is unlikely to occur before October 2023. The work required to prepare the Health Board for LPS will continue in the interim.

The 16 week consultation on the Code of Practice and Regulations is currently underway and a Hywel Dda UHB response is being coordinated by Madeleine Peters, Head of Consent and Mental Capacity. The response will be signed off by OPDP, prior to the 7th July 2022 submission date.

LPS will apply to inpatients who lack capacity, aged 16 and over within all our services, as well as those for whom the Health Board provides Continuing Health Care (CHC) funding. It will have significant implications for frontline staff, who will be required to undertake the three statutory assessments that are required in order to authorise a deprivation of liberty. To support this, Welsh Government has confirmed that LPS funding will be provided over the next three years, has issued an LPS Workforce and Training Strategy and commissioned the development of training resources for use by NHS organisations. The strategy will be used to assess workforce and training implications and requirements within the Health Board, in preparation for implementation.

Fire Safety Improvement Programme

The Health Board is managing a number of Fire Enforcement Notices (FENs) on both the Withybush and Glangwili General hospital sites. The delivery of the works necessary to comply with these Notices has been fully agreed with the Mid and West Wales Fire and Rescue Service (MWWFRS) and set out as a phased approach. The Health Board has agreed formal

delivery dates for all of these works, which align to the Health Board's Programme Management plans.

As part of this, the Health Board has established a good working relationship with Mid and West Wales Fire and Rescue Service, which has enabled true partnership working and, where necessary, has facilitated adjustments to agreed dates due to complexities of on-site works which were not previously foreseeable.

Works are progressing well and are currently scheduled for completion as follows:

Withybush Hospital

Advanced Works – accepted by MWWFRS as complete with formal notification to follow

Phase 1 Works – currently on site with completion programmed for January 2023

Phase 2 Works – Resource schedule approved and awaiting letter from WG to commence Business Case Process. Anticipated start early 2023 with completion 2025, subject to Business Case completion and WG capital support

Decant Ward – Business Case nearing completion. Currently programmed that decant ward will be available May 2023

Glangwili General Hospital

Advanced Works – accepted by MWWFRS as complete with formal notification to follow

Phase 1 Works – currently on site with completion programmed for April 2023

Phase 2 Works – currently developing resource schedule for Business Case. Programme suggests commencement on site April 2023 with completion April 2024 (to be confirmed).

All works and management plans are routinely agreed with MWWFRS and reported to the Health Board's Health & Safety Committee (HSC).

Argymhelliad / Recommendation

The Board is asked to **receive** the operational update and progress report.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

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

853 - Risk that Hywel Dda's response to COVID-19 will be insufficient to manage demand (Score 5)
854 - Risk that Hywel Dda's Response to COVID-19 will be larger than required for actual demand (Score 6)
855 - Risk that UHB's non-COVID-19 related services and support will not be given sufficient focus (Score 8)
Risk 1335 – Health Records (Risk score 12)
Risk 1349- Sonographer staffing at WGH (Risk score 20)

Safon(au) Gofal ac Iechyd:
Health and Care Standard(s):
[Hyperlink to NHS Wales Health & Care Standards](#)

All Health & Care Standards Apply

Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Included within the report
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:	Operational Planning and Delivery Programme Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Any financial impacts and considerations are identified in the report.
Ansawdd / Gofal Claf: Quality / Patient Care:	Any issues are identified in the report
Gweithlu: Workforce:	Any issues are identified in the report
Risg: Risk:	Consideration and focus on risk is inherent within the report. Sound system of internal control helps to ensure any risks are identified, assessed and managed.
Cyfreithiol: Legal:	Any issues are identified in the report
Enw Da: Reputational:	Any issues are identified in the report
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable