

**HYWEL DDA UNIVERSITY HEALTH BOARD'S
WRITTEN EVIDENCE
TO THE HEALTH, SOCIAL CARE & SPORT COMMITTEE**

Date of Submission: 3 July 2020

1. Hywel Dda University Health Board (the Health Board) welcomes the opportunity to contribute to the Health, Social Care and Sport Committee's inquiry into the impact of COVID-19 on services.
2. The Health Board is submitting this written evidence in advance of its attendance at the Committee meeting on 10 July 2020.
3. Maria Battle (Chair), Steve Moore (Chief Executive) and Andrew Carruthers (Chief Operating Officer) will attend the meeting (virtually) to respond to the Committee's questions.

About the Organisation

4. The Health Board is responsible for the health and well-being of its resident population and plans, provides and oversees delivery of NHS healthcare services for people in Carmarthenshire, Ceredigion, Pembrokeshire and its bordering counties. Our 11,000 members of staff provide primary, community, in-hospital, mental health and learning disabilities services for around 384,000 people across a quarter of the landmass of Wales. We do this in partnership with our three Local Authorities and public, private and third sector colleagues, including our volunteers.

An Overview of Our Response to the COVID-19 Pandemic

5. The emergence of the COVID-19 pandemic is a once in a century event which has presented challenges that the NHS has never had to face in its 72 year history. As the Chair and CEO of Hywel Dda we have been inspired, moved and filled with huge pride witnessing how our staff have responded. At every level of the organisation and in every area, we have seen wonderful acts of courage, determination and creativity at a time when many of us faced personal and professional anxiety about what was coming. We all watched the images coming out of Italy and Spain with a mix of trepidation and determination to do our very best for our local populations and our colleagues working alongside us in Hywel Dda University Health Board. We are both also very grateful for the support and leadership provided by our Local Authority partners who have helped us move at remarkable pace to care for our local population. All of this would have been severely tested, however, if our local population had not shown such strong solidarity with their local health and care services. Without their generous offers of help, vocal support and adherence to lockdown guidance we would not have been so successful in rising to the challenge.
6. Since the beginning of March the degree of change implemented across our services has been remarkable – we have implemented changes and introduced new ways of

working in a matter of days and weeks that may have taken months or years in more normal times and many of these changes will be here for the long term. At the earliest stage of planning, our aim has been to stay one step ahead of the curve. We were the first Health Board to establish Coronavirus Testing Units in February 2020, the first to develop specifications for field hospital design in February 2020, the first to develop a care and residential home escalation and support framework in March 2020 and the first to re-establish recording and live-streaming public board meetings from our May 2020 meeting onwards. This was all based on a clear command structure, on-going board and committee oversight and being open and transparent with our population.

7. In that initial stage (March 2020), the Health Board's planning was based on the Reasonable Worst Case (RWC) scenario forecasts for our population of 80% of the population becoming infected, mitigated by 66% (RWC -66%) due to the expected impact on social distancing and other measures. The RWC -66% model was constructed from the Imperial College London model prior to the additional 'lock down' announced on Monday 23rd March 2020. This model predicted a significant peak in demand for both beds and Intensive care units (ICU) demand which would exceed our capacity by a large degree.
8. As a first step, and in line with Welsh Government guidance, the Health Board suspended all non-urgent elective activity on the 13th March, allowing time and space for hospitals to reconfigure themselves, train staff and develop field hospital plans.
9. The Health Board moved at pace to establish a clear command structure, with roles and responsibilities set out for all involved. This established the governance arrangements at an early stage in our response that carried us through the initial crisis and into the current quarterly planning phase. In addition, gold level cells in the key areas of personal protective equipment (PPE) supply and COVID-19 demand modelling were established in March 2020 with additional cells - Public Health/Test Trace and Protect (TPP) Response and Social Distancing - established more recently. The statutory Committees of the Board have continued to meet virtually throughout this period to scrutinise and seek assurance on the Health Board's response to COVID 19. There has been an increased focus and strengthening on quality and safety governance arrangements with additional quality and safety meetings and additional reviews and deep dive activity undertaken.
10. The Health Board has also established an Ethics Panel as part of its command structure to guide our decision-making. This panel has met regularly since March 2020 and provided important guidance and advice to clinicians and the Board on areas such as the risks/benefits of GP visits to Care Homes, managing scarce critical care resources and the supply of equipment to other Health Boards.
11. In this early response phase, we built nine Field Hospitals, opened testing capacity across our area, reconfigured the four existing hospitals into red and green zones,

recruited almost 1000 additional staff in just weeks and rolled out software to enable virtual and home working.

12. Thankfully, our first peak was far below the level initially forecast and we have since been focusing our efforts on embedding the changes necessary to provide services whilst COVID-19 continues to circulate. Due to COVID-19 continuing to circulate in our community, we are taking a cautious approach to restoring/expanding those other services that were curtailed in the initial response phase. As such the Health Board has been developing its plans in accordance with The NHS Wales Operating Framework for Quarters 1 and 2 2020/21, outlining the need to maintain essential services and retain flexibility and adaptability to changes in community transmission rates of COVID-19.

Other Elements of Our Response

13. **PPE and Infection Prevention & Control (IP&C)** - Considerable work has been undertaken to ensure that the Health Board is in a stable position in respect of PPE. A demand management and logistics review has helped to ensure that all Health Board staff have access to the PPE they require in a timely manner, and we have been providing our staff with a weekly status report on stock levels for some time to provide assurance and confidence in supply levels. When necessary we sourced and quality assured PPE from local suppliers. We continue to work closely with Local Authorities, care providers and independent contractors to manage supplies and provide these when needed.
14. The Health Board PPE cell included representatives from across the region including local authority colleagues from all three counties to support a consistent approach to implementation of rapidly changing PPE guidelines. All service areas were represented at the PPE cell including contractor professions through an identified Health Board lead with responsibilities for primary care, community dentistry, community pharmacy and optometry. This approach ensured that issues and concerns voiced by any service area could quickly be understood and responded to. A review of the quality of PPE made available to primary care, following early concerns, which have been resolved, has also been undertaken. The Health Board PPE lead has also engaged in the national PPE cell. The Health Board IPC team has also worked very closely with LA PPE leads to ensure staff in care homes have the necessary advice and training made available to support safe care in all settings.
15. **Test Trace Protect (TTP)** - The Health Board takes its obligation to implement the Welsh Government's Test, Trace, and Protect strategy seriously and has worked in partnership with our three Local Authorities, and Public Health Wales to implement a plan for the population of West Wales. Our contact tracing service, supported by a robust sampling and testing strategy to protect our population became operational from 1st June 2020 Our plan aims to:

- Test symptomatic individuals whilst isolating from family, friends and the community
 - Trace individuals who have been in close contact with symptomatic or confirmed cases who then self-isolate
 - Protect others, particularly the vulnerable through advice & guidance and provision of rapid test results
16. The Health Board has a dedicated Gold Public Health Cell, as well as task and finish groups, to provide high-level ownership and a command and control structure to co-ordinate this important part of our response. Across the partnership, the Regional Oversight Group supports the co-ordinated efforts of operational Contact Tracing and Advice Teams within Local Authorities and the Health Board's Regional Response Cell to enable a swift response to all new cases however complex, along with system wide surveillance to enable an early warning system to identify potential clusters of infection and employ immediate and appropriate control measures. We have worked effectively at re-deploying our workforce to manage our response across different phases of testing and tracing, as well as with partners in the Local Resilience Forum, particularly our three local authorities.
17. **Community Testing** - The Health Board was the first organisation in Wales to open Coronavirus Testing Units (CTUs) and the first in the UK to establish a drive through phlebotomy antibody testing service at a Population Sampling Centre on 16 June 2020. The Health Board has also allocated some of its CTU capacity for antibody testing, this is available due to the low prevalence of individuals presenting with COVID symptoms currently (and hence lower demand for antigen testing), however it cannot be guaranteed long term. The preferred model going forward for our populations in parts of Pembrokeshire and Ceredigion would be to establish two mobile units to conduct antibody testing for the populations in these areas to improve accessibility and efficiency. We are aware that this model could also provide further efficiencies if the models were to be developed in collaboration with Primary Care.
18. In respect of antigen testing, the Health Board has established 5 Coronavirus Testing Units (CTUs) and coordinates the tests including any symptomatic critical staff, unpaid carers or members of the public, through its Command Centre. We also offer testing to asymptomatic individuals e.g. pre-operative patients and critical workers such as police and ambulance staff on request.
19. **Care for Our Staff** - Supporting the health and well-being of our staff, and maintaining clear communications, has been a key element of our response. From the outset we set up a central hub of information where advice and resources on how to sustain mental wellbeing and resilience during the pandemic could be accessed. Rapid psychological check-in sessions were set up for staff and for managers to share concerns, seek advice and support about team wellbeing, managing staff mental

health or sustaining their own emotional wellbeing as a leaders. Face to face clinical health psychological support was provided for our critical care staff and those working in COVID-19 areas learning from our colleagues in Italy. Based on the experience in China we set up calm rooms or cwtchs in our hospitals and the community for staff to emotionally reconnect, contact family and have a break with refreshments, toiletries and iPads with relaxing apps. Rainbow cards with details of the support available where distributed across the UHB. We enabled staff to access quickly funds generously donated by the public to support their wellbeing. We extended our staff wellbeing support to care and nursing home staff in Hywel Dda.

20. A closed Facebook page has been established to provide a fast means of communication, particularly for those staff working from home. Video-logs by members of the Executive Team have enabled the sharing of more personal and accessible updates on the work of the Health Board which has helped engender a sense of connection between staff and the senior team. These have also been made available on internal staff communication platforms, including daily updates, and a central resource on the Intranet for up-to-date guidance. Regular meetings are in place between the Executive Director of Workforce and OD the Trade Union representatives where feedback, concerns and questions can be responded to on a real time basis.
21. **Communication and Engagement** - We have also prioritised on-going and regular communication with local partners. The Chair and Chief Executive hold weekly virtual update meetings with Local Authority Chief Executives and Leaders, local MPs and MSs, and on alternate weeks with the Community Health Council (CHC) and Independent Members. These meetings have proved invaluable to coordinate our work, share the latest information and address concerns from our local population and partners.
22. **Command Centre** - In early March 2020, a Command Centre was set up to manage all incoming and outgoing communications as well as the local testing process. This has proved to be a highly effective hub which has been popular with staff, Local Authority partners and the general public. A daily dashboard is provided to Board members via the Command Centre, which facilitates near real-time tracking of key indicators to enable visibility up to the Board of the impact of COVID 19 as well as highlighting critical service issues.

Specific Operational Changes Implemented to Date

23. For a number of operational areas, services continued throughout the COVID-19 pandemic with the following impact on routine delivery as a result of the outbreak.
24. **Planned Care, Delayed Outpatients and Diagnostics** - the impact on routine delivery in Planned Care, Outpatients and Diagnostics as a result of the outbreak has been the cancellation of all non-urgent work. This does not include life threatening cancer and

other urgent surgery, urgent sight threatening ophthalmology care, urgent endoscopy and urgent outpatient appointments (such as for fractures and other unscheduled care). In terms of Radiology, whilst urgent and suspected cancer work has been maintained, some aerosol generating procedures (AGPs) have changed to alternative imaging. Imaging capacity has also significantly reduced due to the infection control procedures required and red/green patients on all sites, with changes in service delivery made by altering staffing rotas.

25. The measures that have been put in place to manage the necessary changes made to services during this time include private hospital capacity arrangements, which remain in place to support acute services due to the cancellation of non-urgent clinics. Outpatient and treatment services for Urgent Suspected Cancer and other urgent patients for General Surgery, Colorectal, Breast, Urology, Gynaecology and Ophthalmology have also continued. All outpatient face to face appointments have been clinically reviewed with a view that the majority of the work being delivered virtually in order to minimise face to face contact. All Endoscopy units have returned to function on all sites with a clinically led validation programme supported by Fecal Immunochemical Test (FIT) testing, however capacity will be reduced due to the aerosol generating nature of the procedures.
26. The additional measures we are putting in place to resume normal service delivery include streaming patient flows using patient shielding before elective admission and testing in order that COVID-19-positive and COVID-19-negative pathways are maintained as far as possible. All standard operating procedures for surgical services, operating theatres and critical care have been reviewed and adjusted as necessary to allow for a cautious approach to restarting elective services. Surgical, anaesthetic and theatre rotas are being reorganised in order that those teams undertaking elective work are separate to those undertaking emergency and on call work.
27. Prior to the pandemic, the Health Board was on track to deliver its aim of having no patients waiting for more than 36 weeks for elective care. This would have been the second year this had been achieved. As a result of the cancellation of all routine care, the numbers waiting over 36 weeks has grown significantly over the past 4 months underlining the importance of re-establishing these services albeit cautiously over the coming months.
28. **Therapies** - In terms of the impact on routine delivery within Therapies because of the outbreak, there has been a specific negative impact for Physiotherapy and Podiatry waiting times as these are a physical hands on modality, with clinical activity limited to urgent/high risk patients as per the Welsh Government guidance. Other therapy services have continued with significant elements of their activity delivered remotely using digital interface. Speech & Language referrals have reduced, particularly in relation to education referrals.
29. In terms of the measures put in place to manage the necessary changes made to services during this time, all therapy services have undertaken telephone

consultations to ensure high risk and vulnerable service users are supported remotely, with telephone consultations now being routinely used, where appropriate, in place of a face to face consultation. In addition, the Clinical Musculoskeletal Assessment & Treatment (CMAT) Physiotherapy service has gone live trialing the 'Attend Anywhere' digital platform for consultations, with expansion into Dietetics and Podiatry as part of the CMATs pilot.

30. In terms of the measures put in place to resume normal service delivery, all therapy services are developing plans that outline how to resume prioritised clinical and therapeutic activity in a safe, efficient and sustainable way, taking account of staffing, environment and equipment needs. In addition, services are identifying new ways of working that are currently in place to continue to support reset planning, and ensuring therapy services continue to support scheduled and unscheduled care pathways, together with exploration of digital solutions to address challenging areas e.g. where group therapy classes would be previously delivered, e.g. Pulmonary Rehabilitation.
31. **Cancer Services** In terms of the impact on routine delivery within Cancer services as a result of the outbreak, non-urgent diagnostic investigations have been deferred with urgent and cancer-related diagnostic investigations receiving priority. There has also been a suspension of local surgery for those patients requiring High Dependency Unit (HDU)/ Intensive Care Unit (ITU) support post operatively, with appropriate patients receiving operations in Glangwili General Hospital (GGH) as necessary. As per the Wales Bowel Cancer Initiative, FIT10 screening has been introduced in the management of urgent suspected cancer patients on the colorectal pathway as an alternative, due to the current restrictions on the normal diagnostic pathways. Although urgent and urgent suspected cancer imaging investigations are undertaken, these have been reduced to those within the parameters offered by national clinical guidance for certain aerosol generating procedures, with bronchoscopies limited in line with national guidance.
32. In terms of the measures put in place to manage the necessary changes made to services during this time, new ways of working have been introduced. As per the 6 levels of Systemic Anti-Cancer Therapy (SACT), all levels are still currently being treated across the Health Board. Werndale Hospital has been commissioned to support cancer outpatient and surgical pathways, and joint working has been progressed with regional multi-disciplinary teams for tertiary centre surgeons to provide outreach surgery in Gynaecology and Urology. Major cancer surgery has continued during the whole period at GGH for those patients who have required it.
33. Between March and May 2020, the Health Board has seen a 49% reduction of urgent suspected cancer referrals when compared with the same time period the previous year, with the greatest reduction in both head and neck 64.7% and skin 61.5%. With the exception of haematology and breast, referrals in the majority of pathways have also shown a significant reduction.

34. In recognition of the reduction in referrals, we have looked to proactively engage with the local population and community, using national communication lines reinforcing that our services continue to remain open. This has been supported by direct messaging from our lead Consultant for Cancer services encouraging those with symptoms to come forward as early as possible. Since May 2020, referrals have started to increase.
35. In terms of the measures put in place to resume normal service delivery, plans are in place for the:
- a) Reintroduction of elective cancer care for those patients who do not meet the criteria for Werndale Hospital or require HDU/ITU support in GGH. This commenced on 30 April 2020 with an additional operating list per week reinstated in GGH;
 - b) High acuity cancer surgery has commenced in Prince Philip Hospital (PPH), Withybush General Hospital (WGH) and Bronglais General Hospital (BGH);
 - c) Recommencement of the bronchoscopy service in PPH on 11 May 2020; and
 - d) Endoscopy services have been reinstated for cancer patients across all sites (phased approach commenced on 18 May at PPH with other sites following pending completion of logistical changes to Red/Green zones).
36. **Unscheduled Care** - in order to establish separate Red and Green flows, Emergency Departments (EDs) have been redesigned on all four sites.
37. As a result, unscheduled care provision has continued to be provided on each site for the whole period. We saw a significant decline in attendances and admissions for non-COVID-19 emergencies in the early stages of the pandemic although this is returning to more normal levels.
38. **Mental Health (Adult/Older Adults)**- this service has continued to provide a full range of services throughout the pandemic response, although most face to face sessions have been stood down with telephone and video assessments taking place where required. Admission to inpatient beds are being managed, albeit on reduced bed numbers, due to the need for social distancing and introduction of red/green areas. In terms of impact on referrals to the services, and admissions, comparing average figures between 2019/20 and April/May 2020:
- a) **Adult Mental Health Services** – significant reduction in referrals (49.9% for Adult Community Mental Health Team (CMHT) referrals; 66.4% for Adult Local Primary Mental Health Support Services referrals; 25.2% for Crisis Resolution Home Treatment (CRHT) referrals), together with a significant reduction in admissions (-12% for Adult admissions) with a 38.6% reduction in occupancy.
 - b) **Older Adult Mental Health** - significant reduction in referrals of 61.4%, together with a reduction in admissions (3.8%) with a 25.3% reduction in occupancy.
39. In terms of the measures put in place to provide services in new ways during this time, we have:

- a) Co-located CMHT and CRHT teams to ensure service continuity over 7 day period and extended operating hours.
- b) Developed Emergency Single Point of Contact and Liaison Service to manage assessments, and divert from District General Hospital (DGH) sites.
- c) Centralised s.136 suite (The 136 suite is a place of safety for those who have been detained under Section 136 of the Mental Health Act by the police following concerns that they are suffering from a mental disorder) and development of Place of Safety in Pembrokeshire and Ceredigion to reduce conveyancing.
- d) Ensured CMHTs are working with pharmacists to provide medication and blood testing effectively.
- e) Commissioned third sector services adapted to provide telecare and support virtually to maintain prevention activity.
- f) Ensured that discharged patients from Local Primary Mental Health Support Services (LPMHSS) are able to return to service without GP referral.
- g) Brought together the Memory Assessment Service with the Older Adult CMHT to ensure service continuity over 7-day period.
- h) Developed guidance to support staff and residents to remain safe in Care Homes, with staff working alongside the Long Term Care teams to support staff resilience.

40. **Mental Health (Specialist Child and Mental Health Services Crisis S-CAMHS)** - Again, although face to face sessions have been significantly reduced, telephone and video assessments are taking place where required. Autism Spectrum Disorder services have undertaken telephone assessments on high priority cases i.e. those who are transitioning to secondary school or approaching 18 (circa 40 assessments). Specialist Child and Mental Health Services Crisis teams have continued face to face contact with all cases classified as high risk, and the Early Intervention in Psychosis (EIP) Service moved to 7-day working as it was identified as a high risk/vulnerable group. In terms of impact on referrals to the services, and admissions, comparing average figures between 2019/20 and April/May 2020, referrals have reduced significantly (a difference of -52.4%) with a -14.5% difference in CAMHS ASD admissions together with a 56.3% reduction in Adult ASD occupancy.

41. **Mental Health (Intensive Psychological Therapies Service (IPTS)/Psychology Services)** - In terms of IPTS/Psychology Services, all service users waiting for a psychological assessment have been risk assessed and those high risk have received continued telephone support. There is also continued contact with all clients on the waiting list on a 12-week basis. In terms of the impact, again comparing average figures between 2019/20 and April/May 2020, referrals have reduced significantly with a difference of 57.8%.

42. In terms of the measures put in place to manage the necessary changes to services during this time, Dialectical Behaviour Therapy (DBT) team has continued face-to-face working for high-risk cases where risk assessment indicates they need ongoing support.

43. **Mental Health (Attention Deficit Hyperactivity Disorder ADHD)** - In terms of the impact on Mental Health services as a result of the outbreak, no face-to-face clinics been undertaken since the end of March 2020. Where suitable, assessments have continued by telephone. COVID-19 has had a negative impact on performance for psychological waits.
44. In terms of the measures put in place to manage the necessary changes made to services during this time, Mental Health services have processed new referrals, by sending parents/guardians a position letter highlighting that there are no face-to-face clinics and signposting them to other agencies/resources for support (e.g. Team around the Family, ADHD foundation), with anyone with an urgent concern or emergency advised to contact their GP. New ways of working include increasing the number of telephone assessments undertaken and piloting 'Attend Anywhere' as an alternative platform to deliver services.
45. In terms of the measures put in place to resume normal service delivery, Neurodevelopment ADHD services are trialling virtual platforms to re-commence follow up and new appointments. Psychological services are actively recruiting suitably skilled additional staff and a rolling rota for staff to be in work and work from home has been established. A date to resume face to face activities has also been established and the service will continue to see patients with a mixture of face to face/telephone assessments and therapy interventions. In addition, suitable accommodation is being identified for the delivery of face to face interventions that comply with social distancing.
46. **Mental Health (Community Drug & Alcohol Team)** - Again, although face to face sessions have been significantly reduced, telephone and video assessments are taking place where required and waiting lists have been developed, where appropriate. In terms of the impact, again comparing average figures between 2019/20 and April/May 2020, referrals have reduced significantly with a difference of -36%.
47. Other actions taken to ensure services are maintained include:
- a) The service is working with pharmacists to ensure that prescribing can continue as usual.
 - b) A desktop review of cases has been undertaken to maintain support for high-risk patients.
 - c) Existing pathways and protocols have been maintained for referrals and assessments, albeit undertaken virtually.
48. **Delayed Transfers of Care** - In the early stages of the pandemic, the Health Board saw a significant reduction in delayed transfers of care due to the huge effort by our Local Authorities and patients' families to help clear beds in readiness for a surge in COVID-19 admissions. Historically patient flow has been compromised by a high number of patients deemed medically optimised by clinicians. These patients are invariably frail and have complex care and support requirements on discharge, requiring assessments by multiple agencies and their associated professionals to determine these requirements and support discharge home. Further, these patients' transfer

home was sometimes delayed due to challenges related to domiciliary and care home (nursing and social care) availability. These high numbers of medically optimised patients was significantly reduced in the early stages of the pandemic due to the following:

- Welsh Government guidance enabling the Health Board to streamline and expedite assessments for formal care and support which includes the 'Home of Choice' policy
- Families choosing to take different decisions in relation to care provision for example families understood the need to facilitate swift discharge from the acute hospital and they were happy to provide care themselves rather than expose their vulnerable family member to the risks of transmission. The latter 'released' care availability for others who needed it to support discharge.
- Local Authorities supported the provision of additional capacity in care homes to support further assessment at home not in hospital

49. **General Medical Services (GMS)** - there has been continued provision of all essential services. National and Local Enhanced Service provision is aligned with national guidance on Directed Enhanced Services, with changes made in terms of access to GP practices.

50. The measures put in place to manage the necessary changes to services during this time include Enhanced Services provided at individual clinical discretion with E-Consult rolled out and in use in 85% of practices. The speed and scale of the roll out of this is a testament to how strongly local practices have risen to the challenges facing them and their desire to ensure Primary Care remained accessible throughout the pandemic.

51. In terms of the measures put in place to resume normal service delivery, plans are in place to support the reset programme, with a checklist developed to assist practices in ensuring the safe delivery of services, including guidance issued to GP Practices to assist in resetting Long Term Condition management safely and to protect vulnerable groups. FAQs are being developed for patients on access and the "new normal" within General Practice. Local Enhanced Services are being reviewed to offer flexibility on service provision e.g. remote consultation. Guidance on the management of long term conditions has also been issued.

52. A revised Care Home Direct Enhanced Service has been issued to Practices to commence from 1 July 2020.

53. **Community Pharmacy** - there has been continued provision of all essential services, albeit with changes in access to manage patient flow. There has however been cessation of certain enhanced services where face to face contact is essential or there is a potential for aerosol generating procedures.

54. In terms of the measures put in place to manage the necessary changes to services during this time, community pharmacies have been supported in amending their

opening hours to manage the increase in work at the peak of the pandemic, and funding made available to support community pharmacies for additional staffing.

55. Capacity to provide Monitored Dosage System (MDS) has been obtained from all pharmacies to support discharge of patients who need care packages from Local Authorities.
56. Provision of Emergency Supply of Medication, Emergency Contraception and Common Ailments Service are still in place with a move towards increased telephone consultations.
57. In terms of the measures put in place to resume normal service delivery, plans are in place to support the reset programme, with a checklist to support this. Supplies of PPE and FFP3 have been provided, as appropriate (to support the flu programme), and frequently asked questions (FAQs) have been developed to support access to Community Pharmacy services whilst recognising the need for social distancing.
58. **Dental Services** - services have been limited to urgent service provision only, with orthodontic services suspended due to concerns over aerosol generating procedures. Child General Anesthesia service has also been suspended due to concerns over aerosol generating procedures.
59. A number of measures were put in place to manage the necessary changes to services during this time, there has been establishment of Urgent Dental Care provision via the Community Dental Service, and Specialist Minor Oral Surgery service has been brought in house to continue to provide care to urgent cases.
60. In terms of the measures put in place to resume normal service delivery, a reset programme is in place, and expressions of interest sought to support the networked development of Urgent Dental Care with three General Dental Practices brought on line at the end of May 2020. A rolling programme of fit testing and supply of FFP3 is in place to support aerosol generating procedures provision. National guidance is currently awaited on orthodontic service re-establishment. There is the potential to provide FFP3 to the Child general anaesthesia service provider to reinstate service provision and FAQs are being developed for patients alongside the provision of appropriate PPE. A checklist is also being developed to assist in managing/assuring on social distancing measures in place.
61. **Optometry Services** -only urgent optometry services have been provided during the pandemic.
62. In terms of the measures put in place to manage the necessary changes to services during this time, red and green sites have been identified and are operational, with a domiciliary service established. Pathways for access to more specialist care in Optometric practices have also been put in place.

63. An all Wales acute eye care telephone advice line has been agreed through the Health Board Low Vision Service.
64. Four acute eye care hubs have been established, treating and managing acute eye care problems which would previously have required a referral into secondary care. 400 patient have been seen during Quarter 1 with 88% managed within the service with no onward referral.
65. In terms of the measures put in place to resume normal service delivery, FAQs are being developed for patients, together with a checklist to assist in managing/assuring on social distancing measures in place. A proposal to extend the continuation of provision of specialist services is to be considered alongside the provision of appropriate PPE.
66. **Care Homes** - the Health Board has built on a strong foundation of integrated working across the region with our social care partners to develop an escalation tool, regarded as best practice for adoption across Wales, for the support and management of the care home sector during the COVID-19 pandemic period which was approved on 20th May 2020, however had been operationalised since April 2020. This enabled partner organisations to identify early, respond to outbreaks within the sector, and put in place appropriate measures according to the level of pressure identified in the care home risk assessment to safeguard residents and staff.
67. The Health Board was well advanced in responding to testing of symptomatic individuals within care homes be this staff or residents. Subsequent to this on 16th May 2020, Welsh Government then issued guidance to test all care homes whether they were symptomatic or asymptomatic in a fast and enhanced way in a short timescale. The Health responded by creating a focused team, who undertook this process in accordance with the guidance by developing a clear plan which was implemented within a four week period. This involved undertaking over 10,000 tests in this four week period, ensuring the ability to actively respond to any indication of an outbreak and support the care home business and identify any need for intervention. During the testing phase, the Health Board team also took the opportunity of providing training and development for care home staff in outbreak preparedness, PPE and infection prevention and control. In addition, weekly skype calls to support resident assessment and review and for Matrons/Home Managers to support training but also importantly a forum for Care Homes to share their experiences and provide peer support were undertaken. A care home daily sitrep and escalation report was developed and multi-disciplinary team working in care management was strengthened.
68. On an ongoing basis however, regardless of whether or not a care home has experienced an outbreak, the Health Board continues to provide a level of support and monitoring across all of our care homes.
69. **Smoking Cessation** - in terms of the impact on smoking cessation as a result of the outbreak, all consultations are now provided via telephone. Smokers are no longer

carbon monoxide validated at 4 weeks post quit date due to the potential risk of COVID-19 transmission in exhaled air. Medical Humanities Research Centre (MHRC) approval was received to supply Nicotine Replacement Therapy via the post in case of any issues with access to community pharmacies and supply; however, this has yet to be fully implemented. Following the transfer of Stop Smoking Wales staff from Public Health Wales to the Health Board, a new integrated smoking cessation service has been created to provide continuity of care across secondary care, primary care and community.

70. In terms of the measures put in place to resume normal service delivery, an evaluation of the telephone support has been undertaken, and the service is currently looking at opportunities to provide group support via a digital platform such as Microsoft Teams and focus on condition specific groups that can provide additional peer support. The service continues to implement the Wellbeing/Health Coach model, and to undertake research to understand the impact of COVID-19 on smoking behaviour.
71. **Workforce - Staff psychological wellbeing service** -traditional staff support services were reviewed and strengthened and a Staff Psychological Wellbeing Plan was developed to respond to COVID-19. As the pandemic progressed we have reassessed the plan following feedback from staff experiences and the plan was further updated to meet need June 2020 This will continue to be adapted to ensure any long term effects on staff are managed to the best of our ability.
72. **Workforce - Learning and Development** - activity within the Learning and Development Department was altered from the delivery of standard training programmes to ones specifically linked to skilling the new and existing workforce for the roles they would need to undertake throughout COVID-19. In addition to a change in education requirements, there was also a need to change practice to reduce the risk of spreading the virus. Further reviews of training provision are being undertaken to support on line learning to sustain provision in line with social distancing guidelines.
73. **Workforce - Staff health - the** Occupational Health team have supported the workforce during this difficult period, in particular supporting individuals with regards to COVID-19 testing, pregnancy risk assessments and risk assessments for the BAME (Black, Asian & Minority Ethnic) workforce. The team have changed service provision to provide virtual clinics, telephone advice and support and have been core to the staff command centre linked to staff testing. Managers have been asked to support staff to continue mandatory training, with online mandatory fire safety training now available on ESR. The Occupational Development (OD) team have issued communications reiterating the need for continued performance conversations and yearly PADRs, and highlighting how these conversations support staff wellbeing.

74. **Workforce - Volunteers** – Some of the Health Boards regular volunteers understandably due to personal circumstances withdrew from service as a result of COVID-19. However, we also received an overwhelming number of individuals expressing an interest to volunteer within the services. Risk assessments were undertaken of roles, which would be suitable for volunteers to be deployed within, and these included transporting equipment/staff, check and chat volunteers, gardeners and community response drivers.
75. **Field Hospitals** – As noted above the original forecast in March 2020 was based on the Imperial College modelling before lockdown, which showed the reasonable worst case scenario of 80% of the population being infected with COVID-19 mitigated by 66% due to impact of social distancing. This showed a need for 1964 COVID-19 beds and 192 Intensive Care Beds at peak and that the peak would occur in around 12 weeks (sometime in May 2020). To respond to this, the Health Board sought to more than double its bed base (with 1,400 field hospital beds) and increase its ICU capacity by a factor of 6. Even working at huge speed, our Field Hospital work resulted in a total of 1,035 beds being established somewhat short of the initial target. As a result of a combination of the accumulation of actual data on the progress of the pandemic in Wales and a developing understanding of the most effective treatment interventions, progress on identifying new sites and ways to address ICU capacity for the shortfall was suspended in April.
76. Thankfully, our Field Hospitals have not, as yet, been brought into full service in response to the pandemic. However, with COVID-19 still in circulation and low levels of immunity in the population, they remain a vital “insurance policy” in the event of significant surges in activity. It is for this reason, to ensure existing hospitals have some capacity “headroom” that we are currently piloting their use with Carmarthen Leisure Centre field hospital, receiving a small number of patients who no longer need Doctor-led support. With the changes in the planning requirements, the table below identifies the status of these field hospitals. Plans for the others will be developed in Quarter 2.

SITE	Current Status	Predicted beds	Actual beds before social distancing	Estimated beds after social distancing
Parc y Scarlets Barn	Hibernation	260	266	212 (TBC)
Parc y Scarlets Stadium	Hibernation	92	80	64 (TBC)
Selwyn Samuel Centre	Hibernation	143	120	101
Llanelli Leisure Centre	Hibernation	154	95	69
Carmarthen Leisure Centre	Commissioned	93	93	74
Bluestone	Hibernation	128	123	74 (TBC)
South Pems	Hibernation	32	25/27	-
Plas Crug LC	Hibernation	52	52	44
Penweddig School	Decommissioned	51		Decommissioned
Cardigan LC	Hibernation	48	48	37

77. **Value Based Health Care** - The Health Board has a Value Based Health Care (VBHC) programme in place and COVID-19 has provided the Health Board with some associated opportunities such as using patient recorded outcome measures (PROMs) to better understand circumstances of those on waiting lists, increased evidence to support patient and clinical assessment of whether they will still benefit from the proposed intervention/care, the re-introduction of activity based on need and information to inform the management of follow-up activity and administrative benefits associated with the technology that is used.
78. Going forward, the VBHC programme is prioritising the following areas:
- Cardiac (heart failure and chest pain).
 - Trauma & Orthopaedics (hips, knees, shoulders, and elbows).
 - Ophthalmology (cataracts).
 - Emerging/high risk areas for consideration and prioritisation?
 - Establishing a high quality faculty development and education programme in place.

Learning from the Pandemic – Our Transformation Opportunities

79. At Hywel Dda, we were always looking to emerge from the pandemic as smoothly as possible and ensuring actions to improve organisational sustainability were progressed where appropriate. In March, we established a Recovery, Learning and Innovation Group to capture changes being made to our services that has now become our Transformation Steering Group. Its remit is:
- To learn from the pandemic and our response to it (both within the Health Board and more widely with partners and our communities).
 - To translate this learning into practical applications and approaches that transform our services today and over the lifetime of our strategy – A Healthy Mid and West Wales.
80. The Transformation Steering Group reports directly to the Board and is led by the Chief Executive. It will provide advice to the Board on changes to be adopted into current services and ways to enhance future plans. It is intended to become a permanent feature of the Health Board arrangements and will be a key driver of our ambition to deliver our social model for health. The advent of COVID-19 and what we have learnt will serve to enhance and accelerate our direction of travel.
81. We have already sought feedback via interview and survey from over 170 Health Board staff and our Local Authority partners on the changes they have made or witnessed in our response to the pandemic. We are also capturing the learning from other parts of Wales, the UK, overseas organisations and previous pandemics in order to cast as wide a net as possible on the opportunities we have to transform our services. We are using this to develop a comprehensive 'Discovery Report' for our public Board meeting and our Local Authority partners in July 2020.

82. In mid-July, we are holding a virtual transformation event involving 75 staff and partners to share this report and agree our next set of priorities to help us drive our existing strategy further and faster.

Conclusions

75. There have been many lessons to learn from this pandemic in both the way we work as an organisation and the way in which we provide services and support to our population. Embedding the changes we have seen will provide fresh impetus to the delivery of our strategic plan – A Healthier Mid and West Wales – enabling us to go further and faster than we envisaged when we published it in November 2018. Over the last few months we have seen the “social model of health” that we aspired to in that plan emerge in front of us as communities and services came together to support each other. With our local partners we want to do everything we can to cement this progress and continue to drive it forward.
76. There are however challenges in the short term that we must continue to overcome. COVID-19 has made people understandably cautious about accessing our services, particularly in hospital settings. Whilst we have seen a return of non- COVID emergency activity to more normal levels, cancer referrals, for example, remain low by historical standards and we need to address this. Access to routine surgery will be a different experience for patients with requirements to self isolate for 14 days, be tested and have additional radiology prior to their procedure. The need for staff to “don & doff” regularly will reduce our capacity as will the need to socially distance our hospital beds.
77. We are also looking ahead into the winter which is traditionally our busiest time of year. Our staff have worked at significant pace for months to prepare for the pandemic, the virus is still in circulation and the risk of further, possibly higher peaks is a constant danger. Added to the potential loss of our newly recruited staff as other areas of the economy and further education reopen and the potential loss of field hospital capacity as sport, fitness, schools and tourism reopen we face the risk of a “perfect storm” as we enter the autumn.
78. Therefore, whilst we are focusing on securing the positive and beneficial changes made in our initial response, we are in a period of careful and cautious planning about the next 6 months. History shows that, eventually, every pandemic ends and life returns to normal but we are very conscious that this pandemic yet ended and normality is still some way off.