



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

| | |
|--|--|
| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 28 September 2023 |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Operational Update and Progress Report |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | Andrew Carruthers, Executive Director of Operations Jill Paterson, Director of Primary Care, Community and Long Term Care |
| SWYDDOG ADRODD: REPORTING OFFICER: | Gareth Skye, Business & Governance Manager, Central Operations |

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

This report provides the Board with an update on the progress against recovery plans achieved by the Operational team which are built on the clinical delivery priorities set by the organisation as well as ministerial priorities outlined by Welsh Government (WG). In addition, the report provides a wider and more general operational update.

The purpose of this report is to provide an overview of the context, actions, and progress of planned operational objectives. It does not seek to provide an alternative source of performance data to that contained within the Health Board's routine Integrated Performance Assurance Report (IPAR).

Cefndir / Background

The Operations Directorate and its supporting management teams will 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 offered 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 sits under the Regional Partnership Board (RPB) and consists of senior officers from Hywel Dda University Health Board (HDdUHB) and its three associated local authorities. The group advises the RPB on priorities for integration and seeks to address shared operational challenges.

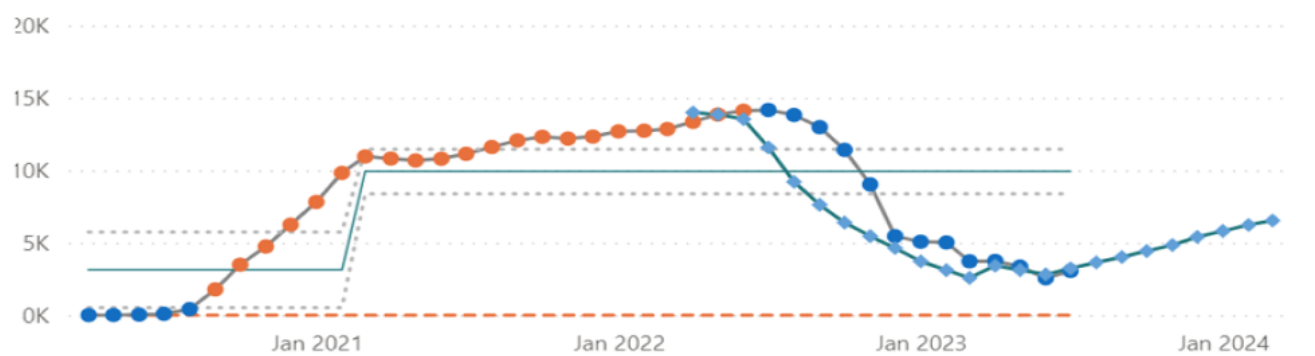
Asesiad / Assessment

Against the key delivery priorities set by the Board, along with the broader system pressures which exist, the following is provided as an update on the most recent developments within the Operations Directorate.

PLANNED CARE RECOVERY

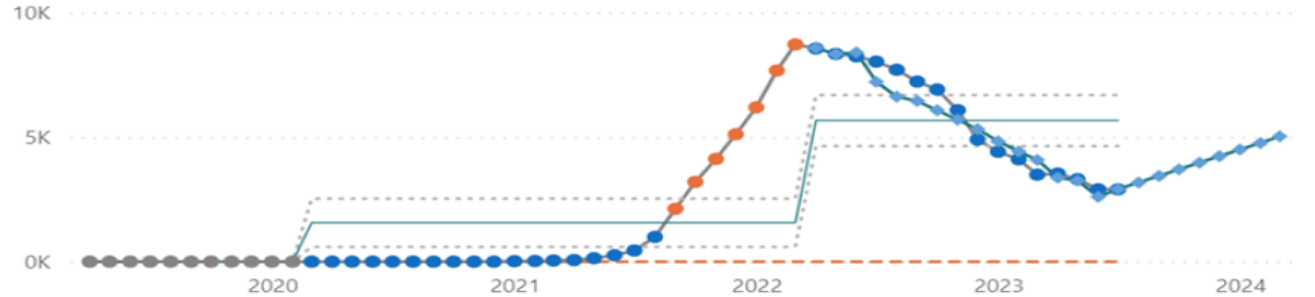
The Health Board has continued to make positive improvement progress in respect of the Ministerial priorities for planned care. To supplement improvements achieved through transformation of outpatient care and incremental increases in capacity and activity delivered, progress has also been supported by additional investment limited to Q1 as agreed in the Annual Delivery Plan.

Number of patients waiting over 52 weeks for a new outpatient appointment



The number of patients waiting over 52 weeks for a new outpatient appointment continues to show an improving trend and our trajectory for July 2023 has been met. Breaches have reduced by over 11,000 when compared to July 2022 (14,168), a 78% reduction.

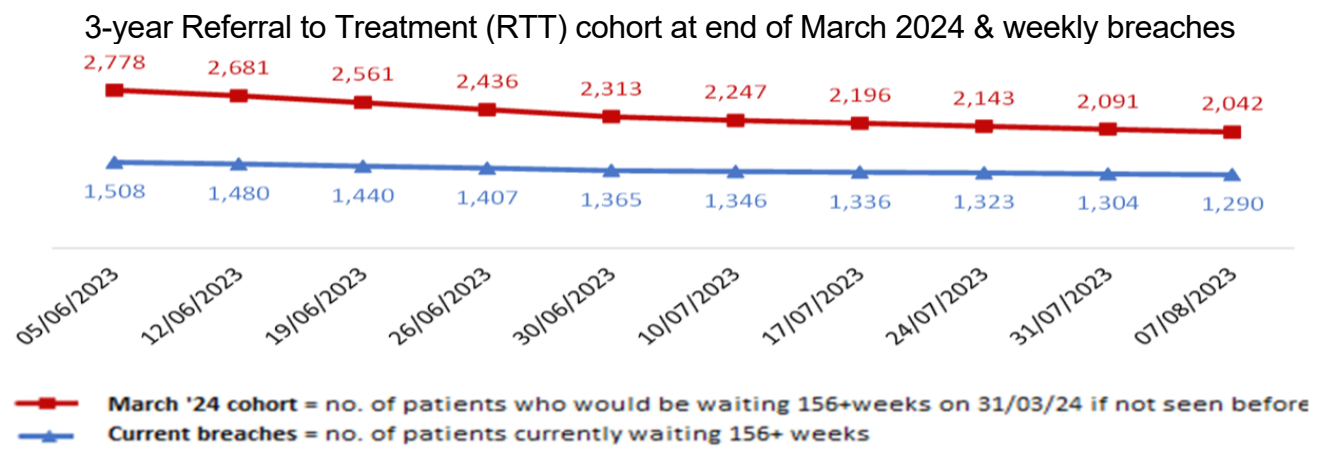
Number of patients waiting more than 104 weeks for treatment



The number of patients waiting over 104 weeks for treatment continues to show an improving trend and our trajectory for July 2023 has been achieved. Breaches have reduced by over 5,000 when compared to July 2022 (8,036), a 64% reduction.

Notwithstanding progress achieved to date, the number of breaches reported against each priority measure are forecast to increase during the second half of 2023/24 if delivery plans remain within core resource levels agreed within the Annual Recovery Plan for Qs 2-4. The Annual Recovery Plan included trajectories highlighting anticipated waiting list and times growth if no additional resources were secured for the remainder of 2023/24. These are reflected in graphs above.

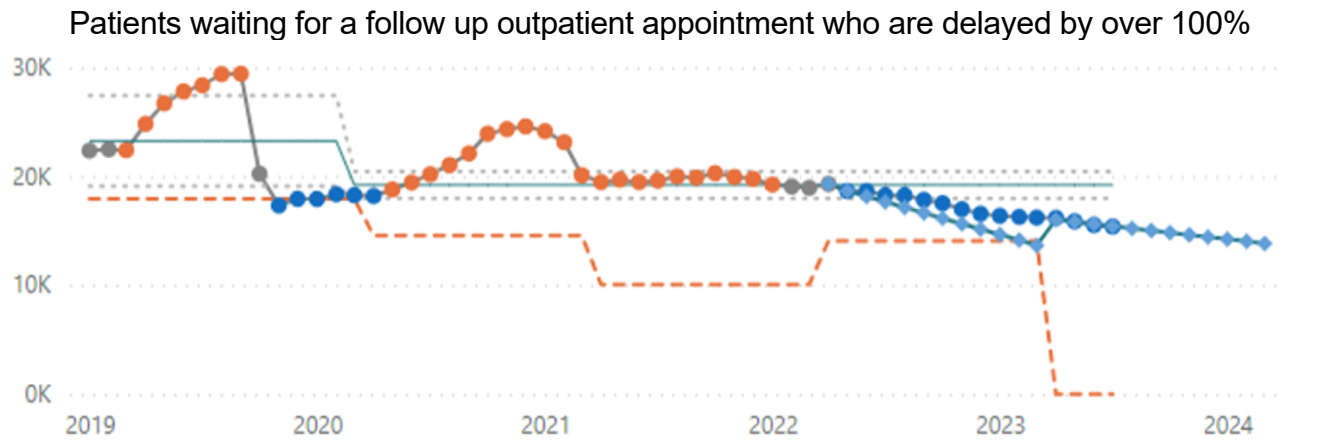
In parallel with the above ministerial priorities, Health Boards have also been challenged to make significant progress in reducing longest waits. The table below shows progress since June 2023 in resolving 3 year waits, highlighting both the reported number of patients waiting in excess of 3 years per month and progress achieved in reducing the overall cohort of patients who, without treatment, would exceed 3 years by March 2024:



We do not expect to have any patients waiting in excess of 3 years for an outpatient appointment by end of September 2023.

Of those current and projected 3 year wait patients, the majority are awaiting treatment in Orthopaedics, Urology, General Surgery and ENT. Whilst the orthopaedic patients are awaiting joint replacement procedures, patients in the remaining specialties are awaiting lower priority clinical procedures. Whilst resolution of 3 year waits in orthopaedics by March 2024 is considered unlikely due to the volume of patients waiting, progress in resolving those patients in the remaining specialties will necessitate additional supporting resource as planned capacity in these specialties is prioritised for patients with higher clinical priorities.

The number of patients waiting for a follow up appointment who are delayed by over 100% continues to show an improving trend and our trajectory for July 2023 has been met. Breaches are now consistently lower than any other time over the last 4 years:



This achievement has been supported by further progress in the transformation of outpatient care delivery and the increasing adoption of SoS (See on Symptom) and PIFU (Patient Initiated Follow Up) pathways as alternatives to traditional clinic based follow up reviews:

- Over 40k patients on SOS/PIFU pathway.
- 30 areas using SOS/PIFU
- 197 clinical conditions

- 280+ clinicians

This has enabled the release of outpatient capacity to be prioritised for new outpatients, supporting achievements referenced above in respect of the 52-week Stage 1 ministerial priority.

In May 2023, HDdUHB submitted additional recovery proposals to WG to sustain the improvements achieved to date and support further reductions in waiting times. This plan included a range of local and regional service delivery proposals with an associated additional investment requirement of up to £17m. In August 2023, HDdUHB received notification of the WG allocation in principle shown below to support specific recovery priorities for the remainder of 2023/24:

| Welsh Government Allocation | £m |
|-----------------------------|-----|
| Diagnostics | 1.1 |
| Orthopaedics | 1.5 |
| 104 Week Backlog | 4.0 |
| Total | 6.6 |

As this allocation in principle is significantly less than the total value of the proposals submitted, the Planned Care team have assessed options for application of this allocation, with associated revised delivery forecasts and trajectories to March 2024. However, Health Boards have been requested to consider their respective allocations in principle alongside the parallel exercise on delivering financial improvement for the remainder of 2023/24. Confirmation is awaited on the additional resource available to be applied to further improve waiting times by March 2024.

WINTER VACCINATION PROGRAMME

A Welsh Health Circular (WHC) was distributed to health boards on 22 June 2023 setting out the National Influenza Immunisation Programme for 2023/24. The Joint Committee on Vaccination and Immunisation (JCVI) announced its advice regarding eligible groups for the 2023 autumn booster on 8 August 2023, which further supported the earlier documentation circulated in November 2022 detailing the ambitions of the vaccination programme for 2023/24. These guidance documents were brought together in a collective WHC which was issued to all Health Boards on 17 August 2023, and which clearly sets out priorities, ambitions, expectations, and programme information and alignment with the National Immunisation Framework (NIF).

Last autumn saw the beginning of the transition of maximising alignment of the COVID-19 vaccination and seasonal Influenza vaccination programmes. This enabled HDdUHB to coordinate the planning of both programmes and where possible streamline delivery by co-administration. This hybrid approach to delivery supported the population in maximising opportunities to access both vaccines closer to home.

As a result of the above, HDdUHB will build upon identified best practice and:

- Progress the continued support for GP practices, community pharmacies and additional resources to ensure that priority groups, as directed by the JCVI, receive their Flu vaccine and where the timeline dictates, the COVID-19 Booster.
- Continue to prioritise increased uptake among children to reduce the transmission of Influenza in the community and therefore offer indirect protection to older adults and other vulnerable groups.
- Continue to work with team leads and peer vaccinators to identify and train additional champions across HDdUHB, promoting online 'Flu-2' training to minimise face-to-face

training needs. To reflect the potential extension of the role of Peer Vaccinators to include other vaccines, e.g. COVID-19, by signposting to the Vaccine centre teams.

- Request ongoing Executive level enhanced support for staff Flu vaccinations, including letters from the Directors of Nursing, Quality & Patient Experience, Public Health, Therapies and Health Science and the Medical Director to encourage staff vaccination and support of the peer vaccinator model.
- Investigate the recording of Flu vaccines administered to pregnant women and work with Public Health Wales (PHW), Primary Care and Midwifery colleagues to ensure accurate data collection and to improve working relationships across antenatal settings to vaccinate pregnant women where possible.
- Ensure that both its school nursing team and its wider expanded immunisation team can administer the children's nasal Flu vaccine. This will achieve maximum flexibility and resilience in the system. This workstream is going to pilot the delivery within nursery classes in primary schools in Llanelli and Pembroke Dock to improve uptake in historically low uptake areas for this age group.

Whilst there are discrete pieces of work and methods for increasing Flu and COVID-19 vaccine uptake in each eligible group, the forthcoming winter respiratory vaccination programme delivery plan needs to be set within the context of delivering a well-recognised annual population-level health protection intervention. On that basis, it is more important than ever that there are effective plans in place for the 2023-24 autumn / winter season, not only to improve overall respiratory health in the population of HDdUHB but also to protect those at risk, prevent ill-health and minimise further impact on NHS and social care services.

The ambition is for the programme to achieve a 75% vaccination uptake rate within all eligible groups for 2023/24.

TRANSFORMING URGENT AND EMERGENCY CARE (TUEC) PROGRAMME (6 GOALS)

Work is ongoing on the HDdUHB Urgent and Emergency Care (UEC) transformation, which began in October 2021. Specifically for 2022 – 2024, Health Boards will continue to develop and implement 24/7 Urgent Primary Care services in the community and Same Day Emergency Care (SDEC) provision, both of which contribute to the Health Board's ability to enhance and scale up safe alternative pathways in the community to reduce conveyance and conversion rates and enhance what is referred to as the 'Home First' approach.

To support these key areas of focus, the governance and reporting arrangements for the TUEC programme have been reviewed and initiatives consolidated into 2 pillars:

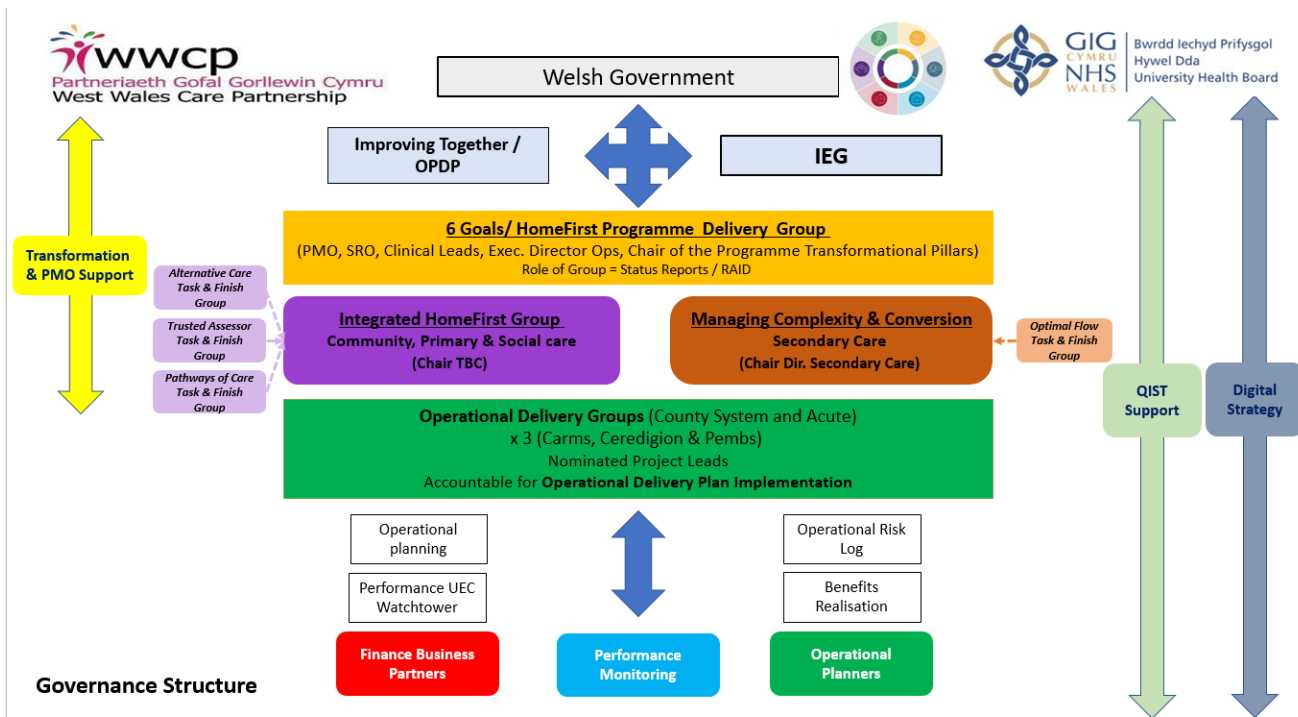
1) Integrated Home First Group focusing on:

- Implementation of a 24/7 urgent care service through development of a regional clinical streaming hub supported by local Home First services.
- Reducing the number of delayed pathways of care (DPoC) in inpatient beds through development of alternative care facilities and early identification of those complex patients who may need support on discharge and applying a consistent regional approach to discharges processes.

2) Managing Complexity & Conversion Group focusing on:

- Implementing a consistent model for streaming at the front doors through SDEC services and a frailty pathway.
- Reducing ambulance waits by implementing the Optimal Flow Framework across all acute and community wards facilitating improvements in flow, improved communication

and collecting of real time information relating to internal and external constraints on the flow process. This key piece of work will also facilitate the early identification of Discharge to Recover and Assess (D2RA), reduce the deconditioning of patients, and therefore improve the discharge pathway and reduce lengths of stay.



wwcp
Partneriaeth Gofal Gorllewin Cymru
West Wales Care Partnership

Welsh Government



Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Actions 2023/24

National 6 Goals Programme
Programme Director : Richard Bowen

**HDdUHB 6 Goals/ HomeFirst
Programme Delivery Group**

Integrated HomeFirst Group
Community, Primary & Social care
(Chair TBC)

**Managing Complexity & Conversion
Secondary Care**
(Chair Dir. Secondary Care)

Ministerial Priority: Implementation of a 24/7 urgent care service, accessible via NHS 111 Wales to support improved access and GMS sustainability

Ministerial Priority: Regular monthly reporting of 'Delayed Pathways of Care' & reduction in backlog of delayed transfers

Ministerial Priority: Implementation of Same Day Emergency Care (SDEC) Services

Development of regional Clinical Streaming Hub (PG2/3)

Development of Care Home Support (PG2/3)

Development of a Health & Care System for Older People in West Wales (PG2/6)

Development of Alternative Care Facilities (PG3/6)

Development consistent Pathways of Care processes (PG6)

Develop & implement HDdUHB SDEC model (PG3)

Develop Front Door Frailty Pathway (PG3)

Advanced Paramedic Practitioner (APP) Streaming

ImmediCare Telemedicine Care Home Pilot

Scale up of Homefirst to 7 days

Roll-out of Community Wellbeing Responders

Consultant Connect (Pembrokeshire model)

Implement trusted assessor model

Alternative Pathways – resolved TIFs, Cardiac, Falls

Care Home advice through Clinical Streaming Hub

Development of a Virtual Ward

Ministerial Priority: Reduction In Ambulance Handover Waits

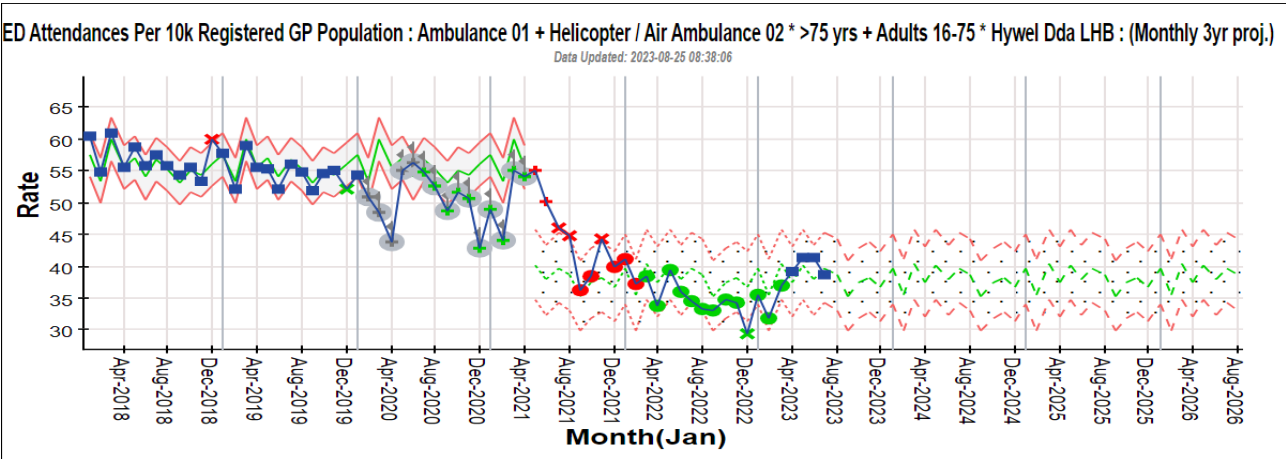
Implementation of Optimising Hospital Care Framework (PG5)

Implementation of Frontier Inpatient Tool (PG5/6)

Impact of TUEC programme on '3C' Outcome Indicators

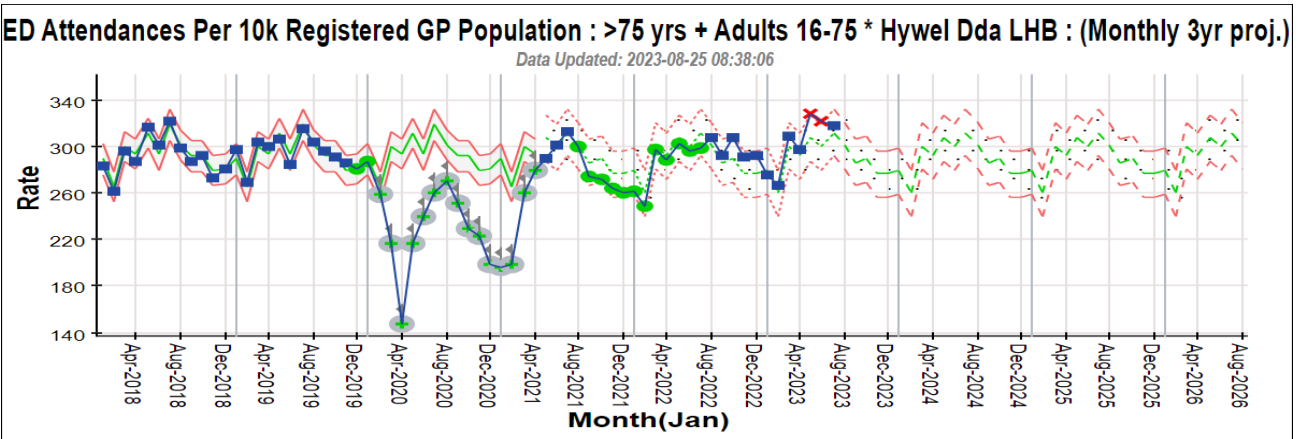
At the outset, the Transforming UEC (TUEC) programme focused on three areas of programme delivery known as the '3 Cs': **C**onveyance avoidance, **C**onversion (admission) avoidance and improved care management of **C**omplexity (frailty) in the inpatient unit.

Conveyance

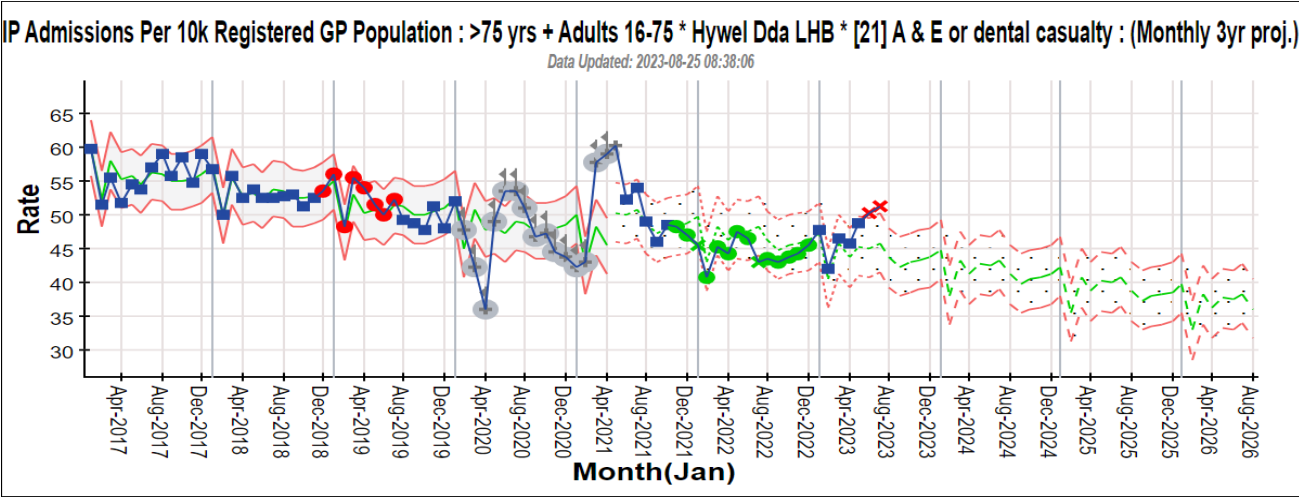


Conveyance has significantly reduced from the levels experienced pre COVID and whilst conveyance rates remain static, the numbers have been slightly higher than the average since June 2023, which correlates with the front doors describing an increase in acuity of patients.

As a balancing measure, the number of those patients who are self-presenting was following the normal seasonal pattern with May and June 2023 showing very high levels of attendance, but this saw a reduction in July 2023.

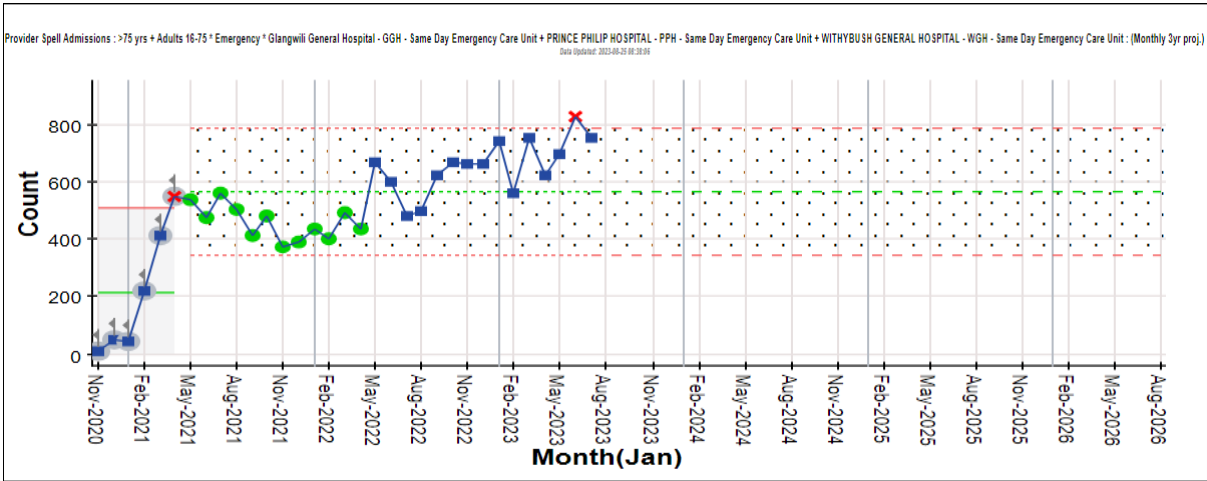


Conversion

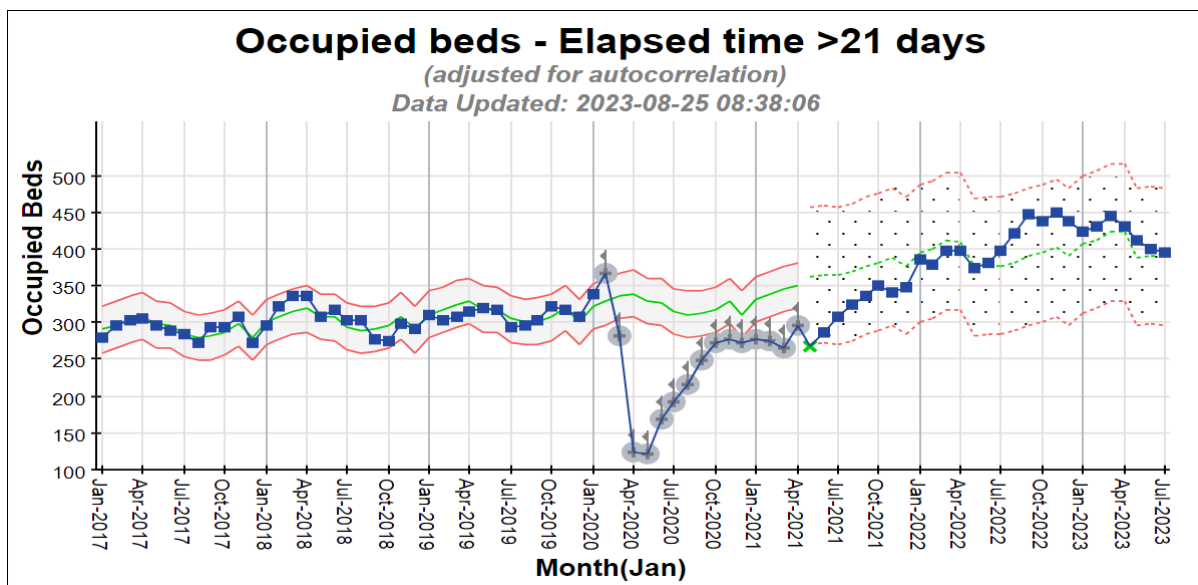


Whilst the overall trend in Emergency Admissions is reducing, there has been an uncharacteristic and unseasonal increase in Emergency Admissions since April 2023.

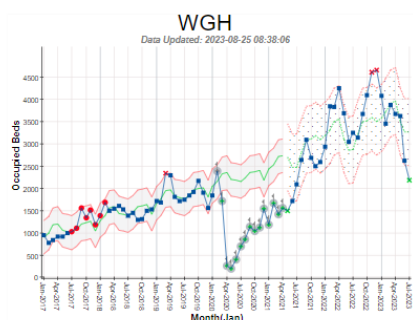
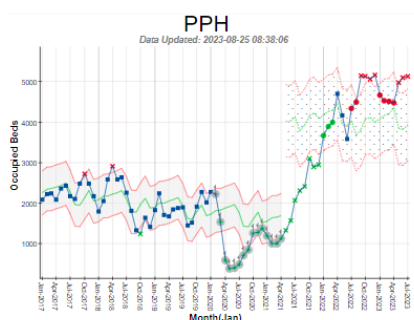
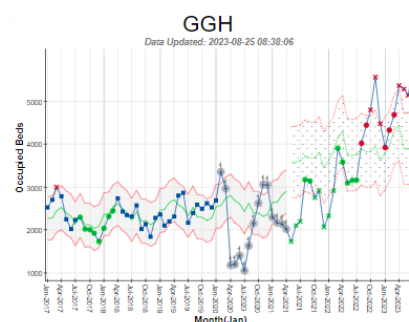
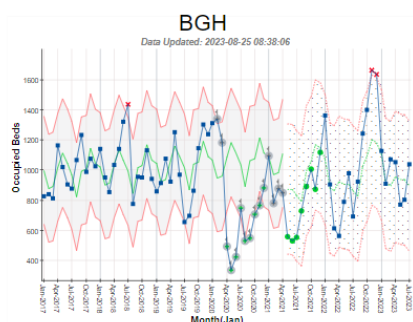
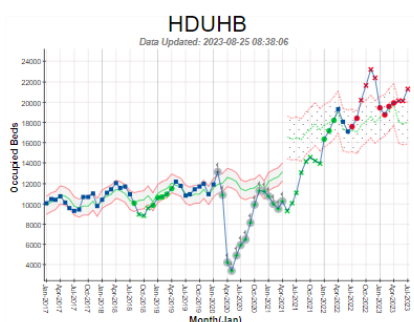
SDEC services are available in Prince Phillip Hospital (PPH), Glangwili General Hospital (GGH), Withybush General Hospital (WGH) and the Ceredigion Intermediate Care Centre (Same Day Urgent Care). The number of individuals attending these units continues to increase which is contributing to reduced conversion rates for patients with ambulatory case sensitive conditions and would previously have had a short stay in acute hospital. HDdUHB were the first Health Board in Wales that accepted direct referrals to SDEC from Welsh Ambulance Service Trust (WAST) paramedics. Task and finish groups have been established to review front door streaming in Carmarthenshire, one focused on GGH and one on PPH, to develop a 'front door' urgent treatment pathway following a review of the frailty approach being delivered in Pembrokeshire.



Complexity



Reducing the proportion of patients who stay in hospital longer than 21 days is a core outcome measure for the TUEC programme (managing complexity) and a ministerial measure. The graphs above indicate that while the service is decreasing the proportion of patients who are discharged with a length of stay greater than 21 days (improving trend), the graphs below demonstrates that those who remain in HDdUHB beds are spending longer in hospital.



The service is currently undertaking ward moves on the WGH site. Once these moves have been completed there is a need to ensure that the above occupied bed days data is reflective of the new ward locations.

DELAYED PATHWAYS OF CARE

The Delayed Transfers of Care (DToC) monthly data census reporting was suspended at the start of the COVID pandemic to ease pressures on NHS staff resources. This provision had been a valuable tool that helped identify pressures and trends in the system and allowed for a focus on improving performance, creating additional capacity and identifying areas of best practice.

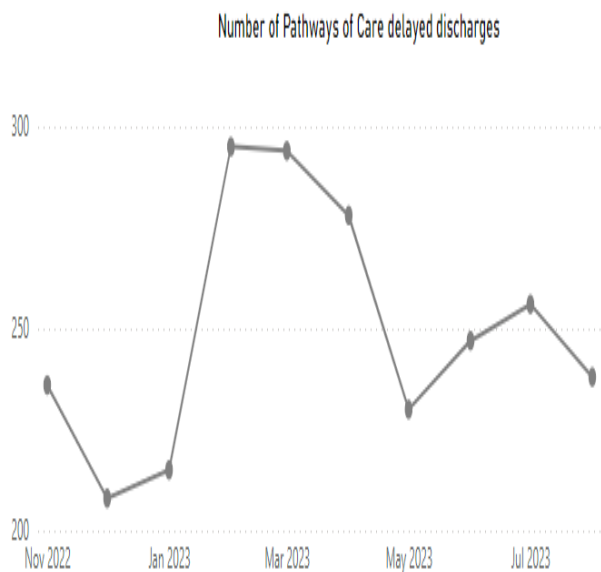
Ministers requested to reinstate this reporting following a recommendation from the Health and Social Care Committee and subsequently in November 2022, the pilot Delayed Pathways of Care (DPoC) framework was developed and fully implemented in January 2023 via a live reporting system. The new framework is not intended to merely reinstate former DToC reporting but instead implement a refreshed system that incorporates a range of improvements and new measures to form a standardised system that provides comparable data. This in turn provides reliable and consistent information aligned with the Six Goals for Urgent and Emergency Care Programme for Health Boards, social services and other partners to review in order to address delays.

An overriding principle of HDdUHB's duty of care is that people will return home following a hospital stay – or to their local community with additional support if required – at the earliest and safest opportunity to improve their outcomes and experience, and to avoid deconditioning. This will be met by:

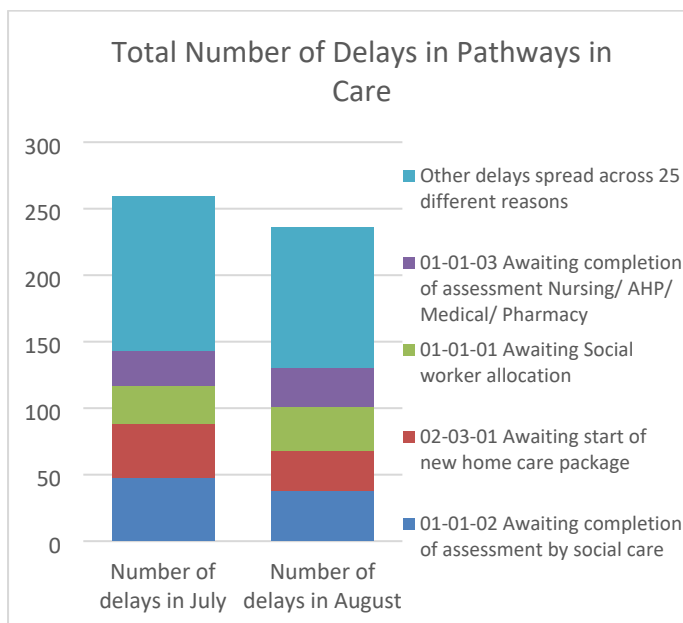
- People who require additional support on discharge should be transferred from hospital onto the appropriate 'discharge to recover then assess pathway' (usually back to their normal place of residence) within 48 hours of the completed treatment of their acute condition.
- Integrated health and social care teams should respond in a timely manner to ensure support systems are safely in place to respond to a person's needs on discharge. Effective care coordination must be in place to ensure that, once recovery and assessment is complete, transfer to onward care arrangements is timely and seamless.
- Programmes are in place to help people develop the knowledge, skills and confidence to manage their physical and mental health conditions, access the support they require, make any necessary changes and be better prepared for any future deterioration or crisis.

The definition for a DPoC includes any inpatient continuing to occupy an NHS hospital bed after 48 hours of being clinically optimised, who is ready to move on to the next stage of care but is prevented from doing so by one or more reasons. Early in the pilot it was identified that the number of delays could potentially double in comparison to DToC numbers due to the revised methodology.

Graph 1 DPOC numbers across HB – 259
July 2023, 236 August 2023



Graph 2 DPoC codes demonstrating 4 top reasons for delay



As demonstrated above, in both the July and August 2023 figures one of the key areas of concern is the delay incurred through assessment processes. Working with the Delivery Unit, HDdUHB and Local Authority partners are supporting the implementation of the Trusted Assessor role. One of the priority actions for creating additional community capacity is to support efficiencies in the system. Once for Wales guidance for Trusted Assessor (TA) Roles was released in December 2022 to support and assist in addressing issues that cause delays at key points in the care and support pathway.

It is recognised that where organisations “trust” in others to undertake assessment on their behalf and they are confident that assessors are sufficiently skilled, the Trusted Assessor role can be useful in a variety of situations to reduce duplication of effort and provide more timely access to assessment services.

A Trusted Assessor is defined as:

“A trusted assessment involves a trusted assessor – someone acting on behalf of and with the permission of multiple organisations – carrying out an assessment of health and/or social care needs in a variety of health or social care settings”.

Workstreams established across the three counties of HDdUHB to implement this philosophy are demonstrated below with the aim of substantially increasing the number of staff that can undertake the necessary assessment:

Carmarthenshire

HOME FIRST HUB - All complex patients to be referred through Home First 'hub' within 24 hours of admission. The 'hub' undertakes proportionate assessments by multidisciplinary team and arranges transfer home for integrated assessment as soon as clinically optimised.

Specifically, this TA role will negate requirement for Social Worker (SW) assessments in hospital other than those with very complex long-term needs. This TA role will also assess for step up bedded facilities and care at home.

Ceredigion

EQUIPMENT TRUSTED ASSESSOR - This work is focused upon expanding the existing Level 2 and Level 3 trusted installer of equipment.

TARGETTED CARE AND ENABLEMENT STAFF - Additional training to ensure that Enablement staff are able to achieve the appropriate competencies to undertake delegated Health Tasks.

SOCIAL CARE ASSESSMENTS FROM OTHER PROFESSIONALS – This work is focused upon enabling staff on a specific ward in BGH to undertake assessments for the Enablement Service, an interim service which allows for discharge to assess at home and is managed through the Local Authority.

Pembrokeshire

HOME FIRST COORDINATION CENTRE - All complex patients to be referred through Home First coordination centre for admission avoidance/D2RA.

The coordination centre triages and undertakes assessments by multidisciplinary team. A coordinated response is facilitated by the right profession who will undertake assessments for care needs and reablement/reablement beds. This TA role will also assess for step up/step down bedded facilities.

CAPACITY ASSESSMENTS - currently there is a reliance on Joint Discharge Teams & the Health Board Mental Capacity Act team which leads to delays. To address this a pilot activity focused on upskilling ward professionals who know the patient best is underway which will enable ward staff to conduct the assessments. This would minimise delays and reduce duplication of work for the professionals and the individuals.

SMALL CHANGES & LOW-LEVEL PACKAGE OF CARE ASSESSMENT - This is currently supported by Social Worker Assessors. As a pilot training will be provided to the Home Support Team, a Family Liaison Officer (FLO) and a Discharge Liaison Nurse (DLN), enabling small changes to be made in a more timely and efficient manner.

REABLEMENT BEDS & PLACEMENT ASSESSMENTS - Training nominated persons within the hospital setting to complete the required assessments for Reablement placements. This will include a named person from South Pembrokeshire Hospital (SPH), WGH and the DLN team. If successful, this will eliminate the need for home staff to conduct these assessments.

FRONT DOOR - Unified approach across the WGH site (inclusive of ED front door). Pilot activity will focus on training front door support staff for assessing low level care needs, functional needs, and the provision of low-level equipment.

As highlighted within the report, one of the key areas of concern is the delay incurred through assessment processes. This is a recurring reason for delay in enabling timely discharge and therefore the Health Board and partners are actively implementing the Trusted Assessor Role across the three counties; with differing projects which will enable

learning and cross county working. This will create additional capacity to support efficiencies in the system.

There has been a decrease of 23 patient delays from July to August 2023 across the HB footprint and it is anticipated that this focused approach to Trusted Assessor programme will contribute to continued improvement.

PRIMARY AND COMMUNITY SERVICES STRATEGY

Following Board consideration, it was agreed that work would be undertaken to develop a Primary Care Strategy. As part of the Clinical Service Plan (CSP) Programme, Primary Care has been identified as an area of focus, due in part to sustainability challenges. As such, the work being undertaken for development of the strategy will feed in to the CSP programme as and when required. A timeline for the development of the strategy will be considered by the September Board but it is anticipated that an issues paper will be developed for Board consideration in December 2023, with a final strategy being presented in September 2024.

HDdUHB has already consulted on A Healthier Mid and West Wales, and in developing the Business Case for the proposed new hospital it has been recognised that the delivery of Primary and Community services has a significant role in how care is delivered to our population. In recognising both the challenges and opportunities that were identified as a result of the COVID-19 pandemic, there is an opportunity to apply and expand on this learning as the organisation seeks to modernise service provision in line with Value Based Health and Care principles.

Neyland and Johnston Health Board Managed Practice

In line with the Health Board decision in October 2022, work is being undertaken to establish a formal procurement process over the autumn period with the aim of seeking to award either a General Medical Services (GMS) or Alternative Primary Medical Services (APMS) contract from 1 April 2024. A procurement timetable has been developed and Expressions of Interest have been sought with the closing date of the 18 August 2023. Workforce advice has been sought for clarity on the TUPE process for existing staff as this needs to be explicit within the Procurement process.

Health Board Managed Practices Clinical Rota

A review of the clinical rota for April – June 2023 has shown that there is a need to re-establish the baseline to assist in managing the salaried and locum workforce to maximise the effectiveness of the multi-disciplinary team. The principle of 1 FTE GP to 2,000 patients has been used to revise rota commitments, and where an Advanced Practitioner is in post for each FTE they are being counted as 0.5 FTE to GP. For salaried Clinical Leads an additional 0.5 FTE has been included into their week to allow for the supervision of the multi-disciplinary team and to ensure effective working arrangements are in place. A review is also taking place on the current rate of pay for GP locums and there is a proposal to issue a rate card along with Terms of Engagement. consideration of a standardised rate of pay for Duty Doctor and GP Locum is being discussed with Workforce as a review of GP locum pay rates across Wales has indicated that the hourly rate in Hywel Dda University Health Board is at the upper level of reimbursement.

Managed Practice Premises

The Johnston branch of Neyland and Johnston has been re-opened following essential maintenance work to the building to ensure that fire safety measures meet regulatory standards.

Tenby Surgery continues to have issues with water entering the building, due to problems with the roof that are awaiting resolution by the landlord. A quote for the work has been obtained by the landlord however confirmation of a timescale for the work to be undertaken has yet to be agreed. The water has caused damage to areas that were redecorated in 2022. The issue has been escalated to NHS Wales Shared Services Partnership (NWSSP) Specialist Estates Service (SES) for further advice.

Primary Care Contract Review Group

The Primary Care Contract Review Group (PCCRG) met on 25 July 2023. Members of the Group considered the bids submitted to date under the Improvement Grant scheme for GP Practices and it was agreed that with the remaining budget, further Expressions of Interest would be sought. Welsh Government have issued HDdUHB with £169,046 of funding for the 2023/24 financial year.

It was also agreed that the Community Pharmacy Smoking Cessation Service be expanded to include offering support and advice to people wishing to quit vaping. It was agreed that this should be tested and evaluated within the current financial year before considering mainstreaming as part of the specification on a recurrent basis. A review of the service will be considered by the Primary Care Contract Review Group subject to making any decisions on whether to progress with a permanent expansion of the service.

General Medical Services Visiting Programme

The GP Practice visiting programme is continuing to be undertaken in line with the 4-year rolling programme trajectory. Visits in the main have remained virtual, however, there is an aspiration to move back into in person visits by April 2024. The table below summarises the visits undertaken to date in 2023:

| Practice | County | Date of Visit | Key Findings/Areas of Good Practice |
|------------------------------------|------------|---------------|---|
| Meddygfa Minafon | Carms | 10.01.23 | Minafon's prescribing data had generally improved and the practice was congratulated the practice for the hard work that had been done in this area. The practice had carried out some work on data quality improvement. |
| Coach & Horses Surgery - St Clears | Carms | 22.02.23 | The practice has secured a number of improvement grants. The Practice has worked hard on their prescribing over the years and were congratulated on their hard work |
| Meddygfa Emlyn - Newcastle Emlyn | Ceredigion | 22.03.23 | Practice has a Health and Safety and Fire Marshall officer, who undertakes training once a year. The PPG group are very proactive and keen to help the Practice. |

| | | | |
|--|-------|----------|--|
| Preseli Practice - Newport & Crymych | Pembs | 19.04.23 | PPG Group back in place but during COVID the meetings were paused. Patient feedback is gathered through a patient survey box in the surgery and social media. Risks are reviewed at staff meetings and staff risk assessments are also completed by the practice. |
| Ashgrove Medical Centre/Meddygfa Gelli-Onn | Carms | 10.05.23 | The practice has good processes in place and good clinical leadership. The practice is active in trying to participate in as many research projects as possible to improve patient care |
| Barlow House | Pembs | 14.06.23 | The practice holds regular PT4L Training afternoons. |
| Winch Lane | Pembs | 26.07.23 | The Practice is particularly good at engaging with patients regarding health promotion and shared decision-making where appropriate. There are Welsh speakers at the Practice as well as staff who are able to speak Polish and Bangladeshi. The Practice also obtained a specialist interpretation line for Ukrainian refugees. |
| Llwynhendy | Carms | 09.08.23 | The practice had two part time Carer Leads at the practice, and in addition had regained accreditation for silver level, The practice has a good PPV (Post Payment Verification) accuracy record |

Five Facet Survey

Averson Young were commissioned to undertake a Five Facet Survey of all the GP Practice premises across HDdUHB and provided a report in June 2022 of their findings. The survey, undertaken in partnership with Oakleaf Surveyors, considered the physical condition, the functional suitability, space utilisation, statutory compliance, and environment management. In addition, a request was made that the review included compliance under the Equality Act and associated regulations related to access and disability.

Following completion of the Five Facet survey across all GP Practice premises, a further piece of work was undertaken to ensure that there is compliance with all mandatory requirements. Two Practices had actions outstanding in respect of Legionella's Disease, Fire Safety and Asbestos. All necessary reviews and checks were scheduled for completion by the end of August 2023, and confirmation that the actions are now complete has been received.

Community Pharmacy: Breach Notices and Closures

Between 1 May 2023 and 30 June 2023, there have been 38 closures across Community Pharmacies in HDdUHB, of these closures 18 were due to short staff or lack of cover. Breakdown of closures by Contractor:

- Well - 20
- Boots - 12
- Lloyds - 1
- Independent - 5

Meetings are held quarterly with area managers of corporate companies to build working relationships to work effectively at discussing and understanding reasons for closure and breach concerns at a local level. The Well closures continue to be a concern and, after further discussions, they are reviewing lunch time closure arrangements of all stores in HDdUHB as most closures are for less than half a day.

Two formal appeals against breach notices from contractors remain with Welsh Government and the outcome of those appeals are still pending. Breach notices are being issued according to the HDdUHB Breach Process, however the outcome of the appeals will need to be considered when issuing future breaches.

Change of Ownership:

- TFR Pharma Ltd have taken over ownership of Lloyds Pharmacy, 15 Main Street, Pembroke from 9 June 2023.
- Fishguard Pharma Ltd have taken over ownership of Lloyds Pharmacy, 5 Ropewalk, Fishguard from 23 June.
- Titan Pharma have taken over ownership of JRG Williams Pharmacy, 31 High Street, Llandybie from 3 July 2023.
- Pembroke Dock Healthcare Ltd have taken over ownership of Lloyds Pharmacy, Argyle Medical Practice, Argyle Street, Pembroke Dock from 3 July 2023.

New Applications

- Hanzarlay Ltd, have applied for the ownership of Lloyds Pharmacy, 39 High Street, Narberth SA67 7AS
- LP SD Forty-Three Ltd have applied for the ownership of:
 - Lloyds Pharmacy, Northfield Health Centre, Northfield Road, Narberth SA67 7AA
 - Lloyds Pharmacy, Brynmawr Avenue, Ammanford SA18 2DA

We understand from Lloyds that LP SD Forty-Three Ltd is a vehicle of the sale, and the eventual purchasers will be Oakfield Pharma Ltd T/A Allied Healthcare.

- LP SD Twelve Ltd, have applied for the ownership of Lloyds Pharmacy, Padarn Surgery, Penglais Road, Aberystwyth SY23 3DU

We understand from Lloyds that LP SD Forty-Three Ltd is a vehicle of the sale, and the eventual purchasers will be Jhoots Pharmacy Limited.

General Dental Services Visiting Programme

The Dental Practice visiting programme is continuing and the following Dental Practices have had in person visits since 1 January 2023. A summary of the findings and any associated action plans will be considered by a future Dental and Optometry Quality and Safety Committee.

| | |
|-------------|---|
| 15 Feb 2023 | Murray Street Dental Practice, Llanelli |
| 15 Mar 2023 | Haven Dental Practice, Milford Haven |
| 19 Apr 2023 | Winchester House Dental Practice, Narberth |
| 10 May 2023 | Capel Dental Practice, Carmarthen |
| 14 Jun 2023 | Charles Street Dental Practice, Milford Haven |
| 10 Jul 2023 | Brynteg Dental Practice, Carmarthen |

Primary Care Risk Registers

The Primary Care Risk Register is split by:

1. Corporate Level Risks
2. Directorate Level Risks
3. Service or Department Level Risks

Risks are discussed at an appropriate local management group, and the Risk Register is embedded below

Primary Care Directorate Risks

| Risk Ref | Service/Department | Date Risk Identified | Title | Risk Level (Current) |
|----------|---------------------------|----------------------|--|----------------------|
| 1451 | P,C,LTC: GMS | 17/08/2022 | Risk of increasing unsustainability of GMS Practices | Extreme |
| 1109 | P,C,LTC: Managed Practice | 24/05/2021 | No doctor days in Managed Practices due to challenges in securing GP cover | High |
| 668 | P,C,LTC: Dental | 23/11/2018 | Health Board wide; Paediatric GA/conscious sedation. | Moderate |

Primary Care Service Risks

| Risk Ref | Service/Department | Date Risk Identified | Title | Risk Level (Current) |
|----------|-----------------------------|----------------------|--|----------------------|
| 1404 | P,C,LTC: GMS | 24/05/2022 | High dose opioid medication | High |
| 1670 | P,C,LTC: Optometry | 15/05/2023 | Inability to Sign Off Independent Prescribing Placements in Optometry | High |
| 1695 | P,C,LTC: Dental | 15/05/2023 | Sustainability of NHS Dental Services in North Pembrokeshire and North Ceredigion | High |
| 1682 | P,C,LTC: Dental | 15/05/2023 | Dental Chairs, Community Dental Services, Winch Lane, Haverfordwest | High |
| 912 | P,C,LTC: Dental | 30/07/2020 | Lack of urgent dental access. | High |
| 1595 | P,C,LTC: Dental | 24/10/2022 | Reprovision of Community Dental Services from Amman Valley Hospital | High |
| 800 | P,C,LTC: Dental | 12/11/2019 | HB wide risk Lack of GA service for Vulnerable Adults. | Moderate |
| 1523 | P,C,LTC: Dental | 03/10/2022 | Prioritisation of Orthodontic Referrals for children noted with an overjet in 9mm or more | Moderate |
| 1450 | P,C,LTC: Dental | 18/07/2022 | Capacity to monitor 2 separate contract performance methodologies and the data available for the extant 2006 contract model. | Moderate |
| 1403 | P,C,LTC: Community Pharmacy | 24/05/2022 | Temporary closures of Community Pharmacies | Low |
| 1164 | P,C,LTC: Dental | 14/07/2021 | Orthodontic treatment backlog | Low |

MENTAL HEALTH AND LEARNING DISABILITIES (MH&LD)

Integrated Psychological Therapies

In June 2023, 442 (47%) of patients out of 950 were waiting less than 26 weeks to start psychological therapy in the Integrated Psychological Therapies Service. This is a slight improvement on the figure of 45% presented to the Board in July 2023.

The service is continuing with group therapeutic interventions, with those that decline a group intervention remaining on the one-to-one waiting list.

The MSM text reminder service to address Did Not Attend (DNA) rates continues to have a positive impact on services. It has now been expanded across the service and is scheduled to be introduced in the Local Primary Mental Health Service in the coming months.

Most staff for the new GP Cluster based well-being service are now in post and undertaking an extensive induction process which includes shadowing and training opportunities within 111 Option 2. Practitioners will be based in all 7 Cluster areas, providing rapid access mental health

support through community-based interventions. The service will have close links with 111 Option 2 and Local Primary Mental Health Services to ensure seamless integration.

Adult Mental Health

Recruitment issues previously reported within the Community Mental Health Centres (CMHCs) are improving, with new staff onboarding and recruitment to vacant posts continuing.

The remaining Co-occurring Substance Misuse Practitioner has been recruited in Pembrokeshire and is currently going through onboarding.

A structured review of S136 Place of Safety functions across the three counties has recently concluded, with high level findings presented to Health & Safety Committee on 11 September 2023. Next steps are to agree an operational response to the findings of the report, which will be taken to Business Planning and Performance Assurance Group (BBPAG) on 28 September 2023. Following this, the final report and agreed actions will be taken to MH&LD Quality Safety & Patient Experience Group (QSEG) on 16 October 2023 for scrutiny and approval of service changes.

Acuity for the Out of Hours service remains high, although capacity is being maintained within current resources.

111 Option 2 has received additional sustainable funding from Welsh Government for 3 WTE Practitioners to address the increased demand experience since the service was launched nationally. Interviews are scheduled to take place in early September 2023. Demand continues to increase with 820 calls received in June 2023. Following triage and brief interventions 378 were referred to Third Sector/self-care, 42 to Community Mental Health Teams (CMHT), 5 to Specialist Child & Adolescent Mental Health Services (SCAMHS), 11 to Police 101, and 41 had to be escalated to 999 due to acuity/risk.

Older Adult Mental Health (OAMH)

The Service is currently experiencing an occupancy rate of 90%, above the target rate of 85% (inclusive of surge capacity) and at 89% (exclusive of surge capacity). DPoC remain high and rising at 12, with 50% of these on St. Non's Ward. The service is working closely with the Long-Term Care Team and Local Authority colleagues who are supporting the acute pathway flow.

Caseloads and acuity within CMHTs remain high. The Memory Assessment Service (MAS) has some residual waiting list breaches in Ceredigion, which are being managed for risk and a contingency plan had been put in place. The Dementia Well-being Team (DWT) post diagnostic Occupational Therapy (OT) waiting list continues to reduce. However, DWT services within the general hospital sites continues to be impacted by high vacancy levels.

Overall, the service is experiencing high sickness rates. Long term sickness and maternity leave within the Admiral Nursing Service is impacting on Ceredigion and Pembrokeshire. Contingency plans have been implemented to help mitigate any associated risks. The Service continues to monitor this, with the last review showing a slightly improved sickness profile.

There are currently 3 WTE vacancies within the Psychology team, with a skill mix plan in place to mitigate. Contingency plans to maintain business continuity in the medical workforce have been reviewed and updated, as the service continues to recruit.

Specialist Child & Adolescent Mental Health (SCAMHS)

In June 2023, 93.5% has been achieved against Part 1A performance criteria, which is an improvement on the May 2023 return of 85.3%. 72.2% was achieved against Part 1B, which is a slight decrease from the May 2023 return of 72.9%.

Recruitment across the service continues to improve, with several recent appointments across all specialities/modalities including an Advanced Nurse Practitioner with dedicated sessions for Pembrokeshire. A full-time Clinical Psychologist, Child Protection Nurse (CPN), and Social Work Practitioner have also been appointed for Pembrokeshire. A consultant psychiatrist has been recruited and is scheduled to commence in July 2023.

The WG Alternative to Admission pilot for children and young people (CYP) became operational in July 2023. The service is available 24/7 and provides a safe space for CYP who present in crisis and would otherwise present at A&E or a Mental Health Ward, while also acting as a step-down/discharge lounge facility. In July 2023 the service provided solution focussed interventions to de-escalate 4 CYP which avoided the need for admission. The service is currently working with other service areas and partners to highlight referral and pathway information for access, working closely with 111 Option 2 and the CYP Sanctuaries in Pembrokeshire and Ceredigion, to ensure seamless integration.

Learning Disabilities & Adult Mental Health Inpatient Services

In line with the recent work on the Annual Recovery Plan it has been agreed to extend the timeline for the Organisational Change Process (OCP) as part of the Learning Disability Service Improvement Programme. The OCP will now come into effect in April 2024 in line with the new financial year. However, the service is continuing to progress the co-production of the new service model. A multi-agency project group has been established to oversee the redesign of community and inpatient services, which includes service users, carers/parents, staff and partner agencies. This work is being supported by Improvement Cymru colleagues, with a series of workshops and co-production events scheduled to take place over the coming months.

Learning Disabilities Nurse recruitment issues continue to have an impact on the Service. The service is working with Universities and Workforce & Organisational Development colleagues to develop a targeted recruitment campaign.

In June 2023 48 (36.92%) patients out of 130 were waiting less than 26 weeks to start psychological therapy in the Learning Disabilities Psychology Service. All new referrals are screened by the Community Teams and priority given where possible. The service continues to recruit with a Band 8A, Band 7 and Band 5 post currently being advertised.

Inpatient Services

Demand on inpatient beds continues to remain high. While the recruitment position for inpatient services has improved, there is a continued need for agency staff to meet acuity levels and cover establishment deficits.

The National Collaborative Commissioning Unit (NCCU) has completed its review of inpatient services, with a detailed report covering current needs, care pathways, and barriers to discharge expected in October 2023.

REINFORCED AUTOCLAVE AERATED CONCRETE (RAAC) PLANK UPDATE

Technical Update

The surveys undertaken to date in respect of Reinforced Autoclave Aerated Concrete (RAAC) Planks at the WGH site has identified a significant risk and the essential need for intervention works on the site. These surveys have already identified damage to several RAAC planks and the condition of RAAC in those areas yet to be surveyed is uncertain and, therefore, an ongoing concern.

To date the status of the RAAC surveys and repair programme is as follows:

Pot Wash in Main Kitchen – identified as an area of concern and requiring urgent attention. A scheme was developed and £77k funding approved. This scheme has now been completed.

Ward 9 – The outcome of the survey in the area is as follows:

- 513 planks surveyed.
 - o P1 Planks (red) - 32 critical risk (includes gutter planks)
 - o P2 Planks (red) - 61 high risk
 - o P3 Planks (amber) - 390 medium risk (requiring regular monitoring)
 - o P4 Planks (green) - 22 Low risk (plus 8 not surveyed but to be included as part of the remediation works scope)

A scheme has been developed and funding approved from the HDdUHB Discretionary Capital Programme at c. £430k to remediate the critical and high-risk planks. Work commenced on 24 July 2023 and will complete at the end of September 2023.

Ward 12 – The outcome of the survey in the area is as follows:

- 438 planks surveyed.
 - o P1 Planks (red) - 24 critical risk (includes gutter planks)
 - o P2 Planks (red) - 124 high risk
 - o P3 Planks (amber) - 286 medium risk (requiring regular monitoring)
 - o P4 Planks (green) - 0 low risk (plus 4 not surveyed but to be included as part of the remediation works scope)

A scheme has been developed and funding approved from the HDdUHB Discretionary Capital Programme at c. £560k to remediate the critical and high-risk planks. Work is planned to commence on 28 August 2023 with completion on 3 November 2023.

Ward 7 – Visual surveys have been completed. Tenders have been returned and are currently being evaluated.

This has identified serious concerns in the number of P1 planks identified.

Remaining Ward Surveys – All surveys to Wards 8, 10 and 11 have now commenced.

Ground Floor Surveys – visual inspections are complete except for the Gym area and main Kitchen area. Timescales for the survey of these areas are currently being developed and they will remain securely closed until the surveys are complete.

Following the survey of any area a propping plan is developed with appropriate sign off and assurance on the safety of the area to be reoccupied. Where departments consider it

appropriate, these areas can be brought back into use following formal sign off by the Estates Technical team.

Capital Support to Deliver Remediation of P1 and P2 Planks – A paper has been submitted to Welsh Government (WG) setting out an estimate of the Capital Funding necessary in 2023/24 and 2024/25 Financial Years totalling £12.8m. This has now been approved by WG. Schemes being funded from the DCP were put on hold to underwrite the initial cost of RAAC. This equated to £1.6m. It is now possible to re-initiate those schemes that were put on hold and ensures a DCP contingency is available to deal with any unanticipated capital pressures.

Operational Update

On the 15 of August 2023 HDdUHB declared an internal major incident at WGH as work continues to identify the scale and impact of the Reinforced Autoclaved Aerated Concrete (RAAC) found in the hospital building.

Declaring an internal major incident in relation to RAAC enabled the establishment of internal command and control structures (Gold, Silver and Bronze), recognising that as survey work continues it will require operational and support teams to be able to react quickly when substandard RAAC planks are discovered. It also makes it possible to more effectively prioritise the work of operational teams to deal with the emerging issue and draw upon support from partner agencies that are members of the Dyfed Powys Local Resilience Forum.

Plans were introduced in May 2023, at the start of the survey process, to manage the impact on the operation of day-to-day services at the hospital and prioritise the availability of hospital beds. However, as the survey progressed, the scale of the issues identified has placed additional pressure on the availability of clinical space. By Friday 25th August 2023, the remaining affected ward areas (Wards 8/10/11) were vacated and closed to enable essential survey work to commence.

To mitigate the potential risks to service provision, alternative bed capacity at South Pembrokeshire Hospital and at Withybush Hospital (in areas not affected by RAAC planks) has been expanded with supporting adaptations and amendments to clinical pathways locally in Pembrokeshire to support the delivery of increased patient throughput in a community hospital facility. To date, whilst the combined bed capacity at both locations is 39 beds below the number in operation in April 2023, these alternative arrangements have enabled resultant emergency pathway capacity pressures to be contained locally within the Pembrokeshire combined acute and community integrated system. Whilst no formal variation of emergency clinical pathways to enable to redirection of demand away from Pembrokeshire has been required, contingency escalation scenarios have been agreed in accordance the normal operational escalation framework in place to manage capacity pressures between hospital sites across the Health Board.

As an enabler to the above, a temporary suspension to the elective day surgical pathway at Withybush Hospital was applied on 4th August 2023, with the Day Surgical Unit utilised as an additional inpatient area to accommodate medical inpatients. Whilst the Day Surgical Unit is not expected to be vacated and returned to use to support elective day surgical activity until October 2023 (in line with the anticipated return to clinical use of Ward 9 following completion of repair works), an interim planned has been clinically agreed to re-commence the day surgical pathway at Withybush from Monday 11th September, utilising the Theatre 4 and Theatre Recovery areas as 1st stage recovery and day surgical ward facilities.

The service pressures and operational implications associated with the RAAC risk mitigation project remain under continuous review and will be overseen by the RAAC SILVER (Tactical) coordination group and reported to the GOLD Command group as appropriate.

To date the following decisions have been made by GOLD Command Group which need ratifying by the Board:

1. Terms of reference for Gold, Silver and Bronze approved at the meeting on 6 September 2023.
2. Support and ratify the decision taken by the Chief Executive Officer and Executive Director of Finance to approve the temporary kitchen purchase order on the 1st of September 2023 for Worthybush General Hospital

CHEMICAL DECONTAMINATION OF ENDOSCOPES

In July 2023 the NHS received a safety notification relating to defective fluid packaging used to supply peracetic acid chemicals that are utilised in the decontamination of flexible endoscopes. As the consequential risk meant that high hazard chemicals could have escaped from their containments, chemical supplies already on site had to be quarantined and new supply was interrupted from that point until recently when normal supply was resumed. This had the effect of placing risks on the business continuity of endoscopy services across three of HDUHB's four acute hospital sites (Bronglais Hospital uses a different system) as stock levels approached minimum levels.

Working with the supplier, NWSSP and operational colleagues in neighbouring health boards engaged in a series of daily meetings spanning several weeks and were able to develop a resilience management plan which meant that risks arising did not materialise and translate into cancellation of planned or emergency endoscopy procedures. As a result, none of HDdUHB's patients had their procedures cancelled. At the time of writing this update, normal supply has been restored for two weeks but the situation continues to be monitored.

A follow up Field Safety Notice was issued on the 4 August 2023, identifying specific lot numbers that have been affected and recommending the quarantine of cannisters within the batch ranges specified. This meant that products not bearing these numbers could now be released for use adding further resilience to stock levels. Where the included batch numbers are concerned at HDdUHB, these cannisters have since been collected and replaced.

A lessons learned workshop is to be held in September 2023 with the aim of developing a better understanding of what happened to create this business continuity risk as well as strategically understanding the consequences of single supply chain dependency when, as in this case, choices made during capital procurement tied the organisation into a single supply source of consumable products for the life of the equipment.

NHS WALES AWARDS NOMINATIONS

It has been confirmed that HDdUHB has been shortlisted for the NHS Wales Awards in two categories. The first of which is the Improving Patient Safety category for the organisations work on 'Changing Workplace Culture and Multidisciplinary Engagement in Maternity and Neonatal Clinical Risk and Governance'. A second nomination is for the Providing Services in Partnership across NHS Wales category for the organisations work on 'Faecal Immunochemical Testing (FIT) in primary care – an innovative approach to test safely, effectively and improve patient care'.

The Awards showcase how innovative ideas for change can make a significant difference to the patients who need care, the organisations that provide care, and the health and care system as a whole. It is an opportunity to showcase hardworking and inspiring teams working together, striving to improve healthcare practices and patient care across Wales. The winners will be announced in a ceremony on 26 October 2023 in Cardiff.

HAFAN DERWEN SOLAR FARM SUSTAINABILITY AWARD

The HDdUHB solar farm development in Carmarthen was recognised with a Sustainability Achievement award on 11 May 2023 by the Institute of Healthcare Engineering and Estate Management (IHEEM). As a part of the Wales Regional Conference, hosted jointly by NHS Wales Shared Services Partnership - Specialist Estates Services and IHEEM, awards were presented to celebrate achievement, commitment, and improvement within estates services across NHS Wales.

This award recognises the use of innovative technology and sustainable practices to reduce the organisation's carbon footprint. The panel recognised that the solar farm development in Carmarthen not only contributed to the organisations targets in reducing carbon emissions, but undertook a holistic approach, including a focus on biodiversity with enhanced planting and green areas and patient and staff well-being through the inclusion of seating areas and information boards. The solar farm project at Hafan Derwen is just one of the many steps HDdUHB is taking towards addressing the climate emergency.

Argymhelliad / Recommendation

The Board is asked to **RECEIVE** the operational update and progress report and to **RATIFY** the following decisions made by GOLD Command Group:

To date the following decisions have been made by GOLD Command Group which need ratifying by the Board:

1. Terms of reference for Gold, Silver and Bronze approved at the meeting on 6 September 2023.
2. Support and ratify the decision taken by the Chief Executive Officer and Executive Director of Finance to approve the temporary kitchen purchase order on the 1st of September 2023 for Withybush General Hospital

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

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

1548 - Risk has been updated in the corporate risk register with regards to maintaining routine, urgent and emergency service provision across the organisation during industrial action.
1382 - Risk to patients and staff due to a lack of assurance of safe estate as a consequence of RAAC (WGH)
1699 - Risk of loss of service capacity at WGH due to surveys and remedial work relating to RAAC

Parthau Ansawdd:
Domains of Quality
[Quality and Engagement Act \(sharepoint.com\)](#)

7. All apply

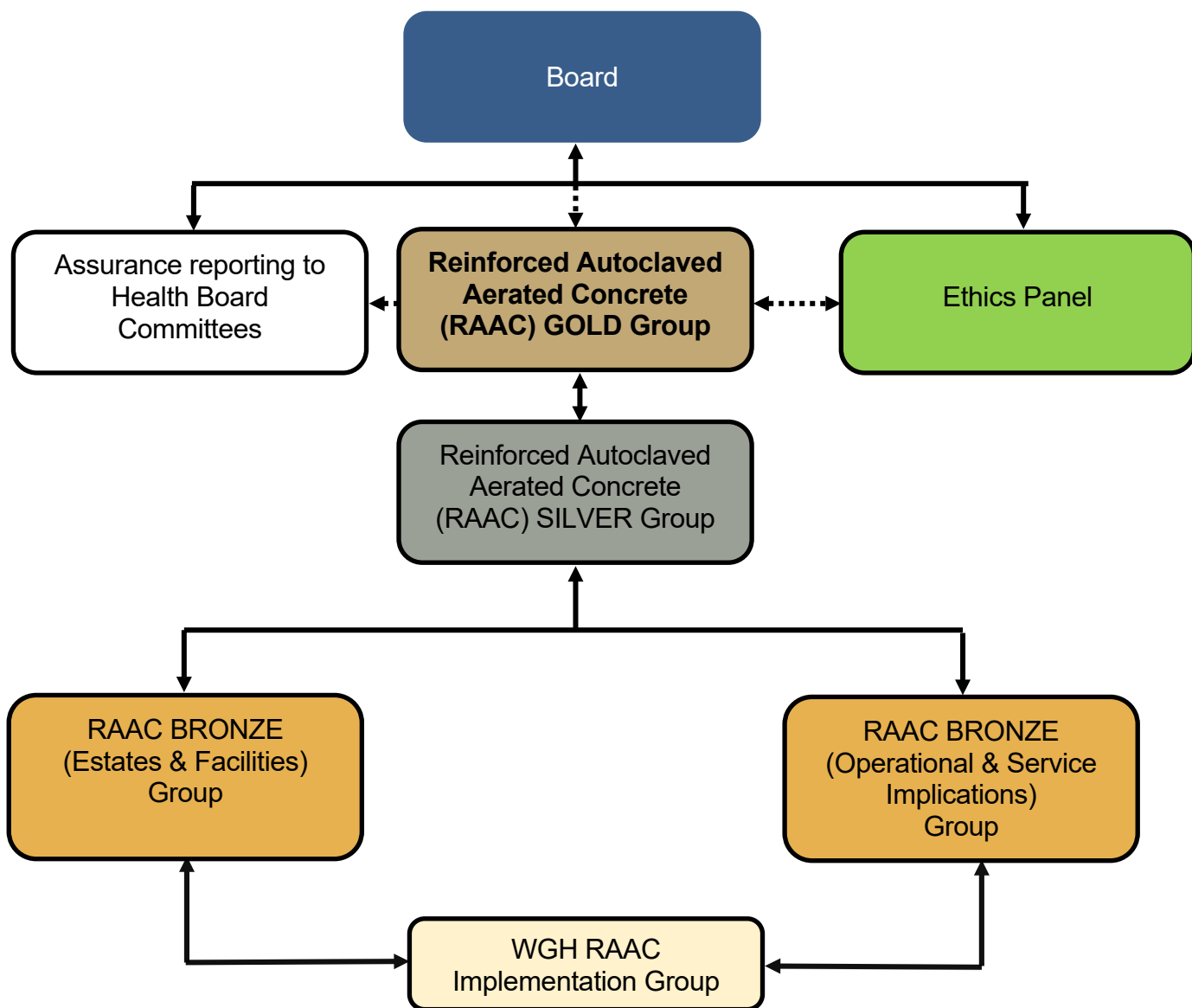
| | |
|---|---|
| Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com) | 6. All Apply |
| Amcanion Strategol y BIP: UHB Strategic Objectives: | All Strategic Objectives are applicable |
| Amcanion Cynllunio Planning Objectives | All Planning Objectives Apply |
| Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022 | 9. All HDdUHB Well-being Objectives apply |

| Gwybodaeth Ychwanegol: Further Information: | |
|--|---|
| Ar sail tystiolaeth: Evidence Base: | As presented |
| Rhestr Termiau: Glossary of Terms: | APMS – Alternative Primary Medical Service CAMHS – Child Adolescent Mental Health Services CMHC – Community Mental Health Centre CMHT – Community Mental Health Team CPN – Child Protection Nurse CSP – Clinical Services Plan CYP – Children and Young People D2RA – Discharge to Recovery and Assess DLA – Discharge Liaison Nurse DNA – Did Not Attend DPoC – Delayed Pathways of Care DToC – Delayed Transfers of Care DWT – Dementia Wellbeing Team ENT – Ear, Nose and Throat FBC – Full Business Case FIT – Faecal Immunochemical Testing FLO – Family Liaison Officer GGH – Glangwili General Hospital GMS – General Medical Services HDdUHB – Hywel Dda University Health Board IEG – Integrated Executive Group IHEEM – Institute of Healthcare Engineering and Estates Management IPAR – Integrated Performance Assurance Report IPTS – Intensive Psychological Therapies Service JCVI – Joint Committee on Vaccination and Immunisation |

| | |
|--|---|
| | <p>MAS – Memory Assessment Service MHLD – Mental Health & Learning Disabilities NCCU – National Collaborative Commissioning Unit NIF – National Immunisations Framework NWSSP – National Wales Shared Services Partnership OAMH – Older Adult Mental Health OCP – Organisational Change Process OT – Occupational Therapy PCCRG – Primary Care Contracts Review Group PHW – Public Health Wales PIFU – Patient Initiated Follow Up PPH – Prince Philip Hospital RAAC - Reinforced Autoclave Aerated Concrete RPB – Regional Partnership Board RTT – Referral to Treatment SCAMHS – Specialist Child and Adolescent Mental Health Service SDEC – Same Day Emergency Care SES – Specialist Estates Services SoS – See on Symptom SPH – South Pembrokeshire Hospital SW – Social Worker TA – Trusted Assessor TUEC – Transforming Urgent and Emergency Care TUPE – Transfer of Undertakings Protection of Employment UEC – Urgent and Emergency Care WAST – Welsh Ambulance Service Trust WG – Welsh Government WGH – Withybush General Hospital WHC – Welsh Health Circular</p> |
| <p>Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:</p> | 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 |



REINFORCED AUTOCLAVED AERATED CONCRETE (RAAC) GOLD GROUP

TERMS OF REFERENCE

| Version | Issued to: | Date | Comments |
|---------|--|------------|----------|
| V1 | Reinforced Autoclaved Aerated Concrete (RAAC) Gold Group | 06.09.2023 | Approved |
| | | | |
| | | | |
| | | | |
| | | | |

REINFORCED AUTOCLAVED AERATED CONCRETE (RAAC) GOLD GROUP

1. Constitution

- 1.1 The Reinforced Autoclaved Aerated Concrete ¹(RAAC) Gold Group (the Group) has been established from 04 August 2023 following the declaration of an internal major incident relating to RAAC at Withybush Hospital.

2. Purpose

- 2.1 The purpose of the RAAC Gold Group is to take overall responsibility for:
 - 2.1.1 The urgent development of a plan to evacuate services and people from the RAAC affected areas in WGH which must be implemented by 31 August 2023. This plan will need to be clear regarding how the lost capacity and services on site will be re-provided, in appropriate and suitable alternative settings, for the period up to and until the affected areas are certified safe for reoccupation by the Health Board's expert contractors. It will also need to include an Equalities and Quality Impact Assessments for review and sign off by the Executive Director of Nursing, Quality and Patient Experience, and an active risk management plan.

3. Operational Responsibilities

- 3.1 The RAAC Gold Group will:
 - 3.1.1 Take overall responsibility for the management and remediation of RAAC at Withybush Hospital (WGH) and the anticipated critical decisions and associated business continuity challenges.
 - 3.1.2 Establish a framework of policy within which tactical managers will work by determining and reviewing a clear strategic aim and objectives.
 - 3.1.3 Ensure sufficient resources are made available to achieve the strategic objectives set, also considering the longer-term resourcing implications and any specialist skills that may be required.
 - 3.1.4 Formulate the media handling and public communications strategies, in consultation with any partner organisations involved, and also ensure the Health Board's image and reputation is safeguarded.
 - 3.1.5 Delegate actions to the RAAC Silver Group for them to implement a Tactical Plan to achieve the strategic aims.
 - 3.1.6 Oversee the Health Board's current position and action plan to RAAC through reports from the RAAC Silver Group.
 - 3.1.7 Consider the organisational capacity to manage and respond to RAAC.
 - 3.1.8 Identify any areas of support required from Welsh Government.

¹ RAAC is a lightweight form of concrete used in roof, floor, cladding and wall construction in the UK from the mid-1950s to the mid-1980. The limited durability of RAAC roofs and other RAAC structures has long been recognised; however recent experience suggests the problem may be more serious than previously appreciated and that many building owners are not aware that it is present in their property

3.1.9 Consider advice received from the Health Board's Legal Counsel.

3.1.10 Escalate significant issues to the Board for discussion.

4. Membership

4.1 The core membership of the RAAC Gold Group shall comprise:

| Title |
|--|
| Chief Executive (Chair) |
| Director of Operations (Vice-Chair) |
| Director of Nursing, Quality and Patient Experience |
| Director of Public Health |
| Director of Finance |
| Director of Primary Care, Community and Long Term Care |
| Director of Workforce and OD |
| Director of Corporate Governance/Board Secretary |
| In attendance |
| Communications and Engagement Director |
| Health Board Chair |

4.2 The membership of the Group will be reviewed on a regular basis.

5. Quorum and Attendance

5.1 A quorum shall consist of no less than a third and must include as a minimum the Chair or Vice Chair of the Group.

5.2 Any senior officer of the Hywel Dda University Health Board (HDdUHB) or from a partner organisation may, where appropriate, be invited to attend.

5.3 The Group may also co-opt additional independent external 'experts' from outside the organisation to provide specialist knowledge.

5.4 Should any member be unavailable to attend, they may nominate a deputy to attend in their place, subject to the agreement of the Chair.

6. Agenda and Papers

6.1 The RAAC Gold Group will be supported administratively by the Corporate Governance Team, whose duties in this respect will include:

- Agreement of agenda with the Chair and attendees;
- Collation of papers;
- Taking minutes of meetings;
- Keeping a record of matters arising and issues to be carried forward within an action log.

- 6.2 An agenda will be set with the Chief Executive 4 working days before each meeting with papers required by noon each Friday in order for the review. All papers must be approved by the lead Executive Director before they are submitted.

7. Frequency of Meetings

- 7.1 The RAAC Gold Group will meet as and when required, ie to approve a new Gold Delivery Requirement, or to approve proposals put forward by the RAAC Silver Group, with the frequency of meetings will be reviewed on a regular basis.

8. Accountability, Responsibility and Authority

- 8.1 The RAAC Gold Group will be accountable for its performance in exercising the functions set out in these terms of reference. It shall embed the HDdUHB's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.

9. Reporting

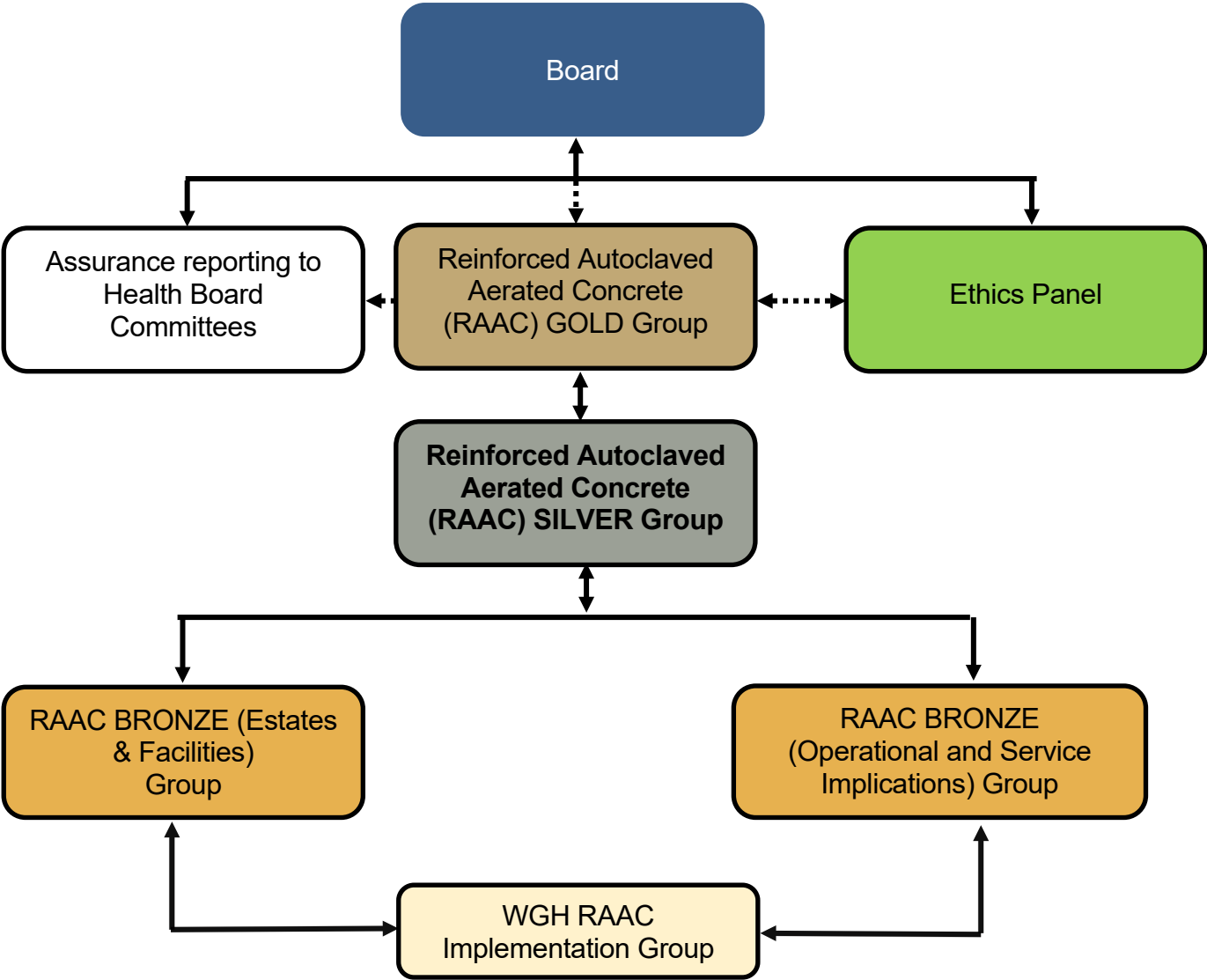
- 9.1 The RAAC Gold Group may establish silver, bronze and other groups to carry out on its behalf specific aspects of Group business. The Group will receive an update following each sub-groups meetings detailing the business undertaken on its behalf. The RAAC Gold Group has established the following groups:
- 9.1.1 RAAC Silver Group to implement a tactical plan to achieve the strategic aims set by Gold.
- 9.2 The RAAC Gold Group's Chair, supported by the Group Secretary, shall:
- 9.2.1 Bring to the Board's specific attention any significant matters under consideration by the Group, and request ratification on any decisions made by the RAAC Gold Group.
- 9.2.2 Ensure appropriate escalation arrangements are in place to alert the Health Board Chair or Chairs of other relevant committees of any urgent/critical matters.
- 9.2.3 Regular updates will be provided to the Board via the Chief Executive's Report and/or the Director of Operations Report to Board.

10. Secretarial Support

- 10.1 The Corporate Governance Team will support the arrangements of the RAAC Gold Group.

11. Review Date

- 11.1 These terms of reference and operating arrangements shall be reviewed on at least a six-month basis.



REINFORCED AUTOCLAVED AERATED CONCRETE (RAAC) SILVER GROUP

TERMS OF REFERENCE

| Version | Issued to: | Date | Comments |
|---------|-------------------|------------|----------|
| V1 | RAAC Gold Group | 06.09.2023 | Approved |
| V1 | RAAC Silver Group | 07.09.2023 | Approved |
| | | | |
| | | | |
| | | | |
| | | | |

REINFORCED AUTOCLAVED AERATED CONCRETE (RAAC) SILVER GROUP

1. Constitution

- 1.1 The Reinforced Autoclaved Aerated Concrete ¹(RAAC) Silver Group (the Group) has been established from 14 August 2023 following the declaration of an internal major incident relating to RAAC at Withybush Hospital.

2. Purpose

- 2.1 The purpose of the RAAC Silver Group is to oversee the operational delivery requirement issued by the RAAC Gold Group on 17 August 2023, as follows:
- 2.1.1 The urgent development of a plan to evacuate services and people from the RAAC affected areas in WGH which must be implemented by 31 August 2023. This plan will need to be clear regarding how the lost capacity and services on site will be re-provided, in appropriate and suitable alternative settings, for the period up to and until the affected areas are certified safe for reoccupation by the Health Board's expert contractors. It will also need to include an Equalities and Quality Impact Assessments for review and sign off by the Executive Director of Nursing, Quality and Patient Experience, and an active risk management plan.

3. Operational Responsibilities

- 3.1 The RAAC Silver Group will:
- 3.1.1 Provide sufficient capacity across the health and social care system to initially empty the 122 inpatients currently occupying wards 8, 10 and 11, and the Day surgery unit by the 25 August 2023. Then provide a service model that delivers a business as usual service until affected areas are available for clinical use again. This will be achieved by:
- 3.1.1.1 Reconfiguring services on site to increase inpatient capacity in appropriate areas of WGH;
 - 3.1.1.2 Increasing community capacity, including increasing the number of beds at South Pembrokeshire Hospital;
 - 3.1.1.3 Implementing a plan to mitigate and avoid demand/flow into WGH by 31 August 2023;
 - 3.1.1.4 Reducing the number of MFFD patients across the Health Board with the support of local authority partners.
- 3.1.2 Confirm the impact or need if any to re-prioritise elective capacity:

¹ RAAC is a lightweight form of concrete used in roof, floor, cladding and wall construction in the UK from the mid-1950s to the mid-1980. The limited durability of RAAC roofs and other RAAC structures has long been recognised; however recent experience suggests the problem may be more serious than previously appreciated and that many building owners are not aware that it is present in their property

3.1.2.1 Implement a short term plan to deliver the urgent decant of 122 patients from WGH;

3.1.2.2 Explore short term opportunities to mitigate the impact on elective volumes, if applicable.

3.1.3 Implement urgent decant plans to facilitate visual inspection of RAAC affected ground floor areas at WGH by 31 August 2023. Following visual inspection all areas will require further plank by plank inspection to confirm technical requirements of future remediation work.

3.1.4 Identify a solution that re-provides catering facilities for the site:

3.1.4.1 Initially, prioritising the need to provide a service for inpatients;

3.1.4.2 Secondly, delivers a service on site for staff;

3.1.4.3 Identifies any staff impact from the change.

3.1.5 Complete the visual survey of RAAC affected areas by the end of September 2023, (or as soon as possible afterwards in the case of the main kitchen). Note: following visual inspection all areas which require further plank by plank inspection to confirm technical requirements of future remediation work will be undertaken.

In addition to the above to undertake the following actions:

3.1.5.1 Submitting an initial assessment of the cost of capital works that the Health Board has committed to addressing wards 9 and 12, to Welsh Government, with the aim of securing funding to cover those costs;

3.1.5.2 Provide an estimated cost and repair plan to Welsh Government that enables them to provide capital for all RAAC related repair work for red assessed planks only, required to be completed by 31st March 2024;

3.1.5.3 Identify and share with Welsh Government the estimated cost of fixing “for life” the issue of RAAC at WGH.

3.1.6 Develop and implement an effective communication plan and engagement plan with staff, patients, the wider population, and key stakeholders. Maintain effective communication links with Dyfed Powys Local Resilience Forum, to provide regular partner updates and access mutual aid as required.

3.1.7 Establish bronze groups as necessary to progress the operationalisation of the above actions.

3.1.8 Identify the impact of the RAAC mitigation plan on performance and financial forecasts for the remainder of 2023/24.

3.1.9 Oversee any corporate risks associated with RAAC.

4. Membership

4.1 The core membership of the RAAC Silver Group shall comprise:

| Title |
|--------------------------------|
| Director of Operations (Chair) |

| |
|---|
| Director of Strategy and Planning (Vice-Chair) |
| Director of Acute Services |
| Director of Estates, Facilities and Capital Management |
| Deputy Director of Nursing, Quality and Patient Experience |
| Deputy Medical Director – Acute Services |
| Assistant Director of Corporate Legal Services and Public Affairs |
| Assistant Director of Communications and Engagement Director |
| Withybush Hospital General Manager |
| Interim County Director (Pembrokeshire) |
| Head of Health, Safety & Security |
| Head of Emergency Planning |
| Head of Workforce |
| Senior Finance Business Partner |

4.2 The membership of the Group will be reviewed on a regular basis.

5. Quorum and Attendance

- 5.1 A quorum shall consist of no less than a third and must include as a minimum the Chair or Vice Chair of the Group, and a representative from each of the Bronze Groups.
- 5.2 Any officer of the Hywel Dda University Health Board (HDdUHB) or from a partner organisation may, where appropriate, be invited to attend.
- 5.3 The Group may also co-opt additional independent external ‘experts’ from outside the organisation to provide specialist knowledge.
- 5.4 Should any member be unavailable to attend, they may nominate a deputy to attend in their place, subject to the agreement of the Chair.

6. Agenda and Papers

- 6.1 The Group will be supported administratively by the Corporate Governance Team, whose duties in this respect will include:
 - Agreement of agenda with the Chair and attendees;
 - Collation of papers;
 - Taking minutes of meetings;
 - Keeping a record of matters arising and issues to be carried forward within an action log.
- 6.2 An agenda will be set with the Director of Operations 4 working days before each meeting with papers required by noon each Friday in order for the review by the Director of Operations. All papers must be approved by the lead Executive Director before they are submitted.

7. Frequency of Meetings

- 7.1 The Group will meet initially once a week with additional meetings arranged as determined by the Chair. The frequency of meetings will be reviewed on a regular basis.

8. Accountability, Responsibility and Authority

- 8.1 The Group will be accountable for its performance in exercising the functions set out in these terms of reference. It shall embed the HDdUHB's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.

9. Reporting

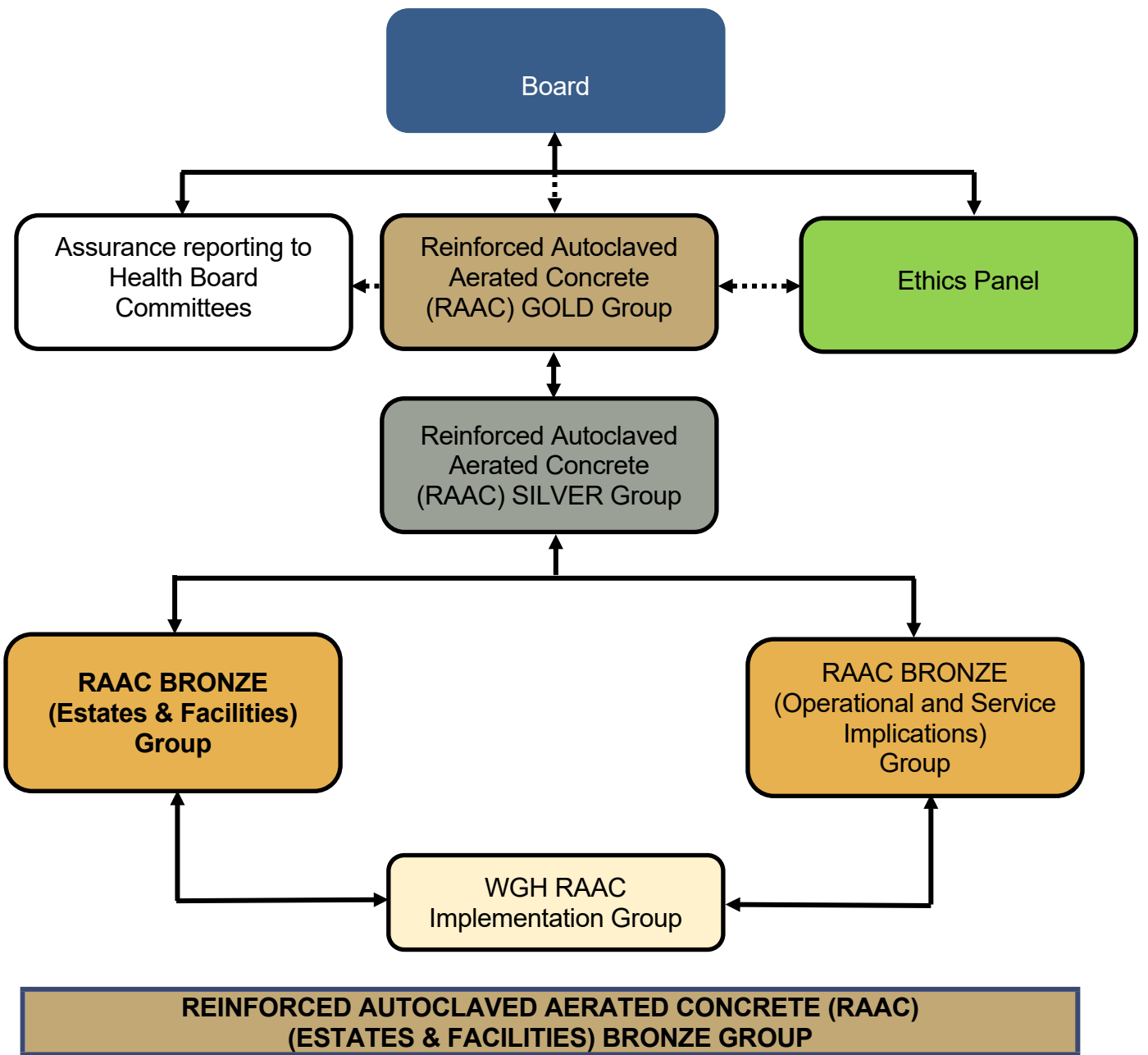
- 9.1 The may establish bronze groups to carry out on its behalf specific aspects of Group's business. The Group will receive an update following each sub-groups meetings detailing the business undertaken on its behalf. The RAAC Silver Group has established the following bronze groups:
- 9.1.1 RAAC Bronze (Estates and Facilities) Group
 - 9.1.2 RAAC Bronze (Operational and Service Implications) Group
- 9.2 The Group's Chair, supported by the Group Secretary, shall bring to the RAAC Gold Group's specific attention any items for decision outside of its scope of responsibility and any significant matters under consideration by the Group.

10. Secretarial Support

- 10.1 The Corporate Governance Team will support the arrangements of the RAAC Silver Group.

11. Review Date

- 11.1 These terms of reference and operating arrangements shall be reviewed on at least a six-month basis.



TERMS OF REFERENCE

| Version | Issued to: | Date | Comments |
|---------|-------------------|------------|---|
| V1 | RAAC Gold Group | 06.09.2023 | Approved subject to including additional members. |
| V2 | RAAC Silver Group | 07.09.2023 | Approved |

| | | | |
|--|--|--|--|
| | | | |
| | | | |

REINFORCED AUTOCLAVED AERATED CONCRETE (RAAC) (ESTATES & FACILITIES) BRONZE GROUP

1. Constitution

- 1.1 The Reinforced Autoclaved Aerated Concrete ¹(RAAC) Bronze (Estates & Facilities) Group (the Group) has been established from 14 August 2023 following the declaration of an internal major incident relating to RAAC at Withybush Hospital (WGH).

2. Purpose

- 2.1 The purpose of the Group is to implement the tactical response to the Gold delivery requirement, as follows:
- 2.1.1 The urgent development of a plan to evacuate services and people from the RAAC affected areas in WGH which must be implemented by 31 August 2023. This plan will need to be clear regarding how the lost capacity and services on site will be re-provided, in appropriate and suitable alternative settings, for the period up to and until the affected areas are certified safe for reoccupation by the Health Board's expert contractors. It will also need to include an Equalities and Quality Impact Assessments for review and sign off by the Executive Director of Nursing, Quality and Patient Experience, and an active risk management plan.

3. Operational Responsibilities

- 3.1 The Group will:
- 3.1.1 Receive detailed assessments following each area surveyed by the specialist structural surveyor in order to inform decisions on the next steps.
- 3.1.2 Develop a survey and remediation plan for all areas affected by RAAC to support service leads in any decant arrangements for temporary facilities needed to mitigate any loss of service. This plan will give clarity on which areas are unavailable for reuse and therefore give formal information to service managers on any lost capacity and services.
- 3.1.3 Develop an appropriate governance plan to ensure that areas are certified safe for reoccupation by the Health Board's expert contractors.

¹ RAAC is a lightweight form of concrete used in roof, floor, cladding and wall construction in the UK from the mid-1950s to the mid-1980. The limited durability of RAAC roofs and other RAAC structures has long been recognised; however recent experience suggests the problem may be more serious than previously appreciated and that many building owners are not aware that it is present in their property

- 3.1.4 Support urgent decant plans to facilitate visual inspection of RAAC affected ground floor areas at WGH by 31 August 2023. Following visual inspection all areas will require further plank by plank inspection to confirm technical requirements of future remediation work.
- 3.1.5 Identify a solution that re-provides catering facilities for the site:
 - 3.1.5.1 Initially, prioritising the need to provide a service for inpatients;
 - 3.1.5.2 Secondly, delivers a service on site for staff;
 - 3.1.5.3 Identifies any staff impact from the change.
- 3.1.6 Complete the visual survey of RAAC affected areas by the end of September 2023 (or as soon as possible afterwards in the case of the main kitchen). Note: following visual inspection all areas which require further plank by plank inspection to confirm technical requirements of future remediation work will be undertaken.

In addition to the above to undertake the following actions:

- 3.1.6.1 Submit an initial assessment of the cost of capital works that the Health Board has committed to addressing wards 9 and 12, to Welsh Government, with the aim of securing funding to cover those costs;
- 3.1.6.2 Provide an estimated of cost and programme plan to Welsh Government that enables them to provide capital for all RAAC related repair work for red assessed planks only, required to be completed by 31 March 2024;
- 3.1.6.3 Identify and share with Welsh Government the estimated cost of fixing “for life” the issue of RAAC at WGH by end September 2023
- 3.1.7 Develop and implement an effective communication plan and engagement plan with staff, patients, the wider population, and key stakeholders.
- 3.1.8 Support wider briefings provided by other Bronze Groups on changes to facilities and decant arrangements.
- 3.1.9 Develop and maintain a clear record of all decisions which should include those made up to the point of the establishment of the Command and Control Structure and beyond.

4. Membership

- 4.1 The core membership of the Group shall comprise:

| Title |
|--|
| Director of Estates, Facilities and Capital Management (Chair) |
| Head of Property Services (Vice-Chair) |
| Head of Operational Services |
| Discretionary Capital Projects Manager |
| Head of Facilities |
| Head of Maintenance & Engineering |

| |
|--------------------------------|
| Design Team Officer |
| WGH Site Operations Manager |
| WGH Catering Manager |
| Health & Safety Manager |
| Site Management Representative |
| IP&C Representative |
| Trade Union Representative |
| Staff Side Representative |

4.2 The membership of the Group will be reviewed on a regular basis.

5. Quorum and Attendance

- 5.1 A quorum shall consist of no less than a third and must include as a minimum the Chair or Vice Chair of the Group.
- 5.2 Any officer of the Hywel Dda University Health Board (HDdUHB) or from a partner organisation may, where appropriate, be invited to attend.
- 5.3 The Group may also co-opt additional independent external 'experts' from outside the organisation to provide specialist knowledge.
- 5.4 Should any member be unavailable to attend, they may nominate a deputy to attend in their place, subject to the agreement of the Chair.

6. Agenda and Papers

- 6.1 The Group will be supported administratively by the Estates and Facilities Directorate, whose duties in this respect will include:
 - Agreement of agenda with the Chair and attendees;
 - Collation of papers;
 - Taking minutes of meetings;
 - Keeping a record of matters arising and issues to be carried forward within an action log.
- 6.2 An agenda will be set with the Group Chair 4 working days before each meeting with papers required by noon 2 days before the meeting, in order for the review by the Group Chair.

7. Frequency of Meetings

- 7.1 The Group will meet initially once a week with additional meetings arranged as determined by the Chair. The frequency of meetings will be reviewed on a regular basis.

8. Accountability, Responsibility and Authority

- 8.1 The Group will be accountable for its performance in exercising the functions set out in these terms of reference. It shall embed the HDdUHB's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.

9. Reporting

- 9.1 The Group may establish task and finish groups to carry out on its behalf specific aspects of Group's business. The Group will receive an update, following each sub-groups meetings detailing the business undertaken on its behalf. The following group will report the Group:
- 9.1.1 WGH RAAC Implementation Group.
- 9.2 The Group's Chair, supported by the Group Secretary, shall:
- 9.2.1 Report formally, regularly and on a timely basis, by taking minutes, to the RAAC Silver Group on the Committee's activities.
- 9.2.2 Bring to the RAAC Silver Group's specific attention any significant matters under consideration by the Group.

10. Secretarial Support

- 10.1 The Estates and Facilities Directorate will support the arrangements of the RAAC Bronze (Estates and Facilities) Group.

11. Review Date

- 11.1 These terms of reference and operating arrangements shall be reviewed on at least a six-month basis.