



## CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	30 November 2023
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Operational Update and Progress Report
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Andrew Carruthers, Executive Director of Operations Jill Paterson, Director of Primary Care, Community and Long Term Care
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	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.

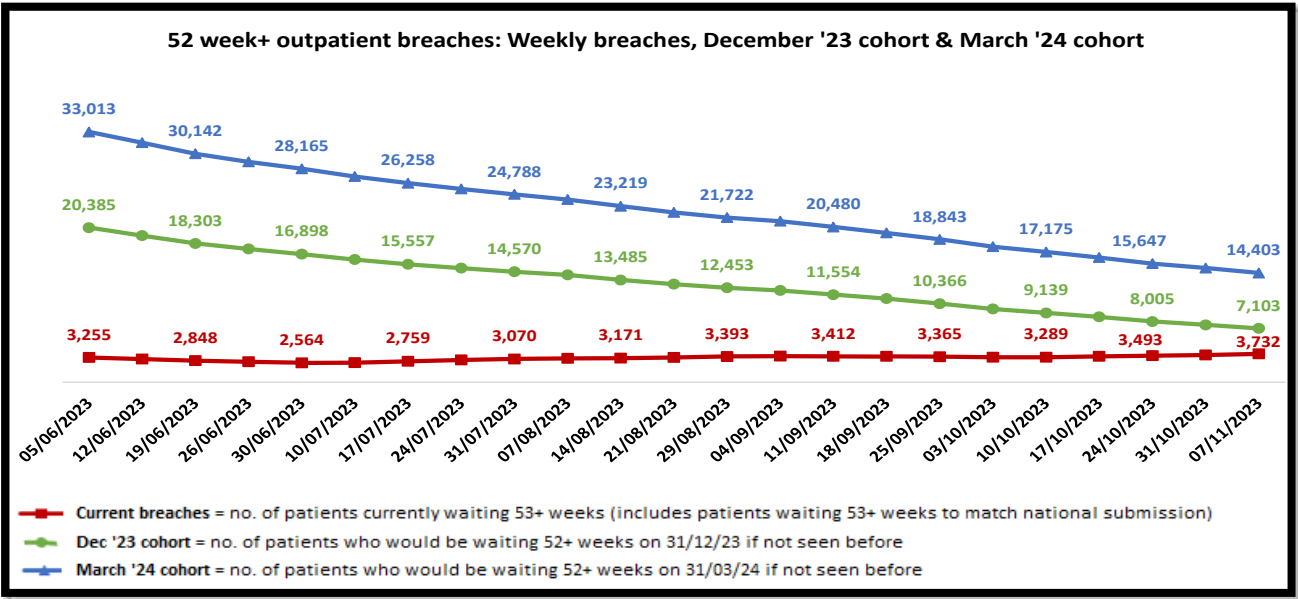
Asesiad / Assessment

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

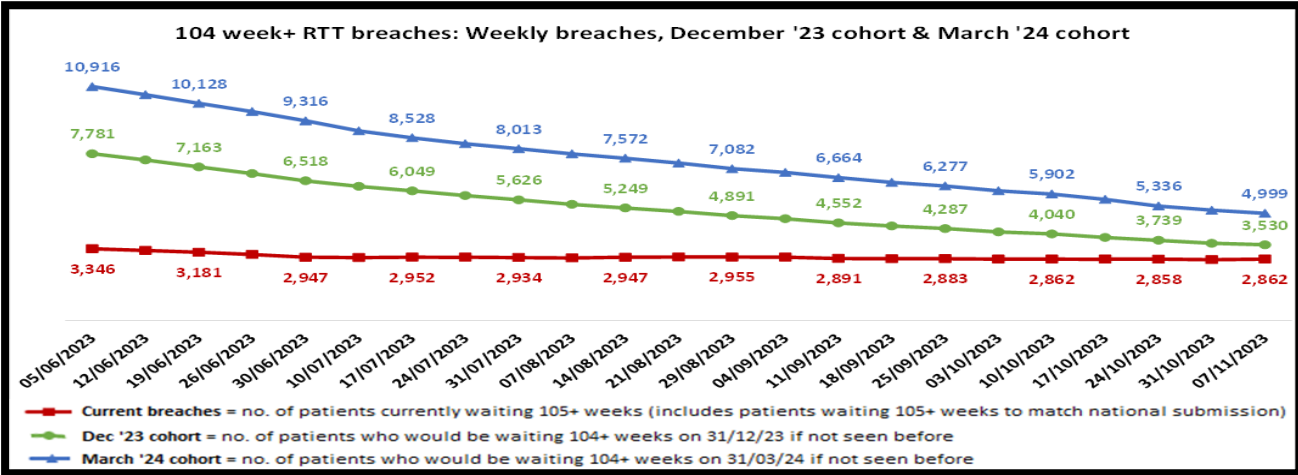
HDdUHB has continued to make positive improvement progress in respect of the Ministerial priorities for planned care. To supplement improvements achieved through transformation of outpatient care and incremental increases in capacity and activity delivered, progress has been supported by additional investment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

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



The cohort of patients who may exceed the 52-week threshold for Stage 1 outpatient waits by December 2023 and March 2024 continues to steadily reduce. However, the current number of patients waiting over 52 weeks for a new outpatient appointment has increased slightly in recent weeks. Whilst this remains within agreed trajectory levels reflected in the Annual Recovery Plan, the current breach position reflects the limitations on available additional resource to support further improvements beyond the levels achieved earlier this year.

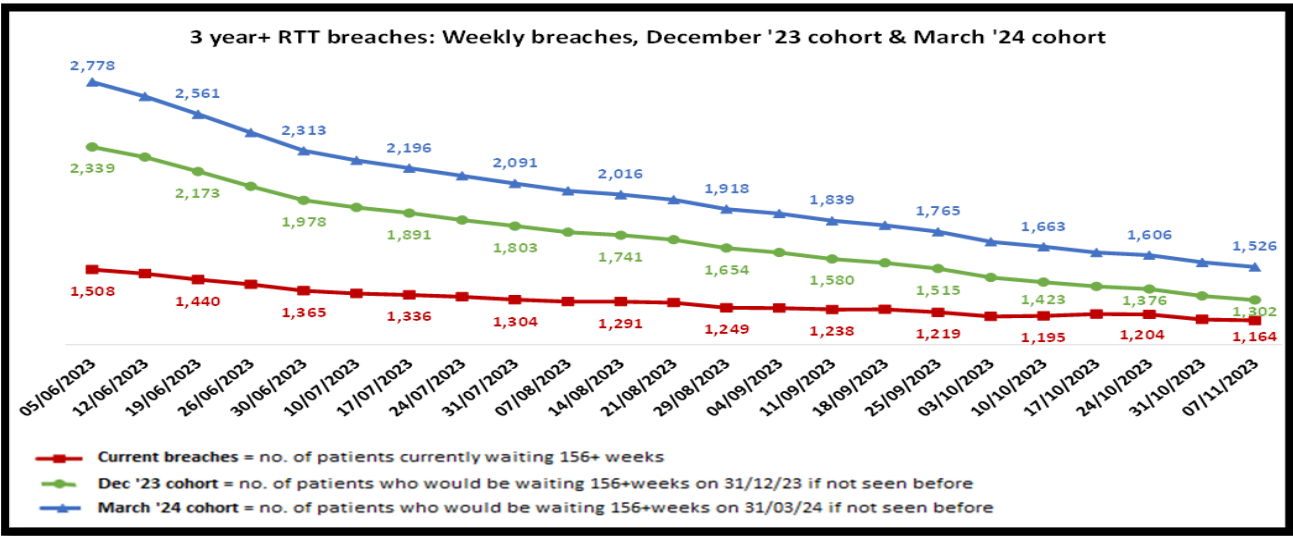
Number of patients waiting more than 104 weeks for treatment



The cohort of patients who may exceed the 104-week threshold for total pathway Referral to Treatment (RTT) waits by December 2023 and March 2024 also continues to steadily reduce. The current number of patients waiting over 104 weeks has remained relatively static since the beginning of October 2023. Whilst this remains within agreed trajectory levels reflected in the Annual Recovery Plan, the current breach position reflects the limitations on available additional resource to support further improvements beyond the levels achieved earlier this year.

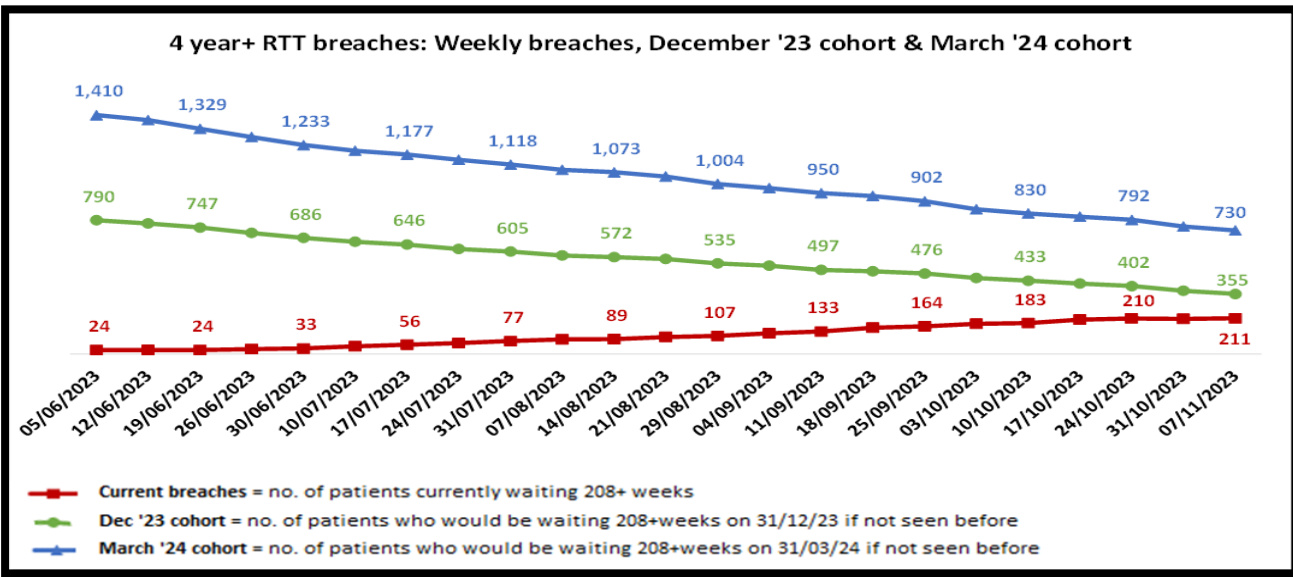
In parallel with the above ministerial priorities, Health Boards have been challenged to make significant progress in reducing longest waits. The table below shows progress since June 2023 in resolving 3 year waits, highlighting both the reported number of patients waiting in excess of 3 years per month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

3-year Referral to Treatment (RTT) cohort at end of March 2024 & weekly breaches



The cohort of patients who may exceed the 156-week (3 year) threshold for total pathway RTT waits by December 2023 and March 2024 also continues to steadily reduce. The current number of patients waiting over 156 weeks has shown a slight improvement in recent weeks, in line with the overall trend since June 2023.

4-year Referral to Treatment (RTT) cohort at end of March 2024 & weekly breaches



Similarly, the cohort of patients who may exceed the 208-week (4 year) threshold for total pathway RTT waits by December 2023 and March 2024 also continues to steadily reduce. However, the current number of patients waiting over 208 weeks has steadily increased since June 2023 in line with expectations. The majority of these patients are awaiting inpatient orthopaedic treatment.

The recent confirmed allocation of £2.8m to support additional planned care recovery improvements is expected to support resolution of 3 & 4 year waits in all specialties (with the exception of orthopaedics) by March 2024.

In parallel with the above planned care recovery workstreams, discussions are continuing with Swansea Bay UHB via the 'A Regional Collaboration for Health' (ARCH) planning programme, to explore practical opportunities to strengthen delivery of key service pathways by sharing workforce and physical resources to support our respective populations.

### **Regional Orthopaedics**

Building on the principles reflected in the National Clinical Orthopaedic Strategy (NCOS) published by Welsh Government earlier this year and the recommendations of the orthopaedic Get It Right First Time (GIRFT) reviews undertaken last year, Welsh Government has set out clear expectations for both Health Boards to develop a regional strategy for the future provision of orthopaedics and make early progress in pooling resources and expertise to help reduce the number of long waiting patients across the region. The expectation is for both Health Boards to move towards single waiting lists at the earliest practical opportunity.

Both Health Boards have agreed to establish a regional development programme, supported by a Senior Responsible Officer and Clinical Lead from each respective organisation. Whilst it is anticipated that evolution towards a fully regionalised model of care delivery will necessitate a detailed engagement and consultation process to work through the vision set out in the NCOS strategy, both Health Boards have been requested to pool resources and capacity to support access to treatment for the longest waiting patients. Whilst it is anticipated that in due course this will enable an expansion of the overall operating capacity available across the region, opportunities for orthopaedic surgeons to operate across both Health Board locations are currently being planned, with initial lists scheduled to commence from the end of November 2023.

In support of this, the NCOS team are facilitating a launch event for the programme on the 29 November 2023.

### **Regional Ophthalmology**

In October 2023, the ARCH Regional Recovery Group, which is chaired jointly by the Chief Executive Officers of both Health Boards, approved and endorsed closure reports for the Glaucoma, Diabetic Retinopathy and Cataract regional workstreams which had been in operation since 2020 in favour of the establishment of a new Executive led Regional Ophthalmology Programme. This new programme will take account of the various national reviews of ophthalmology services conducted in the past 2 years, the recommendations from the ophthalmology GIRFT reviews undertaken across Wales during the past year and a current review commissioned by WG which is expected to report in early 2024.

In parallel with this, both Health Boards are further exploring opportunities to pool resources and expertise to mitigate risks and capacity deficits in key eye care sub-specialty pathways.

Whilst examples of joint working and shared pathways are already developed in respect of Glaucoma and Diabetic Retinopathy, SBUHB have been formally approached to consider opportunities for additional operating capacity to help reduce cataract waiting times for HDdUHB patients and support for the current fragile Ophthalmology consultant on-call rota which is supported by 3 substantive consultants in HDdUHB.

### **Emergency General Surgery**

Since 1 May 2023, out of hours consultant cover for the emergency general surgery pathway at Withybush General Hospital (WGH) has been facilitated by consultants at Bronglais General Hospital (BGH) and Glangwili General Hospital (GGH). This involves providing remote support and advice to the SAS level of surgical doctors at WGH, who continue to provide 24/7 emergency surgical care for patients at the hospital. This reflected difficulties in sustaining the historical 24/7 level of consultant cover at the hospital due to the combined impact of workforce and long-term sickness absence. The revised model was approved by the Board as an interim measure pending successful recruitment of replacement consultant cover at Withybush to enable restoration of the 24/7 consultant rota.

From 1 May 2023 Withybush based consultants have worked a 1:3 rota (08:30 to 17:00, Monday to Friday), providing supervisory cover for admissions requiring conservative treatment or minor/intermediate procedures, the majority of which is delivered by the SAS team. Emergency major surgery is performed if deemed appropriate by the on-call WGH consultant in-hours, otherwise out-of-hours surgery is provided the on-call teams at BGH or GGH.

Over the 6-month period to 31 October 2023, a total number of 11 patient transfers from WGH have occurred in accordance with the revised out of hours pathway, with 6 patient transfers routed to BGH and 5 patient transfers to GGH. However, concerns were highlighted by the consultant team at BGH due to delays experienced with some of the transfers which occurred, with pressures on supporting ambulance availability, travel distance / times involved and the additional burden on the 1:4 consultant rota at BGH in providing remote advice to the SAS team at Withybush during out of hours periods. One patient transfer is currently subject to an Incident Management Group (IMG) review, supported by the Quality, Safety & Assurance Team. In October 2023, the BGH based consultant team confirmed their intention to withdraw from the revised consultant cover arrangements with effect from 1 November 2023.

In response to and in acknowledgement of the concerns of the consultant surgical team at BGH, a review group was established supported by the Deputy Medical Director, Clinical Director for Planned Care, Hospital Director for WGH and Clinical Team Leader for General Surgery, all of whom participate in emergency surgery consultant on-call rotas.

Reflecting the separate concerns of the GGH based consultant surgeons that withdrawal of BGH based surgeons from the revised cover arrangements would place an unacceptable burden on the GGH based team to provide remote and out of hours consultant cover for the pathway at Withybush; and in recognition of the stated desire of the WGH based consultants to re-establish 24/7 consultant cover at the hospital, an approval request for a Medacs agency locum was submitted to, and approved by the Financial Control Group in October 2023. A successful candidate was subsequently interviewed on 27 October 2023 and commenced employment on 6 November 2023. Consequently, 24/7 consultant cover of the emergency surgery pathway at WGH was re-established on 3 November 2023 based on a 1:4 rota pattern. As one substantive WGH based consultant is unable to participate in the 24/7 consultant rota, re-establishment of the former 1:5 rota through an additional locum appointee is not achievable within the financial control budget level available to the General Surgery Clinical Team.

On 20 November 2023, interviews are scheduled for an NHS locum consultant appointment which, if successfully secured, will replace the agency locum recently recruited.

The longer-term sustainability of the 24/7 consultant rota at WGH remains a concern, due to the continuing reliance on locum cover and this will remain under consideration via the Risk Register.

## WINTER PLANNING

2022/23 was the last year in which Health Boards were required by WG to develop formal Winter specific plans, supported by dedicated winter planning funding allocations. As an alternative, for 2023/24 onwards, Health Boards were requested to ensure urgent and emergency care development plans included those elements and priorities which would historically have featured in Winter specific plans.

Our plans for the in-year and longer-term transformation of urgent & emergency care (UEC) pathways are reflected in the Health Board's Annual Recovery Plan for 2023/24 and reflect WG priorities around the UEC 6 Goals and development of urgent primary care models. Key elements of our Health Board approach for winter 2023/24 are reflected in the Transforming Urgent and Emergency Care (TUEC) and Primary Care updates later in this report.

Notwithstanding the above, in September 2023, WG issued Health Boards with system resilience and winter preparedness guidance for winter 2023/24, setting out the key themes Health Boards should consider including:

### **Primary and community care:**

Health boards should collaborate with partners through the Pan Cluster Planning Groups and Clusters in taking steps to provide integrated health and care services to support people, particularly those who are living with frailty and other long term health conditions, to remain well and independent at home. Equally, when hospital admission is required, to support them to return home promptly.

### **Urgent and emergency care:**

To support resilient and safe urgent and emergency care services, Health Boards need to increase focus on securing sufficient clinical capacity in the Emergency Department to support timely triage and assessment and prioritise patient flow through acute hospital systems and back out into the community.

### **Capacity Planning:**

All Health Boards are expected to have capacity plans which align to all aspects of the organisation's planning and delivery expectations for 2023/24. These capacity plans are responsive to predicted surges in demand across paediatrics, critical care, general medicine and mortuary services.

### **Paediatrics:**

Complete paediatric surge plans as requested by the Deputy Chief Medical Officer (DCMO) in August 2023.

**Appendix 1** provides a summary assessment of the Health Board's latest position in respect of the above themes, shared with WG at the latest Joint Executive Team (JET) mid-year review.

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

### Impact of TUEC programme on '3C' Outcome Indicators

**Conveyance** - Overall trend continues to reduce.

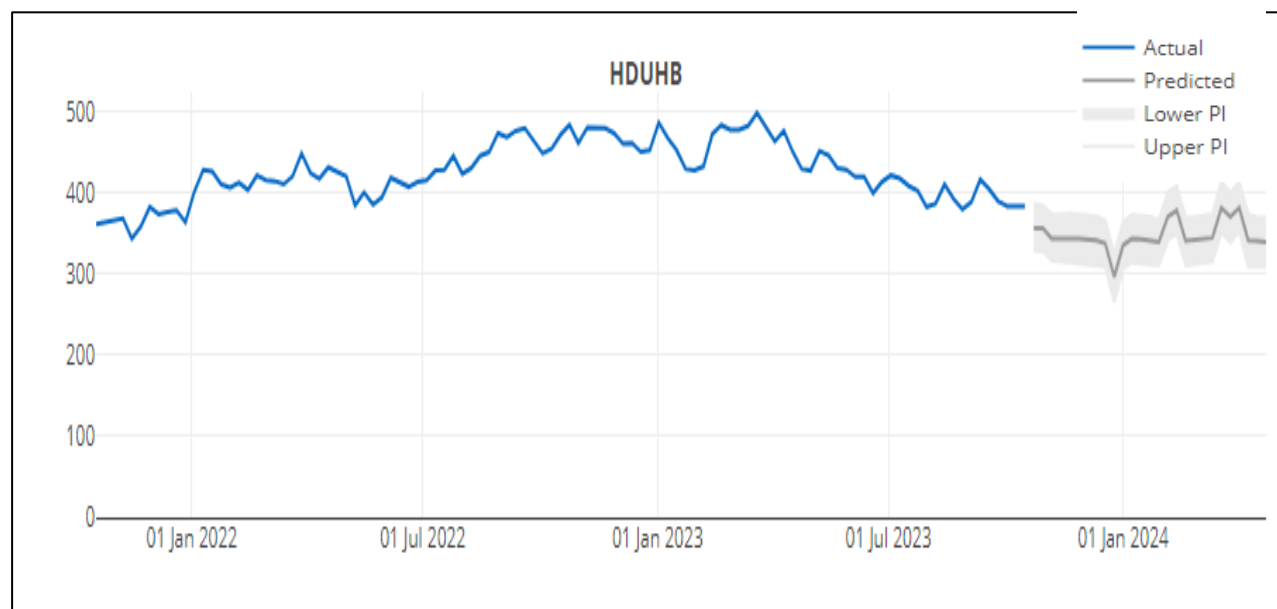
Whilst the overall trend in the numbers of individuals arriving by ambulance is reducing, this year the numbers are slightly higher than those seen in 2022. This is reflective of the pressures we are seeing at the front doors of the acute sites. In contrast the numbers of those self-presenting at our Emergency Departments have been increasing since April 2023.

**Conversion** – Overall trend continues to reduce.

Whilst the overall trend in Emergency Admissions is reducing, there has been an uncharacteristic and unseasonal increase in Emergency Admissions since April 2023, which is continuing. All three systems are showing an overall reducing trend. Whilst Carmarthenshire has the lowest admissions per 10k population, the county has seen a continuous increase in admission numbers since February 2023. It should be noted that this indicator does not take into account those individuals who completed their 'inpatient stay' within the Emergency Department. A reasonable proxy for this patient cohort is the number of 12-hour delays within the department, with the caveat that not all of the 12 hour delays will have required an inpatient stay. This has remained stable over the last 18 months with October's data currently sitting at around the same level as September 2023.

**Complexity** - Overall trend continues to increase.

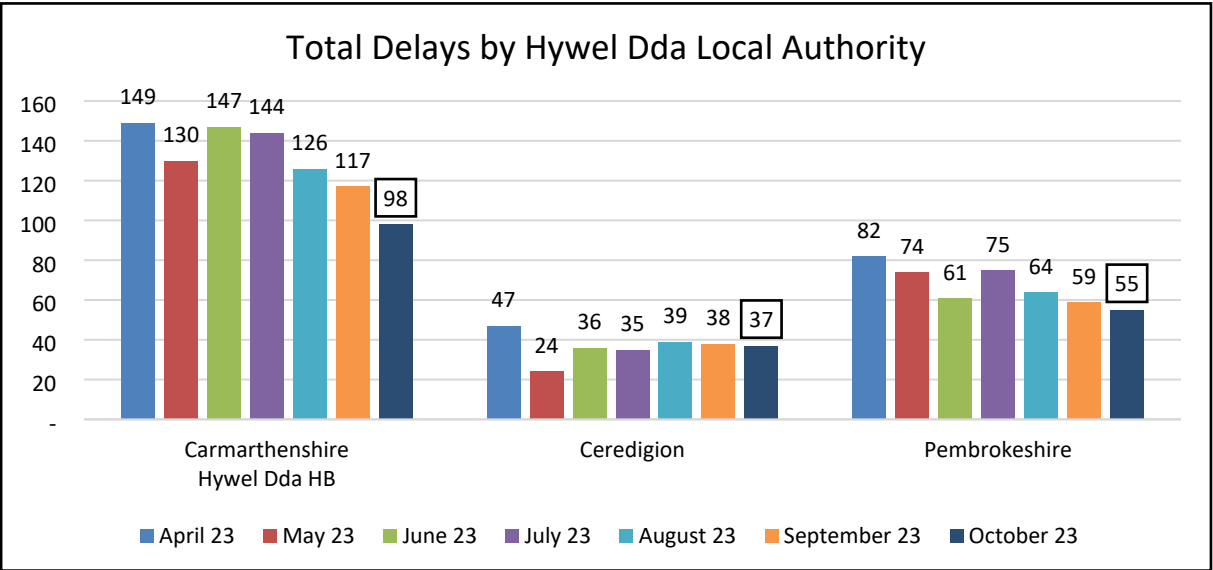
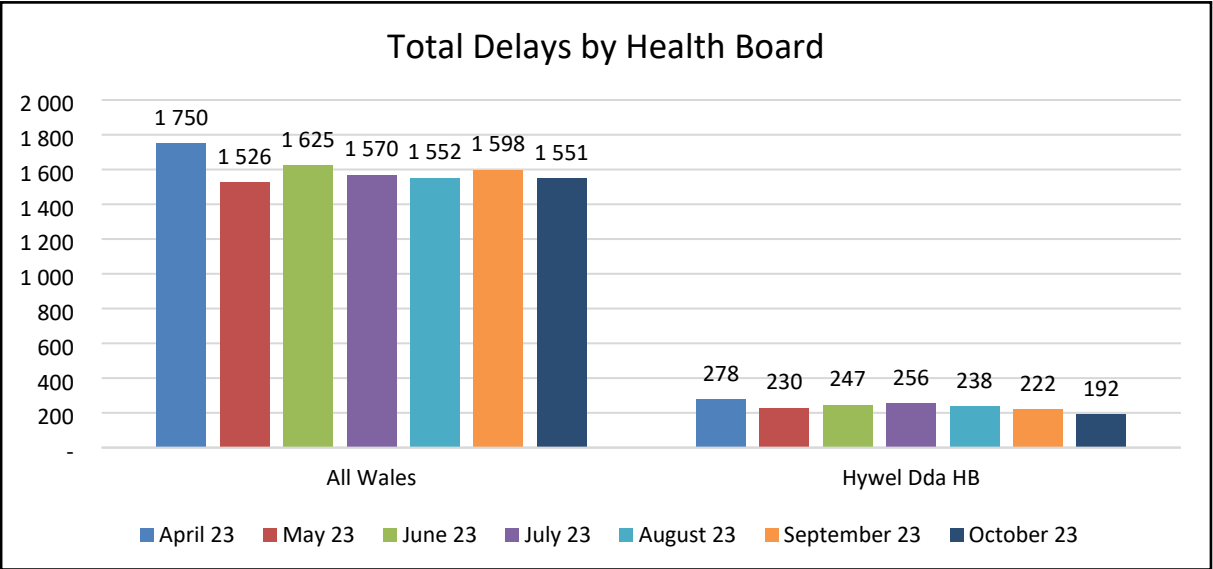
Whilst the overall trend is increasing, it should be noted that Length of Stay (LoS) is calculated once the individual is discharged from their inpatient bed. Therefore, the impact of the ongoing work to reduce the number of inpatients with a very long length of stay will be impacting directly on this average LoS. The impact of increasing admissions and a potential longer LoS is having a significant impact on the ability of the acute sites to reduce surge beds, improve patient flow and therefore reduce the ambulance handover delays at the front doors. 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 graph below shows the number of Emergency patients with a LoS > 21 days, this demonstrates a reducing trend from March this year:





PATHWAY of CARE DELAYS

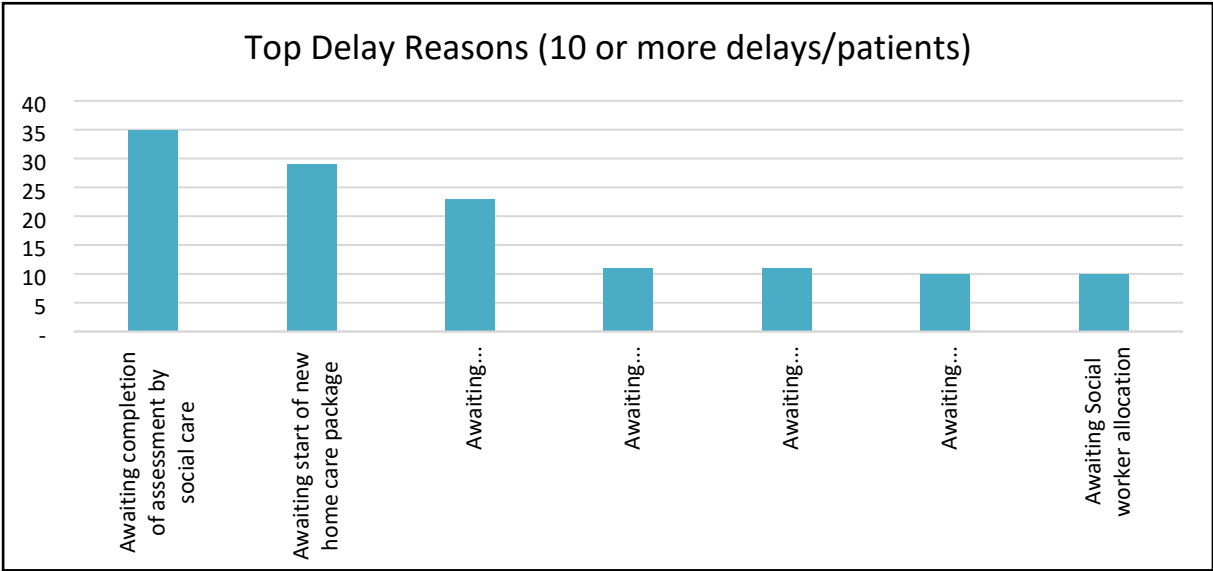
The number of Pathway of Care Delays (PoCD) has reduced consistently since April 2023 when reporting resumed following the COVID pandemic. This is in line with a broader trend of improvement across Wales. However, whilst the improvement for Wales has been an 11.4% reduction, HDdUHB has achieved a reduction of 30.9%. This improvement is broken down in greater details in the graphs below.



The top reasons for delays across the region have seen improvement. In particular, the number of patients waiting for assessment by social care, social worker allocation, and those awaiting residential home capacity. In contrast there has been an increase in those waiting for a new care home package, awaiting a reablement care package and those awaiting Elderly Mentally Infirm (EMI) residential availability.



Delay Reason	Sep-23	Oct-23
Awaiting completion of assessment by social care	44	35
Awaiting Social worker allocation	30	10
Awaiting completion of assessment Nursing/AHP/Medical/Pharmacy	25	23
Awaiting start of new home care package	22	29
Awaiting RH availability	22	11
Awaiting reablement care package		11
Awaiting EMI residential availability		10

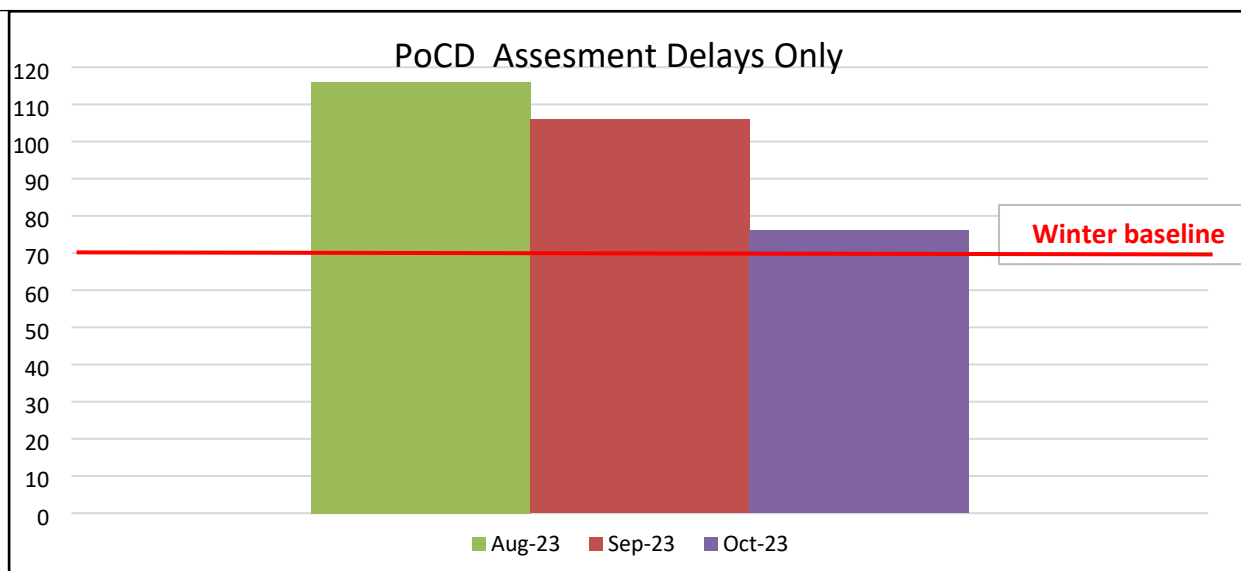


Workstreams are well established within each county to monitor the key themes from each PoCD census. A regional action plan to deliver improvement is reported monthly to the NHS Executive, along with regular touch points to inform of progress.

In line with other Health Boards, the assessment phase of the pathway was an area of significant delays. Given this, as part of the winter preparedness response set out in a letter from Nick Wood, Deputy Chief Executive NHS Wales dated 26 September 2023, all Health Boards are required to:

*Reduce by 60% ‘assessment delays’ as a reason for a pathway of care delay in each local authority area when compared to the August 2023 baseline (by the end of December 2023), whilst ensuring there isn’t an increase in delays in other areas of the system (e.g. a decrease in assessment delays but an increase in patients then waiting for the next step in their discharge plan).*

There has been a significant reduction in the number of delays associated with the assessment phase of the pathway in October with numbers slightly higher than the winter baseline of 60% of the August 2023 figure reported:



Focus on the introduction of the Trusted Assessor (TA) model across the region has contributed to this reduction in the delays. Each county has implemented this model to reflect local services, resources and populations. The TA role will negate the 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.

### Carmarthenshire

Carmarthenshire has been rolling out a new Gateway referral process which is linked to the TA framework. The Gateway process is a proportionate assessment for hospital discharge that is compliant with legislation. A full training programme is being rolled out. So far, over 70 staff in acute based settings have undertaken the training and are able to complete the assessment.

The Gateway process will allow Nurses, Physiotherapists, Therapy Technicians and Delta Wellbeing to complete assessments to support discharge, whereas previously, only Social Workers and Occupational Therapists could complete assessments for discharge into Intermediate Care services.

All referrals for care and support on discharge, including requests for social work referrals, now go through this process.

The new process supports the implementation of Discharge to Recovery and Assess (D2RA) principles and has already seen increased flow through services & a reduction in the number of assessments being undertaken in hospital for long term care provision.

Carmarthenshire is in the process of re-aligning the front door of adult services into an Intake model which will provide greater response to urgent & crisis referrals in the community which will further develop a preventative focus and work to avoid admission to hospital.

### Ceredigion

The reasons for delays in Ceredigion are different to the other counties in HDdUHB. The challenge in Ceredigion is around undertaking Health assessments rather than Social Care Allocation and Assessments.

In some instances, it is not appropriate for a TA to undertake the assessment due to the complexities of an individual patient. This complexity is apparent in the DPoC validation process.

It is essential as a system that there is a clear understanding of the challenges and which assessments are delaying discharges before committing to mitigation actions specifically around TA roles as there is a risk of destabilisation of existing good practice.

The areas of delay in Ceredigion relate to the following assessments:

- Capacity Assessments – HDdUHB responsibility
- Long Term Care Assessments – HDdUHB responsibility
- Enablement Assessments – Local Authority responsibility
- Arranging Multi-Disciplinary Team (MDT) meetings (with patients / family / carers) – HDdUHB responsibility

Pembrokeshire has experienced similar challenges with Capacity Assessments and are undertaking a trusted assessor pilot to address the issue. Ceredigion are awaiting feedback from the Pembrokeshire pilot to share learning and adopt best practice.

The Long-Term Care team have recently changed their working arrangements in BGH and are monitoring the impact on PoCD delays.

Ceredigion is currently undertaking a review to understand if the delays associated with Enablement are assessment or process / system driven. If the delays are due to undertaking assessments this may be an opportunity for HDdUHB staff to be trained and supported to be TAs for the Local Authority

The Behavioral Physiology Team are working to support expectation setting through communication with patients / families / carers across the patient pathway.

Local Authority partners are building on existing TA roles with refresh and expansion framework for prescription and installation of equipment through the Disability Living Fund. Ceredigion are continuing with the development of an education programme involving the upskilling of Local Authority enablement staff to undertake delegated tasks.

A Community Clinical lead Nurse is now based in BGH to oversee and review current discharge arrangements and monitor improvement across all discharge to Recover and Assess Pathways. This will facilitate patient flow and help reduce unnecessary delays.

## **Pembrokeshire**

Pembrokeshire has seen a reduction in PoCDs for those awaiting social care allocation, this has been enabled due to additional Care Assessor roles within the Joint Discharge Team. Awaiting social care assessment and awaiting completion of assessment Nursing/AHP/Medical have decreased in September, yet remain Pembrokeshire's most significant care delay.

The approach in Pembrokeshire is on building relationships to maximise the benefits of the TA role. In addition, there is focus on empowering front-line staff to identify where the TA role could work well and for individuals to lead on delivering pilots to test this approach.

Five key areas were identified which not only help to address Pembrokeshire's most significant care delays but where staff were willing to test the new approach and enable learning to inform future ways of working:

**CAPACITY ASSESSMENTS** - currently there is a reliance on Joint Discharge Teams & the HDdUHB Mental Capacity Act (MCA) team which leads to delays. To address this, a pilot activity is planned focusing on upskilling ward professionals who know individual patients best to enable them to conduct MCA assessments. This will minimise delays and reduce duplication of work. Currently three staff have been trained to carry out MCA assessments. The pilot will commence in November.

**SMALL CHANGES & LOW-LEVEL PACKAGE OF CARE ASSESSMENT** - this is currently supported by Social Worker Assessors. As part of this pilot, training will be provided to the Health Care Support Worker (HCSW) within the Care at Home team, enabling small changes to be made in a more timely and efficient manner. This will enable care to be right sized by those staff who care for the individual daily. The pilot to commence in November.

**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 Discharge Liaison Nurse (DLN) team. If successful, this will eliminate the need for home staff to conduct these assessments. This pilot commenced from the first week of October.

**FRONT DOOR** – this involves a unified approach across the Withybush General Hospital (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. This Pilot will commence following delivery and learning from the above pilots.

**EQUIPMENT** - there is an opportunity to upskill staff in key areas to facilitate earlier discharges or help support people to remain independent at home. Alongside regional work the Local Authority are looking at some key staff receiving one off training to support imminent Winter pressures. This will be offered across organisations to support a greater impact.

## PRIMARY AND COMMUNITY SERVICES STRATEGY

Development of the strategy was considered by the Board in September 2023. Whilst the scope relating to Primary Care, including Out of Hours, 24/7 and Urgent Primary Care, along with the Community Dental Services and the work around developing Integrated Localities were agreed; further consideration to the definition of "community" for inclusion in the strategy was requested.

Work is progressing in developing the issues paper, and engagement events with key contributors have commenced, with a session on stakeholder mapping which was undertaken on 26 October 2023. Work is now being progressed to develop a stakeholder questionnaire which will be issued to all staff working across the four contractor professions (GP Practices, Dental Practices, Community Pharmacies and Optometric Practices) as well as to the four professional bodies; Local Medical Committee, Local Dental Committee, Community Pharmacy Wales and Regional Optometric Committee.

### **Cross Hands and Tumble Medical Practice**

Cross Hands and Tumble Medical Practice have served notice on their GMS contract, with their last working day being 31 March 2024. In line with the nationally agreed process, HDdUHB has convened a Vacant Practice Panel, which includes Local Medical Committee and Llais membership to consider the potential options for the future provision of General Medical Services for patients registered at the Practice. Public engagement has commenced and, based on the initial recommendation of the Vacant Practice Panel, views are being sought on whether the patient list should be dispersed across several neighbouring Practices or if HDdUHB should formally seek to procure a new GMS contract. The initial Expression of Interest process highlighted that there was some interest for an existing or new Practice to take over the delivery of General Medical Services.

### **Ystwyth Medical Group and Llanilar Surgery Merger**

Since becoming a single-handed GP Practice earlier this year Llanilar Surgery have been proactively looking to secure their future sustainability. The Health Board has been supporting discussions with both Practices to explore the potential for them to form a newly merged entity from 1 April 2024. The Practices have formally expressed their intent to merge which was considered and supported by the Primary Care Contract Review Group at their October 2023 meeting. Llais and the Local Medical Committee are members of the group and were supportive of the proposal.

Ystwyth Medical Group currently has two GP Partners, and the merger will see them bring Dr Deanna Evans into the partnership along with one of their own GPs, forming a four GP Partnership. Ystwyth Medical Practice are already offering services to Llanilar Surgery patients where the Practice has not historically provided them. Llais have provided advice on public engagement, and both Practices are looking to engage with staff on the proposed changes.

### **Health Board Managed Practices Clinical Rota**

A review is 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 Locums has been discussed with Workforce, as a review of GP locum pay rates across Wales has indicated that the hourly rate in HDdUHB is at the upper level of reimbursement. A paper will be considered by the November 2023 Primary Care Quality, Safety and Experience Committee.

### **Primary Care Contract Review Group**

The Primary Care Contract Review Group (PCCRG) met on 5 October 2023. The group considered a request for a letter of comfort to be issued to support a revised lease that a GP Practice were preparing to sign. It was noted that there would be a cost of £200-£300 in getting legal advice on a draft letter of comfort and that whilst it offers some security to the partnership it does not hold any legal standing. Further information was requested on the revised rental reimbursement before a decision is taken.

The extant Merger Support package for GP Practices had been revised and updated to take account of recent GMS contract changes that would have an impact on two or more GP Practices deciding to work together as a single entity. Members of the group supported the revisions and agreed the package for use.

Revised Terms of Reference for the Vacant Practice Panel were considered and it was noted that the changes brought more alignment to the process used in other Health Boards. The revisions were agreed as appropriate and were signed off for use.

### **Reinforced Autoclaved Aerated Concrete (RAAC) Planking in Primary Care**

Guidance is expected in the coming weeks from Welsh Government regarding the potential for RAAC planking to have been used in the development of Primary Care Contractor premises. Initial guidance from NHS Wales Shared Services Partnership (NWSSP) Specialist Estates Service (SES) has indicated that the responsibility for identifying any RAAC issues, the remedy and any associated costs would need to be met by the contractor (unless in a Health Board or Third-Party Development (3PD) with a Tenant Internal Repair (TIR) lease). It has also been suggested that the timescale for builds affected by RAAC is likely to be extended at either end of the current timeframe. There is the potential that this could have a financial consequence for contractors which could impact on their sustainability, as well as potential short or long-term closure of services.

### **General Dental Contract terminations**

HDdUHB received five General Dental Services (GDS) contract terminations towards the latter part of 2022-23. Since April 2023, a further three contract terminations have been issued to the Health Board. Whilst there is a commissioning plan in place to test the market for the initial five contract terminations from 1 April 2024, there is the potential that the demand for urgent access will continue to increase in the coming months.

### **Community Dental Services**

Prior to the start of the COVID-19 pandemic, the Community Dental Service provided fortnightly clinics out of Amman Valley Hospital. These were ceased during the pandemic and in order to consider their reinstatement, a risk assessment has been undertaken (with a recorded score of 15) due to the shared space with Ophthalmology. The current Dental clinic does not meet Infection, Prevention and Control standards and does not have access to a dirty area or decontamination facilities to store used dental sets prior to their collection by HSDU. The dental chair and cabinetry would need to be replaced and in addition there is no mechanical ventilation in the clinic (mechanical ventilation was installed across the Community Dental Services clinics as part of the reset and recovery phase of the pandemic).

The risk assessment has been considered by the Dental and Optometry Quality Safety and Experience (QSE) meeting, and it has been agreed that the Service should not seek to reinstate services at Amman Valley Hospital and instead should look for alternative clinic space.

### **Care Stream R4**

Care Stream R4 is the new patient clinical system procured by the Health Board, which went live in the Community Dental Service at the end of July 2023. The new system will support the modernisation of the service and will enable more robust data collection and patient activity information.

## Optometry

The new Regulations to support some of the changes made as part of the Optometry Contract came into force on 20 October 2023. There is a minor risk to HDdUHB in enacting the clinical services pathways, as the financial allocation from WG has not been made in line with the contract implementation and instead Health Boards are expected to retrospectively draw down the funding. WG has indicated that this could be the position for the current and successive financial years; there is, therefore, a risk that without a budget line to commission services from, there could be a delay or limited implementation of the clinical pathways.

Work will be undertaken to establish a professional meeting with the Regional Optometric Committee to mirror those already in place with the Local Medical Committee, Local Dental Committee and Community Pharmacy Wales. Throughout this work, we will also be agreeing the role of the HDdUHB Optometric Advisor who will need to work proactively with Optometric Practices around visiting programmes etc.

### 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
13 September 2023	Portland Street Dental Practice, Aberystwyth
11 October 2023	Llannon Road Dental Practice, Tumble

## MENTAL HEALTH AND LEARNING DISABILITIES (MH&LD)

### Development of a sector model of care

The Directorate, in consultation with several corporate teams, made a decision on 26 September 2023 to not extend further the Consultant Locum contract on two inpatient wards, Morlais ward (GGH) and Bryngofal ward (PPH). This decision was made based on patient experience and was not financially driven. This decision means that there is no longer dedicated Consultant inpatient cover (Approved Clinician and Responsible Clinician) on these wards. Provision on St. Caradog and in Pembrokeshire remains unchanged.

An emergency contingency planning meeting was facilitated on 27 September 2023. An options appraisal was undertaken with affected staff including Community Consultants and nursing staff to identify potential solutions and their likely impacts. The following four options were considered:

- 1) Closure of wards
- 2) Ceasing of admissions
- 3) No informal admissions, only those being detained



#### 4) Sustain both inpatient wards and implement emergency senior medical cover arrangements to enable continued delivery of essential inpatient assessment and treatment

All options were considered at the meeting and it was highlighted that each would have a significant impact on patient care and create a number of operational risks, including potential unintended operational consequences as part of any urgent implementation requirements. The majority view expressed at the meeting and advocated by the Community Consultants was Option 4 as this in principle, would be the best course of action to ensure patient safety and continuity of care.

To facilitate Option 4, a decision was made to immediately adopt, as part of the emergency contingency plan, an interim sector model of care. This would involve Community Consultants managing their patient's clinical journey from the community through to inpatient settings, providing a seamless pathway of care. This will enable the immediate and continued delivery of the essential clinical pathway and clinical decision making, whilst urgent consideration is given to the transition to a sustainable and equitable sector-based model of care.

The Service is actively engaging with West Wales Action for Mental Health to ensure all information is shared in a transparent manner. The Service will also undertake patient surveys to monitor the sector-based model of care impact upon continuity of care and clinical decision making, as well as timely access to services.

To embed these changes sustainably, ongoing dialogue and engagement with service users, patients, staff, key partners, and Primary Care colleagues will continue. This will help inform and shape implementation of the new model to meet Mental Health Act requirements and further enhance the continuity of clinical care for the people accessing community and inpatient settings.

The Service is currently finalising the data analysis of current community mental health teams, including locations, alignment to GP surgeries, patient profiles, patient locations, caseloads, and levels of deprivation. This will be reviewed with all relevant stakeholders over the coming weeks.

Following a review of the data and feedback from stakeholders a new model of care will be developed to ensure equity of service provision across community mental health in all 3 local authority areas. Once sector provision has been finalised, work will commence with key partners and stakeholders to develop a robust communications framework and dedicated support for patients to access the most appropriate community and inpatient settings. This will be alongside the continued expansion of the NHS 111 press 2 service provision to enable timely access and interventions. The service will also liaise with HR colleagues and Staff Side Representative and Unions to ensure that staff affected by any of the proposed changes are supported through any required Organisational Changes Process.

### **Integrated Psychological Therapies**

In August 2023, 408 (44.3%) patients out of 922 were waiting less than 26 weeks to start psychological therapy in the Integrated psychological Therapies Service. Performance has dipped slightly from the last report but is on track to improve over the next month.

Demand continues to outweigh capacity; therefore, the focus on group therapies will be prioritised to improve this position. This has been rolled out gradually to ensure that processes

are robust. Letters are currently being sent to all individuals waiting >26 weeks for an offer of group therapy.

The all-Wales Community of Practice group continues to impact positively on the service, helping to improve benchmarking, standardise performance and identify shared learning opportunities. The recently developed Patient Access Policy has now been ratified and has been identified as an area of best practice by the NHS Executive Performance Team.

## **Adult Mental Health**

Recruitment challenges were being experienced in Llanelli and Gorwelion Community Mental Health Centres (CMHCs). A recent recruitment drive has been undertaken, which has attracted external applicants, with interviews to take place in early November 2023. Recruitment in Pembrokeshire has improved, with recent external candidates appointed.

A structured review of S136 facilities has been undertaken, with a report presented to the Business Planning and Performance Group (BPPAG) on 28 September 2023 for discussion. Recommendations include relocation of the Age Appropriate S136 facility from its current space on Morlais Ward to an identified bedroom on Morlais Ward and centralisation of S136 functions to Carmarthenshire. Next steps include scoping requirements for a new centralised model to deliver S136 functions, including staffing requirements, estate, and infrastructure. Alongside this the service is identifying any workforce implications from the proposed service changes and will undertake an Organisational Change Process (OCP) as required.

A multi-agency partner meeting was convened in September 2023 to discuss the outcome and recommendations of the review. On 26 October 2023, the Gorwelion community-based place of safety was stood down with immediate effect due to challenges with staffing. A memo has been shared with all partner agencies.

Acuity for the Out of Hours service remains high, with high numbers of calls from Police colleagues. Scoping is underway to identify opportunities to further enhance this service.

111 Option 2 has recruited an additional 3 Practitioners through sustainable WG funding. Demand continues to increase with 1,300 calls in September, of which 898 received a triage assessment and brief intervention. Of the 898:

- 576 were provided with self-care or third sector advice.
- 65 were handed over to Community Mental Health Teams or Crisis Resolution and Home Treatment Teams (CMHT/CRHT).
- 7 were referred to Specialist Child & Adolescent Mental Health Services (SCAMHS),
- 31 callers were advised to present to A&E.
- 10 passed on to Police 101.
- 33 had to be escalated to 999 due to acuity/risk.

## **Older Adult Mental Health (OAMH)**

The Service is currently experiencing high levels of clinical risk and acuity within the patient population, resulting in an occupancy rate of 100%. This is well above the 85% occupancy target (inclusive of surge capacity) and at 110.81% (exclusive of surge capacity). This impacts on Delayed Pathways of Care (DPoC) continue to remain high having risen to 16 (39% of capacity). Although DPoC's are evenly distributed across all wards, it reflects the inadequate provision of care homes within the region, especially in Ceredigion. This is mainly attributed to Elderly Mentally Infirm (EMI) Nursing placement availability/provision and

funding decisions. The service continues to collaborate closely with the Long-Term Care Team and Local Authority colleagues who actively support flow within the acute pathway.

Caseloads, acuity and clinical risk within Community Mental Health Teams (CMHTs) remain high. The Memory Assessment Service (MAS) has some residual waiting list breaches in Ceredigion, which are being managed for risk. A contingency plan has been put in place and the recent appointment of an Advanced Practitioner in line with other teams should clear the waiting list by December 2023.

The Dementia Well-being Team (DWT) post diagnostic Occupational Therapy waiting list continues to reduce and is reflected in the Directorate's Improving Performance Assurance Report. However, the Dementia Wellbeing Team (DWT) services within the acute hospital sites continue to be impacted by high vacancy rates. Ongoing planning is underway to review current structures, with a recruitment cycle planned for quarter 3 and 4 which will support with winter pressures across the acute sites.

Overall sickness rates have increased from 5.54% in August to 6.71% in September on Bryngolau and St Non's Wards and Ceredigion and North Carmarthenshire CMHTs. Sickness rates in the Admiral Nursing Team are improving, with staff members returning to work on a phased return. However, maternity leave continues to impact services in Ceredigion. Contingency plans have been implemented to help mitigate associated capacity risks, with robust sickness management processes in place, supported by Workforce & Organisational Development (W&OD) colleagues.

There are currently 2.5 WTE vacancies within the Psychology team, a skill-mix plan has been put in place to mitigate, which is included on the risk register. Contingency plans to maintain business continuity in the medical workforce have been reviewed and updated, as the service continues to recruit, which is also reflected on the service risk register.

### **Specialist Child & Adolescent Mental Health (SCAMHS)**

In August 2023, 76% (32 out of 42) was achieved against Part 1A of the performance measure. While 77% was achieved against Part 1B.

A range of staff have attended or booked to attend demand and capacity training delivered by the Delivery Unit (DU). Benchmarking is on track based on clinical cases and near misses. Service mapping has been completed and a robust training plan has been developed. The service has received additional funding from Health Education and Improvement Wales (HEIW) to support therapies training for staff.

Welsh Government have confirmed in year funding to provide Kooth the digital counselling service for children and young people (CYP) universally across the three local authority areas. The service is working with Regional Partnership Board (RPB) colleagues to agree sustainable funding through the Regional Integration Fund (RIF), post March 2025.

Recruitment across the service continues to improve with 3 psychology posts recently appointed to. This includes one post within the School In-reach service. Sickness rates have increased in the Crisis Assessment and Treatment Team and engagement has begun with W&OD colleagues to improve the situation.

The Childrens Commissioner for Wales visited the new 24/7 Alternative to Admission service in October 2023. This is part of ongoing work that the Commissioner is doing in exploring ways to improve emotional mental health and well-being for young people.

**Learning Disabilities**

Work continues on delivering the Learning Disability Service Improvement Programme. Improvement Cymru colleagues are currently supporting the service to coproduce the new model of care with a range of workshops scheduled with service users, carers and staff over the quarter 3 period. Alongside this, process mapping is underway across community and inpatients settings to streamline pathways from point of referral through to discharge.

Learning Disabilities Nurse recruitment issues continue to have an impact on the Service. The service is working with universities and W&OD colleagues to develop a targeted recruitment campaign.

In August 2023 52.8% of patients were waiting less than 26 weeks to start psychological therapy in the Learning Disabilities Psychology Service, which is a slight improvement from the last reporting period. The service continues to screen all new referrals for priority.

**Adult 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 Directorate has recently commissioned 2 private Psychiatric Intensive Care Unit (PICU) beds to meet demand. These are being monitored on a weekly basis to identify step down provision.

As part of the Directorate’s Annual Recovery Plan, work is underway to eliminate agency spend on HCSWs. Recruitment has been undertaken through the nurse bank office to expand the MHLN bank. The Directorate is currently recruiting 5 WTE fixed term LD inpatient HCSW roles.

**REINFORCED AUTOCLAVE AERATED CONCRETE (RAAC) PLANK UPDATE**

**Technical Update**

A detailed programme of work has been developed to remediate all critical and high-risk planks. In addition, where it has been possible to safely temporarily prop areas, these facilities have been reopened pending future repair works.

To proceed urgently with this remedial work a capital plan has been developed and fully supported by WG to the sum of £12.8m.

A summary of this financial position is as follows:

Programme of Work	2023/24 £	2024/25 £
All inpatient areas impacted by RAAC and commitment to temporary catering facilities in year.	7.7m	
All remaining areas impacted by RAAC including continued temporary catering facilities.		5.18m

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

- **Pot wash in main kitchen** – scheme completed.
- **Ward 9** – project works complete.
- **Ward 12** – project complete
- **Ward 7** – project due to complete late December 2023
- **Ward 11** – project due to complete late December 2023 (with intended use as a supporting ambulatory care area to mitigate loss of ground floor outpatient and therapy service capacity)
- **Wards 8, 10** - projects all due to complete prior to 31 March 2024

Proposals to re-establish Wards 12 (in November 2023) and Ward 7 (from December 2023) as acute medical pathway inpatient areas have been agreed. With the anticipated use of Ward 11 to mitigate lost ground floor ambulatory capacity and the completion of repair works in Wards 8 & 10 not scheduled to be complete until late March 2024, opportunities for elective inpatient surgery at the hospital will be limited for the remainder of the 2023/24 year.

The main kitchen provision for WGH has been temporarily relocated to the dining room, with the introduction of cook-freeze food for the interim period before a full field kitchen is commissioned. This is currently programmed to come online in early December 2023 when there will be a return to traditional cooked food and recommissioning of the dining room for patients, staff and visitors.

It should be noted that the above works and approved funding will only cover remediation repairs to P1 and P2 Planks (critical and high-risk respectively). The Amber risk planks and Green risk planks will require regular inspection every 6 or 12 months, the frequency of which is currently being considered.

This inspection regime will be disruptive going forward and the Estates department has been advised by the specialist structural engineers that further deterioration of RAAC planks should be expected, and therefore further costs will be incurred in the future. Given the concerns on the structural stability of RAAC planks, any future maintenance that requires access to these flat roof areas will be challenging and will require a range of measures to avoid inappropriate loading. A detailed plank by plank survey schedule of all ground floor areas has been developed and this will be complete by March 2024.

In addition to the above, remedial work to Outpatient Department A is being fast tracked to bring this area back into service by June 2024.

A detailed service and capacity mitigation plan has been developed to identify alternative facilities across the county from which to deliver outpatient and other ambulatory based services impacted by the ground floor RAAC assessment and remedial works at the hospital. This includes relocation of clinic services to alternative community hospitals. Whilst the majority of displaced outpatient clinics have now been rescheduled at alternative locations, a cumulative total of 747 outpatient appointments were unable to be re-provided during the period August to October 2023.

The majority of Clinical Musculoskeletal Assessment and Treatment (CMAT) clinics have been displaced with telemedicine being offered as an alternate option. Gym based musculoskeletal conditions (MSK), community neuro and frailty rehabilitation capacity has been displaced with no suitable alternate accommodation available to date to deliver these services. Alternative accommodation solutions, including consideration of community-based facilities and the

potential use of Ward 11 as a suitable alternative for some ambulatory assessments, continue to be explored.

Proposals to commission additional non-emergency patient transport (NEPTS) capacity has been agreed to mitigate the additional workload impact on the WAST NEPTS service as a consequence of the relocated outpatient clinics across the county and inpatient transfers between WGH & South Pembrokeshire hospitals.

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

ADASTRA / SALUS UPDATE

The national programme for the replacement of the Adastra system, which supports the Out of Hours service, with the Salus system was originally scheduled to switch over on 31 December 2023 but has experienced several significant delivery challenges. Recently, the national Programme Director for Six Goals has confirmed that the Salus project will not be taken forward and, as such, a renegotiation of the contract to continue with Adastra after 31 December 2023 is underway. These discussions involve the Six Goals team, WAST and Health Boards.

The work required to achieve this is significant; however, HDdUHB has been discussing this as an option for some time and is, therefore, in a good position. Business continuity has been central to these talks, and it is not envisaged that the Out of Hours service will see any discernibly negative impact as a result of the decision to remain with Adastra; indeed, the Adastra product itself has been significantly improved following the cyber-attack that took place in August 2022. As a fall-back option the business continuity measures adopted following the Adastra Cyber Attack episode will continue. Whilst these arrangements were labour intensive and limit the options of clinicians in their decision-making processes, Out of Hours services remained uninterrupted for a period of six months.

The Business Continuity Incident systems being developed across Wales by Digital Health and Care Wales includes WAST/111 services. This is in the form of a SharePoint system as used following the cyber-attack outage but has been evolved to provide improved features and greater automation. There will, however, continue to be a requirement for certain manual processes and information sharing between services which will be less efficient and includes notifying GPs of their patients' Out of Hours contacts.

The target date for confirmation of contract extensions is the end of November 2023.

Argymhelliad / Recommendation

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

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	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.

Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	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: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	9. All HDdUHB Well-being Objectives apply

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	As presented
Rhestr Termau: Glossary of Terms:	3PD – Third Party Development APMS – Alternative Primary Medical Service ARCH – A Regional Collaboration for Health BGH – Bronglais General Hospital BPPAG – Business Planning and Performance Group CAMHS – Child Adolescent Mental Health Services CMAT - Clinical Musculoskeletal Assessment and Treatment CMHC – Community Mental Health Centre CMHT – Community Mental Health Team CRHT – Crisis Resolution and Home Treatment CYP – Children and Young People D2RA – Discharge to Recovery and Assess DCMO – Deputy Chief Medical Officer DLA – Discharge Liaison Nurse DPoC – Delayed Pathways of Care DToC – Delayed Transfers of Care DWT – Dementia Wellbeing Team EMI – Elderly Mentally Infirm FTE – Full Time Equivalent GDS – General Dental Services GGH – Glangwili General Hospital GIRFT – Get It Right First Time GMS – General Medical Services HCSW – Health Care Support Worker HDdUHB – Hywel Dda University Health Board



	HEIW – Health Education and Improvement Wales HSDU – Hospital Sterilisation & Decontamination Unit IEG – Integrated Executive Group IPAR – Integrated Performance Assurance Report JET – Joint Executive Team LoS – Length of Stay MAS – Memory Assessment Service MCA – Mental Capacity Act MDT – Multi-Disciplinary Team MHLD – Mental Health & Learning Disabilities MSK - musculoskeletal conditions NCOS – National Clinical Orthopaedic Strategy NEPTS – Non Emergency Patient Transport Service NWSSP – National Wales Shared Services Partnership PCCRG – Primary Care Contracts Review Group PICU – Psychiatric Intensive Care Unit PoCD – Pathway of Care Delays PPH – Prince Philip Hospital QSE – Quality, Safety and Experience RAAC - Reinforced Autoclave Aerated Concrete RIF – Regional Integration Fund RPB – Regional Partnership Board RTT – Referral to Treatment SCAMHS – Specialist Child and Adolescent Mental Health Service SES – Specialist Estates Services TA – Trusted Assessor TIR – Tenant Internal Repair 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 W&OD – Workforce & Organisational Development
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Operational Planning and Delivery Programme Group

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Any financial impacts and considerations are identified in the report.
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Any issues are identified in the report
<b>Gweithlu:</b> <b>Workforce:</b>	Any issues are identified in the report
<b>Risg:</b> <b>Risk:</b>	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.

<b>Cyfreithiol: Legal:</b>	Any issues are identified in the report
<b>Enw Da: Reputational:</b>	Any issues are identified in the report
<b>Gyfrinachedd: Privacy:</b>	Not applicable
<b>Cydraddoldeb: Equality:</b>	Not applicable

## *8. Plans for winter 2023*

Priority Area	Actions	Health Board Response
<b>Primary and community care Health boards should collaborate with partners through the Pan Cluster Planning Groups and Clusters in taking steps to provide integrated health and care services to support people, particularly those who are living with frailty and other long term health conditions, to remain well and independent at home. Equally when hospital admission is required to support them to return home promptly</b>	Proactively monitor business continuity and capacity	<ul style="list-style-type: none"><li>• Access QI data for Health Board Managed Practices appears to report slightly higher demand for appointments in 2023 compared to 2022 (data quality) (data in Appendix 1)</li><li>• Data warehouse storage for the Managed Practices Dashboard has been secured with the roll out programme being confirmed</li><li>• Awaiting further information from the Strategic Programme for Primary Care on the Demand and Capacity tool that has been commissioned</li><li>• Ongoing work with the Out of Hours service to streamline systems and processes, rota arrangements etc</li><li>• A winter resilience session undertaken with the Locality Lead GPs for 5 October 2023</li></ul>
	Have in place robust plans for primary and community care services to support COVID-19 and seasonal influenza campaigns.	<ul style="list-style-type: none"><li>• 43 out of 48 GP Practices participating</li><li>• 12 Community Pharmacies delivering the Autumn Booster</li><li>• 2 Community Pharmacies are delivering on behalf of GP Practices who have not been able to participate in the programme</li><li>• 2 GP Practices are delivering on behalf of two other GP Practices that are not able to participate in the programme</li><li>• All residents in Care Homes were offered a COVID-19 booster by 22 September 2023 in a co-ordinated delivery programme across GP Practices and Health Board staff</li><li>• <b>Add on MSV and peer vaccinators</b></li></ul>
	Support integration and continuity of key services that relieve pressure on other NHS access points, e.g. Clinical Community Pharmacy Service (CCPS), Pharmacist Independent Prescribing Service (PIPS), Sore Throat Test and Treat (STTT).	<ul style="list-style-type: none"><li>• GP Practice Business Continuity plans being reviewed and refreshed on an individual Practice basis and then discussed with GP Collaborative Leads</li><li>• Any Practices reporting above L3 on the Escalation Framework are contacted for a discussion on the issues impacting service provision; same approach taken for Community Pharmacy</li><li>• A review of Community Pharmacy led services is being undertaken and again GP Collaborative Leads will be encouraged to discuss any issues at Primary Care Clusters</li></ul>
	Support public information on how to access services and on ‘Approach to Respiratory Viruses for autumn and winter 2023/24’	<ul style="list-style-type: none"><li>• Due to launch the patient facing videos commissioned with Pocket Medic on access to Primary Care services</li></ul>

# System Resilience and Winter Preparedness 2023/24

Priority Area	Actions	Health Board Response
<b>Primary and community care Health boards should collaborate with partners through the Pan Cluster Planning Groups and Clusters in taking steps to provide integrated health and care services to support people, particularly those who are living with frailty and other long term health conditions, to remain well and independent at home. Equally when hospital admission is required to support them to return home promptly</b>	Maintain and build sustainable and resilient 24/7 community nursing services in line with the Strategic Programme for Primary Care (SPPC).	<ul style="list-style-type: none"><li>• Primary and Community Services Workforce Academy fully recruited into key posts and annual work programme in place. Response issued to the development of the national Primary Care workforce strategy</li><li>• Implementation of the National Community Nursing Framework</li><li>• Development of new roles/ opportunities to innovate to increase recruitment &amp; retention rates ie Integrated roles between H&amp;SC, Apprenticeships to support community wrap around care</li></ul>
	Continue to accelerate Pan Cluster Planning Groups and Clusters as mechanisms for deploying action and resources to identify people at increased risk of urgent care needs and particularly our severely frail population	<ul style="list-style-type: none"><li>• Full engagement with the key strategic programmes including Community Infrastructure, Accelerated Cluster Development (including development of professional collaboratives) and Urgent and Emergency Care</li></ul>
	Offer support to care homes to deliver ‘what matters’ to their residents through the timely provision of information, advice and assistance, with support from the national Six Goals for UEC programme team.	
	Increase AHP capacity in the community in line with the WG guidance and ensure alignment with intermediate care including reablement provision	
	Assess, and adapt current provision (previously known locally as virtual wards, hospital at home or similar) for people nearing or in crisis in line with the Enhanced Community Care Framework (produced by the Strategic Programme for Primary Care in May 2023). Capture data on the service in line with the associated national data set.	<ul style="list-style-type: none"><li>• Development of Enhanced Community Care (Virtual wards)</li></ul>
	Assess and adapt current single points of contact in the community and consider how you enable provision of timely and integrated information, advice and assistance (including proactive, intermediate and Technology Enabled Care) for health and care professionals and vulnerable populations.	<ul style="list-style-type: none"><li>• Single Point of Access for Home First being developed &amp; extended</li><li>• Delivery of a Community Hub model to support community sustainability</li><li>• Development of Community model to support TCS including digital solutions</li><li>• Development of Community Care Networks</li></ul>
	Routinely use the Healthy Days at Home Measure, launched by the Strategic Programme for Primary Care in April 2023	



# System Resilience and Winter Preparedness 2023/24

Priority Area	Actions	Health Board Response
<b>Urgent and emergency care To support resilient and safe urgent and emergency care services, you will need to increase focus on securing sufficient clinical capacity in the Emergency Department to support timely triage and assessment and prioritise patient flow through acute hospital systems and back out into the community.</b>	Increasing profile and scrutiny of your organisation’s front door, ‘goal 5’ and ‘goal 6’ action plans with intent to reduce the percentage of bed days occupied by patients with a length of stay greater than 21 days.	<ul style="list-style-type: none"><li>• TUEC governance and reporting structure implemented</li><li>• TUEC data reported weekly to the Executive Team</li><li>• Number of patients with a LoS &gt; days showing consistent reduction across all sites</li><li>• Targeted work ongoing around patients with a LoS of &gt; 50 days &amp; &gt; 100 days, all sites showing a reduction (data in Appendix 2)</li></ul>
	To reduce the risk of deconditioning for frail adult, and to improve patient flow we have set a stretch target: Each hospital site to reduce the percentage of total bed days taken up by patients with a length of stay greater than >21 days by 5% by the end of December (when compared to the April 2023 baseline).	<ul style="list-style-type: none"><li>• The cumulative bed days for adults aged over 75 years and with a LoS &gt;21 days at GGH, PPH and Pembrokeshire (combined beds across WGH &amp; South Pembs) are at or below this stretch target (data in Appendix 3)</li><li>• Bronglais, Tregaron , Amman Valley &amp; Llandovery sites are showing a reduction in bed days for the last 2 months</li><li>• The focused actions in relation to the optimal Flow roll out and associated actions for D2RA &amp; pathways of care delays will provide further improvement on these sites.</li></ul>
	A focus on reducing pathways of care delays as a priority to enable better outcomes and free up bed capacity, and we have also set the following stretch target to Reduce by 60% ‘assessment delays’ as a reason for a pathway of care delay in each local authority area when compared to the August 2023 baseline (by the end of December 2023), whilst ensuring there isn’t an increase in delays in other areas of the system (e.g. a decrease in assessment delays but an increase in patients then waiting for the next step in their discharge plan).	<ul style="list-style-type: none"><li>• Pathway of care delays continue to reduce, the numbers validated in October are 86/31% lower than those in April 2023. (data in Appendix 4)</li><li>• Total assessment delays also continuing to show a reduction and currently on track to a reduction of 60% compared to the August baseline.</li></ul>
	Focus on enhancing ‘same day emergency care’ by enabling more medical and surgical patients to access services via agreed referral pathways through consultant connect, remote flow hubs and via WAST. We, therefore, expect to see: A month-on-month increase in referrals of patients via the 999 clinical support desk, consultant connect, the relevant remote clinical flow / navigation hub and an direct from emergency department triage to SDEC services at each acute site for the remainder of 2023/2024.	<ul style="list-style-type: none"><li>• All SDEC units have direct access pathways for GPs, health professional and WAST colleagues.</li><li>• APP navigators currently embedded in Carmarthenshire Hub piloting direct referral from the WAST clinical stack</li><li>• SDEC attenders continue to increase month on month, SDEC attenders from other sources (primarily WAST) have also increased, data in Appendix 5)</li></ul>
<b>Capacity planning</b>	All health boards are expected to have capacity plans which align to all aspects of the organisations planning and delivery expectations for 2023/24. These capacity plans are responsive to predicted surges in demand across paediatrics, critical care, general medicine and mortuary services.	
<b>Paediatric services</b>	Complete paediatric surge plans as requested by the DCMO in the letter dated 22 August 2023.	