



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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	27 July 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

<b>Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)</b>
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

Delivery plans in response to the Ministerial priorities for reducing waiting times for elective care (no Stage 1 patients waiting > 52 weeks and no total pathway patients waiting >104 weeks) continues to see positive progress. At the end of June 2023, the number of Stage 1 patients waiting > 52 weeks has reduced to 2,551. This within the targeted trajectory for the month of 2,813. The number of total pathway patients waiting >104 weeks has further reduced to 2,908, which is still marginally above the targeted trajectory for the month of 2,609.

In respect of the 104 week Referral to Treatment position, the majority of specialties have performed better than expected. However, the key areas presenting challenges include:

- General surgery low clinical priority vasectomy patients
- Vascular patients due to regional opportunities not coming into fruition
- Trauma and orthopaedic inpatient theatre capacity

As reported at the May Board meeting, HDdUHB is awaiting WG feedback in response to additional delivery proposals being considered via the WG retained Recovery Fund.

Positive progress continues to be achieved in the adoption of alternative delivery models to traditional clinic-based follow-up care. The combined proportion of patients being managed via 'See on Symptom' (SoS) and 'Patient Initiated Follow Up' (PIFU) pathways, along with those discharged directly following outpatient assessment is approximately 25%, exceeding the indicative 20% threshold advised by WG. These approaches enable the release of clinic capacity to be directed to recovery priorities.

There are emerging delivery risks for Quarter 2 at Withybush General Hospital due to the anticipated impact of corrective works associated with the reinforced autoclave aerated concrete (RAAC) roofing plank surveys currently underway. These have the potential to delay the reopening of Ward 9 and consequently limit the volume of elective activity which can be undertaken. Confirmation of detailed implications and timelines are awaited.

### CANCER RECOVERY UPDATE

As was set out in the May update to the Public Board meeting, the key ambitions for the service during 2023/24 were to:

- Increase the percentage of patients on the suspected cancer pathway that start treatment within 62 days of the point of suspicion
- Reduce the backlog of cancer patients waiting over 104 days

The change from Urgent Suspected Cancer (USC) and Non-Urgent Suspected Cancer (NUSC) in February 2020 saw an increase in the number of patients being tracked on the Single Cancer Pathway (SCP). In April 2023, there were 29% more patients entering the pathway

than in February 2020. The demand for both surgical treatments and Systemic Anti-Cancer Therapy (SACT) treatment exceeds that seen in the pre-COVID period.

As previously reported, it was not possible to achieve the initial trajectories during 2022/23 for the SCP and it was later agreed with WG that the Health Board would focus on addressing the escalating backlog position resulting from the pandemic. As a result, the overall backlog has reduced by 20%, from 596 in April 2022 to 481 in April 2023. This is a slight deterioration from the backlog of 429 patients reported in the May update, and resulted from additional bank holidays, the impacts of industrial action and an unplanned loss of capacity. 227 slots were lost in May 2023 due to three bank holidays and an additional 76 slots were lost as a combined result of annual leave and sickness during the period.

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

At the outset of the Transforming Urgent Emergency Care (TUEC) programme, it was recognised that the urgent and emergency care (UEC) system was not fit for purpose for older people and for those people living with frailty. This was identified as contributing to sub-optimal outcomes not only for this group but also by consequence, the wider population.

The needs of this population require a health and care system that is fully integrated with our co-terminus local authorities and our third sector partners to deliver 'what matters', which individuals describe as being able 'to remain well, independent and happy in their own homes and communities for as long as possible'. Their needs are often complex, and optimal outcomes can only be delivered through efficient and effective proactive monitoring and management in the community to prevent crisis and hence conveyance and admission to hospital. The latter is well known to lead to adverse outcomes particularly for the severely frail population. If an older person or adult living with frailty is conveyed and admitted to hospital, the evidence strongly recommends efficient and effective discharge as soon as possible in order to reduce avoidable harm.

In acknowledgement of the above, the governance structure of the TUEC programme has been reviewed and senior leadership of two critical workstreams established in order to support and drive improvement. Specifically, these are:

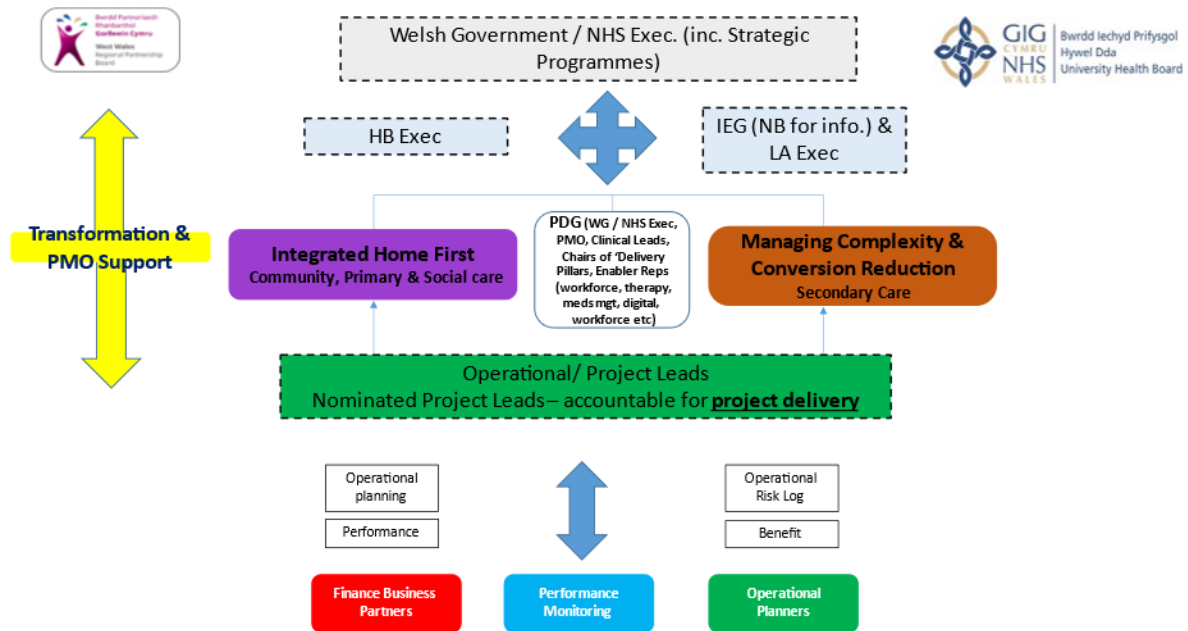
- **Integrated Home First Group (IHFG)** – Senior colleagues from Carmarthenshire, Ceredigion and Pembrokeshire local authorities and HDdUHB, along with third sector representatives, will oversee the implementation of an integrated primary care and community structure for this population. IHFG will ensure that the integrated structure embeds consistent and equitable standards of care provision across preventative, proactive, urgent and long-term care (includes care in community and to facilitate discharge from hospital) pathways to deliver 'what matters' to the population. To ensure consistency and equity across the regional footprint the group have agreed standards of care expected across for each of the pathways.

The IHFG will also oversee those Regional Integrated Fund (RIF) initiatives relating to improving care for this population that also contribute to improving UEC i.e. 'Complex Care at Home', 'Hospital to Home' services and 'Delta Connect'. IHFG will initially be chaired by the HDdUHB Executive Director of Operations and the Vice Chair position to be filled by one of the Directors of Social Services.

The IHFG will also ensure alignment to expectations set out in 'Further, Faster, Together' discussion paper and the later Ministerial announcement on 6 June 2023.

- **Management of Conversion and Complexity Group (MCCG)** – Led by the Director of Secondary Care, this Group will ensure optimal care for the older person is provided in the hospital environment including the implementation and improvement of Same Day Emergency Care (SDEC) provision and effective and efficient discharge planning and coordination processes.

The revised governance structure and its reporting structure is outlined below.



A ‘whole system’ outcomes framework has been agreed by all partners and processes are in train to ensure performance metrics and outcome indicator data is collated and shared for review routinely to track progress. The Pathways of Care Delays (POCD) monthly census report will also be reviewed.

June 2023 Census data regarding Delayed Pathways of Care reasons are outlined below and further expanded upon in **Annex 1**. With a total of 247 delays identified, this represents an 11% reduction from the 278 reported in February 2023. From May 2023, the census data began including the number of delays associated with the Caebryn and Haverfordwest mental health units.

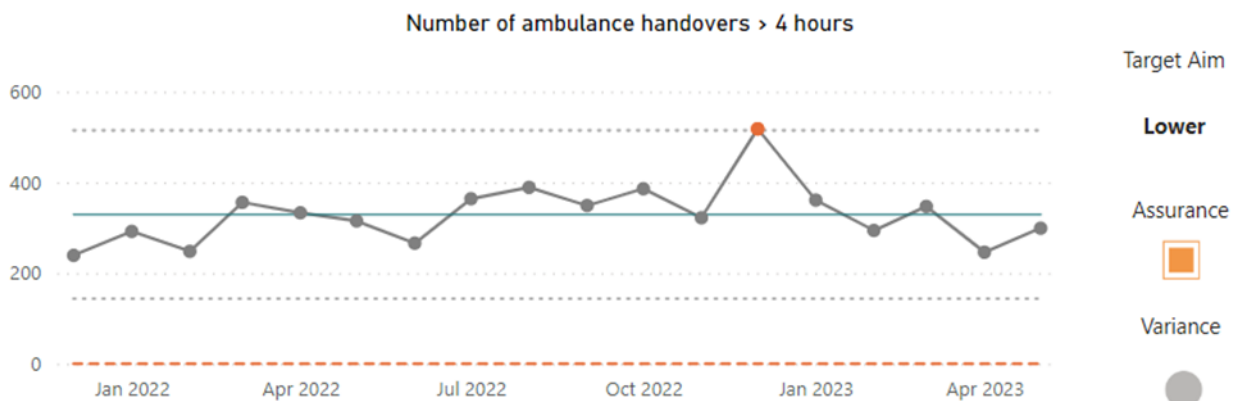
Hospital	Total Number of Delays	Proportion of Total Beds	Average Age
Glangwili General Hospital	64	16%	79
Prince Philip Hospital	64	28%	81
Withybush General Hospital	36	16%	80
South Pembrokeshire Hospital	22	50%	83
Bronglais General Hospital	17	10%	81
Amman Valley Hospital	15	54%	80
Tregaron Hospital	11	73%	85
Llandovery Hospital	9	75%	85
Haverfordwest Mental Health Unit	5	20%	76
Aberystwyth MH Unit	3	27%	76

St David's Hospital	1	4%	20
Caebryn Mental Health Unit	0	0%	n/a
<b>TOTAL</b>	<b>247</b>	<b>20%</b>	<b>75</b>

A task and finish group has been established which is responsible for defining 'what good should look like' in relation to community bedded facilities. It is anticipated that the optimal model will ensure that all community beds adopt a reablement focus. To do this, community beds will need to transform from predominantly accepting transfers following invariably long acute hospital stays to a service that accommodates patients for 'step up' care from the community or 'step down' as soon as the patient has completed treatment and rehabilitation that can only be provided in the acute hospital environment. Conclusion of this work is expected in August with implementation of the agreed model pending approval.

### Zero Tolerance Approach to 4+ Hour Ambulance Delays

To supplement the ongoing work to transform our UEC pathways, hospital sites and supporting integrated community teams have also been requested to adopt a 'zero tolerance' approach to longer (4hr+) ambulance handover delays from Quarter 2 onwards. The graph below highlights progress achieved to date since winter 2022/23 but it is recognised that there is more to do to eradicate these longer delays. It is acknowledged that further progress in reducing 4hr+ delays will be challenging as capacity pressures in Emergency Departments continue to be influenced by increasing levels of patient attendance and ambulance conveyance in recent months plus continuing difficulties in securing the timely discharge of patients from inpatient capacity.



A UEC performance monitoring Watchtower is being established to support progress in respect of key UEC metrics at each site.

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

WG has approved Service Improvement Funding (SIF) proposals totalling £639,000 for 2023/24. These include Specialist Child and Adolescent Mental Health Service (SCAMHS) Eating Disorders, Integrated Psychological Therapies, Secure Services, MH&LD Liaison, Primary Care Child Adolescent Mental Health Service (CAMHS) and Early Intervention in Psychosis. All posts are currently going through a recruitment process, with expected onboarding to take place from October 2023.

The recommissioning of third sector well-being and mental health support services is now complete, with new Service Level Agreements coming into place from 1 July for a 3-year period with the option to extend for an additional 12 months. This procurement process has enabled

the Directorate to commission additional support services across the 3 local authority areas to ensure equity, some of which have been jointly commissioned with local authority partners.

### **Integrated Psychological Therapies**

In April 2023, 469 (45.10%) patients out of 1039 were waiting less than 26 weeks to start psychological therapy in the Integrated Psychological Therapies Service (IPTS), with 570 (54.80%) waiting more than 26 weeks. There continues to be an increase in demand for referrals which is impacting on waiting times.

Group therapeutic interventions continue to be rolled out across the service although this is taking longer than anticipated to ensure that the approach is sustainable and in line with providing quality care. The progress of these interventions is being monitored, ensuring that those who decline remain on the one-to-one waiting list.

The pilot MSM text reminder system to address Did Not Attend (DNA) rates continues to have a positive impact on services with an 81% reduction in DNAs. Following a review the pilot will be rolled out across all service areas within Intensive Psychological Therapies Service (IPTS).

The outsourcing of Eye Movement Desensitisation and Reprocessing (EMDR) interventions has commenced. This additionality has been procured to help mitigate against the current waiting list. Interventions will be tailored to individual need, with some requiring longer interventions than others. The contract caters for 1,019 sessions per annum, with the impact being managed via quarterly contract monitoring meetings. With the current waiting list requiring approximately 2,640 sessions per annum, there is a shortfall of 1,621 sessions. The impact of the service is being managed via quarterly contract monitoring meetings.

Recruitment issues have improved with successful candidates currently going through the recruitment process. In addition, 7 x Band 5 Well-being Practitioners and 1 x Band 6 Mental Health Practitioner for the new GP Cluster based well-being service have also been recruited. 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.

A Community of Practice Group has been established with other IPTS's in Wales to share best practice, guidance and support to develop a national collaborative approach to delivering psychological interventions.

### **Adult Mental Health**

The high turnover of staff within Llanelli Community Mental Health Centre (CMHC), which can be attributed to career progression and sickness within the team, is now improving. However, the absences have contributed to delays in undertaking Care and Treatment Planning (CTP) in a timely manner resulting in a reduction in CTP compliance to below the WG 90% target. To mitigate this, approval has been given for a block booked agency Mental Health Practitioner for 3 months from 3 July. An additional block booked agency practitioner has been approved for Pembrokeshire but has not been filled to date due to lack of availability of agency staff. One Co-occurring Substance Misuse Practitioner has been recruited to the Llanelli team with interviews for an additional post in Pembrokeshire scheduled for early July.

There has been an increase in the number of S136 detentions across the three Counties, with Llanelli and Carmarthen most affected. Following discussions with Dyfed Powys Police colleagues it has not been possible to identify a specific reason for the increase. While it is difficult to mitigate against this unknown, the robust consultation process developed with Dyfed

Powys Police ensures seamless care. Acuity for the Out of Hours service remains high, although capacity is being maintained within current resources.

111 Option 2 was officially launched in the Senedd in late June and will be followed by a targeted national advertisement campaign. In line with the expected increase in volume and acuity of calls HDdUHB is working with the National Team to model demand and capacity requirements to inform additional funding needs.

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

The service is continuing to maintain an overall occupancy rate of 85%. Occupancy on Enlli remains high at 100%, although this has briefly reduced at times over the past reporting period. The reduction in care home placements has risen across all three local authority areas, but most significantly in Ceredigion. Care home placement waiting times and outcomes of funding decisions are the two biggest drivers for these delayed transfers of care (DTC).

Referrals have recently reduced; however, caseloads remain high within Community Mental Health Teams (CMHTs) and third sector provider support. Memory Assessment Services (MAS) have significantly reduced their waiting lists, with only a small number currently waiting for services in Ceredigion.

The Occupational Therapy (OT) waiting list initiative continues to improve post diagnostic interventions for MAS. While there has been recruitment into two of the four OT MAS posts, two vacancies remain which will continue to impact referrals.

Overall, the service is experiencing high sickness rates. Contingency plans are in place to maintain business continuity within the medical workforce as the service continues to recruit. The recently appointed 1 x 0.5 WTE Principle Clinical Psychologist has commenced in post.

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

In April 2023, 69.8% has been achieved against Part 1A performance criteria and 45.2% against Part 1B. Both returns are slightly reduced on the previous month. Several factors have affected non-compliance including increased absences due to COVID, sickness, Easter bank holidays, industrial strike action and annual leave, all of which have led to an impact on the availability of initial assessment slots.

Recruitment across S-CAMHS continues to improve, with several recent appointments across all specialities/modalities including a Band 8B Service Delivery manager post. The proposal for an additional Mental health Practitioner via Service Improvement Funding has been approved, with the recruitment process underway.

The WG Alternative to Admission pilot for children and young people (CYP) has been completed and handed over to staff. The service will provide a safe space for CYP who present in crisis and would otherwise end up in emergency departments or on a mental health ward. A Rapid Action Treatment Team (RATT) will provide therapeutic interventions and clinical assessments 24/7, while also acting as a step-down/discharge lounge facility. The team will provide solution focussed interventions to de-escalate and avoid the need for referral to secondary care mental health services. The new service will be operational 24/7 from 3 July, with the Deputy Minister and Plaid Cymru colleagues scheduled to visit on 13 July. Additional links have been made with 111 Option 2 and the CYP Sanctuaries in Pembrokeshire and Ceredigion, to ensure seamless integration where necessary.

## **Learning Disabilities & Adult Mental Health Inpatient Services**

Following Board approval in May 2023, the new service model recommendations for inpatient and community services under the Learning Disability Service Improvement Programme (LD SIP) are being developed. An agreed period of co-production and co-design with service users, carers/parents, staff and partner has been developed over the coming months to inform the roles, functions and responsibilities of individual teams within the new service. This will be supported by Improvement Cymru colleagues who will ensure that the new service model aligns with the LD National Strategic Action Plan.

Recruitment issues continue to be an issue across the service, particularly relating to the recruitment of LD nurses. To help mitigate this and meet current and future workforce needs we are developing a targeted recruitment campaign with workforce and organisational development colleagues.

Waiting lists for psychology services are incrementally improving with 42 patients out of 114 (36.84%) waiting less than 26 weeks and 72 individuals (63.16%) waiting more than 26 weeks. This is an improvement on the previous month and is anticipated to further improve due to psychology staff returning from maternity leave and recruitment into vacant posts. The Band 8B psychologist post is currently going through onboarding; however, the Band 8A psychologist post remains vacant despite several recruitment attempts.

### **Inpatient Services**

The recruitment position for inpatient services has improved, with no additional block booked agency staff being used at present although, demand on inpatient beds continues to remain high, with surge beds being used to ease pressures when needed.

Colleagues from the National Collaborative Commissioning Unit (NCCU) are undertaking a review of services in early July. This will include an analysis of current needs, care pathways, and barriers to discharge the results of which will inform future decision making and make recommendations for an appropriate and proportionate service delivery model for inpatient care.

### **Epilepsy Review**

An external review was commissioned to define the functions and roles for the management of epilepsy service in line with NICE guidelines (Epilepsy in Adults, 2013). The review was led by Professor Rohit Shankar, Professor of Neuropsychiatry, University of Plymouth Medical School, who has produced an interim draft report. As part of the review process, the Service engaged with relevant stakeholders including, staff, partner agencies, service users, parents and carers.

The draft report highlights preferences for an integrated pathway to enable patients to access Epilepsy care through Neurology Specialists. LD Services will work with patients and services to ensure reasonable adjustments are put in place to support those with a LD to access these core services.

Service leads are working with Professor Shankar to finalise the report and action plan which will be considered by the Health Board's Quality, Safety and Experience Committee. The recommendations of this will inform the development of pathways of care, which will be co-produced with all relevant stakeholders. It will ensure that the views and needs of those with a LD and epilepsy and their families/carers inform our future model of care.

## INTEGRATED LOCALITIES

### **Primary and Community Services Strategy**

Work is being undertaken to confirm the scope and remit of a HDdUHB Primary and Community Services Strategy. It is anticipated that an issues paper will be developed over the coming months for Board consideration during autumn 2023 and that this piece of work will include the current Executive Priority of Integrated Locality Development within its remit.

### **Neyland and Johnston Health Board Managed Practice**

In line with the 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.

### **Primary Care Workforce**

HDdUHB hosted a Health Education and Improvement Wales (HEIW) launch event for the development of a national Primary Care Strategy on 1 June 2023; circa 80 people attended the event with representation from across the contractor professional groups as well as members of the multi-disciplinary team that align to the aspirations of the Primary Care Model for Wales.

Recruitment into salaried GP posts across the Health Board managed practices has improved with four appointments recently made, in addition to the appointment of the Clinical Lead GP at Solva Surgery.

The Primary and Community Services Academy has been funded through Health Education and Improvement Wales (HEIW) and appointments have been made to the clinical lead, the Academy manager and the Academy support posts in line with the nationally developed roles. The Academy brings together the work that was already developed around practice nurse education and development, the GP-PA Development Programme and pharmacist and pharmacy technician education and development. The team are making progress in scoping the potential for workforce, education, development, and training across the professional groups and have identified some key areas of work across both managed practices and independent contractor GP practices that they will be commencing over the coming months.

### **General Medical Services (GMS): Access**

The Access Commitment sets out the following standards to be achieved over two phases:

- All patients telephoning the practice have their calls received by a standard recorded message, and subsequently calls are answered, and care navigation undertaken. Where clinically appropriate, patients may be signposted to another appropriate service.
- Where access to a service is clinically appropriate and patients require access to GMS services, they will be offered an appropriate consultation, whether urgently or through advanced booking consistent with the patient's assessed clinical need, without the need for the patients to contact the practice again.
- Available appointments must be a mix of remote, face to face, urgent, on the day and pre-bookable to reflect the blended model of access, as determined by the practice in discussion with the patient. A more planned and forward-looking approach should be

taken to the scheduling of appointments throughout the day, or for future dates, meaning it is no longer acceptable for all appointments to be released at 8am for that day.

- All practices must provide a telephony service (preferably Voice over Internet Protocol solutions or sufficient incoming and outgoing lines) that fully meets the needs of patients.
- Longer term work is underway with a view to identifying a national solution to the ongoing provision of digital tools, with tools for GP practices forming part of that. In the interim, health boards will be encouraged make digital tools available or to support practices in securing these, to ensure all practices offer a digital means of access in addition to telephone and in person. The digital platform is for non-urgent access and only to be used during core hours.
- Practices will be required to take a more open and transparent approach through an automated and standardised public facing dashboard to the sharing of information and reporting at a practice or cluster level on GMS activity. The approach to this will be enabled via the Data Project.

For Phase 1, the access standards set in 2019/2020 remain as pre-qualifiers and all practices are expected to achieve, maintain and embed those as working practice before being able to achieve the Phase 2 indicators. All practices have confirmed their achievement of Phase 1, except for one practice that has reported that they do not achieve Phase 1, Standard 9. Phase 1 will be included in core contract arrangements as part of the unified contract. Consideration will need to be given on how the management of access standards are undertaken at that point in time as any failure to meet the standards could be considered as a breach in contract.

Phase 1 asks:

1. Does your telephone system have a recording function for incoming and outgoing lines?
2. Does your telephone system have the ability to stack calls?
3. Are you able to interrogate your telephony system to analyse data on calls?
4. Are you able to confirm if your telephone introduction message is recorded bilingually and lasts no longer than 2 minutes?
5. Can you confirm if your practice offers patients and care homes access to order repeat prescriptions through a digital solution?
6. Can you confirm if your practice offers a digital method for patients to request non-urgent appointments or a call back?
7. Does your practice have the necessary governance arrangements in place for this process?
8. Can you confirm that your practice publicises information for patients on how to request an urgent, routine and advanced consultation?
9. Can you confirm that your practice publicises information for patients on how to request a consultation via the practice leaflet and practice website?
10. Can you confirm that your practice displays information on the Access Standards?
11. Does your practice offer same day consultation for children under 16 with acute presentations?
12. Does your practice offer same day consultations for patients clinically triaged as requiring an urgent assessment?
13. Does your practice offer pre-bookable appointments?
14. Does your practice actively signpost to alternative cluster-based services, health board wide and national services?

Phase 2 is considered a reflective phase and allows Practices to have the time to reflect, listen to patient experiences and to make improvements to access.

Phase 2 includes:

### **Service Delivery & Communication**

1. All existing patient facing staff to undertake the national care navigation training package and all new patient facing staff complete the national care navigation training package within 3 months of start date [if virtual course is available from HEIW]. Practices will supply names of new starters and date of training undertaken.
2. Appointments are available for advanced booking each day with declaration confirming that every patient contact is supported throughout the day. (Patients will be offered an appropriate consultation, whether urgently or through advanced booking consistent with the patient's assessed clinical need, without the need for the patients to contact the practice again).
3. To maintain a planned and forward-looking approach to consultations, practices to undertake a regular assessment of their scheduling appointment system to ensure a mix of remote, face to face, urgent, on the day and pre-bookable.

### **Patient Engagement**

4. Practices must regularly maintain an automated and standardised public facing dashboard and make this available via a range of communication methods to meet the needs of their patients.
5. Practices to undertake the national patient experience survey which should include 25 completed questionnaires per 1000 registered patients from a range of practice population and captured through a range of methods.

### **Digital**

6. Practices undertake care navigation on digital requests in a similar and equitable fashion to telephone requests

40 points are available for the completion of the above through the Quality Assurance and Improvement Framework (QAIF).

### **Reflective Report**

Practices are required to produce a reflective report. As a minimum, the report should include:

- An Equality Impact Assessment to review population and access needs. National guidance will be produced to support practices with this.
- Utilise results of the national patient experience survey to develop an action plan which will demonstrate how practices plan to move forward with implementing and communicating change effectively.
- That they have reflected on patient experience and can demonstrate improvements made, improvements made are to be discussed at collaborative level.
- Intelligence from their telephone system to show how they have interrogated the data, and evidence call demand comparisons.

A further 60 points are available for completion and submission of the reflective report. All reporting is undertaken via the Primary Care Information Portal.

In addition to the Access Commitment within the QAIF, there is also an active Quality Improvement project designed to help inform practices to regularly assess their scheduled

appointment system. It is this data that enables the practices to produce their Infographic. The Infographic tool on the Primary Care Improvement Plan (PCIP) portal allows Practices to choose from 12 measures that they can display however the indicator within the Access Commitment does not stipulate which, or how many of these should be displayed. There is also some ambiguity around where the Infographic is displayed and how patients can view it.

All Practices were provided with a link to the National Patient Survey and the Access Commitment Guidance provided a template for the Reflective Report.

All 48 GP Practices in HDdUHB achieved Phase 1 and all submitted the required evidence to support achievement of Phase 2. HDdUHB is required to confirm the achievement on 30 June 2023 which will in turn trigger payment to the practices.

### **Pharmaceutical Needs Assessment: Supplementary Statement**

On 12 June 2023, following consideration by members of the Primary Care Contracts Review Group, a supplementary statement to the Pharmaceutical Needs Assessment was issued in line with Regulation 6 of the (Pharmaceutical Services) (Wales) Regulations 2020 regarding the cessation of dispensing services by the previous Contract holder at Solva Surgery, following her retirement on 31 March.

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

A programme of surveys has commenced at Withybush General Hospital to manage the risks around RAAC planks. This survey commenced in Ward 9 in May 2023 and is expected to be ongoing for 9 months. RAAC is a material that was used in construction in many buildings generally between the 1960s and 1990s. Its presence has been confirmed in a range of National Health Service (NHS) properties across the United Kingdom and includes several properties in Wales.

In response to WG and wider industry alerts on this product the HDdUHB has put in place a range of measures to manage the risk and in May 2023 appointed a structural engineering company to undertake further intensive surveys of the areas in question and provide a full report on each individual RAAC Plank. If any repairs are needed, works will need to be promptly undertaken and the area recommissioned as soon as possible. This has an impact on clinical areas so all arrangements for this are being supported by the clinical site managers.

Managing the impact on operational services and inpatient capacity has been prioritised throughout the design of the survey programme. The order of surveys and associated remedial works have been arranged to optimise clinical capacity and ensure both routine and emergency work continue with minimised disruption to patient care. Additional capacity has been utilised at South Pembrokeshire Hospital by opening Cleddau ward to 14 beds and a plan to increase inpatient capacity on Sunderland Ward by the autumn. The Withybush General Hospital and County Teams are working collaboratively to provide the right setting of care for patients, including additional community placements to facilitate greater patient flow through acute care.

### **UPDATE ON INDUSTRIAL ACTION DURING JUNE 2023**

Following the last period of planned industrial action on 6 and 7 February 2023 (which did not take place), a lessons learnt exercise was undertaken with stakeholders to review our approach to the management of industrial action in readiness for any further periods of

industrial action. A separate report has been submitted to the People, Organisational Development and Culture Committee in respect of this.

Whilst the NHS Wales Partnership Forum accepted the pay offer for NHS staff in Wales on 23 May 2023, the Society of Radiographers (SOR) and Royal College of Nursing (RCN) remain in dispute over the offer. RCN subsequently notified further dates for industrial action for 6 and 7 June 2023 and the Industrial Action (IA) Planning Group was reconvened to plan for, monitor and respond to the impact of industrial action by health staff. This again included planning for minimal safe staffing levels, reviewing planned care activity, working with the National Strike Committee for derogations, establishing a process for capturing potential patient harm, setting up command and control structures (at operational, tactical and strategic levels) and providing regular communications for our staff, partner agencies (via Dyfed Powys Local Resilience Forum and the IA Workforce Cell) and the public.

HDdUHB advised of a new process for requesting derogations which would be routed via national rather than local staff side representatives. This was a significant shift away from previous management of the derogation process and a new online form was also communicated to health boards. The derogation window was brief, opening on 30 May and closing on 1 June.

Six derogations were submitted within the designated window, of which, three were approved. Additional contingency measures were put in place at a local level to deal with the reduced staffing levels resulting from the three applications which were not approved.

To date, 127 and 121 staff have been reported as taking strike action on those dates respectively (December figures were 3 to 4 times higher). Those staff taking industrial action included registered nurses and healthcare support workers.

Risk 1548 has been updated in the corporate risk register with regards to maintaining routine, urgent and emergency service provision across the organisation during industrial action.

It is understood that further action by RCN may take place on 12 and 13 July but at present the Health Board has not received formal notification of industrial action on these dates. The IA Planning Group has already arranged to meet in readiness for formal notification of this further planned action. The SOR are currently only balloting their members for strike action in England.

In respect of impacts, over the two-day strike period a total of 1,326 outpatient appointments were cancelled, with 1,202 being in respect of planned care. It is important to note however that there is no way to accurately determine how many of these were due to industrial action, although this would have been the majority.

#### GWILI RAILWAY CAR PARK UPDATE

On 14 June, Carmarthenshire County Council confirmed that planning consent had been granted for shared use of the Gwili Railway car park. This was the last impediment preventing progression of this scheme. As a result, the Central Transport Unit has resumed engagement with the Gwili Railway Company to progress finalisation of the enablement works necessary to allow the scheme to become operational.

The sites building contractor will be returning to the site to finalise the outstanding enablement works from 12 July. It is anticipated that this work will take between 2 to 3 weeks to complete

resulting in the potential to commence using the facility from the end of July / beginning of August.

Engagement has already taken place with those staff who have expressed an interest in using the site to ensure that the systems, processes, and requirements for accessing the facility are clearly understood. An implementation timetable has been developed which includes the phasing of staff access to the site over a two-week period. This will allow sufficient time to identify any issues following implementation as well as monitor the ease of accessibility to the site and make any process adjustments that may be necessary.

### 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

### 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

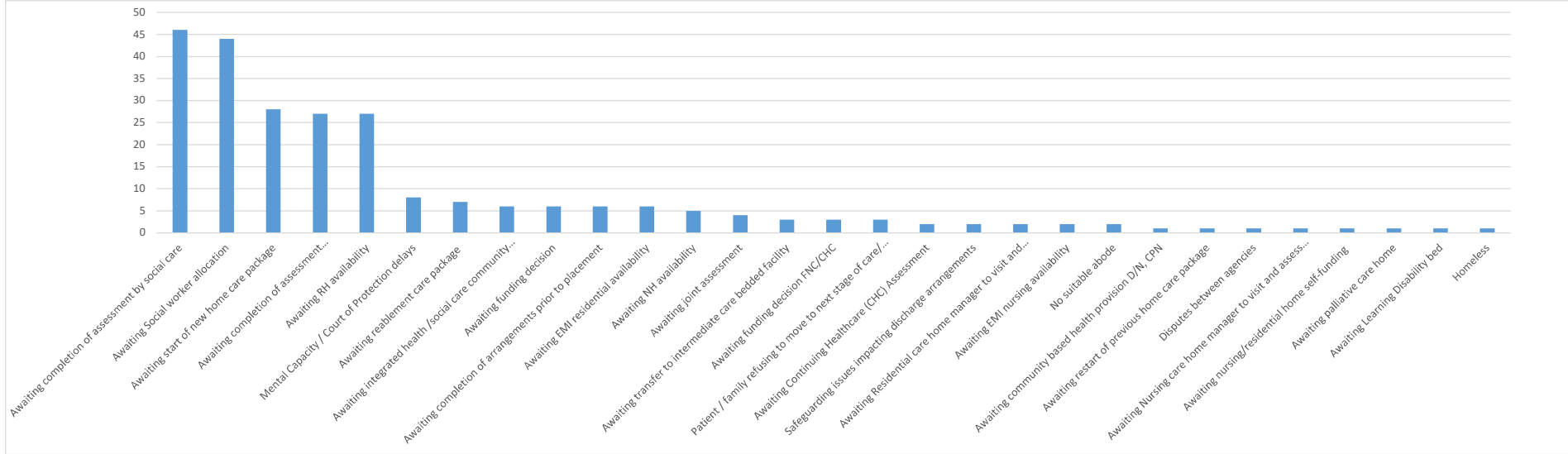
	<p>CMHT – Community Mental Health Team  CTP – Care and Treatment Planning  CYP – Children and Young People  DNA – Did Not Attend  DPoC – Delayed Pathways of Care  EMDR - Eye Movement Desensitisation and Reprocessing  GMS – General Medical Services  HDdUHB – Hywel Dda University Health Board  HEIW – Health Education and Improvement Wales  IEG – Integrated Executive Group  IHFG – Integrated Home first Group  IPAR – Integrated Performance Assurance Report  IPTS - Intensive Psychological Therapies Service  MAS – Memory Assessment Service  MCCG – Management Conversion and Complexity Group  MHLDD – Mental Health &amp; Learning Disabilities  NUSC – Non-Urgent Suspected Cancer  OAMH – Older Adult Mental Health  OT – Occupational Therapy  PCCRG - Primary Care Contracts Review Group  PCIP – Primary Care Improvement Plan  PIFU – Patient Initiated Follow Up  QAIF – Quality Assurance and Improvement Framework  RAAC - Reinforced Autoclave Aerated Concrete  RATT – Rapid Action Treatment Team  RCN – Royal College of Nursing  RPB – Regional Partnership Board  SACT – Systemic Anti-Cancer Therapy  SCAMHS – Specialist Child and Adolescent Mental Health Service  SCP – Single Cancer Pathway  SIF – Service Improvement Fund  SOR – society of Radiographers  SoS – See on Symptom  TUEC – Transforming Urgent and Emergency Care  UEC – Urgent and Emergency Care  USC – Urgent Suspected Cancer  WG – Welsh Government</p>
<p>Partïon / 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

<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: Quality / Patient Care:</b>	Any issues are identified in the report
<b>Gweithlu: Workforce:</b>	Any issues are identified in the report
<b>Risg: Risk:</b>	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

Annex 1 - June 2023 Census Data - Total Number of Delays per Hospital by Reason

Code	Reason	GGH	PPH	WGH	SPH	BGH	AVH	Tregaron Hospital	Llandoverly Hospital	Haverfordwest MH Unit	Aberystwyth MH Unit	St Davids Hospital	TOTAL	Proportion
1.01.02	Awaiting completion of assessment by social care	11	14	4	8	0	4	4	1	0	0	0	46	18.6%
1.01.01	Awaiting Social worker allocation	9	5	16	9	1	2	0	2	0	0	0	44	17.8%
2.03.01	Awaiting start of new home care package	6	13	2	0	1	0	3	3	0	0	0	28	11.3%
1.01.03	Awaiting completion of assessment Nursing/AHP/Medical/Pharmacy	6	3	9	4	2	0	2	0	1	0	0	27	10.9%
3.01.05	Awaiting RH availability	9	12	1	0	2	3	0	0	0	0	0	27	10.9%
2.05.07	Mental Capacity / Court of Protection delays	3	2	1	0	0	0	0	2	0	0	0	8	3.2%
2.04.01	Awaiting reablement care package	4	2	0	0	0	1	0	0	0	0	0	7	2.8%
1.02.03	Awaiting integrated health /social care community provision	1	5	0	0	0	0	0	0	0	0	0	6	2.4%
2.01.01	Awaiting funding decision	0	1	0	0	2	1	0	0	1	1	0	6	2.4%
3.01.01	Awaiting completion of arrangements prior to placement	1	0	0	0	1	1	0	0	2	0	1	6	2.4%
3.01.07	Awaiting EMI residential availability	2	1	1	0	0	1	1	0	0	0	0	6	2.4%
3.01.06	Awaiting NH availability	1	1	2	0	1	0	0	0	0	0	0	5	2.0%
1.01.05	Awaiting joint assessment	2	0	0	0	2	0	0	0	0	0	0	4	1.6%
1.02.01	Awaiting transfer to intermediate care bedded facility	2	1	0	0	0	0	0	0	0	0	0	3	1.2%
2.01.02	Awaiting funding decision FNC/CHC	0	0	0	0	0	0	1	0	0	2	0	3	1.2%
2.05.04	Patient / family refusing to move to next stage of care/ discharge	2	1	0	0	0	0	0	0	0	0	0	3	1.2%
1.01.04	Awaiting Continuing Healthcare (CHC) Assessment	2	0	0	0	0	0	0	0	0	0	0	2	0.8%
2.05.08	Safeguarding issues impacting discharge arrangements	0	1	0	0	1	0	0	0	0	0	0	2	0.8%
3.01.02	Awaiting Residential care home manager to visit and assess (Standard 3 residential)	1	0	0	0	1	0	0	0	0	0	0	2	0.8%
3.01.08	Awaiting EMI nursing availability	1	0	0	0	1	0	0	0	0	0	0	2	0.8%
3.03.02	No suitable abode	0	0	0	0	0	1	0	1	0	0	0	2	0.8%
1.02.02	Awaiting community based health provision D/N, CPN	0	0	0	1	0	0	0	0	0	0	0	1	0.4%
2.03.02	Awaiting restart of previous home care package	0	0	0	0	1	0	0	0	0	0	0	1	0.4%
2.05.05	Disputes between agencies	0	0	0	0	0	1	0	0	0	0	0	1	0.4%
3.01.03	Awaiting Nursing care home manager to visit and assess (Standard 3 residential)	0	0	0	0	0	0	0	0	1	0	0	1	0.4%
3.01.04	Awaiting nursing/residential home self-funding	0	0	0	0	1	0	0	0	0	0	0	1	0.4%
3.02.04	Awaiting palliative care home	1	0	0	0	0	0	0	0	0	0	0	1	0.4%
3.02.05	Awaiting Learning Disability bed	0	1	0	0	0	0	0	0	0	0	0	1	0.4%
3.03.01	Homeless	0	1	0	0	0	0	0	0	0	0	0	1	0.4%
	<b>Total</b>	<b>64</b>	<b>64</b>	<b>36</b>	<b>22</b>	<b>17</b>	<b>15</b>	<b>11</b>	<b>9</b>	<b>5</b>	<b>3</b>	<b>1</b>	<b>247</b>	







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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	28 September 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.

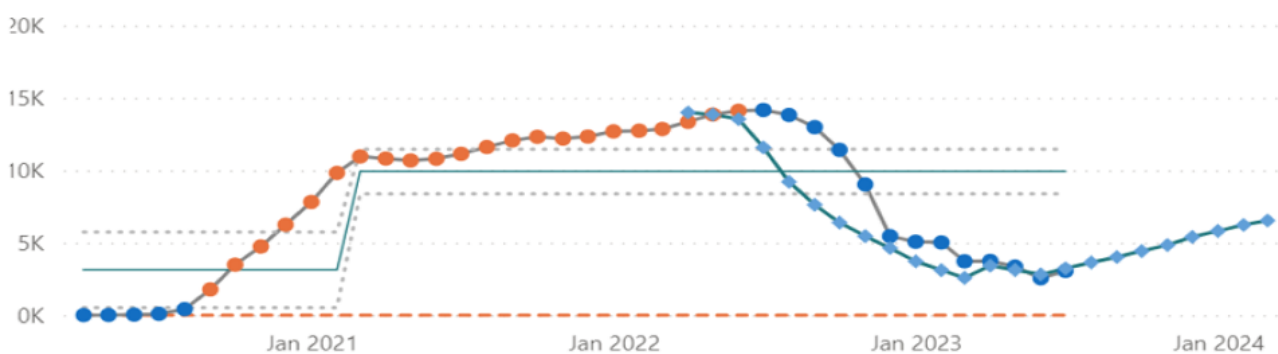
## Asesiad / Assessment

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

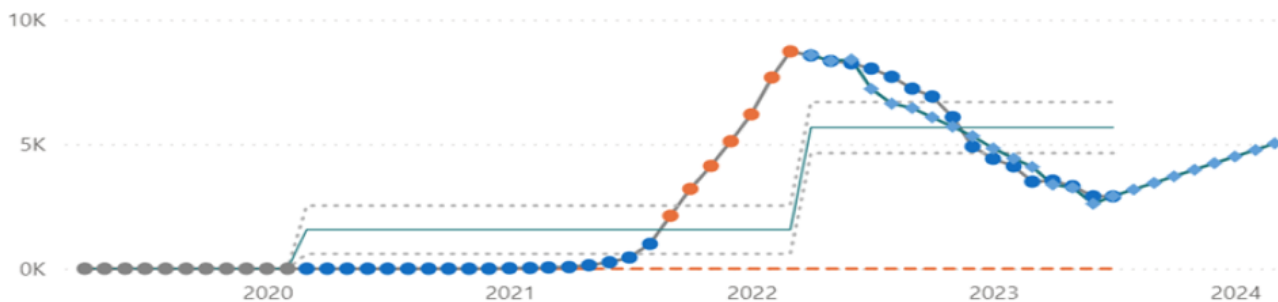
The Health Board has continued to make positive improvement progress in respect of the Ministerial priorities for planned care. To supplement improvements achieved through transformation of outpatient care and incremental increases in capacity and activity delivered, progress has also been supported 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

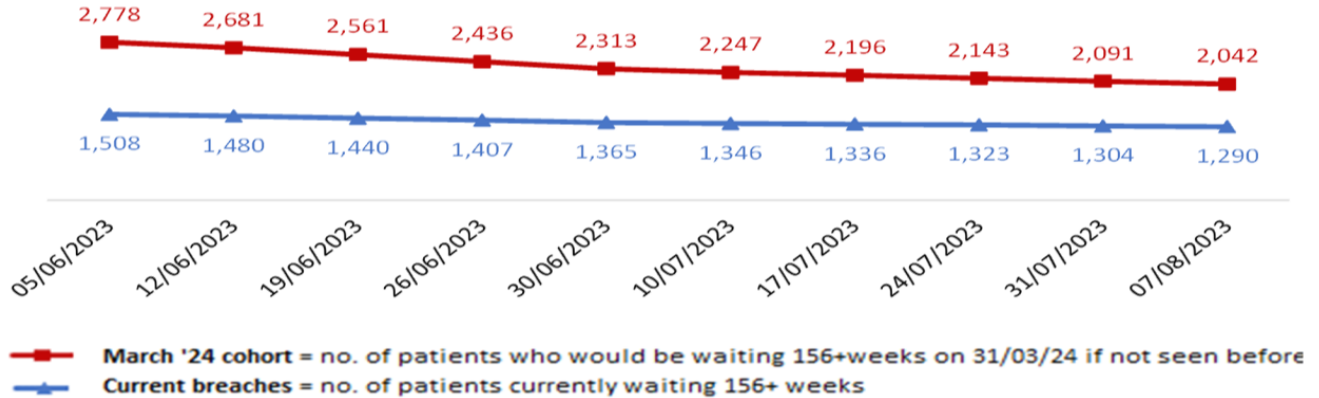


The number of patients waiting over 104 weeks for treatment continues to show an improving trend and our trajectory for July 2023 has been achieved. Breaches have reduced by over 5,000 when compared to July 2022 (8,036), a 64% reduction.

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:

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

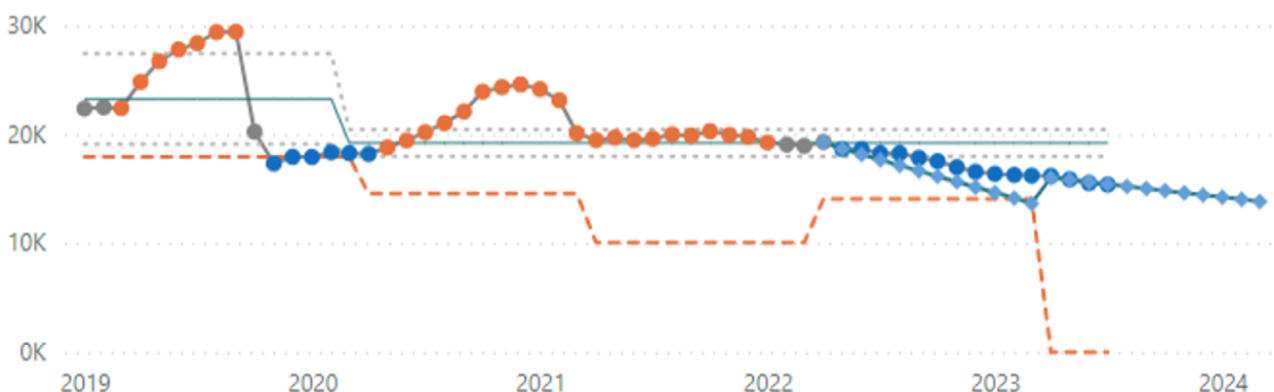


We do not expect to have any patients waiting in excess of 3 years for an outpatient appointment by end of September 2023.

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:

Patients waiting for a follow up outpatient appointment who are delayed by over 100%



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:

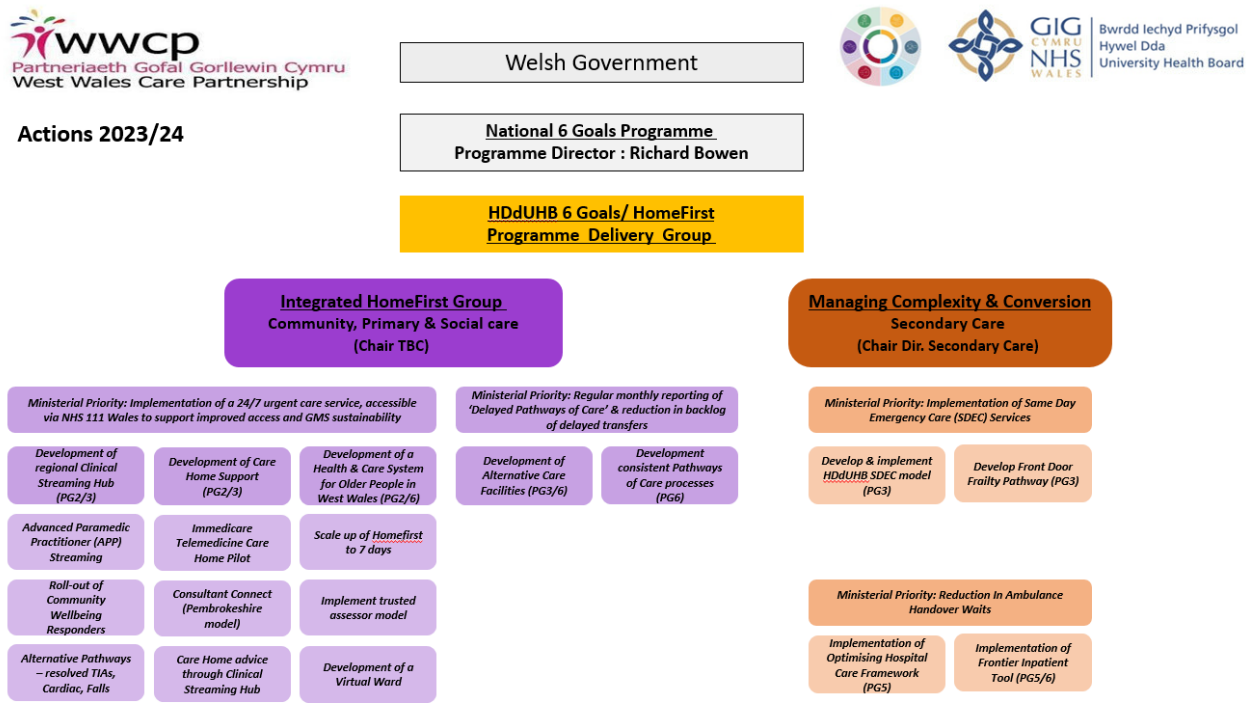
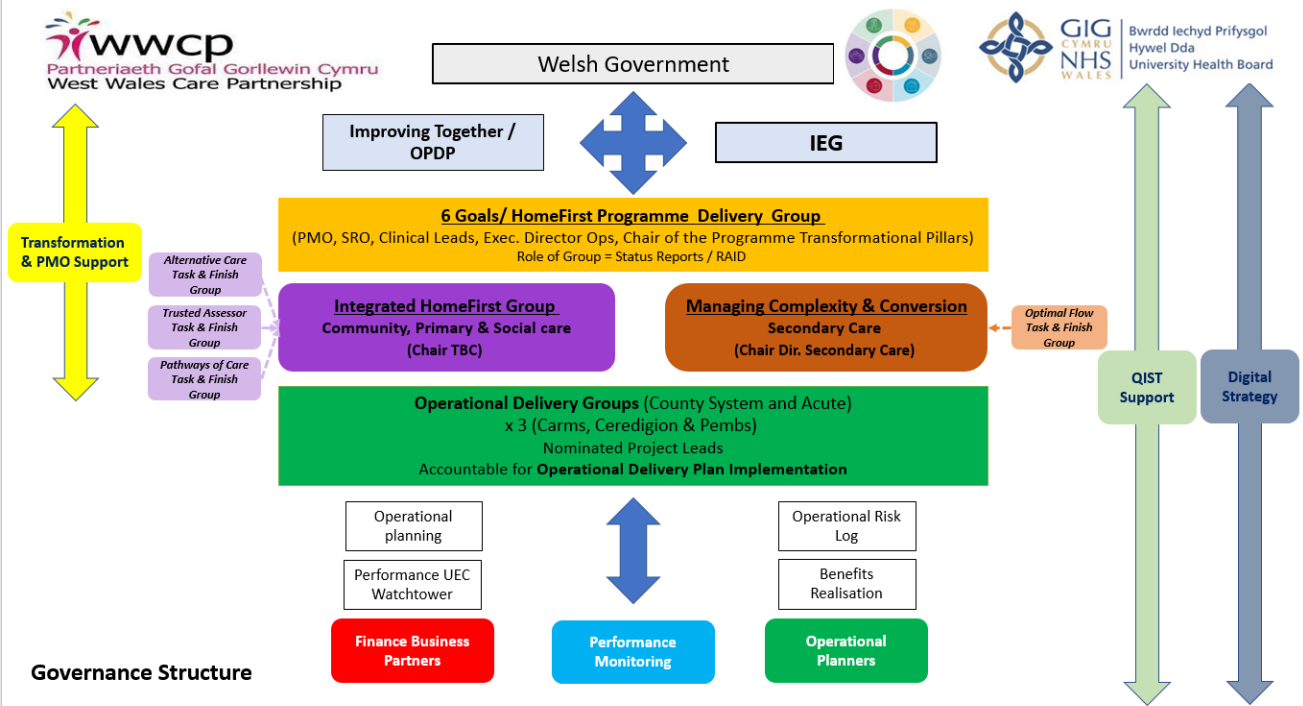
### **1) Integrated Home First Group** focusing on:

- 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

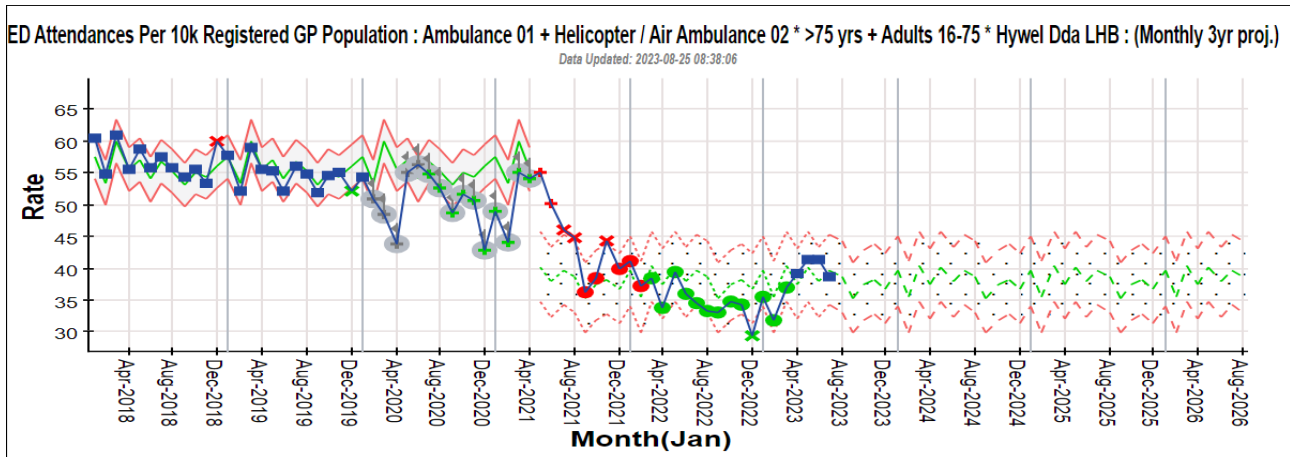
and collecting of real time information relating to internal and external constraints on the flow process. This key piece of work will also facilitate the early identification of Discharge to Recover and Assess (D2RA), reduce the deconditioning of patients, and therefore improve the discharge pathway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



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

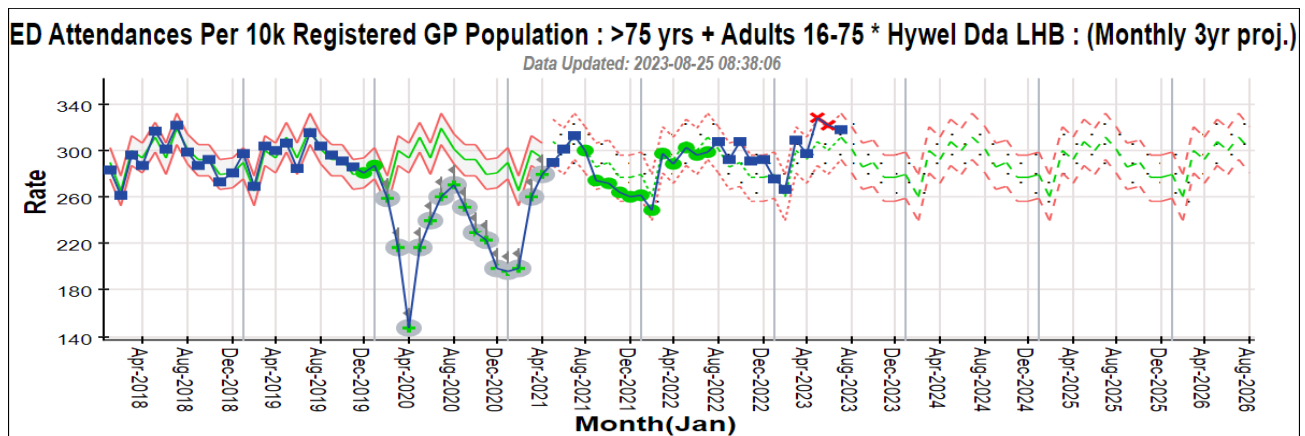
At the outset, the Transforming UEC (TUEC) programme focused on three areas of programme delivery known as the '3 Cs': **C**onveyance avoidance, **C**onversion (admission) avoidance and improved care management of **C**omplexity (frailty) in the inpatient unit.

### 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.

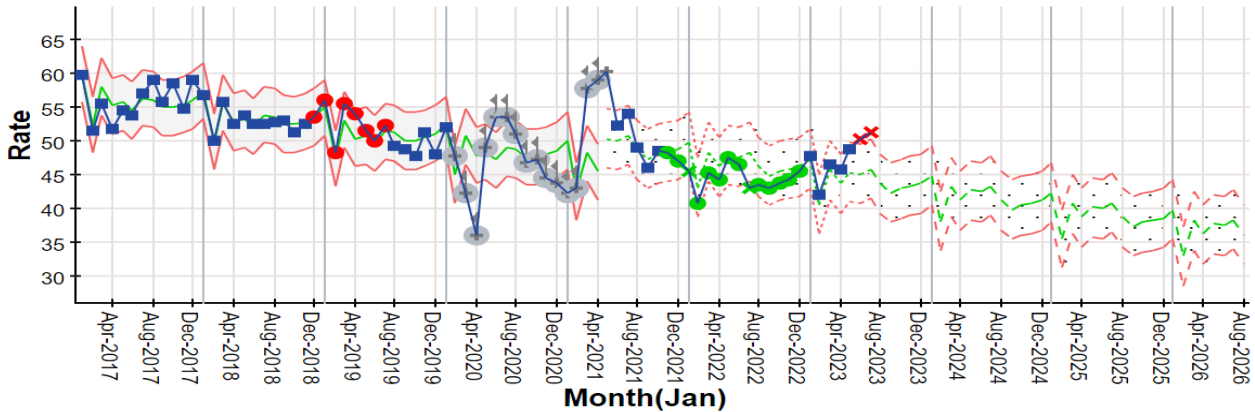
As a balancing measure, the number of those patients who are self-presenting was following the normal seasonal pattern with May and June 2023 showing very high levels of attendance, but this saw a reduction in July 2023.



## Conversion

IP Admissions Per 10k Registered GP Population : >75 yrs + Adults 16-75 \* Hywel Dda LHB \* [21] A & E or dental casualty : (Monthly 3yr proj.)

Data Updated: 2023-08-25 08:38:06

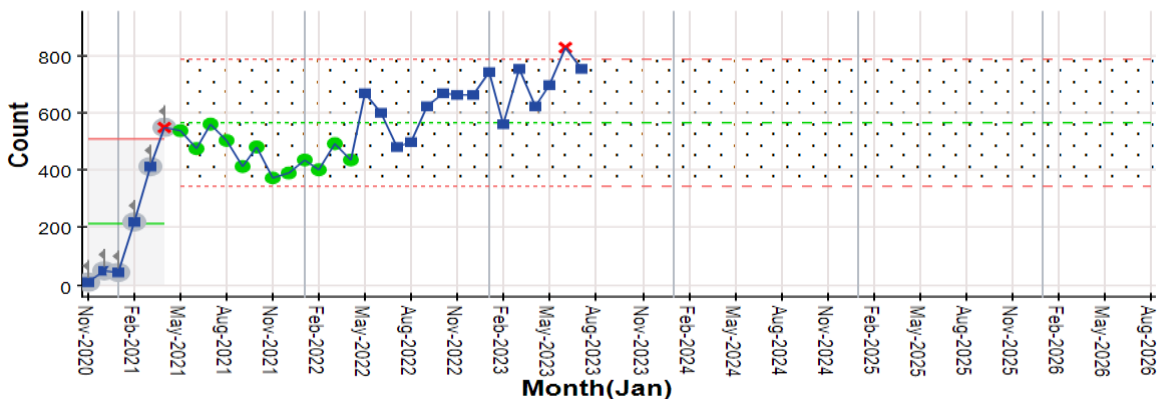


Whilst the overall trend in Emergency Admissions is reducing, there has been an uncharacteristic and unseasonal increase in Emergency Admissions since April 2023.

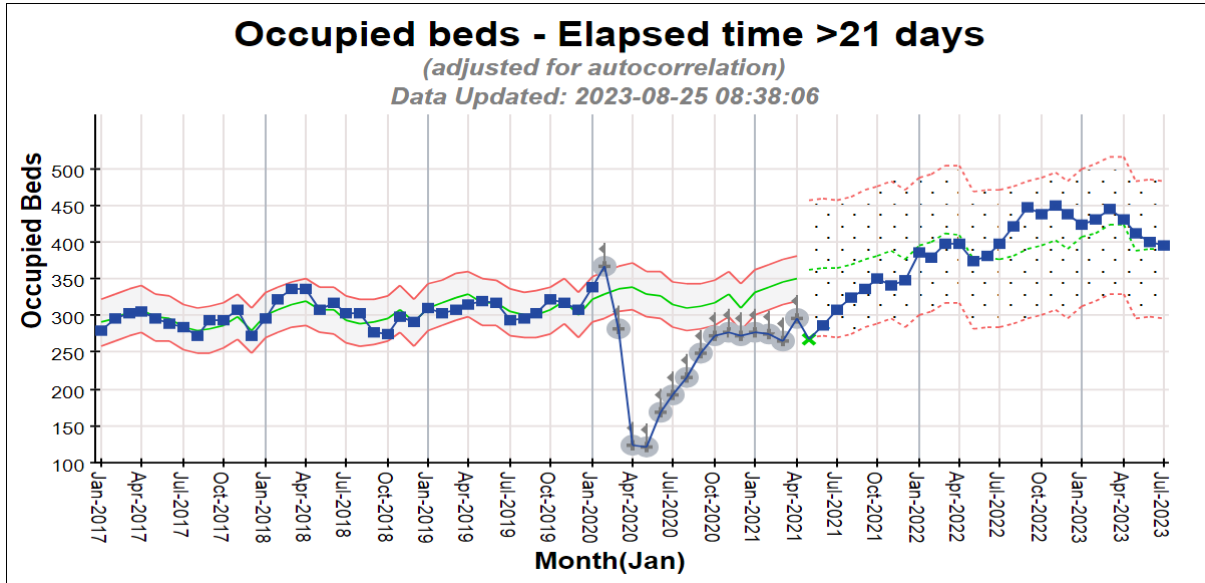
SDEC services are available in Prince Phillip Hospital (PPH), Glangwili General Hospital (GGH), Withybush General Hospital (WGH) and the Ceredigion Intermediate Care Centre (Same Day Urgent Care). The number of individuals attending these units continues to increase which is contributing to reduced conversion 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.

Provider Spell Admissions : >75 yrs + Adults 16-75 \* Emergency \* Glangwili General Hospital - GGH - Same Day Emergency Care Unit + PRINCE PHILIP HOSPITAL - PPH - Same Day Emergency Care Unit + WITHYBUSH GENERAL HOSPITAL - WGH - Same Day Emergency Care Unit : (Monthly 3yr proj.)

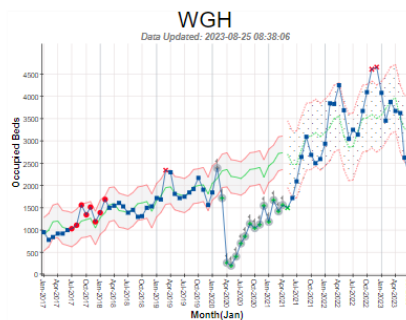
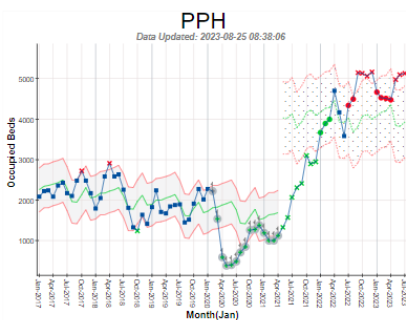
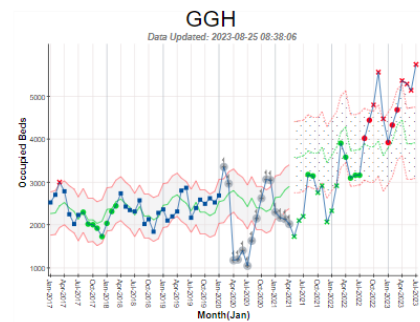
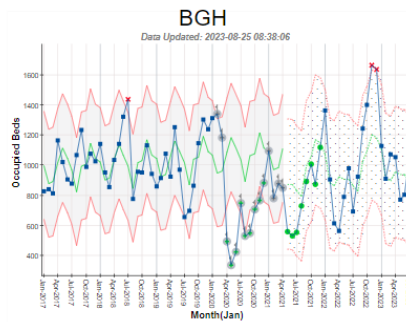
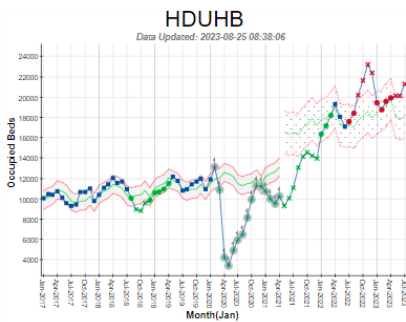
Data Updated: 2023-08-25 08:38:06



## 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.

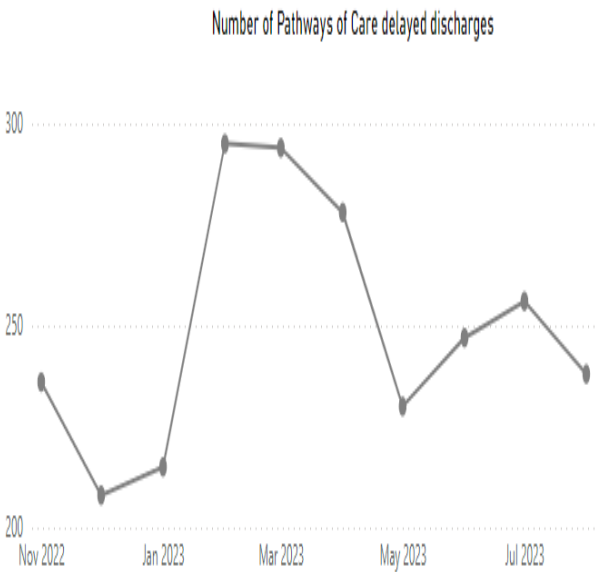
Ministers requested to reinstate this reporting following a recommendation from the Health and Social Care Committee and subsequently in November 2022, the pilot Delayed Pathways of Care (DPoC) framework was developed and fully implemented in January 2023 via a live reporting system. The new framework 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:

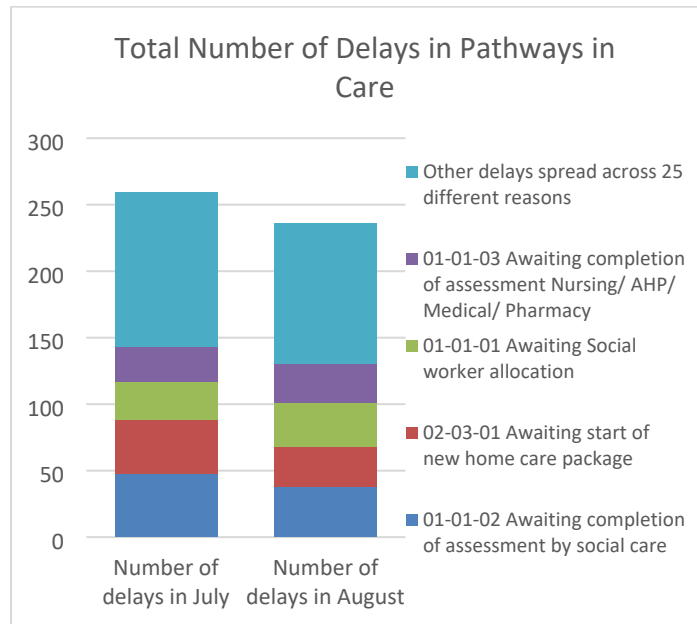
- People who require additional support on discharge should be transferred from hospital onto the appropriate 'discharge to recover then assess pathway' (usually back to their normal place of residence) within 48 hours of the completed treatment of their acute condition.
- Integrated health and social 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 25<sup>th</sup> 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 4<sup>th</sup> 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 11<sup>th</sup> September, utilising the Theatre 4 and Theatre Recovery areas as 1<sup>st</sup> 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)**

<p>Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:</p>	<p>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</p>
<p>Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a></p>	<p>7. All apply</p>

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 Termiau: Glossary of Terms:	<p>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>

	<p>MAS – Memory Assessment Service  MHLD – Mental Health &amp; 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 – Worthybush General Hospital  WHC – Welsh Health Circular</p>
Partion / 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: Financial / Service:</b>	Any financial impacts and considerations are identified in the report.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Any issues are identified in the report
<b>Gweithlu: Workforce:</b>	Any issues are identified in the report
<b>Risg: Risk:</b>	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