



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 November 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Operational Update and Progress Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Director of Operations Jill Paterson, Director of Primary Care, Community and Long Term Care
SWYDDOG ADRODD: REPORTING OFFICER:	Gareth Skye, Business & Governance Manager, Central Operations

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

This report provides the Board with an update on the Operational Delivery team's progress against recovery plans which are built on the clinical delivery priorities set by the organisation for 2022/23. In addition, the report provides a wider and more general operational update.

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 work of 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 amplified update for this report:

ENHANCED MONITORING AND RESPONSE

On 29th September 2022 the Welsh Government confirmed that the escalation status for the Health Board had been raised to 'targeted intervention' for planning and finance. No change has been applied however to the 'enhanced monitoring' status for quality issues related to performance resulting in long waiting times and poor patient experience.

In response to the above a consolidated enhanced monitoring action plan has been developed and was submitted to Welsh Government on 11th November 2022. A copy of the action plan is available at appendix 1 of this paper. Progress against the delivery of this plan will be included in future operational update and progress reports.

STRENGTHENING INTEGRATED QUALITY, PERFORMANCE AND FINANCIAL GOVERNANCE

As part of its overall commitment to patients and staff alike the Health Board is moving into being more data-driven in its approach and has developed several tools over the last 6 months such as the system risk and potential harm dashboard, which allows the rapid triangulation of quality and performance data and identifies areas for improvement. Discussions are underway at an executive level to consider how integrated quality, performance and financial governance can be strengthened further to operationally deliver in a sustainable way.

TRANSFORMING URGENT AND EMERGENCY CARE (TUEC)

Funding received from the Welsh Government 6 Goals Programme to implement Urgent Primary Care (UPC) and Same Day Emergency Care (SDEC) services has been fully utilised to improve our target areas of Conveyance, Conversion and Complexity management.

Impact against the agreed 3Cs outcome measures is as follows:

- **Conveyance** - the number of people attending emergency departments by ambulance continues to demonstrate a downward trajectory, whilst the balancing measure of total emergency department attendance is higher than pre COVID levels. The number of patients being managed by our Urgent Primary Care (this includes intermediate care) is also greater than pre COVID levels.
Evaluation of the UPC Clinical Streaming Hub has confirmed a positive conveyance rate reduction (40% reduction) specifically in relation to our UPC medical review of patients pending ambulance conveyance in the community in Carmarthenshire. This pilot is now being rolled out across the other counties.
- **Conversion** - the number of admissions continues to reduce for all ages across all admissions with an increasing number of patients being assessed within our SDEC services.
- **Complexity** – The length of stay (LoS) continues to increase alongside the number of patients who have an average length of stay of over 21 days. The latter is particularly the case for our frail elderly patients who consequently require a level of care and support in the community. The demand for care and support exceeds capacity in the

community and consequently bed occupancy rates for this population continue to increase in tandem with their associated LoS in hospital.

Impact analysis

Data analysis suggests there is a greater proportion of patients who would benefit from UPC and SDEC that are arriving at our Emergency Departments. Furthermore, the data indicates that a proportion of these patients are complex and frail and could be supported at home on 'virtual wards'. There is currently no nationally agreed definition of 'virtual ward'. Broadly it describes the care people in the community are receiving that would otherwise require a secondary care bed. This includes acute level interventions such as IV therapy. Patients may also be admitted onto the virtual ward and receive their clinical monitoring remotely via a digital platform and the patient's condition monitored utilising telehealth devices. A senior manager review of discharge planning and coordination across all 4 acute hospital sites has demonstrated the need for improved practice in this area. In respect of the number of patients utilising virtual wards specifically for telehealth monitoring, the current figures are set out as follows:

- 145 heart failure patients
- 73 COPD patients
- 104 pre-habilitation patients (those pending orthopaedic surgery)

A workshop held with nursing and therapy team leaders was held in October and was positively received. Feedback demonstrated the commitment to improving the care management of our complex patients particularly in relation to adopting a Home First approach through considering safe alternatives to hospital admission at the front door and also reducing length of stay of frail patients.

Next Steps

- Explore opportunities to scale up the Clinical Streaming Hub to accommodate Pembrokeshire and Ceredigion patients pending ambulance conveyance. This is anticipated to take place throughout December, pending confirmation from WAST
- Explore opportunities to scale up the Clinical Streaming Hub to accept GP referrals and provide scheduling provision to SDEC services
- Review Redirection Policy for redirecting patients who attend Emergency Departments and whose needs could be supported safely with alternative pathways
- Developing a digital platform that will support ward managers and inpatient multidisciplinary teams to implement best practice discharge planning and coordination
- Programme work aligned to improvement trajectories
- UEC Performance Outcomes framework and key measures agreed for weekly reporting to Executive Team

Other programme developments of note

- We continue to increase the number of patients supported by Technology Enabled Care (TEC) in the community as part of our 'virtual ward' provision. Telehealth supports patients with heart failure and chronic obstructive pulmonary disease as well as patients pending planned care in the community in an initiative known as 'prehabilitation'. Evaluation of this care pathway has been positive in terms of patient reported outcomes and experience and we will continue to scale over time.

ROLLOUT OF REAL TIME DEMAND AND CAPACITY (RTDC) METHODOLOGY

RTDC is being rolled out across all acute hospital sites to support the Health Board's response to the Enhanced Monitoring Escalation expectation:

On urgent and emergency care provide a focus on timely patient flow and discharge, engage with patients (and staff) on their experience in ED and focus upon reducing trolley waits and long waits for admission from ED

RTDC is an approach to improve hospital wide patient flow. It involves implementing standard structures for ward level board rounds and hospital bed meetings as well as standard processes and reporting mechanisms for the 4 RTDC steps:

- Prediction of capacity
- Prediction of demand
- Development of a plan
- Evaluation of the plan

RTDC was introduced as a pilot at GGH in February 2022 following an offer to support the introduction of this methodology from Improvement Cymru (IC). Work has also commenced on its introduction at PPH and it is anticipated that RTDC rollout at Withybush General Hospital and Bronglais General Hospital will begin in December 2022.

The principles of RTDC form part of the Health Board wide optimal hospital flow workstream to support the implementation of TUEC Policy Goal 5. A Health board wide delivery group has been established to oversee the implementation and adoption of best practices to support optimal hospital flow across all our acute sites, which includes RTDC.

Enablers to maximise optimal hospital flow and to support implementation of RTDC include full implementation of board rounds and afternoon huddles on all inpatient areas. This work is being prioritised by the Quality Improvement & Service Transformation (QIST) team across the 4 acute sites to support the implementation of RTDC.

Other enablers that are being considered as part of the Policy Goal 5 include widespread adoption of the SAFER principles, 'Red to Green', active measures to prevent deconditioning and discharge to assess and recover pathways (D2AR)

To support this a standardised framework and policy for board rounds and afternoon huddles is being developed for HDUHB that incorporates RTDC.

Monthly meetings with IC continue in relation to RTDC implementation and support is being sought for the further roll out of the approach. The IC clinical lead and regional support lead will be meeting with the operational team at GGH and QIST team members on the 16 November 2022 to assist in taking this work forward.

Observations and lessons learned from the GGH pilot will inform a sustainable RTDC roll-out across Health Board. For example, HDUHB identified medical engagement as a key component for the widespread adoption of RTDC which now forms part of IC approach.

The Operational and Improvement Leads for RTDC at GGH will be attending a national Action Learning Set on Situational Awareness RTDC Flow Methodology, facilitated by IC in December 2022 to which identified operational and improvement leads from PPH, WGH and BGH will be requested to attend.

PLANNED CARE RECOVERY

Delivery plans in response to the Ministerial Measures milestones for 2022/23 (no Stage 1 patients waiting > 52 weeks by December 2022 and no patients waiting >104 weeks by March 2023) are progressing as per plan. As previously reported, whilst available capacity remains

insufficient to fully achieve both Ministerial Measures milestones, the total cohort of patients with the potential to wait in excess of these milestones is expected to reduce by over 80% by the respective target dates and the HB remains on course to achieve the delivery trajectories previously advised to WG.

Efforts to further expand outpatient and operating capacity continue, within the limits of available staffing levels. In September 2022, overall outpatient activity levels increased in 85% of pre-pandemic levels with day case surgery volumes exceeding 75% of the 2019/20 average. Inpatient surgery sessional capacity is not expected to recover to pre-pandemic levels until Q4. Recruitment to vacant Health Records staffing posts is progressively supporting the expansion of outpatient activity and the transformation of outpatient service provision continues with approximately 25% of current outpatient activity delivered via virtual platforms. Steady progress is also being achieved in the adoption of alternative delivery models to traditional clinic-based follow-up care with 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, exceeding the indicative 20% threshold advised by WG. These approaches enable the release of clinic capacity to be directed to recovery priorities.

The planned handover to the Health Board of the Modular Day Surgical Unit at Prince Philip Hospital was confirmed on 11 November 2022 with the first patients to be treated on 5 December 2022. To mitigate the loss of activity through the new unit, 8 of the 10 weekly sessions planned to be delivered via the first of the two new theatres have been re-provided via the main theatre facilities at PPH. Recruitment efforts to secure necessary anaesthetic and theatre staffing resources are continuing, with further increases in activity volumes anticipated from November 2022.

CRITICAL CARE STAFF RECRUITMENT

Following Board receipt and approval of the Critical Care update in September 2022, recruitment efforts for locum and substantive recruits are continuing although no suitable applicants have yet been identified. During the 14-week period since the admissions protocols to the PPH Critical Care Unit were temporarily amended, a total of 7 patients requiring Level 3 care have been transferred away from the hospital without any adverse impact on these individuals. This remains well below the level initially anticipated and reflects the joint approach adopted by the critical care and acute medical teams in providing support to patients appropriate to their clinical needs. All patient transfers were undertaken in a safe and appropriate manner with the majority supported by the ACCTS critical care transfer service.

WINTER PREPAREDNESS UPDATE

As reflected in the Winter Plan approved by the Board in September 2022, there were a number of actions aligned to the 6 Goals Urgent & Emergency Care (UEC) which health boards were requested to accelerate over the winter period. The UEC program is established within the Health Board with an interim Senior Responsible Officer and programme support and established delivery groups focused on the 6 policy goals. The request from Welsh Government was to accelerate key pieces of work and supplement local actions that featured as part of our operational plan.

As part of Policy Goal 1, to progress coordination, planning and support for people at greater risk of needing urgent care, actions centred around optimising use of British Red Cross and Care and Repair Services to facilitate discharge and turn around at the front door. For a number of years British Red Cross have been commissioned by the Health Board and work in

partnership with community services across the 3 counties and this year the Health Board commissioned services directly from Care and Repair following a successful pilot funded directly by Welsh Government. The UEC SRO and lead recently met with the national Policy Goal 1 lead to discuss progress and ongoing developments.

The focus of policy Goal 2, signposting people with urgent care needs to the right place, first time, centres around delivery of 111 Wales MH 'press 2' pathway. The Health Board piloted this new pathway where callers to 111 services have the option to immediately obtain the support they need and this has proved very successful and the hours the pathway is available are being considered for extension.

Policy Goal 3, clinically safe alternatives to admission, focuses on Urgent Primary Care Services supported by Same Day Emergency Care (SDEC) services being provided across a 7 day period. The Health Board has established a virtual urgent primary care model (UPC), working with partners across the whole UEC pathway to clinically stream and triage people to the most appropriate pathway; this has been operational as part of a pilot in Carmarthenshire for several months and plans are ongoing to develop this model further and extend the hours of all services are in place throughout December 2022. The TUEC program is currently scoping the demand and capacity available across the 3 acute SDECs and will be undertaking a peer review to ascertain the best model moving forward to provide a 7-day service. No timescale for this has been confirmed but it will take place as soon as possible. The recently appointed Clinical Lead for Acute Medicine is leading the task and finish group developing a robust and sustainable SDEC model.

Policy Goal 4 (rapid response in crisis) is focused on expansion of remote clinical support for ambulance services alongside increased pace on ambulance handover improvement plans. An operational delivery group co-chaired by Welsh Ambulance Service Trust (WAST) and the Health Board has been established for a number of months focused on actions that can be delivered at pace to reduce the number and length of ambulance delays at our front doors. One of these actions was a joint pilot to embed Advance Paramedic Practitioners alongside health and social care staff was undertaken with WAST in Carmarthenshire and following the successful evaluation this is being rolled out to Pembrokeshire and Ceredigion. The virtual UPC model centre described above centres on clinicians working remotely across the system to pull and stream people to appropriate pathways which includes callers to ambulance services awaiting a response. Callers are contacted directly by a clinician and where appropriate, alternative pathways are advised.

Setting standards for policy Goal 5, optimal hospital care and discharge practice from the point of admission, has been undertaken at pace nationally and representatives from the Health Board have been key in influencing this work. In anticipation of the launch of this piece of work in December, the Health Board has established a delivery group which is undertaking the necessary baseline assessments and audits to ensure that any interventions can be targeted over the winter period.

Policy Goal 6 (Home first approach and reduce the risk of admission) has been developing standards nationally and the Health Board has recently piloted the new delayed pathways of care process and reporting of delayed transfers of care (DToC) prior to formal roll out by the end of the year.

MENTAL HEALTH SERVICES IN CEREDIGION

Adult Mental Health

Recruitment and retention of Adult Mental Health (MH) staff has improved in Ceredigion in recent months, with minimal staff vacancies across our MH teams. A new Senior Nurse Manager has recently taken up post, following the retirement of the previous post holder. There is also an increase in staff members who have previously left local MH services now applying to return to work in Ceredigion.

Formal links have been established with the school of Nursing in Aberystwyth University to offer placements in Gorwelion. A Mental Health Nurse training programme commenced in September which will support future recruitment of qualified nurses locally.

A Ceredigion Mental Health and Police working group has been established, which provides staff with a regular forum to meet with Dyfed Powys Police and other partner agencies including Local Authorities, A&E, Community Drug and Alcohol Teams (CDAT) and Dyfed Drug and Alcohol Service (DDAS).

An independent review has been undertaken into the changes delivered in Adult MH services in Ceredigion over the past couple of years. This is to ensure that the intended Transforming Mental Health (TMH) outcomes are being delivered and to understand the staff experience of these organisational changes. The service is currently preparing a Management Response to the review report.

Integrated Psychological Therapies

The Local Primary Mental Health Support Service (LPMHSS) is currently experiencing some long-term sickness, which is impacting on its ability to meet WG compliance. There has been some recent success in recruiting into current vacancies, however these are still going through the on boarding process, therefore the benefits will not be seen until staff have been inducted into their new roles.

Older Adult Mental Health

Older Adult Mental Health bed occupancy is currently at 100%, therefore the service is utilising the 4 'shared-care' beds on Enlli Ward as surge capacity continues. This is compounded by lack of provision in the social care sector in respect of Domiciliary Care, Respite Care and Residential Care.

The service is experiencing difficulties in recruiting to existing vacancies in the Ceredigion Community Mental Health Team, particularly Care Co-ordinator posts. The Team Manager post has been appointed on an interim basis until February 2023 via an Expression of Interest while the substantive posts continue to be re-advertised.

Medical Workforce recruitment via an NHS Locum has improved psychiatry services. Memory Assessment Services (MAS) are working towards a 7% waiting list reduction target month on month, with latest returns showing a continued reduction.

Specialist Child and Adolescent Mental Health Services (S-CAMHS)

The service is currently recruiting into key vacancies including a Community Psychiatric Nurse, a Cognitive Behaviour Therapist, and a Systemic Therapist to expand the workforce in Ceredigion. A proposal is being developed to enhance the medical workforce with Advance Nurse Practitioner and Non-medical Prescriber roles.

There has been success in recruiting to all vacancies in the Specialist Eating Disorder service through sustainable SIF monies. This will increase capacity within the service and provide enhanced and timely support for Children and Young People (CYP) with severe eating disorders in Ceredigion.

The service continues to work with key partners to deliver a range of Third Sector support including MIND to deliver Individual Placement Support services for individuals seeking to re-engage in education and/or employment.

S-CAMHS has commissioned Kooth, a digital online Counselling support service to work across the 3 Local Authority (LA) areas. The service is offered to all children and young people on our waiting list and to those in receipt of mental health services to provide additional emotional support.

Following the success of the Ceredigion School In Reach Pilot the service has been awarded 3 years recurrent funding to enable further rollout across all 3 LA's. All posts across the region have been fully appointed. A multi-agency Steering Group has been established to oversee the implementation and ongoing operational development of the service.

The following Directorate wide services are now fully established in Ceredigion, with positive benefits being realised across all local MH services across the age range:

- The Alternative (Community) Place of Safety is operational 24/7, which ensures that local provision is available for individuals who require a S136 assessment. Since June the service has been utilised 5 times, with 4 individuals returning home and 1 individual requiring inpatient services. An operational policy is in development, which considers the designated Hospital Place of Safety in Bryngofal, alongside links to local community provision.
- Mental Health Liaison Services continue to be developed in Bronglais General Hospital. The Service is available 24/7 and is easily contactable, with a single referral form developed for all departments and wards within the District General Hospitals and Community Hospitals to request a mental health assessment for a patient. A new service specification setting out the services operating procedures has recently been developed. Following consultation, the document is being revised to include LD Liaison provision.
- The Mental Health Single Point of Contact operating via 111 Option 2 continues to impact positively on services in Ceredigion. The triage and brief interventions provided ensure help to those in distress to deescalate, which in turn reduces the need for statutory interventions. From 6 November 2022 111 Option 2 will be available 24/7 ensuring that help and support is available to those in crisis when needed. A data set is being agreed with WG to fully evaluate the impact the service is having on statutory MH services. In August a Professional Line was introduced via a local 01267 number for A&E, WAST, LA's, GP's and Education colleagues where a MH Practitioner will provide advice, guidance and assessment support in respect of complex mental health presentations. A process has also been established with Dyfed Powys Police whereby calls can be directly transferred from 101 into 111 Option 2, where a Police response is not required.
- The Out of Hours Clinical Co-ordinator Service has greatly benefitted MH teams in Ceredigion by providing a specialist clinical role to support and advise CRTs in

respect of complex clinical issues. The service acts as the point of contact for advice on any clinical issues and for S136 consultation by the Police. The Clinical Leads are advised of all potential admissions and provide support and advice on any in-patient discharge out of hours to the Health Board, LA, WAST and Police, liaising with Out of Hours services across all 3 local authority areas. Support is also provided to in-patient staff to manage any staffing requirements, liaising with the second on call as appropriate.

- The all-age MH conveyance scheme continues to be utilised fully by services in Ceredigion. The service is being provided by St. John Cymru, with 1 full time vehicle with a 2-person crew available from 10.00am – 10.00pm 7 days per week. Outside of these hours (10.00pm – 10.00am) there is an on-call system in place. Calls per month have steadily increased throughout the first 12 months of operation, with over 400 conveyances undertaken across MH&LD services. This service has greatly reduced demand on NHS and partnership organisations (Police & Local Authority) staff time in having to provide transport. Prior to the St John initiative Health Board staff have had to transport individuals due to several issues such as delays in waiting times for transport, unsuitability of WAST vehicles etc. In particular Ceredigion MH Services utilise the vehicle more so than the other LA areas to support with geographic challenges, e.g. to facilitate more timely discharges home from hospital. The Service is currently supporting an individual from Ceredigion to access Electroconvulsive Therapy (ECT) treatment in Carmarthen every 3 weeks, which has freed up staff who would otherwise have had to provide the transport.
- WG have recently agreed sustainable funding for service, with a national procurement exercise expected to take place in the next 6 months for a 3-year contract. Due to the success of the service in the Health Board, WG have invited us to work with their procurement department to agree the service needs for the national commissioning of the service. This will help us to ensure that local service user feedback is incorporated including unmarked vehicles, cars rather than ambulances (unless a stretcher is required) and informal uniforms etc.
- The Sanctuary Service which is currently being piloted in Aberystwyth by Adferiad has developed close working relationships with local multi-agency services and has seen increased referrals as the service has become more established. Approval have been received from WG for sustainable funding for this service through the MH Service Improvement Fund. In the coming months the service will be procured alongside all of the Directorates Third Sector provision. This will ensure the sustainable and equitable provision of early intervention and prevention services across Ceredigion for the next 4 years.

MENTAL HEALTH AND LEARNING DISABILITIES (HEALTH BOARD WIDE UPDATE)

Adult Mental Health

Community Mental Health Teams across all 3 local authority areas continue to be impacted by vacancies. However, there has been some improvement with recent uptake in Practitioner vacancies that have been re-advertised. Recruits are currently going through the on boarding process and will take up post over the coming months. Key areas with ongoing issues are the Pembrokeshire CMHT's, which have been mitigated by two block booked agency staff, which have been invaluable to the team in terms of meeting ongoing patient care needs.

Staff retention continues to be problematic in some areas, with staff applying for posts within new service areas which require no care co-ordination. Long term sickness rates have

improved, however short-term sickness absences continue, both of which have been compounded by high annual leave during the summer season.

Demand on inpatient beds remains high with over 100% occupancy, with surge beds being used to ease pressures when needed. PICU ward has experienced recent staffing issues due to vacancies. The service is utilising agency staff to help to mitigate the current staffing shortages, while substantial recruitment is undertaken. Alongside this an Expression of Interest for a Band 5 post will be advertised to all Adult MH Wards, to assist with staffing deficits.

The Mental Health Single Point of Contact operating via 111 Option 2 continues to impact positively on services. With the percentage of calls requiring intervention / signposting to Third Sector agencies or self-help remaining high and the follow-on request for Mental health services remaining low as set out in the table below:

Service Area	Referral Rate
Self Help/Self Care/Advice	43%
Call Terminated	13%
Frequent Caller	11%
Call Transferred 111	8%
Other	8%
CMHT/OAMHS	5%
999/101	4%
Failed Contact	2%
Advised to attend A&E/MIU	2%
CRHT	1%
LPMHSS	1%
S-CAMHS	0.75%
Perinatal	0.75%
Edis	0.25%
Advised MHA/LA	0.25%
Veterans	0%

The service began operating 24/7 from 6 November 2022 with the Deputy Minister for Mental Health and Well-being attending on 10 November 2022 to officially launch the service.

Learning Disabilities

A review of operational management for LD has been undertaken and a decision made to appoint on an interim basis a Registered Nurse to oversee both LD and Adult Inpatient settings for 6 months. Interviews will be held in early November.

Work is progressing on the Learning Disability Service Improvement programme (LD SIP) for the community and inpatient settings change programme, with a review of the former Ty Bryn service having been completed. An SBAR has been developed to outline the future direction of travel and next steps based on recent service assessments. The SBAR will be taken to the Operational Planning and Delivery Programme Group (OPDP) in mid-November for approval to progress with the proposed change model. Following this an Organisational Change Plan

will be undertaken with all affected staffing groups within the new service structure being implemented from 1 April 2023.

Recruitment issues continue with vacancies in Community Teams, with certain posts proving difficult to recruit to. The long-term sickness within Therapy Services continues to impact waiting times.

Physiotherapy services continue to hold increasing waiting lists with subsequent breaches. Psychology and behaviour services are generally understaffed, with several staff still on maternity leave and long-term sickness. Several senior Psychology vacancies are being advertised in early November, alongside a recruitment drive for Consultant Psychiatry vacancies. Several streamlined Band 5 Nurse posts will be taking up post in November. Contingency plans remain in place.

Psychological Therapies

Performance targets against the percentage of adults waiting less than 26 weeks to start a psychological therapy is gradually improving and on an upward trajectory, however this is being impacted due to the increased referral rate. In January 2022, 29.4% of individuals were waiting fewer than 26-weeks to start a psychological therapy. This figure has increased to 43.9% (400 out of 912 individuals) in September.

Recruitment issues persist with several staff who managed group therapy sessions being successful in attaining positions with the Psychology Service. The service continues with succession planning arrangements when reviewing recruitment options.

Therapeutic intervention pilots continue across a range of modalities to achieve higher capacity for the offer of intervention appointments. The uptake of group interventions will improve the access pathway for Integrated Psychological Therapy Service (IPTS), which should result in fewer numbers requiring a more intensive intervention. As groups are still ongoing, we are awaiting the final outcomes. However, earlier group intervention pilots for Dialectical Behavioural Therapy (DBT) resulted in 20 service users out of 20 being discharged from the service, requiring no further treatment. Of these, 7 were discharges due to relocation or disengagement. External venues are being utilised to reduce the stigma attached to attending mental health services, however this may be reviewed going forward as there are financial implications. A Patient Access Policy has been drafted and approved by the Psychological Therapies Management Group. The Draft policy will be taken to the Written Control Documentation Group for wider consultation and approval. It is hoped that the impending Delivery Unit review of psychological therapies will give further clarity regarding Referral to Treatment guidance along with an understanding of the consistency and variation of services offered in Psychological Therapies across Wales. An Improving Access to Psychological Therapies SBAR was presented at the most recent Psychological Therapies Management Group and is currently awaiting approval.

A procurement exercise was undertaken to provide Cognitive Behavioural Therapy (CBT) services over 3 years from an external provider. Unfortunately, no organisations submitted a bid. Feedback from those organisations that registered an interest has highlighted those organisations are struggling to recruit staff to provide CBT services face to face, but they may be able to provide services online. However, evidence indicates that this is less effective, and the service is therefore working with procurement colleagues to review our procurement intentions.

Specialist Child and Adolescent Mental Health Service (SCAMHS)

The service has been successful in bidding for Welsh Government funding (capital and revenue) for a 12-month pilot to develop an alternative to hospital/discharge lounge provision for children and young people (CYP) based in Bro Myrddin, Carmarthen. This will be a 24/7 bespoke service which will provide an alternative to hospital admission and a discharge lounge/step down provision. This will provide a safe space for CYP who present in crisis and would otherwise end up in A&E or on a Mental Health Ward. A 24/7 Rapid Response Team will be recruited to provide therapeutic interventions and clinical assessments. This team will work closely with the existing SCAMHS Crisis Assessment Team for additional support and governance. Through dedicated therapeutic and clinical support practitioners will work with CYP to provide solution focussed interventions to de-escalate and avoid the need for referral to Secondary Mental Health services.

Further monies have been received for a 12-month pilot for two Sanctuary Services for CYP (aged 12 - 18) which will be managed by Third Sector in Haverfordwest, Pembrokeshire and in Aberystwyth, Ceredigion. The location of services is based on known areas of need. The Sanctuary will provide practical support and therapeutic interventions to CYP who present in mental distress. Therapeutic solution focused interventions will be provided in a non-clinical environment, to enable CYP to develop coping strategies for the presenting issue and deescalate. Services will be provided face to face and virtual in line with CYP needs.

Work is progressing towards meeting the services targeted trajectories in respect of Part 1A & 1B and remains on track to achieve 40% by September, with a longer-term aim to attain 80% by March 2023. September performance returns show that 43.6% has been achieved against Part 1A and 53% against Part 1B.

Bi-monthly internal waiting list management meetings have been established to monitor compliance and identify any challenges and risks early to ensure that appropriate mitigations can be put in place. The key focus will be on addressing issues and identifying areas of best practice from other Health Boards to apply any learning locally to improve the current position.

Recruitment challenges have improved with all substantive posts within Primary Mental Health and School in Reach recruited into bar one post which is out to advert. Recent recruitment includes a Clinical Psychologist and 4 x Assistant Psychologists. The on boarding process is progressing for other recent hires.

Autism Spectrum Disorder (ASD)

Demand for assessment continues to remain high with wait times of up to 3 years. The service continues to review all job plans to identify areas to increase capacity for assessments, however workforce requirements to meet the ongoing increasing demand is inadequate.

Demand within the Integrated Autism Service (IAS) service remains similarly high. Again, this is compounded by inadequate workforce numbers to meet the increasing demand. The Directorate is funding several fixed term additional posts to address some of these demand and capacity issues.

The procurement exercise to outsource assessment and treatment to address waiting lists in both Adult and Children and Young Persons ASD services closed on 21 October 2022. There were 4 applications to provide services. Following the successful evaluation of bids, a recommendation to award to two providers is being taken to Board in November 2022 for approval. As of September 2022, there are 426 CYP out of a total of 2,241 (19%) waiting less than 26-weeks to start a neurodevelopment assessment for ASD, while 1,815 CYP were waiting more than 26 weeks. There are 1,243 adults waiting less than 26 weeks to start an

assessment, with 963 adults waiting more than 26 weeks. With the potential for a minimum of 150 individual diagnostic assessments per year for each service, the outsourcing of diagnostic assessments could enable an additional 300 assessments to be completed across Child and Adult Services per year.

WG has released the Demand and Capacity Evaluation in full and national workshops have been arranged in November to undertake further consultation on the future service models required to address Neurodiversity.

Older Adult Mental Health (OAMH)

The Service is managing, albeit with occasional difficulties, to maintain an overall occupancy rate around the 85% target (years range) to maintain business continuity to enable the admission of people at high risk at any given time. Admission acuity and dependency remain high as do Delayed Transfers of Care. The wards remain short of registered nurses with two out of three wards using block-agency and one ward experiencing exceptional levels of long-term sickness. Acuity and referral rates remain high for OAMH Community Mental Health Teams (CMHT) across all four teams / 3 counties. Ceredigion CMHT is a workforce risk due to vacancies and an SBAR has been submitted to authorise agency to maintain business continuity. A significant factor of these continued pressures is the lack of adequate Domiciliary Care Packages, Day Care, Respite, Residential and Nursing Placements, especially in the higher dependency range. This is largely systemic pressure resulting in preventable admissions, delays to discharge, higher referrals to community teams with generally higher acuity throughout.

Memory Assessment Services (MAS) continue with their commitment to a 7% waiting list reduction target month on month, with the latest returns showing a continued reduction in waiting times as follows:

	> 28 days	> 12 weeks
August 2022	339	134
September 2022	232	124
October 2022	140	78

Concerns around diagnostic capacity due to the retirement of the Consultant Psychiatrist have improved due to the knock-on effect of strengthening the Medical Workforce via NHS Locum and converting an Advances Nurse Practitioner (ANP) role temporarily, due to availability, into a medical practitioner recruitment for a 12-month fixed term contract.

LEARNING DISABILITIES CHARTER

The West Wales Learning Disabilities Charter was written by people with Learning Disabilities. It is a list of things that people need, want, and expect. The Charter was launched at the 2019 Pembrokeshire County Show by Julie Morgan MS, Deputy Minister for Health & Social Care.

The Health Board signed up to the Charter at a Public Board in the Summer of 2019, where the Dream Team attended to share their experiences and explain their role and expectations from the Charter.

The Dream Team is a group of people with learning disabilities that work with the Regional Improving Lives Partnership (RILP) that is the multi-agency stakeholder group for people with a learning disability reporting to the Regional Partnership Board. The Dream Team make sure that the professionals keep people with learning disabilities fully informed, listen to them and include them in their decision-making.

Below are some of the key aspects set out within the Charter:

- **My Life My Rights** – ‘having more choices and treating us with dignity and respect’
- **My Communication** – ‘making everything easy read’
- **My Support** – ‘give us the support we need when we need it’
- **My Community** – ‘give us paid jobs’
- **My Health** – ‘we need health staff to be trained by us’
- **My Independence** – ‘hate crime and bullying must stop’
- **My Social Life** – ‘we want to have activities in the evenings and weekends too’
- **My Relationships** – ‘we want the right to have a family’

Work on the LD Charter has been difficult during the pandemic, but there is now a renewed emphasis upon a “re-launch” in 2022. The Dream Team returned to the Pembrokeshire show to highlight the important messages the Charter brings. A video developed by the team to help promote the messaging of the Charter can be accessed via the following link - <https://youtu.be/99hSGLSPrA4>

There is well documented evidence of the health inequalities faced by people with a learning disability and the detrimental effect this has on an individuals’ health. As a result, there has been a focus on the healthcare needs of people with a learning disability by both central and Welsh Government.

In response the Learning Disabilities Service has created a Health Action Team (HAT) of nurses who provide advice and support to our acute hospital sites and to primary care. It is recognised that this Team requires additional capacity to fulfil this role and as part of the wider service improvement review of LD Services, opportunities to strengthen this response are being taken forward. The key aims of this team are as follows:

Acute Service:

- To ensure that all staff working within acute services in Hywel Dda Health Board receive training in the needs of people with a learning disability.
- To have a learning disability health champion within all wards and departments across the health board.
- To ensure that the learning disability admission pathway is followed and all individuals with a learning disability accessing secondary healthcare receive a service which recognises and acts upon the reasonable adjustments required by each individual.
- Acute health facilitation nurses will be available to provide advice and consultation on reasonable adjustments required.

Primary Care Service:

- To ensure that all people with a learning disability who are eligible for an Annual Health Check, receive one. (Increase quantity)
- To ensure that the quality of Annual Health Checks meets the standards expected by Welsh Government (Improving Lives, Improvement Cymru). (Increase quality)
- To ensure that Health Action Plans are informed by and produced following an Annual Health Check and that this information is shared with the individual and those supporting them, as necessary. (Improve outcomes)
- To work alongside the Health Check Champions (people with lived experience) and help them to promote the Annual Health Check within the learning disability population.
- To develop a network of Annual Health Check Champions within GP Practices
- To develop a network of health advocates within care providers of services to people with a learning disability. Health advocates should be in receipt of services and be supported by a named carer who will support them.

- To develop and deliver the 12 month challenge which will provide health advice on a known health condition each month, with the intention of educating people with a learning disability on common health issues and what to do about them.

Joint Roles / objectives:

- **REASONABLE ADJUSTMENT CLINIC:** this development has been part funded by Welsh Government and is intended to be a mock-up of a hospital bay or GP surgery where desensitisation work can take place.
- **SAFE HOLDS FOR MEDICAL PROCEDURES:** the HAT team will coordinate the processes required to ensure that where it is necessary to hold an individual for medical intervention it is the least restrictive process possible and is done within the law.
- **VACCINATION CLINICS:** the team provide support and guidance to vaccination services across the health board and provide a vaccination service to individuals who cannot be accommodated within general services. This is for both COVID and flu vaccines.
- **TRAINING THE WORKFORCE:** the HAT team provide training on the needs of people with a learning disability to the workforce via induction training, skills 2 care, champions training and the primary care education pack.

A new learning disability awareness training module is being rolled out to all public-facing NHS staff across Wales in memory of patient Paul Ridd who died after receiving poor care while in Morriston Hospital. Championed by the Paul Ridd Foundation and learning disability charity Mencap Cymru, the training aims to improve knowledge and awareness of the issues faced by people with a learning disability when accessing healthcare services.

It hoped to do this by enabling staff and providers to understand the specific needs of an individual with a learning disability and to make reasonable adjustments to meet those needs. The training is mandatory through ESR for all staff in Hywel Dda and compliance is 53%, this is a positive figure considering the training has only been launched in the last couple of months.

A Senior Nurses Group has been formed to ensure the physical healthcare needs of people with a learning disability are met. The purpose of this group is to improve the physical healthcare experience of people with a learning disability and to ensure the recommendations of national reports into the healthcare of people with learning disability are implemented.

INTEGRATED LOCALITIES

Connecting with Strong Communities

On 17 October 2022 the 'Elemental CRM' system went live for social prescribers/community connectors and on 24 October for referrers to use. This system is a piece of software that allows social prescribers, connectors and link workers to manage their referrals and casework. The system will integrate with General Medical Services information systems to enable colleagues to make and manage referrals more efficiently.

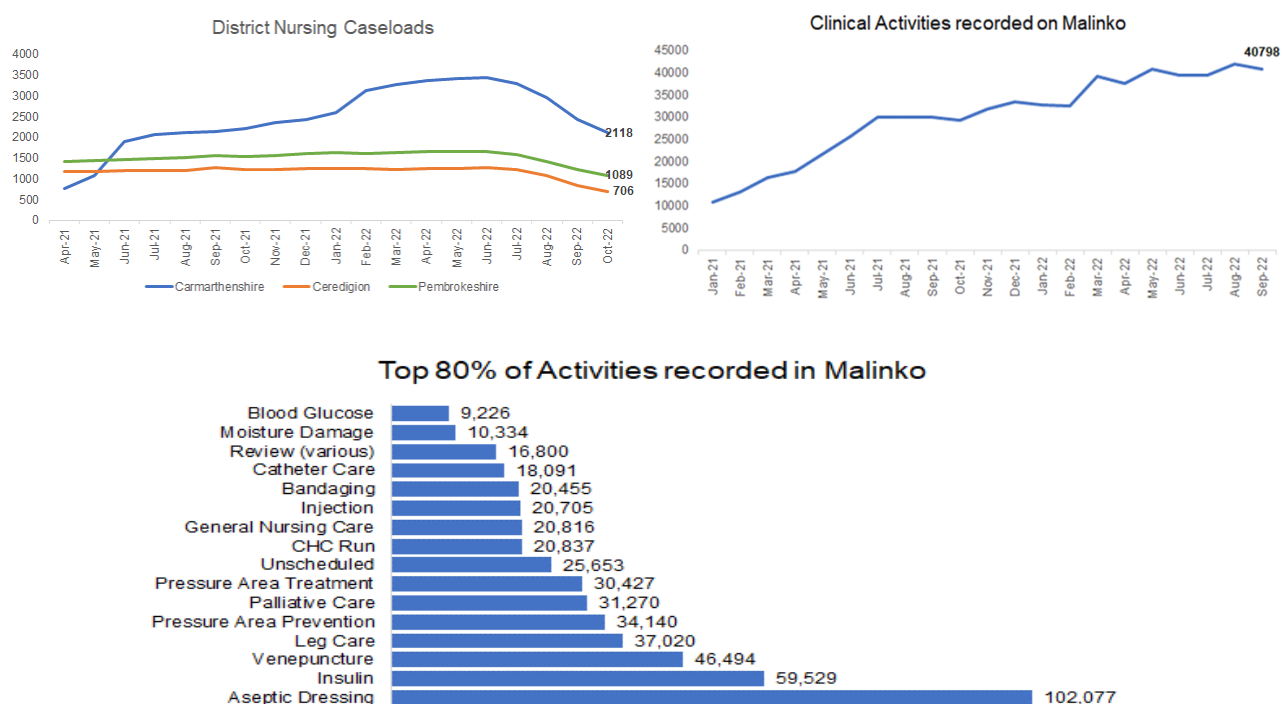
It provides a cloud-based platform that can enable individuals, families and their carers to better connect into community-based programmes, services and activities. It will also push back Social Prescribing specific codes for clinical terminology into the patient record with detailed information about the patient and track individual health journeys. As part of the data captured, we will be able to report activity within the social prescribing model, identify gaps in need and performance related outcome measures. This, for the first time, will give the Health

Board clear and consistent information on this element of our social model for health and wellbeing and enable us to respond to the new metrics set by Welsh Government and anticipated to be asked for in 2023.

All three counties are progressing with plans to support the population this Winter. It is expected that the cost-of-living crisis will have a disproportionately larger impact on the frail and more vulnerable in our communities. Food banks, warm safe rooms, community and third sector organisations offering opportunities to reduce the impact of isolation are all stepping up plans.

Help to Help Yourself

Work has been underway to review the community nursing activity and caseloads. With no clinical patient administration system in the community the Civica Scheduling System provides some limited information. Although the caseloads have been validated over the last 2 months, there is a consistent rise in activity due to the growing complexity of patients. It is important to note that the reporting element of Malinko, the services scheduling, and caseload management system is not yet fully developed and requires further review and automation.



Work is ongoing to review the workforce required for place based integrated teams to ensure the service is better able to work more proactively.

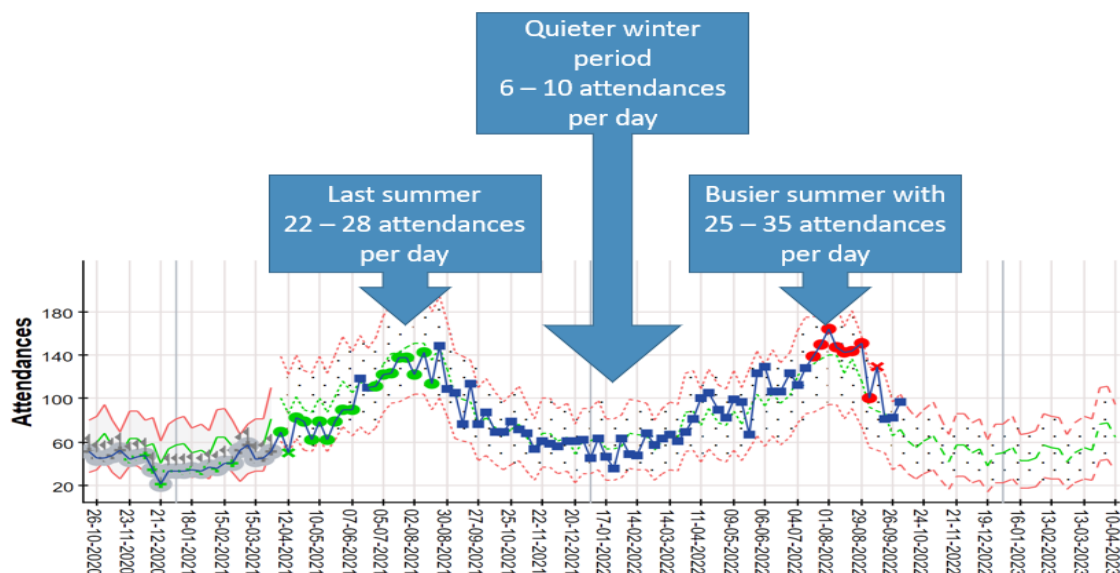
A Discover, Design and Deliver group will be established to develop a regional set of principles and standards for proactive multi-disciplinary risk stratification and care planning. The first meeting is planned for 16 November 2022. Risk stratification is the process of assigning a risk to patients and then using this information to more effectively target resources, direct care and improve overall health outcomes. It involves the segmentation of patients into distinct groups of similar complexity and care need.

Help When You Need It

Home First intermediate care services are established in all three counties, these are mostly funded with the use of Regional Integration Funding which is time limited.

- **Carmarthenshire:** the work of the Intermediate Care Multi-Disciplinary Team (MDT) is proving beneficial in terms of reducing conveyance and conversion rates through provision of safe alternatives to hospital admission. The Teams are working at the 'front doors' of both hospitals and with WAST to 'turnaround' patients whose needs can be managed on the community virtual ward. The service is in the process of accessing support from the EQUIP programme to evaluate and measure its success. A 24/7 Home First Co-ordination point of contact is implemented for use by clinicians across hospital and community.
- **Pembrokeshire:** The Intermediate Care MDT are working with WAST to support the enhancement of the Health Board's developing Clinical Streaming Hub along with the development of the Virtual Ward. GP and Advanced Nurse Practitioners (ANP) have commenced attending board rounds at the front door to start building relationships and develop pathways in and out of the hospital. Integration of the two former hubs is complete and further pathways and teams are being developed. This Co-ordination Centre operates 8am to 6pm across 7 days, offering telephone triage, clinical advice, and signposting.

Tenby Walk-In Centre: opening hours have been extended to 9am – 5pm Monday to Friday. This summer was busier than the last and consideration needs to be given to opening at weekends for the 6 weeks of the school summer holiday. There is no evidence to support extending the opening days outside of that time period. Further work is required to assess the feasibility of a possible introduction of a weekend service during the summer holiday period. This will be dependent on the availability of additional investment and prioritisation within the Integrated Medium-Term Plan (IMTP).



Cardigan Same Day Urgent Care (SDUC) Unit: 361 Patients used the Same Day Urgent Care Service in Cardigan in August 2022; avoiding 170 acute site attendances; with no patients being escalated to GGH SDEC.

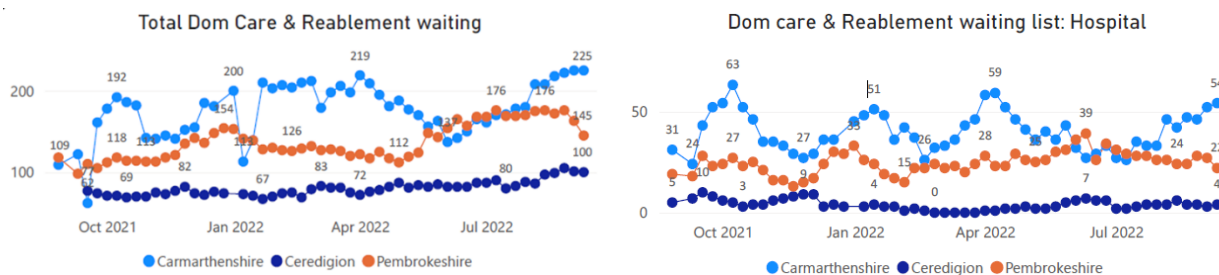
Ongoing Help When You Need It

Care Home Capacity Challenges

- Elderly Mentally Infirm (EMI) nursing capacity in Ceredigion is further constrained following the closure of the last remaining home which offered EMI placements.

- Two homes, one in Carmarthenshire and the other in Pembrokeshire are closing resulting in a reduction of 60 beds.

The Domiciliary Care market remains constrained with 470 people currently waiting for care at home, within hospital and in interim care beds.



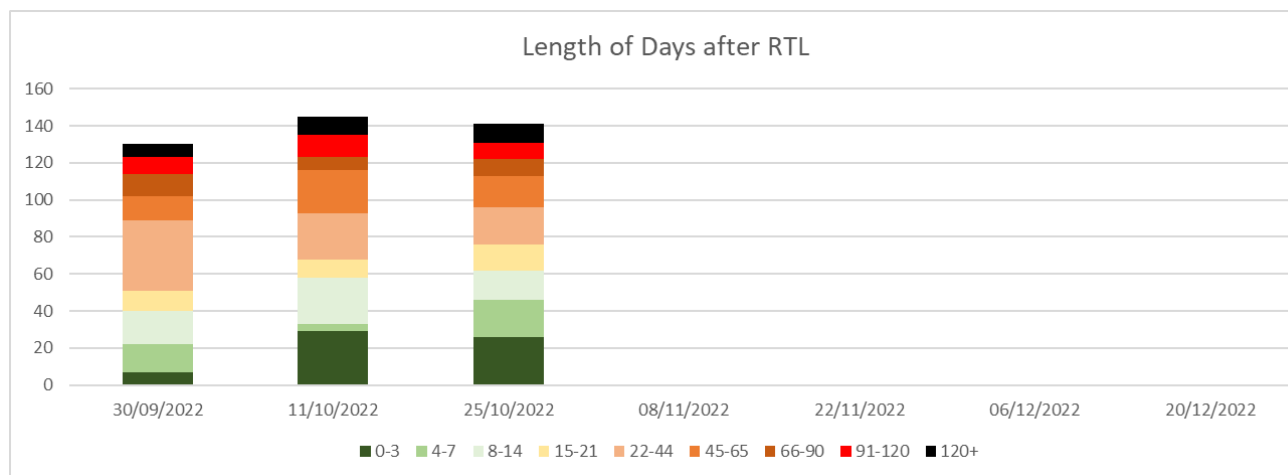
Building Community Care Capacity project continues its efforts to employ additional people to work in the home-based care sector, offering intermediate care services to enable people to stay at home or be discharged from hospital with support sooner. This builds upon existing staff in post. Significant capacity constraints remain however which result in long delays in discharging people from hospital.

- **Carmarthenshire** (ambition 32 WTE with supervision and administration)
 - o 43 applicants – 32 overseas
 - o Regarding overseas recruitment the Healthcare Support Worker (HCSW) roles have not yet been progressed – The Recruitment Department are currently reviewing the guidance in respect of this aspect of the process
 - o 3 booked for interview initially (4 withdrawn, 1 rejected, 2 did not schedule)
 - o A further 8 are scheduled for interview on 15 November 2022
 - o Re-advertising jointly with Local Authority
 - o Trajectory to complete induction and impact capacity December 2022 /January 2023
- **Pembrokeshire** (ambition 20WTE with supervision and admin)
 - o 22 people interviewed (51 Expressions of interest)
 - o 5.48 WTE (7 people) offered plus 5 bank staff
 - o 2 are existing bank staff, 3 have commenced, 2 will begin in November 2022, 2 are awaiting start dates and 3 are awaiting employment checks to be completed
 - o Band 3 administrator has been recruited although as yet the service has not recruited to the post of Band 5 Registered Nurse
 - o Trajectory to complete induction and impact capacity November/ December 2022
 - o DBS delays – agreed a risk management approach to on boarding
- **Pembrokeshire Joint Apprentices** (ambition 15)
 - o 11 WTE, 7 awaiting pre-employment checks and 4 had completed employment checks
 - o Supernumerary for most of Year 1
 - o The onboarding of these posts has commenced with inductions underway.
- **Ceredigion** – actively watching and learning

Capacity is likely to be reduced considerably due to the smaller number of care workers employed when compared to the numbers required. The recruitment to HCSW roles has been challenging over the past few months due to a low level of interest. Further rounds of

recruitment are expected, and work is underway to consider registration with Care Inspectorate Wales to deliver on the packages of long-term care which are constraining the system.

Fortnightly reports are submitted to Welsh Government providing updates on the whole system, actions, and the number of delays by time band. This report includes all patients in hospital beds, acute and community, with a “Ready to Leave” (RTL) date. As of 10 November 2022, there were 422 people in a hospital bed considered complex to discharge, 291 of these were medically optimised and 140 considered ready to leave. Only 76 (18%) had been in for less than 21 days and 104 (25%) had been in for over 120 days.



Palliative Care Strategy & Implementation:

- Palliative Care consultant capacity has been challenging for the last few months due to sickness and retirement, but the Supportive Care services has enabled consistency in both Ceredigion and Pembrokeshire. There is a vacancy for a consultant in Pembrokeshire and recruitment is in the process of being finalised subject to clinical discussions on opportunities for 3 County cover arrangements.
- Ty Bryngwyn is being maintained at 4 beds, down from its original 7 for the foreseeable future with consideration regarding a fifth patient on case-by-case basis. This is due to challenges in respect of nursing and medical staffing.
- Due to the fragility within the specialist palliative care clinical nurse specialist teams across the Health Board footprint, a review is underway to consider how the service can continue over the 7-day period subject to demand for this specialist skillset. Community nursing and Acute Response Team services also offer relevant 7-day services which can provide support.
- Pembrokeshire Clinical Nurse Specialist cover is fragile with high sickness levels and delays to on-boarding new recruits. Recruitment into vacancies is progressing positively to date and both Ceredigion and Carmarthenshire are working to support where required. Referrals remain open and are being managed through the Co-ordination Centre to ensure that needs are being met by appropriate team members.

Community Bedded Facilities

High level principles have been agreed across the three Counties to support a consistent approach to community bedded facilities which can be localised dependent on the relevant pathways and existing community assets:

- Community bedded facilities unlike community hospitals do not provide 24/7 care for adults requiring rehabilitation.

- The facilities will provide bed-based care in a community setting to avoid the unnecessary admission of patients directly to an acute hospital bed either directly from the community or the front door of one of our hospitals.
- Will provide an intermediate level of bed-based community care for those patients transferring from an acute hospital within 72-hours of a Goal Plan being determined by the multidisciplinary team.
- Length of stay in the community bedded facility should ideally be no longer than 10 days before transfer for further re-ablement if required at home
The community bedded facilities should be nurse or therapy led with medical cover as appropriate for the patient cohort.

BRONGLAIS GENERAL HOSPITAL STRATEGY

A clinical strategy for future services at Bronglais General Hospital was drafted as part of the delivery phase of Health Board strategic vision, "A Healthier Mid and West Wales: Our Future Generations Living Well". Following a clinically led development process, the clinical strategy entitled 'Bronglais General Hospital: Delivering Excellent Rural Acute Care', was approved by The Health Board on 28 November 2019. An Implementation plan for 2021-24 has been developed and agreed. Implementation of the strategy is one of the Health Board's Planning Objectives as follows - 'Planning Objective 5F: Fully implement the Bronglais Hospital Strategy over the coming three years as agreed at Board in November 2019, considering learning from the COVID pandemic.'

Supporting implementation of the Bronglais strategy is the Bronglais General Hospital Strategy Implementation Steering Group. This group leads on the development and implementation of a phased approach to delivering the strategy. Work to implement the strategy has slipped during COVID-19 due to operational pressures and capacity. Although progress has been made against numerous areas, some of which are outlined below:

- Reduction in the number of single-handed consultants (Colorectal and Cardiology)
- Development of a frailty model for the site (Appointment of a Frailty Consultant and team)
- Expansion of Advanced Nurse Practitioner (ANP) and Clinical Nurse Specialist (CNS) roles to cover more specialties
- Pathology Dashboard implementation to provide data that can be used to assess service efficiency and identify areas for improvement
- Discussions ongoing regarding Urology Pathways with GPs and Consultants across the Mid Wales area
- Agreement of funding for additional Laboratory staff to allow weekend mornings to be part of contracted hours
- Replacement of Pharmacy Robot due to be complete in January 2023

The Bronglais General Hospital Strategy Implementation Group met on 15 September 2022 with a focus on undertaking a stocktake of the current position. A review of the strategy is currently in progress to examine what has been learned from the changes made during the pandemic that will influence and enhance the actions set out in the plan. This review is being supported by the Mid Wales Joint Committee team. Once the review is complete the strategy will be brought back as a reviewed strategy to ensure it aligns with other plans. Project management resource is required to support implementation of the strategy going forward, which will form part of the review to be completed by the end of November 2022.

ALTERNATIVE CARE UNIT – GLANGWILI GENERAL HOSPITAL (GGH)

There are currently high numbers of medically fit patients being cared for on acute wards at GGH due to a lack of domiciliary care available in the community setting as well as challenges accessing care home placements within the county. As of 10 November 2022, there were a total of 21 patients falling within this category. This lack of domiciliary care provision and care home capacity is presenting significant challenges to discharge and patient flow at the site. To address the issue an Alternative Care Unit, 'Y Lolfa Unit' is being established. The purpose of the unit is to provide suitable alternative provision to care for patients waiting home care or placement but unable to do so due to the lack of community domiciliary support or care home beds. The Unit will consist of 15 beds and is anticipated to start accepting patients from 31 October 2022.

A standard Operating Procedure is being finalised for the Unit with the key selection criteria for patients to include the following:

- Patients requiring x4 calls per day (Personal care, dressing/undressing, monitor skin integrity, assist with transfers, meal prep, medication, assist with toileting)
- Patients Requiring x3 calls per day (personal care, meal prep, fluid intake, medication and reminiscence therapy)
- Patients requiring x2 Calls per day (personal care and meal prep)
- Patients requiring Permanent Placement (Residential/Nursing placement dependent on NNA)
- Patients requiring Temporary Placement
- Patients requiring Reablement
- Patients requiring Rehousing
- Patients requiring Low Level Support

The patient cohort will require the 24/7 oversight of a Registered Nurse. Care plans for the patients will mirror those care and support plans agreed by the lead commissioner. Frailty focus will be adopted by Band 2 and 3 Health Care Support Workers at ward level. All patients transferred to Y Lolfa will have had a comprehensive medication review, a confirmed CPR status or DNARCPR in place.

A daily review by the Home First service (Intermediate Care MDT) will be conducted and a programme of therapy agreed to be delivered by Frailty Support Workers supported by Band 2 Health Care Support Workers.

UPDATE ON MANAGED PRACTICES DECISION

Following the decision of the Board at its September 2022 meeting, work has been progressing to transfer the provision of general medical services managed at Neyland and Johnston GP Practice to the Health Board from 1 November 2022.

Whilst several locum GPs have come forward to participate in the rota in November 2022, there has been limited ongoing commitment which leaves the clinical rota in a challenging position going into December 2022. The clinical rota in other Managed Practices is also a challenge with some days seeing only one GP on shift. This results in limited flexibility within the system to offset any impact of a no doctor day at Neyland and Johnston. There is a risk associated with only one GP being available for consecutive days and the impact that this will have on service efficiency. Adverts have been placed for salaried GPs and for a Clinical Lead to join the team at Neyland and Johnston. Work continues to secure an ongoing commitment to locum cover and a process of escalation has been developed to signal any early concerns where there are gaps in the clinical rota. A risk register has also been developed for the

Practice. The TUPE transfer of staff is in progress, and practice systems and processes will be reviewed as part of the move into new management arrangements.

Arrangements are being made for the Health Board to lease the Johnston building from the former partnership for 12 months, however due to space and rota constraints, the Health Board cannot commit to running GP services from there at present. Work is ongoing to review the accommodation available for administrative staff.

TEMPORARY OUT OF HOURS (OOH) SERVICE CHANGES

GP availability has been a growing concern for several years in the OOHs service. It has become challenging to fill rotas to meaningful levels at all bases resulting in the need to develop a mechanism to stabilise rotas and promote access to doctors during the out of hours period across the three counties of Hywel Dda. In March 2020 a temporary service change was agreed which closed two bases for the overnight periods throughout the week. This affected the Prince Philip Hospital and Llynnyfran Surgery treatment centres. The overriding intention was to encourage the concentration of available GP resource across three bases instead of five, however this has not been seen.

The number of available GPs has continued to decline through a combination of retirement, a reduced appetite to undertake out of hours work and the draw of other employment opportunities. Since February 2021 there has been a reduction of approximately 12% of regular GP support. Over the last three months there has been an increase in the applications and recruitment of both salaried and sessional OOH GPs. Due to the COVID-19 pandemic and the recent Adastra outage there has been little opportunity to progress the work around which, has at its centre the development of a multidisciplinary team (MDT). The WAST Advanced Paramedic Practitioner (APP) pilot does however provide some additional resilience in the meantime. The situation has resulted in little scope to safely re-open any bases. This measure was a key feature in the feedback from the recent Peer Review process which in the case was undertaken in conjunction with WG, the National Programme and Cwm Taff University Health Board.

The current position sees Llynnyfran predominantly closed during weekday evenings and only offering morning services during weekends. The base at Prince Philip Hospital frequently only has one GP during weekday evenings and a service typically until 6pm on weekends. There is a significant variance in the shift fill rate ranging from a base closure to full rota, although this is infrequent.

It is recognised that Prince Philip Hospital also has a GP led Minor Injury Unit which affords some resilience when the Out of Hours service is not available. The population in South Ceredigion does not have any alternative and so the loss of the Out of Hours service in this area creates a greater level of impact.

Work is underway to identify opportunities to develop the service. COVID-19 has held the progress of any planning opportunities in abeyance. A series of reviews and evaluations have taken place during recent months. These have resulted in a clear series of recommendations upon which to set a direction of travel for the Out of Hours service including:

- Development of the MDT
- Streamlined process of recruiting locum GPs
- Relaunched salaried GP advert
- Discussion with Primary Care directorate to offer portfolio opportunities to benefit daytime and out of hours services e.g.

- Implementation of Advanced Practitioner roles, including the use of ANPs and APPs
- Managed practice GPs to work on a rotation between daytime and OOH shifts
- Strengthening the link between Urgent Primary Care and Out of Hours which will include opportunities to work collaboratively with SDEC as part of the national Six Goals strategy.
- Promoting Out of Hours opportunities with GP trainees to encourage an uptake of this work once qualified

The service changes affecting Prince Philip Hospital and Llynnyfran Surgery remain temporary in status. The temporary arrangement currently in place remains the subject of constant and ongoing review particularly when the underlying intention is to restore 5 treatment bases once resources allow. This situation is unlikely to change until after the current winter pressures period.

ADASTRA SYSTEM OUTAGE UPDATE

The Board was informed in the September 2022 Operational Update paper of a compromise to the Adastra clinical tracking and reporting system that resulted from a cyber-attack which occurred on 4 August 2022. The Adastra system is the nationally adopted patient treatment platform that enables OOH services to integrate with the WAST Clinical Assessment Service system and provides an interface with daytime practices. The failure of this system significantly impacted the GP out of hours service. The system remained unavailable until 11 October 2022 when it was largely but not entirely restored.

The initial processes for managing the outage followed the usual Business Continuity mechanisms in place for the service which involved passing calls by fax and using manual sheets to record consultations. These sheets were subsequently faxed or scanned and emailed to surgeries. An interim solution was developed as a national contingency using SharePoint and allowed a Case Tracking to take place but was never able to match the broader more comprehensive functions provided by Adastra. The GP out of hours service locally mitigated the loss of Adastra and any potential increased clinical risk with interim measures allowing access to other systems which provided past medical history. The interim measures resulted in a reduced efficiency with consultations and a significant increase in administrative requirements which continues today.

A consequence of the contingency measures implemented was that consultation times increased, although it has not been possible to accurately audit the full impact and provide an evidence base as would normally be the case when Adastra is fully functional. There have been cases of delayed contact with patients, however these have been brought into focus through additional bespoke audits and managed appropriately once identified. This may have negatively affected patient satisfaction due to delayed contacts but there have been no clinical incidents or complaints recorded to date.

Adastra has been available again with limited functionality since 11 October 2022. A software component referred to as the concentrator remains outstanding and is a barrier to full functionality. The concentrator allows the communication between WAST/111 and Adastra. In its absence there remains additional administrative functions over and above that which is normally required. As a result, calls are sent to each Health Board through the interim Case Tracking Solution and must then be added to Adastra manually. From this point Adastra works as intended except for A-Remote which is the laptop device route used for Home Visit Consultations. In mitigation these must be documented manually on Adastra once back at a Health Board Treatment Centre which causes a degree of

inefficiency where the administration of these cases is concerned. However, these consultations make up less than 10% of overall activity. The reinstatement of the concentrator is anticipated to take five weeks following the commencement of work, which is expected in the last week of October 2022. In this scenario where there is no firm start date available, planning to continue with manual intervention is being mobilised until after the Christmas/ New Year holiday.

EMERGENCY DEPARTMENT RISK OVERSIGHT GROUP

An Emergency Department Risk Oversight Group has been established that will meet bi-weekly. This will be chaired by the Director of Operations to lead on a programme of work covering 5 workstream areas:

- **Workforce** - to include pay, rotas, establishment, and staff wellbeing.
- **Communications** - to agree messaging with the location population, ED waiting room, primary care / community, and external stakeholders
- **Patient Experience** - covering environment, nutrition, quality measures and quality improvement
- **Escalation Plan Review** - to consider escalation risk levels and propose alternative reporting system with required actions
- **Patient Flow** – including the review of SDEC models, balancing of risk across the system, and the clinical agreement of escalation levels and actions

The group will report to the Quality, Safety and Experience Committee (QSEC). The key operational responsibility of the group will include:

- Providing oversight and strategic direction to the working groups to ensure risks are addressed and quality improvement is being achieved.
- Providing assurance to the Board through the Quality, Safety and Experience Committee (QSEC) that risks are being mitigated and quality and patient experience concerns are being addressed.
- Providing a forum to discuss important related topics, as they arise, and other meaningful measures.
- Receiving feedback from triumvirate and clinical leads regarding the implementation of the actions agreed and providing a forum where concerns can be discussed
- Agree actions which require escalation to the Quality, Safety and Experience Committee is required.

WAGESTREAM

The Health Board has engaged in conversations with an organisation called Wagestream who work with Allocate our rostering system providers. Wagestream offer an alternative payment system to staff which allows individuals to draw down part of their salary at any time in the month without creating difficulties which are normally encountered when weekly and monthly payrolls are run for the same individual. Their app 'Instant Pay' would be utilised to facilitate this function. Additional functions that are made available to staff via the app are as follows:

- A calendar to view shifts an individual has already booked themselves so that they can see upcoming shifts.
- A savings account which can be activated by an individual. This can either be by setting a regular monthly deposit, ad hoc savings actioned at any time, or pennies from shifts worked can be moved into the savings account. At present the interest earned on this savings account is 5%.

- A financial education platform to provide advice to individuals who are struggling financially - this can include mental health support, financial calculators and tools and support track spending or savings options.
- A facility where individuals can enter their personal circumstances and the app will check any household benefits an individual may be able to claim. It is reported that 76% of Wagestream users were entitled to £568 per month.
- Access to financial coaches to further support financial wellbeing.

The anticipated benefits that HDdUHB will gain from implementing this system are as follows:

- Support employee wellbeing.
- Can be used as part of our attraction strategy as part of staff benefits.
- Support workforce retention.
- Increase bank work if staff are paid sooner which could also be linked to an improved shift scheduling as individuals can see what they are booked to work and how this fits with their financial position and if money is a concern it could support additional work.
- Reduce absenteeism linked with individuals unable to put fuel in their car or are worried about their finances.
- Reduced agency spend if flexible pay is the main attraction for some staff to join an agency.

The system is due to be implemented on 1 December 2022.

GWILI RAILWAY CAR PARK DEVELOPMENT - GGH

The Gwili Railway Company (GRC) approached the Health Board in November 2020 seeking interest in the development of a shared use agreement for the new car park they are planning to build on their site adjacent to the GGH site.

Following initial agreement in principle from the Executive Team further discussion and negotiation has been taking place in respect of how this could be arranged and implemented. The GRC also agreed to provide further clarity on the proposed development of the site and potential format of the shared use arrangement.

Further engagement with the GRC has allowed finalisation of a firm proposal for this scheme. Key elements of the proposal include the following:

- Initial provision of 130 parking spaces for the use of Health Board staff on completion of the main car parking area planned for 1 April 2023
- An increase to 144 parking spaces for staff following completion of the remainder of the works on the site in June 2023
- Provision of these dedicated spaces on a 24-hour basis on weekdays (Monday to Friday).

Given the long-standing and current car parking challenges present on the GGH site the Use of Resource Group approved the provision of recurrent funding to enable implementation of this proposal at their meeting on 4 October 2022. A working group is currently being established to define how site access will be managed and to formalise the agreement between the Health Board and the GRC.

There remains a modest risk to the delivery of this scheme which relates to the requirement for a change of planning consent currently in place for the GRC development to allow shared use of their land. The GRC is in the process of liaising with planning consultants to consider

their approach to addressing this requirement. The Health Board has offered to provide support if required.

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:	572 - Inappropriate use of hospital beds due to a lack of availability for timely assessments and delivery of packages of care in Ceredigion 576 - Fragile EMI and General Nursing Home availability due to deregistration into residential homes affecting Ceredigion County 853 - Risk that Hywel Dda's response to COVID-19 will be insufficient to manage demand (Score 5) 854 - Risk that Hywel Dda's Response to COVID-19 will be larger than required for actual demand (Score 6) 855 - Risk that UHB's non-COVID-19 related services and support will not be given sufficient focus (Score 8)
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	As presented
Rhestr Termiau: Glossary of Terms:	ACCTS – Adult Critical Care Transfer Service ANP – Assistant Nurse Practitioner APP – Advanced Paramedic Practitioner ASD – Autism Spectrum Disorder CBT – Cognitive Behavioural Therapy CDAT – Community Drug and Alcohol Teams

CMHT – Community Mental Health Team
 CNS – Clinical Nurse Specialist
 CPR- Cardiopulmonary resuscitation
 CYP – Children and Young People
 DBS – Disclosure and Barring Service
 DBT – Dialectical Behavioural Therapy
 DDAS – Dyfed Drug and Alcohol Service
 DNARCPR - Do not attempt cardiopulmonary resuscitation
 DToC – Delayed Transfers of Care
 ECT – Electroconvulsive Therapy
 ED – Emergency Department
 EMI – Elderly Mentally Infirm
 ESR – Electronic Staff Record
 GGH – Glangwili General Hospital
 HAT – Health Action Team
 HCSW – Healthcare Support Worker
 HDdUHB – Hywel Dda University Health Board
 IAS – Integrated Autism Service
 IC – Improvement Cymru
 IEG – Integrated Executive Group
 IPAR – Integrated Performance Assurance Report
 IPTS – Intensive Psychological Therapies Service
 LA – Local Authority
 LD SIP – Learning Disabilities Service Improvement Plan
 LoS – Length of Stay
 LPMHSS – Local Primary Mental Health Support Services
 MAS – Memory Assessment Service
 MDT – Multi Disciplinary Team
 MH – Mental Health
 OAMH – Older Adult Mental Health
 OPDP – Operational Planning and Delivery Programme (Group)
 PPH – Prince Philip Hospital
 QIST – Quality Improvement and Service Transformation
 QSEC – Quality Safety and Experience Committee
 RILP – Regional Improving Lives Partnership
 RPB – Regional Partnership Board
 SCAMHS – Specialist Child and Adolescent Mental Health Service
 SDEC – Same Day Emergency Care
 SOS – See on Symptoms
 SPOC – Single Point of Contact
 SRO - Senior Responsible Officer
 TUEC – Transforming Urgent and Emergency Care
 TMH – Transforming Mental Health
 UEC – Urgent and Emergency Care
 UPC – Urgent Primary Care
 WAST – Welsh Ambulance Service Trust
 WG – Welsh Government

	WGH – Withybush General Hospital WTE – Whole Time Equivalent
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Operational Planning and Delivery Programme Group

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