

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 July 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Operational Update and Progress Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Gareth Rees, Deputy Director of Operations

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

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.

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 (H DUHB) 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 that exist the following is provided as an amplified update for this report:

COVID-19

Since the previous update in May 2022, there has been a resurgence in the number of patients in acute hospital beds with confirmed or suspected COVID-19. As of 12 July 2022, this figure has increased to 125. The trend in the number of hospitalised infection cases has been steadily increasing since 11 June. The greatest increase has been in Withybush Hospital with a total of 59 patients either confirmed or suspected as having COVID-19.

The situation in respect of care home pressures has remained relatively flat since the previous update, with the escalation position as at 12 July indicating that approximately 14% of homes (20 out of 146) operating across the three counties are in Red status. This is a slight reduction to the previous figure of 15% which was reported to the Board in May. Whilst these cannot be interpreted as being in escalated status for COVID-19 reasons there may be incidence where COVID-19 plays a part.

Eight GP practices were showing level 4 Red status, whilst pharmacies in the same category numbered two.

LONG COVID-19

HDUHB's Long COVID-19 integrated Multi Disciplinary Team (MDT) service, which has been operational since 21 October 2021, continues to receive referrals through a single point of referral and assessment to manage symptoms and rehabilitation. Recent referrals have included requests for support for Children & Young People presenting with Long COVID-19 symptoms, and the service has expanded to provide additional paediatric focused support to improve integration of care across different services. The service continues to collect Patient reported outcomes and experience data to inform future modelling to manage key symptom areas.

The latest figures noting the number of referrals to the service are detailed below:

Long COVID MDT service (up to 30/06/2022):

Number of referrals: 368
Number of new patients contacts: 181
Number of follow-up contacts: 696
Total contacts (new and F/U): 877
Number of patients discharged: 63

VACCINATIONS

The Joint Committee on Vaccination and Immunisation (JCVI) published interim guidance on the Autumn booster programme on 19th May 2022 - [JCVI provides interim advice on an autumn COVID-19 booster programme - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/jcvi-provides-interim-advice-on-an-autumn-covid-19-booster-programme). This interim guidance sets out that in Autumn 2022 a COVID-19 vaccine should be offered to:

- Residents in a care home for older adults and staff
- Frontline health and social care workers
- All those 65 years of age and over
- Adults aged 16 to 64 who are in a clinical risk group

Final guidance will be published “in due course” and is anticipated in July 2022. Discussions are continuing within JCVI regarding the widening of the priority groups to align with Flu cohorts for this Autumn.

For planning purposes, Welsh Government continue to ask Health Boards to plan for a wider 50+ cohort (priority groups 1-9) and to use the current priority group denominator in terms of the cohort sizes. The need of a delivery plan for emergency ‘surge’ vaccination remains at the forefront of the request from Welsh Government for the Autumn / Winter period in case there is a need to respond to a variant of concern or should vaccine waning prompt urgent action.

Taking into account the interim guidance and planning parameters, the Health Board proposes that delivery of the Autumn booster will be scoped with our Primary Care contractors. While the majority of vaccinations are planned to be delivered via Primary Care there will continue to be Mass Vaccination Centre provision in those areas with insufficient local capacity. This will be as we embark on a transitional programme to embed COVID-19 vaccination alongside our existing Autumn Flu programme.

UNSCHEDULED CARE SYSTEM PRESSURES

Escalation Patterns

The resurgence of the number of patients with confirmed COVID-19 occupying beds across our hospital sites, coupled with increased rates of staff absence, has had a significant impact on available capacity and flow. Through the latter part of June and early July, with advice from Infection Prevention & Control teams, hospitals have been operating with several wards closed to admissions and increasing volumes of beds ‘blocked’ and unavailable for use, with consequential increased pressure across Emergency Departments. At Withybush Hospital, the closure of the emergency surgical ward (Ward 4), due to the number of patients impacted by COVID, necessitated the temporary utilisation of the protected elective ward (Ward 9) in early July to accommodate surgical emergencies. Throughout this period, acute hospital sites have continued to operate at higher escalation levels (Level 4).

The impact of COVID on increased levels of staff absence has necessitated the emergency application of enhanced pay rate provisions on two separate occasions (12-14 June and 1-4 July respectively). Both instances were supported by an assessment of risks to service delivery and endorsed by Executive approval in accordance with appropriate governance procedures. The Board is requested to retrospectively approve use of enhanced pay rates.

TRANSFORMING URGENT AND EMERGENCY CARE

Under the banner of Frailty Matters, the programme was officially launched on 16th June 2022 at an event which brought together senior leaders across the Health Board and the three Local Authorities. The event sought to embed the concept of Frailty Matters and the need to focus on ‘home-first’ and how to ensure that patients are only in hospital for something that requires an acute hospital admission.

Ambulance Delays and Handover Data

Improvement work designed to reduce ambulance handover delays has continued and, despite the impact of increased COVID related pressures, is showing encouraging signs with improvements through June noted against all key ambulance handover metrics (1 hour delays, 4 hour delays, overall lost hours, and average lost minutes/hours per handover).

Of particular note, targeted pilot work within the Glangwili Hospital and Carmarthenshire community system has led to sustained increases in the number of patients discharged from front door services (EDs and Clinical Decision Unit), increased referrals to the Intermediate Care MDT teams supporting this work and corresponding improvements in length of stay of patients in the Clinical Decision Unit.

In parallel, the advent of the Advanced Paramedic Practitioner pilot in Carmarthenshire, co-located with the Patient Treatment & Assessment Service (PTAS) team has led to 67% of calls reviewed not being routed through hospital Emergency Departments.

Whilst increased pressure as a consequence of the COVID resurgence has highlighted the fragility of some of these improvements through early July, data evidence from these pilot initiatives to date suggest these are capable of being sustained over the longer term.

Considerable work is continuing to further embed Same Day Emergency Care (SDEC) and Same Day Urgent Care (SDUC) across the acute sites and the intermediate care teams are being developed in each County.

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) have been submitted to WG and reflected in the refreshed Draft Three Year Plan 2022/25 submitted to WG in June 2022. Whilst plans developed indicate that the total cohort of patients with the potential to wait in excess of these milestones will reduce by over 80% by the respective target dates, available capacity remains insufficient to fully achieve both Ministerial Measures milestones. Work will continue to further explore opportunities to achieve progress towards each milestone. 8,322 patient were waiting longer than 104 weeks from referral to treatment on 19 July 2022 with 23,872 waiting over 52 weeks. These numbers include all stages.

Plans are being progressed to further expand outpatient and operating capacity in accordance with the delivery plan described above within the limits of available staffing levels.

The planned handover to the Health Board of the Modular Day Surgical Unit at Prince Philip Hospital is currently forecast for 15 August 2022. Due to compliance issues with the air handling unit supporting the safe operation of the unit, a programme of corrective actions has been agreed with the contractor which is scheduled to be completed by 10 August 2022. Following final commissioning work, the unit is expected to be available to receive patients from September 2022.

In parallel, work is also continuing to further progress the transformation of outpatient service provision 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 increasing utilisation of 'See on Symptom' (SoS) and 'Patient Initiated Follow Up' (PIFU) approaches, both of which release clinic capacity for priority patients.

CANCER SERVICES

Recovery performance against cancer pathways is a key priority for this year and features prominently in our most recent performance discussions with Welsh Government.

Improvement in performance over the past two months remains broadly on track with predictions. Projected performance indicates that by January 2023 75% of cancer patients on a single cancer pathway will be seen in 62 days. In addition, it is projected that the backlog of patients waiting over 62 days will reduce to 392 by January 2023 from 577 as reported in June. Actions taken to ensure continued delivery of essential cancer services over recent months include:

- Maintained access to chemotherapy services within two weeks of a 'decision to treat' a confirmed cancer diagnosis.
- Improvement plans developed across a range of tumour pathways which will reduce waiting times and the number of patients waiting to access care. These include increased capacity for outpatient assessments and diagnostic investigations and reduction of patients waiting more than 62 days for treatment.
- A Rapid Diagnosis Clinic (RDC) was launched within the Health Board in October 2021 to improve access for patients referred with non-specific symptoms of cancer and plans are being progressed to expand capacity through the remainder of the year. Further updates will be provided as the details develop.
- A telephone helpline is available to provide advice and support to concerned cancer patients. This helpline was introduced at the start of the pandemic and remains in place.

WOMEN AND CHILDREN'S SERVICES

Maternity Services

Maternity services saw no change in pre or post COVID-19 escalation in pregnancy and birth numbers. Birth numbers remained static with the service implementing a number of measures to maintain services.

Post COVID-19 escalation we are pleased to have resumed access for birth partners for all areas of maternity care. This has been welcomed favourably by both families and staff who strive to ensure that those giving birth received care that is kind and compassionate.

There is currently a small vacancy factor for midwives. Eight additional whole time equivalent newly qualified midwives are anticipated to commence in September following the All-Wales Student Streaming process.

In March 2022 a new Head of Midwifery and Women's Services was appointed.

Maternity services have been further impacted by vacancies and operational pressures of sonography across Hywel Dda UHB. The service has been working with radiology colleagues to support additional sonography services from midwives with suitable qualifications. COVID-19 pathways remain in place whilst those pressures continue. The service has been unable to return to pre COVID-19 pathways in sonography in line with the GAP/GROW fetal surveillance programme. Succession planning is in place to support additional midwives attain sonography qualifications, however, this is a long-term plan with courses usually being delivered over two years. Backfill will be provided for those midwives undertaking this training. Obstetric Consultant sonography services are provided in addition where the clinicians have appropriate qualification in this area.

Maternity services across Wales and the UK are under increased levels of scrutiny following the publication of reports such as the Royal College of Obstetrics and Gynaecology and Royal College of Midwives Report for Cwm Taf UHB (2019) and more

recently the publication of the Ockenden report for Shrewsbury and Telford Trust (2022). Hywel Dda UHB Maternity services, along with all services in Wales, undertook a self-assessment benchmarking exercise against the Cwm Taf report which was presented at the Quality, Safety & Experience Committee; progress having been tracked via the audit department action plan with regular periods of assurance being requested and evidence demonstrated via the Committee. More recently, the same exercise was undertaken against the Ockenden recommendations, the results of which have been shared with Welsh Government. This will form a large piece of work across Wales in which a quality statement and measures of what good looks like will be developed to support services standardise and benchmark against tangible measures supporting direct comparator data. This work alongside Digital Maternity Cymru will be developed and rolled out via the Maternity, Neonatal Safety Programme (MatneoSSP) which was announced earlier this year by Welsh Government. Each Health Board in Wales will have a Safety Champion who will work with Improvement Cymru to deliver the programme developed by the MatneoSSP.

A new Birth Reflections clinic has been developed and commenced in service in June 2022. This service is offered to all women and birthing people in Hywel Dda and is provided by an MDT to support and ensure women are directed to the most appropriate clinician for reflection and discussion of their pregnancy and birth experience. It is hoped the service will enable discussion that will support families understand their pregnancy journey and will provide a valuable method of feedback which will help the service create opportunities for learning and improvement.

Gynaecology Services

Gynaecology services operated COVID-19 adjusted pathways for most areas of the service. The directorate has developed recovery plans to return the service to business as usual. COVID-19 did create a portfolio of backlog patients which the team are working to treat by March 2023. The 'Getting it Right First Time' review has been completed and the team met to receive feedback and plan how to deliver programmes to improve access to timely diagnostics and treatment for the population.

In Gynaecology there is now a Clinical Nurse Specialist (CNS) for Gynae-oncology, Early pregnancy x2, Colposcopy x2, Endometriosis and pelvic pain/fertility. There is a need to appoint a CNS for Urogynaecology as the service moves to business as usual. This appointment will be developed within the recovery planned care programme.

COMMUNITY PAEDIATRICS - WAITING LIST

An accompanying paper has been submitted to the Public Board in respect of the community paediatric waiting list. This paper outlines the current challenges and planned actions to address the extended waiting times experienced by Children and Young People to access care from a community paediatrician.

MENTAL HEALTH AND LEARNING DISABILITIES

A detailed performance report was presented to Board Seminar on 16th June. This paper provided assurance to the Board on the directorate's ability to meet key Welsh Government (WG) performance targets. Where applicable, month by month trajectories have been developed in line with service area demand and capacity.

A further report has been submitted to Board which provides additional information that was requested in March on areas such as Transforming Mental Health, patient experience and quality and safety.

At the end of June WG approved the directorate's proposals for Service Improvement Funding. However, a caveat has been applied in 2022/23 which means that funding allocations of 3 months will be released, with remaining funding only being released based on our ability to recruit to posts.

Learning Disabilities

The interim management structure implemented in March has been extended until the end of the year, which is enabling the progression of the transformation programme for community and in-patient settings.

Public Health Wales have reviewed individual Health Boards' progress against the Improving Care, Improving Lives Programme and reduction in long stay hospital beds. Hywel Dda compares favourably with other Health Boards with a 68% reduction in long-stay patients. The final report is currently being finalised and is expected imminently, following which it will be presented to a future public board meeting.

As a result, the team is currently reviewing community and in-patient provisions to determine future service requirements in line with the transformation agenda.

Recruitment issues continue with vacancies in Community Teams, with certain posts proving difficult to recruit to. There is some long-term sickness within Therapy Services which is being managed, but this has caused a small increase on the waiting list.

Physiotherapy services continue to hold increasing waiting lists with subsequent breaches. Psychology and behaviour services are generally understaffed, with a number of staff still on maternity leave and long-term sickness. Contingency plans continue to be utilised with psychology colleagues to mitigate risks and provide additional clinical supervision. As a result, criteria for eligibility has been temporarily tightened for new referrals.

Adult Mental Health

Community Mental Health teams across all local authority areas continue to be impacted by vacancies. Recent recruitment has seen little to no applicants apply for certain Practitioner posts; however, effort continues to actively recruit with all posts being re-advertised. Staff retention has become 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 and COVID-19 absences continue.

Bed management meetings continue to manage potential admissions, leave and discharges from the wards. Demand on in-patient beds remains high with over 100% occupancy, with surge beds being used to ease pressures when needed.

Due to recent bed and acuity pressures in June, the Section 136 suite was temporarily located to Cwm Seren, PICU. This change was communicated to all the agencies involved in a timely manner to ensure that there was no disruption in service.

111 Pilot

Hywel Dda is the first Health Board in Wales to launch the national Mental Health Single Point of Contact. It is an open access all-age telephone triage service which is accessed by selecting Option 2 of the national 111 call line established a few years ago. The service has

been available since 20 June 2022, 7 days a week from 09.00am to 11.30pm. It is an open access service available to any individual of any age residing within the Health Board's geographical footprint. There has been positive feedback from service users and partner agencies such as GP colleagues.

There will be a phased approach to 24/7 operating hours throughout the summer period as additional staff are recruited.

Older Adult Mental Health

Occupancy rates in the service overall appear to be returning to the 85% target (a level which indicates a healthy state of business continuity and capacity to admit in crisis), although admissions remain high in pockets such as in Ceredigion and South Carmarthenshire.

Discharge delays continue to be experienced due to embargos in care homes. Lack of alternative/ respite beds for Elderly Mentally Infirm (EMI) Nursing alongside some Care Homes lowering the dependency of occupants continues to create pressure on wards to admit. There is continued pressure on identifying Domiciliary Care Packages, due to recruitment difficulties within local authorities and the Third Sector.

Staffing issues continue, however there remains an improving picture on in-patient wards with all Band 7 Ward Manager and Band 6 Sisters/Charge Nurse posts fully recruited to. 1 Nurse has been recruited to St. Non's Ward, however we continue to rely on block booked agency to maintain service levels. All Nurse posts on Enlli Ward have now been recruited to and there is some improvement on the recruitment position on Bryngolau Ward.

CMHT staffing shortages (vacancies/ non-COVID-19 sickness) remain an issue. In Ceredigion the CMHT Manager post has been unsuccessfully advertised 7 times. An Interim Manager has been recruited until August 2022. Contingency plans are in place with support being provided by the other 3 CMHT's when needed. All Band 6 Practitioner posts in North Carmarthenshire have now been filled. Further Practitioner posts in Pembrokeshire and South Carmarthenshire are proving difficult to recruit, with posts currently being re-advertised multiple times. Ceredigion South are still in temporary accommodation, but stable at present, since having to vacate the Awel Deg site.

Memory Assessment Services (MAS) waiting list forecasting is complete. There is a commitment to a 7% reduction target month on month, with April/May showed waiting list reductions. However, this trajectory is fragile due to risk of absences/retirements and vacancies, as a result returns are likely to peak and trough. As at 19 July 653 patients were on the waiting list for MAS.

An ANP post for Ceredigion MAS (4th cycle) has been withdrawn, with a view to recruit a medic with immediate diagnostic and prescribing capability as opposed to a trainee ANP. Part of the risk management plan. Contingency plans are in place with cover being provided by the other 3 ANP's and interim medical support.

Occupational Therapy waiting lists are experiencing pressures due to recruitment difficulties and increased service demands, especially following diagnosis via MAS for specialist interventions. Recruitment is ongoing, with risk assessment/management measures in place. As at 19 July there were a total of 1,222 patients on the Occupational Therapy waiting list.

CARE HOME EMBARGO UPDATE

The importance of the Independent Sector is increasingly recognised within the overall capacity required across the local Health and Social Care system to support and care for individuals who require ongoing support.

COVID incidents & restrictions

Currently homes are still reporting restricted access which are predominantly due to staffing pressures.

Care homes have entered into embargo for a number of reasons:

- COVID-19 outbreaks within the home;
- Insufficient staffing due to sickness (COVID-19 & non COVID-19);
- Insufficient staffing due to retention and recruitment.

The fragility of the sector is a long standing issue, with COVID-19 adding an additional complication. The fragility is due to a number of issues:

- Financial – inconsistent fee setting which has not kept up with running costs;
- Environmental – adapted premises which require investment to meet current acceptable standards.

On 12 July there were 20 care homes across the Health Board where restrictions were in place, with Ceredigion the highest impacted County.

	Carmarthenshire	Ceredigion	Pembrokeshire	Total
No incident / restrictions	83	16	27	126
Confirmed incident / restrictions	9	5	6	20
% Homes	9.8%	23.8%	18.2%	13.7%

Although this is an improved position, the number of COVID-19 cases in homes is once again rising as community transmission increases. This is not translating into serious illness or death of residents, but it is having an impact on availability of staffing.

Total Bed Capacity

Throughout COVID, beds within the Sector could only be accessed through a tightly managed process. However, whilst the majority of restrictions have eased, and are managed on a risk assessed basis, it is important to note that many beds across the 3 Counties remain inaccessible, despite being vacant. This continues to create an impact on the ability to commission placements for individuals requiring placement, and a consequential impact on discharge and flow.

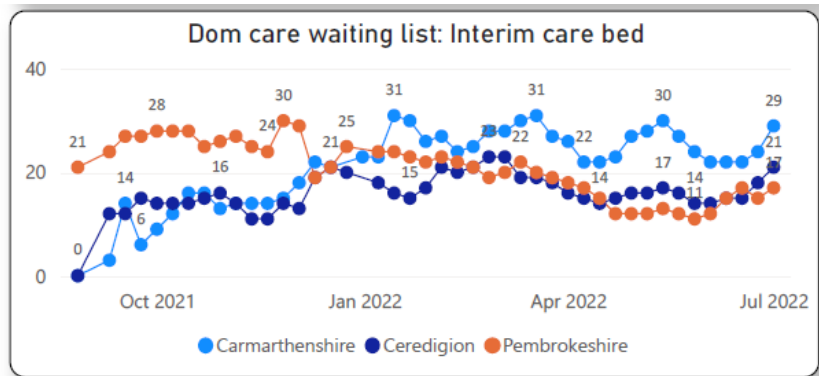
Type	Carmarthenshire		Ceredigion		Pembrokeshire		Total	
	Premises	Beds	Premises	Beds	Premises	Beds	Premises	Beds
Nursing	10	1207	3	114	11	469	24	1,790
Residential	32	350	12	301	22	472	66	1,123

There are significant differences however in the availability and type of beds in each of the three Counties:

- In Ceredigion the number of homes and beds has been diminishing over a number of years and 2 risks have been highlighted on the risk register Risk 572 and Risk 576. There were a total of 51 void beds as at 14 July 2022.
- Carmarthenshire is well resourced in terms of residential care beds however, is experiencing a lack of nursing and dementia beds. There were a total of 106 void beds in Carmarthenshire as at 14th July 2022.

- Pembrokeshire is challenged with the size and configuration of homes with a high number of void beds, 102 of which only 30 are available vacancies as at 12 July 2022.

Care home beds are not only used for long term provision, but also for the interim placement of patients requiring 24 hour monitoring to enable timely assessment as part of the flow from hospital beds (discharge to assess) or to avoid unnecessary hospital admittance. An increasing number of beds are being used whilst people await availability of a long term package of domiciliary care.



On 16 June one nursing home in Ceredigion ceased business, reducing the number of beds by 30. Significantly, this was the only nursing home in Ceredigion which was offering EMI nursing services. Realistic fee setting needs to be prioritised if further home closures are to be avoided and to encourage others to this market.

In both Pembrokeshire and Carmarthenshire there is more bed availability however, it should also be noted that care homes are autonomous organisations, and have the right to decline a referral for placement. It is ultimately the responsibility of the responsible individual registered with CIW to determine if they can or cannot accept a new resident. It is for this reason that there are often reported empty beds whilst people wait for bed availability in specific or appropriate homes.

INTEGRATED COMMUNITIES UPDATE

Integrated, place based working is embedded across the Health Board with each County working slightly differently based on the local assets, infrastructure and partnership working relationships.

Carmarthenshire has had an integrated structure in place for a number of years with a joint management structure. This arrangement is formalised through a Section 33 agreement between both organisations.

Both Ceredigion and Pembrokeshire work closely with the Local Authority and Third Sector partners and there is no joint management structure in place although there are Section 33 Agreements for the Community Equipment Stores.

Place-based Teams

There are 22 teams established across the Health Board which wrap around local communities and work to proactively assess and manage need. This provides the basis for developing the wider community model needed to deliver the social model for health and wellbeing.

Ceredigion has pledged to develop integrated community networks that bring together multi-disciplinary teams to support local communities in delivering patch based, person centred care. This approach uses an asset-based approach and local intelligence to build bespoke teams to better meet the needs of their community. Delivery is heavily reliant on excellent partnership working between, third sector, the health board, local authority, private sector, and primary care. We are committed to engaging effectively with communities in order to move into a more co-productive culture. We must deliver “community” in order to deliver “acute” and to both achieve income generation and enable service restructuring.

In Pembrokeshire the 6 Integrated Community Networks have enabled us to develop our approach to proactive and preventative risk assessment and care planning by bringing a wide range of agencies and professionals together. Multi-agency professional groups build relationships to better address population needs, whilst GP practice multi-professional groups focus on the care planning for individual patients and families identified as being at risk of deterioration, harm or admission to hospital. Funding has been bought together from the Clusters, RIF and core to enable us to develop Care Co-ordinators to support this way of working.

Pembrokeshire was successful in appointing a Public Service Graduate Trainee between the Pembrokeshire County Team, Local Authority and Pembrokeshire College. Their focus will be to further develop the multi-agency teams in each of the integrated Community Networks.

Through the Integrated Locality Planning Programme Delivery Group a focus on further developing the workforce model and plan for place-based working has commenced. The output of this will support the shift left needed to deliver on a Healthier Mid and West Wales.

Integrated Care Centres / Health & Wellbeing Centres

A key component to working in an integrated way is to ensure the built environment supports delivery local to our population. Integrated Care Centres in Cardigan and Aberaeron have started the shift to this way of working with further centres being scoped in all three Counties.

Patient Flow and Intermediate Care

Through the Regional Integration Fund and the Urgent and Emergency 6 Goals, additional resource has been made available to support a more integrated, whole system and seamless approach to meeting the urgent care needs of the population. This has enabled the development of teams in each County, aligned to the Frailty Matters Urgent and Emergency care model.

In Carmarthenshire the Intermediate Care Multi-Disciplinary Team is making a significant impact on supporting turnaround at the front door, as well as expediting hospital discharges. This initiative allows us to put in short-term support for those leaving hospital, or at risk of being admitted to hospital, with an ethos of ‘home first’. This allows the assessment of patients either in their own homes or a short-term residential placement to better determine their long-term needs, focussing on independence and helping to minimise the long-term support needed.

In Ceredigion a key future development is for Porth Gofal to be “Care Traffic Control” for all Ceredigion residents. This will build on the established multi-professional and multi-agency approach to managing intermediate care needs. Similar models exist or are in further development in Pembrokeshire (Co-ordination Centre) and Carmarthenshire (Delta Wellbeing).

The Health Board is working very closely with the Welsh Ambulance Service Trust (WAST) which has introduced an Advanced Paramedic Practitioner working alongside the Intermediate Care Team in Carmarthenshire. This allows the Health Board to work with WAST when calls come in, and look at the options of how to support people at home rather than convey them to hospital. The process allows for a proactive review of the stack in hours, and consideration of alternatives to conveyancing. In the first 3 weeks of trialling this new approach 29, 47 and 78 ambulances were diverted. If successful, it is hoped that this approach will be adopted across the other two counties.

Homebased care is the single largest constraint to being able to meet the intermediate care needs of the population. Work is ongoing in all three Counties to scope an integrated approach to building the community capacity needed to meet this gap.

- In Carmarthenshire a home-based care initiative will seek to enhance the reablement service to help support patients go home quicker and avoid admissions to hospital.
- In Pembrokeshire further development of the reablement, home care and Care at Home Teams is being scoped, so that capacity can be shared to provide a flexible response to needs on any given day.
- An integrated health and social care apprenticeship programme is also to be piloted in Pembrokeshire from September to support a wider development of the workforce for the future.
- This is less of a challenge in Ceredigion where the challenge is to grow the independent sector to deliver more long term packages of care.

These approaches are breaking new ground in Wales and will require careful monitoring and evaluation in order to share learning, build on positive change and mitigate any negative impact on wider care capacity. Our aim is to establish the equivalent of 120 beds worth of capacity within the community setting. With the planning objective still being worked through no additional bed equivalents have been delivered to date.

Regional Funding to Support Integration

The West Wales Care Partnership has facilitated new bids to Welsh Government to sustain and build on the community integration supported by previous funding mechanisms. Each County has developed a County Investment Plan for the transitional year which feeds into the Regional model and monitoring. The 6 nationally defined programmes are :

- Prevention and community coordination
- Care closer to home
- Promoting good health and wellbeing
- Home from hospital
- Accommodation-based solutions
- Keeping families together safely

Each County will be supported by Transformation Teams which are in the process of being fully appointed to. These teams will also be able to support wider community integration and transformation aligns to the Integrated Locality Planning Objective and the national Accelerated Cluster Development programme.

ASSOCIATED SERVICES AND OTHER SPECIALTY AREAS

Sonographer Staffing Pressures

The OPDP Group continues to receive updates from the Radiology team in relation to sonographer staffing challenges at Worthybush Hospital which are impacting negatively on inpatient and outpatient services along with obstetric services.

To counter these impacts a number of actions have been put in place to include:

- Referrals to other sites when capacity permits
- Transfer of staff from other sites when possible
- Redeployment of consultant radiologists engaged in reporting functions to carry out urgent scans, resulting in increased outsourcing reporting costs and delayed reporting timescales
- A specialist musculoskeletal sonographer has been recruited for one day per month from 25May on a locum contract
- Externally provided capacity via an insourcing provider has been secured for an initial 3 month period commencing July 2022. Communications with key stake holding service teams are a constant
- Two students have been identified as sources of support for Wthybush Hospital and will commence following qualification in July 2022. This will result in the ability to release a member of the general staff to train in the specialties of obstetric and general ultrasound, which takes two years to complete
- A range of associated measures each having indirect positive impacts on the situation at Wthybush Hospital have also been established
- Options to reduce elective backlog affected by this specialty are being explored

Risk 1349 details the risk and the mitigations that have been put in place.

Health Records Services

Staffing challenges remain a key risk in the provision of health records services. This is having a negative impact on the ability to support clinics, particularly those that contribute to the Health Board's 'restart and recover' plans for scheduled care and is impacting principally at Prince Phillip Hospital and Glangwili Hospital. Colleagues in workforce have been supporting the records management team by developing and introducing a different approach to recruitment at these grades which has included some relaxation of the more stringent selection criteria that exists in job details.

The new approaches to recruitment are showing positive early signs and the dividend from the event held on 7 July could amount to up to 16 WTEs across Prince Philip and Glangwili Hospitals once recruits have cleared their employment checks. In an effort to overcome this inertia and support the scheduled restart and recover agenda, alternative initiatives are being looked at including the conversion of face to face clinics into virtual which will save health records clerking time and make time available for re allocation.

GP Out of Hours Peer Review

The Health Board's GP out of hours service has recently been the subject of a peer review process, which was led by Welsh Government officials, members of the national 111 programme and colleagues from Cwm Taf University Health Board. The review was concluded through a feedback session held on 11 July 2022 to the Vice Chair of the Health Board, key executives and other colleagues involved in the delivery and oversight of GP out of hours services. The event was significant, as it explored possibilities where development of the Six Goals Programme for Urgent and Emergency Care including Urgent Primary Care and Same Day Emergency Care are concerned.

A report is expected in a number of weeks and more detailed feedback can be provided once this is available, which will include details of next steps and future actions.

Argymhelliad / Recommendation

The Board is asked to:

- **RECEIVE** the operational update and progress report;
- Retrospectively **APPROVE** the emergency application of enhanced pay rates in respect of Unscheduled Care system pressures that occurred in June and July 2022.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

<p>Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:</p>	<p>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) 1335 – Health Records (Risk score 12) 1349- Sonographer staffing at WGH (Risk score 20)</p>
<p>Safon(au) Gofal ac Iechyd: Health and Care Standard(s):</p>	<p>All Health & Care Standards Apply</p>
<p>Amcanion Strategol y BIP: UHB Strategic Objectives:</p>	<p>All Strategic Objectives are applicable</p>
<p>Amcanion Cynllunio Planning Objectives</p>	<p>All Planning Objectives Apply</p>
<p>Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</p>	<p>9. All HDdUHB Well-being Objectives apply</p>

Gwybodaeth Ychwanegol:

Further Information:

<p>Ar sail tystiolaeth: Evidence Base:</p>	<p>Included within the report</p>
<p>Rhestr Termiau: Glossary of Terms:</p>	<p>ADHD – Attention Deficit Hyperactivity Disorder ANP – Assistant Nurse Practitioner ASD – Autism Spectrum Disorder CBT – Cognitive Behavioural Therapy CMHT – Community Mental Health Team</p>

	<p>CYP – Children and Young People EMI – Elderly Mentally Infirm IEG – Integrated Executive Group GGH – Glangwili General Hospital GIRFT – Get It Right first Time IP&C – Infection Prevention & Control JCVI – Joint Committee on Vaccination & Immunisation MAS – Memory Assessment Service MDT – Multi Disciplinary Team MVC – Mass Vaccination Centre OPDP Group – Operational Planning and Delivery Programme Group PCR – Polymerase Chain Reaction PICU – Psychiatric Intensive Care Unit PIFU – Patient Initiated Follow Up PPH – Prince Philip Hospital RDC – Rapid Diagnosis Clinic SCAMHS – Specialist Child and Adolescent Mental Health Service SCP – Single Care Pathway SDEC – Same Day Emergency Care SDUC – Same Day Urgent Care SOS – See on Symptom UTI – Urinary Tract Infection WAST – Welsh Ambulance Service Trust WGH – Withybush General Hospital</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

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