

CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 May 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Operational Update and Progress Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Executive Director of Operations Jill Paterson, Director of Primary Care, Community and Long Term Care
SWYDDOG ADRODD: REPORTING OFFICER:	Gareth Skye, Business & Governance Manager, Central Operations

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

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

This report provides the Board with an update on the 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 Operations Directorate and its supporting management teams will be involved in progressing each of the eight priorities set by the Board and whilst some are under the full control and influence of the Directorate others are less so. Those in the first category are as follows:

- 1) Planned Care Recovery
- 2) Urgent and Emergency Care
- 3) Integrated Communities
- 4) Mental Health and Learning Disabilities
- 5) Vaccinations

Whilst progress updates will provide a continued focus on some of the priorities, others may be offered cyclically. Equally, some of the above will inherently be delivered through Health Board infrastructures exclusively, whilst others will require a composite approach with support from the Integrated Executive Group (IEG). The IEG sits under the Regional Partnership Board (RPB) and consists of senior officers from Hywel Dda University Health Board (HDdUHB) and its three associated local authorities. The group advises the RPB on priorities for integration and seeks to address shared operational challenges.

Asesiad / Assessment

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

PLANNED CARE RECOVERY

Delivery plans in response to the Ministerial priorities for reducing waiting times for elective care (no Stage 1 patients waiting > 52 weeks and no total pathway patients waiting >104 weeks) continues to see positive progress. At the end of March 2023, the number of Stage 1 patients waiting > 52 weeks further reduced to 3,715 and the number of total pathway patients waiting >104 weeks further reduced to 3,495. Performance in respect of both measures exceeded expectations and plans have been developed to make further progress towards the Q1 milestones as at end of June 2023 along with performance trajectories to March 2024. These have been submitted to Welsh Government (WG).

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.

Discussions are continuing with Swansea Bay University Health Board (SBUHB), coordinated via the A Regional Collaboration for Health (ARCH) Programme to support the development of a regional orthopaedics service programme. A supporting Memorandum of Understanding and Programme Definition Document has been agreed via the ARCH Regional Recovery Group with the establishment of a Regional Orthopaedics Board proposed. Leadership arrangements and details of membership are to be confirmed.

CANCER RECOVERY UPDATE

Ministerial measure milestones for 2022/23 included a focus on the following:

- Number of patients waiting more than 62 days for their first definitive cancer treatment from point of suspicion (regardless of the referral route)
- Percentage of patients starting their first definitive treatment within 62 days from point of suspicion (regardless of the referral route)

Trajectory performance plans were developed for each tumour site by the service with a focus on improving performance. This included backlog trajectory plans setting out how these improvements will be achieved. Plans are monitored by the weekly multidisciplinary operational cancer watchtower group.

The services key ambitions for 2022/23 were to:

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

The changes from Urgent Suspected Cancer (USC) and Non-Urgent Suspected Cancer (NUSC) in February 2020 saw an increase in the number of patients being tracked on the Single Cancer Pathway (SCP). In February 2023 there were 38% more patients entering the

pathway than in February 2020. Surgical treatments are above pre COVID levels and Systemic Anti-Cancer Therapy (SACT) treatment demand exceeds the level seen pre COVID.

It was not possible to achieve the initial trajectories during 2022/23 for the SCP as it was later agreed with Welsh Government that HDdUHB would focus on addressing the escalating backlog position resulting from the pandemic. As a result, the overall backlog has reduced by 28%, from 596 in April 2022 to 429 in March 2023.

The specialty with the largest number of patients waiting more than 104 days is Urology. However, there has been and improvement in waits across several specialties as set out below:

- Urology - 40% reduction (from 142 in April 2022 to 85 in April 2023)
- Lower GI - 32% reduction (from 41 in April 2022 to 28 in April 2023)
- Skin - 50% reduction (from 12 in April 2022 to 6 in April 2023)
- Gynaecology 29% reduction (from 24 April in 2022 to 17 in April 2023)

Unfortunately, among some tumour sites which are reliant on a tertiary pathway or have higher levels of complexity there has been no improvement or a small growth in volume. This includes Lung & Upper GI. The remaining tumour sites have retained a small residual 104+ day wait due to complexity.

Forecast backlog and predicted performance plans have been developed for 2023/24 to ensure further progress towards meeting the SCP target and reducing our backlog. As the backlog further reduces, we expect our SCP performance to improve.

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

Delivering the UEC and Delayed Pathways of Care Ministerial Priorities during 2022/23

Our Urgent and Emergency Care (UEC) transformation began in October 2021 following a review of our historical and current data which clearly outlined that increasing pressures in our UEC system correlated with the growing demographic associated with our older population. It is well known that 'what matters' to this population is to remain as well and independent as possible in their own home and in their own community. It is also recognised that hospital admission to our frail older population is detrimental to achieving this outcome.

Our data demonstrated that this population were more likely to be conveyed to hospital by emergency services and admitted to hospital compared to other areas across Wales. Once admitted, our data demonstrated that the length of stay in hospital for this population contributed to deconditioning and a demand for care and support that exceeds the finite resource available in the community.

At the outset, our Transforming UEC (TUEC) programme therefore aimed to focus on three areas of programme delivery known as the '3 Cs': Conveyance avoidance, Conversion (admission) avoidance and improved care management of Complexity (frailty) in the inpatient unit. To enable improvement in the '3Cs' and support clinicians to navigate the system for wider population needs, it was also acknowledged that a key enabler for TUEC would be to develop a single point of contact or 'Clinical Streaming Hub' (CSH) that would enable clinicians in the community to consider and propose safe alternative community care treatment and support pathways to conveyance and admission to hospital.

In May 2022, the Minister for Health and Social Services of Wales announced a £25 million investment for Health Boards to implement a national 6 Goals for UEC programme. Specifically for 2022 – 2024, Health Boards were mandated to develop and implement 24/7 Urgent Primary Care services in the community and Same Day Emergency Care provision both of which contributed to our ability to enhance and scale up safe alternative pathways in the community to reduce conveyance and conversion rates and enhance what we now refer to as our 'HomeFirst' approach

A 'HomeFirst' approach seeks to support and provide patients, their carers and families with care at, or closer to home.

The HomeFirst ethos promotes the delivery of high-quality, high-value multidisciplinary care by community and intermediate care services.

The person-centred model provides an organisational structure through which to coordinate a timely response to a medical, functional, or social crisis. This response addresses "what matters most" to the individual/ family unit utilising informed shared decision making.

The coordination and communication of individual care plans will be facilitated by technology enabled care by the HomeFirst clinical streaming hub in partnership with key stakeholders to enable timely, stepwise escalation of care where needed. This may include assessment, investigations, and treatment at a Same Day Emergency Care (SDEC) facility, or admission to an acute hospital or community/ intermediate care bed.

6 Goals UEC funding complimented existing funding afforded to us from Regional Integration Funding (RIF) to deliver 'Complex Care at Home' and 'Hospital to Home' services that would facilitate Discharge to Recover then Assess (D2RA) pathways supporting effective transfers of care from the acute hospital also integral elements of 'Home First' approach in West Wales

Building Community Care Capacity (BCCC) was also a Ministerial Priority in the latter few months of 2022/23 to mitigate delayed transfers of care. The latter has since been discontinued; however, the benefit of the initiative in terms of additional care worker capacity in our communities remains.

During 2022/23 the TUEC programme has specifically supported implementation of:

- Phase One development of a 24/7 Clinical Streaming Hub (CSH) model
- Enhanced provision for our frail population including intermediate care and palliative care to support safe alternatives to hospital admission and expedite discharges from hospital. This is also known as 'wrap around' Urgent Primary Care' service and includes 3,222 hours of additional time for the patient's own GPs to manage their complex care needs at home (not in hospital). Our UPC / Home First service also benefits from Technology Enabled Care (TEC) solutions such as Telecare and Telehealth which are a core part of a care and support plan and which enables the patient to maintain their independence and self-manage their conditions. TEC also provides an ability to proactively manage at risk populations and provide 'early warning' notifications to our clinicians to ensure prompt intervention and avoid conveyance and admission to hospital.
- Same Day Emergency / Urgent Care (Diagnostics, Assessment and Treatment) with discharge home within a 12-hour period across three acute hospital sites and an integrated community care centre

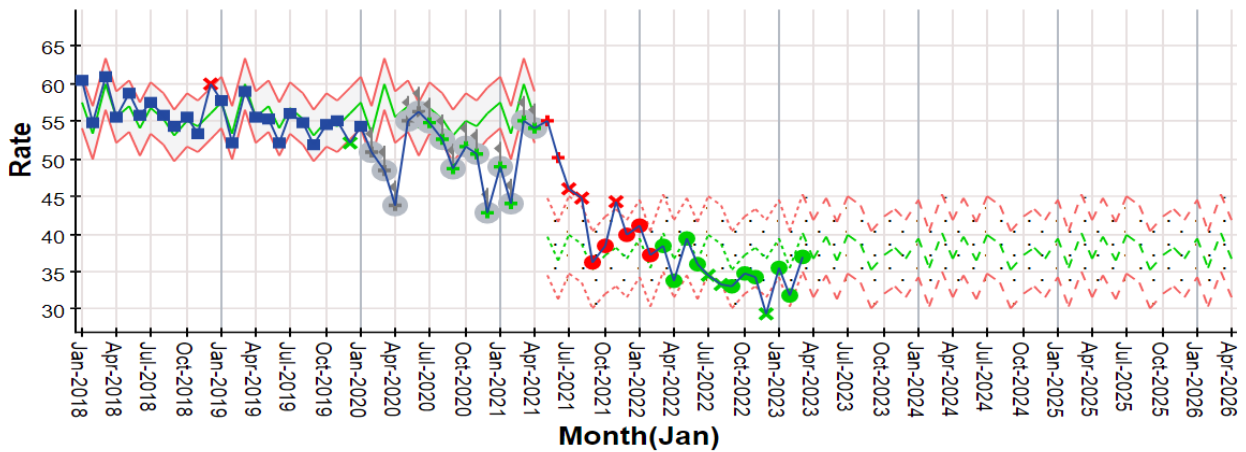
- Initiated phased implementation of best practice for discharge planning and coordination to reduce length of stay and need for care and support on discharge. This was supported by development of a software Platform known as 'Frontier'.

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

Conveyance

ED Attendances Per 10k Registered GP Population : Ambulance 01 + Helicopter / Air Ambulance 02 * >75 yrs + Adults 16-75 * Hywel Dda LHB : (Monthly 3yr proj.)

Data Updated: 2023-04-26 08:39:49

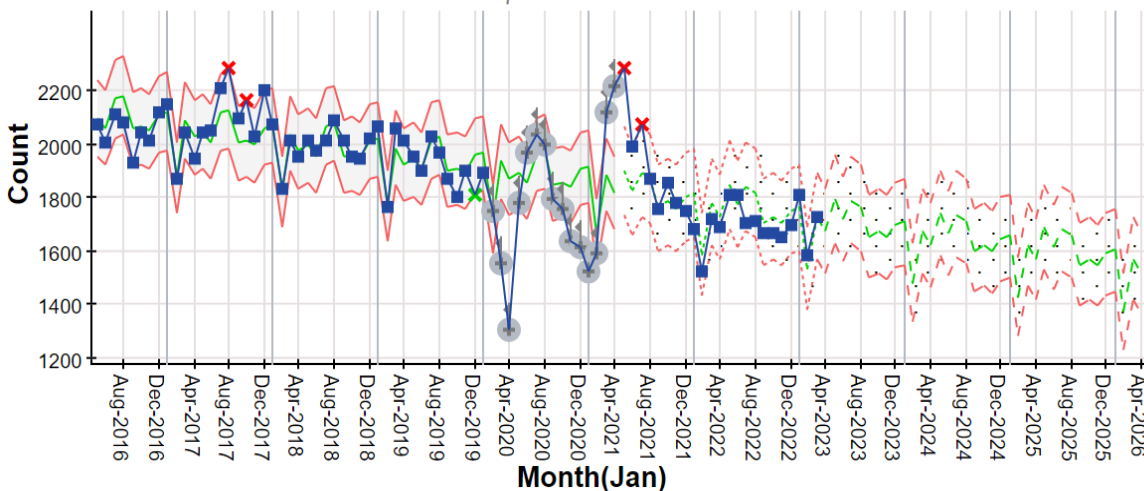


As the above graph indicates since pre-COVID ambulance conveyance has declined and remains within expected parameters. During the last 12 months conveyance avoidance has benefited from an Advanced Paramedic Practitioner 'navigator' role working alongside the community multidisciplinary team. The impact from this role in terms of providing safe alternatives to patients who would otherwise have been conveyed to hospital has been validated through external evaluation by Swansea University. This evaluation provided the confidence required by WAST to scale our CSH model across the Health Board. It is anticipated that scaling the model will deliver further improvement in conveyance throughout 2023 / 2024.

Conversion

Provider Spell Admissions : >75 yrs + Adults 16-75 * [21] A & E or dental casualty : (Monthly 3yr proj.)

Data Updated: 2023-04-26 08:39:49



SDEC provision is available in Prince Phillip Hospital (PPH), Glangwili General Hospital (GGH), Withybush General Hospital (WGH) and Ceredigion Intermediate Care Centre (Same Day Urgent Care). To date, all have contributed to reducing conversion rates for patients with ambulatory case sensitive conditions and our frail patient group, which the above graph highlights. HDdUHB were the first Health Board in Wales that accepted direct referrals to SDEC from Welsh Ambulance Service Trust (WAST) paramedics.

A clinically led peer review of our current SDEC provision across Hywel Dda was recently completed. The review demonstrated variance against national standards for SDEC across the sites and a mathematical modelling exercise suggested that a greater number of patients attending Emergency Departments (ED) could benefit from same day assessment and diagnostic services than were being referred. The review also outlined challenges in sustaining the SDEC provision in Prince Philip Hospital due to workforce constraints (mainly GP cover). It proposed several alternative options that would enable same day diagnostics, assessment, and treatment to be sustained and provided at the 'front door' of PPH for those with urgent needs (including our frail adult population).

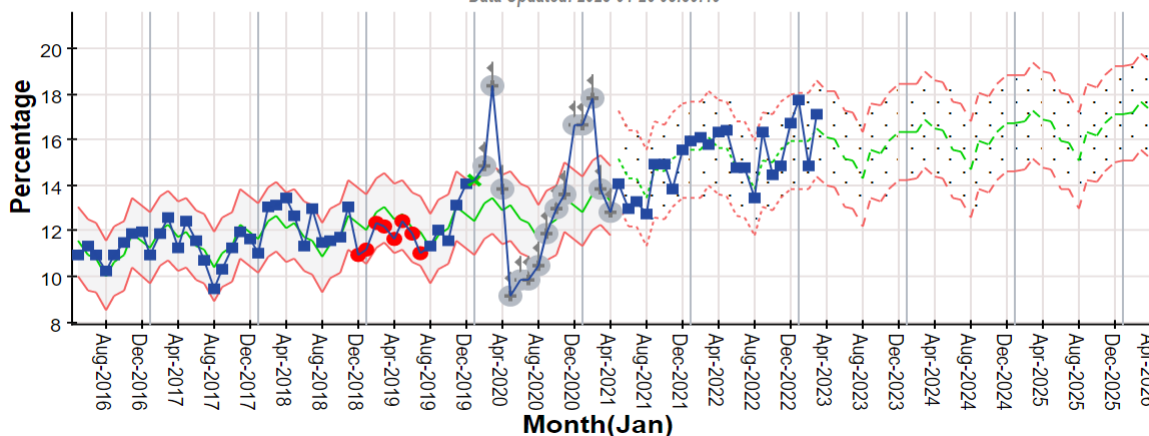
The Review demonstrated that there were a large proportion of patients who could be managed in the community however required diagnostics and an assessment / treatment period of up to 72 hours prior to be able to go home safely. SDEC therefore should be complimented by bedded facilities at the 'front door' for our complex frail cohort. The latter should be supported by Home First Urgent Primary Care 'wrap around' provision to support return home in a timely manner.

Recommendations from the review have been reflected in the County System Operational Plans to ensure increased numbers of patients benefit from SDEC and outcomes associated with national standards improve both in terms of consistency and performance. A Task and Finish Group has been established led by PPH Hospital Triumvirate to explore the options for the 'front door' urgent treatment pathway. A model will be agreed by the end of May for implementing by mid-point Quarter 2.

Complexity

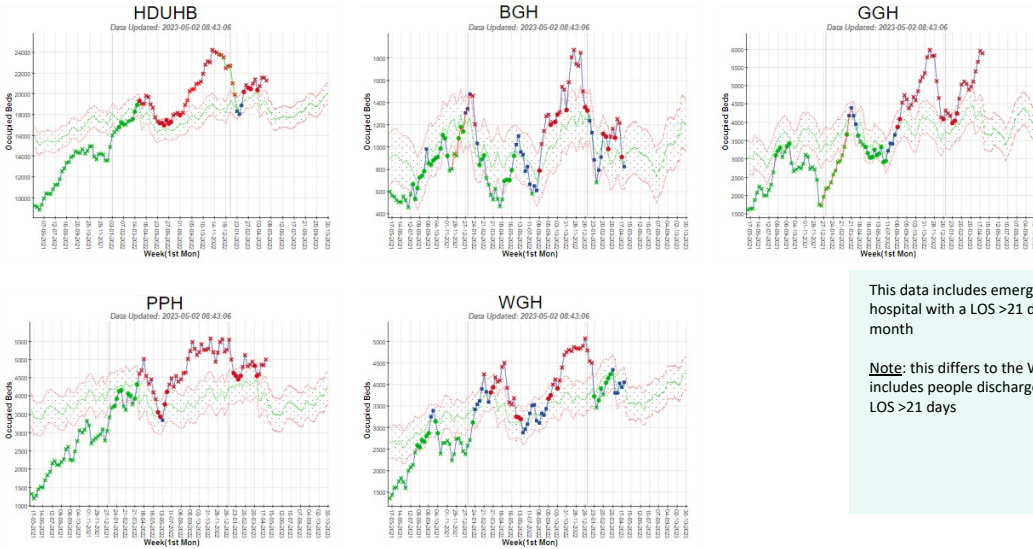
% Provider Spell Discharges Longer than 21 Days : >75 yrs + Adults 16-75 * Emergency : (Monthly 3yr proj.)

Data Updated: 2023-04-26 08:39:49



TUEC

Bed days associated with patients aged 75 and over with a LOS over 21 days



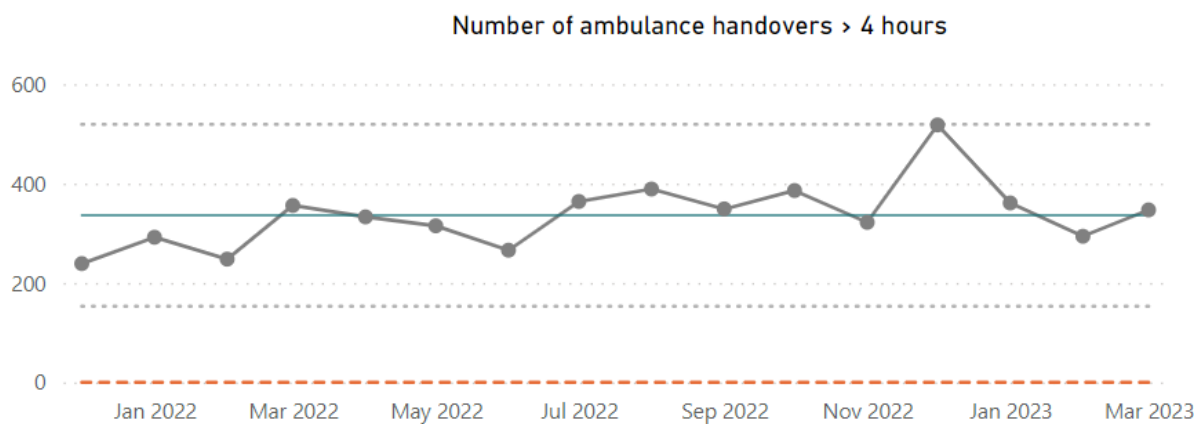
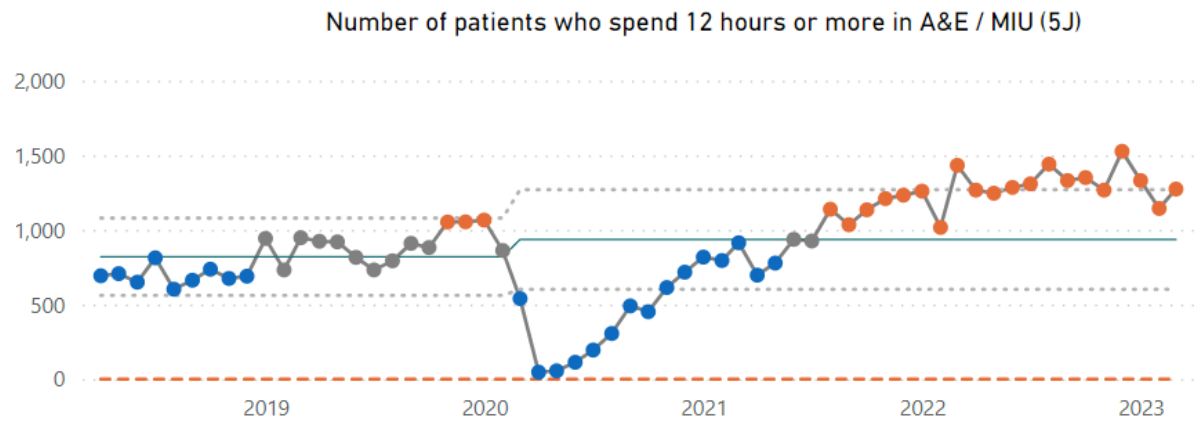
Reducing the proportion of patients who stay in hospital longer than 21 days for patients is a core outcome measure for the TUEC programme (managing complexity) and a ministerial measure. The graphs above indicate that while we are increasing the proportion of patients who are discharged with a length of stay of > 21 days (improving trend) those that remain in our beds are spending longer in hospital and is expected to deteriorate further. This is associated with our most complex and frail population who require effective and efficient discharge planning and coordination to reduce length of stay.

April 2023 Census data regarding Delayed Pathways of Care reasons are outlined below and further expanded upon in **Annex 1**. With a total of 278 delays identified, down from 295 in February 2023. This is against a total bed capacity of 1,246 across all HDdUHB sites. It is important to note that from April 2023 the census data now includes the number of delays associated with Mental Health, something not included in previous updates.

Hospital	Total Number of Delays	Proportion of Total Beds	Average Age
Glangwili General Hospital	84	20%	79
Withybush General Hospital	58	25%	80
Prince Philip Hospital	54	23%	78
South Pembrokeshire Hospital	21	66%	80
Bronglais General Hospital	26	15%	78
Amman Valley Hospital	15	54%	81
Llandovery Hospital	9	75%	84
Tregaron Hospital	7	47%	83
Aberystwyth MH Unit	3	27%	75
St Davids Hospital	1	4%	20
TOTAL	278	24%	73

In summary, the TUEC programme in 2022/23 has made demonstrable improvement to conveyance and conversion rates for our population (all ages and older adults). Progress in

improving performance against 4-hour ambulance handover delays and 12 hour waits in our EDs.



Despite reducing Conveyance and Conversion rates, we continue to admit too many frail and complex patients who consequently spend too long in our acute hospital beds and are further delayed due to finite community care resource availability. The plan to address this outlined in the priority actions set out in the section below.

Reducing/eradicating ambulance handover delays is a ministerial priority for 2023/24. Delivering the latter however will need to ensure the programme delivers improvement across all three 'C' outcomes.

TUEC Programme Priorities for 2023/24

TUEC priorities for 2023/24 align to Ministerial Priorities as set out in the table below. Mathematical modelling has indicated that TUEC actions will further enhance reductions in Conveyance and Conversion rates and impact positively on length of stay and bed occupancy rates and enable a reduction in 'surge' bed use at the 'front doors' of our acute hospitals to the value of 80 beds. The latter eradicating ambulance handover delays by end 2023/24.

Ministerial Priority	TUEC Priority Actions
24/7 UPC service accessible to '111' and GMS	<ul style="list-style-type: none"> - Define and agree our 'Home First' approach with our three Local Authority Partners. - Benchmarking County Systems against agreed 'Home First' model - Implementing Actions to ensure equity of access to Home First across County Systems. - Implement Multidisciplinary model to GP OOHs.

	<ul style="list-style-type: none"> - Implement Telemedicine initiatives (Immedicare and Consultant Connect) to support care home residents.
7 Day Direct Access SDECs that deliver against expected measures.	<ul style="list-style-type: none"> - Implement recommendations of Peer Review. - Explore targeted opening hours for maximum impact against greatest times of demand. - Compliment SDECs with streaming to 72-hour assessment units for non-ambulant patients in all acute hospital sites.
Delayed Transfers of Care / Improved Discharge Planning and Coordination / Discharge to Recover then Assess (D2RA) pathways	<ul style="list-style-type: none"> - Targeted and phased implementation of efficient and effective discharge planning and coordination supported by the Quality Improvement team. - Regional planning and implementation of 'Home First' model (includes D2RA pathways and trusted assessor model). - Joint reporting and monitoring of Delayed Pathways of Care (DPOC) and associated improvement actions. - Defining and implementing 'alternative care units' that increase step up and step-down community bedded facilities which aim to reduce long term care and support requirement and enable people to return home as independently as possible.

Our integrated 'Home First' model provides a response to emerging Ministerial expectation for Health Boards to integrate 'further and faster' and develop an Integrated Care Service for Wales which is the follow on from the Building Community Care Capacity initiative. Constructive discussions have been held between the Chief Executives of HDdUHB, Carmarthenshire County Council (CCC), Pembrokeshire County Council (PCC) and Ceredigion County Council (CeCC) regarding the development and implementation of an integrated 'Home First' programme for West Wales. The proposed Programme will formally integrate those elements of 'Home First' funded by RIF and components of our TUEC programme funded by 6 Goals UEC monies. The proposal will be presented at Integrated Executive Group on Monday 15 May. In addition to the stated Ministerial Priorities, the TUEC programme will oversee development and implementation of risk stratification of vulnerable populations and proactive care pathways that ensure the early identification of crisis and reduce 'reactive' demand on our UEC system. The latter is an integral part of our 'Home First' provision which most importantly contributes to improved outcome of our older adult and frail population.

Each County System have agreed Operational Plans to implement their response to the TUEC 23/24 programme expectations. Dashboards have been built and available to track progress against the plan and efficiencies anticipated. UEC 'watchtower' weekly monitoring will be established to support operational staff with the management of risks and issues pertaining to successful delivery of their milestones anticipated impact.

MENTAL HEALTH AND LEARNING DISABILITIES

Mental Health Service Improvement Funding (SIF)

The Health Board received its Mental Health SIF allocation for 2023/24 in March 2023. However, this year's allocation of £639,000 is significantly lower than last year's funding of £2.75 million. A workshop was held with multi-agency partners, service users and carers through the Local Mental Health Partnership Board in mid-April 2023. Funding proposals covering Specialist Child Adolescent Mental Health Service (SCAMHS) Eating Disorders, Integrated Psychological Therapies, Secure Services MH&LD Liaison, Primary Care Child Adolescent Mental Health Services (CAMHS) and Early Intervention in Psychosis have been developed and submitted to WG for approval.

Integrated Psychological Therapies

As of February 2023, 453 (46.41%) patients out of 976 (increase of 35 since the previous month) were waiting less than 26 weeks to start psychological therapy in the Integrated psychological Therapies Service, with 523 (53.59%) waiting more than 26 weeks.

To date 69 clients have been contacted and offered group therapy, of which 56 accepted. 13 declined and of these, 12 were categorised as having been made a reasonable offer, pending a 1:1 intervention. This is a gradual process whereby contact is gradually being made with those waiting to see if they would be happy to accept a group therapy and are then screened for suitability. This will be a steady process as we are unable to offer all on the waiting list a group without ensuring it is suitable for them initially. We are hopeful that this will be a more sustainable model that will support clients. It is hoped that as we train more staff to deliver group therapy this number will increase.

The introduction of the MSM text reminder system to address Did Not Attend (DNA) rates has had a positive impact on the service. March and April have shown a reduction of 81% in the number of DNAs in comparison to the previous two months.

The procurement process for outsourcing Eye Movement Desensitisation and Reprocessing (EMDR) interventions has concluded, with the successful provider scheduled to take up referrals from early May.

Recruitment issues have improved with some recent successful candidates, who are currently going through the onboarding process.

Adult Mental Health

The service continues to experience ongoing recruitment issues in Pembrokeshire with the need to extend two block booked agency staff up until the end of April 2023. This can be attributed to internal recruitment which has created a backfill within the service. Llanelli Community Mental Health Team (CMHT) has had approval to block book two agency staff from May until July 2023, due to four staff being on long-term sickness as well as several vacancies within the team. The high acuity of the work seems to be impacting on the number and calibre of applicants. The service has been working with the Area Planning Board (APB) to develop a Co-occurring substance misuse framework, with planned training to take place with relevant staff and partners. In line with this, additional funding has been received for two Practitioners for Co-occurring Substance Misuse, one in Llanelli and one in Pembrokeshire, with interviews taking place in May 2023.

Acuity for the Out of Hours service continues to remain high, with a positive joint working arrangement with Dyfed Powys Police in place. The service is maintaining capacity within current resources.

The Mental Health Single Point of Contact operating via 111 Option 2 continues to impact positively on services, with an average of 300 calls a week. The percentage of calls requiring intervention or signposting to third sector agencies/self-help remains high at 43.5%, with follow-on requests for Mental Health services remaining low at less than 10%, however there has been a slight increase in acuity in the past 6 weeks.

A national launch for 111 Option 2 is scheduled for early June 2023, after which we are anticipating a significant increase in calls due to the planned national advertising campaign. In

March the Service won the innovation and problem-solving category at the Heddlu Dyfed-Powys Police 2022/23 Annual Awards.

Older Adult Mental Health (OAMH)

The Service is continuing to maintain an overall occupancy rate of 85%. This is achieved on St. Non and Bryngolau Wards predominately. Occupancy on Enlli remains consistently high at 100% utilising the Shared Care Beds as surge capacity. This is attributed to the lack of Care Home placements available in Ceredigion where the highest rate of Delayed transfer of Care (DTC) is 7 out of 12. Pathway Flow into Care Homes is showing signs of improvement in Carmarthen and Pembrokeshire which we hope to sustain going forward.

Acuity and dependency continue to remain high within Community Mental Health Teams (CMHTs) and Third Sector provider support. Memory Assessment Services (MAS) have significantly reduced their waiting lists, with 3 out of 4 teams operating at better than pre pandemic levels.

The recently introduced Occupational Therapy (OT) waiting list initiative is continuing to show improvements within MAS services for post diagnostic intervention. We have recently integrated a trajectory for this within our IPAR reporting.

All long-term sickness issues have been resolved within Psychology. In addition, we have appointed 1 X 0.5 WTE Principle Clinical Psychologist who is currently going through the onboarding process. We are developing an alternative skill mix model to develop Psychotherapy modalities within OAMH. However, we continue to monitor the situation through the services risk management procedures and performance reporting.

Overall, the workforce continues to experience high sickness rates. With our Medical workforce continuing to have difficulties in recruitment, compounded by a pending retirement and a pending vacancy. Contingency plans are being reviewed with the medical lead and Head of Service to maintain business continuity.

Specialist Child & Adolescent Mental Health (SCAMHS)

The service continues to work towards meeting its agreed trajectories in respect of Part 1A & 1B. January 2023 performance returns show that 70% has been achieved against Part 1A and 48.1% against Part 1B. This is slightly down on the previous month, which is still attributed to the higher-than-average increase in referrals in November 2022 of 102. The Service has submitted a proposal for an additional Mental Health Practitioner via SIF to increase capacity and bring the Service in line with meeting its performance targets.

The new WG Alternative to Admission pilot for children and young people (CYP) is scheduled to open in mid-June 2023. Unfortunately, there has been a delay of two weeks due to additional drainage works needing to be carried out. The recent recruitment process for the 24/7 Rapid Action Team was quite successful, with only a few posts unappointed to. These have now been re-advertised.

The CYP Sanctuary Services in Ceredigion and Pembrokeshire have developed a new 6-week targeted intervention programme due to a high number of presentations of anxiety in young men due to exam pressures. We are currently developing proposals to expand these services to 7 days a week for the pilot period up until March 2025.

SCAMHS is working with the HDdUHB Dietetics Service and Adult Tier 3 Eating Disorder Service to scope the development of an all-age Avoidant Restrictive Food Intake Disorder (ARFID) service. A proposal to develop a multi-disciplinary team approach has been submitted through Service Improvement Funding.

Recruitment across SCAMHS continues to improve, with several recent appointments across all specialities/modalities.

Learning Disabilities & Adult Mental Health Inpatient Services

Work continues on the Learning Disability Service Improvement programme (LD SIP) for the community and inpatient settings change programme. The comprehensive 8-week engagement with service users, staff, carers/parents and partner organisations concluded on 16th April 2023. A separate report has been included on the Public Board agenda detailing the outcome of the engagement, with recommendations for next steps.

Recruitment issues continue in community teams particularly. Further streamlined Band 5 Nurses are scheduled to come into post in September 2023. The Service has successfully recruited a Band 8B Psychologist, however the Band 8A Psychologist post remains vacant with the post currently being advertised. Psychology waiting lists continue to improve and are being monitored on an ongoing basis.

Demand on inpatient beds continues to remain high, with surge beds being used occasionally to ease pressures when needed. Our recruitment position has improved; however, the service continues to rely on the block booking of agency staff to support the wards until May 2023. Streamlining Band 5 posts have been put forward for September 2023, which should improve the position further.

In March 2023 the Service won the Working Together category at the Heddlu Dyfed-Powys Police 2022/23 Annual Awards for joint working and positive relationships between the Police and Mental health, especially around the multi-agency daily Bed Management Conference call. This is an additional award over and above that reported in the Adult Mental Health section of this paper.

INTEGRATED LOCALITIES

Over the past financial year there has been significant progress in delivering against the key priorities identified for the Integrated Localities programme as detailed in Planning Objective 5H. By March 2023 the service has successfully developed and implemented an Integrated Locality Planning group which effectively brings together GP clusters, Health, social and third sector partner organisations.

The service has also Established an integrated locality plan that sets out a clear and agreed set of shared ambitions and outcomes for the population which is aligned with national and regional priorities across the while health and care system. To date, progress has been made towards delivery against the following areas:

- Connected kind communities including implementation of the social prescribing model
- Proactive and co-ordinated risk stratification, care planning and integrated community team delivery
- Single point of contact to co-ordinate and rapidly respond to urgent and intermediate care needs to increase time spent at home
- Enhanced use of technology to support self and proactive care
- Increased specialist and ambulatory care through community clinics

Looking ahead over the next 12-month period the key goals for the programme are to deliver the following:

- **20%** capacity growth in social prescribing activity to support a growth in community resilience
- **5%** capacity growth in proactive community care contacts to support the growing acuity and fragility of people in the community through community nursing teams.
- Increase in intermediate care “community beds” to support care for people in our “virtual ward” by **103**
- **34%** increase in ambulatory community clinics as earwax and continence services are further embedded

These goals will be delivered by focusing on several key priority areas, including:

- To grow & measure the impact of social prescribing/community connections
- Right-sized multi-professional place-based teams able to respond to presenting and proactive needs
- Risk stratification, proactive Multi-Disciplinary Team (MDT) care planning & delivery
- Integrated community networks & teams
- Homebased care development in partnership with LA & independent sector
- Improved primary & community care access including core diagnostics
- Ambulatory Community Clinics
- Integrated Community Infrastructure – Health & Wellbeing Hubs

ACCELERATED CLUSTER DEVELOPMENT: READINESS CHECKLIST

The Accelerated Cluster Development (ACD) transition year commenced in February 2022 and concluded on 31 March 2023. During that time HDdUHB has successfully implemented all key deliverables and is now operating as ‘business as usual’. At an all-Wales level, every Health Board has been required to submit a report on progress of key milestones to the national Strategic Programme for Primary Care. This report is also monitored by Welsh Government. The latest HDdUHB submission is attached at **Annex 2**.

The Checklist includes a review of governance and infrastructure arrangements, including the establishment of Professional collaboratives, Cluster Collaboratives, and a Pan Cluster Planning group (PCPG) at County Level. PCPGs, Healthier Carmarthenshire, Healthier Ceredigion, and Healthier Pembrokeshire are integrated meetings with representation from across a wide range of statutory and non-statutory partners and stakeholders. They form the vehicle for agreeing priorities and associated funding as part of the development of the Integrated Locality Plan were supported by appropriate business cases which reflect the needs of the local population.

SOLVA PRACTICE UPDATE

Following the Extraordinary Board meeting of 23 February 2023, Solva Surgery become a Health Board Managed Practice on 1 April 2023. A period of intense activity has taken place since the Board decision to facilitate as smooth a transition to Managed Practice as possible for the patients, community, and practice team. All registered patients were written to with the outcome, and support for any queries has been provided through the Communications Hub and Primary Care team.

All practice-employed staff have transferred to HDdUHB employment under Transfer of Undertakings (Protection of Employment (TUPE). A review of staffing (clinical and admin) has taken place and skills gaps and capacity issues have been identified in the nursing team that

are being addressed through training, development, and recruitment. The Clinical Lead GP role has been successfully recruited with one of the long-standing locums, providing continuity for patients and the practice team. Another regular locum has been retained and other sessions are being filled by locums familiar with local referral pathways.

A transition plan was implemented for the closure of the practice Dispensary as the dispensing rights had terminated with the retiring GP. Work to support the transfer of dispensing has entailed close co-ordination with local Community Pharmacies. All patients have received a letter explaining the changes and how to order prescriptions and obtain medication. Enclosed with the letter was a list of local Community Pharmacies and the services they provide. Patients have been encouraged to nominate a preferred Community Pharmacy for their convenience. Community Pharmacies in St David's, Fishguard, Goodwick and Haverfordwest are all providing a collection service for prescriptions from the Surgery.

As part of the contract termination process it was identified that there were approximately 295 registered patients living outside of the practice area, mostly in the Simpson Cross and Pelcomb area. As part of the determination by the Extraordinary Board it was decided that these patients should be transferred to another practice that covers their address. A process to identify vulnerable patients to exempt from this process was implemented in collaboration with the practice, and a total of approximately 235 patients have transferred to either Winch Lane Surgery, St Thomas's Surgery and Fishguard Surgery. Concerns expressed by individual patients regarding this process were managed on an individual basis by the Primary care team. The transfer of electronic records and paper notes was completed at the point of the transfer and additional funding has been provided to these practices.

Lease negotiations are underway for the Surgery premises which is in the ownership of the retired GP.

High levels of patient and community engagement were a feature of the process. The Extraordinary Board meeting of 23 February 2023 committed to reviewing the Managed Practice at 12 months with a view to seeking commitment from partner agencies, Primary Care Contractors, and members of the Community to secure a solution for the ongoing provision of sustainable services for the North Pembrokeshire Peninsula in line with the HDdUHB's strategic direction. A very positive preliminary meeting took place on 25 April 2023 with the Solva Surgery Working Group (established by Solva Community Council) to explore the community's ambition for services across the Peninsula.

NHS DENTAL SERVICES 2022/23

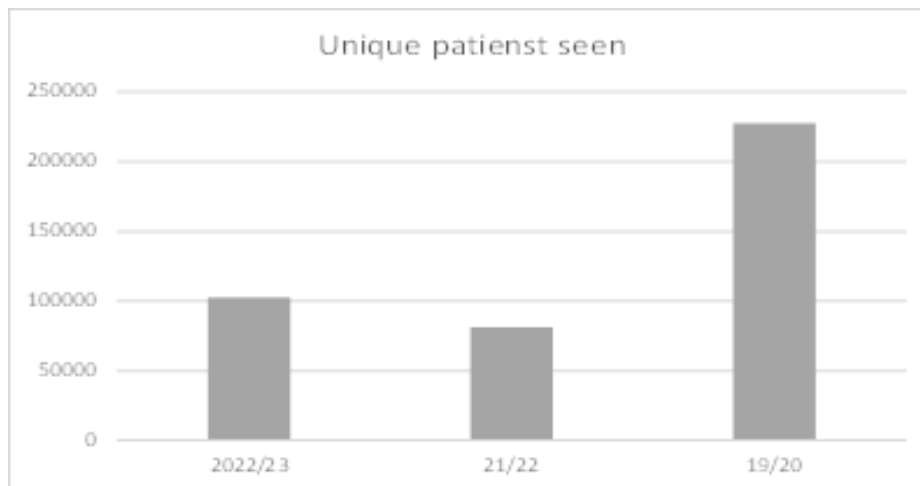
As at the 31 March 2023 the Health Board had a total of 48 contracts for the delivery of NHS Dental Services. The contracts are split over 2 contract models with 39 Contracts delivering care under a Contract Reform model and 9 delivering care under a Unit of Dental Activity contract model.

Contract Reform

There are 3 areas driving Dental Contract reform - greater access for new patients, access based on need, and delivery of a prevention model of care. 2022/23 was the first year since COVID-19 where volume metrics have been introduced to test the levels of access therefore, there is no annual comparative data at present.

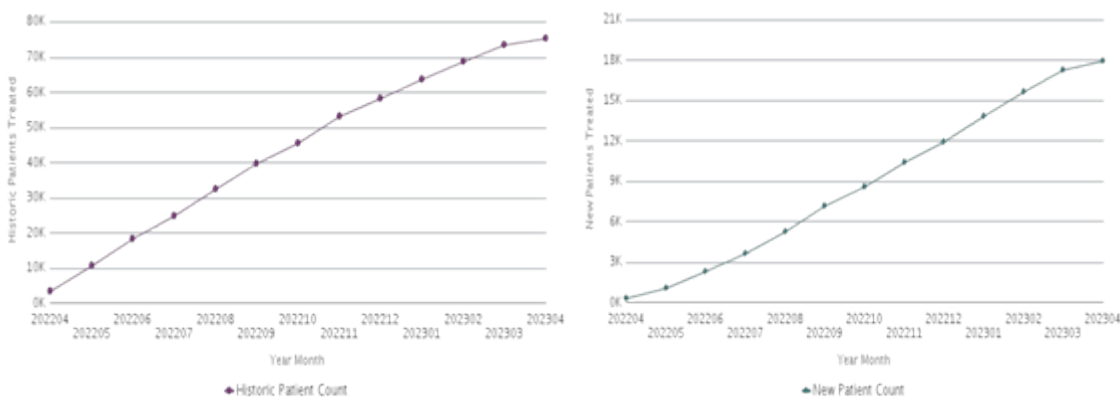
Volume Metrics

Unique Patient Numbers - In the absence of annual comparative data, access based on unique patient numbers has been monitored. This is counting the number of individual patient attendances as opposed to the total number of attendances as patients may present more than once in the financial year. The graph below is showing an improvement in numbers accessing NHS Dental Services from 2021/22 to 2022/23. Monthly access for new and historic patients.



HDdUHB is achieving approximately 45% of its pre COVID-19 patient access and it is an improving position in each year. The 45% recovery against the 2019/20 access is in line with the post COVID-19 of other similar sized Health Boards. The data for 2020/21 has been excluded because at the height of COVID-19 the data counts used cannot be compared to pre and post COVID-19 positions.

Monthly Access for New and Historic patients – Contract reform has volume metrics to improve access for new and historic patients. New and historic activity was reviewed on a monthly basis in year to show improvement. The Dental Team monitor improvement at a Practice level and provide Practice support visits when identified as outliers in terms of performance.

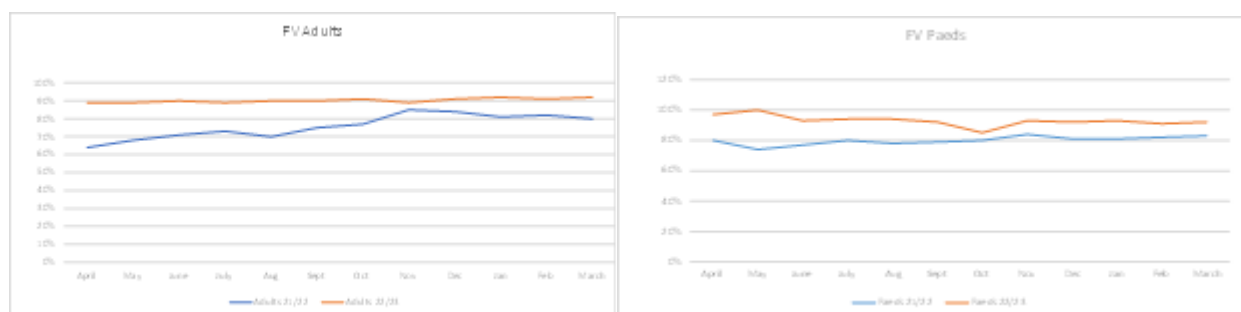


There has been improvement in access each month; however, Practices have experienced challenges in the delivery of these volume metrics mainly because of recruitment issues and the level of treatment identified from assessment of both new and historic patients attending for care. The HDdUHB pattern of growth each month is in line with all Wales trends.

Access based on need – This is determined by an annual risk assessment of individual patients to determine need based on a RAG score system. During 2022/23 HDdUHB has approximately 30% of adults and 18.2% of children with tooth decay accessing the service with a red risk score. The all-Wales average is 28% for adults and 18.2% for children. Practices have reported high levels of need within patient groups attending the service. With limited workforce and associated difficulties, managing patient throughput has challenged available capacity and patient flow.

Access to Urgent Care - Though the number of patients accessing care is reportedly lower than pre COVID, longer term options for patients presenting with greatest need via 111 were significantly improved. During 2022/23 34 Practices supported the delivery of Urgent Dental Care alongside the newly established salaried service, providing 10,244 Urgent Dental Care slots across the year. Resulting in 2,539 patients accepting longer term access to NHS Dental care via Urgent Access.

Prevention Measures – Prevention advice is provided to patients as part of their annual risk assessment and the dentist will measure improvements in oral health in subsequent appointments. Data regarding this is not captured, however adults and children identified at risk of dental caries will be offered an application of fluoride varnish. The graphs below show an improvement between 2021/22 and 2022/23.



Unit of Dental Activity (UDA) Contract Model

2022/23 is the first year since COVID-19 for the reintroduction of the monitoring of UDA contracts. In 2021/22 there was an aspirational target that Practices would deliver 40% of their volume metrics. In 2021/22 the Health Board average recovery to pre COVID was 43% and in 2022/23 UDA contract delivery was 71% giving an improvement in delivery and therefore access between financial years.

CAPITAL UPDATE 2022/23 (OPERATIONAL SCHEMES)

Discretionary Capital Programme (DCP)

Delivery of the 2022/23 capital programme has taken place against the continued backdrop of a challenging backlog position on maintenance and medical equipment. The DCP is utilised to fund schemes with a value typically under £1m. This includes investment in replacement equipment, estates improvement works and information technology (IT) infrastructure.

DCP allocations have reduced when compared to the 2021/22 financial year which has emphasised the importance of adequate prioritisation processes to ensure equity across the programme in assessing the most pressing needs. HDdUHB managed a DCP allocation of **£5.290m in 2022/23** which was topped up through the awarding of end-of-year allocations (£1.212m) as well as designated funding to improve patient experience in emergency departments across HDdUHB to the tune of £0.457m.

As per well-established capital planning processes, the available DCP funds were split as follows:

- £0.688m – Equipment Replacement
- £0.665m – Infrastructure
- £0.520m – Statutory
- £0.200m – IT & Digital

A significant proportion of the £5.290m identified above was ringfenced for items pre-committed during 2022/23 as well as other standard items such as contingency.

Major Capital Schemes

Throughout 2022/23 several major capital schemes have been progressed with the aim of improving operational quality and service continuity. These are set out below:

- The **Women and Childrens Phase II** scheme at Glangwili General Hospital (GGH) is reaching conclusion, with the remaining phases due for completion in July 2023. This is a major milestone given the significant delays experienced from the original programme which includes the impact from COVID-19.
- The £20m **PPH Day Surgery unit** scheme has been completed. Originally due for handover in April 2022, delays were experienced due to technical engineering issues associated with the air handling unit which eventually resulted in a 26-week delay. Successful handover and commissioning of the unit took place in late November 2022, with the facility opening its doors to patients on 5 December 2022.
- The Health Board was successful in obtaining £0.457m of funding during October 2022, following a request from the Minister to submit bids that would improve **patient experience in our Emergency Departments**.
- The programme of essential **Fire Safety precaution upgrades** has continued during 2022/23. The main projects within include the works at WGH and GGH. Phase 1 of the work to the horizontal fire escape routes in WGH has progressed. The complexity of the project has seen the programme extended by 4 months to July 2023 to incorporate extensive additional works identified such as fire doors and fire stopping requirements. Phase 2 includes all departments, ward areas and rooms highlighted as risks in the Business Justification Case (BJC) completed during Q4 of 2022/23. This will be supported by the decant ward which WG approved in November 2022 (£8.313m)
- The **Decarbonisation Delivery Plan** has continued to gather momentum. Several key projects have already been delivered, such as the Hafan Derwen Solar Farm, the continued roll out of roof mounted Photovoltaic (PV) solar at community sites, and the installation of a heat pump at Cardigan Integrated Care Centre.
- The national **diagnostic imaging programme** has continued roll out across all acute sites during 2022/2023. A detailed update in respect of this scheme is provided below

Radiology Equipment Replacement Update

HDdUHB were fortunate to receive £12.1M of capital funding from Welsh Government to replace aged radiology equipment over the 2021/22 and 2022/23 financial years. The Radiology Department has a significant proportion of aged equipment, of which most has reached best endeavours on service contracts and are overdue for replacement. Prioritisation of equipment replacements were made for those most at risk of disruption to service continuity. The Radiology Department is extremely pleased to report that the funding has been appropriately utilised and the following equipment replacements have been made over the period and are in clinical use:

BGH

- Ultrasound systems
- Theatre Image Intensifier
- CT scanner
- Digital X-ray room
- Digital fluoroscopy room

GGH

- Ultrasound systems
- Theatre Image Intensifiers
- Digital X-ray room
- 2nd CT scanner

PPH

- Ultrasound systems
- Theatre Image Intensifier
- CT scanner
- Mammography unit

WGH

- Ultrasound systems
- Theatre Image Intensifier
- Digital X-ray room
- CT scanner

Replacement of the above equipment has resulted in increased uptime and reliability whilst harnessing the latest digital technology and providing enhanced diagnostics with reduced radiation doses and improved working environments. The availability of a second CT scanner at GGH and the retained second CT scanner in a demountable unit at Withybush General Hospital (WGH) has greatly increased scanning capacity and are now able to offer CT cardiac scans at GGH in addition to Bronglais General Hospital (BGH). The replaced mammography unit at Prince Philip Hospital (PPH) will utilise new diagnostic techniques which were not possible on the previous unit reducing the workload pressure on other modalities along with an improved patient experience.

The equipment replacements have provided benefits to both patients and staff with improved ergonomics, user interface and software packages and has moved the radiology departments across HDdUHB further towards becoming fully digital. Radiology still has several aged pieces of equipment that need to be replaced, which is reliant on Welsh Government funding and so this risk remains on the corporate risk register (risk 684)

The replacement of this equipment has been a significant undertaking for the Radiology Task and Finish Group and for the radiology staff who have continued to provide excellent care and services to patients during quite significant disruptions within the departments.

WGH Autoclave Replacement

The autoclave sterilising equipment located at Withybush General Hospital (WGH) which should ordinarily be a key element of support for elective and emergency surgery has been the source of poor reliability in recent years. This is due to it being significantly overdue replacement against its typical planned life cycles. Added to this, engineering plant and

machinery involved in delivering clean air supplies within the sterile service suite was also noted as being at end of life and in a functionally obsolete state.

In 2022/23 the Health Board's DCP allocation for equipment made capital budget provision of £500k to progress replacement of the three autoclaves and to upgrade the associated air and steam plant.

The sterile processing facility was taken down on 19 February 2023 and following an intensely active period building, engineering works and equipment removal and installation were coordinated to enable the newly equipped facility to be recommissioned into service in the final week in April 2023. In the intervening period sterile service support to WGH theatres was delivered from GGH with the temporary transfer of items arranged accordingly.

The completed facility which was delivered within cost and to time will offer improvements to the way instruments can be processed and will improve safety for staff and offer greater service resilience which will result in a more reliable offering to patients.

SCANNED DIGITAL HEALTH RECORDS PROGRAMME

The build-up of health records has been an underlying issue for HDdUHB for several years and this has been exacerbated more recently since the Blood and Safeguarding enquiries were launched nationally and destruction embargoes on medical records were issued by the UK Government. These embargoes resulted in HDdUHB being prevented from continuing with annual 'weeding' cycles necessary to create space for new records to be filed on a sustainable basis. Weeding is the process of destroying inactive records to make room for new ones. The build-up of records held in storage at the bulk store at Llangennech also gave rise to fire and safety concerns which at its peak was holding over 1.2 million records.

The long-term vision is to deliver healthcare through paperless/paper light modes and whilst there are many features of this currently in development, the timeline was not aligned with the short-term actions needed to address the over-stocked situation at the Llangennech store. To tackle these, a collaborative programme between the Operations Directorate and the Digital Team has commenced. Key elements involved in the programme include the initial block scanning of 227,500 records along with the procurement of an electronic document management system (EDMS) into which all scanned records will be ingested and eventually made available for clinical use. Finally, a facility in which to establish a scanning bureau operating across HDdUHB has been acquired. The initial batch of 227,500 records is nearing completion of its scanning conversion phase and will soon be ready for ingestion into the 'live' environment of the EDMS. More recently a further batch of 81,000 records was also sent for scanning and is expected to be ready for ingestion by October 2023. This in essence means that approximately a quarter of the previous paper record holding has already been despatched for scanning and moved off site creating space for new and active records to be accommodated. As a result, the safety issues identified above have been mitigated significantly.

It is estimated that with no further batch scanning taking place that completion of the programme in full could take a further ten years to complete the conversion from paper to scanned digital format. This aligns with the experience of Trusts in NHS England who are ahead in this journey. Further block contracts with commercial sector partners will invariably shorten the programme. The service will continue to seek opportunities to undertaken further batch scanning as they arise.

In the meantime, some progress with the destruction embargoes has been noted but clarity of the specific details is required before any destruction can commence.

GGH CAR PARKING UPDATE

Gwili Railway Car Park

As reported to the Board in November 2023, work is underway, in partnership with the Gwili Railway Company (GRC), to establish a shared use car parking facility at their site adjacent to GGH. The construction element of the project is in its final phase and the GRC is now awaiting approval from Carmarthenshire County Council's planning committee for consent to allow the shared use of the facility with HDdUHB. It is anticipated that the GRC will receive a formal response to their application by the end of May 2023. Should the planning revision proceed unopposed, then it is anticipated that the facility will be fully operational by the end of June 2023.

Formal partnership agreements have been drafted by the respective legal teams and will be ratified prior to operational use. The facility will see an additional 144 parking spaces becoming available for the use of HDdUHB staff. This will relieve significant pressure on the GGH site during the periods of greatest car parking demand. Staff interested in using the site have already been identified through a voluntary process and their use of the facility will be managed via an Automatic Number Plate Recognition (ANPR) entry system. The ongoing enablement and ground works will allow staff direct, safe and secure pedestrian access from the GRC facility and into to the rear of the GGH site.

Women & Children's Phase 2 Car Park

Work has commenced on the development of an additional 45 car parking spaces on the GGH site which forms part of the Women & Children's Phase 2 programme of work. It is anticipated that these parking spaces will become available from the end of June 2023.

Outpatient Car Park (GGH)

The traffic flow challenges faced by ambulance crews, patients, visitors, and staff at the main entrance to the GGH site are subject to review with a proposal in place to implement a dual lane traffic management system. This will see reduced vehicle waiting times and improved flow to patient and visitor parking areas with a dedicated drop off lane for patients, ambulance crews and community staff needing to drop off or unload. Implementation would only occur following the two above facilities coming online as there will be a need to remove 15 parking spaces from this area to implement the dual lane system. Introduction of this system will undoubtedly reduce congestion both on site and on the public access roads leading to the main entrance of GGH.

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:

572 - Inappropriate use of hospital beds due to a lack of availability for timely assessments and delivery of packages of care in Ceredigion

Datix Risk Register Reference and Score:	576 - Fragile EMI and General Nursing Home availability due to deregistration into residential homes affecting Ceredigion County
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

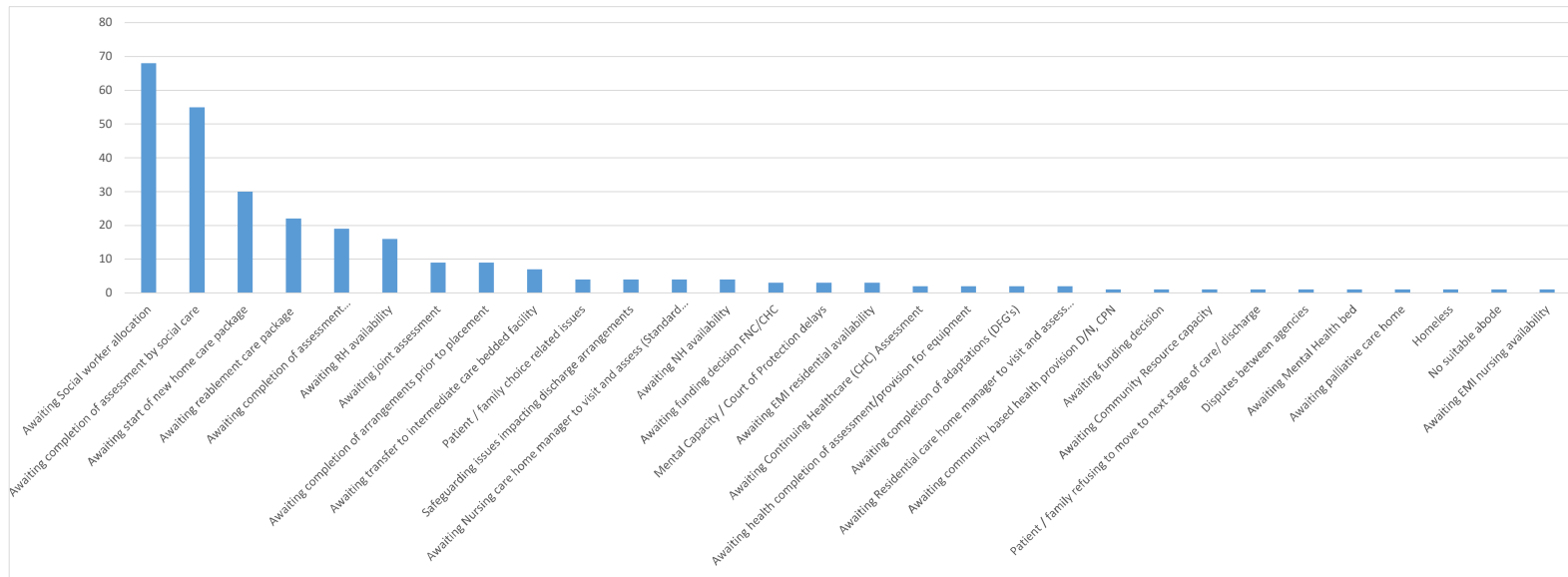
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	As presented
Rhestr Termau: Glossary of Terms:	<p>ACD - Accelerated Cluster Development ANPR – Automatic Number Plate Recognition APB – Area Planning Board ARFID – Avoidant Restrictive Food Intake Disorder BCCC – Building Community Care Capacity BGH – Bronglais General Hospital CAMHS – Child Adolescent Mental Health Services CMHT – Community Mental Health Team CSH – Clinical Streaming Hub CYP – Children and Young People DCP – Discretionary Capital Programme DNA – Did Not Attend D2RA – Discharge to Recover then Assess DTCO – Delayed Transfer of Care ED – Emergency Department EDMS – Electronic Document Management System GGH – Glangwili General Hospital GRC – Gwili Railway Company HDdUHB – Hywel Dda University Health Board IEG – Integrated Executive Group IPAR – Integrated Performance Assurance Report LD SIP – Learning Disabilities Service Improvement Plan NUSC – Non-Urgent Suspected Cancer OAMH – Older Adult Mental Health PCPG - Pan Cluster Planning group</p>

	<p>PIFU – Patient Initiated Follow Up PPH – Prince Philip Hospital PV - Photovoltaic RPB – Regional Partnership Board SACT – Systemic Anti-Cancer Therapy SBUHB – Swansea Bay University Health Board SCAMHS – Specialist Child and Adolescent Mental Health Service SCP – Single Cancer Pathway SDEC – Same Day Emergency Care SIF – Service Improvement Fund SoS – See on Symptom TUEC – Transforming Urgent and Emergency Care TUPE – Transfer of Undertakings (Protection of Employment) UDA - Unit of Dental Activity UEC – Urgent and Emergency Care USC – Urgent Suspected Cancer WG – Welsh Government WGH – Worthybush 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

Total Number of Delays per Hospital by reason

Code	Reason	GGH	WGH	PPH	BGH	SPH	AVH	Llandoverly Hospital	Tregaron Hospital	Aberystwyth MH Unit	St Davids Hospital	TOTAL	Proportion
1.01.01	Awaiting Social worker allocation	21	26	11	2	7	0	0	1	0	0	68	24%
1.01.02	Awaiting completion of assessment by social care	21	11	13	1	7	1	0	1	0	0	55	20%
2.03.01	Awaiting start of new home care package	6	1	11	1	1	4	5	1	0	0	30	11%
2.04.01	Awaiting reablement care package	5	2	3	4	2	1	3	2	0	0	22	8%
1.01.03	Awaiting completion of assessment Nursing/AHP/Medical/Pharmacy	3	12	0	2	1	1	0	0	0	0	19	7%
3.01.05	Awaiting RH availability	4	2	5	2	0	2	0	1	0	0	16	6%
1.01.05	Awaiting joint assessment	1	0	1	7	0	0	0	0	0	0	9	3%
3.01.01	Awaiting completion of arrangements prior to placement	5	0	3	0	0	0	0	0	0	1	9	3%
1.02.01	Awaiting transfer to intermediate care bedded facility	6	1	0	0	0	0	0	0	0	0	7	3%
2.05.01	Patient / family choice related issues	1	0	0	1	0	1	0	1	0	0	4	1%
2.05.08	Safeguarding issues impacting discharge arrangements	1	0	1	1	0	1	0	0	0	0	4	1%
3.01.03	Awaiting Nursing care home manager to visit and assess (Standard 3 residential)	2	0	1	1	0	0	0	0	0	0	4	1%
3.01.06	Awaiting NH availability	2	0	1	0	1	0	0	0	0	0	4	1%
2.01.02	Awaiting funding decision FNC/CHC	0	0	0	0	0	0	0	0	3	0	3	1%
2.05.07	Mental Capacity / Court of Protection delays	2	0	1	0	0	0	0	0	0	0	3	1%
3.01.07	Awaiting EMI residential availability	0	1	0	2	0	0	0	0	0	0	3	1%
1.01.04	Awaiting Continuing Healthcare (CHC) Assessment	0	1	0	1	0	0	0	0	0	0	2	1%
2.02.01	Awaiting health completion of assessment/provision for equipment	0	1	0	1	0	0	0	0	0	0	2	1%
2.02.03	Awaiting completion of adaptations (DFG's)	0	0	1	0	0	1	0	0	0	0	2	1%
3.01.02	Awaiting Residential care home manager to visit and assess (Standard 3 residential)	2	0	0	0	0	0	0	0	0	0	2	1%
1.02.02	Awaiting community based health provision D/N, CPN	0	0	0	0	1	0	0	0	0	0	1	0%
2.01.01	Awaiting funding decision	0	0	0	0	1	0	0	0	0	0	1	0%
2.04.02	Awaiting Community Resource capacity	0	0	0	0	0	0	1	0	0	0	1	0%
2.05.04	Patient / family refusing to move to next stage of care/ discharge	0	0	0	0	0	1	0	0	0	0	1	0%
2.05.05	Disputes between agencies	0	0	0	0	0	1	0	0	0	0	1	0%
3.02.01	Awaiting Mental Health bed	1	0	0	0	0	0	0	0	0	0	1	0%
3.02.02	Awaiting palliative care home	0	0	1	0	0	0	0	0	0	0	1	0%
3.03.01	Homeless	0	0	1	0	0	0	0	0	0	0	1	0%
3.03.02	No suitable abode	0	0	0	0	0	1	0	0	0	0	1	0%
3.01.08	Awaiting EMI nursing availability	1	0	0	0	0	0	0	0	0	0	1	0%
Total		84	58	54	26	21	15	9	7	3	1	278	



Accelerated Cluster Development Readiness Checklist Self-Assessment as at 31st March 2023

To be returned to SPPC@wales.nhs.uk by 12th April 2023



#	Timescale	Action	Lead / Owner	Status	Status May 2022	Status October 2022	Status March 2023	Health Board / Partner Comments
1	April	2022/2023 Cluster Annual Plans published on Health Board websites (<i>option to hyperlink from PCOne</i>); Health Boards support delivery of the Cluster Plans over the next 12m as required	DPCCs and HB teams	Must do	Complete	Complete	Complete	Cluster IMTPs (not annual plans) are updated and published. The teams, with the Clusters are continuing to develop their IMTPs. Given that considerable work was undertaken in 21/22 to consolidate plans and to revamp formats it has been agreed locally to continue in this format for the time being as they are plans that are meaningful to the Clusters.
2	April	2022/2023 Cluster Funding proposals / initiatives commence; local monitoring in place	DPCCs, PC Teams, Clusters	Must do	Complete	Complete	Complete	Template based on LOGIC model methodology is in place. Draft spending criteria developed to enable transition into PCPG planning and Cluster Collaborative delivery. This has been discussed at the first Integrated Locality Planning Programme Delivery Group.
3	April	Confirm the geographical boundary to inform the development of the map of Pan Cluster Planning Groups (PCPG) and associated Clusters for the Health Board / Regional Partnership Board region	DPCC, DoP with RPB Partners	*Must do	Complete	Complete	Complete	There are 3 PCPG across the West Wales Region: <ul style="list-style-type: none"> • Carmarthenshire • Ceredigion • Pembrokeshire <p>The Cluster boundaries have not changed – there remain 7 Clusters.</p>
4	April	Agree the governance route within the health board for	DPCC with DoPs and BS	*Must do	Complete	Complete	Complete	The Pan Cluster Planning Groups will report to the Integrated Locality Planning Programme Delivery



#	Timescale	Action	Lead / Owner	Status	Status May 2022	Status October 2022	Status March 2023	Health Board / Partner Comments
		the Pan Cluster Planning Group						Group to ensure consistency and escalation of priorities. Managerially this group will report to Operational Planning, Delivery and Performance Group and for assurance to SDODC which is a sub-committee of the Board.
5	April (through Q1)	Health Boards and their Local Authority partners establish Pan Cluster Planning Groups, Terms of Reference are adapted / adopted (<i>added to but not downgraded</i>) and PCPG governance is embedded into the local architecture	DPCC, DoP, DSS and RPBs	*Must do	Partially complete	Complete	Complete	There are three established PCPGs in each of the three Counties, these are embedded into local architecture. The national Terms of Reference have been used to update all TOR and these have been implemented.
6	April-June	PCPG Assurance is part of the Health Boards existing Board Governance structure	BS, DPCC, DoP	Must do	Complete	Complete	Complete	The Integrated Locality Planning Objective has been agreed by Board and assurance is made through a sub-committee of the Board.
7	April	Set out a project plan to begin establishing the Professional Collaboratives for the contractor professions: GMS, Optometric, Pharmacy, Dental	DPCC, DWOD, Prof Advisors	*Must do	Ongoing	Complete	Complete	Developing guidelines for each independent contractor professional collaborative to ensure a consistent approach.
8	May	Set out a project plan to begin establishing the comparable arrangements for establishing Professional Collaboratives for other professions such as nursing, allied health professionals,	DPCC, DWOD with DoN, DoTh and DSS	*Must do	Ongoing	Complete	Complete	Meetings have commenced with Community/Primary Care Nurse and AHP collaboratives. This will align to national discussions.



#	Timescale	Action	Lead / Owner	Status	Status May 2022	Status October 2022	Status March 2023	Health Board / Partner Comments
		and potentially social services						Social Work and Mental Health collaboratives are subject to further discussion at local and national level.
9	April-June	Any changes that are needed to the Health Board Scheme of Delegation / SFIs to allow PCPGs to have delegated authority to act are actioned	BS, DPCC, DoP, DoF	Must do	Partially complete	TBC	Complete	A revised proposal for the scheme of delegation has been presented to the Board and been agreed.
10	April-June	Progress delivery of and appointments to any posts funded from the Strategic Programme for Primary Care Fund 2022 (SPPC Fund) ACD investment plans	DPCCs / HOPC	*Must do	Ongoing	Ongoing – some slippage and clinical lead	Ongoing	Accelerated Cluster Development Manager post has been successfully appointed to. Discussion on the Clinical Lead role is ongoing.
11	April-June	Consider the current Cluster arrangements , membership and governance to ensure it aligns with the model Cluster Terms of Reference for the ACD programme. Review transition year Cluster Lead / Chair arrangements / future Professional Collaborative leads representation on the PCPG	DPCCs, PCPG, and Cluster partners	To Consider	Ongoing	Complete	Complete	Cluster TOR have been reviewed for a consistent approach and now implemented. Draft agendas and action note templates have been issued to each Cluster and are being used in all.
12	May-June	Consider leadership and professional development needs of the various Professional Collaborative Leads and Cluster Leads	DWOD with DPCC, DoN, DoTh and DSS	To Consider	Ongoing	Complete	Complete	Review of the offer being made available on a national basis has been undertaken and considered as part of the design of the local OD support offering.



#	Timescale	Action	Lead / Owner	Status	Status May 2022	Status October 2022	Status March 2023	Health Board / Partner Comments
13	May-June	Consider the Organisational Development needs to optimise Pan Cluster Planning Group working	DWOD, DoP, DPCC, RPBs and PCPGs	To Consider	Ongoing	Complete	Complete	Plans in development to support organisational development and system learning at: (1) Personal leader level according to role (2) Pan cluster level within each County (3) Tri-County level with the Pan Cluster leads to accelerate positive change and amplify where possible (4) System level learning between partners across the region.
14	May-June	Engage with the SPPC commissioned PCC Leadership engagement exploratory workshops for Professional Collaboratives, Pharmacy, Dental, Optometry, Nursing and AHPs	Primary Care Teams including Nursing and Therapy Leads	To Consider	Ongoing	Partially complete	Partially complete	This phase of the plan will be developed after discussion within the Planning Delivery Group.
15	June onwards	Engage with the Strategic Programme for Primary Care on the leadership and OD programmes for Cluster Leads, Professional Collaboratives & Leads PCPG members	DWOD, DoP, DPCC, RPBs and PCPGs, Cluster / Colab Leads	*Must Do	Ongoing	Complete	Complete	HEIW dashboard has launched and been shared with Leads. Cluster Leads have applied to be part of the first cohort of the HEIW Expert Leadership Programme.
16	June	Confirm and prepare one Cluster footprint per Health Board to be part of the Cluster peer review process being drawn up for 2022-2023	DPCCs / DoPs / RPBs	*Must Do	Partially complete	Complete	Complete	The Amman Gwendraeth Cluster nominated themselves to be part of this process. This was completed in December and January.



#	Timescale	Action	Lead / Owner	Status	Status May 2022	Status October 2022	Status March 2023	Health Board / Partner Comments
17	April-Sept (March '23)	Supported by Health Boards, individual Professional Collaboratives are established in each Cluster footprint for General Practice, Pharmacy, Optometry, Nursing, Allied Health Professionals (AHPs) and potentially social services and these are represented on the Cluster / PCPG Subject to contract reform, Dental Professional Collaboratives are expected to be established by March 2023	DPCC, DoPs, WoD, DoTHs, DoNs, and PCPGs, Cluster / Collaborative Leads	*Must Do	Ongoing	Partially complete	Partially complete	GMS and Community Pharmacy collaboratives in place. Meetings ongoing to developing Nursing, mental Health and AHP collaboratives. Attended LDC to present on ACD and started the conversation about the development of Dental Collaboratives. Awaiting outcome of Optometry contract negotiations however local arrangements are in place for Optometry representation at each Cluster currently.
18	April-Sept	Update skills and knowledge on the ' Once for Wales' contract for PCPGs to use with Community Interest Companies (CiCs) if formed	RPBs, PCPGs, HB Exec Teams	*Must Do	Ongoing	Ongoing	Ongoing	Cluster representatives engaged with the National CiC workshop.
19	April-Sept	Develop proposals to ensure that there is good and effective stakeholder, public and patient engagement in Clusters and PCPGs	RPBs, PCPGs, HB Exec Teams	To Consider	Ongoing	Ongoing	Ongoing	Initial discussions have been held with CHC colleagues and the engagement team. This engagement will need to evolve with the maturity of the PCPGs.
20	July-Sept	Professional Collaboratives (where established) begin to respond to published population needs	Professional Collaboratives	*Must Do	In Progress	In progress	In progress	Summary Information Packs have been developed for each PCPG. These bring together key information from a variety of sources and the



#	Timescale	Action	Lead / Owner	Status	Status May 2022	Status October 2022	Status March 2023	Health Board / Partner Comments
		assessments (such as RPNAs published in April 2022) and identify their service gaps and developments in response to Welsh Government planning guidance						source data will remain available in full for further detail. PCPG and all Clusters have identified their priorities for the coming year.
21	Aug-Dec	Identified Cluster, with Health Board and RPB partners participates in the PCMW / ACD Peer Review pilot	DPCC, DoP, RPB, Cluster	Must Do	Ongoing	Ongoing	Complete	As per No.16 above.
22	Sept - Nov	Clusters begin to use the Professional Collaboratives' (where established) responses to update the Cluster Plan to address identified needs assessments and service gaps	Clusters	*Must Do	Ongoing	Ongoing	Ongoing	It is expected that the governance and planning structure will bring all priorities and comments into the integrated plan. There will be a single Integrated Locality Plan by each of the Pan Cluster Planning Groups.
23	December	Pan Cluster Planning Groups use the Cluster responses to produce a prioritised county wide response to the RPNA and a 3 year plan for 2023-26 . These plans also identify those services which are most effectively delivered on a Cluster footprint	PCPGs	*Must Do	Ongoing	Ongoing	Ongoing	There will be one Integrated Locality Plan for each PCPG area. This will be informed by information from, and engagement with the Clusters and Collaboratives. This will then be fed up to the West Wales Care Partnership to support the development of the Regional Plan. Discussion have been held with the RPB to confirm alignment.
24	Jan 2023	Health Boards use Pan Cluster Planning Group	DoPs	*Must Do	Ongoing	Ongoing	Ongoing	There will be one Integrated Locality Plan for each PCPG area. This will be informed by information



#	Timescale	Action	Lead / Owner	Status	Status May 2022	Status October 2022	Status March 2023	Health Board / Partner Comments
		response to Regional Population Needs Assessments [RPNAs] & 3 year plans to inform their 2023-26 IMTPs						from, and engagement with the Clusters and Collaboratives. This will then be fed up through the Health Board for the development of the IMTP.
25	Jan - March	RPBs use Pan Cluster Planning Group responses to the RPNAs and 3 year plans to inform their next Area Plans assessments & plans	RPBs	*Must Do	Ongoing	Ongoing	Ongoing	Discussion have been had with the RPB and colleagues from West Wales Care Partnership to confirm arrangements utilising 3 year plans to inform Area Plans.
26	Jan – March 2023	2023/2024+ Cluster Funding investment plans are agreed with stakeholders and endorsed by the PCPG	PCPGs, Cluster / Collaborative Leads	Must Do	Ongoing	Ongoing	Complete	It is expected that each Cluster will develop plans for 2023-24 following identification of priorities by end December 2022. These will then be further developed and incorporated into both the Integrated Locality Plan and the IMTP. The Integrated Locality Plans will be “owned” by each PCPG.
27	April 2023	RPBs publish their 5 year Joint Area Plan which should be informed by pan Cluster responses	RPBs	*Must Do	Ongoing	Ongoing	Ongoing	There is commitment to this from the RPB.
28	2022/2024	As PCPG plans identify those services which are best delivered for the Cluster population footprint , Clusters will respond by establishing a range of Cluster delivery vehicles	PCPGs, Clusters and Contractors	To Consider	Ongoing	Ongoing	Ongoing	Further discussion on this will be required. It is likely that further development and maturity of the PCPGs will be required to deliver against this outcome.
29	2022/2024	Health, Social Care and wider partnership funding opportunities (eg Regional	PCPGs, Clusters, HB Execs, DSS	To Consider	Ongoing	Ongoing	Ongoing	The PCPGs are established and will bring together all funding sources to deliver the opportunities and priorities identified by their collective membership.



#	Timescale	Action	Lead / Owner	Status	Status May 2022	Status October 2022	Status March 2023	Health Board / Partner Comments
		Investment Fund RIF) considered to support implementation of Cluster plans						It will be at PCPG level that the priorities will be collectively agreed, to inform the plans and the prioritise of available resource.
30	April 2023	ACD Programme transition year ends; ACD programme closes and PCPG / Cluster / Professional Collaborative working mainstreamed across health and social care planning and delivery landscape	All Partners	Must Do	Ongoing	Ongoing	Ongoing	It is expected that the foundation year will enable the region to evolve the existing arrangements in order to embed the place based approach to planning and delivery.

**Must Do actions as outlined letters from the [Minister](#) (24 March) and [NHS Wales Chief Executive](#) (30 March)*

Acronyms:

BS	[Health] Board Secretary	Prof Advisors	Professional Advisors (Dental, Optometric, Pharmacy)
ACD	Accelerated Cluster Development	RPB	Regional Partnership Board
DoF	Director of Finance	RPNA	Regional Population Needs Assessment
DoN	Director of Nursing		
DoP	Director of Planning		
DPCC	Director of Primary and Community Care (<i>or equivalent title</i>)		
DSS	Director of Social Services		
DoTHs	Director of Therapies and Life Sciences (<i>or equivalent title</i>)		
DWOD	Director of Workforce and Organisational Development (<i>or equivalent title</i>)		
HEIW	Health Education Improvement Wales		
NHSWSSP	NHS Wales Shared Services Partnership		
PCPG	Pan Cluster Planning Group		
PCC	Primary Care Commissioning		
PC Hub	Primary Care Hub, Public Health Wales		

