

## CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	26 January 2023
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	Operational Update and Progress Report
<b>CYFARWYDDWR ARWEINIOL:</b> <b>LEAD DIRECTOR:</b>	Andrew Carruthers, Director of Operations Jill Paterson, Director of Primary Care, Community and Long Term Care
<b>SWYDDOG ADRODD:</b> <b>REPORTING OFFICER:</b>	Gareth Skye, Business & Governance Manager, Central Operations

**Pwrpas yr Adroddiad** (dewiswch fel yn addas)

**Purpose of the Report** (select as appropriate)

Ar Gyfer 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.

The purpose of this report is to provide an overview of the context, actions and progress of planned operational objectives. It does not seek to provide an alternative source of performance data to that contained within the Health Board's routine Integrated Performance Assurance Report (IPAR).

#### Cefndir / Background

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

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

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

## **Asesiad / Assessment**

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

### **ENHANCED MONITORING UPDATE**

HDdUHB was informed that it would be moving to enhanced monitoring status for quality issues related to performance on 29<sup>th</sup> September 2022. As a result, the Operations Directorate continues to work towards development of a range of actions to address the Enhanced Monitoring position. An updated Enhanced Monitoring action plan has been developed and is provided at **Appendix 1** of this paper.

An Enhanced Monitoring Working Group (EMWG) was constituted on 2<sup>nd</sup> November 2022 to deliver HDdUHB's response to the increase in escalation status to enhanced monitoring for quality and performance issues. The EMWG will meet monthly and will ensure the:

- Delivery of key enhanced monitoring deliverables in accordance with agreed timescales
- Preparation and review all evidence for submission, prior to formal EMWG and Integrated Quality, Planning and Delivery (IQPD) meetings with Welsh Government
- Identification of any areas of support required from Welsh Government

The first Enhanced Monitoring meeting with Welsh Government took place on 10<sup>th</sup> January 2023.

### **ENHANCED PAY DURING THE CHRISTMAS HOLIDAY PERIOD**

The Executive Team agreed that enhanced pay would be offered to staff during the Christmas and New Year period where it was not possible to address unfilled shifts within 48 hours of a shift start time by any other means. Where applicable and in-line with agreed eligibility these enhanced payments were offered to Registered Nurses (RN), Health Care Support Workers (HCSW) and GP Out of Hours (OOH) administration staff.

The payments were offered to address unfilled shifts on the following basis:

- For Acute, Community and Mental Health inpatients wards and units between 24<sup>th</sup> December 2022 and 10<sup>th</sup> January 2023
- For GP OOH services from the 25<sup>th</sup> to 27<sup>th</sup> December 2022 and 1<sup>st</sup> and 2<sup>nd</sup> January 2023

The rationale for these payments was to ensure that:

- Risks to patient safety resulting from high demand levels, respiratory illness and reduced staffing availability would be minimised
- Sufficient administrative support would be available to effectively maintain GP OOH services during the holiday period

The enhanced pay rates offered to staff meeting the eligibility requirements were as follows:

- RNs – pay at a rate equal to that of Critical Care bank staff
- HCSWs – time and two thirds
- Band 2 and band 3 OOH administration staff – triple time

The Board is asked to retrospectively approve the application of the enhanced rates of pay offered during this period.

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

Our Urgent and Emergency Care pathway has been under significant pressure in recent months and was further compromised in December 2022 by increasing incidence of COVID and influenza affecting our workforce availability and our patient population. Extended Bank Holidays for Christmas and New Year and industrial action by nursing and the Welsh Ambulance Services NHS Trust (WAST) staff exacerbated the demand and capacity imbalance required to ensure safe and accessible urgent and emergency health care.

Services available, enhanced, developed and implemented as part of the TUEC programme across our primary care, community and acute services aim to reduce demand on our acute hospitals and their Emergency Departments to reduce conveyance and conversion. The programme also oversees the implementation of best practice for discharge and the commissioning of care capacity to ensure optimal management of complexity and the efficient transfer of patients from the acute hospital when they no longer require care in this environment. Progress and next steps are reported against these three areas and outlined below.

### **Conveyance Reduction**

Our approach to conveyance avoidance is centred around the development of a Clinical Streaming Hub (CSH) for HDdUHB. The Hub will receive referrals from clinical professionals in WAST, Emergency Departments, primary care and community. Senior clinicians in the Hub assess the referrals and ensure patients are directed to the most appropriate health and care provision to meet their needs and where appropriate provides a safe alternative to hospital admission. These include referral to Same Day Emergency Care or 'streaming' to more appropriate care pathways such as palliative care or intermediate care within the patient's local care area. The Hub is in early development and has benefited from the addition of **Advanced Paramedic Practitioners (APP) Navigators** working with medical practitioners and multidisciplinary professionals in the Home First service in Carmarthenshire area to facilitate facilitating conveyance avoidance to acute hospital. Initial evaluations from both Health Board and WAST has been positive with demonstrable reduction in conveyance during core hours. As such, it has now been agreed that the model will be extended until March 2023. Furthermore, a formal evaluation, due for completion in January 2023, will provide the basis of the decision for extending the APP component of the Hub to accommodate Pembrokeshire and Ceredigion patients.

'Llesiant Delta Wellbeing' has secured the appointment of an additional 8 Whole Time Equivalent **Community Wellbeing Responders** (CWRs). Commissioning these CWRs will allow the expansion of the integrated response element of the Clinical Streaming Hub to provide a 24/7 urgent primary care response to urgent need in the community. The CWRs will be based in Carmarthen however will provide a response to need identified by Out of Hours GPs for residents in Pembrokeshire and Ceredigion. This development is viewed as a phased expansion of our 24/7 UEC pathway in HDdUHB. It is anticipated that the CWRs will be in post and trained by mid-February 2023.

**Immedicare** – HDdUHB along with Betsi Cadwaladr University Health Board have received funding from Welsh Government to pilot a Care Home support service (Immedicare). 'Immedicare' provides a 24/7 virtual clinical consultation for care homes providing nursing and clinical advice. The 12-month project aims to fully integrate 'Immedicare' within the local health and care system for a cohort of 15 Care Homes in Carmarthenshire. This

geographical area was chosen as it has the highest number of care homes relative to the population. The Care Homes identified are the highest users of our UEC system currently. Based on evaluation of similar schemes in England, it is anticipated that this will reduce demand on GP Out of Hours (OOH) and our WAST services, reducing conveyance to hospital and supporting our vulnerable care home resident population to remain safely at home.

It is hoped that, following the pilot, a localised service can be fully implemented as a key part of the TUEC Clinical Support Hub. Implementation of the service is planned for February 2023 but challenges to timescale delivery remain which stem from sign off through Information Governance and Digital services, and engagement activity with GPs and Care Homes.

Opportunities utilising Consultant Connect to support care homes and provide safe alternatives to hospital admission are also being explored in Pembrokeshire to provide us with a comparable suite of options.

### **Conversion reduction**

Same Day Emergency Care (SDEC) provision is available in Prince Philip Hospital (PPH), Glangwili General Hospital (GGH), Withybush General Hospital (WGH) and Ceredigion Integrated 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.

The SDEC models vary in terms of their maturity and infrastructure; A Clinical Peer Review of our SDECs provision across all areas is underway to compliment mathematical modelling analysis that has been completed. This work will conclude in January 2023, which will provide us with the basis of commissioning a sustainable, affordable and impactful SDEC model to ensure optimal and equitable outcomes for our West Wales population.

During December 2022, the SDEC provision in GGH was extended to 12 hours Monday to Friday and is now available between 0800 and 2000 hours.

### **Complexity (Frailty) Inpatient Management**

Facilitating efficient inpatient and discharge management of our complex and frail patients remains a significant challenge. This population requires effective and efficient coordination of discharge planning and facilitation that is challenging due to the workforce compromise both in the acute hospital and in our community care provision. The latter includes homecare, nursing and residential care homes.

During December 2022, the need for effective and efficient discharge facilitation was particularly apparent when our acute sites were under the highest level of risk escalation and requiring Business Continuity management. Senior leaders were required to reprioritise their usual activity and time to provide oversight and challenge to clinicians and management colleagues to secure an increased number of hospital discharges to facilitate flow and reduce risk. Despite community care capacity remaining constrained, the senior leadership at site level effected a significant number of discharges. The learning from these experiences demonstrated that there are improvements to be made in relation to discharge planning and coordination practice at ward level. Further, it was evident that senior leadership was essential to support clinicians to adapt their clinical decision making within

these exceptional pressures, to ensure that NHS resource is being used for the greatest benefit. The need for the latter was outlined in the Chief Nursing Officer and Deputy Chief Medical Officer's correspondence issued to Health Boards on 30<sup>th</sup> December 2022.

Debrief sessions have been arranged with nursing and medical leads to discuss the learning and agree how this practice will be embedded into 'business as usual'. It is anticipated that improvement in discharge planning and coordination of our complex patients will be supported by the introduction of a digital platform at ward level. This platform enables the early identification of our complex patients and guides ward managers and inpatient multidisciplinary teams to implement standards and best practice associated with discharge. The platform is designed to provide reporting at ward level against best practice standards which will be utilised to monitor improvement. Improvement programmes in this area will be supported by our Quality Improvement teams. Training on this new platform commences on 23<sup>rd</sup> January and it is expected that 'go live' occurs soon after.

A roll out of revised Red 2 Green/Deconditioning/SAFER posters and a baseline of the four key patient questions working with the patient experience team will support the ongoing work to deliver against the SAFER principles developed nationally to support best practice hospital care and discharge planning.

### **Delayed Pathways of Care**

We have been piloting Delayed Pathways of Care (this is the revised Delayed Transfer of Care) reporting for Welsh Government. Health Boards are expected to meet with their Local Authority partners monthly to validate reasons for delayed transfer on a defined census day. The last census day was 23<sup>rd</sup> December 2022. The data submitted is shown below.

Hospital	Total Number of Delays	Average Age
Amman Valley Hospital	12	79
Bronglais General Hospital	12	81
Glangwili General Hospital	40	77
Llandovery Hospital	4	87
Prince Philip Hospital	54	80
South Pembrokeshire Hospital	24	80
Tregaron Hospital	6	88
Withybush General Hospital	56	81
TOTAL	208	80

**Appendix 2** provides a more detailed breakdown of the above data and splits the total number of Delayed Transfers of Care by both site and reason.

It has been recently acknowledged by the Delivery Unit that interpretation of delays against delay codes varies across Health Boards and an All-Wales group is being established to review this. Locally, we have put a process in place to ensure we are consistently interpreting delay codes across our three Counties while we wait for national direction

The next census day is 18<sup>th</sup> January 2023. Submissions will be shared within the Operational Update to Board.

## PLANNED CARE RECOVERY

Delivery plans in response to the Ministerial Measures milestones for 2022/23 (no Stage 1 patients waiting > 52 weeks by December 2022 and no patients waiting >104 weeks by March 2023) are progressing well.

Against a forecast reasonable worst case of 7,788 patients, the volume of Stage 1 patients waiting > 52 weeks by 31<sup>st</sup> December 2022 was reduced to 5,452. Since the beginning of April 2022, the total cohort of patients who would otherwise have been waiting > 52 week by the end of December was reduced by 82%.

In addition, the number of patients waiting > 2 years (104 weeks) for a Stage 1 outpatient appointment was reduced to 511. This represents a 95% reduction in the total cohort of patients who would otherwise have been waiting > 104 weeks by the end of December 2022.

For both measures, HDdUHB:

- Ranks first amongst all Health Boards, reporting the lowest volume of breaches against each measure
- Has shown the greatest percentage improvement over the course of 2022
- Has significantly fewer specialties where breaches of either measure were reported than any other Health Board

The team continues to work towards the end March 2023 milestone of reducing the number of total pathway patients waiting > 104 weeks and will endeavour to deliver the already advised delivery trajectory range of between 1900 – 3,358 patients in this cohort. The treatment stage of this pathway has been impacted by unscheduled care pressures, but the teams are working collaboratively to restore this activity at pace.

Efforts to further expand operating capacity continue, within the limits of available staffing levels. Outpatient activity has now returned for most specialities to pre pandemic status with day case surgery volumes exceeding 75% of the 2019/20 average. Inpatient surgery sessional capacity is not expected to recover to pre-pandemic levels until Q4. Steady progress is also being achieved in the adoption of alternative delivery models to traditional clinic-based follow-up care with the combined proportion of patients being managed via 'See on Symptom' (SoS) and 'Patient Initiated Follow Up' (PIFU) pathways, along with those discharged directly following outpatient assessment, exceeding the indicative 20% threshold advised by WG. These approaches enable the release of clinic capacity to be directed to recovery priorities.

The planned handover to the Health Board of the Modular Day Surgical Unit at Prince Philip Hospital has now been achieved with the first patients being treated on 5<sup>th</sup> December 2022. To mitigate the loss of activity through the new unit, 8 of the 10 weekly sessions planned to be delivered via the first of the two new theatres have been re-provided via the main theatre facilities at PPH. Recruitment efforts to secure necessary anaesthetic and theatre staffing resources are continuing.

The Service can report that the delivery skillset of the operational team in planned care has now fully recovered. New staff have been trained to the level of expertise required to manage the pathways appropriately. The team suffered staff movement during COVID and have now, via a successful recruitment programme, the required staff to deliver speciality management.

## WINTER PLANNING 2022/23

As agreed by the Board in September 2022, our Winter Planning priorities for Winter 2022/23 reflect our Transforming Urgent & Emergency Care Plan and the supporting actions in respect of the 6 Goals.

Notwithstanding steady progress in cementing alternatives to conveyance (supported by the Advanced Paramedic Practitioner (APP) model in Carmarthenshire) and rates of conversion (supported by the continued development of our Same Day Emergency Care (SDEC) /SDUC services and ICMDT resources targeted at our hospital 'front doors'), levels of occupancy across our hospital locations have continued to increase with significant levels of surge capacity relied upon across our ward and ED facilities, including the placement of additional patients in ward areas above planned capacity levels, subject to risk assessment. At times of peak pressure, the number of surged beds has exceeded 100 across all sites with surge capacity in Emergency Departments exceeding 50 additional spaces on regular occasions.

On two separate occasions through the early weeks of January 2023, Withybush Hospital and Glangwili Hospital escalated to Level 5 (Black) escalation status, reflecting the level of capacity pressure experienced. This led to the prioritisation of a range of whole system escalation actions and resources to support de-escalation which was achieved within a maximum of 36 hrs on both occasions.

Plans reflected elsewhere in this update to further build community capacity, expand community wellbeing responders and introduce the 'Immedicare' model continue. On 6<sup>th</sup> January 2023, Welsh Government also ran a series of summit discussions with each Regional Partnership Board to explore further opportunities for increased capacity and alternatives to acute hospital care.

The Health Board had been exploring with WAST and supporting providers the potential introduction of an ambulance handover 'pod' facility at Glangwili Hospital to support the timely care of patients awaiting admission to the emergency department and to enable the timelier release of vehicles to respond to community demand. The key constraint to the project centres around the staffing model and the difficulty it would provide both the emergency department and WAST to provide consistent, and appropriate staffing. Without that staffing model agreed, there was no clinical support for implementing the unit. Whilst the option of a unit to support ambulance handover is paused for the moment, further discussions are progressing on how increased space may support medical assessment, freeing up further space to support patient flow. The Director of Operations will provide a verbal update at the Board meeting.

## MENTAL HEALTH AND LEARNING DISABILITIES

### **Adult Mental Health**

The Mental Health Single Point of Contact operating via 111 Option 2 continues to impact positively on services. With the percentage of calls requiring intervention / signposting to Third Sector agencies or self-help remaining high and the follow-on request for Mental health services remaining low. Recent data analysis shows a month on month increase in call volume but not complexity. Police colleagues have reported a sizable decrease in MH calls coming through to Police Services against the same period last year and the year before. The service is currently working with Welsh Government to agree baseline data measures to monitor the impact the service is having on related services such as Police and A&E.

There have been some improvements in Community Mental Health Team (CMHT) recruitment with recent appointments in Llanelli. However, ongoing recruitment issues continue in Pembrokeshire, which are being mitigated by two block booked agency staff. Staff retention across all service areas has improved, with fewer vacancies in recent months. Short term sickness and absence continues, both of which have been compounded by high annual leave during the holiday period as well as increased cases of COVID, Flu and general coughs and colds.

Demand on inpatient beds continues to remain high with over 100% occupancy, with it noted the registered nurse staffing position has improved slightly.

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

Work is progressing towards meeting the services targeted trajectories in respect of Part 1A & 1B and remains on track to achieve 40% by September, with a longer-term aim to attain 80% by March 2023. October performance returns show that 61.5% has been achieved against Part 1A and 77.9% against Part 1B.

Plans are progressing on the new Welsh Government (WG) Alternative to Admission pilot project for children and young people (CYP) which will be based in the former Bro Myrddin site in Carmarthen. Workshops have taken place with CYP to agree building design and décor. Building contractors are scheduled to begin work in early January 2023 with a projected completion date for all capital works by the end of April 2023. The recruitment process for the 24/7 Rapid Response team is underway, with the new service being aligned to the SCAMHS Crisis Assessment & Treatment Team.

The service specifications for the pilot Sanctuary Services for CYP in Ceredigion and Pembrokeshire are being finalised. Both providers have successfully recruited all required posts, with services expected to begin in late January / early February 2023.

### **Autism Spectrum Disorder (ASD)**

Demand for ASD services continue to remain high. We have successfully recruited a substantive Service Delivery Manager, Neurodevelopmental Services. Following successful evaluation, the recent procurement exercise to outsource assessment and treatment to address waiting lists in both Adult and CYP has been approved by Welsh Government. Following the mandatory standstill period work will begin with providers to agree a start date, which will likely be early February 2023.

### **Integrated Psychological Therapies**

In October 2022, 416 (46.7%) patients out of 891 were waiting less than 26 weeks to start psychological therapy in the Integrated Psychological Therapies Service. This is a target improvement of 2.5% since September 2022. 475 (53.3%) were waiting more than 26 weeks. Performance has continued to marginally improve this month and is on an upward trajectory. Demand continues to outweigh capacity; therefore, the focus on group therapies will aid this. Did Not Attend (DNA) rates and cancellations continue to impact on service provision, with November returns showing 88 DNA's (64 clinical appointments, 24 suitability appointments). To mitigate, we have introduced client therapy contracts to reinforce the requirement to engage with services. We are continuing to work with Informatics colleagues to develop an SMS text service to help combat poor DNA rates.



Work continues with the creation of a program of group therapies across a range of modalities to achieve higher capacity and offer intervention appointments. Pilots need to be completed to ensure they are evidence based which has taken time due to the timeframes of the clinical interventions. Early indications from outcomes suggest favourable results from one pilot. It is hoped that these groups will support clients whilst waiting for therapy.

External venues are being utilised to reduce the stigma attached to attending mental health services which is helping to improve attendance; however, this may be reviewed going forward as there are financial implications.

A Patient Access Policy has been drafted and approved by the Psychological Therapies Management Group, pending Written Control Documents Group (WCDG) presentation.

Ongoing waiting list validation continues to monitor Welsh Patient Administration System (WPAS) entries for data quality whilst it embeds into the service; along with caseload reviews to maximise capacity.

The Welsh Government Delivery Unit review of psychological therapy services across Wales has commenced and it is hoped this will gain an insight to service provision and methods across Wales. A report will be published in the New Year.

A tender has commenced regarding outsourcing possibilities for the Eye Movement Desensitisation and Reprocessing (EMDR) intervention; the tender closed at the end of December 2022. A previous tender process was advertised for Cognitive Behavioural Therapy outsourcing but no submission was received.

Recruitment issues persist, with a failure to recruit requiring re-advertisement in some cases. The service continues with succession planning arrangements while reviewing recruitment options.

Ongoing Estate issues continue at the Bro Cerwyn site, which impact on service delivery, however Estates are undertaking works as and when needed.

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

The Service is managing, albeit with continued reliance on the Enlli 'shared-care' beds as surge capacity, to maintain an overall occupancy rate around the 85% target (year range) for business continuity to enable the admission of people at high risk at any given time. The occupancy rate fluctuates and at times is at 100% inclusive of surge capacity. Admission acuity and dependency remain high as do Delayed Transfers of Care. The staffing position remains challenging.

A significant factor for these continued pressures is the capacity-demand deficit in social care infrastructure (Domiciliary Care Packages, Day Care, Respite, Residential and Nursing Placements), especially in the higher risk-dependency range which OAMH service is concerned with. This is largely a systemic issue resulting in otherwise preventable admissions, increased delays to discharge, and higher risk referrals to community mental health teams with generally higher acuity and chronicity / dependency throughout our acute pathway. The service is working closely with Local Authority partners to find solutions within the current limitations.

Memory Assessment Services (MAS) continue with their commitment to a 7% waiting list reduction target month on month, although this was unlikely to follow a linear pattern and has

been significantly exceeded in most months. The latest returns show a continued reduction in waiting times for diagnosis but a 7% increase on waiting times for pre-diagnostic assessment as follows. Three out of four MAS Teams are back to pre-pandemic waiting time levels, one out of pace which is due to staff sickness and absence, although a support plan is being introduced to improve capacity to catch-up.

	> 28 days	MoM Change	> 12 weeks	MoM Change
August 2022	339		134	
September 2022	232	-31.5%	124	-7.5%
October 2022	140	-39.6%	78	-37%
November	150	+7%	67	-14%

There have previously been issues with a growing Occupational Therapy (OT) waiting list concentrated within MAS services for post diagnostic intervention. An OT led initiative has been put in place to assess and address this situation which is now showing an improving picture following a raft of changes.

	> 14 weeks	MoM Change
November 2022	331	
December 2022	124	-62.5%

The trajectory for resolution for the remaining waiting list is end of May 2023.

Psychology capacity remains below 10% due to recruitment difficulties & long-term sickness. Given this the service is compromised to the point of currently being unable to progress Workforce Development initiatives to provide alternative roles to deliver psychology functions. Recruitment challenges are ongoing and there are positive signs of potential recruits commencing in the New Year. This situation is illustrated on the service risk register and IPAR Dashboard.

Medical workforce is also challenged, however contingency plans are maintaining business continuity.

## Learning Disabilities

Following a review of operational management for Learning Disabilities (LD) a new Interim Head of Learning Disabilities and Adult Inpatients has now been appointed, taking up position in early November 2022.

Work is progressing on the Learning Disability Service Improvement programme (LD SIP) for the community and inpatient settings change programme, with a review of the former Ty Bryn service having been completed. A report has been developed to outline the future direction of travel and next steps based on recent service assessments, which was shared with the Executive Team in mid-December 2022. Following discussions, the report will be submitted to the Board on 26<sup>th</sup> January 2023. The report includes a comprehensive 4-week Engagement Plan in February 2023, following which a further analysis report will be taken to Board in March 2023 for final approval on the service changes.

## INTEGRATED LOCALITIES

### **Building Community Care Capacity**

Across the West Wales region, there are 7 projects which comprise the Building Community Care Capacity programme. The original hope was that these would deliver 136 community care bed capacity by March 2023 against a Welsh Government target of 117. Due to recruitment constraints, the current trajectory is 65 with actual delivery in December of 36 (26%). This is additional capacity since 10<sup>th</sup> July 2022 and does not represent the totality of community beds delivered.

#### **Carmarthenshire Projects:**

- Increasing community capacity for care at home – original target of 52 beds based on 32 WTE care workers. Current delivery is predicting 6 beds to become available in January 2023. Ongoing discussions are underway to finalise the partnership agreement with Carmarthenshire County Council.
- Ty Pili Pala Reablement Beds – original target of 14 beds by October 2022. Current full delivery with partnership agreement in place.

Target: 68

Current Delivery:  
20 (29%)

#### **Ceredigion Projects:**

- Increasing community capacity for care at home – original target of 21 beds based on the recruitment of joint Health & Social Care Support Workers funded through Regional Integrated Fund programme. Current delivery is on hold pending successful recruitment.
- Increasing step down to recover beds in care home – original target 6 beds by February 2023. Current delivery on track with first beds becoming occupied in January 2023.

Target: 27

Current Delivery:  
0 (0%)

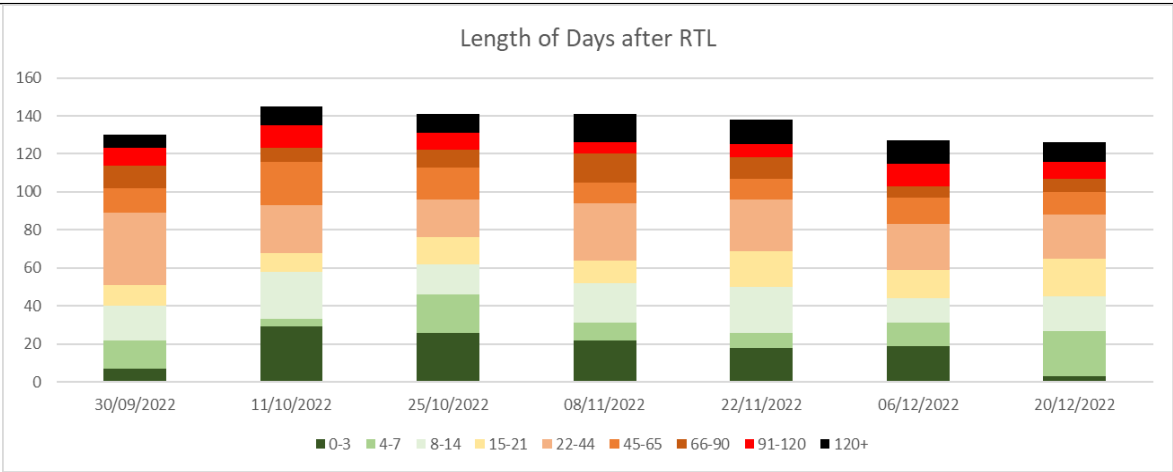
#### **Pembrokeshire Projects:**

- Increasing community capacity for care at home – original target of 32 beds based on 20 WTE care workers. Currently delivered 10 beds with a new run commenced on 12<sup>th</sup> December 2022. Additional capacity will be subject to further recruitment. Discussion is ongoing to trial MVC workforce for 3 months and a further recruitment campaign after the New Year. Legal agreement is pending WG approval.
- Increasing reablement beds – original target of 9 repurposed and additional beds in Hillside and Havenhurst. Current delivery of 6 beds following additional recruitment. Further beds subject to ongoing recruitment to stabilise home.

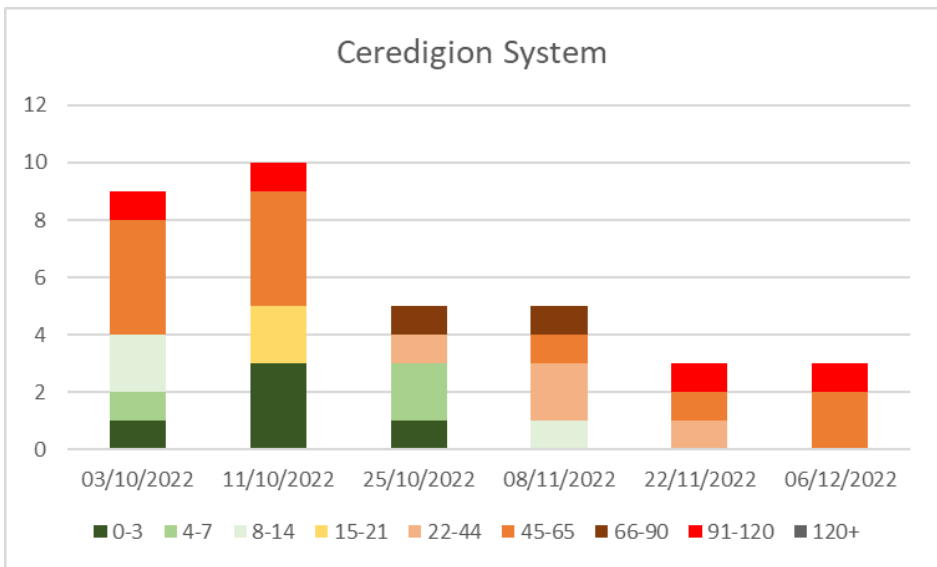
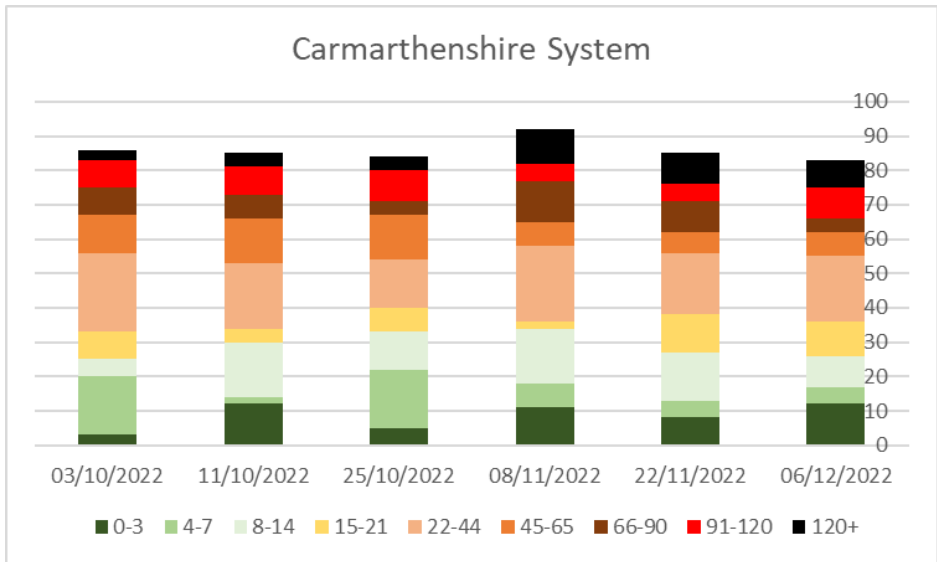
Target: 41

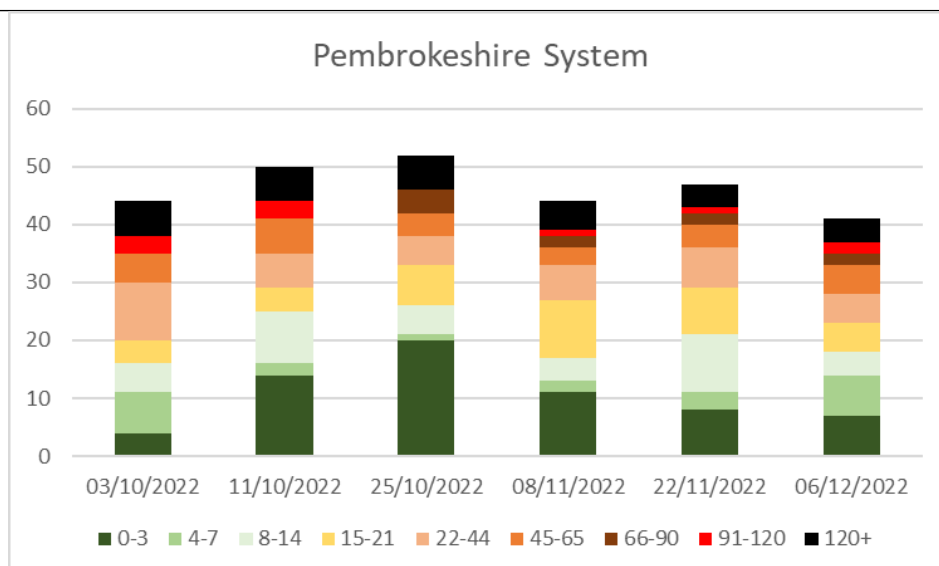
Current Delivery:  
16 (39%)

Fortnightly reporting to Welsh Government has continued based on those people waiting in hospital beds deemed “Ready to Leave” and the number of days they have been delayed since that date. This has shown a slight decrease in the total number in the lead up to Christmas however the numbers remain high at over 125.



Each County is showing a slight decrease across the reporting period; however, there remains a group of approximately 20 people who are delayed for 2 months and over after their “Ready to Leave” date.





As of 12<sup>th</sup> January 2023, the table below shows for each acute hospital the patient with the longest wait for discharge since their Clinically Optimised date or their Ready to Leave date. These are not always the same person but the person who has been waiting the longest in the respective stage of the pathway.

	Days Waiting after Clinically Optimised Date	Days Waiting after Ready to Leave Date
Bronglais Hospital	171 days	101 days
Glangwili Hospital	365 days	87 days
Prince Philip Hospital	352 days	198 days
Withybush Hospital	220 days	119 days

From January 2023, the reporting methodology will change, and the number of days delayed will be calculated from 48 hours after their ‘Clinically Optimised’ date. This is consistent with our current “Medically Optimised” date and has been nationally defined as follows:

*‘Clinically optimised is deemed as the date that a clinical decision has been made by the registered professional/s that the patient is clinically optimised, has had all interventions completed that need to be undertaken in an inpatient bed (community or acute) and are ready for transfer or discharge’.*

Whilst this new definition will double the number of people reported as delayed and significantly increase the number of delayed days, it is more representative of the challenges faced when discharging patients.

As of 20<sup>th</sup> December 2022, the current number of people identified as “Complex to Discharge” and their time spent at various stages of the pathway are identified below. The Community Beds tend to have a longer length of stay expected due to the rehabilitation and recovery needs of this patient group and length of stay is calculated from the date of first admission into acute. As shown below, they also tend to experience longer delays in discharge.

### Hywel Dda University Health Board

Complex to Discharge 500	Total Days Admit to Today 36,928	Avg Days Admit to Today 74	Medically Optimised 322	Total Days Admit to MO 13,147	Avg Days Lost Admit to MO 41	Ready to Leave 126	Total Days Lost MO to RTL 3,059	Avg Days Lost MO to RTL 25	Total Days RTL to Today 5,568	Avg Days Lost RTL to Today 44
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## Glangwili General Hospital

Complex to Discharge	Total Days Admit to Today	Avg Days Admit to Today	Medically Optimised	Total Days Admit to MO	Avg Days Lost Admit to MO	Ready to Leave	Total Days Lost MO to RTL	Avg Days Lost MO to RTL	Total Days RTL to Today	Avg Days Lost RTL to Today
122	7,557	62	79	2,903	37	45	422	9	1,330	30

## Prince Philip Hospital

Complex to Discharge	Total Days Admit to Today	Avg Days Admit to Today	Medically Optimised	Total Days Admit to MO	Avg Days Lost Admit to MO	Ready to Leave	Total Days Lost MO to RTL	Avg Days Lost MO to RTL	Total Days RTL to Today	Avg Days Lost RTL to Today
98	7,711	79	65	2,527	39	41	1,197	31	1,904	46

## Bronglais General Hospital

Complex to Discharge	Total Days Admit to Today	Avg Days Admit to Today	Medically Optimised	Total Days Admit to MO	Avg Days Lost Admit to MO	Ready to Leave	Total Days Lost MO to RTL	Avg Days Lost MO to RTL	Total Days RTL to Today	Avg Days Lost RTL to Today
40	2,384	60	17	425	25	1	70	70	78	78

## Withybush General Hospital

Complex to Discharge	Total Days Admit to Today	Avg Days Admit to Today	Medically Optimised	Total Days Admit to MO	Avg Days Lost Admit to MO	Ready to Leave	Total Days Lost MO to RTL	Avg Days Lost MO to RTL	Total Days RTL to Today	Avg Days Lost RTL to Today
117	8,654	74	86	3,778	44	21	714	36	654	31

## Community

Complex to Discharge	Total Days Admit to Today	Avg Days Admit to Today	Medically Optimised	Total Days Admit to MO	Avg Days Lost Admit to MO	Ready to Leave	Total Days Lost MO to RTL	Avg Days Lost MO to RTL	Total Days RTL to Today	Avg Days Lost RTL to Today
102	9,795	96	67	3,324	50	18	656	36	1,602	89

This information is held in the Complex Discharge List (SharePoint) site and the accuracy is reliant on manual data entry by hospital and community teams.

## HDdUHB COMMUNITY NURSING SERVICES ANNUAL REPORT 2021/22

A community Nursing Services Annual Report has been completed for 2021/22 and is provided at **Appendix 3**. The report provides an overview of the services performance over the past financial year, as well as the achievements and innovations that were made despite the many challenges experienced during the period.

## UPDATE ON NURSING AND WELSH AMBULANCE SERVICE TRUST (WAST) INDUSTRIAL ACTION DURING DECEMBER 2022

In recent months, several trade unions have balloted members on taking industrial action in relation to pay and conditions. To date, members of the Royal College of Nursing (RCN), Royal College of Midwives (RCM), Chartered Society of Physiotherapy (CSP) and GMB (WAST only) have voted in favour of industrial action that could impact on the Health Board's ability to maintain routine, urgent and emergency services.

Industrial action by RCN members took place on 15<sup>th</sup> and 20<sup>th</sup> December 2022 with 386 and 464 Health Board staff taking strike action on those dates respectively. This included registered nurses and healthcare support workers. 80 and 117 staff respectively were approved for derogation across a range of clinical areas across the unscheduled care system, to maintain safe staffing levels where we had intelligence that staff were planning to take industrial action. 1,5107 outpatient appointments, 26 endoscopy appointments and 102

planned operations were rescheduled across the two dates. Four picket lines were in place across our four acute hospital sites.

Industrial action by GMB members in WAST took place on 21<sup>st</sup> December 2022, with a further planned strike date of 28<sup>th</sup> December 2022 being postponed until 11<sup>th</sup> January 2023. Whilst this did not directly impact on Health Board staff availability, we saw an impact on the unscheduled care system with fewer ambulance arrivals at our emergency departments and a rise in self-presentations, although not at the level we anticipated. There was minimal impact on our non-emergency patient transport.

The Health Board has established an Industrial Action Planning Group to plan for, monitor and respond to the impact of industrial action by health staff. This has included planning for minimal safe staffing levels, reviewing planned care activity, working in partnership with the RCN Local Strike Committee to agree derogations, establishing a process for capturing potential patient harm, setting up command and control structures (at operational, tactical and strategic levels) and providing regular communications for our staff, partner agencies (via Dyfed Powys Local Resilience Forum) and the public. A small number of incidents have been reported via DATIX but none, as yet indicate any harm.

A new risk (1548) has been added to the corporate risk register with regards to maintaining routine, urgent and emergency service provision across the organisation during industrial action.

A lessons learnt exercise has been undertaken following the industrial action days and will be used to inform planning for future strike dates as they are announced. On 5<sup>th</sup> January 2023, a further industrial action date of 11<sup>th</sup> January 2023 was announced by WAST GMB members. A derogation for the Designated Ambulance Vehicle for maternity and paediatrics has been approved ahead of this date. The RCN has announced further dates for industrial action in England for 18<sup>th</sup> and 19<sup>th</sup> January 2023; however at present no further dates have been announced for Wales.

#### PRINCE PHILIP HOSPITAL MINOR INJURIES UNIT UPDATE

Concerns regarding the nature and extent of patient attendance in the Minor Injuries Unit at PPH were highlighted by the site management team in November 2022 following an increase in the number of people presenting for assessment and treatment who were classed as 'majors' i.e. requiring a higher level of response to the presenting condition than expected to be delivered by a minor injuries department. Since then the team has explored opportunities to address the level and nature of activity within the department as well as sourcing additional nursing staff on a shift by shift basis via temporary staffing solutions such as bank and agency. Securing GP cover for the unit has been challenging and has resulted in the occasional closure of the SDEC on the PPH site as the uptake of shifts by both medical and nursing staff has been variable. The level of risk associated with this specific service has been identified on the PPH risk register (1293 with a score of 20).

The level of pressure being seen across the wider system has been sustained, resulting in people waiting for prolonged periods in inappropriate environments of care. This is reflected in the Corporate Risk Register score of 25 and has been a matter escalated to Board via Committees of the Board. A team meeting has taken place following concerns being raised directly with the Chief Executive and Chair. The Chair has visited the MIU to listen directly to staff concerns. A plan for improvement has been agreed and includes enhancing the clarity of communication and messaging to the public about the role of a minor injuries unit and signposting to other facilities, especially for those individuals requiring a 'majors' response.

Work has also commenced to explore the possible options available to alleviate the pressures and facilitate a timely emergency response, thereby enabling MIU to function within its intended scope; however, this is very much in its infancy. Depending upon the options presented, engagement with the local population may be required.

### ADASTRA SYSTEM OUTAGE UPDATE

Adastra was reinstated on 11<sup>th</sup> October 2022, however this was without the software package known as the Concentrator which links the system used by WAST with Adastra. Without this software, calls continue to be sent to each Health Board Out of Hours service via the SharePoint system which is the interim solution designed by Digital Health and Care Wales (DHCW). This continues to require additional manual tasks to manually add a call to Adastra before any clinician can see or respond to a contact. The extra process has been absorbed by operational staff on their usual shifts and when undertaking additional work; however, the availability for this has reduced significantly over recent weeks. There have been periods where it has been difficult to fill even core shifts.

The issue was discussed at a national meeting on 3<sup>rd</sup> January 2023 and confirmation was given that the concentrator is now ready for testing. A date for this is yet to be agreed but is reliant on Cardiff and Vale's instance of Adastra being successfully upgraded which was not done at the same time as other Health Boards in Wales. Confirmation of this is expected on 4<sup>th</sup> January 2023 and if this is in place a plan of testing and reinstatement for week commencing 9<sup>th</sup> January 2023 has been suggested.

### RE-TENDER OF REGIONAL RENAL DIALYSIS SERVICE

Since June 2022, HDdUHB operational and commissioning representatives have engaged in the evaluation process concerning the re-tender of the regional Renal Dialysis service. Hosted by Swansea Bay University Health Board (SBUHB), this process has involved all key stakeholders including Welsh Health Specialised Service Committee (WHSSC) and the Renal Network, together with engagement from patient representatives, with a series of focused meetings held over recent months. The recommendation on the preferred provider was approved by the SBUHB Management Group in December 2022 and is awaiting final sign-off by the WHSSC Joint Committee - it is anticipated that the process will be completed in the next few weeks and the contract will be awarded to the successful provider by the end of January 2023 and live by April 2023.

A paper providing further detail has been submitted to the Board and will be raised separately on the agenda.

### Argymhelliad / Recommendation

The Board is asked to:

- **RECEIVE** the operational update and progress report.
- Retrospectively **APPROVE** the provision of enhanced pay rates that were applied over the Christmas period.



Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	572 - Inappropriate use of hospital beds due to a lack of availability for timely assessments and delivery of packages of care in Ceredigion 576 - Fragile EMI and General Nursing Home availability due to deregistration into residential homes affecting Ceredigion County 1548 – Maintaining routine, urgent and emergency service provision across the organisation during industrial action
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: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	As presented
Rhestr Termiau: Glossary of Terms:	APP – Advanced Paramedic Practitioner ASD – Autism Spectrum Disorder CMHT – Community Mental Health Team CSP – Chartered Society of Physiotherapy CWR – Community Wellbeing Responders CYP – Children and Young People DNA – Did Not Attend ED – Emergency Department EMDR – Eye Movement Desensitisation and Reprocessing EMI – Elderly Mentally Infirm EMWG – Enhanced Monitoring Working Group GGH – Glangwili General Hospital HDdUHB – Hywel Dda University Health Board HIW – Health Inspectorate Wales IEG – Integrated Executive Group IPAR – Integrated Performance Assurance Report IQPD – Integrated Quality, Planning and Delivery

	<p>LA – Local Authority  LD – Learning Disabilities  LD SIP – Learning Disabilities Service Improvement Plan  MAS – Memory Assessment Service  MH – Mental Health  MIU – Minor Injuries Unit  OAMH – Older Adult Mental Health  OOH – Out of Hours  OT – Occupational Therapy  PIFU – Patient Initiated Follow Up  PPH – Prince Philip Hospital  QSEC – Quality Safety and Experience Committee  RCM – Royal College of Midwives  RCN – Royal College of Nursing  RPB – Regional Partnership Board  SBUHA – Swansea Bay University Health Board  SCAMHS – Specialist Child and Adolescent Mental Health Service  SDEC – Same Day Emergency Care  SOS – See on Symptoms  TUEC – Transforming Urgent and Emergency Care  UEC – Urgent and Emergency Care  WAST – Welsh Ambulance Service Trust  WCDG - Written Control Documents Group  WG – Welsh Government  WGH – Withybush General Hospital  WHSSC – Welsh Health Specialised Service Committee  WPAS – Welsh Patient Administration System  WTE – Whole Time Equivalent</p>
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Operational Planning and Delivery Programme Group
<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Any financial impacts and considerations are identified in the report.
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Any issues are identified in the report
<b>Gweithlu:</b> <b>Workforce:</b>	Any issues are identified in the report
<b>Risg:</b> <b>Risk:</b>	Consideration and focus on risk is inherent within the report. Sound system of internal control helps to ensure any risks are identified, assessed and managed.
<b>Cyfreithiol:</b> <b>Legal:</b>	Any issues are identified in the report
<b>Enw Da:</b> <b>Reputational:</b>	Any issues are identified in the report

<b>Gyfrinachedd: Privacy:</b>	Not applicable
<b>Cydraddoldeb: Equality:</b>	Not applicable

Area	Description	Progress	Next Steps
UEC	Ensure adoption of the six goals programme	Six goals programme has been set up with a Programme Director, Clinical Leadership and Project Team	<ul style="list-style-type: none"> <li>6 Goals being utilised as a framework for organising and planning our UEC transformation and operational improvement.</li> <li>Whole System Outcomes Framework in place with high level population outcome agreed with Local Authorities (reduction in patients &gt; 21 days).</li> <li>Performance metrics agreed across whole system (including LA) services (social care, acute, community) based on 'what good looks like' and how much / how well we are delivering against the standards outlined in the 6 Goals Handbook, NICE guidance, NAIC and also best practice for our frail</li> <li>Community dashboard for reporting performance to be developed</li> <li>Weekly reporting to Executive Team established</li> <li>6 Goals Programme structure in place</li> <li>Please see additional slides for a copy of the whole system outcomes framework and programme structure</li> <li>Trajectories developed to demonstrate impact of 5 year programme on bed efficiencies.</li> </ul>
	Continuous improvement in 4 hour ambulance patient handover performance delays in transfer of patients from crews to hospital staff by end of 2022/23 eradicating	The ED Risk oversight control group has been established. This group will lead on a programme of works, to provide quality assurance and improvement for patients and staff. The programme of works integrates with the TUEC objectives and has been divided into 5 overarching themes	<p>Reducing handover delays requires whole system approach</p> <p>Setting up weekly Watch Tower scrutiny meetings on performance including handover delays</p> <p>5 overarching themes in ED Risk Oversight meetings include:</p> <ul style="list-style-type: none"> <li>Environment and Patient Experience</li> <li>Communications</li> <li>Escalation Plan review</li> <li>Workforce</li> <li>Flow</li> <li>Ambulance Offload Pod</li> </ul> <p>UEC Programme priority areas are UPC and enhancing the Streaming Hub, SDEC and management of complex inpatient (to reduce LOS)</p>
	Plan to implement SDEC at each site plus a community SDEC by March 2023	Roll out of SDEC – achieved in Glangwili, Withybush and Prince Philip with a nurse led SDUC established in Cardigan. Currently Bronglais does not have capacity to introduce this but we will review going forward. We will monitor the true demand and design provision to target the best outcomes for our population and resources. SDEC will be targeted to need, varying provision accordingly and delivered across acute and community.	<p>Pertinent Points to update:</p> <ul style="list-style-type: none"> <li>Peer Review being undertaken: This will align to NHS Wales Peer Review Framework guidance. Purpose of the review is for clinicians to identify strengths / weaknesses of existing SDECs to bring about improvement in patient care for this area</li> <li>Mathematical Modelling has been undertaken which demonstrates 'true demand' for SDEC and opportunities for further enhancement</li> <li>Commissioning review – this will combine outcomes of the peer review and the modelling to ensure our SDECs are developed to deliver greatest impact and benefit while also considering value for money.</li> </ul> <p>DU working with us on the above</p>
		RTDC rollout plan and timeline developed.	Ongoing
		<u>RTDC Plan. RTDC Timeline.</u>	

Area	Description	Progress	Next Steps
Mental Health	Part 1a and 1b LPMHSS CAMHS backlog trajectory achieved each month	Trajectories monitored within the directorate, Enhanced Monitoring Group, Executive Team, Committees, Board & IQPD. Reflected in the 'Mental Health' section.	Bi monthly monitoring meetings to monitor progress and address any deviations
	Monthly meetings to progress activity and mitigate risks	Trajectories monitored bi monthly as improvement demonstrated	Monitor increase in demand - referrals which will impact on achieving performance and flex system to meet demand Ensure full recruitment of workforce
	Neurodevelopmental backlog trajectory agreed and delivered	Trajectories monitored within the directorate, Enhanced Monitoring Group, Executive Team, Committees, Board & IQPD. Reflected in the 'Mental Health' section.	Monthly waiting list monitoring meetings established. Review of job plans and system processes to increase efficiencies and increase number of assessments undertaken. Procurement / tendering contact agreed and to commence Jan 2023 until March 2025. When the ASD procurement is agreed with the providers, we will the seek to determine trajectories for improvement, recognising that this may be challenging as the demand is increasing and there is no consistent pattern of referral numbers per month.
	Finalised demand and capacity model	Evaluation of Demand and Capacity Review completed and Welsh Government have committed £12m to the Neurodivergence Improvement Programme . Awaiting outcome of the Delivery Unit Demand and Capacity audit of ASD/ADHD	Awaiting Welsh Government structured work programme to address the radical reforms required to meet the demand and capacity imbalance across Neurodevelopmental services . Implement recommendations of DU Audit
Infection control	Focus on C-Diff	A HCAI improvement plan has been developed which includes a suite of actions aimed at the prevention of HCAI's and Infection Prevention & Control.	
Critical Care	Critical Care workforce plan	A paper was taken to Board in September 2022 to outline our position and key actions. <a href="#">Link here.</a>	

Area	Description	Progress	Next Steps
Planned Care	Agreed trajectories towards the planned care ambitions	Trajectories updated and latest version seen in the enhanced monitoring action plan.	
	Progress made month on month against agreed trajectories	Trajectories monitored within the directorate, Enhanced Monitoring Group, Executive Team, Committees, Board & IQPD. Reflected in the 'Planned Care' section.	
	Activity back at 19/20 levels particularly surgical specialities		

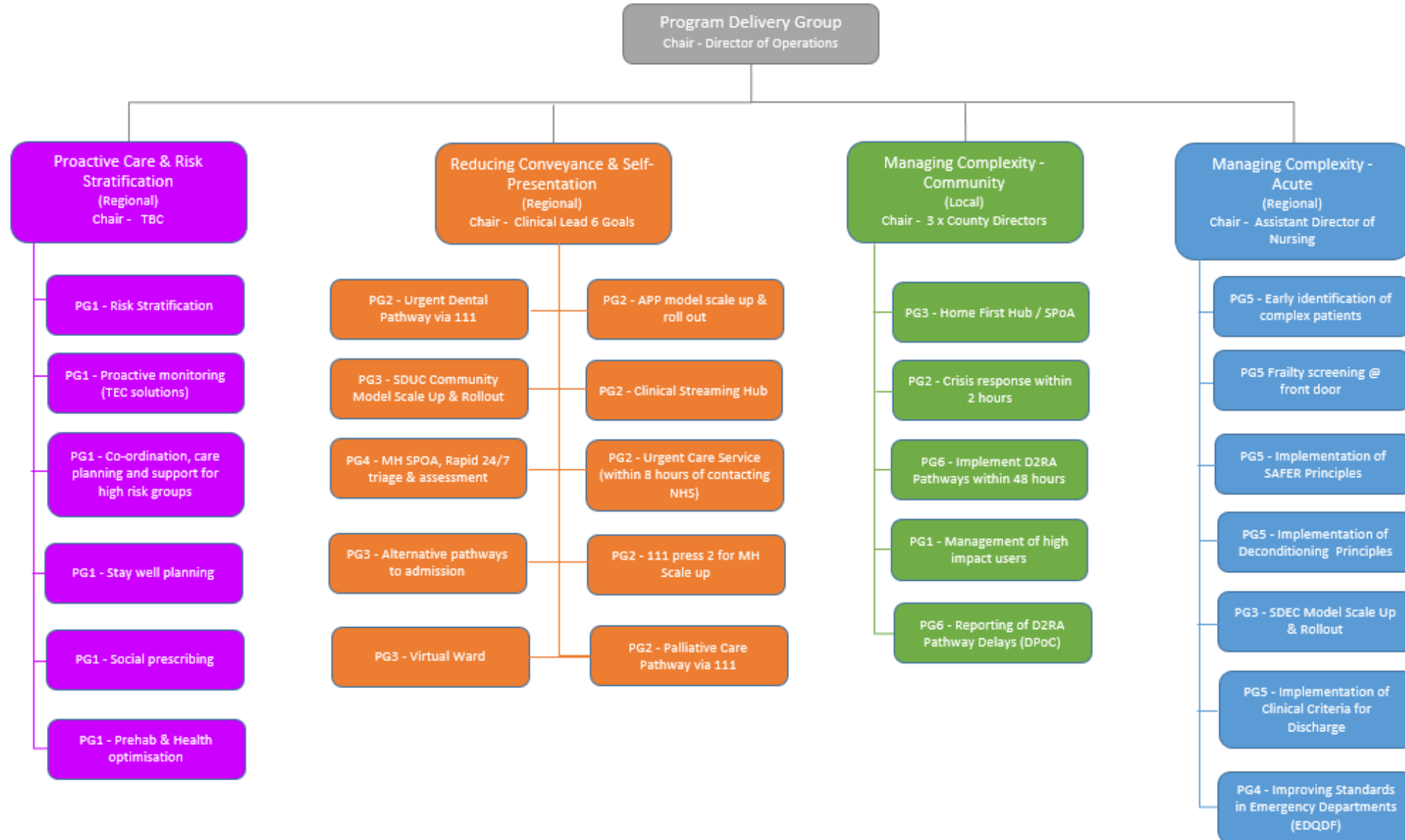
Area	Description	Progress	Next Steps
Cancer	Clear trajectory to achieve sustainable backlog reduction and maintain balance	Trajectories monitored within the directorate, Enhanced Monitoring Group, Executive Team, Committees, Board & IQPD. Reflected in the 'Cancer' section.	Attendance by clinicians to the launch of Safe Care partnership this week Alignment of the Safe Care thematic areas to the programme.
	Improved performance for all tumour sites		
	Focused improvement on lower and upper GI, skin, lung, urology and gynae		
	Cancer workforce plan		

# Whole System Approach Structure



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board



# Whole System Approach

## Key strategic improvements for TUEC (Older People)



GIG  
CYMRU  
NHS  
WALES

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Hywel Dda  
University Health Board



Goal area	Key progress	Priorities for next period
Goal 1	<p>Pan Cluster Planning Groups (PCPG) Established</p> <ul style="list-style-type: none"> <li>- Identifying Health Needs Assessment Cluster / Pan Cluster level (includes vulnerable groups)</li> <li>- Proactive Care Principles and Standards being agreed</li> </ul>	<p>PCPG to approve planning priorities and plan</p> <p>Determine performance metrics for proactive care delivery and monitoring</p>
Goal 2	<p><b>Phase 1 Clinical Streaming Hub (CSH) established</b> with links to Homefirst integrated hubs providing Urgent Primary Care (UPC) response 'close to home' (this phase APP / PTAS and direct SDEC scheduling for WAST crews)</p> <p><b>Further development of Same Day Urgent Care (SDUC) service in Ceredigion – direct WAST referrals</b></p>	<p><b>Extension of Carmarthenshire APP / PTAS model</b> &amp; roll out to Pembrokeshire and Ceredigion.</p> <p><b>Phase in GP enquiries through CSH which will schedule SDEC</b> / Consider Home First suitability for frail.</p> <p>Approval of <b>Redirection Policy</b> for ED with patients attending ED to be redirected where appropriate to CSH and UPC</p> <p>External evaluation of integrated APP / PTAS model</p> <p><b>Implementation of Immedicare Telemedicine for care homes</b></p>
Goal 3	<p><b>SDEC fully operational across all sites and direct conveyance by WAST</b></p> <p><b>Modelling of current SDEC impact against possible SDEC demand</b></p> <p><b>ToR for operational review agreed</b></p> <p>Clinically led task and finish group established</p> <p>Draft Wales SDEC Standards and Measures sent out for review and sign off</p> <p><b>Surgical Assessment Unit operational in GGH</b></p>	<p>Define Virtual Ward in West Wales and agree standards / performance metrics</p> <p><b>Peer review of current SDEC service provision to inform on new service model considerations to include;</b></p> <p><b>outline of population need, demand vs capacity modelling, vision for SDEC, expected outcomes, benefits and value for money</b></p> <p><b>Appraise options and agree implementation option</b></p>
Goal 4	<p>Rollout of 111 press 2 for MH</p> <p>HB 6 Goals Work Plan shared with WAST (EASC) to represent our system wide plan for this goal</p> <p><b>Early clinical assessment by senior clinician – Reduction in Time to Triage</b></p> <p><b>Integrated Front Doors with Community</b></p>	<p><b>Extended hours model for MH crisis response / press 2 for MH model</b></p> <p>Review ED Standards</p> <p><b>Developing a proposal with WAST colleagues for ambulance offload pod at Glangwili Hospital</b></p>
Goal 5	<p>Working with external digital company to develop EDD prediction for all patient in attendance for early identification of complex patients and AI software system to support performance improvement</p> <p>Established clinically led PG5 delivery group</p> <p>Development of <b>targeted work plan aligned to RTDC &amp; Safe Care Partnership work</b></p>	<p><b>Implementation of Optimising Hospital Care toolkit – SAFER, Red2Green, deconditioning etc</b></p> <p>Implementation of <b>digital solution to capture red2green</b> at ward level aligned to the AI software work and complex discharge list held on SharePoint system</p> <p><b>Clinical Standards for Frailty – Early identification of those known to Social Care</b></p>
Goal 6	<p><b>Pilot for new delayed pathways of care reporting process</b></p> <p>Recruitment campaign to 'Build Community Care Capacity' ongoing</p> <p><b>Right sizing / Home First approach to optimise care capacity with LAs</b></p>	<p>Agreement of <b>clinical criteria for discharge definition and process</b></p> <p><b>Monthly reporting of social care commissioning data as a result of inpatient stay by LAs (measure of harm)</b></p> <p>Implementation plan and commence roll out for new D2RA pathways within 48 hours</p>



# Whole System Approach

## Key strategic improvement measures for TUEC (Older People)



Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board



**TUEC Programme  
Mandate: To  
increase delivery of  
Care Closer to  
Home for our Frail  
population and  
increase bed  
efficiency by 135 by  
2027**

### Programme Measures (‘Ends’)

- **Patient / Service User feedback Measures:**
  - ‘My care is provided in the most appropriate setting to meet my health and care needs’ i.e What Matters
  - ‘How likely are you to recommend our services to your friends or family should they need similar care or treatment’
- **Patient / Service User Safety Measure:**
  - Closed incidents where harm finally classified reported as moderate or worse
- **TUEC Outcome Indicator**
  - **Increased number of healthy days at home** (overarching Outcome for the Whole Population)
- **TUEC High Level Performance measures:**
  - Reducing the number of people over 75 who stay longer than 21 days – measure of impact on discharge effectiveness / efficiency on the ‘back door’
  - Number of ‘green days’ – (recorded through faculty) – (measure of acute hospital discharge productivity)
  - **Reduction in proportion commissioned care hours / placements following in patient stay**

### PG1 Performance Metrics (‘Means’)

- **TBC** (Elaine Lorton)
- % of population risk stratified as vulnerable and who have stay well plans in place
- Number of patients admitted to the ‘virtual ward’ **TBC**
- **Number of service users receiving domiciliary care**
- **Total Number of commissioned domiciliary care hours**

### PG2 Performance Metrics (‘Means’)

- No. of direct referrals to SDEC
- Number of GP referrals streamed through CSH and % directed to SDEC or alternatives
- Conveyance Rate (Target 60%)
- Ambulance lost hours (Target 0)

### PG3 Performance Metrics (‘Means’)

- 30% of acute medical take assessed in SDEC. 90% of which go home for >75 year olds, >55 year olds and rest of population
- Number Admissions
- Number of Occupied Beds
- 0-1 day LoS
- 0-3 day LoS
- Re-admission rates (balance)
- Conversion rate (balance)
- Number of patients referred to Home First
- Number and % patients Provided with crisis response

### PG4 Performance Metrics (‘Means’)

- ED attendances (all)
- ED attendances (WAST)
- 4 hour wait
- >12hr Performance
- % of patients with clinical frailty score recorded (pre morbid and on presentation)
- **TBC** re EDQDF

### PG5 Performance Metrics (‘Means’)

- % of patients have discharge criteria defined by the clinician **and** MDT within 14 hours from ‘point of admission’
- 10-14 days LoS
- Number of patients with LoS > 21 days
- Occupied beds rate

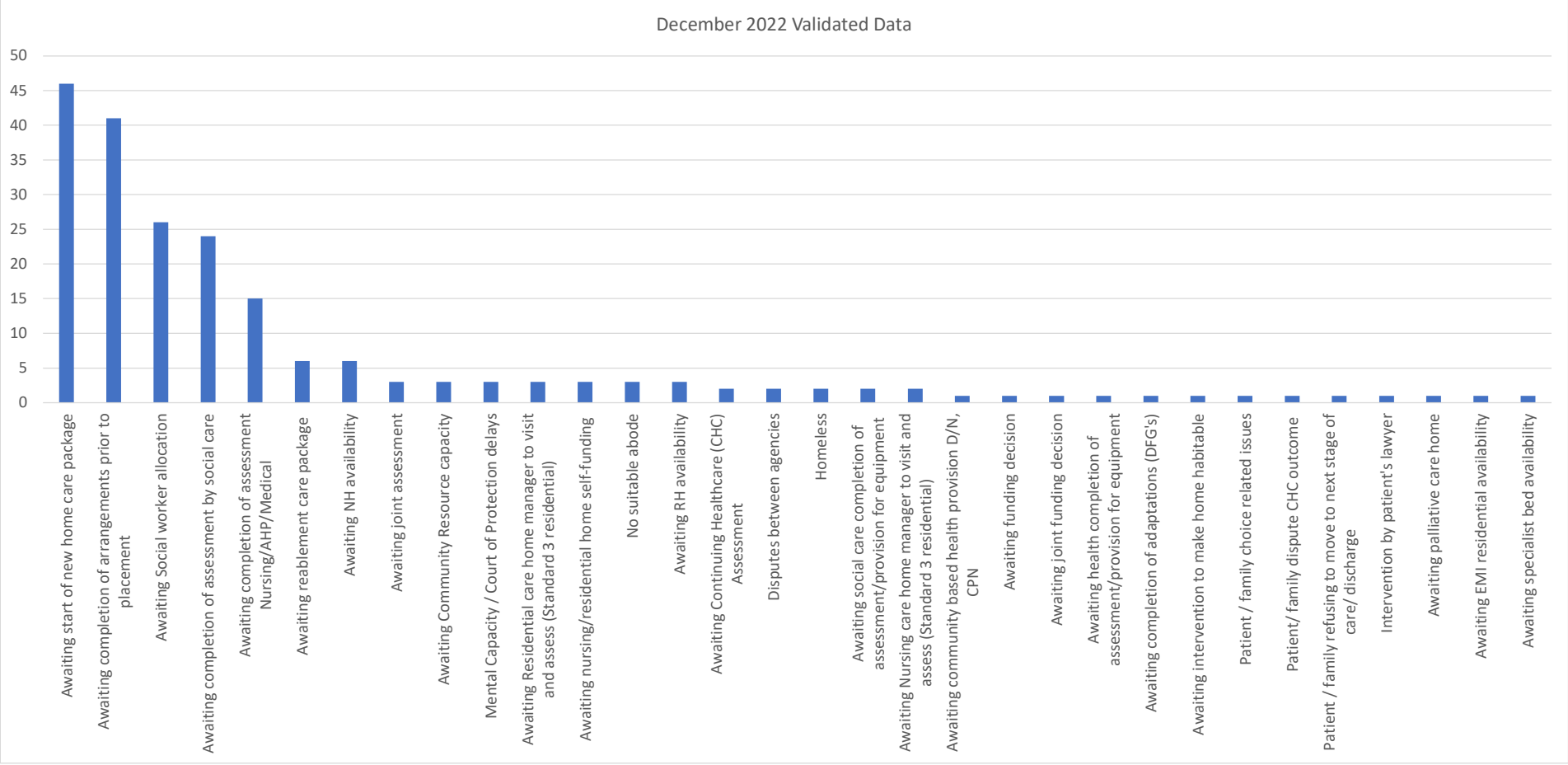
### PG6 Performance Metrics

- *Average length of time to commission domiciliary care*
- *Average length of time to place into residential and nursing sector*
- *Number of people reported as clinically optimised*
- *Number of domiciliary care hours lost (handed back) due to LOS > 7 days*
- *Number of care hours commissioned following hospital inpatient stay*
- *Number of residential placements requiring increase to general or EMI nursing following hospital stay*

**Quality metrics:** staff sickness and improved retention levels across all disciplines, reduced incidents, staff feedback

## Reasons for Delay per Hospital - December 2022

Code	Reason	GGH	PPH	WGH	BGH	AVH	SPH	Llandovery Hospital	Tregaron Hospital	TOTAL
2.03.01	Awaiting start of new home care package	14	13	8	1	2	4	2	2	46
3.01.01	Awaiting completion of arrangements prior to placement	11	25	1	1	2	0	1	0	41
1.01.01	Awaiting Social worker allocation	3	2	14	0	1	6	0	0	26
1.01.02	Awaiting completion of assessment by social care	1	4	12	1	1	5	0	0	24
1.01.03	Awaiting completion of assessment Nursing/AHP/Medical	0	0	7	4	0	4	0	0	15
2.04.01	Awaiting reablement care package	2	0	2	0	0	0	0	2	6
3.01.06	Awaiting NH availability	0	0	5	1	0	0	0	0	6
1.01.05	Awaiting joint assessment	0	1	0	0	2	0	0	0	3
2.04.02	Awaiting Community Resource capacity	0	2	0	0	0	0	1	0	3
2.05.07	Mental Capacity / Court of Protection delays	0	3	0	0	0	0	0	0	3
3.01.02	Awaiting Residential care home manager to visit and assess (Standard 3 residential)	1	0	0	0	1	0	0	1	3
3.01.04	Awaiting nursing/residential home self-funding	0	1	0	1	0	1	0	0	3
3.03.02	No suitable abode	1	1	0	0	1	0	0	0	3
3.01.05	Awaiting RH availability	0	0	1	0	0	2	0	0	3
1.01.04	Awaiting Continuing Healthcare (CHC) Assessment	0	0	1	0	1	0	0	0	2
2.05.05	Disputes between agencies	0	0	1	0	0	1	0	0	2
3.03.01	Homeless	1	0	1	0	0	0	0	0	2
2.02.02	Awaiting social care completion of assessment/provision for equipment	2	0	0	0	0	0	0	0	2
3.01.03	Awaiting Nursing care home manager to visit and assess (Standard 3 residential)	2	0	0	0	0	0	0	0	2
1.02.02	Awaiting community based health provision D/N, CPN	0	0	0	0	0	1	0	0	1
2.01.01	Awaiting funding decision	0	0	0	0	1	0	0	0	1
2.01.03	Awaiting joint funding decision	0	0	0	1	0	0	0	0	1
2.02.01	Awaiting health completion of assessment/provision for equipment	0	0	0	0	0	0	0	1	1
2.02.03	Awaiting completion of adaptations (DFG's)	0	0	0	1	0	0	0	0	1
2.02.05	Awaiting intervention to make home habitable	1	0	0	0	0	0	0	0	1
2.05.01	Patient / family choice related issues	0	0	0	1	0	0	0	0	1
2.05.02	Patient/ family dispute CHC outcome	0	0	1	0	0	0	0	0	1
2.05.04	Patient / family refusing to move to next stage of care/ discharge	0	1	0	0	0	0	0	0	1
2.05.06	Intervention by patient's lawyer	1	0	0	0	0	0	0	0	1
3.02.04	Awaiting palliative care home	0	1	0	0	0	0	0	0	1
3.01.07	Awaiting EMI residential availability	0	0	1	0	0	0	0	0	1
3.01.09	Awaiting specialist bed availability	0	0	1	0	0	0	0	0	1
	Total	40	54	56	12	12	24	4	6	208



# Hywel Dda University Health Board Community Nursing Services Annual Report 2021/2022

Authors: Ceri Griffiths (Head of Nursing – Pembrokeshire)

Tracey Evans (Head of Nursing – Ceredigion)

Sarah Cameron – (Head of Nursing – Carmarthenshire)

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## Executive Summary

The following annual report provides an opportunity for us to look back on our performance over the last financial year and reflect on what we have achieved despite the many challenges the last few years have brought. This report highlights the continued hard work from all the community teams in Hywel Dda inclusive of our community hospitals.

There is no doubt that Community nurses are an integral part of the NHS workforce providing invaluable care to people in their own homes or as close to home as possible. As we move into the endemic phase of COVID-19, it is important that we take the time to reflect on the significance the pandemic has had on both a personal and professional level for us all both good and bad.

The need to rapidly implement innovative technology to manage the patient's during lockdown has underpinned the adaptation of clinical teams to 'new ways' of working, undertaking virtual triage, enabling collaboration with other professionals to undertake complex discharges and Multi-Disciplinary Team's with improved patient outcomes. This has undoubtedly increased some capacity within the workforce whilst also avoiding potentially long journeys for some patients some requiring ambulance transport. Communication has improved between team members, handovers, workload allocation and patient reviews along with the availability of on-line training. However, we must also be mindful that this can isolate staff who do require physical support of a team.

Despite all its challenges there is no doubt that the commitment professionalism and dedication the community nursing teams have shown in maintaining high standards of care and keeping the person at the centre of all they do remains unprecedented. The community teams continue to demonstrate innovation, dedication, commitment, and creativity as they identify and develop solutions for managing new challenges and new ways of working going forward.

We have no doubt our community nursing teams will continue to work collaboratively with members of the wider Nursing community and multi professional team, to identify opportunities to prevent ill health, supporting early intervention to help people manage their own health and wellbeing. This will be achievable with the development of the accelerated Clusters and the engagement of the collaboratives. To this end we look forward to embracing the coming year and the opportunities to develop and enhance Community nursing.

## Introduction and Overview

This is the annual report for Hywel Dda UHB Community Nursing Services for 2021/2022. The report will provide a summary of all adult community nursing services including Neighbourhood District Nursing teams, Urgent and Intermediate care services including Acute Response, Community Resource Teams and Same Day Urgent Care Services; Specialist Nursing Teams and Community Hospitals.

## Community Services: Vision, Objectives and Values

Our community nursing vision is to improve the health and well-being of our population by empowering and supporting people to live well and remain in their own communities. Our objectives align to the principles and strategic direction of the Healthier Mid and West Wales Strategy, our local integrated county and locality plans as well as national strategies and include:

- ◆ Prioritising equitable and accessible person-centred care, treatment or support
- ◆ Ensuring a preventative, proactive and population health centred approach
- ◆ Delivering a system wide approach to providing high quality care closer to home
- ◆ Promoting self-care and well-being – ‘help to help yourself,’ encouraging an approach to care values reablement and independence
- ◆ Delivering safe, effective and value-based health care
- ◆ Promoting ageing and dying well
- ◆ Ensuring there is a skilled, strong, flexible and sustainable workforce with clear career and development opportunities to meet the changing needs of the population
- ◆ Promoting and embedding Technology Enabled Care into all aspects of community nursing services



which

We use strong integrated partnership working with key partners including health and social care, and 3<sup>rd</sup> sector organisations to empower and support individuals to live as well as possible, ensuring safe, sustainable, accessible and kind services are available when needed. Our teams are encouraged to follow the health board values and beliefs, promoting a culture of learning and shared opportunity.



## Community Nursing Services

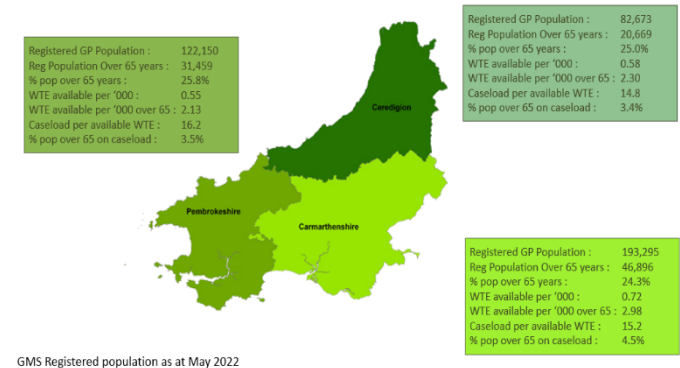
Community Nursing Services are pivotal to delivering the goals for 'A Healthier Wales' (2019) which identified a whole system approach to health and social care while putting the patient at the centre and focussing on prudent health care.



Hywel Dda UHB Community Nursing Services comprise of Neighbourhood District Nursing teams, Urgent and Intermediate care services including Acute Response, Community Resource Teams and Same Day Urgent Care Services, Specialist Nursing Teams and Community Hospitals. Providing population-based health care services across the counties of Carmarthenshire, Ceredigion and Pembrokeshire in Mid and West Wales, our teams cover a large geographical area consisting of a mix of coastal, rural and urban communities.

They support both the resident population of the Health Board and the high number of visitors who can require the expertise of the community nursing service. Our services work collaboratively to ensure the delivery of equitable, patient centred, and high-quality care based on population need.

While equity of care across our community's services is paramount, how and where individual services are delivered may differ according to local population requirements.

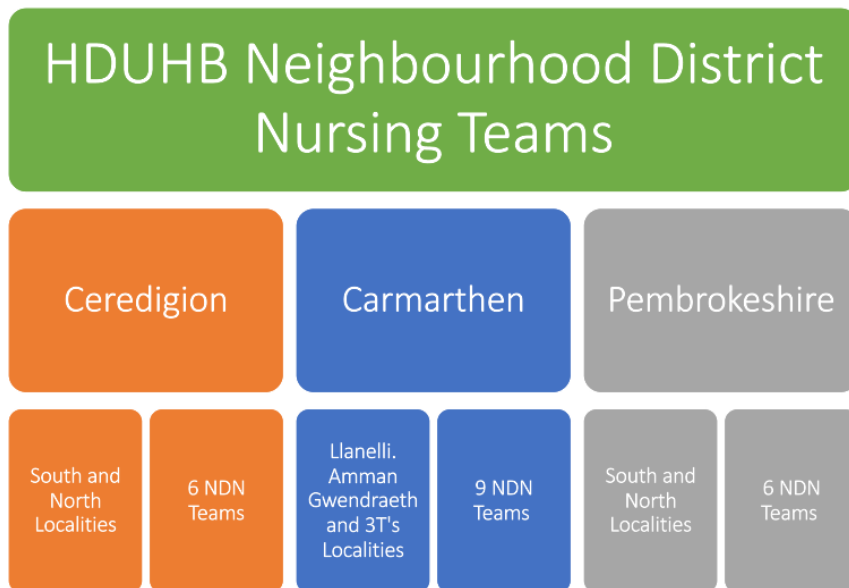




## Core Neighbourhood District Nursing Services

HDUHB Community and District nursing services are available for adults over 18 years of age who require care within their own homes. District Nursing teams are aligned to both clusters / localities and GP practices. There are 21 nursing teams across the health board.

### Neighbourhood District Nursing Teams

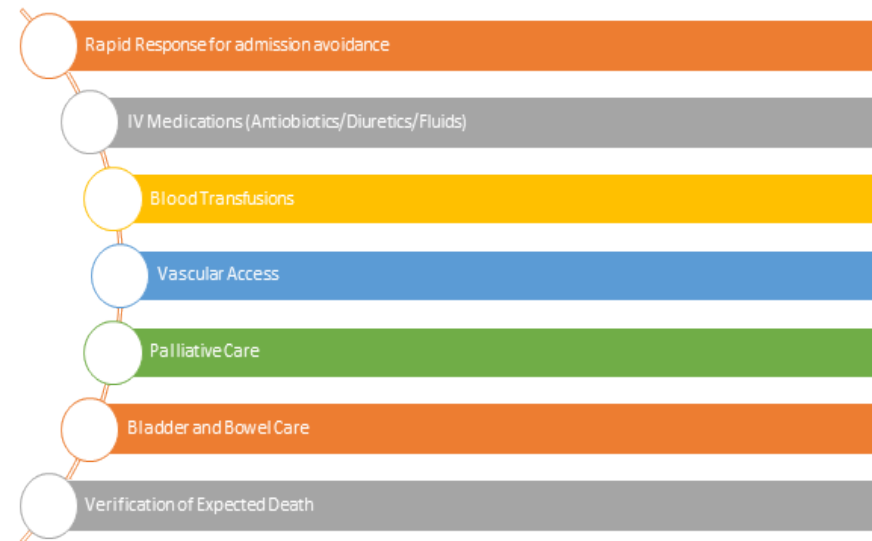
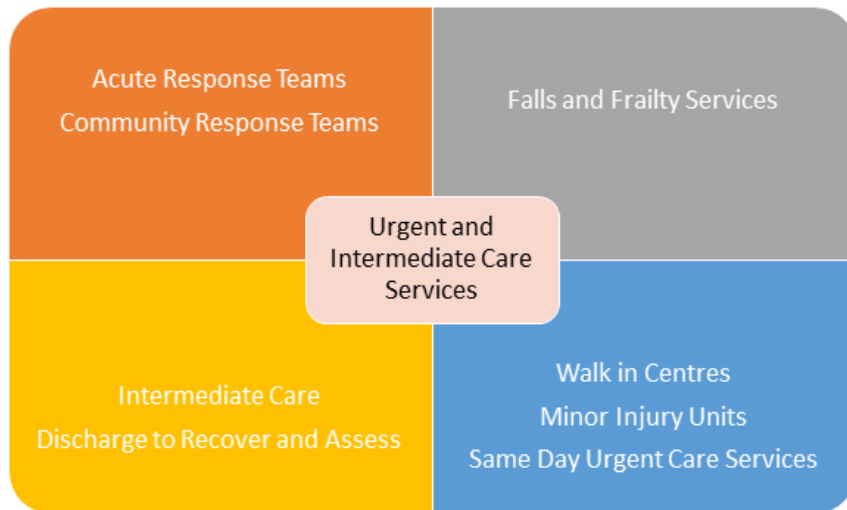


### Some of the core services provided by district nursing teams provide include:

- Holistic patient centred nursing assessments
- Wound and pressure area care
- Bladder and bowel care
- Palliative and End of life care
- Medication administration
- Complex health care
- Equipment assessment and support
- Venepuncture

## Urgent and Intermediate Care Teams

In line with the ambitions of the Six Goals for Urgent and Emergency Care and providing care closer to home, considerable progression has been made in developing new and innovative services across the 3 counties to meet key community objectives such as ensuring coordination care planning - seven days a week, enabling use of technology, preventing avoidable hospital admissions and attendances, developing community services to enable patients to be 'turned around' at the front door, providing rapid crisis response utilising community services in a step up model of care and focussing on a home first approach to care supporting services to discharge patients for assessment to be done at home. Acute Response Services across the health board operate slightly differently in each locality but core service provision and access to 24/7 nursing care is provided equitably across all counties. Core activities provided by the Acute Response Teams include:





## Clinical Specialist Nurses

There are several clinical nurse specialist teams working within community settings. Progress has been made over the past 12 months in establishing Health board wide Professional Leadership with the recruitment and appointment of Lead Nurses in a number of teams including Diabetes, Respiratory and Bladder and Bowel.

Heart Failure services plan to appoint a 3-county lead nurse in 2022 and Palliative Care services are awaiting the outcome of the formal service review but are likely to see similar recommendations.

The value of a 3 County professional lead will be seen in improving the consistency and equity of specialist services across the Health board for patients and staff.

Some CNS services which work across community settings but not withing community teams include Parkinsons, Epilepsy and MS nurses who work collaboratively with core community services.

### **Bladder and Bowel Advisory Service (BABAS) update**

As services begin to emerge from the COVID-19 pandemic BABAS have used opportunities to transform pelvic floor and continence services.

The term 'pelvic health disorder' is used as a catch-all for a number of conditions that primarily affect the bladder, lower bowel (anus and rectum) and vagina, and whose cause (at least in part) derives from a loss of support by the sheet of muscles that forms the pelvic floor itself.

It is recognised that people living with pelvic floor disorders face barriers to attending in-person appointments, particularly in relation to travelling. In HDD patients are offered a choice of telemedicine and in-person consultations based on patient and clinician needs, such as for physical examination.

Many pelvic floor problems can be managed in the community and patients are encouraged to present for treatment and to self- refer if possible. It is essential that when problems are more complex these patients are not delayed in reaching expertise that can better deal with their condition and help them to return to normal life. Most pelvic floor problems can be fixed if patients are able to follow the right care pathway and reach the most appropriate person to care for their condition.

During 2021/2022 BABAS have contributed to the development of the new HDD Pelvic Health Pathway working with the wider team to develop patient services with key achievements noted below.

<b>I.T. and Transformation Team</b>	Health board 'Pelvic Health' website that provides adequate signposting, accessible information, support and services. Due to be launched December 2022
<b>Patients Know Best</b>	'Patients Know Best' (PKB) From the start, patients will be able to access appointment letters, see appointment details and access online information and resources about their care.
<b>Value Based Healthcare</b>	PREMS Online questionnaires will be sent to the patient to allow accurate personal histories to be collected in advance, making clinics more efficient.
<b>HDD Communication Hub</b>	BABAS are working towards a single point of access for all patients across Hywel Dda.
<b>Trial without Catheter Project</b>	In 2021 BABAS & Urology developed a new 'Hybrid' process for TWOC in the community. The project was supported through the quality improvement programme. Following the success of the initial trial the project went on to the Dragons heart Spread and Scale programme and is now awaiting funding for 'roll out' across the health board.
<b>Pelvic Health Education Event – July 2022</b>	BABAS in collaboration with the wider pelvic health team held an education event at the Botanical Gardens for all ANP'S/Practice Nurses in Primary Care. Topics included Endometriosis, Menopause, Bladder and Bowel Dysfunction.
<b>MDT Working</b>	The BABAS team now attend a monthly urogynaecology MDT enabling the service to make the most of expertise and availability. NICE guidelines recommend both local and regional MDTs, with local meetings reviewing treatments for primary stress urinary incontinence, overactive bladder or primary prolapse, and regional meetings to cover multi-compartmental prolapse and mesh-related problems. In HDD Virtual multidisciplinary team (MDT) meetings have increased attendance, allowing participants to join from different sites.

## Heart Failure Update

Heart failure CNSs across the 3 counties have been closely involved in the Heart Failure Pathway Transformation Project aimed at optimising value in heart failure care.

With a focus on integrated pathways, the project has secured funding for several key roles and service developments including:

- Development of a one stop HF diagnostic clinic
- Recruitment of advance practitioners and additional CNSs & HCSWs to deliver services
- Development of IV Diuretic / In patient CNS nurse roles
- Development of a Step up and Step model of care
- Delivery of a seamless responsive and proactive service
- Ensuring majority of patients are managed within primary care settings
- Enabling HF CNS to manage the most complex patients in the community
- Remote monitoring of patients has been commenced across the three counties currently numbers being monitored are
  - Ceredigion – 65
  - Pembrokeshire – 34
  - Carmarthenshire - 133

## Respiratory Update

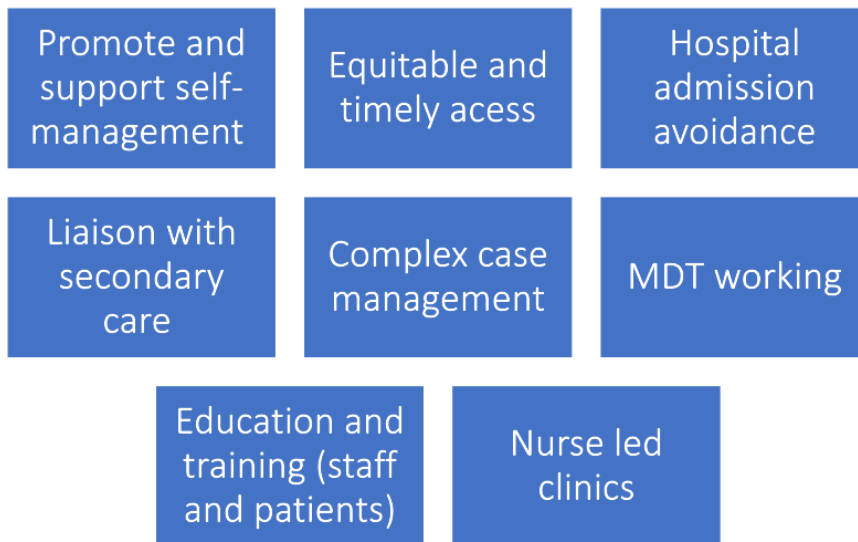
- Lead Nurse appointed across 3 counties
- Successful recruitment into a Pembrokeshire Respiratory CNS Post
- Home Oxygen Nurse Specialists roles have been amalgamated into Community Respiratory Nurses across the 3 counties
- The service is centrally managed but CNS's work closely with local teams and services
- Supported primary care to improve diagnosis of COPD and Asthma by undertaking spirometry on a mobile respiratory hub at local sites across the three counties. 563 appointments offered from May to October 2022.
- Remote patient monitoring is also being used to support patients to stay at home. Number of patients with respiratory conditions currently are 127

- Development of a Health Care Support Worker role in Respiratory conditions trialled in Pembrokeshire community services and to be rolled out to Carmarthenshire community services.

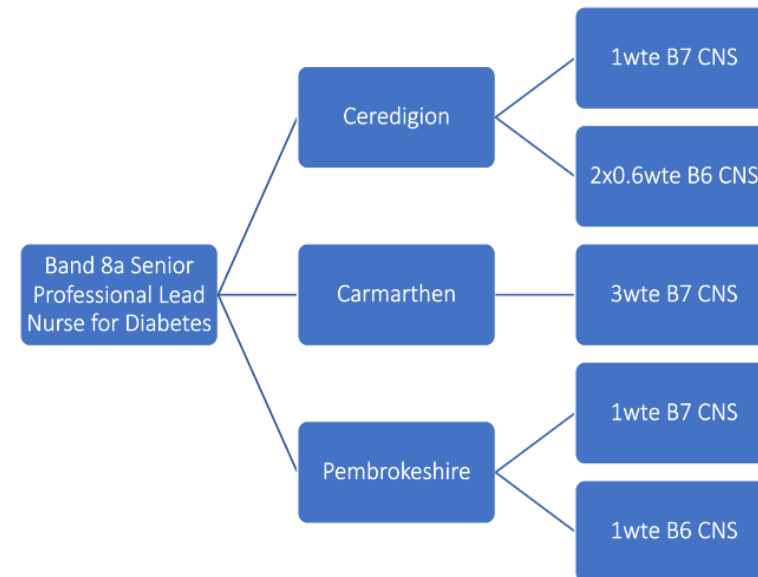
## Diabetes Community Service Update

The delivery of care to patients with diabetes varies across the 3 counties, however since the appointment of a Senior CNS professional lead in diabetes across Hywel Dda (secondary, community and primary care), community diabetes specialist nurses (CDSN) teams have begun reviewing working practices and delivery of care so services will be equitable and consistent across the organisation.

### Key aims of the service



### Team Members



## Achievements and recommendations

Achievements for 2022	Recommendations for 2023
<ul style="list-style-type: none"> <li>• Successful recruitment for lead senior diabetes nurses to lead the development of Hywel Dda diabetes nursing teams across 3 counties, acute, secondary and primary care</li> <li>• Successful recruitment and development of CNS for Pembrokeshire team</li> <li>• Joint working on policy for insulin delegation to HCSWs</li> <li>• Implementation of Welsh Information Solution for Diabetes Management (WISDM) accessed via Welsh clinical Portal (WCP) across Hywel Dda</li> <li>• New referral criteria for community diabetes nursing service across 3 counties agreed.</li> <li>• Development of a communications hub single access to diabetes teams.</li> <li>• Professional Team meetings with community DSNs across Hywel Dda established (3 -4 monthly).</li> <li>• Professional Team meetings with all diabetes nurses (secondary and community) in Hywel Dda established (4 to 6 monthly).</li> <li>• Development and implementation of a diabetes induction programme for new staff and TREND-UK diabetes competency package for diabetes nurses</li> </ul>	<ul style="list-style-type: none"> <li>• Encourage Diabetes Nurses to undertake MSc Diabetes Nursing and undertake Non-Medical Prescribing qualification</li> <li>• Achieve the minimum recommendation for administrative support to teams, (15hrs per team) so they can focus on clinical specialist work</li> <li>• Continue to encourage and offer personal and professional staff development and opportunities</li> <li>• Maintain compliance with performance metrics and develop PROMS and PREMs with VBHC team</li> <li>• Support and encourage developments and investment in IT and Technology Enabled Care</li> <li>• Maintain consistency and standardisation of management and address all Quality and Assurance issues across the 3 Counties diabetes Nursing Services.</li> <li>• Work with finance and county directors to move from short term funding initiatives to more sustainable and long-term funding for recruitment and development of new initiatives and opportunities</li> <li>• Establish consistent approaches to data collection and service metrics across all CDSN services this will enable benchmarking and support service development and investment.</li> <li>• Introduce communications contact centre for all community diabetes services hub for referral and assessment</li> <li>• Review medication /prescription process for district nurses and insulin as many errors recently</li> <li>• Develop Hywel Dda pathways and guidelines and diabetes community care policy</li> <li>• Increase self-management education programmes ie introduce Xpert Insulin Programme</li> <li>• Review of service to look at different ways of working i.e. HCSW and administrators to enable clinicians to focus on more complex patients</li> </ul>

## Specialist Palliative Care Update





The Palliative Care Clinical Nurse Specialists work as part of the wider multi-disciplinary Specialist Palliative Care Team (SPCT) across both acute and community. In Carmarthenshire, there is also a 7 bedded specialist inpatient palliative care unit which accepts referrals from across the 3 Counties.

Each County operates Palliative and End of Life (EOL) Care services configured to their individual geography, population need and assets however recently a regional approach, through the West Wales Care Partnership (WWCP) outlining standards and principles has been agreed which seek to align all three Counties to meet outcomes equitably. Taking this work forward, Hywel Dda University Health Board (H DUHB) Palliative & End of Life Care (EoLC) Strategy development programme commissioned Attain, an independent health advisory service to develop a formal Health board Palliative Care Strategy. There was good engagement from all 3 counties and work has progressed well on finalising the strategy.

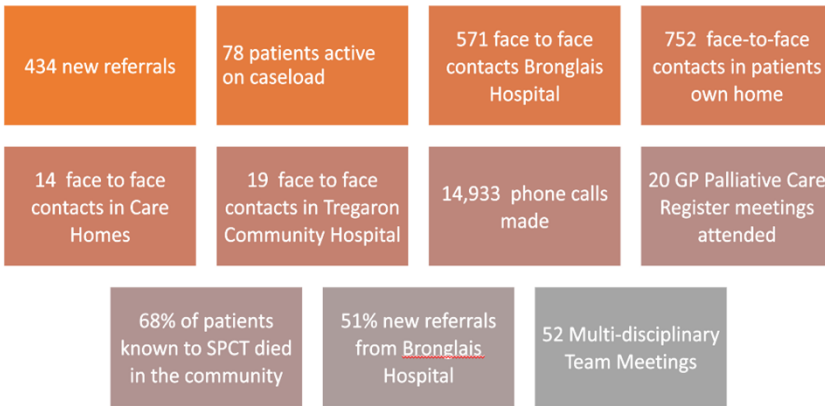
#### Key recommendations from the review include:

- Development of a Triumvirate Team consisting of a Clinical Lead, Service Delivery Manager and Lead Nurse to provide the operational, managerial and strategic direction for delivering the Palliative and End of Life Care Strategy.
- Development of a 3 county Service Specification
- Development of standardised criteria for Specialist Palliative Care Input and referral criteria
- Standardisation of referral processes

#### Highlights from Ceredigion Specialist Palliative Care Team

##### Activity

##### Service Highlights



## Feedback

## Team Learning / Development

- Attended St Christopher's Hospice Webinar regarding the Lantern Model of Nursing dedicated to palliative and end of life care.
- Attended online CPD for Palliative Care Professionals: Ethical issues around nutrition in advanced disease.
- Online CPD for Palliative Care Professionals 'End of life and bereavement experiences during COVID19, national survey of bereaved people' - Dr Emily Harrop
- Attended online All Wales Care Decisions Guidance for Last Days of Life update and workshop
- Contributed to the development of an All Wales competency framework for nurses completing DNACPR (section 5)
- Arranged and contributed to Advance Future Care Planning - Hywel Dda UHB Workshop with Channel 3 OBC Project for electronic solution All Wales.
- Pilot site for Care Decisions Guidance Partnership Leaflet.
- Attended Challenge Panel for Professionals on Macmillan's position and Unique Selling Point for palliative and end of life care
- Completed and evaluated the Companion Volunteer project (Marie Curie and Helpforce)



## Community Hospitals

Hywel Dda UHB has 4 community hospitals across the 3 counties, 2 in Carmarthenshire, 1 in Ceredigion and 2 in Pembrokeshire.

**Pembrokeshire Community Hospital** include Sunderland ward based in South Pembrokeshire Hospital. This includes 35 inpatient Health beds and 5 inpatient Social care beds. The Health board also commission 9 inpatient health beds on Tenby Cottage ward in Park House Court in Tenby with potential to surge to 10 when required. The ward provides inpatient beds for patients being transferred from both acute hospital sites and community-based settings. Patients may be referred for repatriation and ongoing rehabilitation and reablement, recovery following acute admission, complex discharge planning and end of life / palliative care.

**Carmarthenshire Community hospitals** include Amman Valley Hospital which is a 28 bedded unit which serves the community of the Amman and Gwendraeth localities and Llandovery Community Hospital which is a 15 bedded unit which serves the surrounding areas of Llandovery. Both hospitals provide rehabilitation, step up and step-down beds as well as providing palliative care resources. Llandovery also has a minor injuries unit but this has remained closed during the period of Covid due to Infection, Prevention and Control and Health and Safety advice.

**Ceredigion Community Hospital** is Tregaron Hospital, which is a 15 bedded unit serving the population of Ceredigion. The beds in this Intermediate Care of the Elderly, Rehabilitation and Palliative Care Unit are intended for those patients who require comprehensive multi-disciplinary geriatric assessment, medical diagnosis/management, maintenance rehabilitation and organisation of discharge. Intense therapy provision is not available in Tregaron as there is not a 7 day physio service available, however the beds are used flexibly in order to respond to needs, provided those needs can be safely and effectively met within the clinical and environmental resources available.

### New Roles and Service Developments in community hospitals

#### *Family Liaison Officers (FLO)*

The FLO role was initially developed to enable patients and families to stay connected during times of lockdown and limited visiting through COVID. The roles have been very successful and positively received with all community hospitals keen to ensure that there is funding to support the substantive recruitment of these roles moving forward.

#### *WNCR (Welsh Nursing Care Record)*

In April 2021 Sunderland Ward (Pembrokeshire) was the first ward in Wales to implement the WNCR. The transition from paper inpatient assessments to digital records was a challenge for teams but one which with the support of the Informatics team, embraced. The WNCR has since been successfully rolled out across all community hospitals and is now being successfully utilised across the health board.

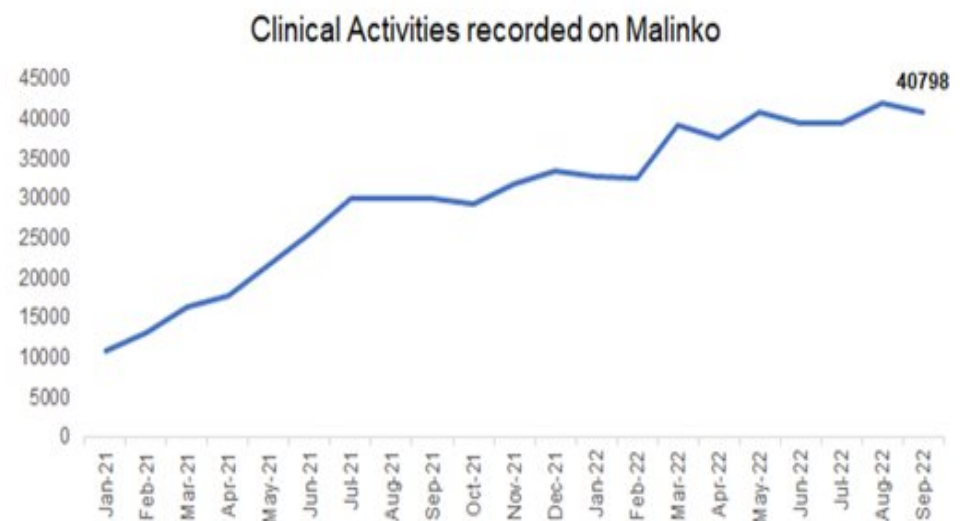
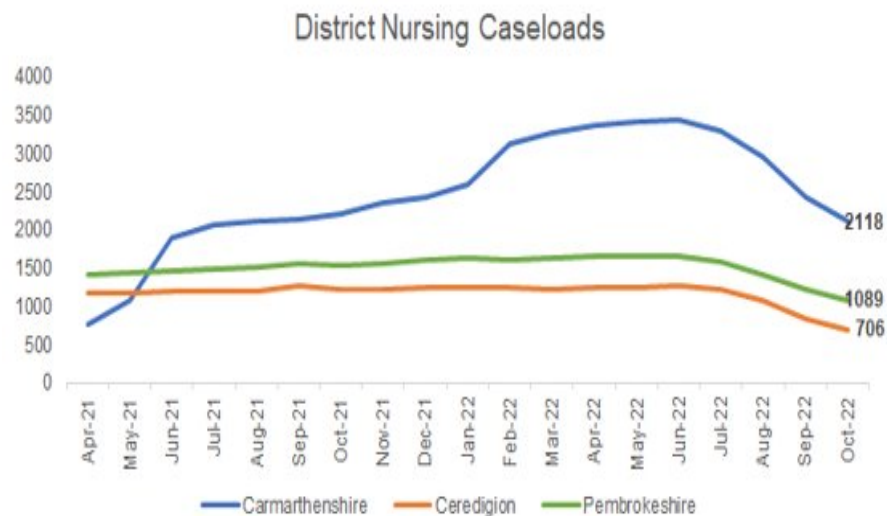
## Service activity

### **District Nursing**

Over the last 12 months, district nursing services across the 3 counties have been working to roll out Malinko, an e-scheduling system which enables real-time visibility of the available clinical workforce capacity and patient demand, reducing duplication and ensuring safer care in the community. A key challenge has been the ability to access data and develop dashboards demonstrating both clinical activity and patient demand.

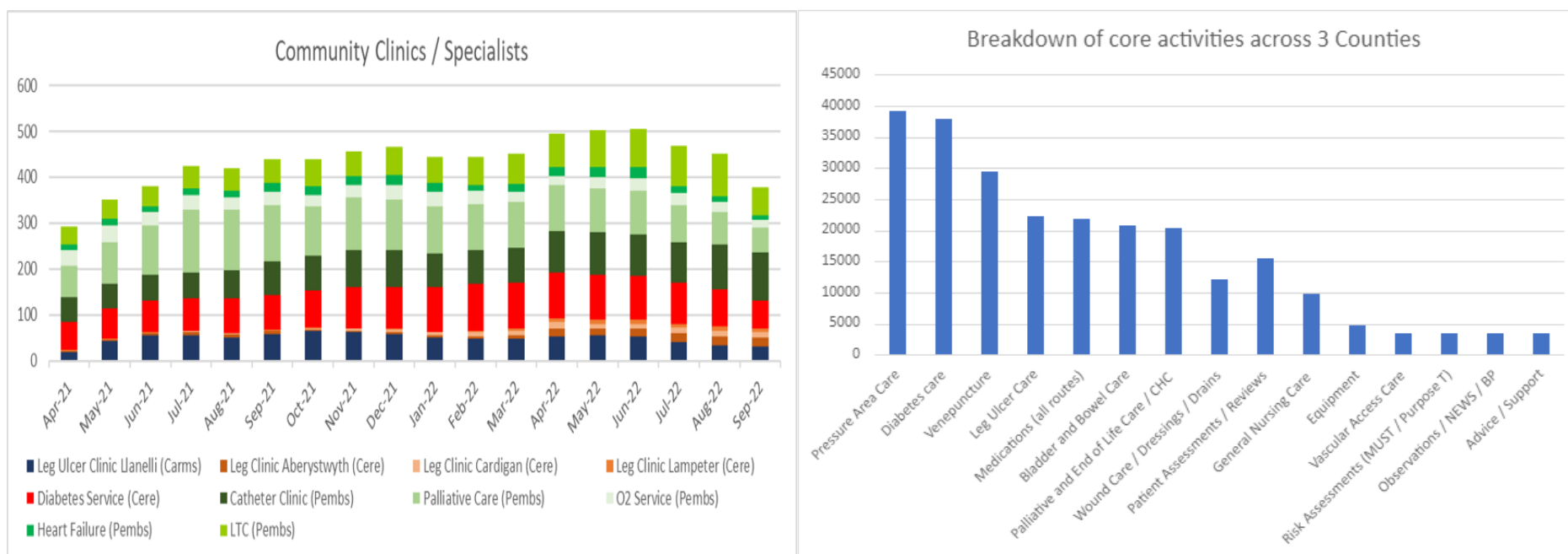
Activity data for 2021-2022 has been collated from Malinko however it is important to note that services went 'live' at different stages over the 12 month period and that there have been significant challenges in accessing the data in a consistent and accurate format. However, on review, the data provided demonstrates trends in activity and demand which correlates with previous data collection.

On average district nursing teams alone have 4000 patients on a caseload at any one time providing around 30,000 contacts per month. Clinical activities recorded per month for all community teams on Malinko, range on average from 30,000 to 40,000 however some patients will have multiple interventions recorded per visit. Teams included are DN teams, ART teams, Intermediate care teams and specialist services.



While each service captures activity and data, historically the lack of a standardised IT system has limited our ability to provide any comparisons or benchmarking across each county. With the planned introduction of e-scheduling across specialist services, the ambition will be to provide detailed and consistent data from all Community CNS Services for 2022/2023.

However, while some data is available as shown below there is a lack of consistency across each county as not all Community Clinic and Community Specialist Information is captured in the same place or in a consistent way – further work is needed to align information from Malinko and WPAS. The data below is a snapshot of activity taken from Malinko and indicates the caseload over time and not the activity.



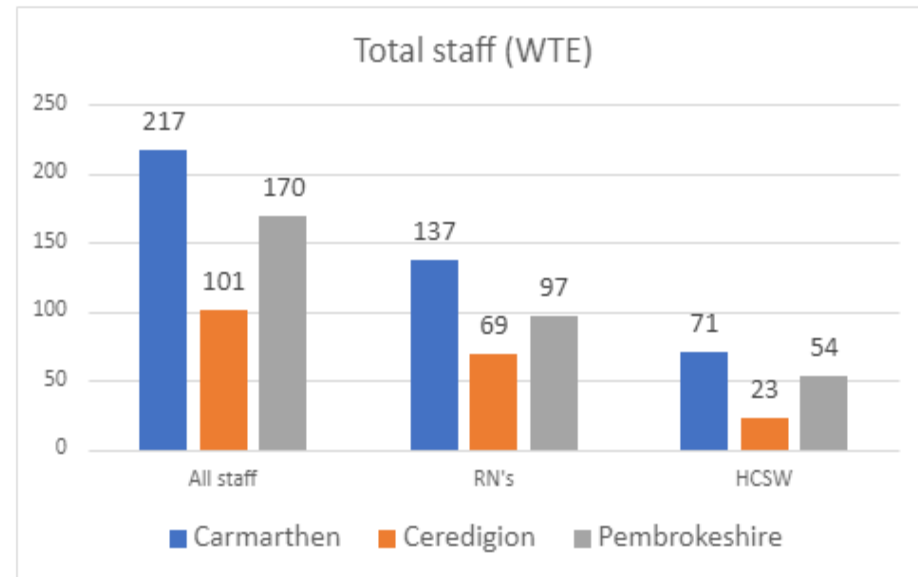
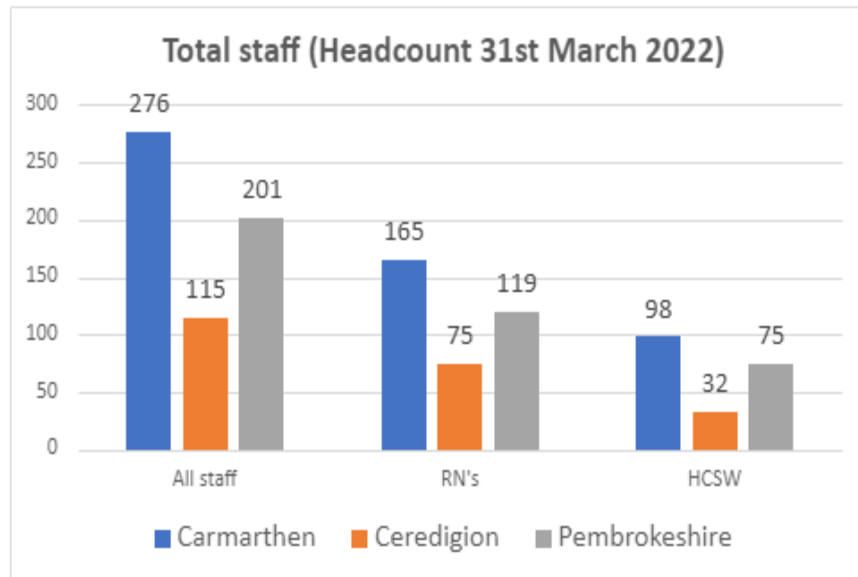
## Workforce

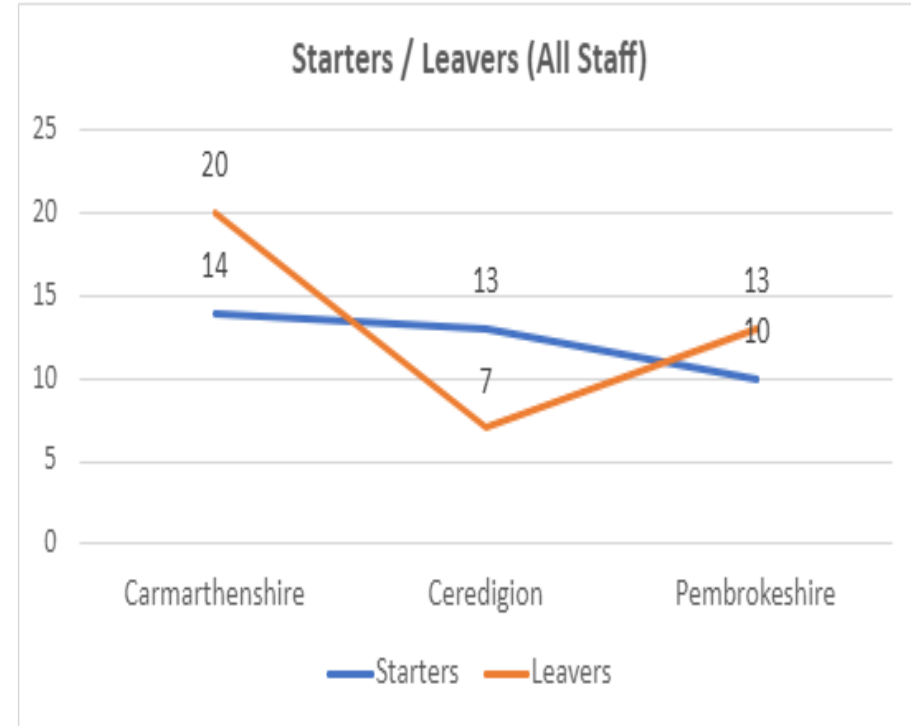
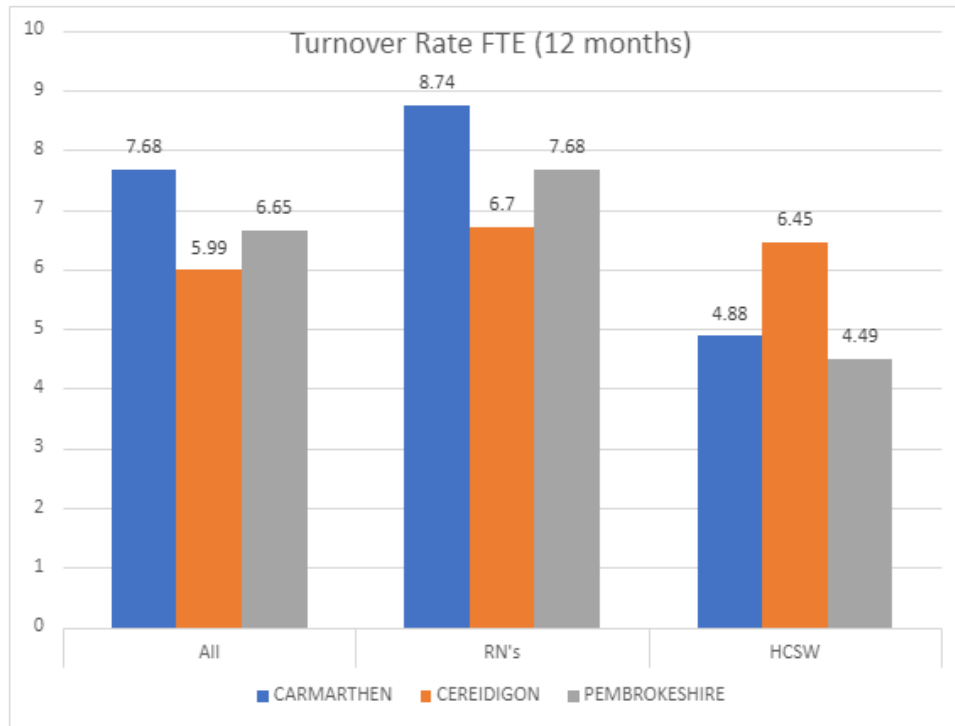
### Staffing

There are over 590 community nursing staff employed across Carmarthenshire, Pembrokeshire and Ceredigion (as of March 2022) with of staff registered nurses. Overall headcount for registered and unregistered staff is consistent across counties with an average annual turnover across the 3 counties of 6.77%. Vacancies historically are well recruited to, although there are increasing reports of community vacancies now remaining unfilled despite recruitment campaigns to raise awareness of community working.



61%  
some

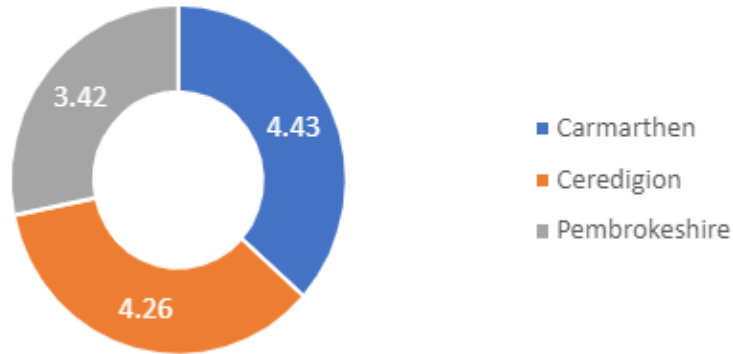




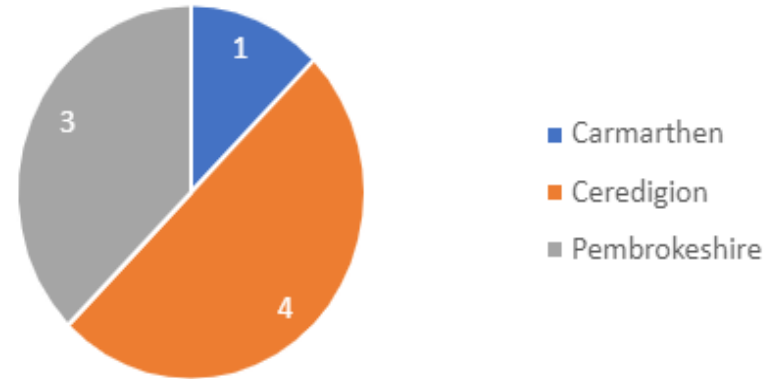
Annual turnover across the 3 counties for retirement reasons (including leaving reasons of retirement age, retirement due to ill health and voluntary early retirement) was 3.86%. Ongoing progress is being made in the recruitment of newly qualified nurses into community nursing teams.



Average annual turnover based on Leaving Reasons of Retirement Age, Retirement due to Ill Health and Voluntary Early Retirement.



Newly Qualified Nurses Recruitment (March 2021 and September 2021)

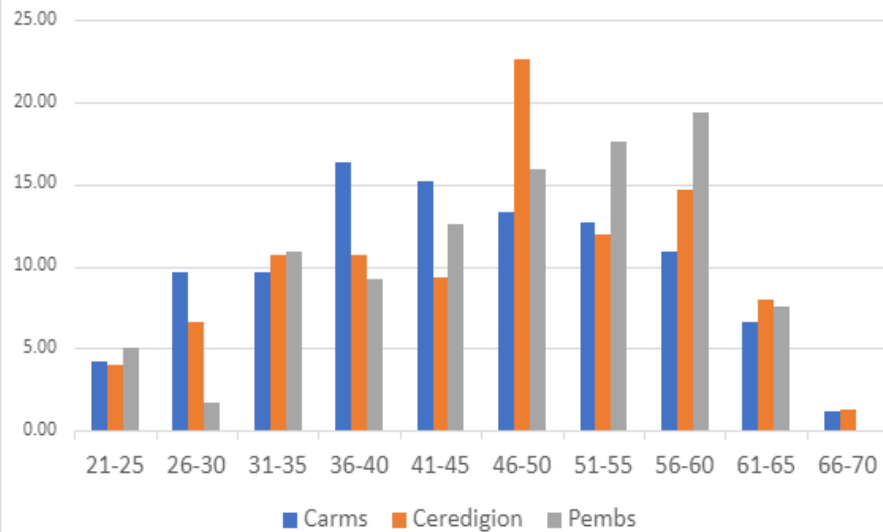


The age profile of all community nursing staff shows a high proportion of the workforce is aged 46 and over, particularly in Ceredigion and Pembrokeshire.

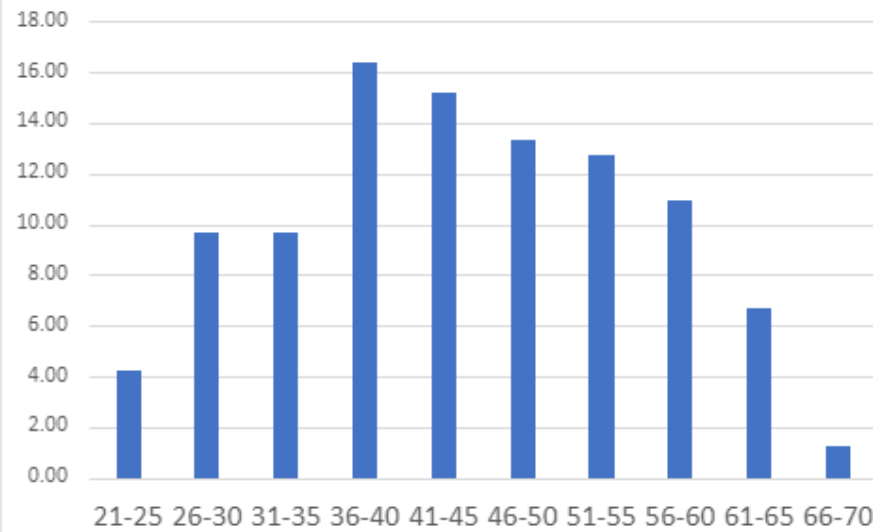




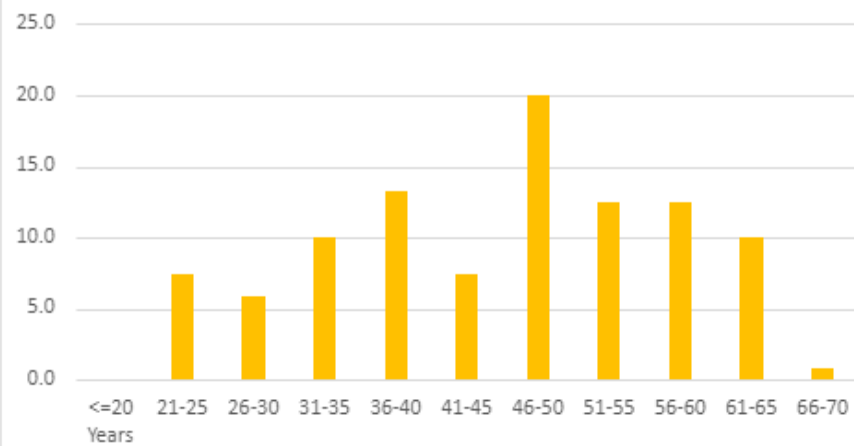
Age Profile of Community Staff across 3 Counties



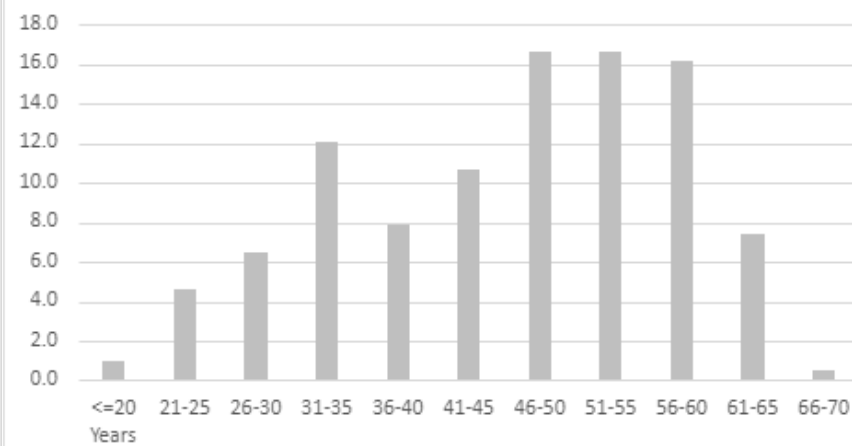
Carmarthen RNs Age Profile



Ceredigion RN Age Profile



Pembrokeshire RN Age Profile



## ***Staff Professional and Practice Development***

The health Board now employs three Community Professional and Practice Development Nurses (PPDN's) to cover each county. Working closely as a team, the focus has been on standardising quality of care, education and development opportunities, and governance processes across the three counties, sharing and promoting best practice.

Some of the key areas of success in the last 12 months include:

- The PPDN's have supported education and training in numerous ways. They have contributed to an improvement in mandatory training compliance for staff across all community teams, by delivering or cascading training, including Basic Life Support, Intermediate Life Support and Moving and Handling training, ensuring care is safe and in accordance with policies and guidelines.
- They have supported practice development through implementation of a new pressure damage risk assessment tool, delivering training in pressure damage grading and reporting, and contributed to the development of, and promoted a lymphoedema pathway to improve the quality of care delivered. They have facilitated the professional development of District Nurses, supporting SPQ students as Practice Assessors, and providing clinical supervision and training for leaders to support the management of staff and caseloads.
- They have created and utilised a documentation audit, alongside delivering training and support, to demonstrate an improvement in record keeping.
- They have worked closely with workforce and development teams on the development of an All Wales Job Description, Scope of practice and core competencies for the Assistant Practitioner in Community, providing recruitment and development support to Teams and individual staff members.
- They have provided clinical supervision to staff across community, including newly registered nurses as part of the health Boards preceptorship programme, and also offer development discussions, identifying and signposting to training and education opportunities. All PPDN's have recently undertaken the Professional Nurse advocate qualification, enabling them to support the professional, educational and emotional development of staff through the provision of restorative clinical supervision.
- They have delivered a large programme of training to prepare staff for the implementation of Welsh levels of Care, with 217 staff across the three counties receiving training.
- Currently they are working with primary care colleagues on the piloting and evaluation of a community news tool and escalation algorithm.
- The team have developed a 3 county Community SharePoint Site which will provide information and details of how to access community services as well as advice and training resources for staff

### ***Neighbourhood District Nursing Project***

District Nursing Services across Hywel Dda University Health Board have received funding from Welsh Government to build on recommendations which arose from the Neighbourhood District Nursing Pilots in Wales, specifically, the need for health boards to develop a Neighbourhood District Nursing workforce with the range of skills and opportunities for career progression required to meet the needs of the local population.

The funding will be used to support the development and implementation of 2 key roles across HDUHB and support with ongoing expansion of the community health care support worker roles across all bandings. These roles are highlighted below and will be rolled out over 2022/2023.

- A Community Senior Peer Nurse Advocate Role (1wte B8a for 12 months)
- A Community Practice and Professional Development Nurse (1wte B6 for 12 months)
- Community Health Care Support Workers and Assistant Practitioners (funding for 5 years)

### ***Peer Nurse Advocate Training***



Peer Nurse Advocate Training courses are being provided remotely by Canterbury Christ Church University and funding from WG was utilised for 18 training places with 10 staff committed to undertaking the training in April and May 2022. Full details of this pilot will be provided in a formal evaluation in 2023 but feedback to date from nurses who have undertaken the training has been very positive.

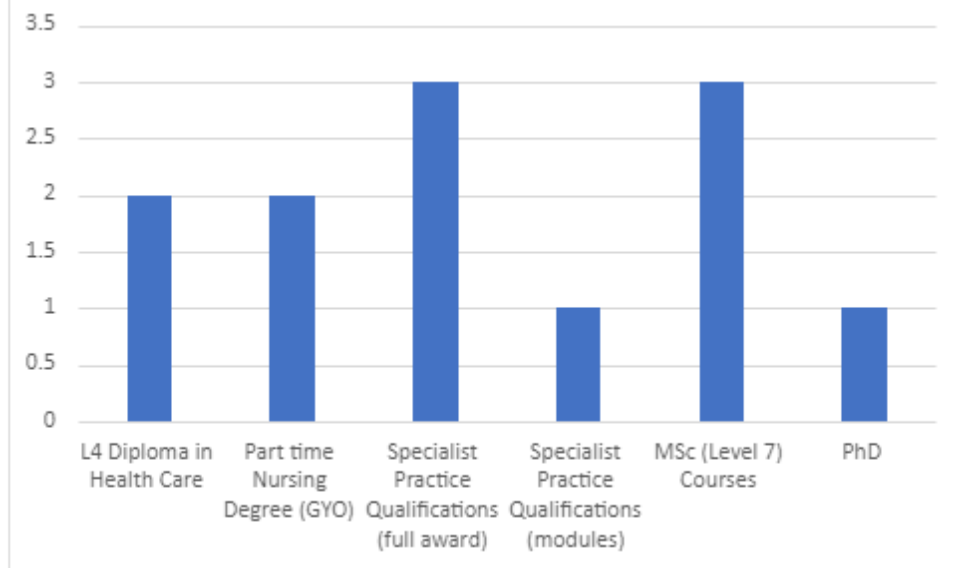
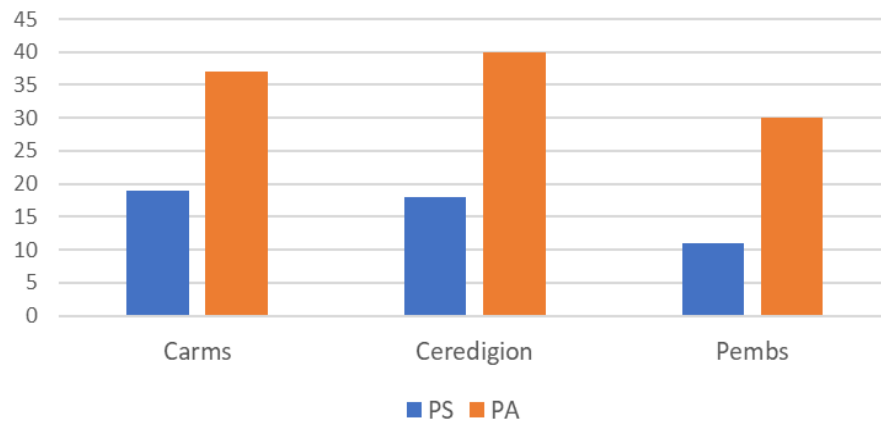
### ***Higher Education Awards and Modules***

All community staff across the 3 counties continue to be supported and encouraged to undertake personal and professional development opportunities.

Table below shows numbers of staff who have successfully applied and commenced training in 2021-2022 alongside compliance with practice supervisor and practice assessor training is also monitored on a monthly basis and current training figures are shown below.



Practice Supervisor and Practice Assessor  
Training Figures

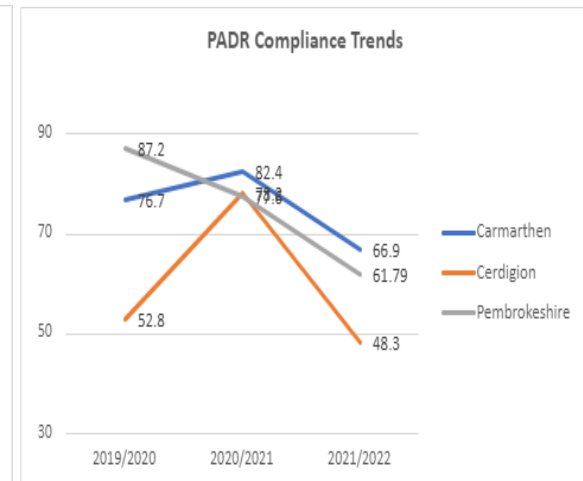
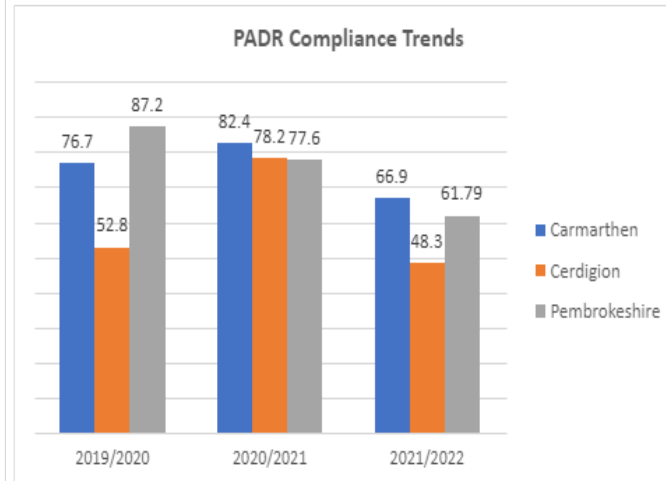
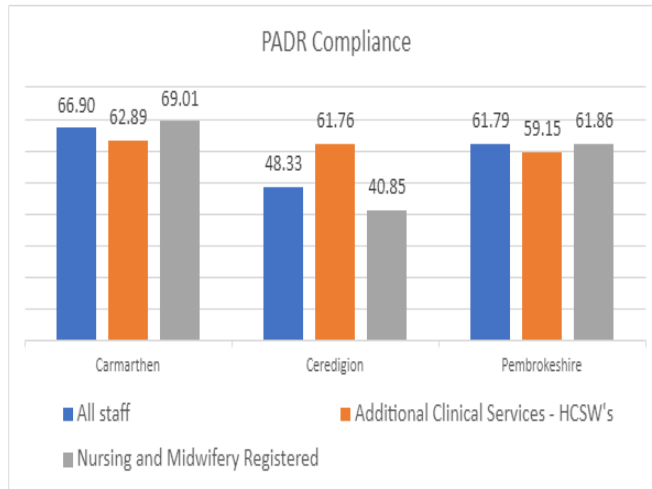


## Performance

Community nursing services across the 3 counties have developed informatics dashboards to monitor performance, impact on population health and to ensure national and local targets are achieved in order to inform future service improvements. Patient experience and satisfaction is also a valuable outcome measure to be included in performance monitoring along with national ESR systems.

## PADR

The PADR compliance for the 3 Counties in 2021/2022 is shown across all staff groups. Trend analysis highlights the decrease noted across the 3 counties in 2021/2022.

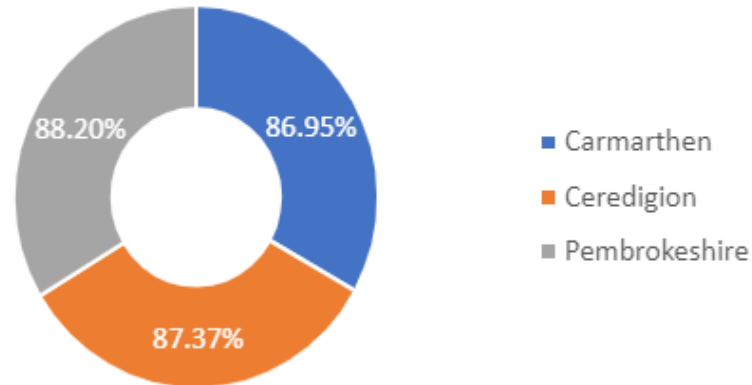


## Mandatory Training

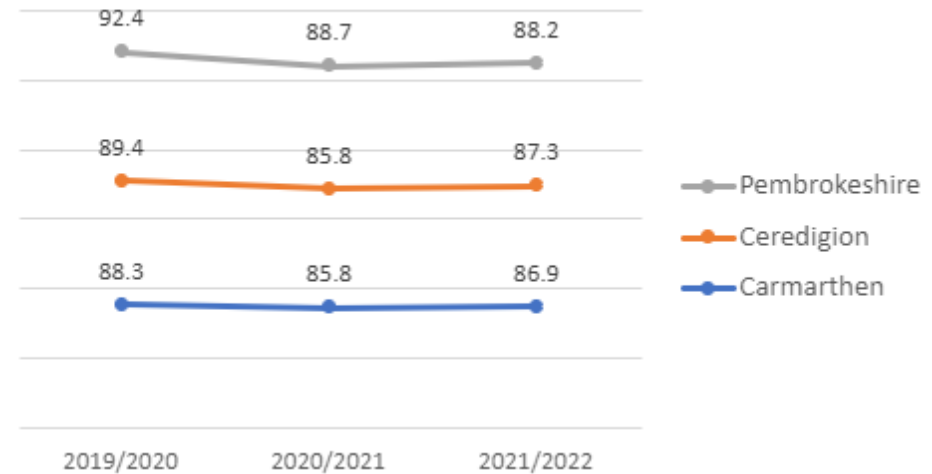
The figures below are based on the 12 CSTF Mandatory Training areas including: Equality, Diversity & HR; Fire Safety; Health Safety & Welfare; Infection Prevention & Control, Information Governance; Moving & Handling; Resuscitation; Safeguarding Adults and Children; Violence & Aggression; Dementia Awareness and VAWDASV.



Mandatory Training compliance by County



Mandatory Training Compliance Trends



Overall and despite the significant challenges faced by teams, community nursing services worked hard to maintain good levels of compliance with mandatory training. Slight decreases are noted in Ceredigion and Pembrokeshire with a slight improvement noted in Carmarthen when compared to 2020/2021, however overall compliance remains above 85%.

## Sickness

Across all the counties, anxiety, stress and depression was by far the most common reason for absence, accounting for on average 28% of all sickness with over 3665 days lost, however, this is an improvement on 2020/2021 when anxiety and stress accounted for almost 40% of all sickness with 4330 days lost.

Carmarthen (all staff)			Ceredigion (all staff)			Pembrokeshire (all staff)		
	FTE Days Lost	%		FTE Days Lost	%		FTE Days Lost	%
S10 Anxiety/stress/depression/other psychiatric illnesses	1,806.52	29.5	S10 Anxiety/stress/depression/other psychiatric illnesses	375.60	22.4	S10 Anxiety/stress/depression/other psychiatric illnesses	1,484.35	32.6
S12 Other musculoskeletal problems	921.63	15.1	S28 Injury, fracture	325.00	19.4	S27 Infectious diseases	740.37	16.3
S27 Infectious diseases	709.30	11.6	S16 Headache / migraine	276.55	16.5	S11 Back Problems	460.48	10.1

When overall sickness compared by staff groups, there is no difference in the main reason for sickness which remains Anxiety/Stress. In HCSWs the second most common reason for absence is seen as musculoskeletal/Injury/back problems whilst for registered nurses it was infectious diseases which can be explained by the ongoing COVID challenges faced.

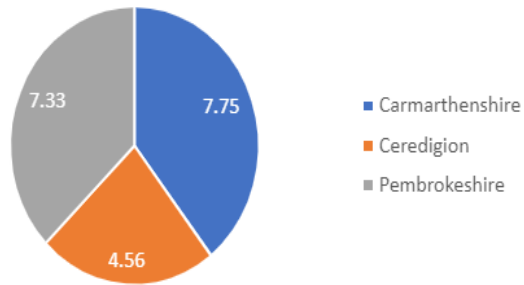
RNs	FTE Days Lost	%	RNs	FTE Days Lost	%	RNs	FTE Days Lost	%
S10 Anxiety/stress/depression/other psychiatric illnesses	1,241.75	33.2	S10 Anxiety/stress/depression/other psychiatric illnesses	286.60	22.4	S10 Anxiety/stress/depression/other psychiatric illnesses	940.55	35.2
S27 Infectious diseases	478.35	12.8	S16 Headache / migraine	275.88	21.6	S27 Infectious diseases	614.44	23.0
S12 Other musculoskeletal problems	449.68	12.0	S28 Injury, fracture	232.00	18.2	S12 Other musculoskeletal problems	235.60	8.8

HCSW	FTE Days Lost	%	HCSW	FTE Days Lost	%	HCSW	FTE Days Lost	%
S10 Anxiety/stress/depression/other psychiatric illnesses	564.77	25.9	S10 Anxiety/stress/depression/other psychiatric illnesses	89.00	28.2	S10 Anxiety/stress/depression/other psychiatric illnesses	423.12	27.1
S12 Other musculoskeletal problems	377.55	17.3	S28 Injury, fracture	53.00	16.8	S11 Back Problems	224.04	14.4
S15 Chest & respiratory problems	235.97	10.8	S27 Infectious diseases	52.00	16.5	S16 Headache / migraine	212.13	13.6

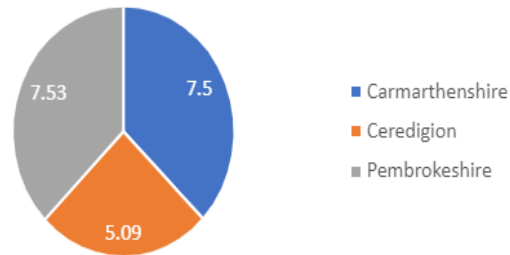
The breakdown of sickness/absence per county and staff groups is shown below. Overall, sickness appears consistently lower in Ceredigion across both RNs and HCSW's and a review of possible reasons or lessons to be shared will be considered.



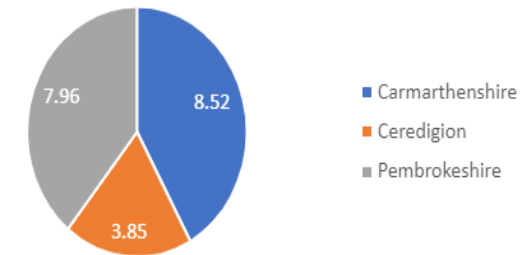
Overall Cumulative Sickness per County (FTE%)



Overall RN Cumulative Sickness per County (FTE%)



Overall HCSW Cumulative Sickness per County (FTE%)



## Quality, Safety and Patient Experience

### Patient Safety Incidents

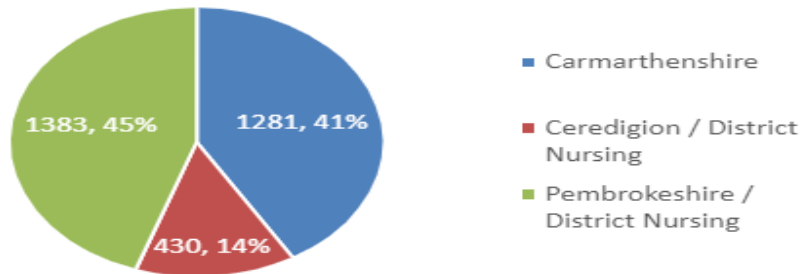
A total of 3094 incidents were reported across the 3 counties community nursing teams and community hospitals between April 2021 and March 2023.

Pembrokeshire had the highest number of reported incidents, accounting for 45% of all incidents across the 3 Counties, Carmarthen having 41%. Ceredigion had the lowest number of incidents with 14% of the overall total. District nursing teams accounted for the majority of all reported incidents, (n=2484, 80%), while 362 incidents (12%) were reported by community hospitals. The remaining incidents were across Acute Response Teams, Palliative Care, Bladder and Bowel, Minor Injury Units. 106 of the total incidents were reported for the Long Term Care Team which are not investigated by County Teams.

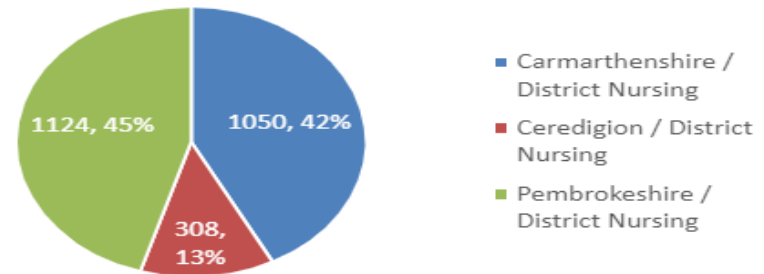




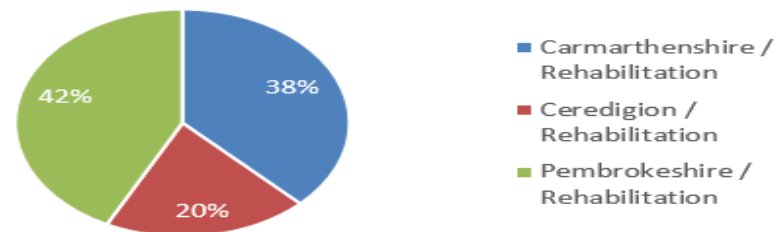
Breakdown of incidents by County



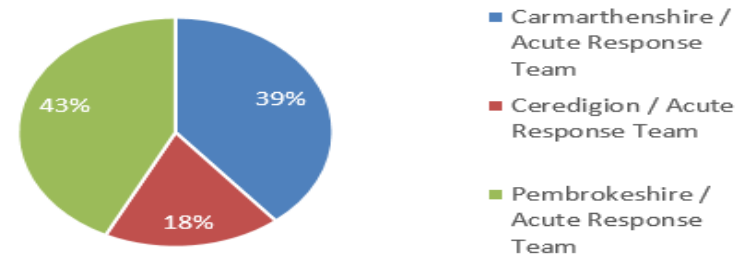
Breakdown of incidents across District Nursing



Breakdown of incidents across Community Hospitals

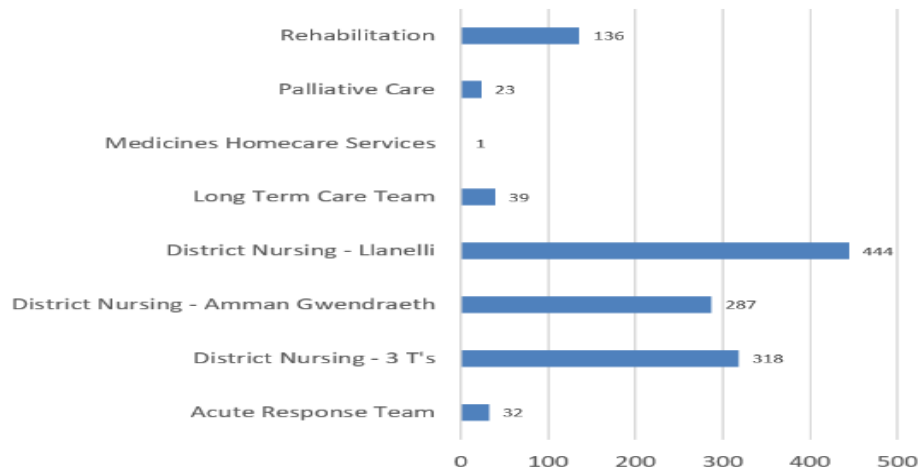


Breakdown of incidents across Acute Response Teams

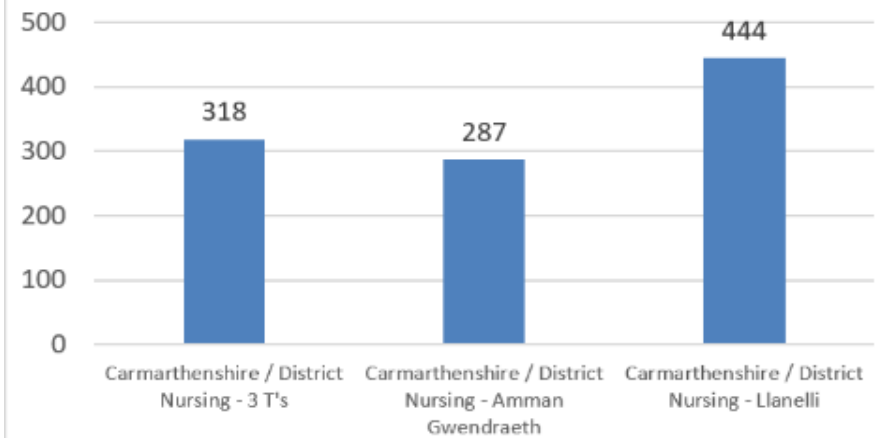




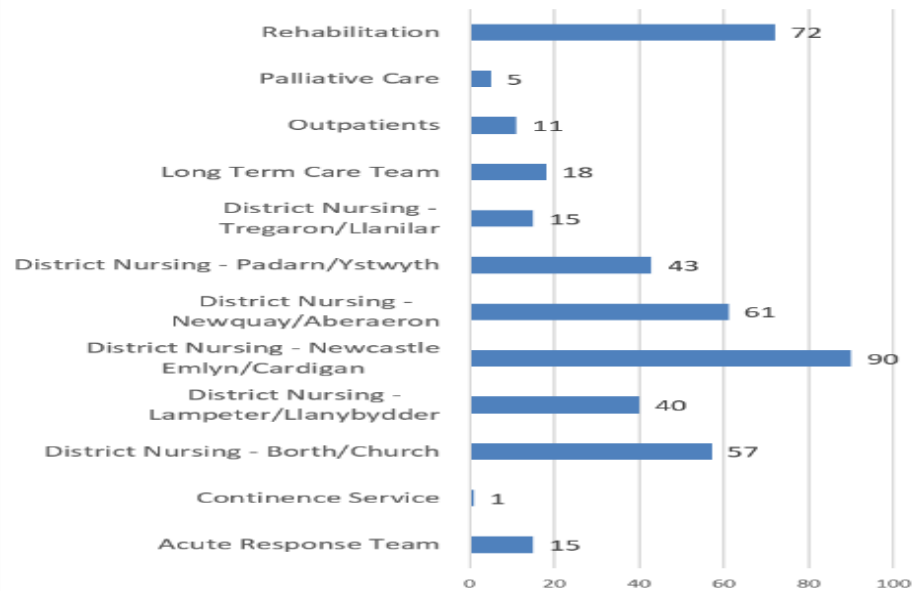
Total Carmarthenshire Incidents (1280)



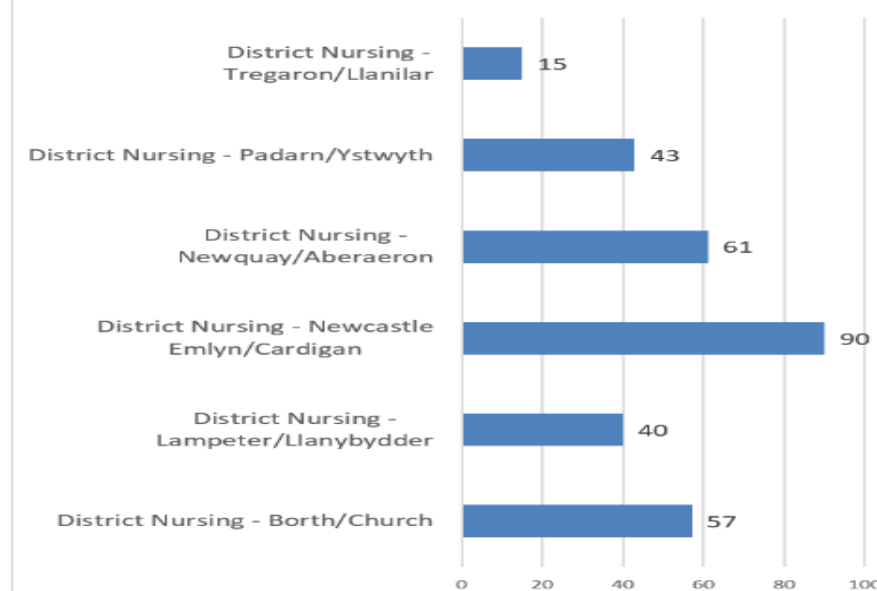
Total Carmarthenshire District Nursing Incidents



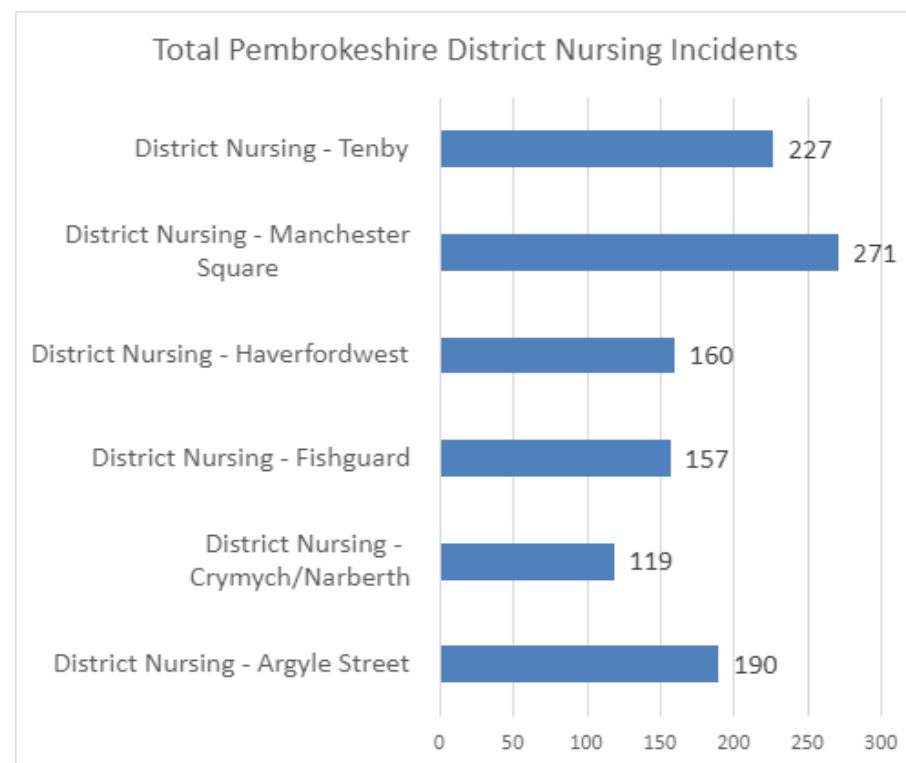
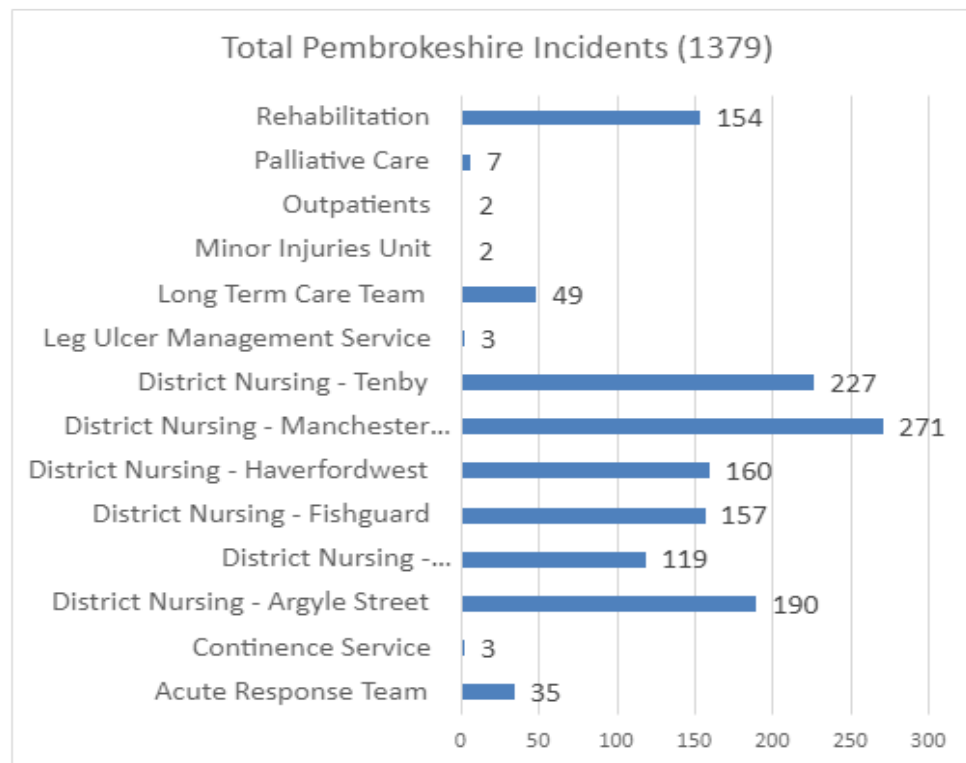
Ceredigion total incidents (428)



Ceredigion total district nursing incidents



### ***Pembrokeshire Incidents***

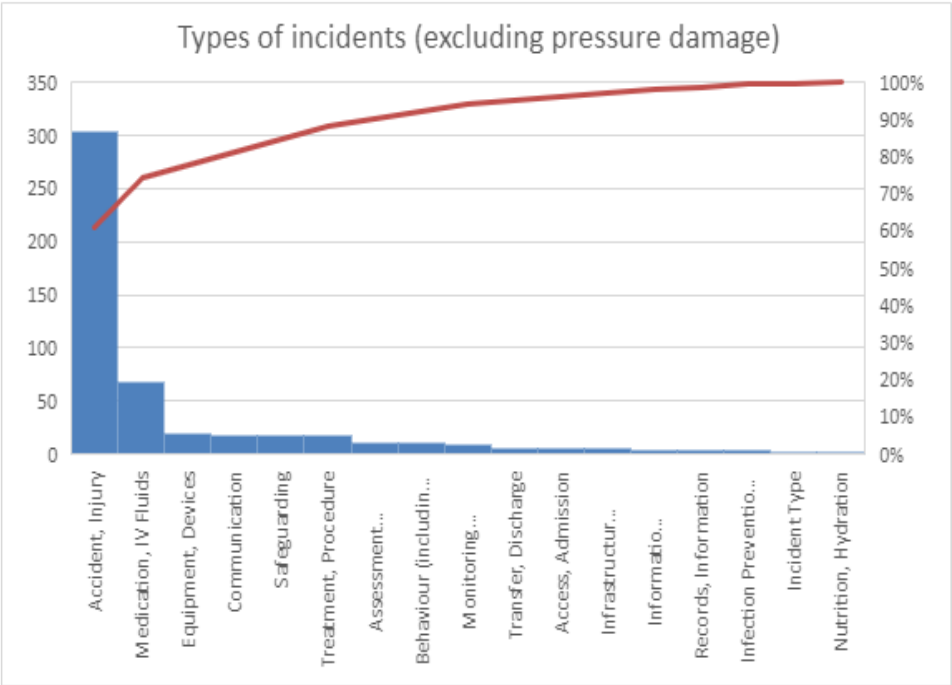
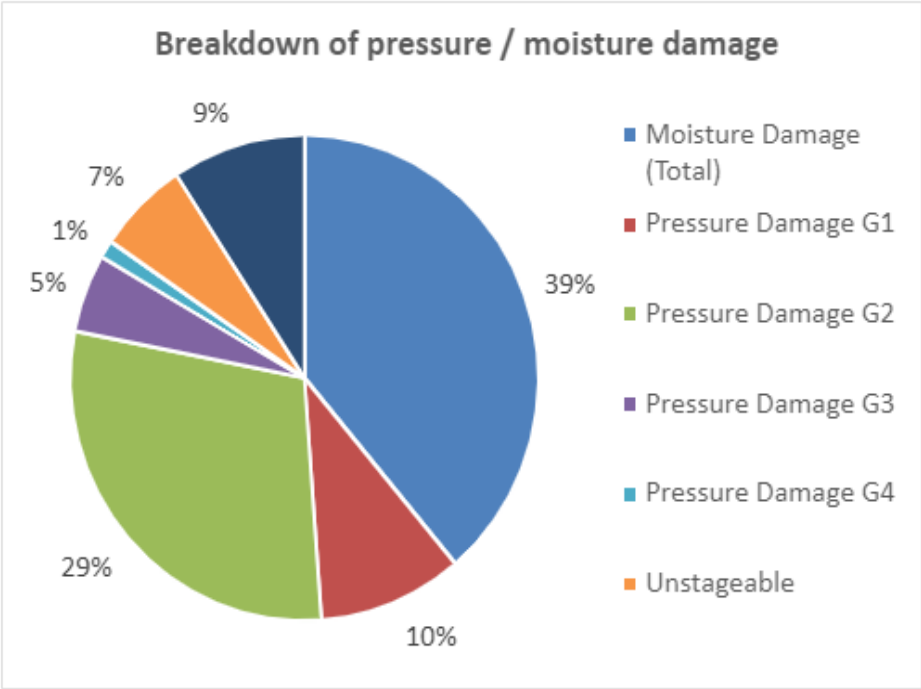


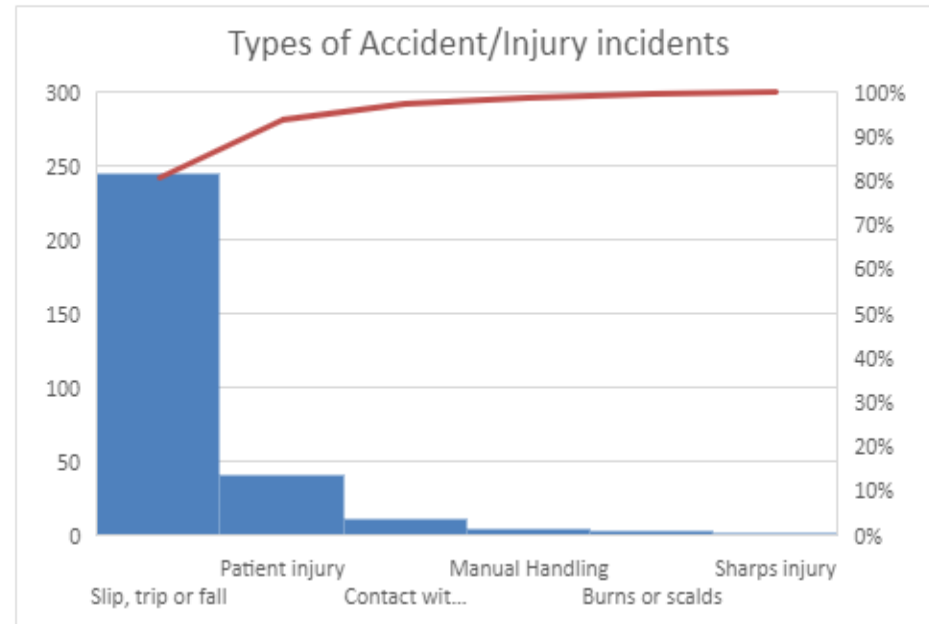
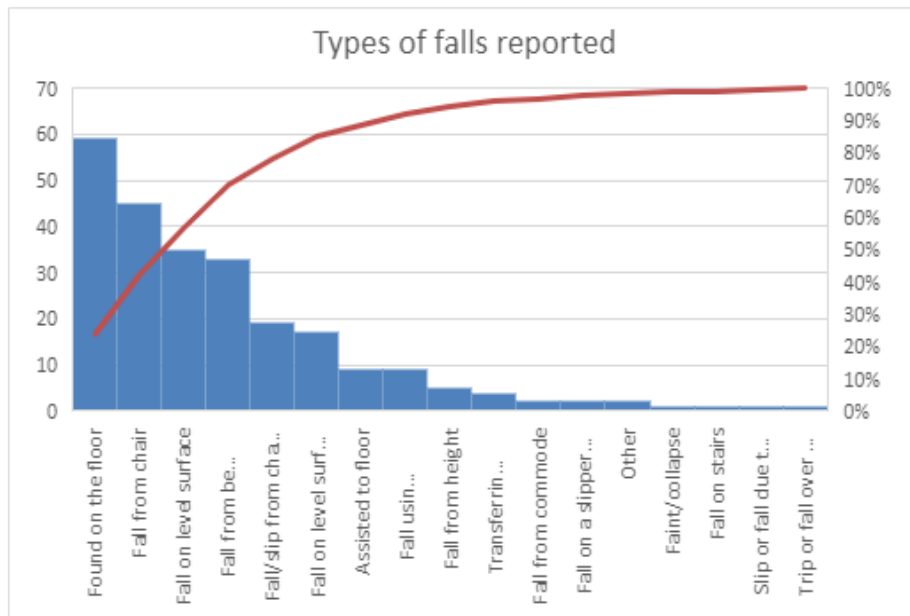
### ***Types of incidents***

Of all incidents, 2594 (84% of incidents were related to moisture and pressure damage with the breakdown of categories shown below.

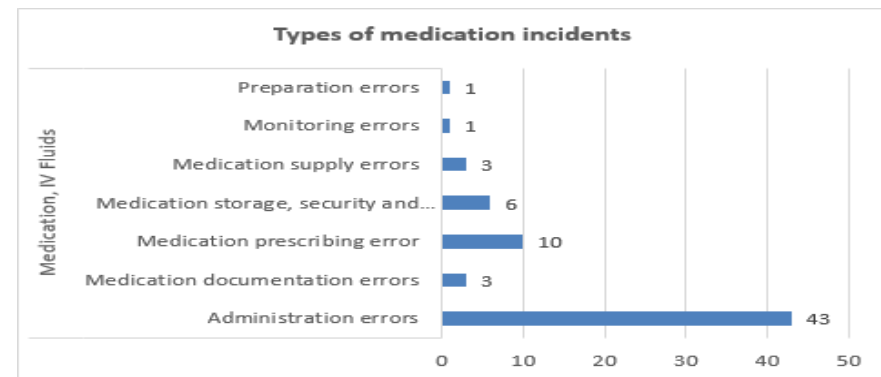
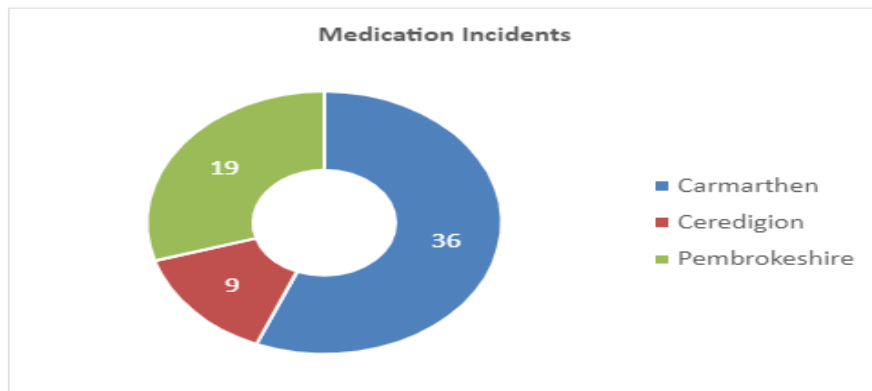
568 incidents relate to G3 and above pressure damage (including suspected deep tissue injury incidents) equating to 22% of all pressure and moisture damage incidents reported. Moisture damage and G1 reported incidents account for 49% of incidents and G2 reported pressure damage for 29% of incidents. Of these, 372 incidents are closed and 196 incidents (35%) remain under investigation or awaiting scrutiny and closure.

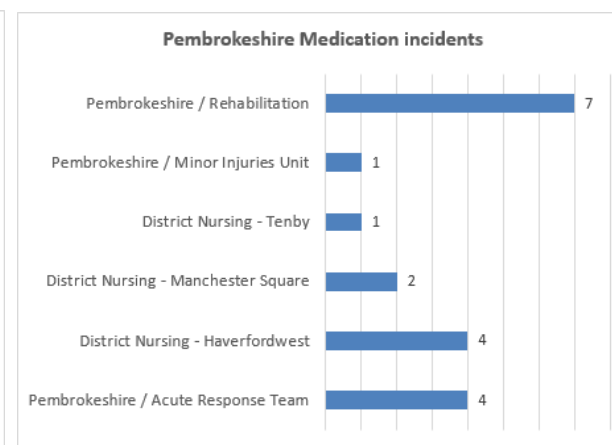
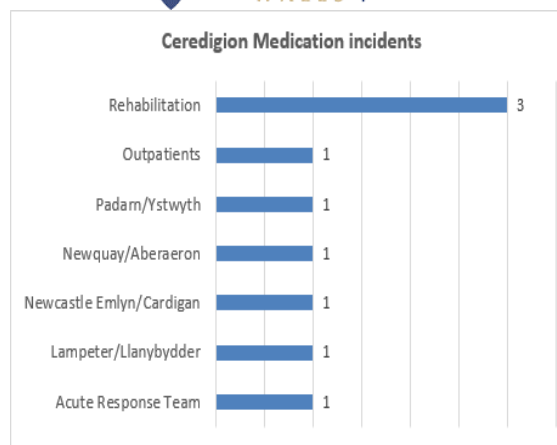
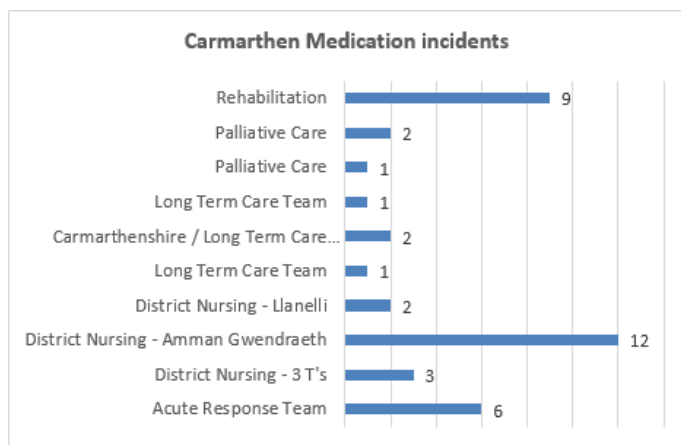
Of those closed, 82% state that following investigation the pressure damage was deemed unavoidable. It is not possible to determine the overall number which were unavoidable as 196 incidents remain under investigation or awaiting scrutiny and closure. A breakdown of other types of incidents is shown below. Of the remaining 500 incidents, 304 were classified as accident or injury and of these 245 incidents related to slips, trips and falls with the remaining incident categories.



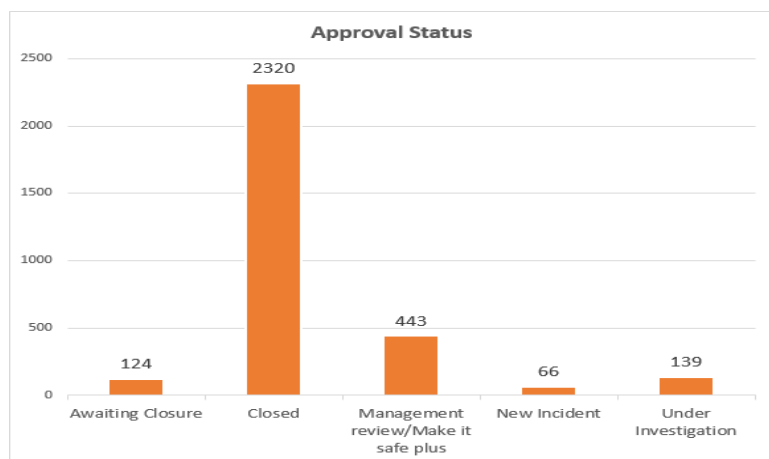


Medication incidents account for 2% of all reported incidents and of these 28% occurred within the community hospital setting. 43 (64%) were administration errors with prescribing errors accounting for 15%.

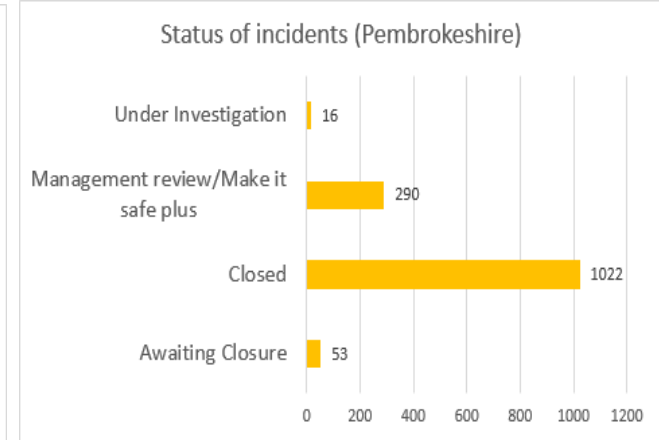
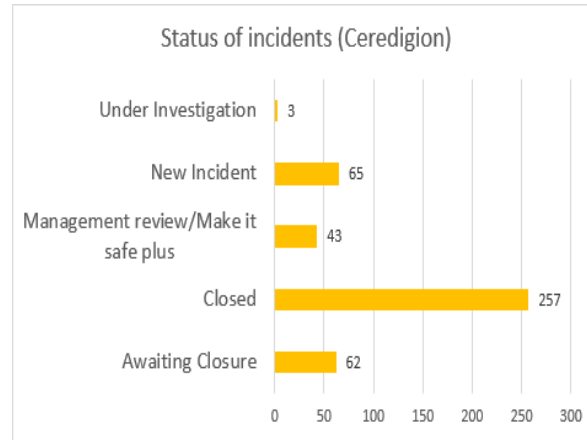
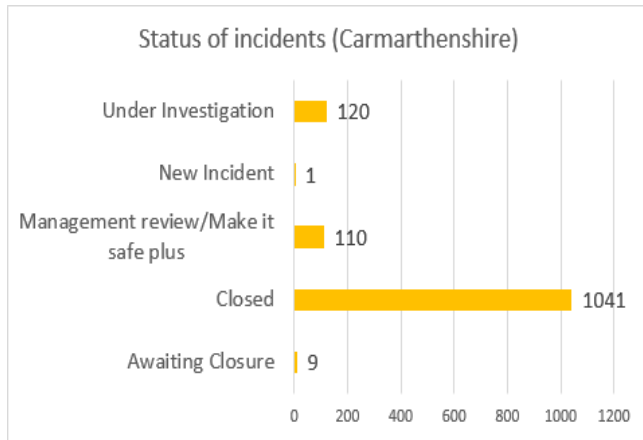




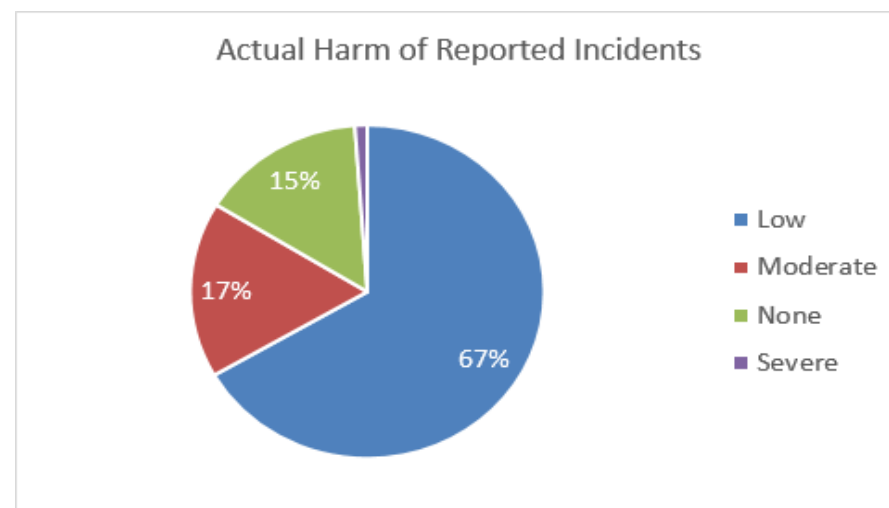
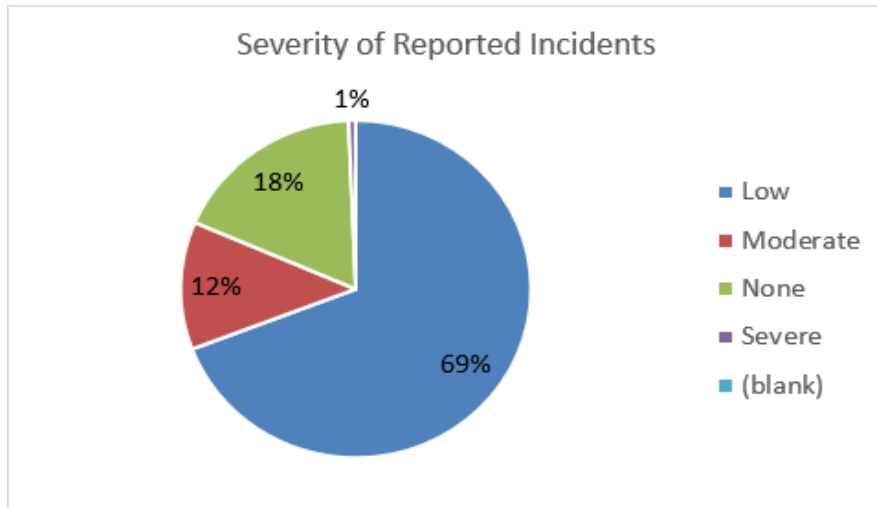
## Approval status



The approval status of all reported incidents between April 2021 and March 2022 can be seen below. 75% of all incidents have been closed following investigation, 4% are awaiting closure with 648 (21%) incidents still under investigation as of August 2022. 22% of incidents remain outstanding for investigation in Pembrokeshire, 18% of Carmarthenshire incidents are outstanding and in Ceredigion 26% of incidents are still under or awaiting investigation. This excludes those incidents awaiting closure.



The severity of all reported incidents shows that the majority of incidents are low severity (69%) with only 1% of all incidents initially reported as severe. There is little change following investigation suggesting that reporting of incidents is accurate and appropriate.



Scrutiny meetings are well established in each county where themes and learning are identified and shared. Each county also has a monthly Quality, Safety and Experience meeting where any concerns are escalated. 7 Minute briefings have been adopted to share learning and action plans developed where improvements have been recommended. Most common issues identified from scrutiny relate to documentation and record keeping, such as risk assessments not being updated or completed in a timely manner, inconsistency with wound care charts, inconsistent use of non-concordance documentation and lack of care planning.

Some key areas of work around management of wound care and pressure damage include;

- Rollout out of Lymphedema Pathway
- Pilot of Skin Bundle Document
- In-house training

## Safeguarding

Safeguarding reports 2021 - 22	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Annual Totals
Community Services - Carmarthen	0	0	0	1	3	0	0	0	0	4	2	3	13
Community Services - Ceredigion	0	0	0	0	0	0	0	1	1	1	0	0	3
Community Services – Pembrokeshire	1	2	1	1	0	1	2	1	0	0	0	1	10
Monthly Total	1	2	1	2	3	1	2	2	1	5	2	4	26

Themes	Learning
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<b>Medications</b> Sharps left unattended and incorrect disposal of waste	Sharps investigation checklist now implemented; Sharps incidents discussed in scrutiny and learning shared with all staff
<b>Standards of Care</b> Hygiene needs not being met appropriately. Delays in care provision.	All care being given but breakdown in communication between family and staff, improving communication and involvement of family with care plans
<b>Falls</b>	Appropriated use of bed rails assessments – training provided Lack of timely EPS assessment or lack of available staff to provide EPS
<b>Pressure Damage</b> Pressure damage as result of incorrect or poor documentation, missing wound care charts and care plans, delays in reporting of Datix	Training provided on documentation. Datix reporting and investigating workshops held. Shared learning from events, 7 minute briefings, and Scrutiny meetings held, Documentation audits implemented.

## Initiatives and Developments 2021-2023

A Health Board wide Community Ambulatory Clinic Model is to be developed based on the successful outcomes of both the Ear Micro suctioning and Trial without Catheter pilots in 2021. An overarching clinic model and service specification is being developed to embed community clinics across the 3 counties for a range of services including; Leg Ulcer Clinics, Catheter Clinics, Wound Care Clinics, Phlebotomy Clinics, One Stop Diagnostic Heart Failure Clinics, Ear Micro suctioning clinics, Trial without catheters alongside existing speciality clinics.

## Patient Experience

For 2021/2022, Pembrokeshire community nursing services have been working with the Patient Support Services to pilot the Once for Wales Patient Experience Survey through CIVICA. The pilot has been successful and there are plans to formally roll out the use of the CIVICA questionnaire in 2022/2023 across Carmarthen and Ceredigion. Feedback and comments are noted below, overall feedback is very positive with some core themes identified for improvement shown below.

*Positive comments generally related to excellent care, nursing staff being caring, kind and helpful.*

*Where we could improve was around managing patient expectations providing planned /timed calls, improving continuity of staff, ensuring skill mix of staff is sufficient and how staff challenge referrals felt to be unsuitable.*



## Recommendations for 2021/2022

2020/2021 Recommendations	Outcomes
<b>Participate in the proposed health board reviews planned for a number of specialist services including Tissue Viability, Respiratory, Diabetes and Cardiology</b>	Community HoNs and Clinical Lead Nurses continue to work with and support specialist reviews and have welcomed the development of a health board wide lead nurse role for specialist services
<b>Establish a consistent Once for Wales approach to Patient Experience Feedback, utilising CIVICA.</b>	District Nursing Teams across 3 counties are now able to access the patient experience questionnaire through CIVICA.
<b>Establish consistent approaches to data collection and service metrics across all community nursing teams and services, this will</b>	The implementation of Malinko and the challenges with accessing data has limited the progress able to be made during this year. Work is ongoing to identify clear metrics and outcomes which can be accessed through existing systems such as Malinko for data collection and benchmarking.



<b>enable benchmarking and support service development and investment.</b>	
<b>Ensure that there is strong professional leadership and representation at local, cluster, health board and national level.</b>	Work has progressed with the Accelerated Cluster Development and Professional Collaborative. There is strong and consistent Professional leadership across local and national levels.
<b>Upscale and roll out local initiatives and pilots to provide consistent and equitable care provision</b>	Pilots undertaken in the last 12 months include: <ul style="list-style-type: none"> <li>• Trial without Catheter</li> <li>• Ear Micro suctioning</li> </ul>
<b>Continue to encourage and offer personal and professional staff development and opportunities</b>	The role of the Community Practice and Professional Development Nurse has been established across all 3 counties and the team continue to support all staff with both personal and professional development opportunities.
<b>Maintain consistency and standardisation of management and address all Quality and Assurance issues across the 3 Counties Community Nursing Services.</b>	All 3 counties have established monthly Quality, Safety and Experience Meetings and Monthly Scrutiny meetings.
<b>Ensure staff are supported and have awareness and access to any support for psychological wellbeing</b>	All staff aware of staff psychological and wellbeing services and able to access OH and Psychological services as required. Engagement with Organisational Development and Relationship managers to also support teams and individuals.
<b>Ensure good compliance with the CNO District Nursing Interim Staffing Principles:</b> <ul style="list-style-type: none"> <li>✓ Achieve the minimum recommendation for administrative support to teams, (15hrs per team)</li> <li>✓ All Teams to have dedicated B7 DN Team Leaders</li> <li>✓ Recommended staffing levels / size of teams are achieved</li> </ul>	<p>HDUHB Community Services continue to report consistent progress and compliance against the Interim DN Staffing Principles. Key area for ongoing improvement remains administrative support for all DN teams, particularly given the additional administrative requirements of Malinko.</p> <p>Current bi-annual reporting of the Interim Principles has been suspended and not currently required by WG.</p>
<b>2022 / 2023 Recommendations</b>	



**Update DN Service Specification for 2022**

**Participate in Accelerated Cluster Developments**

**Establish Professional Collaboratives**

**Continue to participate in DN Workstream for Nurse Staffing Act**

- **Introduce DN WLoC Acuity and Dependency Tool**
- **Participate in Quality Audits and Professional Judgement Workbook pilots**

**Implementation of Ambulatory Community Clinic Models across 3 counties**

**Increase capacity for enhanced bridging, home based care and proactive care management**

**Ongoing development of urgent and intermediate care services across 3 counties**

- **Development of Same Day Urgent Care (SDUC) in Ceredigion**
- **Development of Virtual Wards**
- **Expansion of homebased and bridging care services**

**Pilot Admiral Inpatient CNS for Sunderland Ward, South Pembrokeshire Hospital with learning to be shared for further development of roles across other community hospitals**

**Establish Neighbourhood District Nursing Model of working**

- **Offer access to the A-Equip model of Restorative Supervision to community nurses**
- **Development of HCSW and AP roles through Welsh Government funding**
- **Embed the role of the Professional Nurse Advocate across community nursing**

