

CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 March 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Operational Update and Progress Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Executive Director of Operations Jill Paterson, Director of Primary Care, Community and Long Term Care
SWYDDOG ADRODD: REPORTING OFFICER:	Gareth Skye, Business & Governance Manager, Central Operations

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

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

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

Cefndir / Background

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

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

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

Asesiad / Assessment

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

URGENT & EMERGENCY CARE

Operational demand pressures continue across the entire Urgent and Emergency Care system often exceeding capacity. These have been exacerbated by the industrial action, most recently by the Welsh Ambulance Service Trust (WAST). Despite this, in terms of ambulance handover delays, there is evidence over the last few weeks that performance is showing improvement and stabilisation.

The service continues to see improvements in key performance outcomes for conveyance and admission rates, the latter for all adults including the > 75 patient population. Unfortunately, while there has been a 14% reduction in bed days > 21 days, there remains a need to deliver greater improvements in this area before benefits on our 'front door' pressures can be realised. Reducing length of stay is dependent on efficient and effective discharge planning and coordination for patients with complex needs as well as timely provision of any care and support that may be required on transfer from the acute hospital environment. Management of Complexity is therefore a critical priority for the Transforming Urgent and Emergency Care programme (TUEC) for 2023/24 and outlined in the TUEC section below.

Delayed transfers from acute hospital continue due to the challenges associated with community capacity. February 2023 Census data regarding Delayed Pathways of Care reasons are outlined below and further expanded upon in **Annex 1**. With a total of 295 delays identified this represents a quarter of the total bed capacity of 1,136 across these sites.

Hospital	Total Number of Delays	Average Age
Glangwili General Hospital	86	77
Withybush General Hospital	67	79
Prince Philip Hospital	65	79
South Pembrokeshire Hospital	28	79
Bronglais General Hospital	19	85
Amman Valley Hospital	18	84
Llandovery Hospital	9	85
Tregaron Hospital	3	75
TOTAL	295	80

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

Data indicates that efficiency gains are possible to reduce 'surge bed' use in our Emergency Departments (ED) and inpatient units. County systems have been developing detailed operational plans which outline the changes that are required to deliver this. Primarily this focuses on two areas of work.

Firstly, patients attending ED will be streamed to designated assessment units. These units include our Same Day Emergency Care (SDEC) provision for ambulant patients likely to be discharged within 12 - 24 hours, or 72-hour units for others who require a length of stay of no more than 72 hours to stabilise and provide treatment that can only be provided in the acute hospital setting. These units are generally known as Acute Medical Admissions Units or Clinical Decisions Units however there are other areas providing this function currently such as the Minor Injuries Unit at Prince Philip Hospital. Data suggests there are several patients who remain in EDs between 24 and 60 hours and who are discharged without transfer to an acute hospital ward. Further, the average length of stay in 72-hour assessment units exceeds 72 hours. The 'front door' streaming planning is therefore reviewing whether the 72-hour Assessment Units have sufficient capacity to manage demand and are reconfiguring pathways to ensure this can be accommodated. A key premise of the new model however, will need to ensure that patients admitted to the 72 hour units who are likely to require a longer inpatient stay will need to be identified within the first 24 hours and transferred to the inpatient wards, subject to a bed being available. These patients will also need to have care and treatment plans agreed on transfer to the ward.

Secondly, TUEC will be working with operational teams to implement best practice for discharge planning and coordination. An improvement programme will commence next week adopting a phased approach across wards in each hospital site with support from colleagues in Quality Improvement. A software tool 'Frontier' has been designed and built to enable ward managers to manage and monitor practice in this area. Frontier will provide ward-based performance reports outlining how well wards are implementing critical areas of best practice. While care and support capacity continues to be challenging in each County, data and local evidence suggests that there may be efficiencies that can be delivered to reduce length of stay that are not predicated on availability of care.

In terms of quantifying the improvement to reduce 'front door' surge requirement (providing an 80 bed benefit) throughout 2023/24, modelling is indicating the following in addition to the 14% bed days > 21 days that we have realised to date.

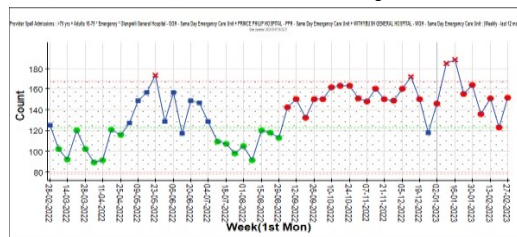
Site / System	Bed Day > 21 Reduction Improvement	Bed Benefit
GGH / Carms	4.4%	20 (Complexity) 7 (Conversion)
PPH / Carms	4%	7 (Complexity) 10 (Conversion)
BGH / Ceredigion	3.8%	13 (in total across System)
WGH / Pembs	3.9%	23 (in total across system)

Our SDEC performance will also need to contribute to delivering the above. SDECs should aim to flow 30% of the acute medical take through the provision and discharge 90% home within a 12 hour period (WG standards). Current performance is as follows:



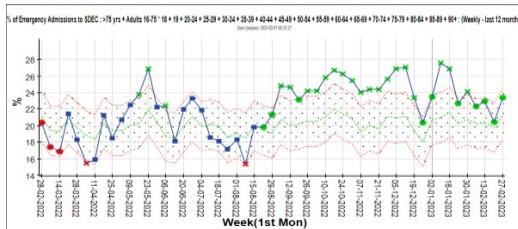
SDEC Activity - Attendances

HDuHB last week = 152 average = 135



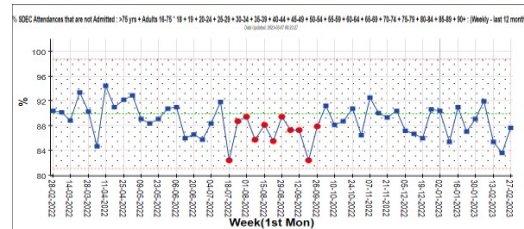
SDEC Outcome 1 = 30% Medical Take

HDuHB last week = 23% average = 20%



SDEC Outcome 2 = 90% Discharged Home

HDuHB last week = 88% average = 89%



There are variances in terms of performance across our acute hospital SDEC provision. Welsh Government (WG) has requested that Health Boards submit reviewed plans for SDEC that provide assurance that these areas are delivering value for money and are impactful. Peer reviews of each SDEC have therefore been undertaken under the leadership of the Clinical Lead for Acute Medicine. These reviews along with data analysis of current performance will be shared with senior operational colleagues on 8 March with the aim of providing a response to the WG request by 24 March 2023. There is early indication that our SDEC model of provision across the Health Board footprint may need to change to ensure all sites achieve the highest level of performance.

Further, Faster, Together

In acknowledgement of the demographic and workforce challenges facing our health and social care system and the impact this is having on the wellbeing of the Welsh population, a discussion document known as 'Further, Faster, Together' was recently presented to the Minister by Welsh Government Officers. This document outlines the imperative for Local Authorities and Health Boards to evolve 'faster, further, together' and create an integrated community care service for Wales. 'Further' means describing and establishing a comprehensive community care model to ensure a full range of preventative and early intervention services are available locally. This will involve new delivery structures, moving the workforce and creating new roles so that, for example, community first responder services, more therapy and reablement workers, enhanced domiciliary care roles, community nursing and allied health professionals are the priorities for service and workforce development. 'Faster' means working to those ends by accelerating the development of local health and social care teams. 'Together' means agreeing collectively the blueprint of seamless community care services that will be delivered in all our geographies; it acknowledges the significant investment made by WG through the Regional Integrated Fund in innovation, and the premise now should be a consistent approach taken locally to implementing those initiatives that are the most successful in strengthening the web of community support.

The agenda presents opportunities to further ongoing discussions with Local Authority and wider partners to enhance and/or consider formal integrated community care arrangements at pace within the West Wales footprint.

The WG 'Further, Faster' agenda is gaining momentum and setting out expectation for Health Boards and their Regional Partnership colleagues across Wales. This predicates the development at pace of integrated systems of care in the community, particularly in relation to older people. The development of an All Wales Policy Statement for older people and adults with frailty underpins the development of such a system specification which will include a focus on prevention and proactive care provision as well as the provision of integrated care and support either at home or in residential/nursing placement. It is expected that adopting this approach will promote anticipatory management of those who are likely to need care services in the future while reducing the level of care and support required through multidisciplinary assessment and intervention. The 'Further, Faster' agenda replaces the existing Ministerial priority known as 'Building Community Care Capacity (BCCC)' which concludes at the end of March 2023. 'Further, Faster' also aligns to Policy Goal 1 (Coordination, planning and support for populations at greater risk of needing urgent and emergency care) and Policy Goal 6 (Discharge to Recover and Assess approach for those in hospital and reduce the risk of readmission) of the WG '6 goals UEC programme' and hence our TUEC programme. 'Further, Faster' consideration and implementation will, therefore, be managed through the TUEC Programme Management Office.

Following the last meeting, the Board specifically requested a report on the Carmarthenshire Integrated Healthcare System (focusing on and impacts on patient flow). The 'Further, Faster' Health and Care System specification is not expected to be too dissimilar to the **Integrated Health and Care model in place in Carmarthenshire**. This model is known as 'Home First' which includes a range of services across community health and social care services, third sector provision, Delta Wellbeing, aids and adaptations. It is focused on adults with physical disabilities and sensory impairment (including frailty and dementia) and enables care provision closer to home. Liaison with adult mental health and learning disability teams and other specialties is made routinely as part of the process. The 'Home First' approach is underpinned by ensuring that individuals' needs are met by the most appropriate and prudent level of support required i.e. care is offered on a proportionate basis and avoids dependence on formal care and support when they are able to manage elements of activities of daily living themselves. Support often includes a mix of provision including Technology Enabled Care (TEC), third sector support, therapy provision, aids and adaptations and formal care and support if required.

Acknowledging that 'what matters' to older people in Carmarthenshire is to stay as well and as independent in their own home and community for as long as possible, 'Home First' aims to ensure early identification of residents whose needs may increase, undertaking 'just checking' contact calls and intercepting earlier should needs change. The early identification of vulnerable residents at risk of increasing frailty is core practice of Cluster based multidisciplinary teams. It is also supported by 'Delta Connect', a service commissioned via 'Llesiant Delta Wellbeing'. Currently there are approximately 5000 Carmarthenshire residents registered to 'Connect' and proactive monitoring for this cohort is undertaken by Delta Community Wellbeing Officers (CWOs) by telephone. When and where appropriate, CWOs contact multi-disciplinary professionals to undertake detailed assessment of needs face-to-face.

For those individuals in the community whose conditions suddenly decline, a single point of access ensures rapid response to 'wrap-around' care to prevent further deterioration and mitigate the need for hospital admission. This 'wrap-around' care can include therapeutic and

acute medical and nursing intervention as well as short term care and support provision. Similarly, for those in hospital, 'Home First' receives referrals from the ward of patients requiring support on discharge. Where able, 'Home First' discharges patients with existing care and support packages in place and uses 'wrap-around' care to temporarily increase the level of care and support they receive. For patients who have never required formal care and support, 'Home First' provides a short-term care and treatment plan either in their own home or in a community bed. The care and treatment plan focuses on reablement and/or acute intervention to ensure the patient returns to the level of independence and health that they enjoyed previously.

The development of the 'Home First' approach in Carmarthenshire commenced some years ago but has been enhanced in a phased approach most notably since October 2019 with the opportunities afforded by the Regional Integrated Fund (previously Integrated Care Fund and Transformation Fund) and most recently Urgent and Emergency Care. Performance indicators include a reduction in social care demand and admission and/or conveyance avoidance. Achievements this financial year include:

'End' achievement against TUEC outcome indicators to date

- Reduction in Bed Days > 21 days (Length of Stay)
- Reduction in Conveyance Rates
- Reduction in Admission Rates

'Means' performance metrics (highlights)

- 31 – 45% reduction in community social care demand
- 65% reduction in social care requirement following Home First
- 85% admission avoidance with UPC / IC crisis (6994 referrals)
- 70% conveyance reduction with SPOC Home First (including APP navigator)
- 94% of all Delta 'faller' responses remained at home (6% conveyance rate @ 10,324 calls)
- Average 40 discharges per week with Home First support (40 new complex patient per week)

Improvements to 'patient flow' continue to be challenged by handover delays at the 'front door' despite improvement in bed days > 21 and conveyance and conversion rate reduction. The reduction in bed days occupied > 21 days however has not yet reached the level required to create sufficient capacity in the inpatient unit to accommodate patients unplaced in ED. Data indicates that to provide an additional 7 bed capacity in Assessment Units (and hence move patients from ED) per day we would need to discharge an additional 20 – 30 patients per month. The Carmarthenshire System operational plan for 2023/24 will outline in detail how we will deliver these efficiencies and the associated trajectories. It will include further enhancement of 'Home First' processes and a focused effort on improvement for discharge planning and coordination as outlined above.

'Home First' is not unique to Carmarthenshire, 'Home First' principles exist across Pembrokeshire and Ceredigion. The TUEC programme is currently confirming that the three Local Authorities and Health Board colleagues in Pembrokeshire and Ceredigion are content with a proposed definition. Once agreed, the TUEC Programme Management Office (PMO) will benchmark each county system against this definition to identify gaps. The TUEC PMO will also consult with county systems on a suite of standards and associated metrics for 'Home First' to ensure that this aspect of Integrated Locality Planning and its implementation is consistent across the footprint of the West Wales Care Partnership ensuring equity of outcomes for the population. This approach will also contribute to ensuring that future funding sources are targeted and invested equally and appropriately.

OPERATION NIGHTINGALE

At the beginning of January 2023, under the direction of the Chief Executive of the Local Authority, 'Operation Nightingale' was launched. This was in response to the significant social care delays in patient flow across Pembrokeshire hospital sites.

A task force was established with Gold, Silver and Bronze command structure with the long-term aim of having sufficient equilibrium, balance and capacity to deliver efficient and effective patient flow from hospital whilst ensuring that people receive the services they need to ensure their well-being.

The key outcomes are to:

- Provide social care where needed, in a timely manner to support the wellbeing of people concerned.
- Ensure that teams are sufficiently resourced to provide the level of service needed to maintain the required standard of patient flow from hospital at all times of the year.
- Work with community partners to provide a wide variety of innovative services with a view to reducing the time people are waiting for an identified service to be delivered.
- Continue to develop adult prevention services to maintain people at home as long as possible
- Deliver a suite of performance indicators that can inform Gold and Silver with their decision making and monitoring of change initiatives.

The four bronze groups established are Assessment and Performance Measures; Workforce; Commissioning and community; Media and communication. Following initial set up, the groups have been meeting twice weekly to enact plans with a weekly report to the Chief Executive of the Local Authority. As plans move to the implementation phase, meeting frequency has reduced to weekly.

The immediate actions taken by the Local Authority from 9 January 2023, including additional dedicated social worker hours for Withybush General Hospital (WGH) have demonstrated an improvement in patient flow. This was achieved through the deployment of social workers from community teams and additional overtime whilst recruitment plans were developed.

The impact of these actions was noticed primarily within Puffin Ward. During the initial 4-6 week period of additional social worker allocation, improvement was seen in Puffin Ward and the frailty pathway. The number of patients being discharged from Ward 3 was between 13 and 16 per week, however more recently this has reduced to between 7 and 10. For Ward 12 there were 10 discharges during the week commencing 23 January, reducing to 0 for the week commencing 27 February. Wards 3 and 12 have therefore not sustained the same improvement in patient flow as they had during the period when Puffin Ward showed improvement.

Further analysis of the impact on length of stay over 21 days and the impact on the county's frail, high risk cohort is underway.

Clinically optimised patients in WGH, Sunderland and Tenby Cottage ward was 108 on 11 January, reducing to 83 on 25 January. This has however returned to 107 clinically optimised by 8 March. The number of patients awaiting Social Worker allocation has reduced from 61 to 46.

The deployment of social workers from other teams and overtime has proved unsustainable in the longer term due to the impact on the other community service areas they support. Numbers of people awaiting assessment in the community has increased by 41 from 18 January to 8 March.

To achieve longer term, sustainable improvements recruitment is underway with an additional four Care Assessors joining the Joint Discharge team in WGH, together with three qualified social workers. Additional Care Assessors are being recruited to support the Discharge to Assess pathway, which in turn will support the pathway for Community hospital patients.

The Local Authority have developed a full business case to address the 4 workstreams.

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) continue to see positive progress with the number of patients waiting in respect of both measures expected to reduce below 4000 by end March 2023.

Plans have been developed to make further progress towards the Q1 milestones as at end June 2023 and for performance to March 2024. These are reflected in the draft Annual Plan to be considered by the Board.

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.

CLINICAL SERVICES UPDATE

A separate paper has been developed to provide an update on the development of the Clinical Services within HDdUHB. It outlines suggestions for the delivery of flexible and sustainable solutions for the immediate challenges affecting the service and suggests mitigating actions to pertinent issues whilst being mindful of the need to maintain patient safety and limit service disruption.

Key areas explored within the paper include:

- Critical Care services throughout Carmarthenshire
- Workforce challenges particularly at Withybush General Hospital which seriously impact the General Surgery Consultant emergency rota and may require an urgent temporary change to the delivery model to be made
- The development of a plan for elective orthopaedic services that maximises the opportunity to recover the waiting list backlogs that have developed during the pandemic, and which could potentially support the regional delivery programme requested by Welsh Government
- A summary of smaller services which could be redesigned to benefit by in part centralisation to provide both efficiency and improved recruitment opportunities in support of the planned care recovery plans

MENTAL HEALTH AND LEARNING DISABILITIES

Integrated Psychological Therapies

In January 2023, 436 (46.3%) patients out of 941 were waiting less than 26 weeks to start psychological therapy in the Integrated Psychological Therapies Service, with 505 (53.6%) waiting more than 26 weeks. January figures show an increase of 32 referrals from the previous month.

Group therapeutic interventions were mobilised in early March 2023, with group interventions being rolled out to individuals on current waiting lists. To date 70 individuals have been offered a group intervention, with initial groups scheduled to take place in late March/early April. The uptake, attendance rates and quality of the intervention will be monitored, as part of the group evaluation. Groups are being offered in a blended way to maximise attendance including face to face and online, where appropriate to intervention. There may be some risk in ongoing management of waiting list numbers if a client does not accept the offer of a group intervention, however if a group intervention has been clinically agreed it will be classed as a reasonable offer.

Did Not Attend (DNA) rates and cancellations continue to impact on service provision. To mitigate this, we have piloted an SMS function that will send text reminders to clients for several staff who have high DNA rates within their caseloads. The pilot commenced in early March and will be monitored once we have initial uptake data to compare. Other modes of communication such as QR codes and client 'keep in contact letters' have been implemented to improve modes of communication to suit all client needs.

The recent procurement process for outsourcing Eye Movement Desensitisation and Reprocessing (EMDR) interventions has now closed, with contracts being awarded from early March 2023.

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

Adult Mental Health

The service continues to experience ongoing recruitment issues which are being mitigated by two block booked agency staff up until the end of March 2023. Staff short term sickness and absence continues, both of which have been compounded by high annual leave due to end of year.

Acuity for Out of Hours has increased in the past couple of months, but the service is maintaining capacity within current resources.

The Mental Health Single Point of Contact operating via 111 Option 2 continues to impact positively on services. Demand continues to grow with an average increase in demand of 100 calls a week. Analysis shows that many of these calls are relating to increased anxieties due to the current cost of living crisis and the knock-on effects that this is having. The percentage of calls requiring intervention/signposting to Third Sector agencies/self-help remains high, with follow-on requests for Mental Health services remaining low. The service has been shortlisted for the Heddli Dyfed-Powys Police 2022/23 Annual Awards in the Innovation and Problem-solving category, with the final taking place on 16 March 2023. In addition, the service is in the process of being rolled out to other Welsh Health Boards.

Older Adult Mental Health (OAMH)

The service is continuing to maintain an overall occupancy rate of 85%. Admission acuity and dependency continue to remain high as does Delayed Transfers of Care. Memory Assessment Services (MAS) continuing to maintain a 7% waiting list reduction target month on month. Latest returns show a continued reduction in waiting times for diagnosis but a slight increase on waiting times for pre-diagnostic assessment.

The recently introduced Occupational Therapy (OT) waiting list initiative is showing improvements within MAS services for post diagnostic intervention.

Psychology capacity is beginning to increase from the previously reported 10% due to 2 staff returning to work on a phased return after long term sickness. The management team continues to monitor the situation through the services risk management procedures and performance reporting. The medical workforce continues to experience recruitment challenges, with contingency plans being maintained through business continuity.

Specialist Child & Adolescent Mental Health (SCAMHS)

The service continues to work towards meeting its agreed trajectories in respect of Part 1A & 1B which is to achieve 80% by March 2023. December 2022 performance returns show that 70.8% has been achieved against Part 1A and 51.4% against Part 1B. This is slightly down on the previous month as there were significant increases in referrals for assessment in November 2022 rising to 102, compared to 50 in October 2022, which has resulted in a higher-than-average number of referrals being accepted into the service requiring further clinical intervention. The increase in demand has impacted on the planned trajectory targets for February 2023 and March 2023, with Part 1A returns for January showing a decrease to 56.6%, however Part 1B January returns showing an improving position to 54.9 %. We have increased support to mitigate this which should enable the service to meet its 80% target by April 2023.

Plans are on track to deliver the new WG Alternative to Admission pilot project for children and young people (CYP), scheduled to open in May 2023. The recruitment process for the 24/7 Rapid Response Team is underway with interviews scheduled for March. We have so far appointed 5 Health Care Support Workers, with interviews for 2 Mental Health Practitioners scheduled for late March. A Specialty Doctor has also been appointed to the service.

Alongside this, the pilot Sanctuary Services for CYP in Ceredigion and Pembrokeshire are scheduled to go live on 10 March 2023 and will operate Friday – Sunday from 5.00pm – 10.00pm. The service is currently working with WG colleagues to look at additional funding to expand these services to 7 days a week for the pilot period up until March 2025.

Recruitment continues to improve with the recent appointment of a Paediatric Liaison Nurse in Eating Disorders within SCAMHS. Additionally, four Band 7 Locality Team Leaders have been appointed to provide senior operational management across SCAMHS. These new roles will focus on ensuring service efficiencies, patient flow and monitoring of any service pressures in respect of demand and capacity. A Consultant Child and Adolescent Psychiatrist has been recruited for Pembrokeshire services.

Learning Disabilities & Adult Mental Health Inpatient

Work is progressing on the Learning Disability Service Improvement Programme (LD SIP) for the community and inpatient settings change programme, with a comprehensive 8-week engagement process underway with service users, staff, carers/parents and partner organisations. Following an analysis of engagement responses, a further report will be taken to Board in May 2023 for final approval on any identified/agreed service changes.

Recruitment challenges continue in Community Teams particularly with Band 6 Nurse posts. Contingency plans remain in place with several streamlined Band 5 Nurses coming into posts in December 2022. Plans are in place to put further vacancies forward for September 2023 streamlining.

The vacant senior Psychology posts were readvertised recently, with some interest being shown. The return of the Psychology Lead has seen improvements in waiting lists, which we are continuing to monitor.

Demand on inpatient beds continues to remain high with surge beds being used occasionally to ease pressures when needed.

While the recent recruitment of Band 5 Nurses has improved our position, the service will continue to use block booked agency staff to support the wards until March 2023, when three further Band 5 newly qualified Nurses are due to come into post. Newly qualified staff require a registered Band 6 Nurse to be on duty which impacts capacity.

COVID-19 SPRING BOOSTER VACCINATION PROGRAMME 2023

The Welsh Government has accepted the latest advice from the Joint Committee on Vaccination and Immunisation (JCVI) which advises an additional spring COVID-19 booster dose for our most vulnerable citizens. The primary aim of the COVID-19 vaccination programme continues to be the prevention of severe disease (hospitalisation and mortality) arising from COVID-19. Older people, residents in care homes for older adults, and those who are immunosuppressed continue to be at highest risk of severe COVID-19.

The JCVI has recommended as a precautionary strategy a booster vaccine dose in the spring for:

- adults aged 75 years and over;
- residents in a care home for older adults, and
- individuals aged 5 years and over who are immunosuppressed (as defined in table 3 or 4 in the Green Book)

The COVID-19 spring booster programme will start on 1 April and end on 30 June 2023. There will be some limited flexibility to roll into July for those that are eligible for a booster but were not able to receive it within the main programme window due to illness.

The JCVI has made the following recommendations on the vaccine products for each cohort for the spring programme:

For all adults aged 75 years and over:

- Pfizer-BioNTech mRNA (Comirnaty) bivalent vaccine authorised for adults.
- Moderna mRNA (Spikevax) bivalent vaccine authorised for adults.
- Sanofi Pasteur COVID-19 vaccine (VidPrevtyn Beta) booster vaccine authorised for adults (with operational flexibility to use for those over 65 years of age that are resident in a care home for older adults).

For those aged 5 years and above who are immunosuppressed:

- Aged 5-11 years - Pfizer-BioNTech mRNA (Comirnaty) monovalent or bivalent vaccine paediatric formulation. Dose 10 micrograms.
- Aged 12-17 years - Pfizer-BioNTech mRNA (Comirnaty) bivalent vaccine authorised for persons aged 12 years and older. Dose: 30 micrograms.
- Aged 18-74 years - Pfizer-BioNTech mRNA (Comirnaty) bivalent vaccine authorised for adults. Dose: 30 micrograms; and Moderna mRNA (Spikevax) bivalent vaccine authorised for adults. Dose 50 micrograms.

The Pfizer and Moderna bivalent vaccines being deployed include the updated COVID-19 variants – BA.4-5 alongside the original strain. They are, therefore, new vaccines to the programme. The technology of these vaccines are the same as previous versions and so are familiar to the programme. The Sanofi vaccine is new to the programme. The JCVI has advised that the Sanofi Pasteur COVID-19 vaccine (VidPrevtyn Beta), which was approved by the Medicines and Healthcare products Regulatory Agency (MHRA) in December 2022, can be deployed alongside the two mRNA vaccines. In clinical trials, the antibody levels generated against different Omicron sub-variants by Sanofi Pasteur COVID-19 vaccine (VidPrevtyn Beta) were comparable to levels generated by COVID-19 mRNA vaccines.

The programme for HDdUHB will commence from 1 April 2023 as planned and is proposed to be delivered through a hybrid model between Primary Care Contractors and the Health Board.

UPDATE ON INDUSTRIAL ACTION

Industrial action was due to take place on 6 February 2023 by WAST and by Royal College of Nursing (RCN) members in the health board and on 7 February 2023 by WAST and RCN, Royal College of Midwives (RCM) and Chartered Society of Physiotherapy (CSP) members in the Health Board. However, on 3 February 2023 the GMB, RCN, RCM and CSP stood down their planned strike action as a result of an additional pay offer made by Welsh Government for 2022/23. As a result, only UNITE members in WAST took strike action over these two days. Performance was challenged over the two days, with some ambulance handover delays. A significant amount of cancelled Planned Care activity was re-instated over the two-day period.

The unions balloted members on whether they wished to accept or decline the additional offer and, despite some union memberships voting to decline the offer, the national union partnership marginally voted in favour of accepting the offer of 1.5% non-consolidated and 1.5% consolidated pay award for 2022/23 plus further discussion on a range of non-pay elements.

The 1.5% non-consolidated pay element was paid in the March 2023 pay and we are awaiting confirmation regarding the 1.5% consolidated element. The RCN, RCM and CSP have continued to suspend further strike action whilst negotiations continue. Further WAST GMB and UNITE strike action is expected for 20 March 2023.

The Health Board's Industrial Action Planning Group has continued to meet, albeit less frequently, to plan for, monitor and respond to the impact of industrial action by health staff. A small number of incidents have been reported via DATIX but none, as yet, indicate any patient harm.

A lessons learnt/de-brief exercise was undertaken on 13 March 2023, to review what worked well around the industrial action planning and management on days of action and what could be improved for any further strike action.

ADASTRA SYSTEM OUTAGE UPDATE

The Adastra system was fully restored on 14 February 2023 and has operated largely trouble-free since. The only remaining action outstanding is the uploading of Special Patient notes into the 111/WAST service. These notes are available to the Out of Hours Service but there will be a delay in them being visible to WAST/111 clinicians due to a backlog of over 8,000 records that have flowed through the concentrator since its reinstatement. Work is underway to address this backlog, and it is estimated that this will take approximately eight weeks to complete.

IMPROVING TOGETHER SESSIONS

The Improving Together Framework sets out the Health Board's approach to embedding performance improvement through our governance structures. The Improving Together Framework outlines performance improvement arrangements at each level in the organisation. At the Directorate level, Improving Together Sessions have been set up to provide dedicated time for teams to meet with their Executive Director and Corporate Executive Directors to:

- Outline the priorities / goals for the year
- Outline current challenges and support required
- Flag highlights or lowlights from the "Our Performance", "Our Safety" dashboards and audit and inspection summary reports. These dashboards provide quality, workforce, performance, finance, risk data all in one place. We are working on incorporating and signposting to activity data to help support operational planning.

The Directorate Improving Together Sessions also enables us to complete one of the actions within Targeted Intervention, which is to implement frequent Directorate accountability and performance management sessions.

Teams from across the Operations Directorate attended their first Improving Together Sessions between 30-31 January 2023. As a result of these Improving Together Sessions, an action and support plan has been developed to ensure services can better address the issues and challenges highlighted during each session. There is an agreed annual schedule of meetings with services attending Improving Together Sessions on a routine basis. The frequency ranges from monthly to six-monthly and depends on the size and complexity of the service area, the concerns and issues raised, the support required and evidence of performance improvement.

Following the first round of Directorate Improving Together Sessions, the Performance team is liaising with service leads to discuss ways of enhancing the process for each meeting and establishing a routine process for capturing and monitoring service specific metrics. The Operations Directorate is planning to integrate the outcome of future Improving Together Sessions into the Directorate's existing governance process.

The ambition is that the Directorate Improving Together Sessions will ensure that we are aligning support to key priorities within the Health Board, with the ultimate aim of improving outcomes for our patients, staff, visitors, and those living within Hywel Dda.

Argymhelliad / Recommendation

The Board is asked to **RECEIVE** the operational update and progress report.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	572 - Inappropriate use of hospital beds due to a lack of availability for timely assessments and delivery of packages of care in Ceredigion 576 - Fragile EMI and General Nursing Home availability due to deregistration into residential homes affecting Ceredigion County
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	As presented
Rhestr Termiau: Glossary of Terms:	BCCC – Building Community Care Capacity CWO – Community Wellbeing Officers CYP – Children and Young People DNA – Did Not Attend ED – Emergency Department EMDR – Eye Movement Desensitisation and Reprocessing HDdUHB – Hywel Dda University Health Board IEG – Integrated Executive Group IPAR – Integrated Performance Assurance Report LD SIP – Learning Disabilities Service Improvement Plan MAS – Memory Assessment Service OAMH – Older Adult Mental Health OT – Occupational Therapy

	PMO – Programme Management Office RPB – Regional Partnership Board SCAMHS – Specialist Child and Adolescent Mental Health Service SDEC – Same Day Emergency Care TEC – Technology Enabled Care TUEC – Transforming Urgent and Emergency Care WAST – Welsh Ambulance Service Trust WG – Welsh Government
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Operational Planning and Delivery Programme Group

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

Reasons for Delay per Hospital - February 2023

Code	Reason	GGH	WGH	PPH	SPH	BGH	AVH	Llandovery	Tregaron	TOTAL
1.01.01	Awaiting Social worker allocation	20	19	12	10	2	3	0	0	66
1.01.02	Awaiting completion of assessment by social care	14	15	18	10	3	2	0	0	62
1.01.03	Awaiting completion of assessment Nursing/AHP/Medical/Pharmacy	6	21	2	0	8	2	0	0	39
2.03.01	Awaiting start of new home care package	8	1	8	3	0	4	3	0	27
3.01.01	Awaiting completion of arrangements prior to placement	15	0	5	1	1	1	1	1	25
3.01.05	Awaiting RH availability	1	0	10	0	0	2	1	0	14
2.04.01	Awaiting reablement care package	6	3	0	0	1	0	3	0	13
3.01.06	Awaiting NH availability	1	5	1	1	0	0	0	0	8
3.01.02	Awaiting Residential care home manager to visit and assess (Standard 3 residential)	2	0	0	0	1	1	1	0	5
3.03.02	No suitable abode	4	0	0	0	0	0	0	1	5
1.01.04	Awaiting Continuing Healthcare (CHC) Assessment	0	2	0	1	1	0	0	0	4
1.02.03	Awaiting integrated health /social care community provision	0	0	2	0	0	1	0	0	3
2.02.05	Awaiting provision of medicines management dispensing equipment/support	1	0	2	0	0	0	0	0	3
2.05.01	Patient / family choice related issues	0	0	0	1	1	1	0	0	3
2.05.07	Mental Capacity / Court of Protection delays	0	0	1	0	0	1	0	1	3
1.02.01	Awaiting transfer to intermediate care bedded facility	1	1	0	0	0	0	0	0	2
2.05.04	Patient / family refusing to move to next stage of care/ discharge	1	0	1	0	0	0	0	0	2
1.01.05	Awaiting joint assessment	1	0	0	0	0	0	0	0	1
1.02.02	Awaiting community based health provision D/N, CPN	1	0	0	0	0	0	0	0	1
2.01.01	Awaiting funding decision	0	0	0	0	1	0	0	0	1
2.02.03	Awaiting completion of adaptations (DFG's)	0	0	1	0	0	0	0	0	1
2.03.02	Awaiting restart of previous home care package	0	0	0	1	0	0	0	0	1
2.04.02	Awaiting Community Resource capacity	0	0	1	0	0	0	0	0	1
2.05.03	Patient / family refusing to participate in financial assessment	1	0	0	0	0	0	0	0	1
2.05.05	Disputes between agencies	1	0	0	0	0	0	0	0	1
2.05.08	Safeguarding issues impacting discharge arrangements	1	0	0	0	0	0	0	0	1
3.01.04	Awaiting nursing/residential home self-funding	1	0	0	0	0	0	0	0	1
3.02.04	Awaiting palliative care home	0	0	1	0	0	0	0	0	1
	Total	86	67	65	28	19	18	9	3	295

