



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 September 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Accelerating the Cylch Caron Model of Care
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Peter Skitt, County Director Ceredigion Jina Hawkes, Community and Primary Care General Manager Ceredigion

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

The Ceredigion 2024/25 Annual Plan submission focused upon accelerating the Cylch Caron model of care by decommissioning the remaining in-patient beds in Tregaron Community Hospital. The decommissioning of the beds will enable staff to be released into the community, supporting the Healthier Mid and West Wales priorities of effectively supporting patients to remain closer to home.

The purpose of this report is to document the next steps required to fulfil the 2024/25 Annual Plan expectations, in addition to meeting the requirements set out in the National Community Nursing specification and the strategic direction set out for community services.

Cefndir / Background

Cylch Caron Integrated Resource Centre is an exciting and unique project which aims to offer many opportunities and benefits for people in the area. This an innovative scheme to bring together a range of services in a focal point for the Tregaron and surrounding rural areas. The project will create an innovative rural model of community-based care to meet care, health, and housing need in the area, which is fit for today and sustainable for tomorrow.

The scheme is being developed in partnership between Ceredigion County Council, Hywel Dda University Health Board, and the Welsh Government. It will consist of a GP surgery, community pharmacy, outpatient clinics and community nursing and social care facilities, as well as extra care flats and integrated health and social care units.

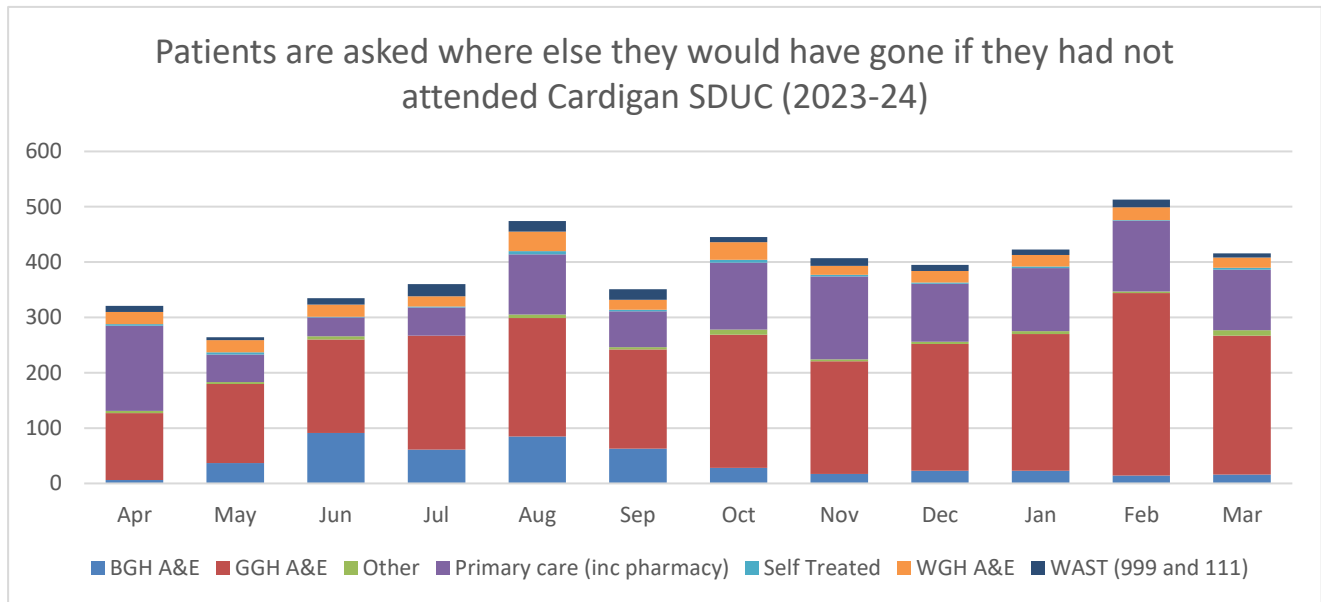
There have been many delays associated with this development, please see [Appendix 1](#) for a timeline associated with key communications associated with Tregaron Community Hospital and the development of Cylch Caron.

Whilst it remains our aspiration to progress these longstanding plans for the Cylch Caron development, we anticipate the partnership will be going to market for a partner in the near

future. In the interim it is our intention to build on the success of the Same Day Urgent Care (SDUC) and the associated outreach service.

Currently the Same Day Urgent Care Service (with outreach) is operational in the south of the county and expanding this service to the north is crucial for the success of delivery of our six-goal care model and to further support delivery of enhanced community care across our county.

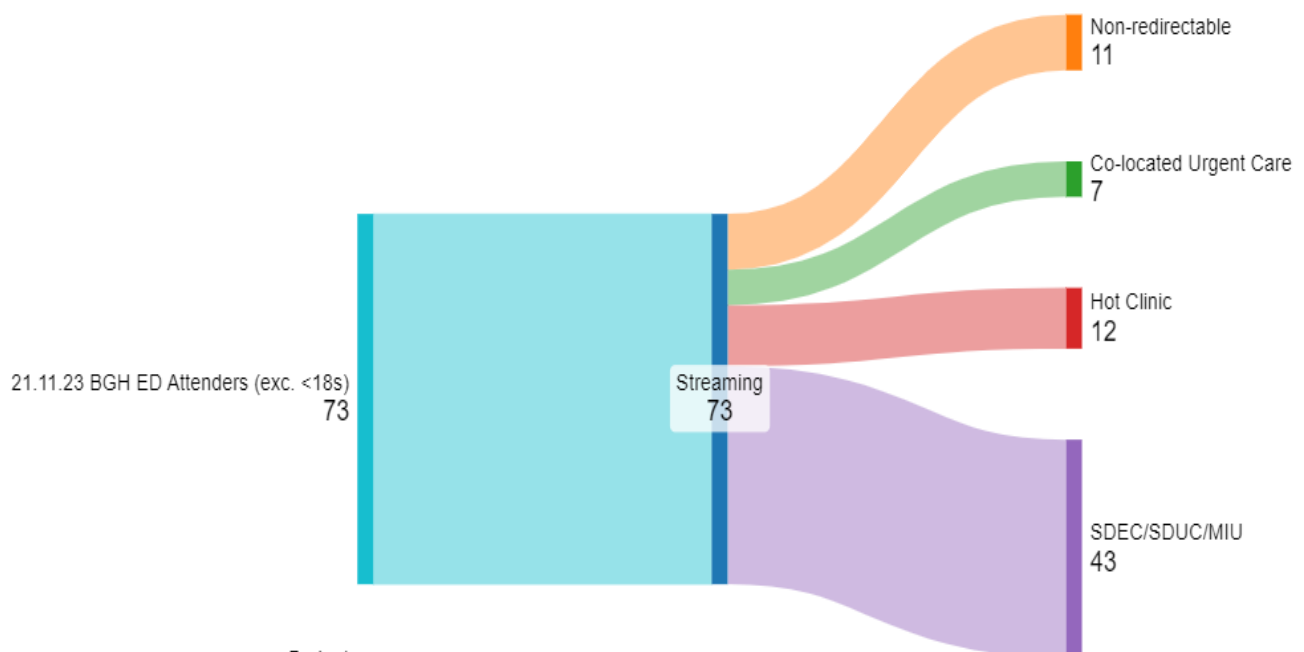
The Same Day Urgent Care Service in Cardigan commenced in January 2021. Patients using the service are asked where they would have attended if they had not come to the centre:



Expanding the outreach service to the North of the County will enable an equitable provision and take the Health Board another step closer to realising the Healthier Mid and West Wales vision.

The Cylch Caron approach is designed to alleviate current pressures on our systems, address the fragility of our current service provision at Tregaron Hospital and ensure that care is more readily available to those in need. These initiatives will support a shift towards a community model, integral to our strategy, and aimed at using our current resources more effectively, improving operational efficiency, and ensuring high quality patient care.

This model of delivery is supported by the findings from the 'Busiest Day' data from 21 November 2023, which looked at what appropriate alternative service could have been accessed (if available) for those patients attending Bronglais Hospital (BGH) on a single day:

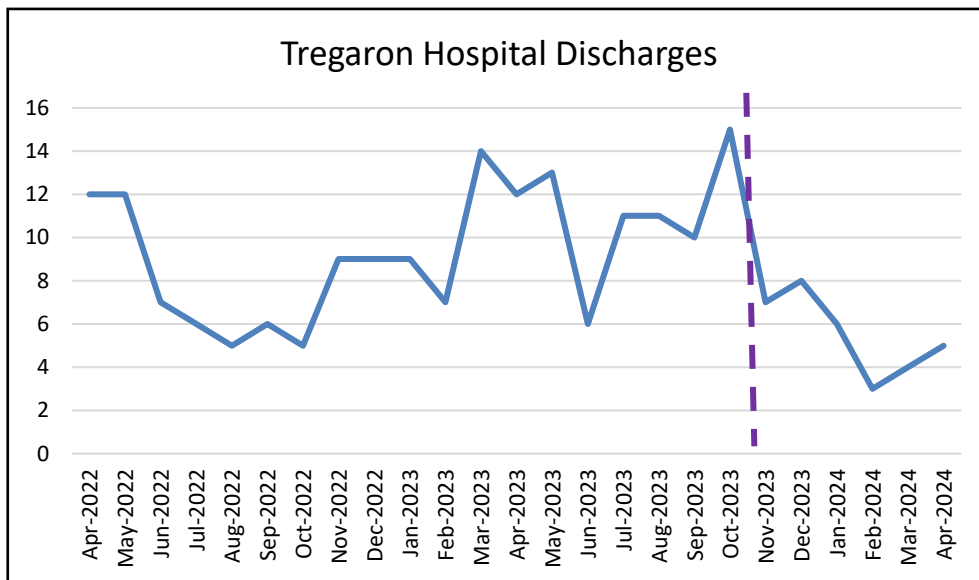
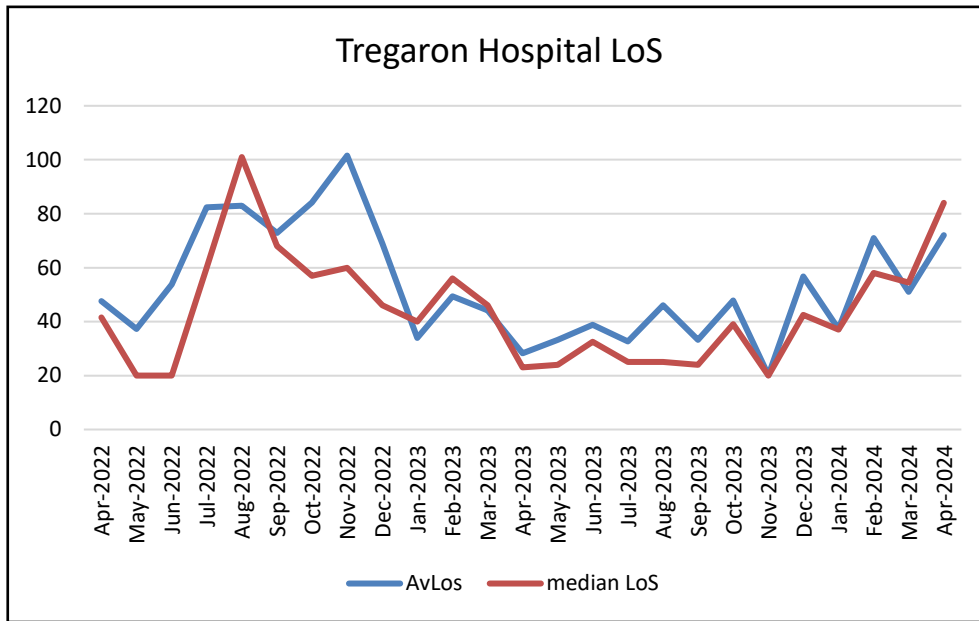


There are several current challenges associated with the safe function of Tregaron Community Hospital:

- The beds in Tregaron Hospital have been reduced from 15 to 9 from November 2023, to mitigate the nurse staffing risk and to meet the safe staffing requirements. There are a considerable number of vacancies which have been ongoing for some time and may, in part, be related to the uncertainty of the Cylch Caron development. Added to this there are also occupational health requirements for a number of staff which need to be considered.
- There is also a need to monitor the acuity of patients admitted into the hospital due to staffing levels.
- The challenges associated with staffing have been noted through the Risk Register, risk 1897 – Maintaining safe staffing in Tregaron Community Hospital. Only having one Registered Nurse on site is a quality and safety risk, as there is no cover should that one individual be unable to work due to sickness at short notice.
- There is no designated therapy input into Tregaron Community Hospital with therapies covering acute and community sites with one team, if there is pressure in the acute sites their needs will take priority. Therefore, patients with rehabilitation needs cannot be met.
- The clinical oversight for the patients stepped up from the community is delivered through the Clinical Assistant model, this is a fragile model due to a number of reasons. Those patients who are transferred from the acute setting remain under the care of their Secondary Care Consultant; over the years it has become more difficult to ensure that these patients receive regular reviews due to the competing demands on the Consultants' time. However, there is currently a significant issue with the fragility of the Clinical Assistant cover within Tregaron Community Hospital.
- The temporary body store in Tregaron Community Hospital requires significant investment to ensure compliance with the present-day standards. Should the board approve the recommendation, the temporary body store will also close. Should the board not support the recommendation, a separate process will be required to consider compliance with the Human Tissue Act (2004).

- There continue to be significant issues associated with the maintenance of the building, which have been ongoing for some time. Whilst there are a number of mitigating actions in place, outstanding issues have been noted through the risk register.

The Health Board has an aging population that is above the Welsh average for those aged over 65 years. Of those who are aged over 85 years, 75% have 2 or more long term conditions which requires increasingly more complex and longer-term care, particularly end of life care. This can be seen in the length of stay (LoS) for Tregaron Hospital, which is demonstrating a consistent increase from November 2023, the point at which the beds were reduced, and the discharges or bed turns remain small, see graphs below.



Dashed line indicates when the beds were reduced from 15 to 9.

During the year (2023-24), 106 patients were discharged from the Tregaron Community Hospital:

- 11 (10%) patients were discharged another hospital bed.
- 44 (42%) patients returned to their own home
- 25 (24%) patients were discharged into long term residential or nursing placements

- 19 (18%) died in Tregaron Community Hospital as this was their preferred place of death
- 7 (7%) patients were discharged into short term residential or nursing placements

An SBAR explaining the situation in Tregaron Community Hospital was submitted to the Business Executive Team meeting on 3 July 2024; recommending that the SBAR be presented to the Board. A verbal update was provided by the Chief Executive to the Board on 25 July 2024; following this, a four week period of engagement commenced.

Please see [Appendix 2](#) for the Engagement Report.

Working with the Communications and Engagement teams, a four week period of engagement was launched on 1 August and ran until 29 August 2024.

Individuals were able to attend online and in-person events and to share their views through the Health Board's 'Have Your Say' portal.

The public were able to engage via a number of methods (all bilingually):

- By survey (online and paper copies): via the 'Have Your Say' site, or through collection boxes at Tregaron Community Hospital (large print copies available)
- Drop-in event between 2pm -7pm on Wednesday 21 August 2024 at Tregaron Memorial Hall, SY25 6JL
- Online virtual event – 6pm, 22 August 2024
- Phone – to the Communication Hub
- By email – to the Engagement team

Engagement events

Activity	No. of participants
Stakeholder event 01/08/24	5
Public drop-in event 21/08/24	38
Online virtual event 22/08/24	5
Surveys completed 01/08/24 – 29/08/24	155
Letters / emails / telephone calls	7
Total	210

Survey Questions

1. Have you or a member of your family been an inpatient in Tregaron Hospital? Yes / No
2. If yes, please tell us the year of your / their last inpatient stay, e.g. 2019
3. How would removing inpatient beds at Tregaron Hospital affect you?
4. Do you have any other comments or feedback that you would like to share with us?

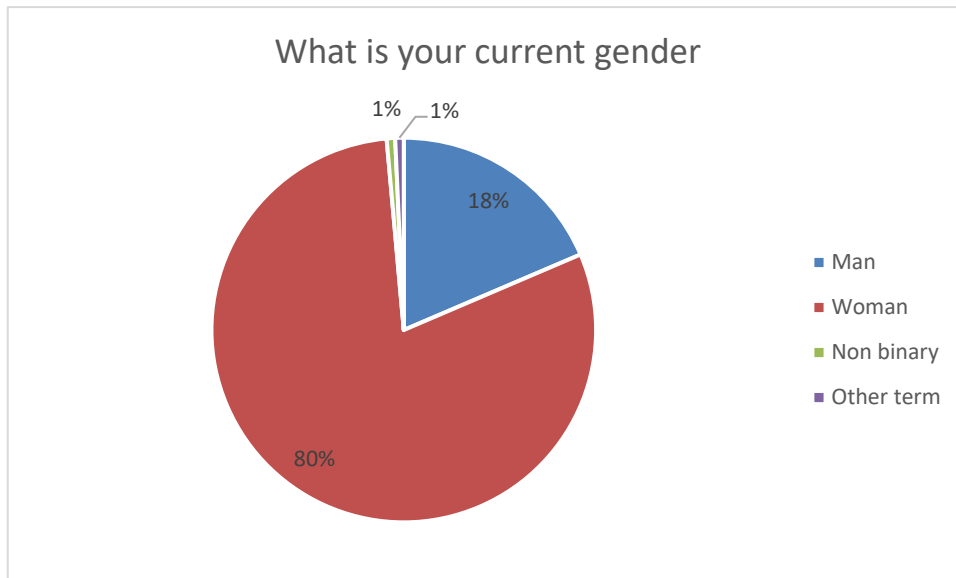
Questions 3 and 4 were open questions, to encourage people to share their individual and personal perspectives.

Who fed back

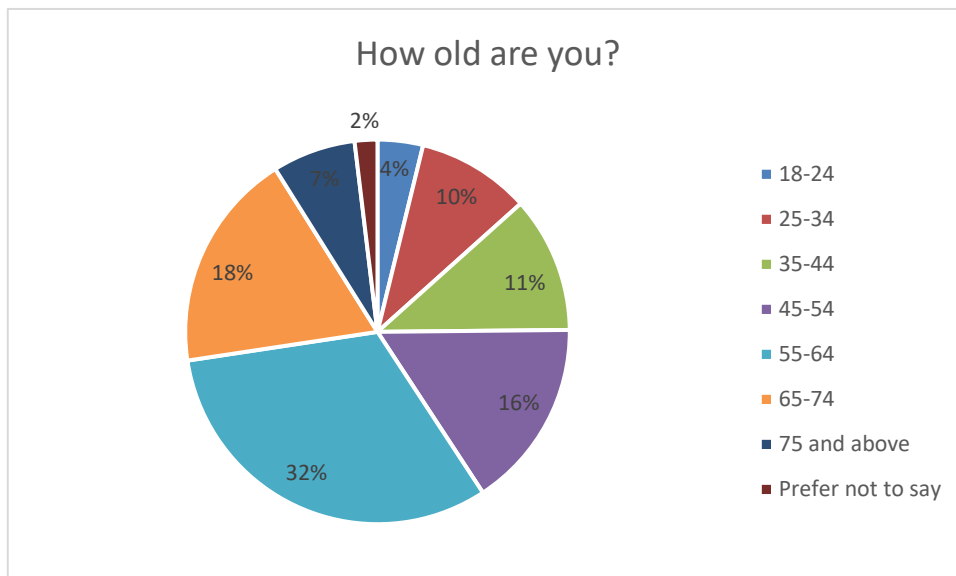
People who completed the survey (by post, online or through a collection box) were also asked to complete an equality monitoring survey, which was optional. Of those who completed the equalities monitoring survey:

Please note, that not all participants completed the equality assessment information.

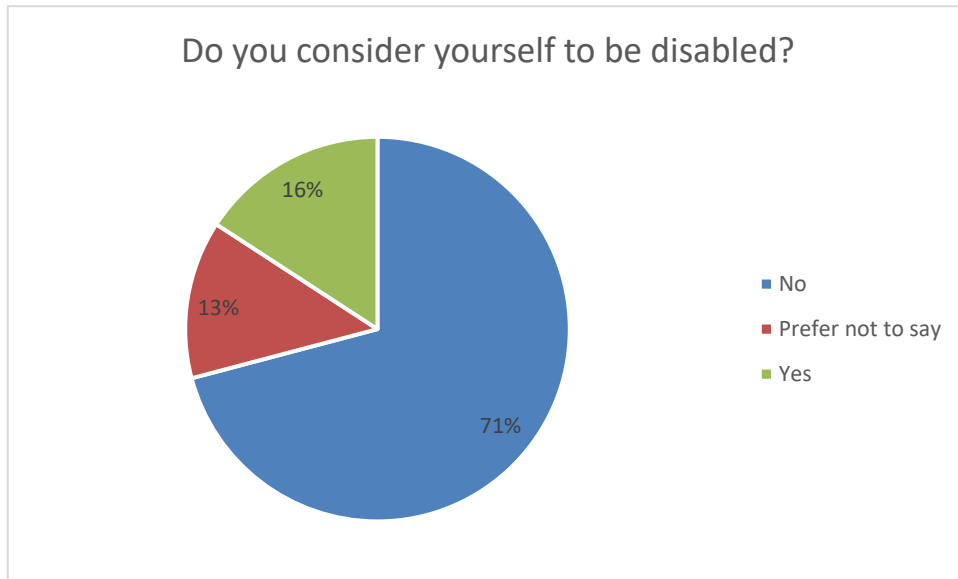
Sex



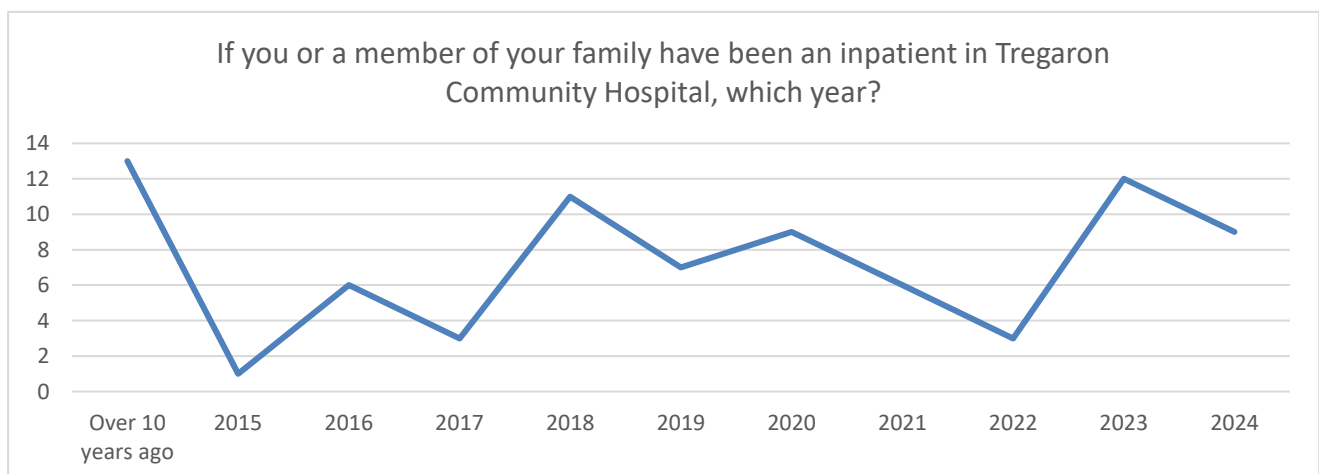
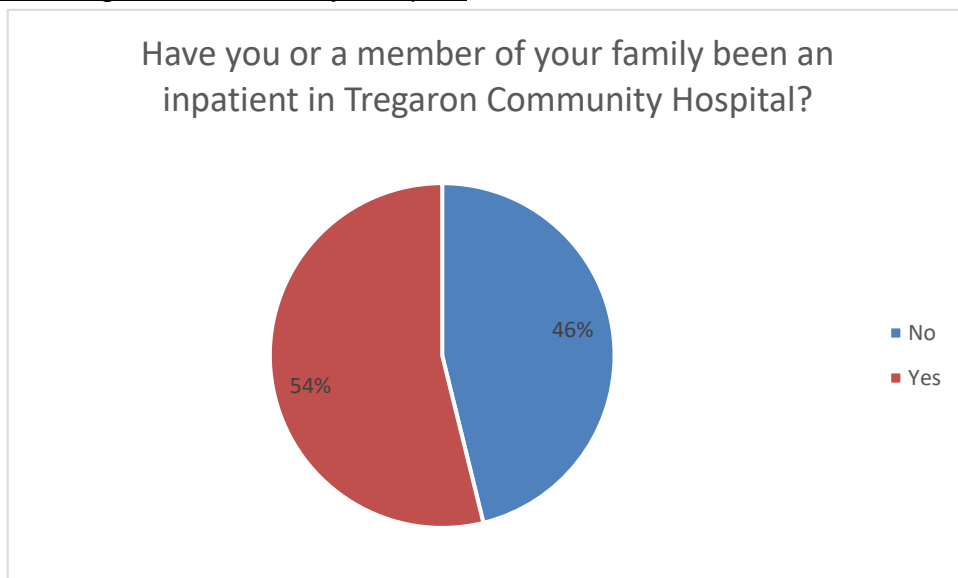
Age



Disability



Inpatient use of Tregaron Community Hospital



Of the 54% of responders who had either been an in-patient in Tregaron Community Hospital or who had a family member who had been an in-patient, only 30% of those responding had

either been an inpatient or had a family member as an inpatient in Tregaron Community Hospital in the last five years.

Asesiad / Assessment

Opportunities Through The Proposed Service Change

Redeploying the community nursing staff from Tregaron Community Hospital will support the delivery of the Ceredigion Annual Plan 2024/25 to enhance community services to improve patient care. The development of services is co-dependent on changes to core provision, utilisation of Further Faster and other secured funding as well utilisation of the community nursing staff in Tregaron. The skills, experience, and capacity combined will enable the delivery of:

- Extension of the Same Day Urgent Care Outreach Service enabling provision in the North of the County
- Provision on increased opportunities for people in Ceredigion to stay well and increase their resilience with the support of enhanced practice.
- Accelerate implementation of the Community Nursing Specifications to provide a more consistent, resilient, and sustainable 24/7 neighbourhood district nursing model for Ceredigion.
- Accelerate development of the enhanced community care model providing an alternative pathway to admission via the clinical streaming hub. The current clinical medical support covering the inpatients bed will be redeployed to support the streaming hub which aligns Ceredigion with the other two Counties.
- Increase the capacity of End-of-Life Care in the Community.

The 2024-25 Annual Plan clearly articulated the impact of each of these initiatives, which are all dependent upon the staff from Tregaron Community Hospital being released to support the community.

There will be a delay between decommissioning the beds and the staff ability to join the model of care, this will be due to:

- Following process associated with change management of employee roles (following the Organisational Change Process).
- Training and development of staff to ensure competency and confidence to work in the community going forward.

For the foreseeable future, outpatients' services will continue to operate from Tregaron Community Hospital as well as being the base for a District Nursing team.

Financial Impact

The 2023-24 budget for Tregaron Community Hospital was:

Budget	Spend	Variance
£1,291,620	£1,383,868	£92,248

The majority of the £92k overspend was due to covering staffing shortfalls.

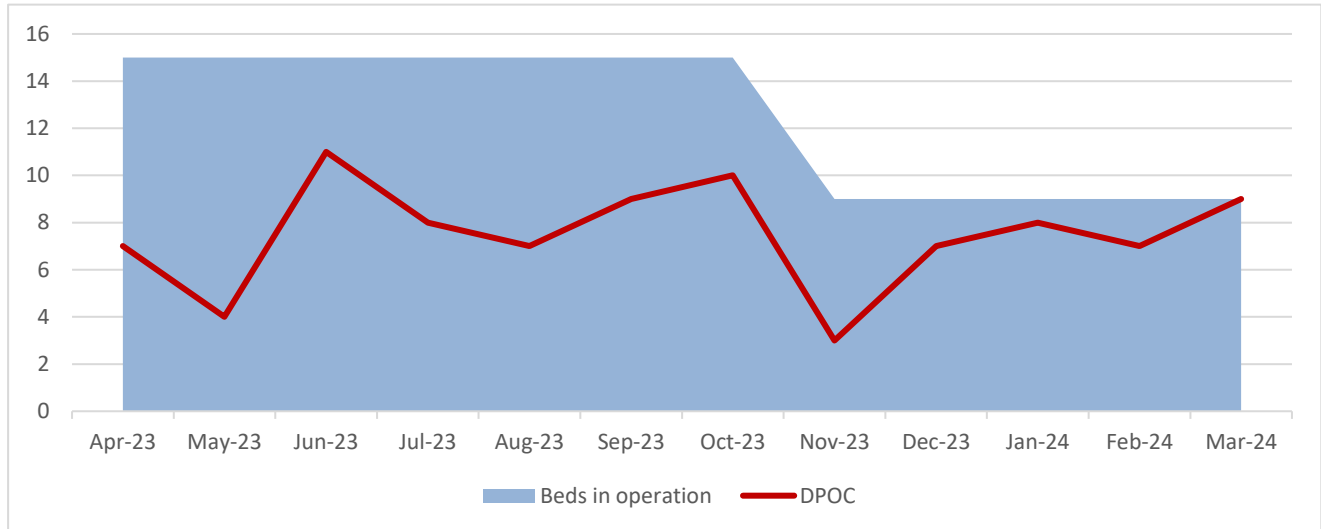
The budgeted establishment is:

- 13 WTE Registered Nurses (vacancies are currently being held)

- 11.4 WTE Health Care Support Workers (HCSW)

A key priority for the Health Board is to reduce the number of Delayed Pathways of Care, i.e., reduce the number of patients in a hospital bed, who are not requiring hospital care.

The number of Delayed Pathways of Care (DPoC) patients in Tregaron Community Hospital (as registered through the Delivery Unit Census) from April 23 to March 24 was:



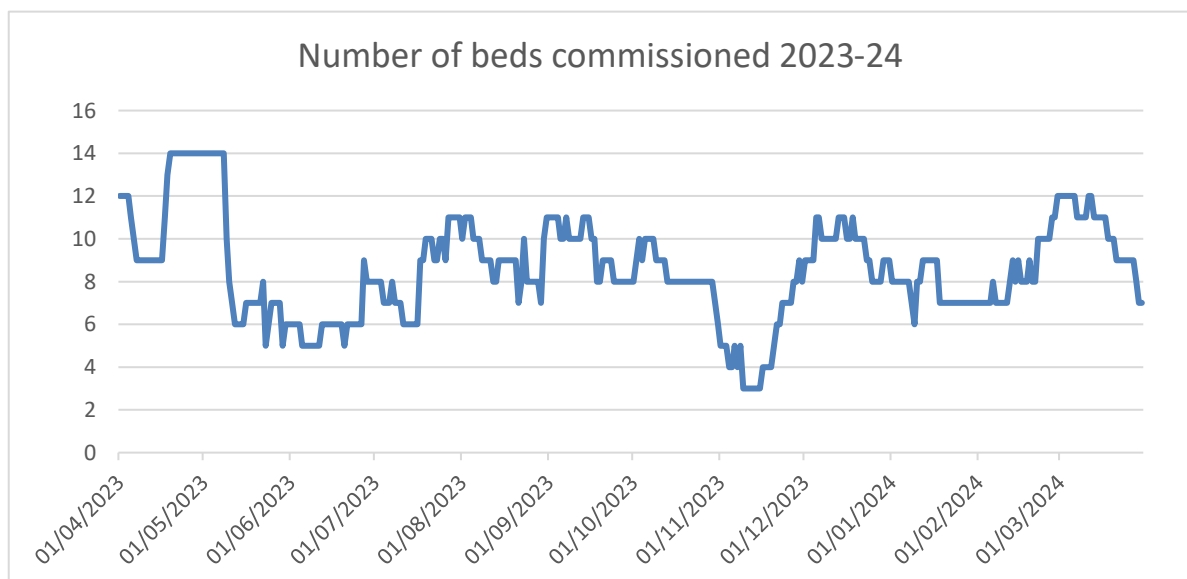
The target is to reduce the DPoC number by 25% and maintain for three months.

Re-provision of Beds

The existing Ceredigion Intermediate Care model commissions beds from independent care homes across Ceredigion and neighbouring counties to enable care close to home to enable timely assessment in an appropriate and safe environment for individuals who have been identified as needing a placement in a nursing home.

The beds are used as ‘step down’ to support discharge from acute hospitals and ‘step up’ from community to prevent unnecessary hospital admission as well as provision for palliative patients.

On average a total of 8 beds are commissioned at any one time for up-to five weeks to enable timely assessment for long term needs and for provision to be put in place to enable de-commissioning before the end of the five-week period.



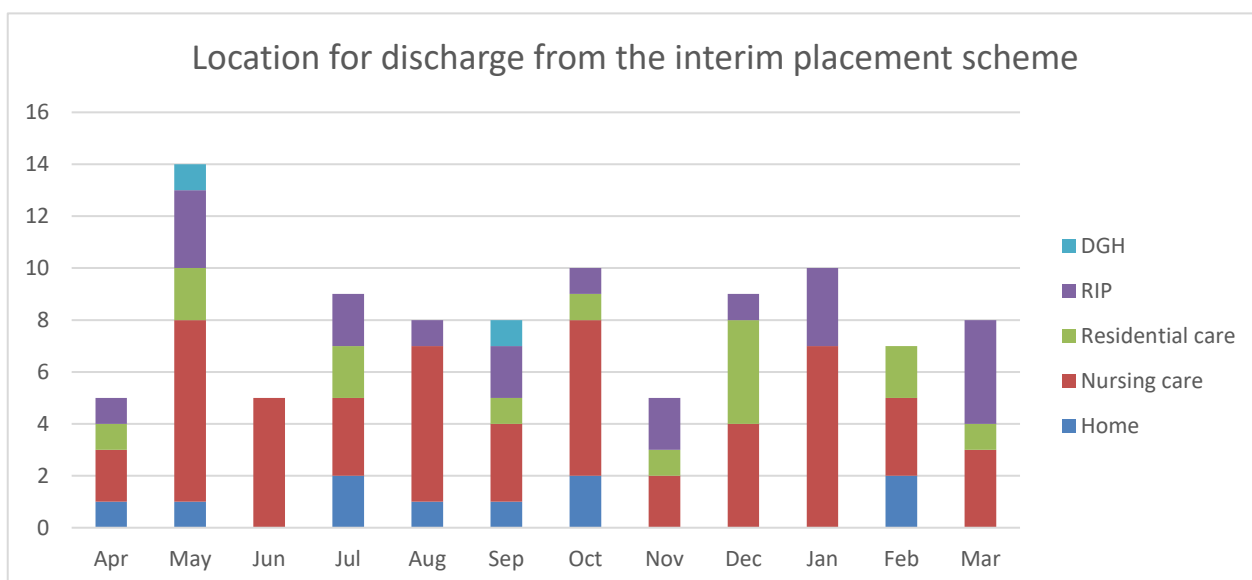
It is anticipated that there could be a need to increase the beds; however, this may be mitigated by the increased community capacity.

In the current interim care model, over the past year, 96 beds have been commissioned with 61 (63%) of those to support discharge and 35 (37%) to prevent hospital admission. At the point of admission all required 24-hour nurse monitoring.

During the year, 98 patients were discharged from the scheme:

- 2 (2%) patients were discharged from the scheme to a hospital bed. (Target <5%)
- 51 (52%) patients remained in a nursing home for their long-term care
- 15 (15%) patients were relocated to residential homes for their long-term care
- 20 (20%) patients died as this was their preferred place of death
- 10 (10%) patients returned to their own home

These improvements of outcomes for our patients are due to undertaking this assessment in the 'right place' rather than assessing their needs when they are very unwell. This subsequently removes delays associated with assessment and transfer arrangements and a reduction of the delayed pathways of care or inappropriate admission to hospital.



Key issues raised from the engagement

A number of common cross-cutting themes emerged during the analysis of responses, including:

Theme: Understanding the current situation

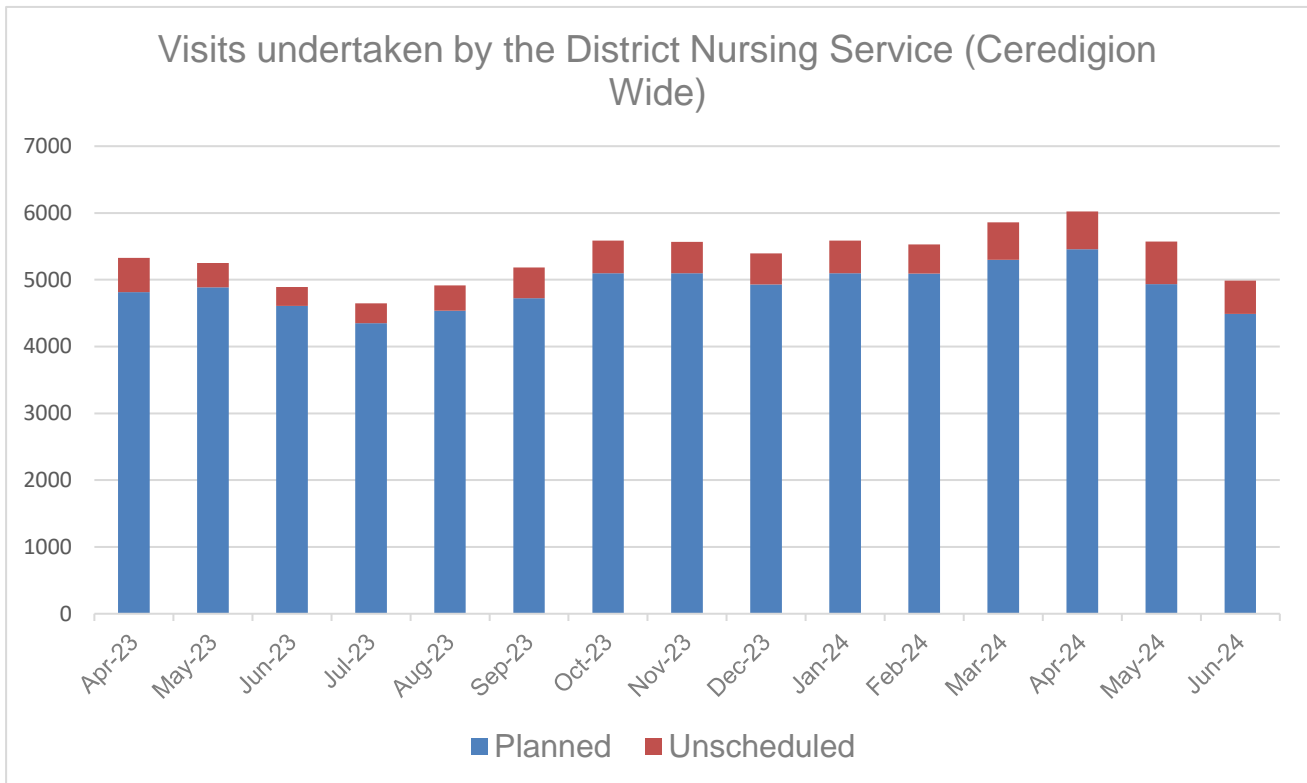
Comments / Questions: In the channels which enabled conversation, there were significant questions associated with understanding the current situation, for example how many nurses work on site, why had the Health Board not managed to recruit, what is the current usage of the beds?

Response: Currently there are nine in-patient beds in Tregaron Community Hospital, there is a minimum requirement of three members of staff required to enable safe evacuation from the site 24 hours a day, 7 days a week. The Nurse Staffing Levels Wales (Act 2016), based on acuity, stipulates that a minimum requirement is that at least one Registered Nurse is required to be on site 24 / 7.

District Nursing Service:

- District nursing teams work 8am – 8pm 7 days a week

- The night service works 7:30pm – 8:30am 7 days a week
- The teams are competent to deliver the same services as those traditionally delivered by the Acute Response Team, for example IVs (medications directly into the veins)
- Localised approach reduces travel time, enabling more patients to be supported
- Health care support workers have been embedded into the teams to allow an improved seamless approach for provision of care for patients at the end of their life



Specialist services include:

- Diabetes
- Heart failure
- Leg services
- Outpatient services
- Specialist palliative care
- Ear microsuction / Trial without catheter clinics

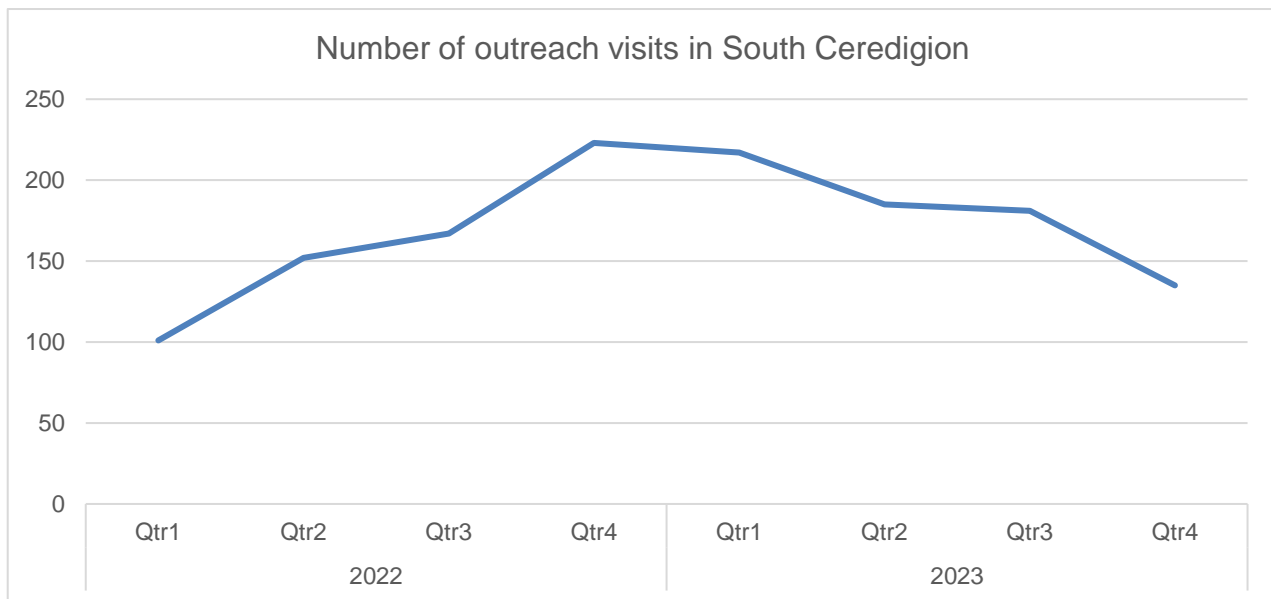
Theme: Understanding the new model of working

Comments / Questions: The drop in event enabled people to ask questions around the proposed new model of working; a number of people suggested that the communication they had received focused upon the bed closures rather than the new model of working. On the whole, people were reassured that the bed closures did not mean a loss of capacity as the workforce would remain serving the local population.

Response: Same Day Urgent Care Outreach Service

- Provides local healthcare options for patients
- Improves access to services and increases patient experience/satisfaction

- Enables urgent access to skilled practitioners, providing a focused service that supports patients to remain safely in their own home wherever possible
- Enables clinical collaboration with primary care, radiology, pharmacy, acute services, Welsh Ambulance Services NHS Trust and other supporting services
- Reduces demand elsewhere in the system – e.g. A&E
- Service is managed by advanced nurse practitioners based in Cardigan Integrated Care Centre
- Service has been operating in south Ceredigion



* The outreach team flexes with capacity and demand on the same day urgent care.

- Moving Tregaron Community Hospital nursing staff into the community will enable us to operate a similar model in north Ceredigion

Domiciliary care

Comments / Questions: There is a general perception that there are limited packages of care available, especially in the rural areas and that the care available is not enough to support someone in their own home, specifically it is not 24 hours a day. Significant concerns associated with recruitment and retention within the domiciliary care market.

Response: Ceredigion County Council implemented a new Domiciliary Care Framework in June 2023. Since the implementation of the new Framework, we are currently seeing far lower levels of service users waiting for availability of care than since 2021 and offers from the Domiciliary Care market is at its most responsive position for the majority of those in need of care. This comes from the improvements made through the Framework, with improved standard rate, the annual uplift and the continuous support and engagement with the sector, together with the marginally improved care sector recruitment for private Domiciliary Care agencies than was evident at the end of the pandemic.

In September 2022, the waiting list for care was 100 service users, in September 2023, the waiting list was 72, and as of the beginning of September 2024, the waiting list was 42. Of these, 15 are bridged by the Local Authority Targeted Care and Enablement, pending sourcing care through care providers. However, there were 301 packages of care and support in that week delivering 4,130 hours, across 10 active Domiciliary Care Providers in the community, 2 of these also deliver care in the two Extra Care settings North and South. Additionally, Targeted

Care and Enablement at the beginning of September were working with 46 service users both bridging and enablement, delivering a further 507 hours in that week.

However, the market situation remains difficult and the business sustainability for some providers continues to fluctuate, which in turn impacts on the availability of care provision. We commenced tracking sector vacancies across agencies from January 2023, reporting 55 vacancies, by June 2023, 39 vacancies, October 2023, 30 vacancies and thereafter has remained constant around the 33-35 level, with marginal losses and gains across the workforce each reporting period. A number of Care Providers have seen sustained retention and improvements in recruitment, including some Care Providers with successful Overseas Licenses granted by the Home Office, and therefore a number have expanded their capacity in the county.

Service users who are eligible for a care and support plan through the Local Authority can also choose to have a Direct Payment in place of a direct commissioned provision to meet their needs and independence. The Local Authority currently has 655 service users in receipt of a Direct Payment, 638 supported by the Direct Payment Support Service, 560 as managed accounts, these are a high figures per population in comparison to other Local Authorities and indicative of the proactive approach to choose at the point of assessment. In 2023/4 the Department of Public Social Services was successful in recruiting 252 Personal Assistants, and in the first 6 months of 24/25 106 have been recruited.

Residential / Nursing / EMI Care

Comments / Questions: Linking with the perception that Tregaron Community Hospital is being used as a convalescing facility and a facility for respite, there is a significant concern relating to the availability of residential, nursing and EMI facilities in Ceredigion and specifically close to Tregaron.

Response: Convalescence and respite is not provided in Community Hospitals and this has been the case for some years. The County Team will continue to work closely with the Carers Unit and Primary care to ensure that individuals and carers are made aware of support available.

The Ceredigion County Management team continue to have discussions with providers wishing to scope further provision for care in Ceredigion.

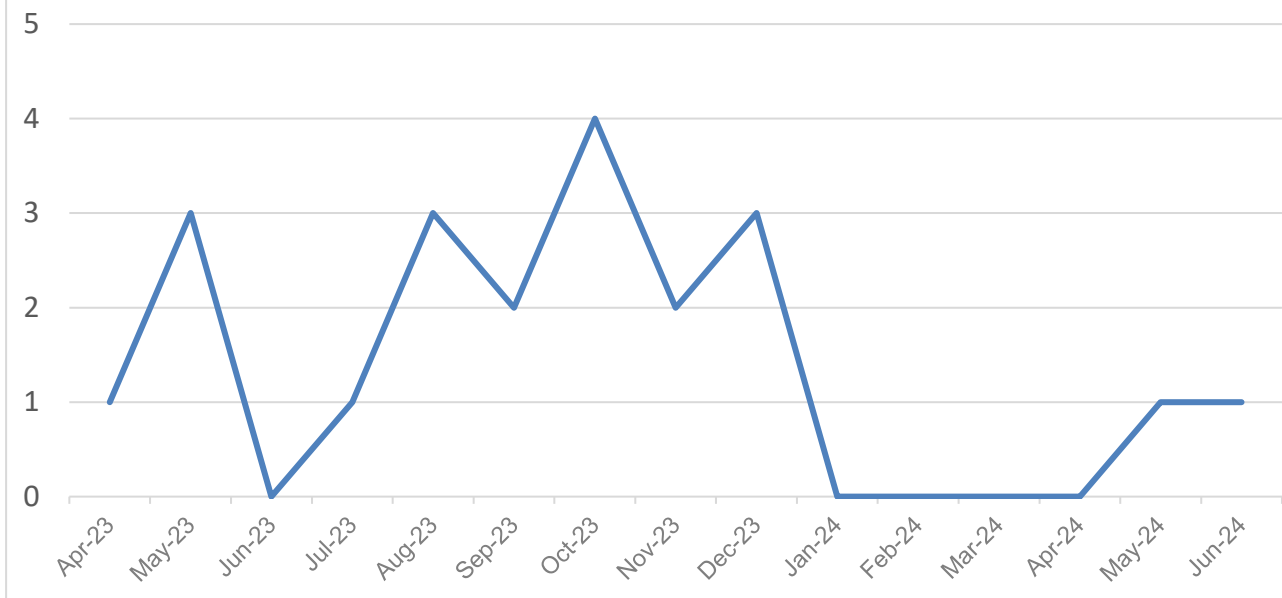
End of life and palliative care

Comments / Questions: In the past, Tregaron Community Hospital had delivered palliative care. Concerns were raised in relation to where end of life and palliative care would be delivered, especially in the context of a lack of accessible residential / nursing facilities in the local area.

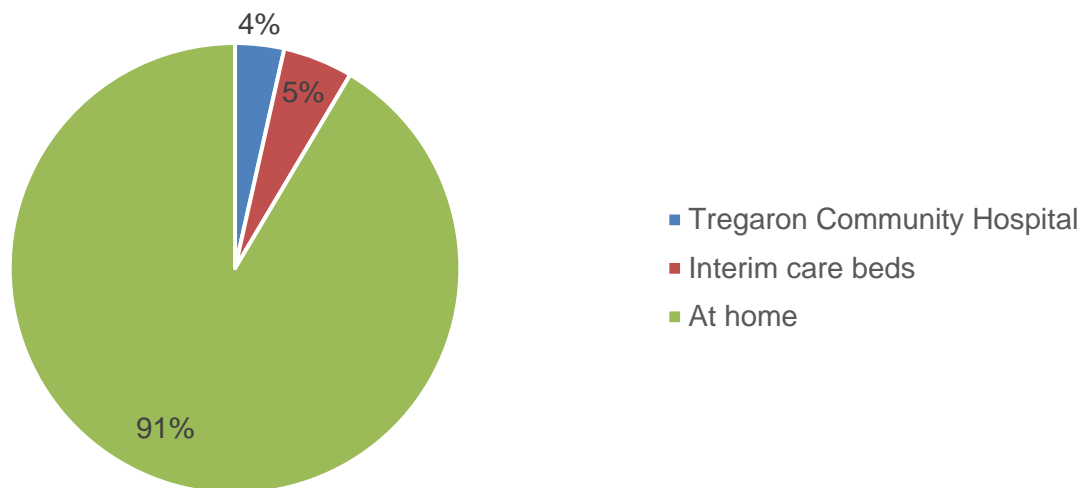
Response: Palliative care nursing support

- A significant number of people are supported at their end of life with community nursing services
- During the 15 months from April 2023 to June 2024, community nursing services supported the following numbers of patients at end of life:
 - 21 - Tregaron Community Hospital
 - 30 - Interim care beds
 - 546 - At home

Number of Deaths in Tregaron Community Hospital



Deaths with community nursing support



Flow from acute hospitals

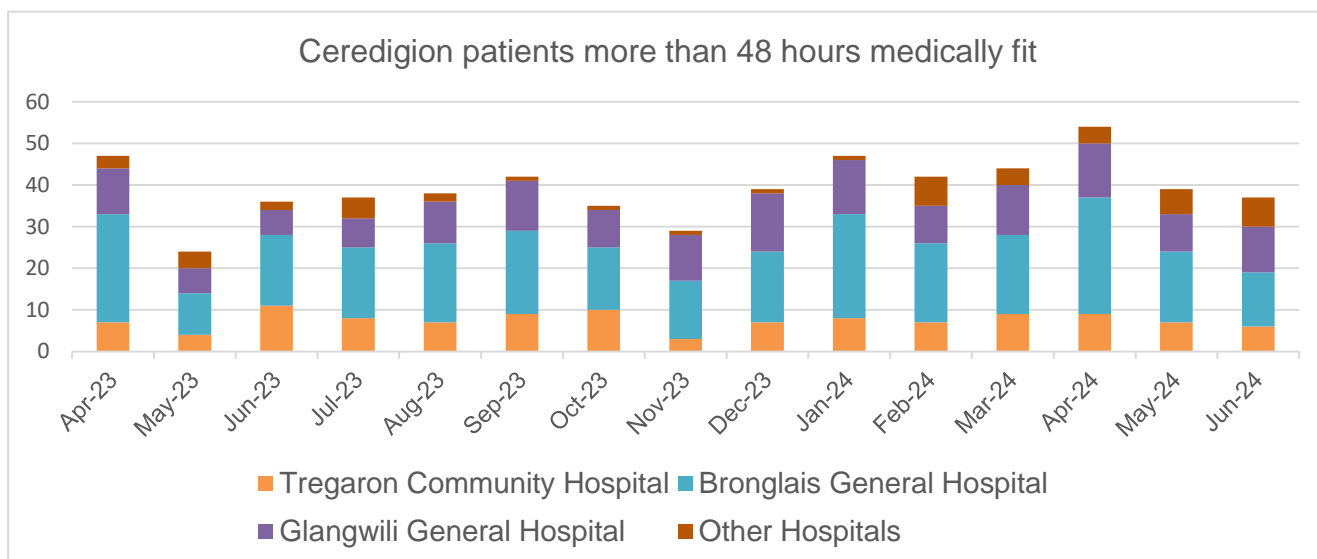
Comments / Questions: The term 'bed blocking' was used repeatedly. There was a perception that Tregaron Community Hospital could be used to enable flow from the acute hospitals.

Messages around ambulances queuing, patients being cared for in corridors as a result of 'bed blocking' were clearly articulated.

Response: Delayed Pathways of Care

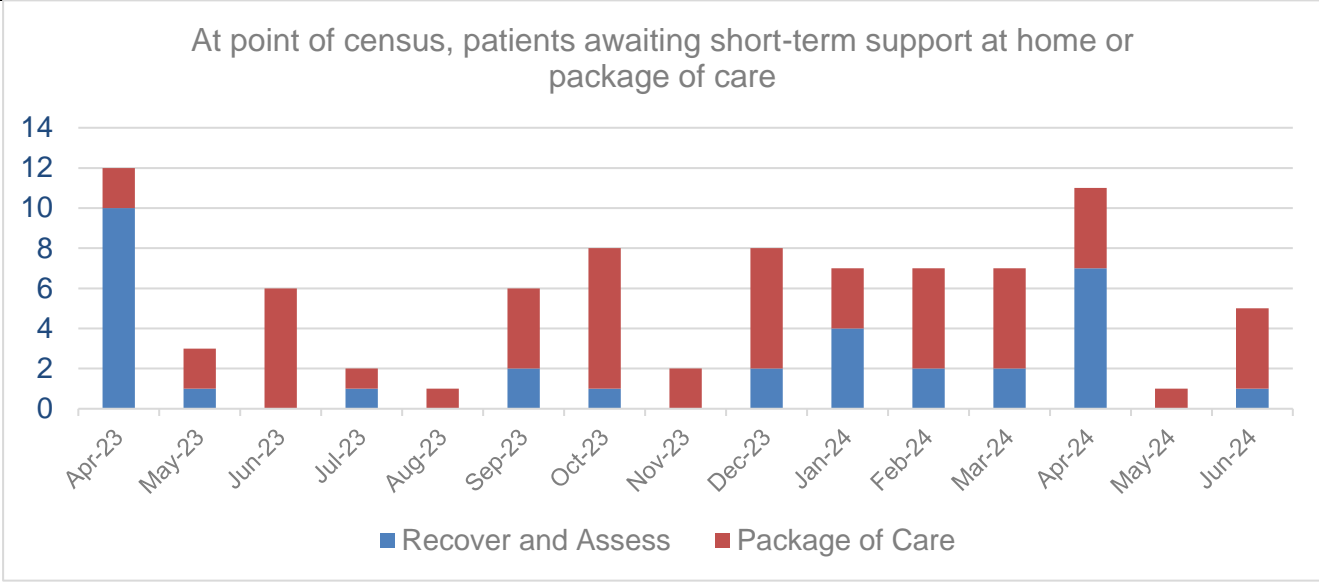
- A snap-shot of patient journeys is undertaken monthly
- The process is defined by Welsh Government and documents what each patient who has been medically fit for more than 48 hours is waiting for at that point in time
- Pathways of care include:

- Awaiting a residential / nursing home decision (including the patient making a choice, home assessing etc)
- Home adaptations / equipment assessments and delivery
- Step down arrangements to be put in place (including care at home)
- Packages of care to be in place
- Over the 15 month period 63% of the patients in Tregaron Community Hospital were classed as delayed pathway of care patients



Awaiting a package of care

- There is often confusion between pathways of care and packages of care, suggesting that large numbers of patients are waiting for packages of care in hospital beds, rather than people in hospital for more than 48 hours after being medically optimized
- Two types of support at home:
 - Recover and assess – short-term to allow for timely assessment for longer term needs
 - Package of care which is longer-term
 - People waiting for a package of care
 - Over the last 15 months (on census day) the location of people (total figures) awaiting a package of care was:
 - 68 in a hospital bed (8%, average 4.5)
 - 113 in a short-term residential bed (14%, average 7.5)
 - 447 bridged by local authority (54%, average 30)
 - 205 waiting at home (25%, average 13.5)



- Less than 15% of Ceredigion residents in hospital who are medically fit for more than 48 hours are, at the point of census, awaiting either short- or long-term support at home to be put in place

Cylch Caron

Comments / Questions: There is significant frustration over the progress of Cylch Caron, with a number of people asking if it will ever materialise. The community had been promised that the Tregaron Community Hospital beds would function until Cylch Caron was opened, there is a fear that by decommissioning the beds before Cylch Caron opens may dilute the local resource.

There was also a theme of the community not being kept up to date with process / decision making associated with Cylch Caron.

Response: There have been serious delays due to multiple factors, however progress is now being made:

Project milestones Target	Target Date
Contract Notice published	26 July 2024
Tender return deadline	20 September 2024
Evaluation commences	23 September 2024
Clarification meetings with Tenderers (if required)	If required
Evaluation concluded and presented to Cabinet	3 December 2024
Notifications to Tenderers of intention to award the Contract and start of standstill period	10 December 2024
End of standstill period	20 December 2024
Award of Contract	23 December 2024
Briefing meeting for Delivery Partner & agreement of delivery protocols	13 January 2025

Tregaron Community / Reminisce

Comments / Questions: Many people shared stories of loved ones who had been cared for in Tregaron Community Hospital. In previous times, the hospital had been used as a place for convalescing as well as respite care. A genuine emotional attachment with the place was demonstrated through the stories, together with a reluctance to change from the perceived provision.

There is a genuine feeling of loss to the community, not just economically, but also the activity within the community. The issue was interlinked with the perceived lack of progress associated with Cylch Caron.

A lack of social community day time facilities accessible to older people.

Response: The Health Board will work closely with both the Local Authority and Ceredigion Association for Voluntary Organisations (CAVO) to support alternative models.

Transport and access to services

Comments / Questions: Transport to and from the Tregaron area can be challenging; there was mention of a loss of buses, poor weather etc. This is both in the context of people accessing services as well as staff being able to move around.

Response: The Health Board staff have access to 4 x 4 Response Wales vehicles in poor weather.

Community transport including County Cars and Dolwen Teifi Community Transport are available.

Decision making process

Comments / Questions: There was a frustration that this was not a consultation process, but rather an engagement process which is taking place at short notice. There was confusion that public money had been spent maintaining the building in the past few years, which had sent out mixed messages.

Reassurance was requested from key stakeholders to obtain their professional opinions.

Response: Tregaron Community Hospital building was prepared for the COVID-19 pandemic.

The concept of the decommissioning of the beds had been part of the previous Cylch Caron process. However, the decommissioning of the beds has been accelerated as a result of the current clinical risks.

Alignment With National & Local Planning Objectives

Accelerating the Cylch Caron model is aligned with both the 'A Healthier Mid and West Wales' Strategy, and Welsh Government priorities. Redeploying the nursing staff currently in Tregaron Hospital will enable the additional capacity to support Same Day Urgent Care outreach roll out as well as enhanced community services. Part of this transition will require all staff to complete a competency workbook and be signed off before working independently in the Community.

Alignment With HDdUHB Planning Objectives

Workforce stabilisation – enabling the current Tregaron Community Hospital Staff to work alongside the community teams to ensure a robust model.

Transforming Urgent and Emergency Care – enabling a shift left from the traditional 'bedded' model.

Estates plans – Reduction in the facilities expenditure.

Approach

The decommissioning of the beds in Tregaron Community Hospital would be undertaken on a phased approach. Reflecting on average length of stay in Tregaron, it will take an estimated three months from the last admission to complete the bed decommissioning process. Therefore, the beds will be incrementally reduced as patients are discharged.

Next Steps

- Consultation with the staff is ongoing, and has been for some time. There will now be a focus on an Organisational Change Process, which includes close engagement with staff with support from the workforce and organisational directorate and staff side representation
- We will continue to commission interim beds in the independent sector
- The decommissioning process of the 9 beds will commence post- and subject to Board approval

Timeline	Activity (subject to Board approval)
Sep 2024	Board consideration of recommendation
Oct 2024	Commencement of Organisational Change Process with staff (duration 30 days, minimum)
Oct 2024	Cease admissions into Tregaron Community Hospital
Oct 2024	Commence the decommissioning of the in-patient beds (duration 60 days – maximum)
Nov 2024	Map staffing in line with redeployment process
Nov 2024	As opportunity arises, staff are encouraged to commence the competency work book
Nov 2024	As opportunity arise, shadow shifts with community teams
Dec 2024	Staff transferred to other areas of community nursing services and will progress with the competency work book.

Argymhelliad / Recommendation

The Board is requested to **SUPPORT** the acceleration of the Cylch Caron Model and **APPROVE** the decommissioning of the nine beds in Tregaron Hospital, which will enable a greater number of patients to be cared for in the Ceredigion community.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	1897 – Safe staffing Tregaron Community Hospital (5 x 4 = 20)
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe 3. Effective 2. Timely 4. Efficient
Galluogwyr Ansawdd: Enablers of Quality:	6. All Apply

Quality and Engagement Act (sharepoint.com)	
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	2a Staff health and wellbeing 1b Career progression 7b Integrated Localities 3a Transforming Urgent and Emergency Care programme
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	See appendices
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Operational Planning, Development and Performance Business Executive Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	The plan has been scrutinised through the annual planning process.
Ansawdd / Gofal Claf: Quality / Patient Care:	Please see Appendix 3
Gweithlu: Workforce:	The plan has been scrutinised through the annual planning process.
Risg: Risk:	The plan has been scrutinised through the annual planning process.
Cyfreithiol: Legal:	The plan has been scrutinised through the annual planning process.
Enw Da: Reputational:	The plan has been scrutinised through the annual planning process.
Gyfrinachedd: Privacy:	The plan has been scrutinised through the annual planning process.
Cydraddoldeb: Equality:	Please see Appendix 4