



## CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	29 September 2022
<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 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 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 amplified update for this report:

### COVID-19

Since the previous update in July 2022, there has been a significant reduction in the number of patients in acute hospital beds with confirmed or suspected COVID-19. As of 6<sup>th</sup> September 2022, the figure has reduced to 35 from the previously reported 125.

The situation in respect of care home pressures has improved since the previous update, with the escalation position as at 6<sup>th</sup> September 2022 indicating that approximately 7.5% of homes (11 out of 146) operating across the three counties are in Red status. This compares to the previous figure of 14% which was reported to the Board in July 2022. Whilst these cannot be interpreted as being in escalated status for COVID-19 reasons, there may be incidence where COVID-19 plays a part.

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

### LONG COVID-19

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

The latest figures noting the number of referrals to the service as at 31<sup>st</sup> August 2022 are detailed below:

- Number of referrals: 431
- Number of New patient contacts: 212
- Number of follow up contacts: 871
- Total contact (new & F/U): 1083
- Number of patients discharged: 81

### WINTER RESPIRATORY VACCINATION DELIVERY PLAN

Following its interim guidance, the Joint Committee on Vaccination and Immunisation (JCVI) published an updated statement providing their definitive guidance on the COVID-19 vaccination programme for autumn 2022 on 15<sup>th</sup> July 2022. These guidance documents were further supported by WG publication of their strategy in relation to the delivery of winter respiratory vaccinations for autumn and winter 2022/23 in order to ensure protection is offered to those most vulnerable from COVID-19 and influenza.

It is vital that a coordinated seamless delivery programme is delivered by GPs, Mass Vaccination Centres (MVC), Community Pharmacies and the HBUHB's School Nursing, Occupational Health and Immunisation & Vaccination Teams. The vaccinations for the

eligible groups will be delivered by a variety of health care professionals in order to maximise vaccine uptake and maintain baseline services. The autumn programme for COVID-19 sees the introduction of a new bivalent vaccine, which is an adapted vaccine which targets two different coronavirus variants – the original virus from 2020 and the Omicron variant.

It is recognised that a single Flu and COVID programme in 2022/23 will be a significant milestone for HDdUHB and represents a significant step towards full integration of our vaccination programmes.

Maximising the uptake of Flu and COVID vaccines through a single programme enables integrated strategy, planning, governance and public engagement; examines opportunities of integrated delivery (co-administration), transitioning from a single delivery model where possible; and realises benefits for delivery and population health by:

- maximising uptake of both vaccines;
- targeted and impactful communications;
- service efficiencies.

The programme for HDdUHB started on 1<sup>st</sup> September 2022 as planned and, to date, has seen the delivery of over 3000 vaccines over the first weekend. Our plan has been developed to maximise alignment with the HDdUHB COVID-19 Mass Vaccination Delivery Plan and the Seasonal Influenza Delivery Plan and is a live document subject to amendment as the season unfolds, as further Welsh Health Circulars are published, and as the Health Board derives learning from the delivery of both vaccines. This season will require maximum flexibility from services charged with delivery of actions within this Plan, to rapidly respond to changes in policy, guidance and priorities as they emerge from the JCVI and WG.

## TRANSFORMING URGENT AND EMERGENCY CARE

Following the successful launch of the programme in June 2022, work has continued at pace to develop a 3-year work plan for each of the delivery groups:

- Policy Goal 1 Coordination & planning for high risk groups will now be combined with the work on Technology Enabled care following the initial phase which was supported by the Transformation Fund. In addition, this workstream will also focus on new innovative work looking at risk stratification at the front door.
- Policy Goals 2, 3, 4, and 6. Three county whole system delivery groups have been established to focus on these policy goals, with the overall aim of reducing average length of stay by 1 day
- Policy Goal 5. An Optimising Hospital Care Delivery Group is being established and will be supported by a literature review of current reports / action plans to ensure that existing evidence informs the work plan.

These work plans will be led by the work group Chair who will be responsible for ensuring that agreed outcomes are delivered within set timescales. Along with pilot work currently being undertaken in partnership with the Quality & Improvement Team and Improvement Cymru, these plans will also be aligned with the winter plan and the regional integration fund to ensure consistent reporting and pace of delivery.

Whilst these plans are being drafted, work continues within various areas of the programme and includes the following:

- Same Day Emergency Care (SDEC) - Lightfoot are working on a demand model which will enable resources to be focused and inform a debate on the need or otherwise for a model based on a 7-day working approach. The clinically-led task and finish group continues to meet to discuss consistent processes and reporting of outcomes, with the

aim of setting the standard for consistent processes and reporting outcomes and is aligned to the national work being undertaken;

- Urgent Primary Care (UPC) - Development of a reporting suite of measures to encompass the Health Board's virtual UPC model across Primary, Community & Social Care;
- Optimising Hospital Care - SAFER patient reviews / deep dives undertaken across all acute sites in order to establish the baseline in order to inform the System understanding and implementation of the SAFER patient bundle and develop actions to feed into the policy goal 5 work plan;
- Winter planning - Lightfoot have developed an operational dashboard to support daily discussion at the safety huddles and conference calls. Lightfoot are also developing a planning tool based around the impact of respiratory demand and the possible scenarios which evolve over the winter months.

In addition, a front-line interactive E-event, based on the programme launch, is being planned for October 2022. This will bring together each local System to consider the small incremental gains each service area could make to support the delivery of improved outcomes prior to the winter months.

Impact against the agreed 3Cs outcome measures:

- Conveyance - the number of people attending emergency departments by ambulance continues to demonstrate a downward trajectory, whilst the balancing measure of total emergency department attendance is higher than pre COVID levels. Work is ongoing to understand the impact of community delays at the 'front door'.
- Conversion - the number of admissions continues to reduce.
- Complexity - whilst the number of occupied beds remains relatively stable, the length of stay (LoS) continues to increase alongside the number of medically optimised and 'ready to leave' patients within our acute beds. The SAFER patient reviews will help inform actions to address this position.

### 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, with latest available data indicating activity levels approaching 80% of pre-COVID levels. As previously reported, available capacity remains insufficient to fully achieve both Ministerial Measures milestones, although total cohort of patients with the potential to wait in excess of these milestones is expected to reduce by over 80% by the respective target dates.

Plans are being progressed to further expand outpatient and operating capacity in accordance with the delivery plan described above within the limits of available staffing levels. Recruitment to vacant Health Records staffing posts is progressively supporting the expansion of outpatient activity and the transformation of outpatient service provision continues with approximately 25% of current outpatient activity delivered via virtual platforms. Steady progress is also being achieved in the adoption of alternative delivery models to traditional clinic based follow-up care with 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 20%. 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 been delayed due to engineering challenges associated with the air handling unit

supporting the safe operation of the facility. The contractor, which has accepted full responsibility for these delays, is undertaking a programme of corrective actions which are expected to be completed in October 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 during August & September 2022 have been re-provided via the main theatre facilities at PPH. Recruitment efforts to secure necessary Anaesthetic and theatre staffing resources are continuing, with further increases in activity volumes anticipated from the end of October / early November 2022 period.

#### THEATRE UTILISATION – WITHYBUSH GENERAL HOSPITAL

As a consequence of the current phase of the Fire Safety Improvement works at Withybush General Hospital, the Day Surgical Unit is currently closed with activity being delivered via the Main theatre suite and supporting dedicated elective Ward 9. To support improved levels of throughput and productivity, a weekly improvement group has been established, chaired by the Hospital Director with clinical support from relevant specialties.

#### CARMARTHENSHIRE INTENSIVE CARE UNIT (ICU) SERVICE PROVISION

Due to significant vacancies within the Critical Care consultant resource which supports the service across Carmarthenshire, the remaining consultants available within the team are currently unable to provide appropriate on-site support at both Glangwili and Prince Philip Intensive Care Units. Of the 9 posts within the team, 5 are currently filled.

In order to maintain the safety of care and ensure effective support to patients requiring critical care, the admission protocols to the Critical Care unit at PPH were temporarily amended on 25<sup>th</sup> July 2022 to reduce the acuity level of patients being cared for, thereby enabling the available consultant resource to be concentrated at one site, to support safe 24/7 cover at the larger GGH ICU. During this period, patients requiring / or at high risk of escalating to Level 3 care will not be admitted to the PPH Critical Care unit and will be transferred to the unit at GGH. Patients requiring Level 1 & 2 care will continued to be cared for at PPH. To date, four patients have been transferred to the Critical Care facility at Glangwili Hospital, with a further two patients transferred to Morriston for tertiary level care.

The unit at PPH remains open on a 24/7 basis and continues to be supported by ICU nursing staff and resident Anaesthetic senior Specialty and Associate Specialist (SAS) doctor support.

The situation remains under constant review and a more detailed update is presented later on the agenda.

#### COMMUNITY PAEDIATRICS

Community Paediatrics is undergoing a service review, which has been commissioned by the Executive team and is led by Dr Martin Simmonds. In addition, a Task & Finish group to address extended waiting times is underway, which is reporting to the Board. 1.5WTE SAS doctors have accepted posts. To enable current capacity to focus on initial assessment, the service has now approved a post for an Attention Deficit Hyperactivity Disorder (ADHD) nurse specialist to be advertised September 2022.

The Service is working with the Waiting List Support Service to communicate with all children and young people on the waiting list and the Service Delivery Manager has engaged with the Value Based Health Care team.

## RESPIRATORY SYNCYTIAL VIRUS (RSV) SURGE PLAN

The RSV surge plan was submitted to Welsh Government in August 2022. All pathways, updated training and education programs are underway across all sites. The monitoring continues as per Point of care testing and daily SITREP submissions. The plan includes the standardised escalation plan and surge of Paediatric beds as required in inpatients and the Paediatric Ambulatory Care Unit (PACU).

The Paediatric Respiratory Surveillance Report indicates that the number of Emergency Department (ED) daily attendances for bronchiolitis have declined since July 2022; however, activity remains above baseline. The rate of hospitalisations with RSV spiked in week 31 and has been declining since. The rate of hospitalisations and number of ED attendances remain relatively stable and lower in comparison to last year. Across England, the rate of RSV hospitalisations in the under 5-year-old age group remains slightly above levels seen towards the end of January 2022.

Overall, there has been an observed general decline in RSV positivity over the last three weeks, however, the activity remains at pre-pandemic autumnal levels. The Acute Paediatric service continues to operationalise the Standard Operating Procedure for clinical streamlining for Paediatric attendances in ED and PACU. The purpose is to support the overflow ED response, to support clinical streaming of children attending the ED from Carmarthenshire and Pembrokeshire.

## CANCER SERVICES

Recovery performance against cancer pathways is a key priority for this year, and features prominently in our most recent performance discussions with Welsh Government. July 2022 performance was 43%, which was below prediction. This was due to a drive to reduce the backlog.

- Projected performance indicates that by January 2023 75% of cancer patients on a single cancer pathway will be seen in 62 days. In addition, it is projected that the backlog of patients waiting over 62 days will reduce to 392 by January 2023 from 577 as reported in June 2022;
- Increase in the July 2022 backlog was influenced by a backlog of Radiology reporting, which has been addressed;
- The August 2022 backlog was back in line with prediction.

Actions taken to ensure continued delivery of essential cancer services over recent months include:

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

## **MENTAL HEALTH AND LEARNING DISABILITIES**

A detailed report was presented to Board on 28<sup>th</sup> July 2022, which provided assurance on the Directorate's ability to meet key WG performance targets, including month by month trajectories where appropriate. The report also detailed progress against the following areas:

- Transforming Mental Health objectives;
- Update on the implementation of the Welsh Patient Administration System;
- Patient related outcome measures and experiences;
- Assurance on quality and risk for those waiting for services.

### **SPECIALIST CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (SCAMHS)**

We continue to work towards meeting our targeted trajectories in respect of Part 1A & 1B, and remain on track to achieve 40% by September 2022, with a longer-term aim to attain 80% by March 2023. June 2022 performance returns show that we have achieved 46% against Part 1A and 50% against Part 1B.

We have established bi-monthly internal waiting list management meetings to monitor compliance and identify any challenges and risks early, to ensure that appropriate mitigations can be put in place. Regular meetings with NHS Delivery Unit colleagues continue, where we can work to address issues and identify areas of best practice from other Health Boards to apply any learning locally to improve our position.

Recruitment challenges continue; however, we have had success recruiting into recent vacant posts. The remaining vacancies for the School In-Reach team are out to advert. The onboarding process is progressing for other recent hires.

### **AUTISM SPECTRUM DISORDER (ASD)**

Demand for assessment continues to remain high, with waiting times of up to 3 years. Demand for assessment is increasing year on year, ranging from an average of 26 referrals per month in 2016 to 87 referrals per month in March 2022. The Service Delivery Manager continues to review all the processes involved in diagnostic assessment to identify efficiencies to reduce the length of time that takes to complete an assessment.

All current posts within the service have been successfully recruited to, which will provide additional capacity for diagnostic assessments once staff have been inducted and onboarded. However, workforce requirements to meet the ongoing increasing demand is inadequate. We continue to review all job plans to identify areas where we can increase capacity for assessments.

Demand within our Integrated Autism Service remains similarly high. Again, this is compounded by inadequate workforce numbers to meet the increasing demand. The directorate is funding a number of fixed term additional posts to address some of these demand and capacity issues. Work continues on the procurement exercise to outsource assessment and treatment to address our waiting lists in both Adult and Children and Young People (CYP) ASD services. Due to the cumulative value of the tender proposal (over 1 million over 3 years) it is currently with Welsh government procurement colleagues for sign off. The anticipated go live date is 10<sup>th</sup> October 2022. Dependent on provider uptake, services will be procured until 31<sup>st</sup> March 2025, with a minimum of 150 individual diagnostic assessments per year being undertaken.

While we await the WG review of Neuro-developmental (ND) Services across Wales, we met with WG colleagues in July 2022 to identify possible non recurrent funding to assist in waiting list initiatives, which we are awaiting a response to. Further to this, we have submitted an

application to the Centre of Excellence for a small business research initiative to explore alternative ways of reducing ND waiting lists, with a decision on the submission expected in early October 2022. Senior Managers are currently working with other Health Boards to identify areas of best practice to improve waiting lists.

### **Learning Disabilities**

The interim management structure implemented in March 2022 has been extended until the end of the year, which is enabling the progression of the Learning Disability Service Improvement programme (LD SIP) for community and inpatient settings. Work is progressing on the change programme, with a review of the former Ty Bryn service having been completed. A proposal for the new service is currently being engaged on with staff. The proposed model is for a 24/7 one bedded in-patient unit which will provide specialist assessment and interventions to those with a moderate to severe learning disability and an associated condition such as Autistic Spectrum Disorder, severe and enduring behaviours that challenge and/or complex mental health needs. Alongside the preparatory work on staffing establishments a service delivery model for an all-service Organisational Change Process is taking place, with the 12 week consultation due to begin in late November 2022.

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

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

### **Improving Care, Improving Lives**

In May 2022, Welsh Government published its Learning Disability Strategic Action Plan (2022-2026). The action plan sets out the governments strategic agenda for the development and implementation of learning disability policy until 2026. A Delivery Plan aligned to this is currently in development which will contain specific actions and timelines for health boards to commit to.

The Action Plan includes legacy actions from the Improving Care, Improving Lives programme and aligns to the principles and objectives of the Well-being of Future Generations (Wales) Act. The Plan is flexible in its approach to delivery and considers the ongoing focus on recovery from the pandemic and limited available resources. The following key priority areas have been identified for actions:

- COVID recovery and well-being
- Health, including reducing health inequalities and avoidable deaths
- Social services and social care
- Facilitating independent living and access to services through increased access to advocacy and self-advocacy skills, engagement and collaboration
- Education including children and young people's services
- Employment and skills
- Housing – appropriate housing, close to home, access to joined-up services
- Transport



The Learning Disability Ministerial Advisory Group will oversee progress against the Action Plan through submission of annual progress reports. A formal review of the Plan will be undertaken during year two, in spring 2024.

### **Adult Mental Health**

Community Mental Health Teams across all local authority areas continue to be impacted by vacancies. However, there has been some improvement with uptake in Practitioner vacancies that have been re-advertised. All unfilled vacancies have been re-advertised, with interview dates pending.

Staff retention continues to be problematic in some areas, with staff applying for posts within new service areas which require no care co-ordination. Long term sickness rates have improved, however short-term sickness absences continue, both of which have been compounded by high annual leave during the summer season.

Demand for inpatient beds remains high, with over 100% occupancy, and surge beds being used to ease pressures when needed. The Psychiatric Intensive Care Unit (PICU) ward has experienced recent staffing issues due to vacancies. We are currently utilising agency staff to help to mitigate the current staffing shortages, while we undertake substantial recruitment.

The Section 136 suite has been returned to Bryngofal, Llanelli; however, there has been increased incidents where the Alternative Places of Safety in Pembrokeshire and Ceredigion have been unable to operate due to staffing pressures. The service has maintained the hospital place of safety throughout, to ensure limited-service disruption. The limited availability of Section 12 approved Doctors has also impacted community Mental Health Act assessments during the last month.

The Mental Health Single Point of Contact (SPOC) operating via 111 Option 2 continues to thrive, with positive feedback from GP and Police colleagues. Early indications from Community Mental Health Teams report a reduction in their Duty calls. The percentage of calls being managed by the SPOC with intervention /signposting to Third Sector agencies or self-help remains high and the follow-on request for Mental Health services remain low. The service takes transfers directly from 101, with continued good joint working with Dyfed Powys Police. The service is available 7 days a week from 09:00 to 23:30 and we are currently developing an implementation plan for a phased approach to operate 24/7 in line with Winter Pressures.

### **Older Adult Mental Health**

Occupancy rates in the Service are continuing to improve in line with services 85% target, however admissions remain high in Ceredigion and South Carmarthenshire.

Delays in the discharge process continue, partly due to a breakdown in many older people's social infrastructure due to the COVID-19 pandemic. Many service users have reported a loss of community connection, which has not yet been built back up. Further to this, many Care Homes have repositioned themselves as more up market to compete, which has affected our discharge planning process, causing delays. The continued lack of alternative/respite beds for Elderly Mentally Infirm (EMI) Nursing creates pressure on wards to admit, alongside domiciliary care recruitment issues within the Third Sector.

Memory Assessment Services (MAS) are continuing the commitment to a 7% waiting list reduction target month on month, with the latest returns showing a reduction in waiting times.

Community Mental Health Team (CMHT) staffing shortages (vacancies/non-COVID sickness) remain an issue. In Ceredigion a Band 7 Team Manager has been successfully recruited through internal Expression of Interest. This is initially for a 3-month period but likely to extend to 6 months as we continue to advertise the post substantively (8 cycles). Following the inability to recruit to an Assistant Nurse Practitioner (ANP) post, a medical post has been recruited to in the Ceredigion MAS. Onboarding is taking place, but an indicative start date of 26<sup>th</sup> September has been agreed.

### **Psychological Therapies**

Performance targets against the percentage of adults waiting less than 26 weeks to start a psychological therapy is gradually improving and on an upward trajectory; however, this may be affected going forward as demand continues to increase.

Recent recruitment has improved and we are currently awaiting the onboarding of new staff. Where recruitment remains problematic, service areas are monitoring and reviewing the position, work is being undertaken to include succession planning when reviewing recruitment options. Staff wellbeing initiatives have been implemented including a bi-monthly newsletter, a buddy system for new starters, well-being walks and the purchase of garden furniture through Charitable Funds to enable staff and clients to take breaks outdoors.

Pilot group therapeutic interventions across a range of modalities continue in order to achieve higher capacity for the offer of intervention appointments. The uptake of group interventions will improve the access pathway for Intensive Psychological Therapies Services (IPTs), which should result in lesser numbers requiring a more intensive intervention. We are currently utilising external venues in order to reduce the stigma attached to attending mental health services, however this may be reviewed going forward as there are associated financial implications. A Patient Access Policy has been drafted and, with the upcoming All Wales Delivery Unit review of IPTs commencing in September 2022, it is anticipated that this will give further clarity regarding Referral to Treatment guidance. A report on the group intervention programme will be discussed at the Psychological Therapies Management Group meeting in September 2022 for Executive approval.

An administrative review of the waiting list has been undertaken which is enabling the monitoring of Do Not Attend (DNA) and Can Not Attend (CNA) rates. The service continues to correspond with clients waiting >26 weeks as a form of keeping in touch. We are currently exploring options to develop appointment reminder services via SMS functionality which will lessen DNA rates.

Work is continuing on the process to procure support from an external organisation to provide Cognitive Behavioural Therapy (CBT) for up to 3 years, to help manage waiting lists. The tender is currently live with evaluations scheduled for late October 2022.

### **BUILDING COMMUNITY CARE CAPACITY**

The West Wales Region plans to co-ordinate a regional model which will be delivered at pace based on local partner configuration. The 5 agreed objectives are:

- To grow the total homebased care workforce in the community on a sustainable basis;
- To develop a consistent and regional set of principles which can be owned and implemented as most appropriate in each County System;
- The focus of the teams will be to support independence, reablement or enablement and the Home First principles;
- To do this in partnership recognising the impacts on the experience and outcomes for individuals and the wider population;

- To share the responsibility and risk in the design, implementation and resourcing and will ensure senior consistent representation in a regional steering group and local Operational Delivery Groups.

The regional model will provide additional capacity to bolster the provision of home care and support in the short term where other forms of care are not available within a timescale that is deemed reasonable relative to the risk in the system. It enhances the community workforce which will integrate and enhance health and social care provision in partnership between the Health Board and the Local Authorities.

Care may be provided:

- For those individuals at home to prevent or reduce the risk of an urgent admission to hospital;
- For those individuals in an acute or community hospital bed who require care to enable them to transfer home for their assessments;
- For those individuals in an acute or community hospital bed who require care to enable them to transfer home whilst waiting for their assessed long-term care provision.

### **Anticipated Benefits**

Based on the operational impact of similar teams in Pembrokeshire and Carmarthenshire the following benefit has been provisionally submitted to Welsh Government:

- 52 community beds in Carmarthenshire – assuming full 32WTE staff employed
- 38 beds in Pembrokeshire – assuming full 20WTE staff employed

In addition, the following community capacity has also been submitted:

- 14 beds Ty Pili Pala in Carmarthenshire
- 9 bed Hillside & Havenhurst in Pembrokeshire
- 6 beds by increasing in-house residential care in Ceredigion
- 250 hours of homebased care in Ceredigion by increasing the Health and Social Care workforce as part of the Regional Integration Fund (approximately 10 beds)

This generates a total of **129 beds** against a WG expectation of **117**. There will also be a further 20 beds in Pembrokeshire when the Joint Apprentices enter their second year.

### **Recruitment**

Recruitment has commenced in both Pembrokeshire and Carmarthenshire, with the aim of recruiting an additional 52WTE health and social care support workers and supporting staff.

Job descriptions have been agreed for both Counties (The first recruitment fair was held in Pembrokeshire on 22<sup>nd</sup> August 2022. There were 55 expressions of interest for the day and 17 interviews were held with 15 conditional offers being made. Follow up interviews are planned on 8<sup>th</sup> and 9<sup>th</sup> September 2022 for a further 15 people who were unable to attend on the day. Carmarthenshire interviews are planned to take place by the end of September 2022.

The recruitment of 15 Joint Health & Social Care Apprentices has commenced in Pembrokeshire and is the first apprenticeship programme of its kind in Wales.

Further information on our approach to developing this workforce, benefits anticipated, and cost can be found in a separate paper which has been submitted to support Chair's Action.

## ADASTRA OUTAGE AND MITIGATING ACTIONS

The Adastra system has been unavailable since an alleged cyber-attack on 4<sup>th</sup> August 2022. Adastra is a software package used by all Out of Hours (OOH) Services in Wales to receive information from WAST/111 about patients who have called for advice or medical assistance. The system enables the recording of subsequent clinical contact or redirection to other agencies before communicating with General Medical Services (GMS).

This issue has resulted in the Out of Hours Services in all Health Boards across Wales reverting to their Business Continuity arrangements. In HDdUHB this took the form of receipt of an email for each patient and then the faxing of handwritten records between the Call Centre and bases. These clinical notes were to be communicated back to daytime GPs practices by either fax or email. This system is usually undertaken during short outages. Given the constraints posed by adopting this system over a prolonged period a national SharePoint solution was developed by Digital Health and Care Wales in partnership with WAST/111 and each Health Board.

The SharePoint Case Tracking solution was introduced on 22<sup>nd</sup> August 2022. Patient flow is managed using this electronic system and consultations are recorded on an attachment which remains linked to the record. This has improved the ability to manage the flow of patients and reduces the risk of patients being delayed or missed. The element that remains challenging is the efficiency of sending information to the patient's own GP as no automation has been developed. This creates a risk of reduced experience particularly around deaths, palliative care, paediatrics and those who need an urgent follow up with their own GP.

Due to the manual nature of these mitigating systems a backlog of clinical consultations has built up which is being worked on by the OOHs and PC team. Activity has increased but further focus is required as the entire OOH team has been working above usual demands and many have already committed to additional shifts and work, resulting in reduced capacity for manual administrative tasks.

The latest advice indicates Adastra will be restored and available again by mid-October 2022. It appears a pan Wales 'go live' is likely; however, it must be acknowledged that SBUHB and HDdUHB share an instance of Adastra and therefore if one or other has a problem reinstating the system it will result in the two neighbouring HBs reverting to mitigating measures once again.

## INTRODUCTION TO WINTER PLAN

The Health Board winter plan for 2022/23 is being presented for sign off at the September 2022 Public Board meeting. The Welsh Government have requested that the winter plan place specific emphasis on population health (vaccinations) and the six goals of Urgent and Emergency Care which include:

- Coordination, planning and support for people at greater risk of needing urgent care;
- Signposting people with urgent care needs to the right place, first time;
- Clinically safe alternatives to admission;
- Rapid response in crisis;
- Optimal hospital care and discharge practice from the point of admission;
- Home first approach and reduce risk of readmission.

This is the final year that a winter plan will be required by Welsh Government, as it is expected that future winter planning will form a part of each Health Board's IMTP processes.

## Argymhelliad / Recommendation

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

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
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 853 - Risk that Hywel Dda's response to COVID-19 will be insufficient to manage demand (Score 5) 854 - Risk that Hywel Dda's Response to COVID-19 will be larger than required for actual demand (Score 6) 855 - Risk that UHB's non-COVID-19 related services and support will not be given sufficient focus (Score 8)
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

<b>Gwybodaeth Ychwanegol:</b> <b>Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Included within the report
Rhestr Termiau: Glossary of Terms:	ADHD – Attention Deficit Hyperactivity Disorder ANP – Assistant Nurse Practitioner ASD – Autism Spectrum Disorder CMHT – Community Mental Health Team CAN – Could Not Attend CYP – Children and Young People DNA – Did Not Attend ED – Emergency Department EMI – Elderly Mentally Infirm

	HDdUHB – Hywel Dda University Health Board IEG – Integrated Executive Group IPAR – Integrated Performance Assurance Report IPTS – Intensive Psychological Therapies Service GGH – Glangwili General Hospital GMS – General Medical Services IMTP – Integrated Medium Term Plan JCVI – Joint Committee on Vaccination & Immunisation LD SIP – Learning Disabilities Service Improvement Plan LoS – Length of Stay MAS – Memory Assessment Service MDT – Multi Disciplinary Team MVC – Mass Vaccination Centre ND – Neuro Developmental PACU – Paediatric Ambulatory Care Unit PICU – Psychiatric Intensive Care Unit PPH – Prince Philip Hospital RDC – Rapid Diagnosis Clinic RPB – Regional Partnership Board RSV - Respiratory Syncytial Virus SCAMHS – Specialist Child and Adolescent Mental Health Service SDEC – Same Day Emergency Care SPOC – Single Point of Contact UPC – Urgent Primary Care WAST – Welsh Ambulance Service Trust WGH – Withybush General Hospital WTE – Whole Time Equivalent
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