Closure of Minor Injury Service in Tenby Cottage Hospital

- The British Red Cross summer service was commissioned for weekends for 2013 – 8 week period and Bank Holiday. For 2014 the service was commissioned to cover weekends, bank holidays and afternoons for an 8 week period (246 patients seen in total – 59 referred to A&E as a more appropriate service, 83 were registered with local GP practices). We also worked more closely with WAST and the RNLI to provide a more integrated position over the summer

- A ‘mapping and gapping’ exercise has been completed, which included the Hywel Dda CHC. There is little evidence of negative impact of the closure

- A Community Pharmacy Triage and Treat model was piloted in Tenby. This proved relatively low cost and for the summer cohort, evidence suggests 26% would have attended A&E, 60% would have gone to GP

- The Triage and Treat model has been extended to March 2015. Options to extend the service to other community pharmacies is being explored

- Tenby Cottage Hospital currently provides a wide range of services including outpatient clinics, social care day facilities and physiotherapy services. We are considering the options to maximise all community estate and TCH will be considered as part of this review

Tenby GMS Service – Recruitment and Retention Issues

- The practice are currently operating with 2 partners, 1 partner is on long term sick. There is locum cover current in support of this position. The UHB has regular meetings with the practice to provide support and assistance where possible. The UHB has also met with the CHC specifically around the Tenby Practice issues and has offered to work with the practice to support and monitor access and availability to primary care. Currently discussions with WAST regarding the provision of an Advanced Paramedic Practitioner to be located in the practice and provide clinical support during periods of high activity

- There is no evidence of a substantial shift of activity to Saundersfoot and the numbers that have registered are small
Bro Preseli Centre – Crymych

- Primary, community services and CRT base
- The whole development is now fully operational with the 2 Intermediate Care flats being used. The Older Person’s Commissioner for Wales officially opened the facility on 17/11/14

Out of Hours GP Services in Pembrokeshire

- It has been agreed the Health Board will review the overall service model
- Workshop arranged for the 8/12/14 to scope future service model options.
- The service is currently considered as part of the Unscheduled Care Project Board in Withybush and will be crucial in any new service model going forward

Re – provision of a new Chemotherapy Day Unit at Withybush

- A Programme Board has been established for Oncology Services
- The Health Board has reaffirmed the commitment to develop services for the people of Pembrokeshire
- The preferred option will mean the relocation of the Day Unit within Withybush Hospital. The details are currently being specified and costed and will be reported through the Programme Board. Close liaison remains with patients and public and the preferred option will be the subject of a press release

Recruitment to Consultant in Palliative Medicine Post and Consultant Oncologist Post for Pembrokeshire

- As an interim measure Dr Ray Majer is providing Locum Consultant cover for Pembrokeshire on a part time basis from 27/11/14. Progress toward a substantive appointment is still a challenge

Recruitment to Consultants in Medicine and A&E

Hywel Dda University Health Board has moved to reassure staff and the public that the Emergency and Urgent Care centre at Withybush General Hospital remains open 24 hours a day and that it is committed to the long term provision of a safe, high quality service for patients in Pembrokeshire.

Senior clinicians from the University Health Board held a very constructive and planned meeting on 1st December 2014 to discuss solutions to recruitment and staffing issues at Withybush General Hospital. The purpose of the meeting was to ensure safe services in the future. The meeting involved Consultants from across the University Health Board, management and Board members
who together developed solutions to ensure Emergency and Urgent Care services continue to be provided at Withybush General Hospital for the people of Pembrokeshire.

**Acute Medicine**
- Working group of consultants from each HB site to design an 8 consultant model with paired working maintaining continuity of patient care
- To present model of care to consultant colleagues at other HB sites and confirm cross cover arrangements
- To use model of care to understand options for middle grade cross cover

**A&E**
- To work to develop an acceptable model of co-location of GP OOH with A&E
- To liaise with GP practices to explore models of GP involvement in A&E cover
- Scoping of ENP numbers and competencies
- To develop SHO based rotas and bring templates to Programme Board for risk assessment
- To develop clinical pathways to reduce numbers of presentations best seen elsewhere in HB

Actions to be brought back to Programme Board within the next 3 weeks for implementation in January 2015.

**Respite Care in North Pembrokeshire**
- Access to social residential respite care in North Pembrokeshire is co-ordinated by the Local Authority who will allocate according to availability, and choice of applicant where possible
- Access to health respite care is co-ordinated by the Health Board’s Continuing Care Team who will allocate care either within the patients’ home or an independent nursing home. Currently capacity levels for nursing homes in Pembrokeshire stand at 43%
- Patients who are able to fund the cost of respite care are able to access independent nursing homes directly.

**General Recruitment Update**

Over recent weeks the Health Board has looked to change its approach to recruitment. Some of the actions regarding recruitment include:-
• Rather than simply relying upon NHS Jobs to deliver quality applicants to fill posts strategic recruitment campaigns have been run for nursing vacancies the outcome of which will be known shortly following a series of interviews. There is already evidence of increased applicants for vacancies when compared to attraction rates from 6 months ago.
• A series of medical recruitment campaigns are being planned which will be different for each speciality. This will comprise of advertising in national press, with Universities and via Social media sites.
• The Health Boards recruitment internet site has been revamped (and continues to be developed) to provide more information about the Health Board, the area, schools, communities, activities etc.
• The recruitment element of professional networking site Linked In has been purchased and the Health Board will shortly begin headhunting individuals who are deemed to be passive candidates. There is strong evidence of professionals who are members of this social media site who work in difficult to recruit specialties.
• Recruitment processes are changing with the introduction of values based recruitment and again evidence has already been received to demonstrate a difference in attitude.
• Revised induction programme which includes day 1 as a personal meet and greet day rather than internet training based.
• A personal approach to recruitment we are adding a face to the whole process rather than it being seen as a pure administrative task.