



Health and Social Services Group
Integrated Quality, Planning and
Delivery Meeting
Swansea Bay UHB



Llywodraeth Cymru
Welsh Government

**Minutes of meeting
21 April 2023**

Name	Organisation/Job Title	
<Redacted s40(2)> WG1	Welsh Government	<Redacted s40(2)>
<Redacted s40(2)> WG2	Welsh Government	<Redacted s40(2)>
<Redacted s40(2)> WG9	Welsh Government	<Redacted s40(2)>
<Redacted s40(2)> DU3	Delivery Unit	<Redacted s40(2)>
<Redacted s40(2)> WG3	Welsh Government	<Redacted s40(2)>
<Redacted s40(2)> HB1	Health Board	<Redacted s40(2)>
<Redacted s40(2)> HB11	Health Board	<Redacted s40(2)>
<Redacted s40(2)> HB7	Health Board	<Redacted s40(2)>
<Redacted s40(2)> WG5	Welsh Government	<Redacted s40(2)>
<Redacted s40(2)> WG10	Welsh Government	<Redacted s40(2)>
<Redacted s40(2)> HB12	Health Board	<Redacted s40(2)>
<Redacted s40(2)> WG12	Welsh Government	<Redacted s40(2)>
<Redacted s40(2)> DU5	Delivery Unit	<Redacted s40(2)>
<Redacted s40(2)> HB4	Health Board	<Redacted s40(2)>
<Redacted s40(2)> HB5	Health Board	<Redacted s40(2)>
<Redacted s40(2)> HB10	Health Board	<Redacted s40(2)>
<Redacted s40(2)> WG6	Welsh Government	<Redacted s40(2)>
<Redacted s40(2)> DU10	Delivery Unit	<Redacted s40(2)>
<Redacted s40(2)> WG8	Welsh Government	<Redacted s40(2)>
Apologies		
<Redacted s40(2)> HB8	Health Board	<Redacted s40(2)>
<Redacted s40(2)> WG4	Welsh Government	<Redacted s40(2)>
<Redacted s40(2)> WG13	Welsh Government	<Redacted s40(2)>
<Redacted s40(2)> HB13	Health Board	<Redacted s40(2)>

1. Welcome and introductions.

<Redacted s40(2) – WG1> welcomed all to the IQPD meeting, the Enhanced Monitoring meeting would be chaired by JG once the IQPD meeting had finished. The deep dive focus for April was Diagnostic and Regional Working, and Quality and Safety.

<Redacted s40(2) – HB1> advised the Health Board was escalated to BCI over the weekend which lasted three days due to the lack of discharges. <Redacted s40(2) – HB1> had met with the U&E care teams in relation to discharging patients and plans were in place for the weekend and subsequent bank holiday weekends in May. A discharge pilot through SDEC was commencing next week for a month.

Further conversations were required with WAST in relation to the process when a Health Board was in BCI and re-routing ambulances to neighbouring Health Boards.

2. Diagnostic and Regional Working

<Redacted s40(2) – HB7> advised an endoscopy service improvement plan had been established which included:

- Lower GI optimisation project
- Faecal Immunochemical Test (FIT) rollout in primary care project
- Faecal Calprotectin (FCP) rollout in primary care project
- PHW BSW optimisation implementation project
- JAG accreditation project
- Reporting and governance project
- Training and development plan
- Capsule endoscopy service
- Surveillance stratification project
- Nurse endoscopist training

The NHS Executive was in the process of modelling some demand and capacity work. The health board recognised the challenges ahead, but its ambition was to become compliant with the 8 week target by the end of March 2024.

Several measures had been introduced to ensure quality, safety and good clinical outcomes whilst reducing the number of people waiting for diagnostic tests. These are highlighted in the slide pack.

From a regional perspective:

- Regional radiology group establishment under ARCH as part of the wider Diagnostic Workstream.
- Current focus is on demand and capacity plans – completed in Swansea Bay but still pending in Hywel Dda.
- Initial opportunities identified include the joint commissioning of mobile capacity and support for NOUS in Hywel Dda.

The current position from an RTT perspective was 336 patients waiting over eight weeks at the end of March. The main pressures were for CT and NOUS with 170

and 150 patients respectively. Additional funding had been secured to support the additional mobile capacity for MRI and CT, with the ambition of achieving zero for endoscopy by March 2024.

<Redacted s40(2) – HB7> confirmed the eight-week diagnostic position included 4,400 patients waiting over eight-weeks for endoscopy at the end of February 2023.

<Redacted s40(2) – HB7> advised a paper detailing the recovery plan for endoscopy will be submitted to the management board following the completion of the demand and capacity work.

<Redacted s40(2) – HB7> agreed to provide <Redacted s40(2) – WG1> with an update on orthopaedics following an Arch Regional Recovery Group meeting on Monday, 24 April.

Action: <Redacted s40(2) – HB7> to provide <Redacted s40(2) -WG1> with an update on orthopaedics following the Arch Regional Recovery Group meeting on Monday 24 April.

3. Quality and Safety

<Redacted s40(2) – HB4> presented the Quality Strategy which was launched in March 2023 that had been developed following engagement across the organisation and with stakeholders and identified four quality ambitions:

1. Delivering safe and reliable care
2. An organisation that our communities and patients are proud of
3. Empowering staff
4. High quality accessible services now and in the future

In relation to Duty of Quality, work continued with the Safe Care Collaborative around QI and setting up systems, establishing annual quality priorities, engaging with communities, and establishing a Patient and Stakeholder Experience Group. A quality hub had been established and a programme of patient safety congresses over the next 12 months now were in place. Several quality summits would be held where areas of concern could be raised and discussed with clinical teams. Falls had been one of the quality priorities during the year. In 2021-22, the rate had been 5.3 per 10,000 bed days, which was a 3% improvement from the previous year and the health board is on target for an 18% reduction in 2022-23 and currently has an annual rate of 4.3 per 10,000. There had been a reduction in the number of falls resulting in serious harm.

On Infection Prevention and Control, the change to the bed base may have contributed to the C.diff issues experienced at Singleton hospital during quarter four. In relation to S. aureus, E. coli, klebsiella and pseudomonas aeruginosa there were clear and improved governance structures for IPC in each of the service delivery groups. Progress was being made.

Nationally reported incidents demonstrated a downward trajectory since last September bar the blip experienced in March 2023. A maternity never event was

reported in February for a retained swab which was in the process of being reviewed / closed.

Duty of Candour had gone live with no issues being reported. During 2022-23, 2,151, communication issues being the largest theme.

There were four outstanding patient safety alerts.

- PSA015 Safe Use of Oxygen Cylinders in Areas Without Medical Gas Pipeline Systems would be compliant during April 2023.
- PSN052 Risk of death and severe harm from superabsorbent polymer gel granules. On track to declare compliance in May 2023.
- PSN065 The safe use of ultrasound gel to reduce infection risk. The health board was now compliant, and the declaration would be submitted during April 2023.
- PSN066 Safer Temporary Identification Criteria for Unknown or Unidentified Patients. Deadline for this was September 2023.

On maternity and neonatal, <Redacted s40(2) – HB4> explained workforce capacity continued to be on a risk rating of 25 - NPT Birth Centre and home births remained suspended to mitigate staffing risks. The midwifery pathway went directly into Singleton hospital. Detailed work on workforce had been carried out with a commitment of half a million investment to achieve and maintain the birth rate plus compliance. A number of posts were currently being advertised.

<Redacted s40(2) – WG10> thanked <Redacted s40(2) – HB4> for the update and acknowledged the issues being experienced in maternity services. <Redacted s40(2) – WG10> suggested the health board be mindful of the responses to the communication complaints and ensure responses were of a good quality and that patients could relate to.

Action: <Redacted s40(2) – HB4> to share a copy of the Childrens Community Services report with <Redacted s40(2) – WG10> once signed off by the management board.

4. Adult Mental Health

<Redacted s40(2) – WG1> was meeting with the NHS Executive on 26 April to discuss performance issues. <Redacted s40(2) – WG1> advised work was ongoing to understand the concerns raised by <Redacted s40(2) – DU5> in the last meeting with the conversion rate from Part 1a assessments to Part 1b interventions.

Another issue was. Performance issues related to the care and treatment plans in Part 2 of the measure had been identified which were being addressed and conversations were being held with the local authority partners around CTP compliance. <Redacted s40(2) – WG1> advised the introduction of a prompt into the system which would allow the community mental health team managers to see when CTPs became available.

<Redacted s40(2) – DU5> acknowledged the work around achieving the retained accreditation for the psychiatric liaison service.

5. AOB

Date of next meeting: 23 June 2023 09:30 – 11:30

Action Log			
Area	Action	Owner	Update
Diagnostic and Regional Working	<Redacted s40(2) – HB7> to provide <Redacted s40(2) – WG1> with an update on orthopaedics following the Arch Regional Recovery Group meeting on Monday 24 April.	Health Board	
Quality and Safety	<Redacted s40(2) – HB4> to share a copy of the Childrens Community Services report with <Redacted s40(2) – WG10> once signed off by the management board.	Health Board	