



**Minutes of meeting
13 September 2023**

1. Welcome and introductions.

The Chair welcomed all to the IQPD meeting.

2. Adult Mental Health

The health board gave an update on their anti-ligature assessment and management process across patient and non-patient areas. Each adult MH inpatient ward has an up-to-date anti-ligature risk assessment and reports into the MHL service group and the Quality and Safety Governance structure for assurance purposes. All patients who attend the inpatient wards or treatment areas have a risk assessment in relation to self-harm or potential suicide risk. There is a clear process in relation to risk assessment for staff and agency staff to follow. Regular checks are carried out for any environmental issues.

Work over the last six months has been successful in recruiting qualified nurses into the MHL service.

On safe staffing levels, the health board has been leading on a workforce strategy which is driving forward modernisation of the nurse workforce through development of new roles to promote career pathways for nursing and support recruitment and retention of staff. A daily conference call with representatives from all specialities within MH identifies patient flow and any staffing needs. This provides the health board assurance any gaps identified are dealt with.

Following a recent HIW review which identified variance in follow up arrangements against the 72-hour recommendation, the health board was in the process of reinforcing the policy that any patient discharged from ward, CMHTS or CRHT teams would be offered a follow up appointment within 72-hours.

In relation to performance, August part 1a and 1b was 100% compliant, residents with a valid CTP were 84%. The percentage of people waiting less than 26-weeks for psychological therapies was 82%. The health board requested guidance on how to manage expectation from Welsh Government in relation to group work, online work and one to one therapy sessions.

Action: Welsh Government to seek clarification around health boards expectation to manage psychological therapy group or individual sessions.

3. Urgent and Emergency Care

The health board gave an update on SDEC, continuous flow and progress against plans on reducing LoS for people admitted to community hospitals.

Following visits to Bristol Southmead hospital, a focus is being given to getting people to attend SDEC rather than the ED. There was a two-week pilot of patients being taken directly into SDEC to aid with the flow of ambulatory patients. Patients would be transferred to AMU if required where there was additional consultant cover.

Welsh Government colleagues queried what impact was forecast following the changes made for quarter three / four. The health board anticipated around 10 – 20 attendances would be diverted each day from AMU to SDEC. The changes were being monitored through the weekly UEC delivery board.

In relation to continuous flow, during the end of September, beginning of October an integrated discharge hub had been implemented in AMU, with the ambition of turning around the complex people at the front door before they get admitted. Criteria led discharge had also been implemented in AMU which was being rolled out to two other wards this and next week.

A community hospital band 6 sister had been appointed with a specific focus around home first interface and to support increased patient flow. Over the last three months, the average length of stay of 58 days had reduced to 29 days which is comparable to performance 2021 for the same two months.

The health board advised no public engagement or communication had been issued around continuous flow model. The health board confirmed SDEC was open 12-hours a day, Monday – Friday with a consultant rota to cover those hours.

Welsh Government officials were clear that improvements needed to be seen in this area before the winter pressures start and there were concerns that the changes in the service had not resulted in improvements.

4. Ophthalmology

The health board had set up a gold command structure to deal with the number of number of follow-ups in the system and noted the instances of serious harm that were occurring. In April 2021 there were 12 cases of severe harm that were still open incidents which had now reduced to two. One new serious incident had been reported between April 2021 and August 2023. The monthly eye care collaborative group monitors the service carefully.

Over the last year, FUNB had steadily decreased which was a result of the work carried out around glaucoma R123. 64% of glaucoma patients were seen within the appropriate time following a combination of changes in service delivery at Singleton, expansion of ODTCS and the use of optometrists in the system. This is considerably below the 95% target.

A refinement scheme carried out with the local optometrists had seen significant reduction in the backlog around diabetic retinopathy, with 93% of patients being seen within the appropriate time.

From a regional perspective, a paediatric ophthalmology service remains in place, a regional glaucoma service has been up and running for the last 12-18 months with further work on virtual ways of delivering the service due to the rural population was being reviewed. A regional approach was also taken to reduce the cataract backlogs with the development in Amman Valley and a day surgery unit at Singleton hospital. Discussions were ongoing around the need for one PTL for ophthalmology.

The health board have been utilising the Singleton Day Surgery Unit when it's not being used for High Volume Low Complexity (HVLC) lists. Occasionally other theatres have had to be utilised.

From the GIRFT review and recommendations, the health board is looking to put eight to 10 cases on the high-volume lists rather than the current six.

5. Quality and Safety

The health board has developed a proactive schedule of IPC-related audit for Service Groups, and IPC team, using the Audit Management and Tracking (AMaT) clinical audit assurance software and working towards IPC training level one and two being at 85% plus across all available staff.

Slides on HCAI infection areas identified the cumulative rates and comparison to other acute hospitals along with the respective improvement trajectories. Some wards have been without new cases of infection for more than 500 days.

IPC team continue to visit areas of high incidents namely haematology and oncology at Singleton hospital. An IPC summit would be held where clinical leads and directors would look at how to reduce the number of repeat admissions and avoidable cases.

Some of the actions being taken by the health board to improve IPC were to continue chlorhexidine washcloths for all patients, reduce any unnecessary invasive devices, continue with infection related mandatory training. Work with primary and secondary care groups on reducing antimicrobial usage, continue with director led post infection reviews and service groups monthly reviews. Hydration was being promoted across primary and secondary care settings. The clinical executives had issued a reminder to all staff about the importance of hand washing. Service groups had been asked to meet and walk around with a particular focus on IPC and environments on a weekly basis.

There were nine nationally reported incidents for August with one new never event.

There was an increased complexity in some of the complaints received which took longer to investigate.

There were three patient safety alerts open, two of which would be declared compliant by the end of September. The third patient safety alert would be declared compliant by the end of December.

The main theme highlighted from a patient experience and feedback perspective was around the length of the waiting times.

Several actions were being taken to implement duty of candour such as, a revised quality framework was currently out for consultation. A world Patient Safety Day, patient safety congress event was planned for tomorrow. Corporate assurance audits are undertaken, and themes shared across service groups.

Sharon Hope, one of the suicide prevention team had been shortlisted for the HSG Award and two Nursing Times Awards and Falls Prevention Award has been shortlisted for Advancing Healthcare awards.

NHS Executive was pleased with the progress made but highlighted the cumulative number of events was still higher when compared to last year. HCAI would continue to be monitored via the IQPD process until a consistent downward trend had been achieved.

Action: NHS Executive to contact PHW around a national programme on IPC.

6. AOB

There was no other business.

Date of next meeting: 17 October 2023 10:00 – 12:00

Attendance List

Welsh Government:

<Redacted s40(2) – WG2> (Chair)
<Redacted s40(2) – WG14>
<Redacted s40(2) – WG5> (Secretariat)
<Redacted s40(2) – WG8>
<Redacted s40(2) – WG18>
<Redacted s40(2) – WG6>
<Redacted s40(2) – WG22>
<Redacted s40(2) – WG9>
<Redacted s40(2) – WG15>
<Redacted s40(2) – WG3>
<Redacted s40(2) – WG11>
<Redacted s40(2) – WG24>

Health Board:

<Redacted s40(2) – HB4>
<Redacted s40(2) – HB29>
<Redacted s40(2) – HB32>
<Redacted s40(2) – HB9>
<Redacted s40(2) – HB8>
<Redacted s40(2) – HB18>
<Redacted s40(2) – HB7>
<Redacted s40(2) – HB12>

<Redacted s40(2) – HB15>

<Redacted s40(2) – HB11>

NHS Executive:

<Redacted s40(2) – DU3>

<Redacted s40(2) – HB25>

<Redacted s40(2) – DU12>

<Redacted s40(2) – DU13>

Six Goals Programme

<Redacted s40(2) – DU11>

Apologies:

<Redacted s40(2) – WG13>

<Redacted s40(2) – WG4>

<Redacted s40(2) – WG23>

<Redacted s40(2) – WG1>

<Redacted s40(2) – DU5>

<Redacted s40(2) – DU6>

<Redacted s40(2) – HB10>

<Redacted s40(2) – HB1>

Actions captured from the meeting.

Area	Action	Update
Adult Mental Health	Welsh Government to seek clarification around health boards expectation to manage psychological therapy group or individual sessions.	
Quality and Safety	NHS Executive to contact PHW around a national programme on IPC.	