



**Minutes of Meeting
10 October 2023**

1. Welcome and introductions.

All were welcomed to the meeting. The minutes of last meeting were agreed. There were no outstanding actions. Planned care and mental health would be picked up in the enhanced monitoring part of the meeting.

2. Primary Care

The health board provided a detailed update on their primary and community performance. Areas discussed were around building resilience and capacity across all primary care settings. 24,000 doses of the COVID booster had been administered to date. Some dental contracts had been handed back; plans were being discussed for additional dental capacity to be provided through the urgent dental access process.

The primary community academy was well established, and the ambulatory care clinics provide additional treatments. In relation to care home capacity and commissioning, a meeting was scheduled with care home providers across the three counties to discuss how to improve capacity together through the RPB.

The health board acknowledged the need to build a robust community and primary care system. The integrated executive group would need to look at how to incorporate primary and community care into the RPB arena.

Welsh Government policy leads are developing a list of key metrics to be captured. The health board had developed a dashboard on Power BI. It was hoped this could be rolled out across all primary care practices.

3. Ophthalmology

Performance against the R1 standard was stagnant. Alternative community-based approaches for the glaucoma patients were in train. Welsh Government were clear that this needed to improve at pace, due to the risk of harm to these patients and asked the health board to confirm the process in place to ensure that long waiting patients are not coming to harm. Waiting list support service (WLSS) issued safety netting letters to all stage 4 patients waiting over 52-weeks in August 2022, this process would be carried out again in October 2023.

Outpatient transformation money secured for improvements to the Diabetic Retinopathy (DR) pathway which had reduced the backlog, yet the overall follow-up position was increasing, with around 3,000 follow-ups on the glaucoma pathway. All

glaucoma patients on the waiting list had been risk stratified. Again WG asked for confirmation as to how potential harm is being managed.

In terms of identifying and management of harm, weekly meetings with the datix and concerns team were held to review any harm. There have been no recorded incidents that have met the threshold for duty of candour in the last 12 months.

The cataract centre was not used to its full potential due to workforce challenges. WG confirmed that there is a need to ensure that regional working, GIRFT standards and full theatre utilisation are implemented to meet cataract demand. Improvements have been seen across wet AMD with the use of virtual reviews and colleagues from Swansea Bay reviewing the pathway, although the health board is not meeting the national standards.

Diabetic retinopathy refinement scheme has resulted in 27% of all referrals reviewed by optometrists requiring a secondary care appointment.

A consultant lead has been secured from Swansea Bay to assist with delivery of the glaucoma pathway. Two practices were currently delivering the ODT pathway. Virtual pathways had been developed with the use of consultant connect until 'Open Eyes' was embedded.

There is a focus on increasing both SOS and PIFU opportunities.

4. Quality and Safety

The health board shared a presentation that outlined their current performance. The number of complaints received by month was stable and the patient experience score was improving. Work continues with colleagues around the grading / severity of incidents. Of the 40% pressure damage incidents, 20% were reported as developing or worsening during clinical care. There was an improvement plan in place to deal with the increasing number of duty of candour incidents. Progress was being made towards the closure of incidents in a timely manner. Welsh Government were clear that incidents should be reviewed and closed within the national standards.

The health board acknowledged receipt of the IPC letter from Welsh Government following the HIW reviews and the themes identified. The letter was discussed at the quality and safety committee who agreed more focus was required on the issues identified such as the cleaning schedules and a new Quality and Assurance Manager had been appointed for hotel services to help address this. Further updates will follow

In relation to RAAC at Withybush hospital, IPC risk assessments were carried out where patients were being nursed near the affected areas and appropriate actions taken.

Validation audits in relation to hand hygiene have been carried out which identified areas for improvement and bare below the elbow performance was at 93%.

In terms of C diff, a slight increase was seen in August and September which was consistent with previous years. 76% of the C diff was attributed to the community. MRSA had one reported incident in September. E coli was showing a slight deterioration compared to last year, although performance had improved significantly in August and September and the health board was currently reporting a rate of 81.39 per 100,000 population. The health board were reminded that they were in enhanced monitoring for C-Diff and that sustainable improvements were required.

The health board provided reports on quality matters and Duty of Quality to the quality committee. Duty of Quality was also included in the Quality Improvement and Equip programmes.

As part of the safer care collaborative work, the health board was looking at how to improve psychological safety across the organisation.

5. Any other business

There was no other business.

ENHANCED MONITORING MEETING

1. CAMHS & Neurodevelopment

August 2023 saw a dip in performance in psychological therapy, out of the 922 patients 514 were waiting over 26-weeks. The demand continued to outweigh capacity. During October and November, patients will be invited to participate in group therapies sessions reducing the need for one-to-one appointments.

Service delivery managers have developed a patient access policy, which has been ratified within the Directorate. The policy will be applicable for people who might be on a waiting list for a psychological intervention.

Welsh Government colleagues were keen to work with the health board on the patient access policy with the possibility of rolling out across Wales.

Adult mental health part 1a was an improving position. ASD continued to deteriorate. Kath Norton from Cardiff and Vale had been approached to review the neurodevelopment service, but unfortunately cannot commit to undertake a formal review.

NHS Executive had carried out an all-Wales review and a draft report had been shared with the health board. Welsh Government officials would provide feedback following an assessment of the all-Wales neurodevelopment review.

CAMHS part 1a performance dipped due to sickness within the Carmarthen team along with several patient cancellations over the summer holidays. A recovery plan was in place along and additional staff being recruited. Based on current performance, the prospect of de-escalation would not be considered for another 12 months.

CTP performance was 90%, though there were some recruitment issues.

2. Planned Care

The health board gave an update on the various plans and national programmes they were involved with. Welsh Government confirmed that mitigations should be made to ensure the financial position did not impact on reducing backlogs and enabling the implementation of sustainable solutions.

On outpatients, the health board was implementing See on Symptom (SoS) and Patient Initiated Follow-Up (PIFU) and this had reduced follow-up activity by 30% and this had been switched to new outpatient capacity.

Anaesthetic challenges within the health board were impacting inpatient activity. Welsh Government suggested some alternative models that may support this area

Management information shows current performance at 3,507 patients waiting over 52-weeks on 3 October 2023 the number of patients waiting over 104-weeks on 3 October 2023 was 2,895.

The health board advised following the allocated resources of £6.6 million they would eradicate 104-, 156- and four-year breaches in all specialities except orthopaedics by end the of March 2024.

Regarding orthopaedics there was a cohort of 380 patients who irrespective of the resource position was not a practical or realistic prospect of being able to clear by the end of March 2024. Of the 380, approx. 73 patients would be waiting just over four years at the end of March 2024. Again, Welsh Government reiterated the commitment to deliver ministerial priorities and achieve the delivery of the health board plan.

Dialogue continued around how to balance the delivery ambition with the financial recovery objectives. There was a board discussion in October that will ultimately determine the extent to what progress can be made.

The regional orthopaedic plan and implementation board had been established. It is chaired jointly between both health boards. Whilst there is capacity available at Prince Philip, the current workforce challenges meant that this site was unable to fulfil the total regional need.

Action: A regional discussion around orthopaedics to be facilitated by Welsh Government.

3. Cancer

Performance remains below trajectory, but a small improvement has been made over the last three months. Key challenges remain with the front end of the pathways in skin, urology, LGI, UGI and gynaecology. The increase in the backlog position was predominantly linked to skin, which was due to the increase in demand

and an operational issue with the transitional period between the insource provider and the new provider.

On Urology, additional diagnostic lists would be added during October to mitigate the increased demand and growing backlog.

The LGI overall waiting list volumes and patients waiting more than 14 days had reduced but the rate of backlog removal had stalled. Additional capacity remained in place within endoscopy. Improvement Cymru and NHS Executive has provided support for straight to test, accelerated imaging and endoscopy efficiency improvements.

The health board raised some concerns with the reduced levels of capacity from the regional gynaecology team at Swansea Bay due to workforce issues. Dialogue continues between the health board and Swansea Bay on what work can be transferred back or further afield for a different treatment partner.

It was anticipated the overall backlog reduction would be in a more sustainable position by the end of the autumn. Performance should be achieving 60% by December 2023.

The next tripartite meeting was scheduled for the 18 December where areas of escalation / de-escalation would be discussed, NHS Executive agreed to provide the health board with support on the endoscopy pathway.

4. Urgent and Emergency Care

The health board reported there had been some improvement in ambulance handover, with improvement seen in 2-, 4- and 6-hour delays. Average lost minutes was also improving, however Welsh Government suggested that this needs to go further and faster.

The health board confirmed the 12-hour trolley delays experienced during August had improved in September.

5. Any other business

There was no other business.

Date of the next meeting: 4 December 2023, 9:00 – 11:00 via teams.

| <i>Action Log</i> | | | |
|--------------------------|---|--------------|---------------------|
| Area | Action | Owner | Update |
| EM – Planned Care | A regional discussion around orthopaedics to be facilitated by Welsh Government. | WG | In progress. |

| Name | Organisation |
|----------------------------|---------------------|
| Jeremy Griffith (Chair) | WG |
| Caroline Lewis | WG |
| Chris Jones | WG |
| Gaynor Evans (Secretariat) | WG |
| Olivia Shorrocks | WG |
| Aled Brown | WG |
| Rebecca Luffman | WG |
| Martyn Rees | WG |
| Steven Thomas | WG |
| Paul Labourne | WG |
| Annie Jones | WG |
| Gareth Lee | NHS Exec |
| Richard Pryce | NHS Exec |
| Iain Hardcastle | NHS Exec |
| Andrew Jones | NHS Exec |
| Andy Long | NHS Exec |
| Susan Wynne | NHS Exec |
| Victoria Sachser | NHS Exec |
| Gillian Day | NHS Exec |
| Brett Denning | NHS Exec |
| Richard Bowen | NHS Exec |
| Sue Morgan | NHS Exec |
| Andrew Carruthers | HDUHB |
| Liz Carrol | HDUHB |
| Sharon Daniel | HDUHB |
| Bethan Lewis | HDUHB |
| Lee Davies | HDUHB |
| Jill Paterson | HDUHB |
| Mandi Chesterman | HDUHB |
| Victoria Coppack | HDUHB |
| Alison Bishop | HDUHB |
| Helen Mitchell | HDUHB |
| Keith Jones | HDUHB |
| Sion James | HDUHB |
| Cathie Steele | HDUHB |
| Phil Kloer | HDUHB |
| John Boulton | PHW |
| Apologies | Organisation |
| Samia Edmonds | WG |

| | |
|------------------|----------|
| Nick Wood | WG |
| Kathryn Greaves | HUHB |
| Mandy Rayani | HUHB |
| Paul Casey | WG |
| Dr Ardiana Gjini | HUHB |
| Sharon Cooke | NHS Exec |