



## Minutes

### **26 February 2024**

1. The minutes of the last meeting held on 22 January were agreed, actions not completed were addressed during the meeting.

#### **2. Planned Care and Diagnostics**

On regional working, a Regional Orthopaedic Board with executive and clinical leadership had been established with Swansea Bay Health Board. A meeting is scheduled for 8 March to discuss the scale of the challenges facing each organisation from a regional perspective and how the two organisations can work together to eliminate 104-week waits.

A regional Eye Care Board had been established which will build on the regional work on cataract and glaucoma. Clinical lead is yet to be appointed.

In relation to regional diagnostics, a regional radiology group had been established and met on Monday, 19 February. Demand and capacity plans would be shared to agree the focus for a work programme.

A working group established pre-covid would meet next month to discuss regional endoscopy. Demand and capacity analysis had been shared and a workshop undertaken to identify further opportunities for joint working.

The health board will have pathways over 156-week in orthopaedics, urology, and ENT. Due to the industrial action in February, there are some risks in vascular surgery which related to the regional aspect of the pathway. Worst case scenario would see 264 patients waiting over 156-weeks at the end of March 2024.

From the Welsh Government recovery funding of £6.6 million, £3.7million was invested into oncology capacity to support the suspected cancer pathway and radiology capacity, RTT and diagnostic priorities.

The health board confirmed no patients would be waiting over 104-weeks for an outpatient appointment by the end of March 2024.

Based on modelling for 2024 / 25 stage one outpatient appointments, it is expected that there will be 4,454 patients waiting over 52-weeks, and 1,608 waiting over 104-weeks at the end of March 2025. The health board anticipated 2,570 patients waiting over 104-weeks at the end of March 2025 at stage 4. These forecasts did not include any potential benefits of work or regional work and based on core capacity assessments.

Finalised trajectories would be submitted as part of the annual plan to the Welsh Government by the end of March 2024. Welsh Government raised concerns that this was not in line with expectations and requested that the health board reviewed their trajectories.

In relation to diagnostics, there was a potential delivery gap of five lists (900 patients) per week for endoscopy to achieve the eight-week target, without additional recovery solutions for endoscopy at the end of March 2025.

Cardiology and radiology are two areas of concern

### **Primary Care**

The health board gave a comprehensive update on primary care GMS services, which identified more practices were reporting at level three and four in 2023 / 24 than the previous year. The majority at level four were due to staff sickness.

The health board continued to experience issues with community pharmacy temporary part day closures and was mapping this by length of days over the week.

Data and digital groups were working on a revised set of sickness and absence definitions that would be more user friendly.

A service to support the transgender and non-binary patients previously commissioned in secondary care was now available in primary care through the locally enhanced service and a shared care agreement.

In relation to out of hours and community pharmacies, there had been a reduction in the supplementary hours over the last 12 months, which have impacted on evening and weekend provision.

The six goals programme director was keen to understand what the future of out of hours looked like, and the wider 24/7 integration across urgent primary care including delta wellbeing.

The health board advised conversations continue around whether they should maintain the five urgent primary care centres (UPCC) in the current format. They stated Llandysul and Prince Philip would remain open during weekday evenings and weekends and bank holidays, whilst they look at whether there is a possibility to use the bases more flexibly. Dialogue continues in relation to working practices that were inherent within the GP workforce and how to transfer those skills into the multidisciplinary teams across the three counties.

The aspiration for the SDEC service is to provide mobile home visiting capacity, as well as supporting clinicians in their decision making. The aim is to ensure patients are able to remain safely at home, reduce unnecessary admissions and provide care closer to home. This will enable the health board to have a bigger workforce in the community who are willing to take sensible risks and ensure patients can remain at home.

### **3. Quality and Safety – by exception**

The health board provided an update by exception which included complaints performance at 64%. A tool kit had been implemented across the directorates to

support improvements towards 75% or above. From an inquest perspective, the numbers remain low and there have been no regulation 28 reports in the last financial quarter. The health board continues to work on the timely closure of investigations and there has been an improvement in patient safety incidents status. The health board has toolkits to support the team in closing overdue complaints, helping to identify the actual issues that need to be resolved and working closely with the relevant directorate to sort and report to the Board. It is important to understand the reasons why they are still outstanding, whether that is because of staffing issues, or other reasons. There is a need to make sure that the learning is in place. It was agreed that for the next meeting that a more detailed analysis would be in place.

**Action: Health board to provide a more detailed analysis of responses to complaints at the next meeting**

Duty of Candour has been triggered on 28 occasions between 24 December 2023 and 17 February 2024 and further work was on-going to understand the reasons why. On coroner's inquests, the health board reported there was benefits from having additional staff in post to help manage the inquests and provide necessary reports and information.

On IPC, the health board has seen an improving position in several areas, though there is still further work to be done. E-coli is an issue, but the majority of cases are community based. The health board is targeting areas where there are hotspots, including Bronglais and PPH. Around 69% of staph aureus cases are community and have no previous hospital or medical intervention. The health board advised they have been able to retain the IPC community nurses and they are focussing work on local authorities and public health teams. Klebsiella is an improving position and there have been no pseudomonas cases this month. On c-diff, the health board is in a better position than last year but is off trajectory to achieve the 20% reduction. For clarification, it was noted that the lab results for hospital and community cases are based on where the lab is situated, not the patient's postcode, which may explain some of the higher numbers reported.

The health board reported they work closely with antimicrobial pharmacists in the community and in secondary care and are targeting local GPs who may have high prescribing rates. On taking learning forward, the health board stated issues are discussed at scrutiny meetings and the learning disseminated from there. It was agreed further discussion would take place outside of the meeting between the health board and NHS Executive.

**Action: Health board and NHS Executive to meet to discuss learning and sharing best practice.**

It was noted the health board is working with Swansea Bay around procurement of hand hygiene products and disinfectants.

#### **4. Mental Health – Adults, CAMHS and Neurodevelopment**

The health board provided an update on their mental health performance. They are sustaining performance for parts 1a and 1b and there is significant work on-going for psychological therapies. There has been a drop off in performance due to patients waiting over 26 weeks who do not want to be involved in group sessions and the health board is working to improve the uptake. Around 200 patients have taken up the offer and the health board is speaking to a further 70 patients to see if they still require the service. The health board is carrying out an evaluation of pre and post intervention to provide further evidence of the benefit. Colleagues from NHS Executive asked for feedback following the assessment of the group sessions.

On CAMHS, there is an improved position in terms of parts 1a and 1b and the health board is looking to sustain that over the coming months. The health board is looking to utilise the available capacity across the three counties as efficiently as possible. On ASD, this is an area of focus, and the health board is aiming to improve performance month on month. However, it was noted there is a small team that covers the whole of the health board and there has been a month on month increase in referrals as well as estate challenges to overcome.

The health board is outsourcing diagnostic assessments to an external provider. The health board is working closely with stakeholders to develop autonomous hubs that can offer themed workshops for parents and carers. The health board recognises there is a huge challenge. It was noted there were a number of actions in place for neurodevelopmental services. It was recognised the diagnostic conversion rates were high, and there was a query as to why patients had to wait so long on the pathway to confirm what was expected at the outset.

The health board requested a review of psychology and psychological therapies provision and there were nine recommendations made. The general feel was that the health board could work better across directorates and share resources. A Task and Finish Group has been established and Terms of Reference developed. On the neurodevelopmental review, there were nine recommendations, with some similar to the review of psychology and psychological services. A joint action plan has been developed and a series of Task and Finish groups and Terms of Reference have been established. Compliance against recommendations is on track and monitored via Audit Tracker and joint Directorate oversight. NHS Executive colleagues were pleased to see the detail in the actions for the two reviews.

#### **5. Urgent and Emergency Care**

The health board reported February had been a challenged month in terms of handover delays. There are a number of high acuity patients that are self-presenting at EDs. There has been an increase in the number of stays over 21 days and that presents a challenge in terms of flow and is an area of focus. The main increase is in the 21-to-50-day length of stay. In Bronglais, there is an issue with loss of urgent care home access. The main area of concern is around Glangwili, which has seen a deterioration since the start of the year. The focus is trying to understand what the reasons for the increasing length of stay are.

The pathways of care delays are considerable. The health board stated there are a number of reasons, including staffing challenges and money. This is an area that further focus is required.

On the six goals programme, it was noted there was some good work going on across the health board, but it needs to be consistent. There are opportunities to align some of the work to support six goals and urgent and emergency care, as well as supporting the further faster work. This would be picked up with the health board in a meeting with the six goals team later in the week.

## 6. Any other business

There was no other business.

## 7. Date of the next meeting

21 March 2024 via teams.

**Please find attached a copy of the latest monthly cancer catch up meeting.**



20240131 - HDUHB  
- Cancer Performanc

<b>Action Log</b>		
<b>Action</b>	<b>Owner</b>	<b>Update/Deadline</b>
Health board to provide a more detailed analysis of responses to complaints at the next meeting	Cathie Steele	
Health board and NHS Executive to meet to discuss learning and sharing best practice	Sharon Daniel / Cathy Dowling	

## Attendance

List of attendees and noted apologies		
Health Board	NHS Executive	Welsh Government
Andrew Carruthers	Dave Semmens	Jeremy Griffith - Chair
Cathie Steele	James Davis	Caroline Lewis
Alison Bishop	Brett Denning	Gaynor Evans - Secretariat
Sharon Daniel	Richard Bowen	Martyn Rees
Keith Jones	Sue Morgan	Olivia Shorrocks
Frances Howells	Cathy Dowling	Steven Thomas
Janice Cole-Williams	Corrina Casey	Rebecca Luffman
Tracy Price		
Shaun Ayres	Dominique Bird - PHW	
Dr Richard Archer		
David Richards		
Warren Lloyd		
Ceri Griffiths		
Rhian Bond		
Ardiana Gjini		
Mark Henwood		
Lee Davies		
Tracey Humble		
Bethan Andrews		
Apologies		
Allan Wardhaugh		Chris Jones
James Severs		
Lisa Gostling		