



**Minutes of Meeting
7 July 2023**

1. Welcome and introductions.

All were welcomed to the meeting. The minutes of last meeting were agreed. There were no outstanding actions. The health board introduced the new Executive Director of Public Health.

2. Vaccinations

The health board presented the 2022/23 performance, highlighting the challenges around improving the uptake of first and second MMR doses. To mitigate accessibility issues during working hours, catch up vaccine sessions would be held for all children over the summer holiday across the health board.

A deep dive into the COVID booster uptake figures would be undertaken to understand why no improvement had been noted from autumn 2022 to the spring 2023 booster.

There was significant variation in the uptake of the influenza vaccination across the health board particularly amongst the two- to three-year-olds. Challenges have been experienced with some of the large GP practices which tend to serve the more deprived communities. A pilot to offer vaccines to 3-year-olds in nursery settings to try to overcome accessibility barriers would be carried out this year. The public health team were working with midwifery teams to address concerns raised by pregnant women in relation to the influenza vaccine.

Looked after children are invited directly for any outstanding vaccinations. Work continues with LA colleagues to ensure invitations are communicated to home-educating families along with events held with the gypsy traveller communities prior to catch-up sessions. Domiciliary service was also offered to the most deprived families.

The National Immunisation Framework (NIF) six key areas of opportunities will enable the development and growth of the vaccine equity group into a health board equity group that covers all aspects of immunisation. Work was ongoing with the transformation team in respect of digital access and consent. A communications specialist role will be created to help increase public information and knowledge. The health board was fully committed to the national governance approach and improve immunisation opportunities for the population of west Wales.

On hybrid deployment models, the NHS Executive queried how the health board utilised a workforce model that balanced primary care and provides sufficient capacity to do the pieces of work.

The health board acknowledged the challenges surrounding workforce and primary care, but continued to focus and build on their plans with local authorities to improve the whole system with a particular focus on immunising children before they started school.

Work had now commenced with the local authorities on targeting teenagers. The health protection team was supplementing primary care teams for more drop-in centres in the communities for vaccinations.

3. Screening

The health board shared slides on cervical, bowel and breast screening programmes. Unfortunately, the latest data available was for 2020. The public health team will work to ensure that there is accessible live data going forward.

Plans were in place to improve the equity of the lower uptake areas for screening programmes. 'Moondance' is supporting a partnership programme to raise awareness of bowel cancer.

Data in relation to the assessment challenges surrounding the timeliness and the efficiency of the handover between the programmes wasn't available. Work continues in addressing this issue and there was a need for a greater understanding of the compliance percentage data rather than weeks wait.

In relation to new-born infant physical examination (NIPE) checks, the health board had a small number of midwives who were qualified in undertaking NIPE and continue to send on average four midwives per year for the training programme. Eleven newly qualified midwives already qualified in NIPE would be commencing duties in September.

Welsh Government officials queried if the health board had a mechanism to report compliance for new born screening. The health board receives reports on new born blood, spot and hearing screening that show compliance of around 96 – 97% but the most available data is 2020. The health board does not have a system to capture live data. The referral mechanisms around hips, eyes and testes will go to those directories, which would be coded and returned through to the central data repository.

Welsh Government officials urged the health board to ensure that when commissioning GP services that they carry out the six-week new born check in a timely manner as outcomes from referrals often have a huge impact on families.

4. Maternity

The health board gave a presentation in terms of the MBRRACE report for 2021. Internal performance management monitor any deaths and ensure any of the

systems learning is identified through reviews and are implemented immediately. Maternal data entry had improved and achieved 100%. The health board implemented a physiological approach to understanding how babies behave in labour to mitigate risk. Another area that has been developed around communication for families and service users was a maternity passport that looks at inclusivity. When women were booked-in as being pregnant, communication and language is tailored to the needs of the individuals by the staff and clinicians.

Some of the learning has been aligned to the MBRRACE recommendations around the twin pathway, particularly for the moronic diamniotic twin pregnancies through Glangwili hospital where there is a twin pathway and clinic.

The Royal College of Midwives, State of Maternity Services reported more women were entering pregnancy over the age of 36 and 10% of those women would be obese or have mental health issues. Despite the declining birth rate, the acuity for care was much higher. Ultrasound scanning was a fragile service across Wales. An ultrasound control group has been established to look at what mitigations could be taken to prevent some of the issues which included staff retirements and sonographers with RSI.

In terms of planning and providing training to the workforce to increase their ability to undertake scans, conversations were being held with Powys Health Board for support whilst some of the midwives received the necessary training. The health board had three midwifery sonographers of which one was about to leave to work at another health board.

Welsh Government noted the hard work carried out around CTG interpretation within maternity services at the health board with two midwives shortlisted for HSJ awards. One midwife had been recognised for the work around the CTG programme and the second midwife around the work done to create psychological safety within our service.

The health board confirmed they had eight midwives above establishment with another 11 new student midwives arriving soon.

5. Adult Mental Health

Part 1a performance continues to deteriorate reporting 66.8% in May, part 1b continues to remain above target. A recovery plan is in place with regards to the management of long-term staff sickness. Alternative options were being reviewed for additional capacity to support one team. There were several measures that supported part 1b of the pathway which included the recruitment of seven band 5 wellbeing practitioners, one band 6 and one admin support to support GP clusters and link with 111 press 2.

The deterioration in the compliance with part 2 was seen within two teams which had the largest CMHT workforce issues. One in north Pembrokeshire and Ceredigion. Alternative solutions around filling those vacancies were being sought. The health board was looking at what internal solutions could be available to improve compliance.

The health board queried if the local authority should report separate CTP cases. NHS Executive advised there was no separate local authority report in the system for part 2, the health board would need to report all cases.

The NHS Executive welcomed the health board review into adult mental health part 1 and encouraged the review to include CAMHS and the broader mental health support services.

Part 3 continues to be compliant.

Psychological therapies achieved 44.2% in May which was below target. This was due to an increase in demand outweighing capacity, therefore the focus on the group therapies was being prioritised to improve the position. A successful tender process will see some of the EMDR outsourced in July. A CBT waiting list initiative with an aim to offer 147 clients initial psychoeducation session in July.

The health board had implemented a Community of Practice group with colleagues across Wales, to share, learn and encourage shared ways of working. A sms function to reduce DNA rates had been piloted and was being implemented across the service.

6. Quality and Safety

The number of complaints received had increased from April but remained stable in May and were being managed in a timely manner.

There were eight serious incidents submitted to the NHS Executive and work continued closing the NRIs in a timely manner.

On IP&C, the health board was maintaining the 20% reduction trajectory for c.diff but experienced a deterioration in May due to laboratory specimen. There were 12 cases reported for June. E.coli saw an increase in May with 42 cases being reported which had reduced to 32 in June and was mainly related to either urinary tract device related or hepatobiliary, with the majority of specimens taken on admission to hospitals. Lots of work to support the community teams in respect of hydration and prevention of UTI's was being carried out.

S.aureus had seen a spike in June, three of which were skin and soft tissue infections, which presented on admission to hospital. Work was being carried out within the community to address these issues. Another case was related to a line issue within the renal dialysis unit.

Klebsiella and pseudomonas aeruginosa were fluctuating due to the consequence of co-morbidity and complex cases.

The NELA audit for Glangwili hospital demonstrated 58 laparotomies were performed between January and June 2023, of which data was not locked for six patients. Unadjusted mortality of 6% for the locked patients from January to June 2023

7. Any other business

The health board gave an update following the HIW unannounced MIU inspection at Prince Philip hospital on 26 and 28 June 2023. An action plan would be submitted for immediate assurance actions by 7 July. One of the concerns raised was related to the suitability of the environment for surge medical surgical patients. The team in the unit have rapidly put in actions to address the issue. Another issue raised was the waiting times for transfer of the acutely unwell or deteriorating patients, including paediatric patients and how to manage those transfers in a timely manner given the impact already on the WAST Service. Conversations would be held with WAST colleagues. HIW also raised issues around the site, and support for Nurse Practitioners when there is an unexpected lack of medical cover on-site. Articulated arrangements are in place to address the issue and has been addressed in the response to HIW. A final report was expected in six to eight weeks.

Welsh Government iterated the comments from HIW - 'Most concerned that staff at the MIU had triggered the inspection by writing to the LMC'. The health board had carried out work on the unit on staff engagement especially around agency nurse induction packs, which the HIW inspection team picked out as good practice.

Date of the next meeting: 3 August 2023, via teams.

Action Log			
Area	Action	Owner	Update

In attendance:

Welsh Government

Jeremy Griffith (Chair)
Aled Brown
Martyn Rees
Gaynor Evans (Secretariat)
Olivia Shorrocks
Karen Jewell
Richard Desir
Catrin Jones
Annie Jones

Health Board

Sharon Daniel
Lisa Humphreys
Kathryn Greaves
Caroline Lewis
Helen Mitchell
Lee Davies
Catherine Wilkins
Andrew Carruthers
Liz Carroll

Cathie Steele
Bethan Lewis
Emma Harries
Rhian Matthews
Ardiana Gjini

NHS Executive
Dave Semmens
Gareth Lee
James Davis
Clare Williams
Sara Sturdy

Apologies
Keith Jones
Mandy Rayani
Phil Kloer
Catherine Evans
Emma Coles
Mark Henwood
Tracey Gauci
Cathy Dowling
Helen Arthur
Samia Edmonds
Chris Jones
Nick Wood
Huw Thomas