



Minutes

**23 April 2024**

1. The minutes of the meeting held on 21 March were agreed, actions not completed were addressed during the meeting.

**2. Review of this winter and Pathways of Care Delays**

The health board submitted a presentation and gave an update on some of the key points, this included the impact of the 100 trusted assessors now in place. Community nursing in Ceredigion had been reconfigured to provide a 24/7 approach and support partners in delivering care closer to home in the community.

A frontier discharge digital platform was developed to record patients details consistently from an AI generated EDD and reviewed within 24 hours to identify any early or complex discharges. Community staff had been deployed into the acute sites to help pull patients through the system.

Going into next winter, a PoCD task and finish delivery group has been established with the first meeting taking place week commencing 22 April. This will focus on the development of a new action plan. Work carried out with Cardiff and Vale had identified there was more work required around the initial nursing assessment.

The health board is in the process of reconfiguring the transforming urgent and emergency care (TUEC) programme into 5 workstreams to support deconditioning and reduce length of stays. Learning from work in Worthybush hospital around the puffin model could be rolled out to other sites.

The governance structure had been reestablished. The Assistant Director of Nursing chairs a discharge strategy group. The group would look at pulling all the six goals programme and Improvement Cymru programmes together to update the discharge policy and district nurse function.

Focused work is being carried out at Glangwili hospital to see how additional capacity can be put into the system. Dedicated 'hot clinics' release some capacity in SDEC and increase what can go through SDEC which would then lead onto the expansion of a medical day unit. The acute response teams can in-reach and work with SDEC to get patients discharged quicker.

There are local integrated groups in each of the counties which review how the health board use the package of care delay reporting.

Work is underway to better understand the reasons for the delays in the system.

### **3. Six goals for urgent and emergency care**

In the absence of a risk stratification toolkit, dialogue continued at locality meetings with clusters and the district nurses were offering a crisis response in the interim.

Work on developing a single digital platform to capture data around the enhanced community care was ongoing.

The health board have discussed how to develop a 111-pilot looking to provide an urgent primary care response. Once those details were mapped, a follow-up meeting will be held to decide how best to manage those patients, either on a practice-by-practice basis or via the local resource hubs.

In relation to the executive sponsor linked to SDEC, there would be a workstream lead who would be the accounting officer and would feed into the Integrated Operational Group. The IOG would feed the Integrated Strategic Group, who in turn would report to the Six Goals Programme and the Welsh Government.

The health board was reviewing the tuition programmes as they did not seem to be connected enough in terms of the actions and impact on the performance position. Work on aligning the different workstreams across the three counties would also be carried out to ensure consistency across the health board.

Work on refining an optimal SDEC model was being undertaken and would be completed by the end of the summer. Work was ongoing with digital colleagues to develop demand and capacity modelling to ensure services met the needs of the local population.

The health board had an agreed discharge policy in place and were exploring a number of additional discharge processes and clinical criteria to enhance the discharge strategy.

In relation to the optimal flow framework, a deconditioning audit tool was piloted at Prince Philip hospital. The optimal flow framework was being rolled out to community sites in south Pembrokeshire. The Quest team were currently embedding the optimal flow framework across Amman Valley.

Ward managers and senior leaders attended a 'Discharge Day' at Bronglais hospital. The health board was working with Aberystwyth University on a discharge module for student nurses.

The health board confirmed in their annual plan a cost saving of 25 beds as part of the Withybush bed plan following the re-opening of wards 8 and 10.

### **4. Quality and Safety**

The implementation of CIVICA was going well with the next focus on how to improve primary community care footfall challenges within GP surgeries. During 'patient experience week', the health board would be launching the 'Improving People and Community Charter' which was approved by the board in March.

The 30-day complaints target remained under the target of 75% with 68% achieved during quarter four compared to 58% in quarter one. Capacity in the PALS team continued to be challenging. The number of closed complaints was an improving picture. The health board expected performance to increase to around 70% during quarter one.

At the end of quarter four, there was an overall reduction in the number of complaints received, particularly in acute and emergency care. In respect of early resolution, the two-day resolution was challenging. Work on different projects to improve that were the bereavement service and emergency care where there was a higher number of complaints. There is a pilot project in Withybush hospital where a consultant and senior nurse will be introducing 'time to talk' meetings on a fortnightly basis. Families and patients will be able to share their experiences within A&E.

The health board reported one Regulation 28, prevention of future death reports from an inquest that was held on the 12 April. Work was ongoing with the service to formulate the action plan in response to the coroner by 7 June.

**Action: Health board to provide an update of the Regulation 28 to the Performance, Escalation, and Intervention team.**

In relation to the Ombudsman, there had been 23 final reports over the last year. There were no issues regarding compliance, but more work was needed to improve the intervention rate from the Ombudsman.

The NHS Executive requested an update on the patient experience data from the qualitative CIVICA system and how these concerns fed into an improvement plan for the local population at the next meeting.

**Action: Health board to provide an update on the patient experience data from the qualitative CIVICA system and how these concerns fed into an improvement plan for the local population at the next meeting.**

The health board gave an update on patient safety including NRIs, the majority of which had been closed within a timely manner. Some complex cases remained open and under investigation.

The health board had carried out training with staff to ensure they understood the different triggers for duty of candour. All the information was recorded on the datix system. More work and training were required into the various services across the health board.

As of 16 April 2024, the health board reported 16 HIW open inspections in progress with 50 actions overdue. A recent inspection was carried out in January 2024 at Withybush hospital was positive – the draft report had been received and responded to with the action plan accepted by HIW and the service last week.

The health board had been notified that the National Joint Review of Child and Adolescent Mental Health Services would be undertaking a site inspection on the 21 and 22 May 2024.

### 5. Mental health – Adults, CAMHS and Neurodevelopment

In February, the health board position for adult mental health part 1A was 99.6% and part 1B was 97.6%.

The health board reported performance was within target for CAMHS part 1A and 1B at 92% and 96.2% respectively. CTP compliance for CAMHS was now within target at 92.1%. There had been a significant improvement in psychological therapies in month from 43.1% to 53.6%. The biggest improvement was the intervention inpatient service, with the largest volume of people who are on a waiting list. Demand has increased by over 20% since 2021-22.

In February 2024, 13.3% of patients were waiting less than 26 weeks for a neurodevelopment assessment for ASD. Referrals continue to increase with approx. 110-120 per month being received.

From a neurodevelopment perspective, the NHS Executive had concluded their review and provided each health board with a local report and delivered a national thematic review on the local findings to the Welsh Government policy leads. A meeting to review the recommendations from the thematic review would be held in May.

### 6. Date of the next meeting

7 June 2024 via teams.

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



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Action Log			
Area	Action	Owner	Update / deadline
Quality and Safety	Health board to provide an update of the Regulation 28 to the Performance, Escalation, and Intervention team.	Health Board	
	Health board to provide an update on the patient experience data from the qualitative CIVICA system and how these concerns fed into an improvement plan for the local population at the next meeting.	Health Board	7 June 2024

## Attendance

List of attendees and noted apologies		
Health Board	NHS Executive	Welsh Government
Andrew Carruthers	Andrew Jones	Jeremy Griffith - Chair
Peter Skitt	Cathy Dowling	Gaynor Evans - Secretariat
Alison Bishop	Brett Denning	Martyn Rees
Sharon Daniel	James Davis	Olivia Shorrocks
Keith Jones	Kathryn Barley	Rebecca Luffman
Frances Howells	Lara Homan	Stuart Hackwell
Caroline Burgin	Dave Semmens	Christopher Pickett
Shaun Ayres		
Mark Henwood		
Janice Cole-Williams		
Lisa Humphreys		
Louise O'Connor		
Ardiana Gjini		
Liz Carroll		
Lee Davies		
Mandi Chesterman		
Bethan Lewis		
Sarah Perry		
Apologies		
James Severs	Andrew Sallows	
Matthew Willis		
Huw Thomas		