

**Health Social Care and Early Years Group  
Welsh Government**

Integrated Quality, Planning and Delivery Meeting  
Hywel Dda University Health Board  
**Note of meeting: 13 January 2025**



Llywodraeth Cymru  
Welsh Government

**1. Welcome, introduction and apologies.**

Members were welcomed and apologies noted.

**2. Notes and actions of last meeting**

The notes and actions of the last meeting were agreed.

The health board provided the attached trajectory relating to clinical coding.

**3. Maternity and neonatal**

The health board reported compliance with birthrate plus across the three hospital sites. There is one vacancy in community in Carmarthen and 0.8 community in Bronglais and the health board is looking to recruit. There is one consultant post in Glangwili and one locum post to be advertised.

Paediatric workforce, Bronglais and Withybush are fully compliant. In Glangwili, the SAS rota is under review. Neonatal workforce shows the health board is BAPM compliant. There is one QIS post to be advertised. For HDU, current compliance is 84%, but this will rise to 92% after the 2025 courses. For ITU, current compliance is 68% and the health board is aiming for 75%. All deficits are covered by bank staff.

PROMPT training for 2023-24, the health board was above target for midwives and obstetricians, but there is a challenge around anaesthetics, and there is a plan in place for 2024/25 (September to August). The health board is aiming to achieve 25% to 30% compliance each quarter.

For foetal surveillance, the health board reported 91% for 2023-24 but is currently at 23% for midwives and 30% for obstetricians for quarter 1 2024-25.

The health board reported 96% compliance for NLS / BLS in 2023-24 and for NALS was 100% in December 2024.

In 2024, the health board reported three NRIs, one was related to a never event, one was stenography related, and one was HIV related. One NRI is in the process of being reported following a case on New Year's Eve. Between three and five complaints are received each month. There was one additional SSI in Bronglais in 2024.

There were five still births reported in 2024, two are under investigation, two were due to communication and one was non-compliance of national guidance around foetal growth surveillance. There were three neonatal deaths reported in 2024, two of whom died outside of Hywel Dda and joint reviews are underway.

There were no maternal deaths in 2024.

Everybody is offered the opportunity to have a post mortem, and there has been a 29% uptake. In 2024, there was one HIE 3 and one HIE 2.

There were zero actions outstanding following HIW inspection and the Llais action plan has been completed.

Patient feedback and CIVICA – 89% rated as good or very good

Digital Maternity Cymru system should be fully integrated by March 2026, with the business case having undergone the necessary governance by March 2025.

NNAP data – Glangwili is showing positive comparisons with UK data and the health board is aware of the areas that need improvement.

#### **4. Women's Health**

The health board is working with the clinical network following the publication of the Women's Health Plan (WHP). The WHP is included in the annual planning cycle and is a priority area and the health board is in the process of appointing key individuals. The health board has a pelvic health group already in place and will be looking to amend the terms of reference to broaden it out to cover all women's health.

#### **5. Children and Young People**

The health board receives feedback through CIVICA from Children and Young People (CYP) and families. The health board has successfully rolled out a Gems pilot in PACU where they receive an idea from patients and families, and this has been rolled out to SCBU. Ideas are reviewed monthly, with any quick wins instigated immediately.

The health board has worked with Aberystwyth University to evaluate an epilepsy specialist nurse role that has provided a 45% return on investment for the health board, though is only supporting a third of children and young people through the role.

On supporting patients waiting for speech and language therapy, the health board uses the three Ts approach and is on target to have zero patients waiting over 14 weeks by the end of January. The other therapy services use a similar approach.

Performance – there are expected to be 240 breaches across occupational therapy at the end of March. There is an action plan in place and the health board is looking what additional actions it can put in place.

Acute paed's – the health board is working towards a maximum wait of 36 weeks by March for first outpatient and there are no stage 4 waits.

ADHD – improvements have been seen over the last year. 1<sup>st</sup> assessment is in community paed's and the health board is working towards the 80% target and is on course to achieve 60% by the end of March. Concerns remain about demand outstripping the capacity available.

## **6. Population health**

A board seminar was held just before Christmas and considered how the health board could strengthen their approach to become a more population health focused board.

The health board is looking at pre-school and schools to improve and strengthen health promotion and healthy eating. Three quarters of schools have taken part. The annual Director of Public Health report focussed on CYP this year.

Health inequalities – working across the region, looking at smoking cessation and substance misuse. There is a dedicated service for children. This work is being used in the development of the Clinical Services Plan.

In terms of judging progress, action plans have been developed based on the recommendations and there are monitoring mechanisms in place to monitor through the partnership groups.

## **7. Limited assurance reports**

An update on the actions was provided. The audit committee is ensuring that the organisation completes actions, and these are reviewed every 6 to 9 months to ensure progress and embed learning.

## **8. Quality and safety**

Patient feedback scores have remained stable. The health board is progressing the pilot of CIVICA in primary care and OoH.

Complaint performance has been maintained. The percentage dealt with through early resolution is increasing.

There are no new Public Interest reports or regulation 28 issues.

NRI closure compliance is improving, learning has been shared. The health board provided an update on Duty of Candour and the teams focus on those reported as moderate harm and above.

In terms of HIW reports, the health board is making progress with 15 actions overdue and nine partially complete but overdue.

Major incident from storm Darragh has been reported.

## **9. Mental health**

The full set of inpatient metrics data has been supplied to NHS Executive colleagues. The health board is working to develop a mental health quality dashboard. There were a number of environmental actions highlighted in the Bryngolau report which are being resolved.

## 10. Urgent and emergency care

Ambulance arrivals at hospital have increased. The health board recognises the need to make use of clinical streaming hubs. Despite ambulance numbers going up, there has been a reduction on lost minutes, with some progress being seen at Glangwili. There are still long waits for time to triage and time to clinician.

The pathways of care delays are improving with reductions seen in days delayed, as well as reductions in the number of patients having to stay in hospital over 21 days.

There are 26 measures being used to monitor successes in the 12-week plan. Weekly 'big room' meetings have started and there has been success around SDEC and criteria led discharge. Medical staffing at the front door remains a challenge and the health board is recruiting six consultant posts.

## 11. Planned care

The December position will show an improvement, and the health board was confident they would achieve the March 2025 targets. The health board has seen a reduction in the overall list size.

In terms of 104-week waits, orthopaedics is the area of risk. of up to 100 patients.

## 12. Cancer

The health board has reported an improved position for November, with performance at 55.5% and is aiming for 60% for December. There have been improvements seen in a number of tumour sites.

## 13. AOB

IPC - There was an increase in reported numbers in November. The position is expected to further improve throughout January. There had been several outbreaks over the last couple of months due to flu. Increased cleaning and infection control is ongoing.

**Action:**

## 14. Date of next meeting

Tuesday 11 February 2025, 09:00 via teams

## Action log

Action	Responsible	Update

## Attendance – need to update

<b>List of attendees and noted apologies</b>		
<b>NHS Executive</b>	<b>Welsh Government</b>	<b>HDUHB</b>
Gareth Lee	Jeremy Griffith (Chair)	Alyn Morgan
James Davis	Richard Desir	Andrew Carruthers
Brett Denning	Martyn Rees	Angharad Davies
Dave Semmens	Gareth Evans (Secretariat)	Ardiana Gjini
Andy Long	Olivia Shorrocks	Bethan Lewis
	Pushpinder Mangat	Bruce Bolam
	Aled Brown	Carly Hill
	Stuart Hackwell	Cathie Steele
	Janine Hale	Cerian Llewellyn
	Brent Shurn	Dana Scott
		Gareth Cottrell
		Mandy Davies
		Lee Davies
		Janice Cole-Williams
		Jo Bradburn
		Keith Jones
		Lisa Humphrey
		Liz Caroll
		Louise O'Connor
		Mandy Davies
		Mandi Chesterman
		Marilize Preez
		Olwen Morgan
		Peter Skitt
		Rebecca Temple-Purcell
		Sharon Daniel
		Shaun Ayres
		Simon Chiffi
		Thomas Alexander
		Rebecca Richards
<b>Apologies</b>		
Cathy Dowling (Andy Long deputising)	Anna Kuczynska	James Severs
Rhiannon Jones	Samia Edmonds	Lisa Gostling
Claire Harding	Karen Jewell	Huw Thomas
		Mark Henwood (Carly Hill will be representing)
		Joanne Wilson