



Minutes

**04 December 2023**

1. The minutes of the last meeting held on 10 October were agreed, actions not completed would be addressed during the meeting.

**2. Progress against Quality Statements – End of Life Care**

A detailed summary of end-of-life care strategy in line with the recommendations from all Wales PEOLC Service Review was presented by the health board. The strategy has been co-produced by a range of partners and signed off by the Executive Board in 2022. A joint group is driving forward the strategy across the three counties.

In terms of the levels of care provided, a number of concerns were identified with regard to communication between sectors involved within palliative care and the need for the appropriate training in the support provided. The health board stated they were going through a process with third sector organisations in terms of procurement and contracting and a contract would be awarded within the next six months.

A leadership triumvirate had been established comprised of a lead Nurse, Clinical Lead and Service Delivery Manager to lead the service; work is being undertaken to support the leadership and service model. Recruitment issues across the site had now been resolved and a company called 'Supportive Care' has been contracted to provide additional support if required.

Paediatric involvement was included in the strategy and permanent funding had been identified for a family counsellor role to support anticipatory grief.

Welsh Government queried how the health board brought GMS contractors, primary care, and clusters into the service model across the whole site. The health board acknowledged there were some issues at the beginning which had subsequently improved. Palliative care training would be extending to primary care and district nursing which cater for approx. 80% of the service. The co-chair of the palliative care group would be from primary care. Primary care was also involved with the strategy development. Several of the clusters had also led on the future care planning strategy.

**Action: It was agreed the health board provide an update on end-of-life care at a future meeting.**

**3. Respiratory**

spirometry performance had deteriorated significantly during COVID but had now started to show some improvement. There is variation in access to quality spirometry in primary care across the region.

the Respiratory Clinical Lead, the AMD Primary Care, MD and Cluster Leads are working together to review the strategy. A number of local projects were being taken forward which included training several nurses in primary care. 37 out of 48 GP practices were now carrying out spirometry. A mobile respiratory unit is being utilised across Ceredigion and Pembrokeshire.

A report following the Respiratory Innovation Wales review where 1,024 patients were tested would be finalised and submitted to the Welsh Government in December 2023. A small project of around 75-100 patients were undertaking a weekly spirometry reading via their mobile phones.

Paediatric spirometry was improving for children with various health issues such as cystic fibrosis and Duchenne muscular dystrophy. Unfortunately, no home spirometry services were currently offered. Over the last three years, sub-specialty leads have been created who look after the more chronic lung diseases.

The MDT runs on a weekly basis where AHPs discuss their patients' needs from Ceredigion and Pembrokeshire. Standardised physiology reporting is then shared with the local teams with what plans should be carried out.

In relation to winter preparedness, the health board reported the uptake on the flu vaccine, and pneumonia was good.

Audits were being carried out across all hospitals against the standard NRAP and BTSM and would be shared with the Welsh Government in April 2024. Vaccinations, planning, and working with AHPs and GP cluster groups to support care at home is ongoing.

#### **4. Diabetes**

In relation to diagnosis and management of people newly diagnosed with diabetes work has been carried out between primary and secondary care with several conferences and network meetings to determine how to move forward. Lunchtime webinars are also held with primary care colleagues and participating in an equip programme as a quality improvement project to improve the pathways.

Work continues with primary care to improve identification, diagnosis, and self-management. Increased access and provision of structured education programmes for both type 1 and 2 has been provided. Additional funding was secured of £400k for Diabetes Foot Project for the recruitment of four HCSW.

The national diabetes audit 2020-2021 identified the health board was below the Wales average and acknowledged there was room for improvement.

NICE recommendations were that all type 1 use hybrid closed loop pumps. The main issues for the health board to implement this was funding for all the hybrid closed loop pumps and the lack of adequately trained staff. Work continues with

industry colleagues to help with training and on boarding to reduce pressure on secondary care staff.

#### **5. Preparation for Winter – update to cover overall approach and to include:**

In term of bolstering community resilience, the health board had invested in additional assistant practitioners. This was being implemented across the system with the DN teams in Carmarthen now extended to an 8:00pm service. On admission avoidance priorities the health board is identifying the top 10% most vulnerable patients to agree their plans.

The health board has established a timely falls response service working with the third sector to support this provision which spans across the three counties called Delta Connect. Learning has been taken from the single point of access for home first at Pembrokeshire which is being further developed to provide 24/7 cover.

The additional investments for both AHP capacity and further faster has seen increases to the AHP led community rehab capacity, primary care and community psychological therapy for stroke patients which will lead to improved flow and admission avoidance.

In relation to integrating plans for building AHP community capacity the health board has established a whole system governance and reporting structure for TUEC programme with membership from across both health and social care. Each county has a fully established integrated network for the delivery.

The health board is currently reviewing business continuity plans with each GP practise which are then discussed with the GP collabs. Other collaboratives and professions had been advised to review their business continuity plans and to report any service sustainability issues. The health board is currently discussing some contractual challenges with some individual pharmacy providers. Three GP practices were reporting level four of which one of those has reported being at level four since the escalation framework was introduced.

Targeted work on reducing the longer length of stay patients had seen a 5% reduction against the 21-days length of stay across most of the south of the health board with some positive reduction seen over the last two months in the north.

The health board would continue to maintain elective capacity and mindful of the enhanced monitoring elements. The health board reported a very clear focus on reducing the very longest elective waits in the system.

Welsh Government queried if the health board had set clear outcomes to measure the actions being taken within the primary care community arena? The health board advised data was collected from the impact of the SPOA and SDEC attendances which resulted in admission avoidance and acknowledged stretch targets would be useful.

Following on from the Six Goals Board meeting last week, clarity was required around the navigation hub and the management of frailty. Secondly confirmation was requested around the number of ambulance conveyances of medical / frailty

access into SDEC. The health board acknowledged the navigation hub had been open for a few weeks and issues had been identified with how to ensure the right referral was being sent from the community services. In terms of SDEC, work was ongoing across the three counties how to capture the effect of pulling clinical criteria lead admissions from ED.

## **6. Maternity and neonatal update**

The health board gave an update on staffing and confirmed compliance with maternity midwifery birthrate plus, maternity medical consultant workforce, BAPM shifts were maintained, and paediatric medical consultant workforce was compliant. There were a few vacancies across each area. Training compliance for PROMPT was reported as 96% for hospital-based staff and 100% for community staff against a target of 95%. Foetal surveillance compliance was 89% against a target of 100% and mandated training for NLS/BLS was 86% against a target of 100%.

The majority of complaints received were in relation to women feeling rushed, poor communication and the perception of there being a shortage of staff. Other concerns were focused on delays in treatment with regards to induction of labour or the postponement to an elective caesarean section. Two national reported incidents were reported in October which were being investigated.

The increase in surgical site infection rates was due to the additional building work being carried out on the new theatres at Glangwili which opened in August 2023. Two HIE 2 and two HIE 1 were reported in 2023. Learning has been taken from these incidents.

Welsh Government congratulated the health board on achieving several awards this year, in particular the NHS Wales Awards 2023 for 'Changing Workplace Culture and Multidisciplinary Engagement in Maternity and Neonatal Clinical Risk and Governance'.

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

There were no questions raised in relation to the Q&S presentation circulated to the group prior to the meeting.

## **8. Mental health – Adults, CAMHS and Neurodevelopment**

In September, for adult mental health part 1a and part 1b was reported at 98% and 100% respectively. Part 2, 423 (44.6%) patients out of 948 were waiting less than 26 weeks to start psychological therapy. 525 (55.4%) were waiting more than 26 weeks. Demand continues to outstretch the capacity; however, the health board is looking at how to further enhance group therapy opportunities. There were several control measures being monitored in terms of the psychological therapies and how to improve the delivery of therapies.

CAMHS part 1a has improved slightly. Part 1b improved during May and June from temporary relocation of staff, unfortunately, those resources weren't sustainable, and that position has deteriorated. There are a number of actions in place to try and improve part 1b such as job planning of staff, cross county working, and relocate

staff to areas of greater demand. Discussions were ongoing with 'silver cloud' in terms of delivering interventions.

ASD remains challenging as demand is outstripping capacity with approx. 110 referrals being received each month with only 28 assessments being carried out per month. The health board was looking at how to revise the referral form, planning reviews, and those currently on the waiting list.

CAMHS Part 2 is compliant. There has been an issue with Part 3 of the data for September and this was being investigated.

In response to the HIW mental health discharge review carried out across Wales. As a health board there were 32 actions and progress to complete the actions was slower than expected. NHS Executive colleagues acknowledged the health board was very engaged in the national person-centred safety planning programme and support provided towards all Wales Action for Mental Health programme.

NHS colleagues advised the preliminary reporting for October did show an improvement in the 1b performance. On neurodevelopment, the health board was developing an action plan in response to the review.

## **9. Any other business**

There was no other business.

## **10. Date of the next meeting**

22 January 2024 via teams.

# **ENHANCED MONITORING MEETING**

## **1. C-Diff**

The health board reported three cases above the 20% reduction trajectory. They are reporting 27 less infections compared to last year. Focus continues to reduce the number of hospital acquired infections, but also those that are arising in the community as well. Work continues collaboratively with public health protection teams and local authority partners to develop the strategy for community work. Work continues with patient facing campaigns and focus groups to highlight prevention methods, looking at some education programmes as well around UTI prevention.

## **2. Finance update**

The health board advised the pace of progress was being maintained and recognised that several of schemes were turning from black and red into amber and green. Significant progress has been made on nurse staffing and reducing reliance on agency.

### 3. AOB

Please find attached a copy of the latest monthly planned care and cancer catch up meeting.



20231120 - Monthly Planned care catch-up  
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 20231123 - HDUHB Cancer Performance  
 20231123 - HDUHB Cancer Performance

Action Log		
Action	Owner	Update/Deadline
It was agreed the health board provide an update on end-of-life care at a future meeting.	Welsh Government	Included onto agenda for 2024.

### Attendance

List of attendees and noted apologies		
Health Board	NHS Executive	Welsh Government
Bethan Lewis	Gareth Lee	Jeremy Griffith - Chair
Cathie Steele	Eiddig Morgan	Nick Wood
Alison Bishop	Dave Semmens	Gaynor Evans - Secretariat
Akhila Mallipedhi	James Davis	Ruth Crowder
Ceri Griffiths	Brett Denning	Richard Desir
Helen Mitchell	Richard Bowen	Stuart Hackwell
Huw Thomas		Martyn Rees
James Severs		Olivia Shorrocks
John Evans		
Anna Thomas		
Prof Keir Lewis		
Keith Jones		
Lee Davies		
Lesley Owen		
Mandi Chesterman		
Nick Davies		
Peter Skitt		
Phil Kloer		
Rebecca Temple-Purcell		
Rhian Bond		
Sarah Perry		
Sharon Daniel		
Warren Lloyd		
Jill Paterson		
Apologies		

Andrew Carruthers	John Boulton - PHW	Samia Edmonds
Liz Carroll		Chris Jones