



Health and Social Services Group
Integrated Quality, Planning and
Delivery



Llywodraeth Cymru
Welsh Government

Hywel Dda UHB

**Minutes of meeting
10 March 2023**

Name	Organisation/Job Title	
Nick Wood (NW)	WG	Deputy Chief Executive of NHS Wales – (Chair)
Aled Brown (AB)	WG	Head of Emergency Care
James Sheldon (JS)	HB	Senior Nurse Manager
Bethan Andrews (BA)	HB	Service Delivery Manager
Dave Semmens (DS)	DU	Interim Director - Mental Health
Angela Lodwick (AL)	HB	Assistant Director, Mental Health & Learning Disabilities
Martyn Rees (MRe)	WG	Performance and Escalation Manager
Stacey Taylor (ST)	FDU	Finance Delivery Unit
James Davis (JD)	DU	
Gaynor Evans (GE)	WG	Performance Manager – (Secretariat)
Gareth Lee (GL)	DU	Director of Performance and Assurance
Phil Kloer (PK)	HB	Executive Medical Director
Kathryn Greaves (KG)	HB	Head of Midwifery
Keith Jones (KJ)	HB	Director of Secondary Care
Mandy Rayani (MR)	HB	Director of Nursing, Quality and Patient Experience
Melanie Harries (MH)	DU	Quality & Performance Improvement Manager
Lee Davies (LD)	HB	Executive Director of Strategy and Planning
Rhian Matthews (RM)	HB	Integrated System Director
Samia Edmonds (SE)	WG	Planning Programme Director
Olivia Shorrocks (OS)	WG	Head of Performance, Escalation, and Intervention
Iain Hardcastle (IH)	DU	Deputy Director for Emergency Planning
Alison Shakeshaft (AS)	HB	Director of Therapies
Andrew Carruthers (AC)	HB	Director of Operations
Frances Howells (FH)	HB	Senior Nurse Infection Prevention Community
Tracy Price (TP)	HB	Performance Manager
Sally Hurman (SH)	HB	Committee Services Officer
Cathie Steele (CS)	HB	Head of Quality & Governance
Apologies		
Richard Desir	WG	Nursing Officer - Patient Experience

Jeremy Griffith	WG/DU	Chief Operating Officer
Claire Hathaway	HB	Trauma Lead Manager
Chris Jones	WG	Deputy Medical Director

1. Welcome and introductions.

NW welcomed everyone to the IQPD meeting with a deep dive into winter planning, stroke, and fracture neck of femur. The running order of the agenda was amended as following.

2. Stroke

BA explained there was a marked difference between in some of the standards across the health board sites. In May 2022, meetings were held with ARCH and Swansea Bay UHB concluded that some Hywel Dda UHB residents would be provided for in Morriston hospital in the establishment of a Comprehensive Regional Stroke Centre (CRSC). Whilst the development was welcomed, it created further challenges regarding the Carmarthenshire re-design. The ARCH programme had re-established, and meetings had taken place to agree the catchment area and timeline for the Morriston CRSC which impacted on the requirements for stroke provision within Carmarthenshire.

Hywel Dda has four acute stroke units which provide all components of acute and rehabilitation stroke care, and all units struggle to meet the current clinical standards. AS advised the team were actively recruiting and looking at the skill mix by assessing the use of lower banding. The therapy team had a place on the EQIP programme which enabled the four sites to work together, to review the data in a meaning full way and to work up a plan of action for improvement.

In relation to thrombectomy, BA advised most of the stroke patients arrive out of hours. Work was ongoing with the on-call teams on their understanding of the thrombectomy pathway.

NW acknowledged the geographical issues facing the organisation and the need for a sustainable quality service.

JD queried what level of assurance could the health board provide in utilising Bristol and Southmead for thrombectomy services. Secondly, no admitted stroke data had been submitted to the national stroke audit for Glangwili hospital for several months.

BA advised the Glangwili data issue was reliant on one CNS who had been off sick, which had now been resolved and actions taken to ensure cover could be provide in future. On thrombectomy, work was ongoing with radiology colleagues on a few sites and a further update could be provided in a few months.

Action: Health Board to provide an update on thrombectomy services at the next meeting.

PK advised a paper would be submitted to the Board around the clinical plan for next year.

The health board was drafting a business case that would include the ask from Swansea Bay UHB that Hywel Dda UHB patients would not be able to access the new unit until year three of the ARCH programme. This would give Swansea Bay UHB time to recruit staff required to maintain the new CRSC and to take on additional patients from Hywel Dda UHB whilst maintaining the stroke standards.

Sustaining two stroke units in Carmarthenshire (Glangwili and Prince Philip hospitals) was a concern. The inability to change any stroke provision in Pembrokeshire until the new hospital was built was an issue. There was a requirement to maintain stroke services in Ceredigion even when the new hospital had been built.

3. Fracture neck of femur

JS introduced himself to the group as the senior risk manager for trauma and pain services across the health board. There are pathways for hip fractures across three of the acute sites (Bronglais, Glangwili and Withybush hospitals). They are clinically led by an MDT and monitored against the National Hip Fracture Database. Regular meetings were held with each of the sites. 2022 saw a 32% increase in hip fracture admissions to the acute sites compared to 2021.

Delays and the provision of appropriate orthopaedic beds for the care of patients with hip fractures on all sides was generally because of the increased levels of emergency admissions which has led to reduced bed capacity. Delays to theatre had been a problem, work was going with theatre teams for potential options across the three sites. There was a lack of orthogeriatric MDT.

JD raised concerns with the lack of orthogeriatrician care at Withybush hospital, what plans were in place for these patients to be seen an orthogeriatrician or equivalent? JS advised an orthogeriatrician had been appointed by the unscheduled care team who was likely to start in April 2023.

The health board was working with the value-based healthcare team towards an FLS service.

4. Winter planning

In terms of the impact on the service from mid-January had positively exceeded KJ's expectations. The winter plan was very much reflective of the broader urgent and emergency care approach throughout the year and centred around conveyance, conversions, and complexity.

Conveyance rates had improved apart from the minor blip during Christmas and the New Year and was now heading in the right direction. A similar picture was seen for the conversion rates. From a complexity and beds occupied perspective, the most recent period demonstrated a trend not seen until 2020 in terms of the increase of beds occupied by the frailer cohort patients, which was beginning to turn in the right direction.

Handover performance, long waits in U&E, and red ambulance performance had started to improve along with the number of medically fit for discharge in the system.

AC highlighted conversations were taking place with partners around integrated healthcare in Carmarthenshire. Steve Moore had met with the CEO from Carmarthenshire Local Authority and commissioned a specific piece of work looking at what the response social care demand would look like. A conversation was scheduled next week with Pembrokeshire Local Authority and dovetail the work being carried out in Carmarthenshire Local Authority.

RM advised a formal briefing would be submitted to Carmarthenshire Local Authority outlining the intent with similar conversations being held with Pembrokeshire based on the model for Carmarthenshire. The plans would be outlined in the annual plan submitted to the Welsh Government.

SE was keen the health board took the opportunity to reflect on the learning from this winter and think about how impacted on demand and capacity and utilised for next winter. SE suggested a review of the other themes seen this winter, particularly around the increase in respiratory viruses, such as covid, strep A and scarlet fever in terms of how the organisation responded and surged when required. What was the impact to IPC or paediatric services.

5. Quality and Safety

MR had received a draft copy of the HIW maternity review. All Health Boards have raised concerns with the Welsh Government with the content of the reports. The health board, MR, and the multidisciplinary team within maternity and neonatal services had responded individually to HIW. A further iteration of the report would be provided. The excellent work carried out and feedback received around the nosocomial reviews following the pandemic was noted. The team were set to continue with reviews and any subsequent reviews following any HCAI outbreaks.

In terms of the improvements made in maternity and neonatal services, KG advised the focus was on the incidents in conjunction with neonates. Complaints data is used to triangulate and maximise the opportunities for learning. Projects in the three areas of improvement were around VTE, fluid balance and a communication passport. Any learning was shared with the network.

Following the December TI meeting, MR advised work around improving patient experience in the emergency department had been carried out. All the teams in the emergency department and all the front doors had worked extremely hard and focused on trying to make sure that patient experience was the best it could be under the current operating pressures. The roll out of Civica had contributed to the improvement in patient experience. Dialogue was being had with the managed practices in the first instance around using Civica. The recent HIW inspection at the emergency department had identified areas of improvement. A helpful face to face meeting with HIW was held to talk through some of the immediate assurances and some of the further, more detailed actions required.

On patient safety incidents, CS advised the nosocomial covid infection spike was relating to the data being recorded in one block. Work continued with the nosocomial reviews which identified several patients who were medically fit for discharge and sadly contracted covid whilst they were waiting for a package of care in the community. Work on timely DNR CPR decisions was also being carried out following the HIW inspection. Work continues at how to link the incidents with the QI work.

From a nationally reportable incident perspective, incident management groups had been established to meet with the service if there was more than one incident reported within 72 hours. Work on achieving the timely investigation within the 30, 60, 90 and 120 days continued. Directorates were being asked to keep the incident action plans and the serious incidents open for discussion at their directorate governance meetings for assurance purposes prior to their closure.

MH queried if there was a backlog of complaints and if there were any plans to address it. MR advised the Board would be reporting 69% in terms of closure rate for concerns, a steady improvement towards sustainability. The complaints toolkit and complaints standards had been shared with the operational teams for a better understanding on who needs to respond to what by when.

There were a few complaints which were more than six to nine months which were being dealt by the Assistant Director for Patient Experience and Legal Services as they were extremely complex and involved more than one part of the organisation.

CS advised the concerns toolkit was live on SharePoint.

Finally, the health board was heavily engaged in the work nationally on the Duty of Candour and Duty of Quality which was spread across the full breadth of the organisation. A candour video was being circulated across the services for staff to gain a better understanding.

6. Adult mental health

AL gave an update on January part 1a performance was 81% an improvement in December of 6.4%, key pressures remain in one county of vacancies and sickness. Part 1b was 92.4% which was a dip compared to December of 2.9% due to the impact of industrial action and staff vacancies. To mitigate the issues, staff would pick up additional sessions, cross site working and expand the range of therapy and group therapy. Part 2 and 3 remain on target.

Of the 941 clients, 503 (46.3%) were waiting over 26-weeks for psychological therapies in January. Performance had marginally improved, DNA rates continued to be monitored for first appointments. A patient access policy had been drafted and was being consulted upon. External tendering of MDR as a specialist intervention continued which would be around 35 clients being outsourced. Validation of WPAS continued along with a pilot of text messaging to the service users to mitigate against the DNA rates.

DS thanked AL for the comprehensive review and recognised the reduction of the longest waits in psychological therapies, yet there were some increases in wait between stages.

The draft report on mental health services had been shared with the health board which included actions to take forward. DS was happy to discuss outside of the meeting.

7. Any other business

Date of the next meeting: 25 April 2023, via teams.

<i>Action Log</i>			
Area	Action	Owner	Update
Stroke	Health Board to provide an update on thrombectomy services at the next meeting.	HB	Included on the agenda.