



Health and Social Services Group  
Integrated Quality, Planning and  
Delivery Meeting  
Swansea Bay UHB



Llywodraeth Cymru  
Welsh Government

**Minutes of meeting  
20 January 2023**

<b>Name</b>	<b>Organisation/Job Title</b>	
Redacted s40(2) – WG1	Welsh Government	Redacted s40(2)
Redacted s40(2) – WG2	Welsh Government	Redacted s40(2)
Redacted s40(2) – DU1	Delivery Unit	Redacted s40(2)
Redacted s40(2) – WG3	Welsh Government	Redacted s40(2)
Redacted s40(2) – WG4	Welsh Government	Redacted s40(2)
Redacted s40(2) – HB1	Health Board	Redacted s40(2)
Redacted s40(2) – HB2	Health Board	Redacted s40(2)
Redacted s40(2) – HB3	Health Board	Redacted s40(2)
Redacted s40(2) – DU2	Delivery Unit	Redacted s40(2)
Redacted s40(2) – WG5	Welsh Government	Redacted s40(2)
Redacted s40(2) – DU3	Delivery Unit	Redacted s40(2)
Redacted s40(2) – DU4	Delivery Unit	Redacted s40(2)
Redacted s40(2) – DU5	Delivery Unit	Redacted s40(2)
Redacted s40(2) – HB4	Health Board	Redacted s40(2)
Redacted s40(2) – HB5	Health Board	Redacted s40(2)
Redacted s40(2) – HB6	Health Board	Redacted s40(2)
Redacted s40(2) – WG6	Welsh Government	Redacted s40(2)
Redacted s40(2) – WG7	Welsh Government	Redacted s40(2)
Redacted s40(2) – WG8	Welsh Government	Redacted s40(2)
Redacted s40(2) – WHSSC1	WHSSC	Redacted s40(2)
Redacted s40(2) – FDU1	FDU	Redacted s40(2)
<b>Apologies</b>		
Redacted s40(2) – DU6	Delivery Unit	Redacted s40(2)
Redacted s40(2) – HB7	Health Board	Redacted s40(2)
Redacted s40(2) – HB8	Health Board	Redacted s40(2)

## 1. Welcome and introductions

<WG1 - Redacted s40(2)> welcomed all to the IQPD meeting, the Enhanced Monitoring meeting would be chaired by <WG2 - Redacted s40(2)> once the IQPD meeting had finished.

## 2. Planning

<HB2 - Redacted s40(2)> shared some slides that outlined progress against IMTP accountability conditions and highlighted cancer and neurodevelopmental were key priorities for the Health Board which would be discussed as part of the enhanced monitoring meeting. Quarter three performance was being finalised. Areas off target had mitigating action in place for revised timescales such as digital which had national issues that needed to be resolved. Progress against the areas off target were submitted to the Performance and Finance committee and Board meetings along with updates to the Welsh Government in terms of risks to the delivery plan such as Covid, respiratory viruses, capacity, and workforce.

The development of the recovery plans were fundamental to next year's plan which considered the current and any future industrial action. The Health Board had robust command and control arrangements with gold, silver, and bronze structures in place.

As part of the delivery plan, the transformation portfolio 'Office' was being utilised and the health board was establishing a Transformation Board to ensure delivery of the plan. The Board meeting the following week would review the outcomes of goals in terms of finalising the year end position.

<HB6 - Redacted s40(2)> gave an update on the development of next year's IMTP plan, internal planning guidance was issued last October. The key drivers were:

- Addressing key risks to patient safety
- Standardising and embedding commitments from Annual Plan 21/22 and R&S Plan 22/23
- Shifting resource from acute care to primary care
- Developing more sustainable provider services, population health and service commissioning e.g., planned care, cancer, UEC
- Developing clusters and allocating resources for preventative or early intervention measures
- Resolving legacy issues
- Transformation of service delivery using prudent workforce redesign and innovative digital solutions
- Secure operational and financial efficiency – focus on quality & value, improved productivity
- Investment in and replacement of estates to ensure these are safe and fit for purpose environments

Ministerial priorities were being developed as part of the plan and would be monitored and reported to the Welsh Government. In terms of the overall planning approach, priorities came directly from the service. The emerging population health strategy would be used to underpin plans around patient flow and length of stay, demand and capacity, workforce, and finance.

The Health Board remained focused on delivering against the national performance outcomes and currently developing internal outcome measures. Work had been carried out on the clusters and pan cluster plans were now in place. Eight local cluster plans had been costed and were using a similar tiered approach to the Health Board in developing their plans and emerging priorities.

The financial risks developing the plan were challenging, but they continued to be worked through alongside a workforce assessment. Priorities were being finalised at the January Board Committee session. The financial plan would be considered at the Performance and Finance Committee on 23 February, and the Accountable Officer (if required) letter on 28 February. The final plan would be submitted by the end of March.

<WG4 - Redacted s40(2)> thanked <HB6 - Redacted s40(2)> for the presentation. As part of the accountability conditions, there was a specific condition around regional planning and a request for a detailed regional plan with clear milestones by the end of quarter two. <WG4 - Redacted s40(2)> asked if the health board could confirm when this would be submitted. <HB6 - Redacted s40(2)> advised the regional plan was being updated with the tertiary service information with Cardiff and Vale Health Board and would be submitted to the Welsh Government as soon as possible.

**Action: Health Board to submit the regional plan to the Welsh Government as soon as possible.**

<WG4 - Redacted s40(2)> was seeking assurance that the organisation was on track with its projection of financial balance by the year end. <HB2 - Redacted s40(2)> confirmed that was the case.

<WG4 - Redacted s40(2)> was pleased with the progress and clear organised process in place for the development of next year's plan. Separate discussion on the detail of some of the underpinning planning assumptions, particularly around performance, workforce and finance would be required.

### **3. Mental Health - adult**

<DU5 - Redacted s40(2)> acknowledged adult mental health was performing very well and achieving all the targets and metrics. Children and young people part 1a and 1b had seen a dip in performance with specific concerns around part 1b and would be picked up as part of the enhanced monitoring meeting.

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

<HB4 - Redacted s40(2)> advised the number of complaints had reduced and the health board was not seeing any significant changes around the actual numbers of complaints being submitted.

A never event was received in November 2022 and a programme of work around the event was ongoing.

On patient safety alerts, there was one overdue notice - PSN052 Risk of death and severe harm from superabsorbent polymer gel granules. Services looking to remove use in all but essential areas and risk assessments to be recorded for exceptions. Expected date for declaration was the end of February.

A new notice - PSN065 The safe use of ultrasound gel to reduce infection risk, completion due date 28 March 2023. The new governance structure had been sent to <WG3 - Redacted s40(2)>.

Progress was being made in relation to infection prevention and control with reduction seen in all inpatient areas as per the agreed action plans. C.diff outbreaks had been reported in Neath Port Talbot hospital, challenges within renal services at Morriston and staff areas at Singleton hospital. The real challenge was within primary care and community care, accounting for approximately 50% of the infections and have been placed in enhanced monitoring. Fortnightly executive review meetings take place along with a snapshot at the end of January for all areas including community.

Each service delivery group review every infection by a multidisciplinary team each Friday for any actions and shared learning. <HB4 - Redacted s40(2)> would contact the DU for assistance in terms of infections picked up in the community, other health communities and care homes.

**Action: <HB4 - Redacted s40(2)> to liaise with the DU on IP&C reporting from community, other health communities and care homes.**

#### Maternity

The service was still under pressure and although the staffing position had improved, and work was in progress to reintroduce the community services. A deputy head of quality had been introduced who reported to <HB4 - Redacted s40(2)>. Daily safety huddles continued to be held.

#### Critical Care

System pressures continue to impact critical care services with an average of between four and eight DTOC a day, over recent weeks. A robust system was in place for discharging DTOC's when all services worked closely together.

<WG2 - Redacted s40(2)> acknowledged the improvement made on the patient safety alerts / notices compared to last year.

<HB4 - Redacted s40(2)> advised of an orthopaedic summit that was held before Christmas reviewing all the never events, process of reporting, and shared learning which was well attended by consultants and multidisciplinary teams. A new model where any never event be reported a quality summit would be held.

**Action: <HB4 - Redacted s40(2)> to forward a copy of the new never event reporting model to <DU3 - Redacted s40(2)>.**

## 5. AOB

<HB4 - Redacted s40(2)> advised of the recent robust HIW inspection of the accident and emergency department and assessment unit. Some of the immediate assurances had been dealt with and an ongoing plan was in place to deal with the other issues. Amongst all the really challenging times, HIW found the staff to be compassionate, kind and doing their best for the patients.

From an operational perspective, <HB3 - Redacted s40(2)> advised the community waits and the stack was part of the safety huddles which was an overall assessment of the risk. Unfortunately, the dashboard did not consider the self-presenters who usually are unwell. The team were committed to red releases even during business continuity. <HB3 - Redacted s40(2)> had raised the community waits with WAST which were part of the national bundles as handover times were improving slowly.

Date of next meeting: 17 February 2023 11:00 – 13:30

<b>Action Log</b>			
<b>Area</b>	<b>Action</b>	<b>Owner</b>	<b>Update</b>
Planning	Health Board to submit the regional plan to the Welsh Government as soon as possible.	HB	Completed
Quality and Safety	<HB4 - Redacted s40(2)> to liaise with the DU on IP&C reporting from community, other health communities and care homes.	HB	
	<HB4 - Redacted s40(2)> to forward a copy of the new never event reporting model to <DU3 - Redacted s40(2)>.	HB	