



**Minutes of meeting
23 June 2023**

1. Welcome and introductions.

The Chair welcomed all to the IQPD meeting and confirmed that the Enhanced Monitoring meeting would take place straight after the IQPD had finished.

2. Vascular

The health board gave a presentation on the work being undertaken to maintain performance, highlighting ongoing pressures within the department. The reasons for the ongoing poor performance include issues relating to access to elective and emergency theatres, Interventional radiology (IR), imaging, dedicated ward, and hybrid theatre. IR and vascular ultrasound were a particular concern to the whole department if the required recruitment could not be secured.

Some of the challenges facing regional working included transfers in and out of the department were far too slow. A system that prioritised transfers within 48 hours was required. There was a lack of daily on-site presence for patients that required urgent reviews. Neighbouring health boards had over three-year waits for routine appointments. Multi-site working can make it hard to maintain patient continuity.

Action: Health Board to submit the vascular action plan for improvement to the Welsh Government.

3. Critical Care

The health board gave a presentation on the consultant medical, non-consultant medical, nursing, and allied health professionals workforce capacity which included the issues and actions taken by the health board.

Actions taken to address critical care flow included a pre-emptive discharge list and discharge communication completed as soon as possible. Mental health liaison nurse was now embedded in ICU. There was increasing confidence with the home discharge & liaison service within community services. Community physio techs were funded by the ICU which helped reduce readmissions & aided earlier discharge home. ICU would utilise 1:3 nursing ratios if safe to do so.

Areas of concern outside of critical care control were around poor hospital flow and / or when capacity was the overwhelming factor in ICU discharge delays. Patient flow and capacity would continue to be escalated to divisional and Executive level at every opportunity.

4. Cardiac

The health board gave a presentation that addressed the recruitment of physiologists, pathway innovation and current waiting / treatment times. There was a national shortage of physiologists/echocardiographers which were vital to the running of the department. The health board was working with Swansea University who ran the only undergrad course in Wales. Upon graduation, the health board would employ on a preceptorship at band 5 for 1-2 years with progression to Band 6 as competency assessments allowed. Work was ongoing with Newcastle University to support STP posts (band 6) with second trainee progressing.

Some of the innovations carried out to date included remote monitoring of all cardiac devices enabling more efficient, sustainable, and safer follow up of device patients. From 2023, the health board has commissioned Swansea University to assess impact of level one screening of an out of hospital echo service with primary care direct referral. Direct access to one-stop heart failure clinic triaged with BNP cut offs to ensure timely review of risk stratified patients. PROMS data embedded for PCI, ablation, TAVI, and heart failure. Real time dashboards for pathway management of TAVI and cardiac surgery had been established.

On waiting times, in-patient transfer for angiography proved challenging historically, working in collaboration with Hywel Dda and the network on pathway redesign has led to a drastic improvement in waits and bed day savings. A business case for seven-day planned list working to augment 24/7 STEMI service has been developed.

A combination of outsourcing, increasing capacity for those at risk and the recruitment of physiologists to develop into roles has led to an improvement in referral to treatment and diagnostic waiting times.

There was a total of 808 patients on the echo waiting list at the end of May, of which 274 had not been booked, 534 had a TCI date. The end of month position was that there were < 100 patients waiting more than 8-weeks (compared to >1000 in February 2022).

CT was outsourced to St Josephs. The service has funding for two sessions per week but currently running three sessions a week at risk in house. CT and MRI were subject to an ARCH Regional Diagnostic specific work stream.

A capital business case for £1m for the refurbishment of a cath lab had been submitted to the Welsh Government for approval. Welsh Government Officials agreed to raise this with the investment board.

Action: Welsh Government to investigate current position on the refurbishment of the cath lab business case with the investment board.

5. Quality and Safety

The health board had no major issues apart from the c.diff position. The Welsh Government e.coli target had been achieved. From a c.diff position, the health board was working with primary care on an improvement plan in prescribing high risk

broad-spectrum (4C) antibiotics, this would also be extended across to secondary care.

The health board acknowledged further work was needed across IP&C but good progress was being made.

The NHS Executive acknowledged the progress being made against IP&C, NRIs, and complaints. The NHS Executive was pleased with development of the quality management systems, quality governance structures, and frameworks across the health board.

6. Adult Mental Health

The health board acknowledged part 1a and 1b had fallen below the threshold in April but gave assurance that performance had improved in May to 97%.

The dip in performance was due to the fact three members of staff were on long term sick, plus there was one vacancy in the team. Additional resources from GP clusters were utilised to carry out the assessment. Part 2 in April achieved 84% and 85% in May. A detailed review of one of the five CMHTs identified significant issues that impacted on the CTP compliance. Management changes have been carried out in one of the CMHTs and anticipate CTP will be back on track in the coming months.

Psychological therapies performance was 85% in April and 84% in May. There had been a significant increase in demand across the whole of Wales. The health board had invested heavily into mental health to meet the demand and service improvement.

The NHS Executive acknowledged the improvement across mental health services and offered support in relation to the CMHTs. On a positive note, the mental health liaison service was one of the few accredited services in Wales.

7. AOB

Date of next meeting: 20 July 2023 09:30 – 11:30

Attendance List

Welsh Government:

<Redacted s40(2) – WG2>
<Redacted s40(2) – WG4>
<Redacted s40(2) – WG9>
<Redacted s40(2) – WG14>
<Redacted s40(2) – WG3>
<Redacted s40(2) – WG5>
<Redacted s40(2) – WG15>
<Redacted s40(2) – WG11>

Health Board:

<Redacted s40(2) – HB1>

<Redacted s40(2) – HB14>
<Redacted s40(2) – HB15>
<Redacted s40(2) – HB7>
<Redacted s40(2) – HB16>
<Redacted s40(2) – HB13>
<Redacted s40(2) – HB17>
<Redacted s40(2) – HB18>
<Redacted s40(2) – HB19>
<Redacted s40(2) – HB20>

NHS Executive:

<Redacted s40(2) – DU5>
<Redacted s40(2) – DU1>
<Redacted s40(2) – DU9>

Apologies:

<Redacted s40(2) – WG8>
<Redacted s40(2) – WG11>
<Redacted s40(2) – HB8>
<Redacted s40(2) – WG1>
<Redacted s40(2) – HB13>

| Action Log | | | |
|-------------------|---|------------------|---------------|
| Area | Action | Owner | Update |
| Vascular | Health Board to submit the vascular action plan for improvement to the Welsh Government | Health Board | |
| Cardiac | Welsh Government to investigate current position on the refurbishment of the cath lab business care with the investment board | Welsh Government | |