



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



Llywodraeth Cymru
Welsh Government

**Minutes of meeting
20 July 2023**

1. Welcome and introductions.

The Chair welcomed all to the IQPD meeting. The Enhanced Monitoring meeting would take place once the IQPD had finished.

2. Vaccinations

The health board advised infant immunisation performance had been maintained throughout the pandemic and through 2023. MMR performance at 5-years was off target, there were some concerns with the child health information system that were being investigated. MMR 95% coverage was achieved by the age of 16-years.

Changes had been made in the approach to the spring covid booster and this had improved engagement with primary care contractors, general practise, and community pharmacies. In-house vaccinators had been used for residential care settings which had led to a better uptake.

There had been a significant drop off in the number of staff vaccinated against influenza during 2022 -23 but maintained a reasonable uptake within the community.

In terms of actions taken to tackle inequalities during covid, a successful approach was driven largely by a community-based group who led the engagement with a variety of hard-to-reach groups, including homeless, street workers, travellers and utilised a mobile ambulance vaccination clinic. The health board had also been able to deploy a mobile clinic to mosques and other settings with hard-to-reach groups. The health board is engaging with two clusters with the lowest levels of coverage.

The immunisation team can now provide more targeted support into primary care, other practise or in the locality at an adjacent location. The immunisation team provided rapid support to the sexual health service during the M.pox vaccination campaign. This support provided to the sexual health service uncovered that a significant volume of immunisation activity undertaken by the sexual health team was not necessarily recognised with their formal SLA.

Action: Health board to provide vaccination slides/detail to Welsh Government primary care and mental health team.

The key message from the health board was immunisation should be part of routine care.

3. Screening

The health board gave an update on their screening programmes which included diabetic eye screening, newborn and infant examination.

Welsh Government explained the health board needed to measure the quality and safety and outcomes of the overall programmes run by Public Health Wales.

The health board reported the ophthalmology service had been overwhelmed by the number of referrals from diabetic eye care Wales and a number of these referrals did not need to be seen in secondary care. From the outpatient transformation funding from Welsh Government, a referral refinement system had been put in place, with capacity now available in primary care that screen out those patients from entering secondary care. The backlog had reduced.

Bowel screening continues to place significant pressure on the endoscopy service for patients to be seen within the required timeframe. Support and capacity were received from Hywel Dda Health Board.

In relation to infants and the six-week screening that take place in primary care. Timeliness of the six-week infant screening was a key factor in the NIPEC check.

The health board recognised the need for a framework to capture the measures and outcomes in relation to all screening programmes.

Welsh Government officials shared a copy of the Cardiff and Vale presentation with the health board that included screening information.

Action: Welsh Government to include screening measures and outcomes be included on the Wales Screening Committee.

4. Maternity

The health board gave a presentation based on the MMBRACE data which identified a mortality rate of over 5%. The slides provided information on births, stillbirths and neonatal. Themes were identified from the reviews which included foetal movement from smoking, substance misuse, raised BMI, and mental health issues.

Several recommendations had been identified from the stillbirth report that the health board were in the process of addressing / implementing.

Concerns were raised with 80% of ethnicity of births not recorded. and eight out of eleven women birthed babies who were under the 10th centile. Did the health board use the perinatal institute reporting? Also, in terms of sonography services, was the health board able to maintain the gap and grow process?

Action: The health board would provide an update on the perinatal institute reporting and the rate of ethnicity to the NHS Executive.

Sonographers and the lead midwife sonographer sometimes worked in isolation and were not part of the whole governance structure. This issue was being addressed by the health board.

From the learning review process, the NHS Executive required assurance around a few areas. The health board agreed to provide an update.

Action: Health board to provide the NHS Executive with an update on the pathway of care for the women in the local population taking into consideration the pockets of deprivation.

It was noted the health board encouraged conversations and peer support within maternity services, so individuals were not left in isolation.

To note, Welsh Government officials would be submitting a paper to the Wales Screening Committee around foetal abdominal circumference screening measurement.

Following major staffing challenges and discussion with Welsh Government officials, the birthing centre at NPT hospital was expected to be open again from October 2023.

In relation to perinatal mental health, a full-time specialist perinatal mental health midwife was employed by the health board. Inpatient perinatal services were also provided and supported by the community health visitors.

5. Quality and Safety

The health board had recently met with the NHS Executive in relation to IP&C. From 35 actions identified within the improvement plan, 26 were fully achieved, five partially and four not achieved. Some issues remain around c.diff and s.aureus. There were around 60% of tier 1 infections assessed as unavoidable. Discussions would be had with the National Improvement Forum on how to take this forward. There was a cycle of rapid improvements for all harm events embedded within all the wards. Medical engagement was improving and an advert for a DIPC had been issued on three separate occasions with no interest.

The Health Board reported four NRI's for June 2023.

The response rate for complaints continued to be below the 80% target. Resource was a contributing factor in not achieving the target. Communication and long waiting times were the major themes of the concerns.

There were two outstanding patient safety alerts. Both would be compliant in September 2023.

The health board was able to provide several examples in relation to patient and service user feedback. The health board ensured all their population was catered for and use the "Friends and Family" test which consistently achieved over 85% satisfaction rate. PALS presence was also on all sites and in specific areas like the ED where they can support and act immediately and provide the appropriate feedback.

In terms of Duty of Quality, the quality governance framework strategy had been revamped and was being launched. Work on embedded QI capability with Swansea University on the quality dashboards was ongoing.

In relation to Quality and Safety priorities, the current falls per 1,000 bed days was 4.1% compared to the UK average of 6%. Suicide prevention, end of life care, sepsis, pressure damage, nutrition and hydration, and dementia remain a focus for the health board. Over 4,000 staff had been trained in the 'share and hope' suicide training programme.

On equality the health board continued to engage with 'Y Llais' regarding thematic review of the services based on inclusion and equity. There were active links between the Welsh Language Group and the Quality and Safety Group at the health board.

6. Adult Mental Health

Adult mental health would be discussed at the enhanced monitoring meeting.

7. AOB

Date of next meeting: 15 August 2023 13:00 – 15:00

Attendance List

Welsh Government:

<Redacted s40(2) – WG1> (Chair)
<Redacted s40(2) – WG2>
<Redacted s40(2) – WG14>
<Redacted s40(2) – WG15> (Secretariat)
<Redacted s40(2) – WG13>
<Redacted s40(2) – WG16>
<Redacted s40(2) – WG8>
<Redacted s40(2) – WG17>
<Redacted s40(2) – WG18>
<Redacted s40(2) – WG6>
<Redacted s40(2) – WG19>

Health Board:

<Redacted s40(2) – HB4>
<Redacted s40(2) – HB15>
<Redacted s40(2) – HB7>
<Redacted s40(2) – HB12>
<Redacted s40(2) – HB18>
<Redacted s40(2) – HB8>
<Redacted s40(2) – HB21>
<Redacted s40(2) – HB22>
<Redacted s40(2) – HB23>
<Redacted s40(2) – HB9>

NHS Executive:

- <Redacted s40(2) – DU5>
- <Redacted s40(2) – DU6>
- <Redacted s40(2) – DU24>
- <Redacted s40(2) – DU25>
- <Redacted s40(2) – DU26>
- <Redacted s40(2) – DU27>

Apologies:

- <Redacted s40(2) – HB13>
- <Redacted s40(2) – WG3>

| Action Log | | | |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------|
| Area | Action | Owner | Update |
| Vaccinations | Health board to provide vaccination slides/detail to Welsh Government primary care and mental health team. | Health Board | |
| Screening | Welsh Government to include screening measures and outcomes be included on the Wales Screening Committee. | Welsh Government | |
| Maternity | The health board would provide an update on the perinatal institute reporting and the rate of ethnicity to the NHS Executive. | Health Board | |
| | Health board to provide the NHS Executive with an update on the pathway of care for the women in the local population taking into consideration the pockets of deprivation. | Health Board | |