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

Llywodraeth Cymru
Welsh Government

Minutes of meeting
15 August 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. **Pathways of Care**

The health board reported they thought they were over reporting numbers by approx. 25%. More work on the new definitions was being carried out from an operational perspective. A weekly patient escalation meeting chaired by the social services Directors of Nursing where all long waiters were reviewed.

An integrated discharge hub was being developed to manage the patient's pathway once they have entered the system. A focus was being had on discharge processes, defining functions around the front door, and utilising the trusted assessment model within the community and patient's home.

The number of new packages of care waiting for social work allocation was consistent at around 25-30 each month. The health board acknowledged the issues raised and advised that the Directors of Social Services were very supportive of the trust assessment model being implemented. Work on addressing the number of referrals to social worker's and dedicated social worker support and patient flow coordinator within a community hospital was the focus going forward.

Welsh Government queried what opportunities the health board had to deliver the policy intent of discharge to assess and recover. The health board advised the main issue was around the packages of care from providers who had their own regulations around what assessments were needed. Having an agreement with local authorities through an SLA as the trusted assessor model states what the assessments need to be was a priority.

3. **Adult Mental Health – Inpatient Care**

The health board gave a presentation on their anti-ligature assessment and management process, safe staffing, discharge planning and 72-hour post discharge follow up arrangements.

In terms of anti-ligature, during 2021 / 22 aesthetics of all buildings were reviewed due to the older state of the properties. There were robust risk assessments in each of the clinical areas which were monitored through the quality and safety group. Over the last two years, focus was on suicide and self-harm. Ligature assessments were had across the whole of the health board. Any risks identified were managed

on a day-by-day basis by the MDT with the assessments reviewed by the Quality and Safety Committee who feed into the Health and Safety Committee.

NHS Executive queried how the health board supported individuals who were temporary or agency staff on the potential risks and hazards around ligature and their ability to be vigilant.

The health board acknowledged staffing could be problematic, but induction packs were used for new staff, and the health board tried to use regular bank staff wherever possible. Any extra staff used were entirely from within the health board's own bank resource who were taking on additional shifts.

NHS Executive colleagues were interested in thematic analysis and reviews of any transferrable issues from a learning point of view. The health board's QI initiatives ensured all staff across all sites had adequate training and skills to be able to ask difficult questions. Staff were skilled to be part of the public approach in the reduction of suicide and self-harm. The health board was currently out to advert for band 4 roles, advanced nurse practitioners, and consultant nurses.

Adult Mental Health – Performance

Part 1a and part 1b were compliant with target. Part 2 was slightly below target. One of the CMHT's had performance issues which was being addressed and improvements should be seen by the end of September.

4. Maternity

The health board gave a detailed presentation on maternity services which included training, unexpected term admissions / ATAIN rates, recruitment, rates of initial booking by 10 completed weeks, stillbirth & neonatal death rates per 1,000 births – crude rates and an update on the MBRRACE report.

15 newly qualified midwives would commence in September, but there was still a 5.62 wte vacancy issue within the community service. Due to the skill mix, there was a need to recruit into the band 6 posts.

The health board anticipated the birthing centre at Neath Port Talbot hospital would reopen at the end of November.

The additional investment of £500k into maternity services would help recruit band 7 team leaders for the communities. Funds would also be channelled towards the workforce plans.

NHS colleagues suggested an update based on the £500k additional funds be provided at a future IQPD on the workforce plan. In relation to the unexpected term admissions / ATAIN rates, was there a thematic analysis being carried out in conjunction with the MDT approach and the neonatal unit.

The health board advised any themes or learning identified was fed back to the teams and action plans implemented. Weekly MDT meetings occur between

maternity and neonatal teams where any information was uploaded onto a dashboard for discussion and feedback into the Quality and Safety Committee.

How did the health board capture, monitor and assess the women who had not accessed the 10-week booking target and the outcomes in relation to stillbirths? The health board acknowledged maternity services were under significant workforce pressures and identified performance above 80% was achieved during COVID. The community matron had developed a digital service for women to access and book within the 10-week timeframe. Work was ongoing to improve this digital service.

In relation to the PMRT review process, still births and any reportable incidents were reviewed by an MDT for any themes or learning, action plans implemented, and updates reported to the Quality and Safety Forum.

With regards to culture within the service, the health board advised they were a very honest, open, and robust reporting service. Work continued with the workforce department on improving the recruitment process along with progression and succession planning.

5. **Quality and Safety**

The health board gave an update on IPC. There was a reduction in episodes of harm from pseudomonas and s.aureus compared with the position to June 2022. Episodes of e.coli and klebsiella bacteriemia had increased year on year with the majority of cases associated with Morriston hospital. E.coli continued to prove problematic within the community for UTI's. The community and whole genome sequencing results continued to indicate there were confirmed transmission events within the health board. The health board introduced 'Chlorhexidine' washcloths for all patients including renal population and elective T&O patients.

Mandatory IPC training at level one was just above the target at 86%. Management Board had agreed that all staff be trained to IPC level two which would help support the minimum compliance at both levels.

The health board reported four NRI's in June and six in July 2023.

From a patient feedback perspective, the main themes highlighted were around waiting times.

Welsh Government highlighted the quality and leadership concerns with the Welsh Institute for Fertility Treatment from the two sites at Neath Port Talbot and UHW who provided fertility services to South Wales. The health board acknowledged the concerns raised and were actively working with the Institute and WHSSC on the service. A gold command structure had been established to address the issues.

6. **AOB**

There was no other business.

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

Attendance List

Welsh Government:
<Redacted s40(2) – WG2> (Chair)
<Redacted s40(2) – WG1>
<Redacted s40(2) – WG14>
<Redacted s40(2) – WG5> (Secretariat)
<Redacted s40(2) – WG8>
<Redacted s40(2) – WG18>
<Redacted s40(2) – WG6>
<Redacted s40(2) – WG20>
<Redacted s40(2) – WG10>
<Redacted s40(2) – WG21>
<Redacted s40(2) – WG22>
<Redacted s40(2) – WG9>
<Redacted s40(2) – WG3>

Health Board:
<Redacted s40(2) – HB1>
<Redacted s40(2) – HB4>
<Redacted s40(2) – HB28>
<Redacted s40(2) – HB29>
<Redacted s40(2) – HB10>
<Redacted s40(2) – HB30>
<Redacted s40(2) – HB31>
<Redacted s40(2) – HB5>

NHS Executive:
<Redacted s40(2) – HB2>
<Redacted s40(2) – DU6>
<Redacted s40(2) – DU3>
<Redacted s40(2) – HB25>
<Redacted s40(2) – DU4>

Six Goals Programme
<Redacted s40(2) – DU11>

Apologies**:**
<Redacted s40(2) – WG13>
<Redacted s40(2) – HB12>
<Redacted s40(2) – WG11>
<Redacted s40(2) – WG4>
<Redacted s40(2) – HB7>
<Redacted s40(2) – HB8>
<Redacted s40(2) – WG23>