

APPROVED MINUTES OF THE HYWEL DDA HEALTH BOARD MEETING

Part 1	
Date and Time of Meeting:	2pm, Wednesday 19 th December 2012
Venue:	Board Room, Corporate Offices, Ystwyth Building, St David's Park, Carmarthen

Present:	<p>Mr Chris Martin, Chairman Mrs Sian-Marie James, Vice-Chair Mr David Powell, Independent Member Cllr. David Wildman, Independent Member Mr Don Thomas, Independent Member Mr Eifion Griffiths, Independent Member (part) Mrs Margaret Rees-Hughes, Independent Member Mr Neil Sandford, Independent Member Mrs Julie James, Independent Member Mr Mike Ponton, Independent Member Mr Trevor Purt, Chief Executive Mr Mark Brandreth, Interim Director of Planning & Operations. Mrs Kathryn Davies, Director of Therapies and Health Sciences Ms Janet Wilkinson, Director of Workforce & OD Dr Sue Fish, Medical Director Mrs Karen Howell, Director of Primary, Community & Mental Health Services Mrs Caroline Oakley, Director of Nursing & Midwifery Ms Teresa Owen, Director of Public Health</p>
In Attendance:	<p>Mr Chris Wright, Director of Corporate Services Dr Phil Kloer, Director of Clinical Services Ms Sarah Veck, Director of Strategic Partnerships Mr Stephen Forster, Assistant Director of Finance (deputising for Mrs Karen Miles, Director of Finance & Economic Reform) Dr Laurence Williams, Chair, Local Medical Committee Mr Chris Davies, Chair, Stakeholder Reference Group Mrs Sandra Morgan, Acting Chair, Healthcare Professionals .Forum Mr Parry Davies, Director of Social Services Representative Mr Tony Wales, Chair, Hywel Dda Community Health Council Ms Alison Gittins, Head of Corporate Governance Support (Minutes)</p>

Agenda Item	ITEM	Action
PM(12)147	Introductions and Apologies for Absence	
	The Chairman, Mr Chris Martin, warmly welcomed members of the public, the press, Prince's Trust colleagues, and CHC colleagues to	

	<p>the meeting.</p> <p>Mr Martin paid tribute to Dr Simon Mahon who has stepped down from his role as Medical Director, and reverted to being a full time Consultant Anaesthetist, and was grateful for all the hard work he had undertaken. He also thanked Mrs Karen Howell for taking on the role of Deputy Chief Executive.</p> <p>Mr Mark Brandreth, the Health Board's newly appointed Interim Director of Planning & Operations, was also welcomed to his first Health Board meeting.</p> <p>Mr Martin also thanked the team involved in the unprecedented listening and engagement exercise and consultation in regard to the Clinical Services Strategy, which has been a huge undertaking and which the Health Board will be deliberating on in early January 2013. Change is never easy but change has to happen in order to have sustainable services going forward. Mr Martin looked forward to 2013 with anticipation of making the right decisions that are citizen centred, with dignity and respect for our patients.</p> <p>Mr Martin also thanked Mr Trevor Purt for his leadership as Chief Executive, and for all the staff within the organisation who have been working under extreme pressure recently, acknowledging the current high acuity of patients which has lead to increasing pressure within the system.</p>	
	<p>Apologies for Absence were received from</p> <ul style="list-style-type: none"> • Mrs Karen Miles, Director of Finance & Economic Reform • Professor Melanie Jasper, Independent Member 	

PM(12)148	<p>DECLARATION AND REGISTER OF INTERESTS</p> <p>Mr Tony Wales declared that he had family members working within the NHS.</p>	
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PM(12)149	<p>MINUTES OF THE MEETING HELD ON 27TH SEPTEMBER 2012</p> <p>RESOLVED – that the minutes of the meeting of the Board held on 27th September 2012 be approved as a correct record with the exception of:</p> <ul style="list-style-type: none"> • PM(12)135 Update on Your Health: Your Future Consultation – additional wording to be added to the 4th paragraph “Mr Wales reported back on feedback received that accessing the questionnaires in sufficient numbers had been an issue and queried whether it would be acceptable to make photocopies of the blank questionnaires where 	AG
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PM(12)150	MATTERS ARISING FROM THE MINUTES	
	There were no matters arising from the minutes other than those on the Table of Actions below.	

PM(12)151	TABLE OF ACTIONS	
	<p>An update was provided on the Table of Actions and it was confirmed that all actions had since been progressed:</p> <ul style="list-style-type: none"> • PM(12)122 Minutes of the Meeting Held on 6th August 2012 – confirmation received that the minutes of the meeting held on 6th August 2012 had been corrected and approved as final version. • PM(12) 124 Matters Arising <ul style="list-style-type: none"> • PM(12)37 Patient Transport - confirmation received that a further update on Non Emergency Patient Transport has been placed on the Health Board’s meeting in public agenda for 19th December 2012. • PM(12)53 Updates from Joint Committees – confirmation received that a more detailed report in regard to Welsh Health Specialised Services Committee would be presented to the Integrated Governance Committee in January 2013. • PM(12)111 Mental Health (Wales) Measure – confirmation received that an update on the Mental Health (Wales) Measure has been placed on the Health Board’s meeting in public agenda for 31st January 2013. • PM(12)125 Public Forum - confirmation received that a formal response had been issued to Ms Sue Thomas. • PM(12)129 Update from the Health Board’s Statutory Advisory Groups – confirmation received that the issue of placing unpaid carers on the Health Board’s Risk Register had been discussed at the 8th October 2012 Advisory Committee Chairs meeting. • PM(12)137 Health & Safety Executive Report (HSE) on Asbestos Management within the Health Board – confirmation received that a note of thanks from the Chairman on behalf of the Board had been conveyed to Mr Rob Elliott and team. • PM(12)141 Updates from Joint Committees <ul style="list-style-type: none"> • NHS Wales Shared Services Partnership – confirmation received that a written Director Report has been placed on the Health Board meeting in public’s agenda for 19th December 2012. 	

PM(12)152

PUBLIC FORUM

Mr Martin informed Members that whilst no questions had been received from members of the public for the Public Forum section of the Board, he had received a communication from Mr Chris Davies, Chair of the Health Board's Stakeholder Reference Group (SRG) on behalf of SRG Members.

One of the issues raised by SRG Members in Mr Davies' correspondence was to seek confirmation that the Health Board is fully cogniscent of the scale of the unpaid carers workforce, and their potential impact.

As the Health Board's Carers Champion and himself a carer, Mr Martin advised that he was acutely aware of the extent of caring responsibilities taking place both in carers homes and within the wider population, and he paid tribute to those undertaking this unpaid work with a great love and affection for those for whom they care; we in the NHS could not do our work without their help and support.

He also re-assured SRG colleagues that Board Members have already held a Board Development Session on the Carers Measure during 2012, and that in early 2013, a further Board Development Session would be held where Members will undertake the Carers E-Learning package together.

A further concern of the SRG has been the very real issue that should unpaid carers become ill, the cared for become sicker, which could pose a significant risk to the Health Board and should therefore be considered for inclusion in the Health Board's Risk Register. Mr Martin was pleased to confirm that the issue of cover for carers will be added to the Health Board' Risk Register and an appropriate risk score applied.

In addition to the questions raised by the SRG, Mr Davies also raised at the Board meeting on 27th September 2012, feedback from the SRG's recent Carers Event that Consultants attitudes are felt to be dismissive and superior and not treating carers with respect, and Mr Davies requested an understanding of the actions taken by the Health Board in response.

Mr Martin confirmed that the Health Board will use carer stories and feedback to commence Consultant awareness raising at the Health Board's Leadership Forum, Clinical Advisory and Assurance Group, Post Graduate training and main medical meetings with Consultants in Bronglais, Glangwili, Witybush and Prince Philip Hospitals, with the Medical Director and Director of Clinical Services taking the lead on these issues. In addition, the Health Board's Medical Director, Dr Sue Fish, will be including carers issues on her forthcoming on-line

	<p>“blog”, which will be viewed by all Consultants across the organisation.</p> <p>Mr Martin remained grateful to Mr Davies for raising SRG Members questions and concerns on carers issues so they could be heard around the Board table, and he confirmed there is now a real focus that carers needs are considered and responded to appropriately and professionally.</p> <p>Mr Martin confirmed that he would be responding formally to Mr Davies, and asking that he convey this response to the wider SRG membership</p>	
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PM(12)153	PRESENTATION – ORGAN DONATION	
	<p>Mrs Margaret Rees-Hughes welcomed Mr Steve Maycock and Mr Phil Walton, Specialist Nurses for Organ Donation, to present to the Board to showcase the progress made over the previous three years and what is planned.</p> <p>Mr Maycock advised that the Department of Health Organ Donation Taskforce published its report in 2008 - Local Responsibility, Local Accountability - which resulted in the production of fourteen recommendations for improving and increasing organ donation across the UK which identified a number of key issues for Health Boards:</p> <ul style="list-style-type: none"> • Locally organ donation should be a usual not unusual event • Consideration of organ donation should form a normal part of End of Life care for all critically ill patients • Each Health Board should have an organ donation committee and a clinical lead for organ donation • Local policies with minimum notification criteria for referral to the specialist nurse in organ donation should be developed • Local donation activity should be monitored and the organ donation committee should report these to the Health Board • Referral to the Specialist Nurse in Organ Donation should be routine • There should be regular training for staff involved in the process of organ donation • An overall increase in donation of 50% in 5 years, and • There should be public recognition of donors and their families <p>In terms of achievements, Mr Maycock was pleased to be able to inform Members that:</p> <ul style="list-style-type: none"> • The Health Board’s Organ Donation Committee has been established since 2010 with the Clinical Lead for organ donation, Dr Ilona Schmidt, appointed in early 2010; • The HDHB Organ Donation Policy which includes minimum 	

notification criteria, has been in place since December 2010;

- On-going data collection and analysis with local case reviews and presentations at morbidity and mortality meetings;
- Regular teaching sessions held with medical and nursing staff from all the Health Board's four acute sites;
- HDHB Organ Donation Study Day held in May 2012, attended by doctors and nurses from across South Wales. Speakers included HM Coroner for Pembrokeshire and Carmarthenshire, transplant recipient coordinators, donor families, a double lung transplant recipient and the Health Board's own Dr Mike Martin, which was a resounding success and will be repeated in each of the South Wales Health Boards on a 6 monthly rotational basis to ensure promotion of good practice across the region continues;
- Local organ donors and their families publicly recognised with plaques unveiled across the Health Board's four main hospital sites.

In terms of Hywel Dda Health Board's donation activity for the past three years, Members noted there has been 120 referrals across the four main sites with early referral to the specialist nurse allowing the determination of whether donation is possible, and avoiding unnecessary delays to grieving families:

- 20 patients were referred where transplant centres declined organs when initial enquiries were made;
- 16 donors did not proceed due to unforeseen problems or adverse findings during the donation process which is a common occurrence across the UK;
- 20 patients went on to become proceeding donors.

Members were delighted to learn that the Health Board has contributed to the 48% increase in organ donation in south Wales in the last 4 years, yet there remains much to improve upon.

In terms of who has been helped - 47 transplants have been performed as a result of donations which have taken place in Hywel Dda. They have included:

- 26 kidney transplants
- 10 liver transplants
- 5 pancreas transplants
- 3 lung transplants
- 3 heart transplants

In terms of where next for Hywel Dda

- A new NHS Blood & Transplant (NHSBT) Strategy is about to be launched with emphasis on the timely identification and referral of patients who meet the minimum notification criteria.

- A revised Organ Donation Policy for Hywel Dda will be launched in the new year incorporating NICE guidelines and putting emphasis on the early identification and referral of patients who meet a minimum set of criteria and will for the first time introduce a clinical trigger for referral.
- Continue to act in an advisory capacity to Welsh Government with regard to the new legislation about 'deemed consent'.

In terms of local challenges to organ donation:

- Standards and levels of acceptance continue to vary across the four acute hospital sites although a refresh of the policy may assist with this.
- Referrals differ between sites and between clinicians despite Health Board policy.
- Maintaining the momentum already established and continue the good work already started.
- Changes to the Specialist Nurse workforce will impact locally. Job advertisements out but to become independent and operational will take 3 to 4 months which will require the HDHB Organ Donation Committee to provide more operational support rather than its current strategic role.

Mr Martin paid tribute to both Mr Maycock and Mr Walton who have driven organ donation as a key priority throughout the organisation, and both he and the Board conveyed their thanks to them both for their very informative presentation.

PM(12)154

CHAIRMAN'S REPORT

Mr Martin reported back to Members on the following meetings and activities:

- Meetings recently held with AMs Darren Millar and Angela Burns;
- Meetings with colleagues in Canolfan Plant to catch up on the work undertaken in terms of raising money for the children's centre at Glangwili Hospital;
- Meeting with the Chairs of the HPF and SRG and Executive Director leads, which proved a very valuable meeting in terms of the feedback received;
- Accompanied by Mr Trevor Purt, Mr Chris Wright, and Ms Kathryn Davies, attendance at the Health & Social Care Committee regarding consultation and engagement on the Clinical Services Strategy, where appropriate evidence was provided with the Committee, who were impressed by the work undertaken;
- Formal appraisal held with the Minister, and Mr Martin confirmed that both he and Mr Purt meet with the Minister

every 6 months as Chair and Chief Executive to discuss the key priorities facing Hywel Dda at that particular point in time.

- Carers Programme Board – where Health Board and Local Authority representatives are driving forward the work undertaken and he paid tribute to Mr Peter Llewellyn and other colleagues who ensure that pace and progress is made;
- Sat in on the interview process to appoint the Chair of ABMU LHB as independent peer, and Mr Martin confirmed that Mr Andrew Davies (previously an Assembly Member) had been appointed;
- Attendance at the NHS Confederation Conference which represents a key learning experience and networking event. Mr Martin confirmed that he was taking on the role of interim Chair of the NHS Confederation in Wales for continuity purposes, until a formal process is undertaken;
- Continue to meet on the South Wales Programme Board, and Mr Martin informed Members that today marks the end of their listening and engagement phase. Outcomes will then be reviewed, and the next stage i.e. consultation, agreed.
- Cylch Caron Project – Members noted that £100,000 has been made available by the Minister for Housing, to consider the next stage of development.

Mr Martin informed Members that the Health Board would shortly be considering the outcome of the Clinical Services Strategy consultation and asked Mr Wright to update the Board on the progress made in terms of the process and the work undertaken to date.

Mr Wright informed Members that the Health Board embarked on its engagement and consultation programme 12 months ago, and over this period has been in dialogue with the public at an unprecedented level than previously seen.

In terms of where are we now, the Health Board continues to test the various options against the feedback received to see if any substantive and deliverable alternatives have been put forward, or if the Health Board needs to revise its thinking.

In terms of feedback, both the Consultation Institute and ORS have indicated the relative weight that should be afforded to the various elements, particularly in relation to the cogency of arguments or any alternative solutions put forward.

ORS will be presenting their final report shortly which will be released to the public and will incorporate all the feedback received from every quarter, and he confirmed that both the Health Board and the CHC have received this presentation and studied the themes from the significant submissions.

Throughout the process, the Health Board has been reacting to what it has heard, both during the listening and engagement phase, and also during the consultation phase, and can clearly evidence this by having modified some of its thinking around orthopaedics and its preferred options, recognising in particular, the specific issues around Bronglais Hospital.

The Health Board is close to putting forward final options for a decision, and the purpose of raising this today is to:

- underline both the extended timeline and the breadth of activities undertaken;
- provide an assurance that throughout the process the Health Board has met Ministerial Guidance and applied best practice;
- provide an assurance that the Health Board has listened and can demonstrate where its thinking has changed throughout the process as a result of what has been heard.

Whilst these final options will need to take account of professional opinion, such as the National Clinical Forum, Royal Colleges and the Deanery, the role for the Board will be to balance some of these views both against public opinion and the Health Board's challenges around geography and sustainability.

Members were appraised of the breadth of engagement with the CHC:

- Involvement in the Clinical Summit (May 2011), options criteria weighting and options appraisal;
- Regular and continued discussions through the CHC's own Planning Committee;
- A variety of presentations and discussions over the last 12 months in a variety of forums to the membership;
- Involvement in the development of our engagement/consultation activity plans and in the monitoring of delivery of those plans;
- Participating or being in attendance in activities – including public meetings and public engagement events;
- Mid term reviews during both the engagement and consultation processes;
- Ongoing discussions during the post-consultation phase to analyse the feedback and develop final options – and this process continues;
- The Health Board has also arranged facilitated Consultation Institute and ORS presentations for the CHC

Members were assured that all the messages heard by the Health Board have either been heard by CHC colleagues or shared with them during the process by one means or another, and that whilst we may never come up with universally popular decisions, this is not

the basis for not implementing some of the changes that have been put forward as the Health Board has consistently stated that no change is not an option, as has Welsh Government, and interestingly, several of the professional opinions submitted suggest that the Health Board has not gone far enough.

However, of most importance will be the Health Board's ability to demonstrate that it has paid "due regard" to the feedback received, that its decisions are informed by the engagement & consultation process, and that due consideration is being given to any alternative options proposed, with clear evidence required of why these are either being considered or discounted

Whilst the Health Board will not be forensically examining each of the approximately 5,000 submissions, and address every single comment made, this is however being undertaken for the key submissions made.

All the issues raised have been themed up either against a series of generic headings such as transport, or service specific headings, and the final report produced will address and reflect these themes.

Similarly, in terms of impact assessments, the Health Board has undertaken an iterative process, and checked with the centre who have confirmed that our decisions need to be made from an informed position of being aware of the potential impacts. This will require the implementation process to address and mitigate against any specific negative impacts, and the recommendations to the Board will reflect this requirement

The Health Board must also balance all the debate against its responsibility to provide safe and sustainable services within the resources allocated, with the CHC's responsibility to consider the Health Board's proposals against those principles.

The breadth of the Health Boards engagement and consultation would strongly indicate that it is aware of local opinion, that it is considering alternative proposals in reaching its final decisions, and that it can make decisions from an informed position in relation to impact, which are all the elements raised by the Consultation Institute and explicit within the Gunning Principles.

Whilst we could discuss minutiae *ad nauseum*, the key question is whether the changes being considered are in the best interests of the health service across the 3 Counties which the Board must now consider.

Discussions will continue with the CHC over the next few weeks to try and reach a position where it can be agreed that the final recommendations put to the Board will be for the benefit of the NHS

	<p>in Hywel Dda, and will help to ensure that safe and sustainable services can be provided within the resources allocated.</p> <p>Mr Martin was delighted that CHC Members had been able to join the Health Board at its recent Board Development Session held on 7th December 2012 to receive the feedback from the ORS Report at the same time as Board Members, and Mr Wales thanked the Health Board for the opportunity provided.</p> <ul style="list-style-type: none"> • Use of Chair's Actions <p>Mr Martin shared recent Chairman's' Actions undertaken with the Board, which in the main concerned Continuing NHS Healthcare placements and clinical negligence claims, which the Board NOTED.</p> <ul style="list-style-type: none"> • Use of the Common Seal <p>Mr Martin reported to Members on the use of the Health Board's Common Seal since the previous Board report, which the Board NOTED.</p>	
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PM(12)155	CHIEF EXECUTIVES UPDATE	
	<p>Mr Purt referred to the recent Ministerial statement on the Mid Year Review which identified the amount of pressure currently within the NHS system, as evidenced by such indicators as the 16% increase seen in WAST activity, and yet a clear message from the Ministerial statement about how well the service had done despite these unprecedented challenges.</p> <p>Mr Purt also referred to a number of changes in portfolios amongst Senior Managers within the Health Board and placed on record that:</p> <ul style="list-style-type: none"> • Mrs Sue Lewis has been appointed as the Interim County Director in Pembrokeshire; • Mr Jeremy Brown will replace Mr Ian Bellingham as County Director in Ceredigion. <p>"Grandparent" leads have also been given to Executive Directors, with Mrs Caroline Oakley supporting Ceredigion County, Ms Janet Wilkinson supporting Pembrokeshire County, and Ms Kathryn Davies supporting Carmarthenshire County, and all deliberately chosen on the basis of their individual strengths.</p> <p>Mr Purt informed Members that he had also recently chaperoned Mrs Oakley and Mrs Sian-Marie James to the RCN Awards where two awards had been made to Hywel Dda.</p>	

PM(12)156

UPDATE FROM THE HEALTH BOARD'S STATUTORY ADVISORY GROUPS

• **Stakeholder Reference Group (SRG)**

Mr Chris Davies, Chair, Stakeholder Reference Group (SRG), thanked Mr Martin for his earlier response to the SRG's correspondence.

Mr Davies shared with Members suggested topics for SRG's workplan going forward which included:

- A review of the Mental Health Measure
- Staff workforce and recruitment implications
- Training for carers and promotion of carer issues in schools and employment
- Tele-medicine initiatives
- Healthcare & housing.

Mr Davies invited Members to suggest any further topics which he would take back to SRG for consideration.

Ms Wilkinson suggested it would be helpful to meet with Mr Davies to understand what the SRG wishes to consider in relation to staff workforce and recruitment implications on which she may be able to provide a reassurance, and which Mr Davies welcomed.

Mr Wales advised that the CHC view healthcare and housing as a very important piece of work, which requires a multi organisational approach, and noting different progress in different areas, the need to identify good practice and to roll this out. Ms Teresa Owen concurred that this is a topic of interest given the recent welfare reforms and a need to understand what these will mean to our localities.

Mr Davies also informed Members that an all Wales SRG Chairs Group had been established which Ms Veck attended on Mr Davies' behalf, and that feedback received suggested that Hywel Dda's SRG is considered best practice, with other Health Board SRG's looking to emulate its work.

Finally, Mr Davies thanked Ms Kathryn Davies for putting him in touch with those responsible within the Health Board for the "Butterfly Scheme" which has now led to the Mid & West Wales Fire & Rescue Service being able to offer the provision of approximately 3,000 fire safety checks within the community.

- **Healthcare Professionals Forum (HPF)**

Ms Sandra Morgan, Chair, Healthcare Professionals Forum (HPF) provided Members with written feedback on the Healthcare Professional Forum's activity between September and December 2012:

- Formal response submitted broadly supporting the Health Board's Clinical Services Strategy, and welcoming particularly the developments and clear direction proposed for both primary and community services;
- Chairs of HPF/SRG Meeting with Chair of Hywel Dda Health Board – a very useful meeting where the role of the Healthcare Professionals Forum in relation to the implementation of the Clinical Services Strategy was discussed, and a proposal made to hold a workshop to clarify HPF member roles and to draft a forward workplan;
- Workshop held 3rd December 2012 to clarify roles in order to enhance the Forum's effectiveness, and where the scope of change described in the Clinical Services Strategy was utilised to underpin the Forum's workplan for 2013. Ms Davies added that Ms Veck had facilitated the Forum's workshop which had been well received.

Mr Martin welcomed the helpful feedback and would ensure that it is considered as part of the Health Board's implementation phase. Mr Purt added that he would be pleased to meet with Forum Members if diaries could be aligned, and it was felt to be beneficial.

Mr Purt also informed Members that an indication had been given at the All Wales LHBs Chief Executives meeting held on 18th December 2012, of the beginnings of a new regime for Health Boards to be provided with a 3 year funding allocation which would allow the linking of finance, workforce and service planning into a 3 year rolling programme, which this Health Board would very much welcome.

- **Local Partnership Forum (LPF)**

Ms Wilkinson provided Members with written feedback from the Local Partnership Forum meeting held on 18th October 2012, where an update was provided on the both the Health Board's Clinical Services Strategy, and the current financial situation. Five employment policies were also approved which were reported to the Health Board's Integrated Governance Committee.

The Board **NOTED** the updates from the Health Board's Statutory Advisory Groups.

Mr Chris Davies left the Board meeting.

PM(12)157	CLINICAL LEADERSHIP REPORT	
	<p>Dr Phil Kloer presented Members with the Clinical Leadership Report, providing a progress update in relation to innovations and interventions which have resulted in an improvement in the quality and safety of care delivered by services across the Health Board through clinical leadership at all levels of the organisation, and showcasing:</p> <ul style="list-style-type: none"> • The “One Stop” Colorectal Cancer Clinic at Glangwili Hospital which has successfully reduced the average time from diagnosis to oncological treatment for patients by avoiding attendance at out-patient clinics on two separate occasions. A patient satisfaction survey is planned in the New Year and positive feedback should help lead this approach to being replicated across all cancer pathways in future. • Arts in Health & Wellbeing – with the Health Board engaged in a number of initiatives under this policy umbrella: <ul style="list-style-type: none"> • Digital Patient Stories - funded by the 1,000 Lives Project involving a film maker working with five patients and one carer to produce a DVD of their stories of illness and treatment. • Creative Patient Stories – funded by “Help the Hospices”, a six session group facilitated by a textile artist, providing an opportunity for patients and carers to tell their story through a creative textile project, which has been very therapeutic for those involved. <p>Mr Wales queried whether the one stop approach to cancer treatment would be extended to cancer treatment received in other Health Board areas, and Dr Kloer confirmed that the Health Board would be considering this approach for all cancer patients and pathways.</p> <p>Mr Chris Wright suggested that this work, and the leaders involved, should put forward for the forthcoming NHS Wales awards</p> <p>The Board NOTED the Clinical Leadership Report.</p>	

PERFORMANCE

PM(12)158	FINANCIAL POSITION AS AT 30th NOVEMBER 2012	
	<p>Mr Stephen Forster updated Members on the Health Board’s financial performance as at 30th November 2012, together with the actions being taken to secure Full Year Effect Savings Plans as part of the updated Service, Workforce & Financial Framework (SWAFF).</p>	

Members also noted that the in month deficit stands at £1.17m (before the Welsh Government non-recurring allocation and after non-recurring balance sheet savings).

Mr Don Thomas commented that whilst the non-recurrent funding from Welsh Government is welcome, the Health Board still faces a huge challenge between now and the relatively short year end, with the need to realise as many of the savings schemes in place as possible during the remaining four months of the year, in order to come in as close as possible to break even, particularly given the impending likelihood of winter pressures at this time of the year.

Mr Thomas also informed Members that the work of the Health Board's Integrated Governance Committee allows for a scrutiny of the finances by way of a variance analysis to establish the pressure areas remaining and how best to respond, but that ultimately, service re-design, and a move towards a 3 year rolling funding programme, will be required.

Mr Purt confirmed that it is unlikely there will be any further central funding made, with the recent amount provided in response to the unprecedented levels of A&E attendances across Wales, the increases in patient acuity, and the recent norovirus outbreaks, still not covering the whole cost of the increases that are having to be managed, given the increased locum and agency costs involved.

The Board **NOTED**:

- The financial performance as at 30th November 2012;
- The impact of the updated Service, Workforce & Financial Framework (SWAFF).

PM(12)159

INTEGRATED PERFORMANCE REPORT

Mrs Karen Howell provided Members with a context for the new type of Integrated Performance Report that would follow as part of the realignment of Executive Director profiles, and with performance assurance now seated within the Chief Executive's office in order to provide for a healthy tension between assurance and delivery.

Although the format of the Integrated Performance Report will be familiar to Members, it will necessarily change as part of the need to align performance, finance, and quality & safety. And in addition to the retrospective performance report, in future there will be a need to understand trends and what the Health Board will be doing to remedy the more challenging areas which can then be forecast and addressed.

Mrs Howell advised that the Health Board is currently undertaking a Performance Assurance Mapping Exercise as part of the development of this improved, Integrated Board Performance Assurance Framework, which will afford the opportunity to consider how any identified inefficiency and duplication within our information collection and collation systems can be reduced.

In terms of the Health Board's more challenging areas, performance in respect of RTT and A&E targets continues to move in the wrong direction, although this is not necessarily a reflection of the Hywel Dda context, but in part, in recognition of the significant and evidenced increase in the number of patients and their acuity. The Health Board will therefore focus on its patient pathway flows in order to remedy this which will remain our medical workforce challenge.

Members were informed that Executive Directors met to agree the formation of a Transformation Team in November 2012, and Mr Brandreth updated Members on the various elements of its work:

- Unscheduled Care – in terms of strengthening our processes when things go wrong, and not becoming too tolerant of these by treating them as mini Serious Untoward Incidents;
- A number of changes have also been made around Health Board processes in terms of a daily morning County Director's teleconference which is already making a difference to situation reporting.
- Building on the PDSA work undertaken in Worthybush Hospital, analysing the take and replicating this in Glangwili and Prince Philip Hospitals.
- Undertaking an important piece of work with WAST on managing patients who inappropriately attend at A&E.
- In terms of RTT, undertaking a very detailed piece of work to understand what will be required by year end, with the aim of bringing in additional consultants where slots are available.
- Establishment of a Transformation Team to tackle waste within current slots.
- A recent workshop held with Public Health colleagues to understand our future needs, with an agreement reached that the GP Practice list will be the cornerstone of the Health Board's planning in future.

In terms of performance:

- Urgent Suspected Cancer – whilst information is currently unvalidated, early data suggests that 17 patients will not receive definitive treatment within the 62 day target.
- Stroke – 95% compliance was achieved in all Bundles with the exception of First Days Bundles due to specific issues within one major site.

	<p>Members noted that whilst Hywel Dda figures are currently better than at an all Wales level, problems often persist at the tertiary end of patient pathways. In terms of process, Mr Purt advised that WHSSC is currently under review, and that next year cross-border patients would be prioritised with penalties applied where this is not the case.</p> <p><i>Mr Eifion Griffiths joined the Board meeting.</i></p> <p>Mr Wales queried what is in place to identify delays in urgent suspected cancer cases outside of Hywel Dda, and Dr Kloer confirmed that every such case is analysed over often very complex pathways, to get as close as possible to the 62 day target</p> <p>Mr Wales commented that his concern is more one of communication, not necessarily the pathway itself, and Dr Kloer confirmed that as MDTs take place every week, there is regular contact and key worker follow up with these patients.</p> <p>Dr Laurence Williams referred to issues of access to diagnostics and radiologists to be able to obtain the right investigations in a timely manner, as these can have a major impact on delays within pathways. Dr Fish responded that given the national recruitment problem with radiologists, radiology departments have been addressing this in numerous ways including overseas recruitment drives.</p> <p>The Board NOTED the Integrated Performance Report.</p>	
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PM(12)160	NHS FUNDED NURSING CARE	
	<p>Mrs Karen Howell provided Members with an update on progress in regard to the Funded Nursing Care (FNC) Review since September 2012.</p> <p>Members noted that the All Wales CEO's Peer Group had requested an independent piece of work to map the situation across Health Boards in Wales to ensure all have robust process in place and which are legally valid, with the attached reports describing what this work will entail.</p> <p>Mrs Howell confirmed that whilst the Health Board already has a robust methodology in place, it would be preferable to adopt an all Wales position.</p> <p>Members were informed that once mapping has been undertaken, the Board could anticipate a report to be presented with the agreed FNC rate.</p>	

	<p>The Board:</p> <ul style="list-style-type: none"> • NOTED the progress made in respect of the Funded Nursing Care Review; • CONFIRMED its support for the process as outlined • NOTED the attached briefing papers that have been provided to the All Wales Chief Executive Peer Group • NOTED and recorded the decision taken by CEO's at their meeting on 20th November 2012. 	
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PM(12)161	INDIVIDUAL PATIENT FUNDING REQUESTS	
	<p>Ms Teresa Owen briefed Members on the numbers of Individual Patient Funding Requests (IPFR) considered by the IPFR Panel for the period 1st April 2011 to 30th September 2012, together with the decisions made.</p> <p>Members noted the two parts to the paper, the first covering the first year of the Panel's work, and the second from the implementation of the All Wales Policy on IPFR introduced to ensure that all Health Boards follow the same decision-making process. Members further noted that an update paper on the number of requests would be presented to the Board every 6 months.</p> <p>Mr Martin informed Members of the Ministerial requirement to afford increased visibility and transparency around these requests, but cautioned on the need to be careful when presenting the data due to the low numbers involved and hence the agreement to produce 6 monthly reports.</p> <p>The Board RECEIVED and NOTED the Individual Patient Funding Requests Report.</p>	

PM(12)162	CHARITABLE FUND ACCOUNTS & ANNUAL REPORT 2011/12	
	<p>Mr Stephen Forster informed Members that the Charitable Funds Accounts & Annual Report for 2011/12, had been presented to both the Health Board's Charitable Funds Committee and Audit Committee.</p> <p>Mrs Julie James advised Members that at the Charitable Funds Committee meeting held on 13th December 2012, Mr Geraint Norman, Wales Audit Office, provided very generous praise of the governance arrangements in place, and was also complimentary of the well managed process involved. In turn, Mrs James thanked both the Health Board's Finance Team for their work involved and the Health Board's Communications Team, who will "repackage" the Annual Report in order for the public to enjoy.</p>	

	<p>Members attention was drawn to the Audit Report from Wales Audit Office (WAO) which issued an unqualified audit opinion on the accounts, and Mrs James recommended the Charitable Funds Accounts & Annual Report 2011/12 to the Board.</p> <p>On behalf of the CHC, Mr Wales expressed a concern in regard to some of the donations made to charitable funds which he agreed to discuss separately with Mrs James, and Mrs James confirmed her willingness to do so, adding that the Board can take an assurance from the fact that all accounts are audited externally.</p> <p>The Board APPROVED the Audited Charitable Fund Accounts & Annual Report for 2011/12</p>	
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STRATEGY

PM(12)163	CARERS STRATEGY (WALES) MEASURE UPDATE	
	<p>Ms Sarah Veck introduced Mr Peter Llewellyn to undertake an update in respect of the Carers Strategy (Wales) Measure, asking the Board to note the progress and to support the Health Board’s actions going forward, particularly in its role as the lead organisation in taking forward the Information & Consultation Strategy for Carers.</p> <p>Mr Llewellyn reminded Members that an initial paper had been presented to the Board when the Carers Measure first came into being in January 2012 and confirmed that the Health Board’s Information and Consultation Strategy for Carers had been submitted to Welsh Government by 31st October 2012 as required, with positive feedback received for its clear focus on outcomes for carers and its welcoming emphasis on young carers.</p> <p>Members were informed that in developing the Information & Consultation Strategy for Carers, the following developments have been taken forward and seen as examples of good practice in implementing the Strategy:</p> <ul style="list-style-type: none"> • Hospital Information – insertion of a Carer page in each bedside folder in the Health Board’s four main hospitals with key contact details for families and carers. • a poster display in each bedded area with champions nominated on each ward. • Carers Week Joint Working Events – culminating in a Carers Rights Day Event held on 30th November 2012 in Tycroes, Ammanford, with over 100 carers attending. • Training – a new e-learning package developed which Board Members will partake in at a forthcoming Board OD Session. • “Looking After Me” Courses – extended across all three 	

	<p>Counties, and encouraging attendance by making replacement care readily available.</p> <ul style="list-style-type: none"> • Establishment of Programme Board – chaired by Mr Martin <p>Mr Llewellyn advised that a further update would be presented to the Health Board in May 2013 to consider the first Annual Report of the Hywel Dda Information & Consultation Strategy for Carers.</p> <p>Members thanked Mr Llewellyn and Ms Veck for the update report which succinctly covered the work on-going in the spirit of the Carers Measure.</p> <p>Ms Sandra Morgan suggested that the Health Board’s Healthcare Professionals Forum would be interested in considering this work also.</p> <p>The Board NOTED the progress that has been made in relation to meeting the requirements of the Carers Measure (Wales) 2010 and in particular the publication of the Information & Consultation Strategy for Carers.</p>	
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PM(12)164	UPDATE ON NON EMERGENCY PATIENT TRANSPORT	
	<p>Mr Peter Llewellyn, Assistant Director of Strategic Partnerships, provided Members with an update in respect of the on-going work linked to improving non-emergency patient transport across Hywel Dda, and describing the improvements that have been made in its provision over the previous two years.</p> <p>In terms of the developments to date:</p> <ul style="list-style-type: none"> • Introduction of mixed service patient transport provision – whilst the Health Board continues to be predominantly served by Wales Ambulances Services Trust (WAST), 20% of journeys are now undertaken by non-WAST provision i.e. voluntary sector and other provision, to ensure value for money and individual patient focus. • Social Care vehicles used to assist with transport at Community Hospitals in both Carmarthenshire and Pembrokeshire during their down time, in a bid to maximise partnership working. • Mental Health Units – a voluntary dedicated transport vehicle to support a Mental Health Unit in Pembrokeshire, which has reduced the number of aborted journeys due to improved continuity for patients. • Menter Cwm Gwendraeth and WRVS provided transport in Carmarthenshire to be potentially rolled out to the other 2 Counties. • A Single Point of Contact and brokerage of Extra- 	

Contractual Referrals (ECRs) has resulted in nearly £60,000 saving since April 2012 based on an “invest to save” agreement, and a significant amount of clinical time saved as Senior Nurses are no longer involved in the booking and arranging of ECR transport.

- Strategic Accessibility Study undertaken which links in to the Health Board’s Clinical Services Strategy consultation.
- One booking pathway for Ceredigion patients which has served to reduce the amount of time spent by clinical staff dealing with transport, and which could potentially be rolled out to other Counties.
- Dedicated vehicles for discharges and day patients at each of the Health Board’s sites, which has had an impact on discharge waiting times.

In terms of the impact of these developments, the evidence shows that it has improved patient experience, improved efficiency, reduced wastage, and enhanced partnership working.

In terms of next steps:

- To extend the One Booking Pathway from Ceredigion to Carmarthenshire and Pembrokeshire patients, thereby releasing staff time as has already been evidenced from the Ceredigion experience.
- Mainstream and extend dedicated transport service for Mental Health Patients in Pembrokeshire, in order to further reduce aborted journeys.
- Evaluate utilisation of the current dedicated vehicle at South Pembrokeshire Health & Social Care Resource Centre.
- Formally procure for Dedicated Vehicle Discharge Vehicles at each of the Health Board’s main hospital sites by 1st April 2013.
- Utilise voluntary sector resources for Bronglais renal transport from 1st February 2013, as part of disinvestment in the current system which does not provide value for money.
- Promote the use of text messaging and voice mail services to further reduce aborted journeys, whilst also considering the further integration of the WAST Cleric system and the Health Board’s Myrddin system, with particular reference to out-patient services.
- To provide training on the WAST cleric on-line system within key areas of the Health Board to further reduce wastage in the system.
- To incrementally take the Volunteer Ambulance Car Scheme out of its current service level agreement with WAST, and to re-invest this resource in the third sector, which may require subsequent Board approval.

Mr Llewellyn informed Members that a key area for consideration next year will be the Health Board's own transport resource.

Mr Ponton commented that both the Carer's Strategy (Wales) Measure Report and the Non Emergency Patient Transport Update Report are key to the Health Board's Clinical Services Strategy consultation, and commended their innovation and very positive demonstration of the work on-going, particularly in relation to patient transport which has been raised as a public concern and should serve to reassure the public that the Health Board is actively addressing this area of work. Mrs Rees-Hughes also commended the excellent progress made and the strong footing this will give to the Clinical Services Strategy implementation.

Mrs Julie James congratulated Mr Llewellyn on behalf of the Board, and on behalf of the third sector, who are very complementary of his work in this area.

Dr Laurence Williams queried whether these developments would be rolled out to the community given that patient transport remains an issue here, and Mr Llewellyn confirmed that these initiatives would be widened to the community sector, where appropriate.

Mr Martin informed Members that WAST are currently under review and undertook to share the Terms of Reference of this review with Independent Members should they wish to feed in to the process. He also suggested that the Non-Emergency Patient Transport Update Report would be appropriate for Local Service Board discussion, and a further opportunity to showcase the work involved.

The Board **NOTED** progress in respect of the work that has been undertaken to improve Non Emergency Patient Transport across Hywel Dda, and the next steps to be undertaken.

ASSURANCE

PM(12)165	EXECUTIVE DIRECTOR RESPONSIBILITIES	
	<p>Mr Wright presented Members with the revised Executive Director responsibilities and accountabilities to the Board as part of the Health Board's Corporate Scheme of Delegation.</p> <p>Members were reminded that the Board approved the revised Standing Orders and Standing Financial Instructions at its meeting in September 2012 of which these Executive Director</p>	

responsibilities form a part.

The Board **NOTED** the revised Executive Director responsibilities and accountabilities as part of the Health Board's Corporate Scheme of Delegation.

PM(12)166

UPDATES FROM BOARD COMMITTEES

- **Integrated Governance Committee Update Report**

Mr Thomas, Integrated Governance Committee Chair, presented the Integrated Governance Committee Update Report from its meeting on 22nd November 2012, where Members considered the financial performance and integrated performance reports as standing agenda items, and also considered the high costs of Continuing NHS Healthcare cases, given their key financial risk to the organisation, and the opportunities for change that will be taken to increase the focus on savings and delivery in this area.

In addition to considering the Mid Year Review in terms of 2012/13 cost pressures, IGC also undertook a forward look to 2013/14 where significant funding challenges for the Health Board are predicted.

Mr Martin confirmed that all Independent Members are now invited to Integrated Governance Committees meetings which have been established between now and financial year end as monthly meetings.

The Board **NOTED** the Integrated Governance Committee Update Report

- **Audit Committee Update Report**

Mr Eifion Griffiths, Audit Committee Chair, tabled the Audit Committee Update Report from its meeting on 13th November 2012, providing a summary of the areas discussed of most relevance and concern to the Board:

- Chairs Action – given that individual items are approved directly by the Board, the Committee will now confine its scrutiny to periodic reviews in order to identify trends.
- Audit Committee Members - private meetings held recently with Wales Audit Office and Internal Audit, and further meetings scheduled with Capital Audit and Counter Fraud early in 2013.
- The Committee also discussed the unsustainable work

programme of the Health Board's Quality and Safety Committee in managing 27 Sub-Committees, and asked that this be reviewed as a matter of urgency.

Members noted the minutes of the Audit Committee meeting held on 11th September 2012 which were attached to the Update Report, and that the minutes from 13th November 2012 meeting would be presented to the next Board meeting.

The Board **NOTED** the Audit Committee Update Report

- **Charitable Funds Committee Update Report**

Mrs Julie James, Charitable Funds Committee Chair, presented the Charitable Funds Committee Update Report from its meeting held on 13th December 2013.

Mrs James informed Members that the Charitable Funds Accounts were approved by the Committee, with the report of the Finance Director demonstrating that although there had been a general downturn in donations made, these had all been spent for patient benefit.

Rathbones, the Health Board's newly appointed Investment Managers, presented to the Committee for the first time and confirmed that almost all of the current 3 portfolios had been brought into 2 and were making the appropriate re-investments..

The Committee also considered an alternative investment policy which was approved, together with an ethical policy where further debate was agreed necessary.

Mr Forster also presented his restructuring report to the Committee who advised that where there were some inappropriate funds i.e. Research & Development, Consultant Fees, these would be transferred out to more appropriate areas.

Mrs James confirmed that further detail from the Committee's discussions would be documented within the minutes, and thanked both those finance and corporate staff supporting the Committee, and the Committee Vice-Chair, Mrs Sian-Marie James.

The Board **NOTED** the Charitable Funds Committee Update Report.

- **Quality & Safety Committee**

Mrs Rees-Hughes, Quality & Safety Committee Chair, presented Members with the Update Report from the Quality & Safety Committee meeting held on 24th September 2012.

Mrs Rees-Hughes drew Members attention to the Serious Case Review undertaken into the Winterbourne View Hospital, and advised that in response, the Committee will be developing an action plan to address all the recommendations, which will be presented to the next meeting of the Quality and Safety Committee.

The Board **NOTED** the Quality & Safety Committee Update Report.

- **Mental Health Act Monitoring Committee Update Report**

Mrs Sian-Marie James, Mental Health Act Monitoring Committee Chair, presented Members with the Update Report from the inaugural Mental Health Act Monitoring Committee meeting held on 27th November 2012.

Members were asked to approve the appointment of Mr Mike Ponton, Independent Member, as Vice-Chair of the Committee, and to approve minor changes to the membership of the Committee within the Terms of Reference - to include a change of title from the Assistant Director of Children's Services (CAMHS) to the Head of Specialist Child and Adolescent Mental Health Services, and to agree the inclusion of both a GP member and a carer representative within the membership.

Clarity was also provided in relation to the quorum of the Committee, where it was agreed to amend this to a finite number i.e. 2 out of the 4 Independent Members to be present in order for the Committee to be quorate, as opposed to the current third.

The Board **APPROVED** the amendments to the Terms of Reference and **NOTED** the Mental Health Act Monitoring Committee Update Report.

- **Advisory Appointments Committee Update Report**

Ms Wilkinson informed Members of the outcome from the Advisory Appointments Committees held between 19th September and 31st December 2012, where two new Consultant Anaesthetists have been appointed, to commence from a date to be agreed by the Health Board.

The Board **SUPPORTED** the outcomes of the Advisory Appointments Committees.

PM(12)167	UPDATES FROM JOINT COMMITTEES
	<ul style="list-style-type: none"> <p>• NHS Wales Shared Services Partnership Committee</p> <p>Ms Wilkinson provided Members with highlights from the Director’s Report of the NHS Wales Shared Services Partnership from the Committee Meeting held on 22nd November 2012.</p> <p>Members noted that whilst not a public appointment, Ms Margaret Foster has been appointed as Chair of the NHS Shared Services Partnership Committee.</p> <p>The Board NOTED the update from the NHS Wales Shared Services Partnership Committee</p> <p>• Welsh Health Specialised Services Committee</p> <p>Mrs Miles presented Members with the unconfirmed minutes of the Welsh Health Specialised Services Joint Committee Meetings held on 25th September and 27th November 2012,</p> <p>Members commented, once again, on the paucity of detail within the minutes.</p> <p>The Board NOTED the updates from the Welsh Health Specialised Services Committee</p>

FOR INFORMATION

PM(12)168	NHS WALES STAFF SURVEY
	<p>Ms Wilkinson informed Members of Welsh Government’s intention to undertake a staff engagement survey for all NHS Wales staff to be launched in January 2013 and at two yearly intervals thereafter.</p> <p>The report presented outlines the reasons for undertaking the survey, the importance of staff engagement, and the specific outcome measures described in “Working Differently – Working Together”, to which all NHS organisations must be able to demonstrate progress and improvement.</p>

	<p>Members noted that the Health Board will consider the results of this survey through its Staff Engagement Group, a Sub-Group of the Health Board's Cultural Steering Committee, recognising its intrinsic value both as a tool, and in terms of subsequent action planning.</p> <p>Members agreed that it was critical to encourage as many staff as possible to feed in to the staff survey in order to receive feedback to address any areas where there is evidence it requires attention.</p> <p>With reference to the leadership indicators, Mr Ponton underlined the importance of the Board to be accessible, to value and to engage with staff, particularly given its current transformation agenda, and was reassured by the range of methods adopted by Executive Directors and Senior Managers to keep in touch with staff at all levels.</p> <p>The Board RECEIVED the NHS Wales Staff Survey Report.</p>	
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PM(12)169	CONSULTATIONS UPDATE	
	<p>The Board NOTED the Consultations Update, for information, setting out the status of consultations received to December 2012.</p> <p>The update represents an opportunity for Members to contribute to the Health Board's responses should they so wish, bearing in mind the timeframe involved for response.</p> <p>The Board NOTED the Consultations Update report.</p>	

PM(12)170	ANY OTHER URGENT BUSINESS	
	<p>No further business was reported.</p> <p>Mr Martin drew the meeting to a close by thanking the Board Members for their contributions during the meeting, and CHC colleagues for their attendance. He wished all Members a healthy happy new year and looked forward to working with everyone in 2013.</p> <p>Mr Wales, on behalf of CHC Members, wished all Board Members a very merry Christmas.</p>	

PM(12)171	DATES OF FUTURE MEETINGS	
	The next Board meeting in public is scheduled for 9.30am on Thursday 31 st January 2013 in the Cambrian Room, Glangwili Hospital, Carmarthen	