

**COFNODION Y CYFARFOD BWRDD IECHYD PRIFYSGOL
CYMERADWYO/ APPROVED
MINUTES OF THE UNIVERSITY HEALTH BOARD MEETING**

Date of Meeting:	9.30AM, THURSDAY 29TH NOVEMBER 2018
Venue:	CARMARTHENSHIRE COUNTY COUNCIL, COUNTY HALL, CARMARTHEN, SA31 1JP

Present:	<p>Mrs Bernardine Rees, Chair, Hywel Dda University Health Board Mrs Judith Hardisty, Vice Chair, Hywel Dda University Health Board Mr Owen Burt, Independent Member Professor John Gammon, Independent Member Cllr. Simon Hancock, Independent Member Ms Anna Lewis, Independent Member Mr Mike Lewis, Independent Member Mr Adam Morgan, Independent Member Mr David Powell, Independent Member Ms Delyth Raynsford, Independent Member Mr Steve Moore, Chief Executive Mr Joe Teape, Deputy Chief Executive/ Director of Operations Mrs Lisa Gostling, Director of Workforce & Organisational Development Mrs Ros Jervis, Director of Public Health Dr Philip Kloer, Medical Director and Director of Clinical Strategy Mrs Karen Miles, Director of Planning, Performance & Commissioning Mrs Mandy Rayani, Director of Nursing, Quality & Patient Experience Ms Alison Shakeshaft, Director of Therapies & Health Science Mr Huw Thomas, Interim Director of Finance</p>
In Attendance:	<p>Mrs Joanne Wilson, Board Secretary Mr Michael Hearty, Associate Member Ms Jill Paterson, Director of Primary Care, Community & Long Term Care Ms Sarah Jennings, Director of Partnerships and Corporate Services Mr Andrew Carruthers, Turnaround Director Mrs Libby Ryan-Davies, Transformation Director Dr Kerry Donovan, Chair, Healthcare Professionals Forum Mr Jonathan Griffiths, Pembrokeshire County Council Director of Social Services, Local Authority Representative Dr John Morgan, Chair, Hywel Dda Community Health Council Mr Sam Dentten, Chief Officer, Hywel Dda Community Health Council Ms Elaine Lorton, County Director, Pembrokeshire (part) Ms Rhian Dawson, County Director, Carmarthenshire (part) Dr Meinir Jones, Clinical Director Transformation/Clinical Lead MIU Prince Philip Hospital/GP (part) Mrs Rosie Frewin, Partnership Governance Officer (part) Ms Clare Moorcroft, Committee Services Officer (Minutes)</p>

PM(18)191	PUBLIC FORUM	
	<p>The Chair, Mrs Bernardine Rees, welcomed everyone to the meeting, and reminded Members that the meeting was being webcast. Mrs Rees advised of several questions received from Mr Bill Parker, for the Public Forum section of the meeting. Mrs Rees advised that copies of the questions and the responses had been provided to members of the</p>	

	public present and to Board Members. These would also be published on the University Health Board website and a formal letter of response provided.	BR
PM(18)192	INTRODUCTIONS & APOLOGIES FOR ABSENCE	
	Apologies for absence were received from: <ul style="list-style-type: none"> • Mr Paul Newman, Independent Member • Dr Owen Cox, LMC Representative 	
PM(18)193	DECLARATION OF INTERESTS	
	No declarations of interest were made.	
PM(18)194	MINUTES OF THE EXTRAORDINARY PUBLIC MEETING HELD ON 26TH SEPTEMBER 2018	
	RESOLVED – that the minutes of the meeting of the Health Board held on 26 th September 2018 be approved as a correct record.	
PM(18)195	MINUTES OF THE PUBLIC MEETING HELD ON 27TH SEPTEMBER 2018	
	RESOLVED – that the minutes of the meeting of the Health Board held on 27 th September 2018 be approved as a correct record.	
PM(18)196	MATTERS ARISING & TABLE OF ACTIONS FROM THE MEETING HELD ON 27TH SEPTEMBER 2018	
	<p>An update was provided on the table of actions from the Public Board meeting held on 27th September 2018 and confirmation received that all outstanding actions had been progressed. In terms of matters arising:</p> <p>PM(18)172 – Mrs Hardisty suggested that the response provided does not address the query raised at the meeting, which was whether an earlier slot could be negotiated for implementation of RADIS. Mrs Karen Miles advised that the University Health Board (UHB) has been offered the earliest possible slot, and suggested that a further update be provided to the Business Planning & Performance Assurance Committee (BPPAC) at its meeting in December 2018.</p> <p>PM(18)179 – Members were advised that a report regarding All Wales IT schemes will be presented to the December 2018 meeting of BPPAC. This was felt to be a more appropriate forum than the Board Seminar meeting.</p>	KM
PM(18)197	REPORT OF THE CHAIR	
	Mrs Rees introduced her report on relevant matters undertaken as Chair of the University Health Board since the previous Board meeting, drawing Members' attention to appended correspondence from the Cabinet Secretary for Health and Social Services; advising that the new voting arrangements would need to be adopted as part of Hywel Dda University Health Board (HDdUHB) Standing Orders. Mrs Rees noted that there had been a degree of press coverage regarding a letter from the Medical Staff Committee (MSC) at Withybush General Hospital regarding Board decisions relating to Transforming Clinical Services. Members were assured that the letter did not raise any new concerns	

	<p>and was not objecting to proposed changes to the model of care; it was expressing concern that the UHB had not been radical enough in its approach. Mrs Rees emphasised, however, that the organisation needs to be mindful of all feedback, and advised that a response to the letter had been sent. The Chair and the Chief Executive would be meeting with members of the MSC on 3rd December 2018 to discuss their concerns.</p> <p>As indicated in the report, Mrs Rees expressed the Board's gratitude for the contribution of UHB staff, partner organisations and communities during the recent bad weather. Members' attention was drawn to information regarding Carers' Rights Day, with Mrs Judith Hardisty explaining that this brings together organisations to raise awareness of carers' rights and support available. Members heard that there will be an information stand and award certificate presentation to those services and areas who had achieved the Investment in Carers awards during the lunch break. As noted in the report, there is also an e-learning course on the topic of Carer Awareness available, which Members were encouraged to complete. Mrs Rees congratulated all award winners, including those from the Royal College of Nursing (RCN) Wales Nurse of the Year Award, suggesting that it would be interesting for the Board to receive a presentation from Eve Lightfoot on her work. Hywel Dda UHB winners at the NHS Wales Awards and Royal College of Psychiatry Awards were also congratulated, as were winners of the UHB's Employee or Team of the Month awards. Mrs Rees highlighted and welcomed the reappointment of Dr Kerry Donovan as Associate Member of the Board. Noting events at Swansea University this week, Mrs Rees emphasised that the University is one of the UHB's significant partners and stated that the Health Board will provide the support necessary at this difficult time.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> • SUPPORTED the work engaged in by the Chair since the previous meeting and to note the topical areas of interest. • ADOPTED the amendment to Hywel Dda University Health Board Standing Orders in respect of the changes to the voting provision for Welsh Health Specialised Services Committee (WHSSC), Emergency Ambulance Services Committee (EASC) and NHS Wales Shared Services Partnership (NWSSP), with immediate effect. 	
PM(18)198	<p>REPORT OF THE CHIEF EXECUTIVE</p> <p>Mr Steve Moore thanked Carmarthenshire County Council for providing the venue and facilities for today's Board meeting. Mr Moore presented his report on relevant matters undertaken as Chief Executive of the University Health Board since the previous Board meeting, echoing the Chair's congratulations to all recent award winners. The importance of recognising the successes and achievements of staff was emphasised, with a commitment to communicate this to Welsh Government at upcoming meetings including the Joint Executive Team (JET) meeting on 30th November 2018. As indicated in the Targeted Intervention section of the report, the UHB continues to retain close and constructive contact with Welsh Government. Referencing the Wales Trauma Network, Mr Moore emphasised that this is an important development and that he was looking forward to seeing the Network commence</p>	

	<p>operationally. Drawing Members' attention to results from the NHS Wales Staff Survey 2018, Mr Moore was pleased to note that UHB responses to the majority of questions showed an improvement since the previous survey in 2016. There were, however, key areas requiring further work and an action plan to address these was being developed. Mr Moore emphasised the importance of maintaining contact and communication with staff.</p> <p>Cllr. Simon Hancock agreed that the Staff Survey results do show improvements, which is encouraging. He observed, however, that 19% of respondents had reported experiencing harassment, bullying or abuse at work from their manager/team leader or other colleagues, which equates to 456 people. Cllr. Hancock expressed concern that this conflicts with the organisation's stated core values, and was pleased to note that the Bullying Steering Group is taking actions to address this.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> • ENDORSED the Register of Sealings since the previous report on 27th September 2018; • NOTED the status report for Consultation Documents received/ responded to. 	

PM(18)199	<p>REPORT OF THE AUDIT & RISK ASSURANCE COMMITTEE</p> <p>Mr Mike Lewis, Audit & Risk Assurance Committee (ARAC) Vice-Chair, outlined the ARAC update report, drawing Member's attention to the Key Risks and Issues/Matters of Concern section. In regards to how the organisation manages concerns and complaints, whilst it was noted that there were challenges in meeting the Welsh Government 30 day target, ARAC took some reassurance from feedback that patients and their families generally prefer more comprehensive responses, even if these take longer to produce. As indicated in the report, revised management responses had been requested for two Internal Audit (IA) reports as these did not provide the Committee with an appropriate level of assurance. Mr Lewis concluded by highlighting that the revised Scheme of Delegation and Reservation of Powers had been recommended by ARAC for approval by Board.</p> <p>Referencing the BPPAC Assurance Report section, Mr David Powell noted that in the final sentence, 'Primary Care Applications Committee' should be amended to read 'Business Planning & Performance Assurance Committee'. In response to a request for assurance around actions being taken in relation to complaints, Mrs Mandy Rayani advised that support is being put in place, for example for the triumvirate teams. A move towards earlier direct contact with complainants is also having a positive impact, and the team is undertaking work around long standing complaints. Mrs Rayani confirmed that the team is taking steps to address the culture change required around concerns and complaints. Mrs Rees enquired whether the issue with management responses had been addressed; Mr Joe Teape advised that the Radiology management response had been submitted without Executive Director sign-off and that ARAC had also expressed concerns regarding the IA assurance rating awarded. The management response was being reviewed and would be resubmitted to the December 2018 meeting.</p>	CM
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	The Board NOTED the ARAC update report, and ACKNOWLEDGED the key risks, issues and matters of concern together with actions being taken to address these.	
PM(18)200	APPROVAL OF THE SCHEME OF DELEGATION	
	As outlined above, ARAC had discussed and recommended for approval by Board the revised Scheme of Delegation and Reservation of Powers. Dr Philip Kloer stated that there were a few minor details requiring discussion and amendment with the Board Secretary. It was noted that the document had been circulated to Executive Directors for comment on several occasions. However, amendments would be considered, with Mrs Rees to be consulted to ensure that these are only minor and that resubmission to Board is not required.	PK/JW/ BR
	The Board APPROVED the HDdUHB Scheme of Delegation, subject to minor amendments.	
PM(18)201	HDdUHB HEALTH AND CARE STRATEGY 'A HEALTHIER MID & WEST WALES: OUR FUTURE GENERATIONS LIVING WELL'	
	<p>Dr Kloer presented the HDdUHB Health and Care Strategy, emphasising that this is the first such strategy for the organisation and that it represents the culmination of 3 years' work, involving various parties. The strategy offers a significant opportunity, which must be grasped, so that the UHB can move into the delivery phase. Members were reminded that the model of health has developed from a medical/clinical model to a social model. The strategy represents a response to both the clinical recommendations and Community Health Council (CHC) recommendations, and offers an opportunity to improve services for the Hywel Dda population. Mrs Ros Jervis suggested that this is a momentous day, marking as it does a real commitment on behalf of the UHB to the future, health and well-being of its local population by setting out the 20 year vision for population health. This represents a transformational shift in the way in which services are provided, embedding health promotion and illness prevention. The organisation will seek to influence change across the whole system to maximise impact; which will require a cultural change in practice. Mrs Jervis explained that, as part of this, the 8 current Strategic Objectives will be replaced by 3 Strategic Goals, which are framed around three life phases and will require the building of strong relationships with partners and communities. In order to begin the journey, and in a move away from performance metrics, the UHB has developed a series of long-term outcomes which describe ambitions for each of the strategic goals. In conclusion, Mrs Jervis emphasised the UHB's commitment to change and a move towards services at the heart of local communities. Dr Kloer highlighted the following key points:</p> <ul style="list-style-type: none"> • A whole system approach, with the clinical strategy contained within the health and care strategy. This cannot be delivered without the cooperation of partners such as the Local Authorities; • A focus on community and Primary Care; • The setting of priorities by county, from Year 1; • The importance of the Transformation Fund bid, developed within the Regional Partnership Board; • Work to develop the hospitals model; 	

- Continuous engagement with each locality to ensure their input with regard to setting priorities;

Dr Kloer concluded by advising that, subject to Board approval, the strategy will be translated into various versions, including public facing documents, and will be launched in January 2019.

Professor John Gammon reminded Members of previous discussions regarding the significant anxiety caused to the local population by proposed changes. He welcomed the fact that development of the strategy begins to provide detail of how services will change, whilst recognising that specifics are quite rightly not included at this stage, as these need to be co-produced with local communities. Noting the examples of 'what good looks like' included within the strategy, Professor Gammon suggested that these should be scaled up, so that the local population can see how future services will look and operate. Professor Gammon also emphasised the importance of staff in delivering the strategy. Mr Powell endorsed Professor Gammon's comments, and acknowledged that the strategy does encapsulate the Board's previous discussions. Noting the Year 1 priorities outlined in the SBAR, Mr Powell queried when Year 1 begins, and what measures will be put in place for monitoring outcomes. Mrs Libby Ryan-Davies advised that certain projects are already underway; Phase 3 of the programme is much broader and requires significantly more detail. The intention is to present the programme scope to Board in March 2019, with a Project Initiation Document (PID) setting out monitoring processes in detail. In response to a query regarding how the strategy relates to planning processes and BPPAC, Mrs Miles advised that anything discharged by Board will be taken up by BPPAC as part of its routine business. Mr Moore recognised the need to move towards mainstreaming strategy work, rather than regarding it as separate to the normal business of the UHB; this will include governance systems.

Dr Kerry Donovan echoed Professor Gammon's comments, stating that the provision of initial detail was welcomed by staff. Whilst it was accepted that it is not possible for specifics to be provided at this stage, Dr Donovan advised that local GPs had requested information regarding how the UHB plans to stabilise services in view of current challenges and fragilities in Primary Care. Also, whilst Community Pharmacies offer opportunities for independent prescribing, and there is enthusiasm for this, there are capacity issues in terms of ability to attend courses and GP mentoring requirements. Similar challenges around training and IT systems apply to Optometrists in relation to community based screening; more detail is required regarding both areas. Mrs Hardisty suggested that it is imperative to make prompt progress with Year 1 priorities, in order to instil confidence and trust within the local population around the organisation's ability to deliver the strategy. It is also necessary to begin the reallocation of resources into Primary Care, and Mrs Hardisty requested assurances that funds will be moved, as Year 1 priorities will not be delivered without. Mrs Rees acknowledged that this presents a dilemma, in terms of transitional funding. The organisation has given a commitment to its public and staff that it will not move forward with proposals until the required infrastructure is in place. Agreeing, Mr Moore recognised that this presents the most significant tactical

challenge, whilst reiterating the UHB's commitment in this regard.

Mr Adam Morgan suggested that there are two key aspects regarding the strategy launch: the change of name/terminology from Transforming Clinical Services (TCS), and acknowledgment that the current Strategic Objectives are well embedded. Dr Kloer accepted that TCS is now well recognised, and the need to manage communications to reflect the change in terminology. In regards to the Strategic Objectives, this reflects the move from a solely clinical strategy to a health and care strategy. Mr Jonathan Griffiths welcomed the UHB's approach and acknowledged the engagement to date, confirming the commitment of Local Authorities to the strategy. Mr Griffiths was pleased to see several references to adoption of a social model and the need for a whole system approach, whilst emphasising that Local Authorities are subject to similar issues regarding the reallocation of resources. The document clearly details existing successful models of care, which are very positive; however Mr Griffiths endorsed comments around the need to upscale these and emphasised that they are and should remain community-led. Echoing statements that the strategy offers an excellent opportunity to make a significant impact for the local population, Mr Griffiths reiterated the commitment and positivity of the Local Authorities; with Mrs Rees reminding Members that Mr Griffiths represents all three Local Authorities. Ms Jill Paterson noted that when the organisation had gone out to consult on TCS, the public had not been specifically consulted on Primary Care and community services; however it has become clear these are at the centre of the changes. Members were advised that work around developing these services for the future had already begun, in response to 'A Healthier Wales'. Ms Paterson emphasised that core contractor sustainability will be key to the localities. Year 1 priorities are stated in the document, and community engagement has already started in Pembrokeshire, with an event taking place in Fishguard and Goodwick during December 2018 and further events scheduled for early next year. The Pembrokeshire Public Services Board has made a commitment to this engagement, which will involve key stakeholders. However, it is vital that it produces tangible outcomes, and that resources are provided. There will also be a need for different ways of working in the future, which will cross current boundaries.

Ms Anna Lewis welcomed the strategy, reiterating that this represents an important, optimistic and positive moment for all. However, Ms Lewis was concerned about the potential risk of failure to deliver; also whether the emphasis on Mental Health needs to be strengthened. Dr Kloer reminded Members that the organisation is at the start of the journey, and that it is right to aim high and have substantial ambitions. Whilst it is extremely difficult to make progress without a defined strategy, there will be trade-offs and challenges during the process. One of these is around a need to recognise the issues involved in delivering services across a large geographical area. Dr Kloer emphasised that the UHB needs to be clear, open and honest regarding these challenges and trade-offs. With regard to the second query, Dr Kloer advised that in developing the strategy, the UHB has tried to align and ingrain as much of the Transforming Mental Health programme as possible, and recognised the need to strive for parity between mental and physical health. Whilst

	<p>acknowledging the risk of raising expectations then not delivering, Mr Moore emphasised that this is a strategy in the widest sense of the word, intended to inspire. The organisation now needs to translate it into much more specific plans; however, this will be easier with a defined direction of travel. Members were reminded that implementation of the strategy will involve redesigning almost every clinical pathway, which offers the opportunity to consider Mental Health as part of each.</p> <p>Mr Sam Dentten advised that the CHC welcomes and supports the principle of systemic change, and hopes that it will address a number of the concerns expressed by members of the local population. This does not, however, mean that the CHC is 'waving through' any and all changes; it is reserving judgement until more detail is provided, and this detail must be developed in conjunction with the public. Whilst the CHC does welcome the strategy and appreciates continued involvement in discussions, Mr Dentten advised that it reserves the right to utilise its statutory powers relating to service change. Mr Michael Hearty stated that there are three key areas on which the organisation should focus: assurance, governance and accountability. There must be a clear understanding around who makes decisions in every aspect of the project; a lack of focus on these areas is likely to result in significant pressures and potential failure. Emphasising that accountability lies with the Board, with all Members playing their part, both Mrs Rees and Mr Moore thanked Mr Hearty for this insight and welcomed his expertise. Mrs Rees summarised by recognising that today's discussion has highlighted that the population is at the heart of the strategy. An acute care model is still in place and it is recognised that there are anxieties around the future of this; there is a need to work with local communities and localities to address these anxieties. There has been a great deal of discussion around whether the UHB will secure funding for a new acute care hospital; Mrs Rees explained that it has been emphasised to Welsh Government that the organisation would need to rethink its entire future strategy if this support is not forthcoming.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> • APPROVED the HDdUHB Health and Care Strategy and the underpinning updated Integrated Impact Assessment. • APPROVED the 3 re-framed HDdUHB strategic goals to replace the existing 8 health-related strategic objectives. 	
PM(18)202	<p>ADULT THORACIC SURGERY REVIEW: OUTCOME OF THE PUBLIC CONSULTATION AND RECOMMENDATIONS ON THE FUTURE SERVICE MODEL FOR SOUTH WALES</p> <p>Mr Moore introduced the Adult Thoracic Surgery Review: Outcome of the Public Consultation and Recommendations on the Future Service Model for South Wales report, reminding Members that this has been a significant area of work for Welsh Health Specialised Services Committee (WHSSC). Members' attention was drawn to the output from the public consultation, appended to the report; to the recommendations and to the mitigating actions outlined on page 6. Mr Moore advised that the CHC has made a number of comments and recommendations, and that the UHB will communicate to WHSSC that any agreement is contingent on these being recognised. Mr Dentten welcomed this commitment.</p>	

	<p>Dr Kloer supported the approach outlined above, noting that the caveats expressed by the CHC are important in terms of both patient experience and to the integrity of the Major Trauma Centre. Members heard that clinicians have been concerned about the 2 centre model for some time and support a move to 1 centre. Mrs Miles advised that preparations are underway for a joint Abertawe Bro Morgannwg University Health Board (ABMUHB) and HDdUHB CHC meeting, and committed to include this matter on the agenda. Welcoming the detail provided in the documents, Mrs Rayani stated that it will be important to ensure timely access to services for HDdUHB patients. Dr Donovan reported that the Healthcare Professionals Forum (HPF) had developed a response to the consultation. HPF Members supported the proposal and could not identify any clinical grounds for concern. Members suggested that this process offers the opportunity for services to consider pathways and improve the patient journey. Dr Kloer added that there is a risk of an over-focus on certain services, such as those relating to cancer, when there are others which are significant, such as benign respiratory disease. In agreeing the recommendations, it was agreed that the caveats raised by CHC and receiving assurance that benign respiratory diseases have the same prominence as malignant conditions would be incorporated within the feedback to WHSCC</p>	<p>KM</p>
	<p>The Board:</p> <ul style="list-style-type: none"> • NOTED the successful implementation of the consultation plan, and the communication between WHSSC, Health Board engagement leads and Community Health Councils over the period of consultation. • NOTED the comments received through the public consultation, including the key themes and issues raised, and the number, demography and geographic distribution of respondents. • NOTED the response to the consultation feedback and actions that would be taken through implementation to mitigate issues of concern. • SUPPORTED the recommendations from the Joint Committee of WHSSC and: <ul style="list-style-type: none"> ○ APPROVED the recommendation that thoracic surgery services for the population of south east Wales, west Wales and south Powys are delivered from a single site; ○ APPROVED the location of that single site as being Morriston Hospital, Swansea conditional upon the detailed workforce model and medical rotas to provide the 24/7 thoracic surgery cover to the Major Trauma Centre being completed and signed-off by WHSSC within 6 months; ○ APPROVED the mitigating actions set out in the WHSSC Report on Public Consultation, to be delivered in line with the implementation of the service change. <p>The caveats and areas on which further assurances are required were as follows:</p> <ul style="list-style-type: none"> • To clarify arrangements for families of thoracic patients as to whether they would have access to family accommodation on the Morriston site. • To give further consideration to the issues of transport as raised by 	

	<p>people in the Hywel Dda area.</p> <ul style="list-style-type: none"> • As it was noted that the response provided by WHSSC did not address concerns about parking, WHSSC to provide a response to the issue of parking raised by people in the Hywel Dda area. • It was noted that there was a lack of clarity on whether appropriate services in Hywel Dda were ready and established to provide onward care after local people had been discharged back to their own Health Board and as such a response is required as to how local services receiving patients discharged from Morriston will provide adequate care. • In addition concerns were expressed around the pathway, with this process offering an opportunity to consider pathways and improve the patient journey. Reference was made to a risk of an over-focus on certain services, such as those relating to cancer, when there are others which are significant, such as benign respiratory disease. 	
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PM(18)203	<p>UPDATE ON HEALTHCARE SERVICES IN CARMARTHENSHIRE</p> <p>Mrs Rees advised that there had been a discussion regarding county reports outside Board, which is the reason why this report differs from the norm. Mr Teape introduced the Update on Healthcare Services in Carmarthenshire, which focuses on District Nursing, an area which is often overlooked. Mr Teape welcomed the opportunity to consider outcomes achieved by the District Nursing team in Carmarthenshire, and suggested that this offers a good model to build on elsewhere, in terms of potential to reduce demand on hospital services. Members noted that tables outlining performance against targets were originally appended to the report, however these were removed as it was felt that they provided extraneous detail.</p> <p>Ms Paterson stated that the District Nursing service offers both opportunities and challenges. Whilst it is true that there is an excellent relationship with Primary Care and partners, there is also tension; an example being the Leg Ulcer clinics. It is crucial that all parties are involved in discussions, to ensure continued delivery of services. Mrs Hardisty felt that it would be useful to see comparative data for the other two counties. Referencing earlier comments regarding reallocation of resources, Mrs Hardisty noted the savings delivered by the Acute Response Team and suggested that this provided an example of how resources might be redirected. Professor Gammon welcomed the report, which is clear and demonstrates outcomes and benchmarking against national measures. The emphasis on patient experience outcomes in particular was welcomed, as this begins to raise the profile of quality and safety. Professor Gammon noted, however, statements around the fragile nature of workforce stability and sustainability, and suggested that consideration needs to be given to what actions are required in this regard. Mrs Rayani advised that a piece of work on District Nursing is being undertaken across the region, which she would discuss further as part of the Nurse Staffing Levels (Wales) Act update. A training analysis is also being undertaken in District Nursing. Whilst the organisation has a high number of District Nurses across Carmarthenshire, and staff are entering the service, consideration needs to be given to their training needs going forward. Cllr. Hancock stated that he had been concerned regarding potential service fragilities caused by the number of staff</p>	
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	<p>approaching retirement age, and was reassured by Mrs Rayani's comments. Mr Powell welcomed the report, and queried whether the Operational and Performance Group links or reports into the Quality, Safety & Experience Assurance Committee (QSEAC). Mrs Rayani stated that a review of groups relating to quality and safety is being undertaken, to ensure that they report appropriately to QSEAC. Ms Alison Shakeshaft advised that there are areas of fragility with regard to allied healthcare professionals; Heads of Service are considering which areas would offer best value going forward. Mr Morgan agreed that the report was extremely useful and enquired with regard to the future vision for integration of community services and community District Nursing. Ms Paterson assured Members that discussions around the future shape of community services were ongoing.</p>	
	<p>The Board ACKNOWLEDGED assurances within this report that Carmarthenshire community district nursing service provides an accessible, effective, safe and quality service for people living in the county.</p>	

PM(18)204	REPORT OF THE FINANCE COMMITTEE	
	<p>Mr Michael Hearty outlined the Finance Committee update report, reminding Members of the decision at the previous Board meeting to establish this as a Board level Committee. Mr Hearty explained that the Finance Committee discusses a number of topics, including the in-year financial position, which tends to be a retrospective view; a forward view of the in-year financial position; consideration beyond the current year into the organisation's future financial strategy; key control issues/financial risks and work around the staff establishment and funding of this. In summary, Mr Hearty assured Members that, whilst there is a rigorous focus on the organisation's current financial position, the Committee is also considering the future.</p>	
	<p>The Board NOTED the Finance Committee update report and ACKNOWLEDGED the risk in delivering the Health Board's financial forecast position.</p>	

PM(18)205	TURNAROUND UPDATE/FINANCE UPDATE – MONTH 7 2018/19	
	<p>Mr Huw Thomas presented the Financial Update and Turnaround Programme Update – Month 7 2018/19 report, explaining that this had been discussed in detail by the Finance Committee. Members' attention was drawn to the UHB's financial position at the end of Month 7, an adverse variance against plan of £0.9m. Further detail was provided on page 17. There were a number of reasons for this position, which Mr Thomas outlined, including issues around pace of delivery of savings plans; pay costs, particularly in relation to surge capacity; and costs of care packages. Mr Thomas noted the significant impact of the latter in particular and suggested that an improved grasp of this impact is required. With regard to the financial forecast, Members were reminded of and reassured as regards the assurance processes in place. Delivery of the projected financial position remains achievable, although it was noted that winter pressures may impact on the organisation's ability to deliver savings. Mr Thomas reminded Members of the annual process for seeking cash support from Welsh Government and advised that this would need to be enacted, with the UHB seeking cash support of approximately £42m. The organisation would need to formally write to</p>	

Welsh Government to request this support. Mrs Rees enquired whether this process had been discussed by the Finance Committee and was advised that this had not been possible due to timing. It was agreed that the decision regarding a request for cash support would be delegated to the Finance Committee.

Mr Andrew Carruthers introduced the Turnaround Update at Appendix 2, advising that a new format had been introduced in an attempt to provide a more comprehensive picture and improved assurance. There are still improvements to be made to the report, and work is being undertaken in this regard. Mr Carruthers suggested that Month 7 is a key point in the year; whilst the UHB has seen the savings profile deliver an increase, this has not been sufficient to cover the previous shortfall. Step-up plans have been developed, however the organisation will need to go 'above and beyond' plans for the remainder of the year. Members were advised that an improvement in risk ratings of between £2-£3m is anticipated by the next report. Mr Carruthers reported that 8 directorates have been escalated to the Holding to Account process; there are various areas of focus and positive signs relating to the Turnaround cycle. Initiatives such as the text reminder service for patient appointments have been positively received and Turnaround plans are being aligned with the UHB's winter plan. In summary, Mr Carruthers assured Members that good work is taking place and that the savings position, whilst challenging, remains achievable.

Cllr. Hancock was pleased to note positive comments from Welsh Government with regard to Transforming Clinical Services, enquiring whether there is any likelihood of reimbursement of the £0.5m spent by the UHB on this programme. Also, whether there is any scope for efficiencies or savings around Learning Disabilities, in view of joint working by the three counties. In response to the first of these queries, Mr Moore advised that he had written to Welsh Government in this regard and that there have been positive discussions. A formal response is expected and Mr Moore was cautiously optimistic that this will be positive. In respect of the second query, Mr Carruthers stated that a programme has been designed around Learning Disabilities and various opportunities for savings are being considered. There have been positive conversations with Local Authorities in terms of redesigning certain services. Mr Morgan requested and received clarification regarding the £42m cash support, with it noted that this does not alter the forecast year-end deficit. With regard to use of non-recurring and one off adjustments of £4.9m to achieve the month-end position, Mr Thomas explained that this action can only be taken on one occasion and that it does constrain the potential for flexibility later in the year. Referencing Planned Care expenditure detailed on page 8, Mrs Hardisty expressed concern that the trend is greater than last year. Noting the indication that this can be managed, Mrs Hardisty requested assurance that this is the case. Mr Thomas advised that certain of the increased expenditure relates to Referral to Treatment Time (RTT), for which the organisation is receiving additional funding. The non-pay Theatres expenditure issue is being investigated and with the outcome to be reported next month.

Mr Hearty reported that there had been discussions at the last Finance

	<p>Committee meeting regarding what assurances the Committee could and should provide to Board. Mr Hearty emphasised the critical nature of Months 6, 7 and 8 and suggested that it will be interesting to see the position at the next Board. There is no capacity for unexplained or unplanned expenditure and it is in the hands of the organisation to manage its finances effectively. Ms Lewis enquired whether, in the context of intense scrutiny and intense pressures, the organisation is committed to retaining a culture where managers and staff feel able to speak up or express concern about savings measures being taken, should they feel they are inappropriate. Mr Moore emphasised that the Holding to Account process is not solely focused on savings, it also considers the quality and safety consequences of actions. Indeed, it is reasonable to expect that certain activities would improve quality and safety as well as save money; there have, thus far, been no examples of savings plans compromising quality and safety. Mr Moore did, however, recognise that there is an issue in terms of staff capacity to develop and implement savings measures, and emphasised that support is offered wherever possible. Mrs Rees asked Mr Hearty, as Chair of the Finance Committee, for the Committee's view in relation to achieving the declared control total. Mr Hearty noted that the Health Board's financial position was very challenged, however at this point in the year he still believed this was achievable.</p>	
	<p>The Board NOTED and DISCUSSED the financial position for Month 7 and DELEGATED responsibility for requesting cash support to the Finance Committee.</p>	

PM(18)206	REPORT OF THE BUSINESS PLANNING & PERFORMANCE ASSURANCE COMMITTEE	
	<p>Mr Powell outlined the Business Planning & Performance Assurance Committee (BPPAC) update report, drawing Members' attention to discussions around the Corporate Risk Report, which had been considered in detail. Mr Powell emphasised that this was a worthwhile exercise, which he would recommend to other committee Chairs. Members' attention was drawn to the matters for Board consideration and key risks and matters of concern outlined at the end of the report. Mr Powell highlighted issues around a shortage of clinical coders, advising that Clinical Coding will be the subject of both Internal Audit and Wales Audit Office reviews in the near future. BPPAC had expressed concern regarding the length of and level of detail contained within the 2018/19 Annual Plan Monitoring Report, and Mr Powell was pleased to see that the Committee's comments had been acknowledged in the version presented to Board.</p>	
	<p>The Board NOTED the BPPAC update report, and ACKNOWLEDGED the key risks, issues and matters of concern together with actions being taken to address these.</p>	

PM(18)207	MID-YEAR REVIEW OF 2018/19 ANNUAL PLAN	
	<p>Mrs Miles introduced the Mid-Year Review of 2018/19 Annual Plan report, reminding Members that the organisation operates performance management on several levels, both quantitative and qualitative. Members' attention was drawn to page 2, which outlines progress on action plans. Referencing Annex 2, Mr Morgan queried how Green, Amber and Red ratings were awarded, in terms of the evidence behind</p>	

	these. Ms Shakeshaft explained that the ratings describe an 'iterative journey' with milestones towards continuous improvement; performance is assessed against this.	
	The Board NOTED the progress in the delivery of the University Health Board's 2018/19 Annual Plan at the mid-year point, with particular reference to our financial position, our performance position and progress in the delivery of our action plans supporting the 2018/19 Annual Plan.	
PM(18)208	INTEGRATED PERFORMANCE ASSURANCE REPORT – MONTH 7 2018/19	
	<p>Mrs Miles presented the Integrated Performance Assurance Report (IPAR) for Month 7 of 2018/19, advising that there are continued pressures in Unscheduled Care pathways. The performance position in relation to Stroke is being maintained, whereas RTT performance is not quite on trajectory, with corrective action required. Diagnostic breaches are still being experienced in relation to cardiology, and targets in postponed admitted procedures and cancer waiting times were not met in September 2018. Performance relating to Delayed Transfers of Care also requires improvement.</p> <p>Mr Powell reminded Members that a proportion of the RTT funding had been used to address Therapies waiting lists. Noting that figures appear to have remained around 300 for the previous few months, Mr Powell enquired whether there are plans to reduce these to zero. Ms Shakeshaft assured Members that there is a trajectory to zero by March 2019, however an improvement had not been expected until at least October 2018. Whilst Heads of Service have offered assurances that this target will be achieved, there are associated risks, particularly in those specialties which are fragile and/or which have small teams. Ms Shakeshaft has requested that Heads of Service flag any such risks. It was agreed that this topic should be examined in more detail by BPPAC. Ms Lewis noted the decline in performance in regards to waits of over 12 hours in A&E, and requested clarification of the actual impact for patients, for example whether patients are waiting on trolleys in A&E departments. Whilst acknowledging that this is a concern for the UHB, Mr Teape explained that there are a number of processes and protocols in place; for example patients in ambulances are assessed by a clinician and nutrition and hydration needs are also considered. The ability to accommodate patients in A&E departments will depend to a certain extent on the space available. Mr Teape advised that the organisation had conducted an analysis of incidents and complaints during the 2017/18 winter period and had identified no impact on quality and safety trends. Mr Teape offered to prepare a report for QSEAC on this topic. Mrs Rees emphasised that this is an issue across Wales; whilst there is a national protocol for ambulance handovers, all Health Boards take a local approach. It is important, however, not to allow the organisation to become 'neutralised' to this issue. Ms Lewis explained that her main concern was that the Board is sufficiently sighted on this subject and the associated risks to which patients might be exposed. Mr Teape advised that the Delivery Unit is running risk-based escalation events which analyse the risk to patients and whether escalation processes should be changed. He committed to include information regarding how the UHB is</p>	<p>AS</p> <p>JT</p>

	<p>implementing learning from these events in the report mentioned above. Mrs Rayani echoed comments, emphasising that the issue is more widespread than A&E alone, and encompasses the whole system. There is a need to prevent unnecessary visits to A&E, and to consider the issue of discharge and management of medically-fit patients. Mrs Rees agreed, referencing earlier discussions around the new health and care strategy. Professor Gammon noted that the Therapy waiting list figure has only reduced by 20 over the last month and expressed concern that the additional funding is not being utilised effectively. Mr Owen Burt shared these concerns and enquired whether there are financial consequences should the UHB not meet Welsh Government targets in this regard. Mr Teape stated that there had been no formal guidance in terms of potential 'claw back' of funds and advised that Welsh Government's principle concern is likely to be in relation to the 36 week+ breaches rather than Therapy waits. RTT risks relate mainly to capacity issues rather than lack of funding, such as ability to outsource services in Orthopaedics. Mr Teape reported that indicative November 2018 figures are broadly in line with the revised RTT profile/trajectory.</p> <p>The Board NOTED the Integrated Performance Assurance Report for Month 7 of 2018/19.</p>	
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PM(18)209	REPORT OF THE QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE	
	<p>Professor Gammon outlined the Quality, Safety & Experience Assurance Committee (QSEAC) update report, advising that there had been significant and robust discussions. There were, however, areas in which the Committee had not been provided with sufficient assurance: Dermatology, Delayed Follow-up Appointments and Mortality Review.</p> <p>Dr Donovan requested clarification regarding concerns outlined on page 1 around the Operational Quality, Safety & Experience Sub-Committee. Professor Gammon explained that this relates to the new structure, which is being reviewed on an ongoing basis, and how items are allocated to each forum. There is a need to consider all current quality and safety committees, in order to ensure an appropriate 'flow' of assurance. This review will dictate the sub-committee membership and agenda. Ms Shakeshaft added that an example is risk, with the 117 operational risks requiring management demonstrating the scale of the issue. Mrs Rayani confirmed that structures and agenda items are under continuous review, noting that there will be a Wales Audit Office review of the UHB's operational quality and safety arrangements. Members' attention was drawn to QSEAC's approval of the Strategic Equality Plan Annual Report 2017/18 for ratification by Board.</p> <p>The Board NOTED the QSEAC update report, and ACKNOWLEDGED the key risks, issues and matters of concern together with actions being taken to address these.</p>	

PM(18)215	STRATEGIC EQUALITY PLAN ANNUAL REPORT 2017/18	
	<p>Ms Sarah Jennings introduced the Strategic Equality Plan Annual Report 2017/18, advising that this has already been considered and approved by the Improving Experience Sub-Committee and QSEAC, and that Board ratification is now requested.</p>	

	<p>Dr Donovan noted that there are a number of interesting figures in the Workforce Equality Annual Report. For example, in terms of gender split of doctors – at junior levels this tends to be roughly 50:50, whilst at consultant level, 70% are male. Disciplinary and grievance procedures are high among the age group 50-59, and disciplinary procedures high in the age group 40-49, although there are relatively low numbers of staff in these age groups. Dr Donovan suggested that potential reasons for this disproportionate representation should be examined. It was also suggested that it would be useful for Board to receive a break-down of figures by county, professional group, etc, as this may allow triangulation with issues raised in items elsewhere on the Board agenda. Mrs Lisa Gostling explained that the Workforce & OD Sub-Committee considers this detailed information; in terms of gender split, UHB recruitment processes do analyse gender as part of the Mindful Employment Strategy. It was agreed that this issue would be discussed in more detail outside the meeting.</p>	<p>LG/KD</p>
	<p>The Board APPROVED the Strategic Equality Plan Annual Report 2017/18.</p>	

<p>PM(18)216</p>	<p>TRANSFORMING MENTAL HEALTH SERVICES UPDATE</p>	
	<p>Mr Teape presented the Transforming Mental Health (TMH) Services Update, advising that this is intended to build upon the report provided to the previous meeting. Members heard that the role of TMH Champion would be extended into Local Authorities, which represents a positive development. Mr Teape drew Members' attention to information around proposals for a new transport system and to the indicative timeline for capital developments. On pages 5, 6 and 7, examples of initiatives in each county were detailed and Mr Teape advised that an evaluation framework was planned, to properly assess which pilots should be replicated elsewhere.</p> <p>Ms Lewis welcomed the more detailed report and noted the reference on page 2 to the impact of co-production on the pace of change. Whilst Ms Lewis acknowledged that co-production presents specific challenges, she suggested that there is nothing inherent to the process which would slow the rate of change, and queried whether this is the real explanation for a loss of pace. Ms Lewis also enquired when Board will be provided with examples of how TMH has changed service users' experience. Mr Teape suggested that there is a constant tension between proceeding quickly and trying to ensure the best possible service for service users and their carers. There continues to be robust involvement of service users, although this occasionally causes issues when they may wish to revisit decisions which have already been made. It is vital, however, to maintain engagement. Whilst also welcoming the report, Mrs Hardisty suggested that it should have included an acknowledgement of the pressures being experienced in maintaining current services. Neither does the report indicate whether or where the service would benefit from additional resource, which would better reflect patient and staff frustrations. Mr Teape explained that the original iteration had included a section on resourcing requirements, which he had removed as this has not yet been discussed by the Executive Team. Members were assured that this information would be presented to Board in due course. Mrs Rees suggested that it could be argued that the Transformation Team</p>	

	<p>should provide support for TMH, as they do for TCS, as the TMH programme is of equal importance to the TCS programme.</p> <p>Referencing the statement on page 4 around the estimated capital investment of £15m, Mr Powell enquired whether this is revenue neutral, and was informed that this is the case. Professor Gammon requested assurance that the Llanelli Crisis Drop-in model is integrated and will be evaluated, and that steps will be taken to avoid transporting patients under Section 136 in police vehicles. Mr Teape reiterated the intention to conduct evaluations of projects, stating that there will be collaboration with university partners in this regard, and offered to discuss Professor Gammon's other concerns with him outside the meeting. Noting discussions around transport, Ms Delyth Raynsford highlighted that this is not solely an issue relating to Mental Health services, and enquired whether learning will be shared and applied elsewhere. Mrs Ryan-Davies confirmed that learning is being shared between TMH and TCS, particularly regarding transport. Mr Moore acknowledged that there is a great deal which TMH is teaching the organisation which can be applied to the health and care strategy. The TCS programme had learned from TMH in respect of co-production, and the role of and challenges resulting from co-production in terms of implementation will provide further useful lessons for TCS. Members were reminded that there will be discussions on capacity and resources at the Board Seminar in February 2019. Mrs Rees suggested that, whilst assurance can be taken that progress is being made, more detailed discussions are required at the Mental Health Implementation Group.</p> <p>The Board NOTED the update report on the implementation of the Transforming Mental Health programme and received some assurance that specific progress was being made to change current service in line with the new model.</p>	<p>JT</p>
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<p>PM(18)217</p>	<p>UPDATE ON THE NURSE STAFFING LEVELS (WALES) ACT 2016</p> <p>Mrs Rayani introduced the Update on the Nurse Staffing Levels (Wales) Act 2016 report, reminding Members of the background to this item. Mrs Rayani emphasised that this is a dynamic process, with changes to figures based on reconfiguration of beds and categorisation of wards. Members noted that, in response to previous discussions, further clarification had been requested with regards to 'All Reasonable Steps', with discussion having taken place at the All Wales Directors of Nursing Group. Mrs Rayani reported that work is taking place around District Nursing, Mental Health and Paediatric nurse staffing principles, and assured Members that the UHB is well engaged in the direction of travel.</p> <p>Professor Gammon enquired whether it is likely that an uplift will be required for Mental Health wards. Mrs Rayani advised that she has met with Heads of Service and this is likely to be the case; further information on Mental Health, District Nursing and Paediatrics will be provided in the next report. In line with the report's recommendations, it was agreed to delegate monitoring of the implementation plan to QSEAC, in addition to the mandated reporting to Board.</p> <p>The Board NOTED the update provided, SUPPORTED the approach being adopted and formally DELEGATED monitoring of the implementation plan to QSEAC on a bi-annual basis.</p>	
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PM(18)218	TENBY WALK-IN CENTRE EVALUATION	
	<p>Ms Paterson presented the Tenby Walk-In Centre Evaluation report, reminding Members that implementation of this service had been approved by Board in January 2017, with an agreement that it be reviewed after 12 months of operation. Members heard that the original model had been Advanced Nurse Practitioner (ANP) led; however following recruitment challenges, this had been changed to an Emergency Nurse Practitioner (ENP) led model. Ms Paterson highlighted that over the course of the evaluation period, the service has seen 6,068 patients; of these, 15% were referred to other services. There is a sense that the demand on A&E at Withybush General Hospital has not necessarily reduced, and that certain of the patients presenting there could have attended the Tenby Walk-In Centre. However, the service has been positively received by the local community. Ms Paterson emphasised that she did not recommend the service be taken forward in isolation; it should be integrated into the UHB's wider future health and care model and the local area model. Mrs Hardisty advised that she had been tasked by Board to Chair the Implementation Group and that, whilst there had been significant challenges in the early stages, the Group is now at a point where it is looking to the future. There has been very positive engagement from local GP surgeries and from Welsh Ambulance Services NHS Trust (WAST). Mrs Hardisty suggested that the model fits well with the overall health and care strategy and hoped that the Board will feel able to support the next steps proposed in the report.</p> <p>Cllr. Hancock agreed that Tenby residents are very appreciative of the service and enquired whether the issues in recruiting ANPs may have implications going forward. Ms Paterson suggested that it would be possible to test the market again, emphasising that whilst there are ANPs within the organisation, it had been decided best not to destabilise the system by moving them. Mr Lewis welcomed the positive report. Referencing Ms Paterson's statement that the 6,000 patients would have gone elsewhere if the Walk-In Centre was not in existence, Mr Lewis wondered whether this was correct, or whether the organisation has created extra demand by providing additional capacity. Whilst acknowledging this possibility, Ms Paterson suggested that it is difficult to give a definitive answer. It was important to recognise, however, that patients requiring a service were able to have their needs met, and it is likely that they would have otherwise visited a GP or A&E. Ms Paterson accepted that there is education still required, as it may have been appropriate for certain of these patients to access services from Community Pharmacies, for example. Mrs Rees thanked Mrs Hardisty for chairing the Implementation Group and for her contribution to the successful implementation of a service which has provided confidence to the public. Whilst acknowledging Mr Lewis' comment, Mrs Rees suggested that the patients treated would have accessed other services and reminded Members that local GP services are fragile.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> • NOTED the Evaluation Report. • SUPPORTED the next steps and actions as highlighted in Chapter 6 of the accompanying report. 	

	<ul style="list-style-type: none"> • SUPPORTED the next steps to align the Walk-in Centre with the wider vision for integrated Network and Hub in South East Pembrokeshire. 	
PM(18)219	<p>WINTER PREPAREDNESS 2018/19</p> <p>Mr Teape introduced the Winter Preparedness 2018/19 report, explaining that this builds on the report presented to the previous Board meeting. It was emphasised that the plan has been co-produced by the UHB, local authority partners and WAST, and had been endorsed by the Directors of Social Services in the 3 Local Authorities. Members heard that the UHB is meeting with Simon Dean from Welsh Government to review its plan. Mr Teape advised that there has been alignment with the Seasonal Influenza Plan, and welcomed the support provided by the Communications Team in developing a winter communications plan. The additional funding being made available to HDdUHB by Welsh Government is expected to amount to £1.941m. Of the total national amount, £4m had been top-sliced for All Wales initiatives such as expansion of the Advanced Paramedic Practitioner programme, which will also benefit the UHB. Mr Teape elaborated on actions planned for winter 2018/19, which would fall into three categories: current spending; new costs (funded by the additional Welsh Government monies) and nationally-facilitated initiatives. Bed impact estimates have been calculated; it is anticipated that the initiatives will make a difference sufficient to close the predicted bed gap. A proportion of the Welsh Government funding will be utilised to maintain beds which would otherwise have been closed as part of Turnaround.</p> <p>Mrs Hardisty commended the plan, which she suggested feels very different from previous years and represents a 'whole Health Board' approach. Mrs Rees expressed concern regarding sustainability of the beds mentioned in terms of whether these will be staffed by agency or establishment staff, and the lack of certainty regarding these beds. Mrs Rayani advised that, whilst new nursing staff have commenced in September and October, there will be a reliance on Bank and agency staff. Members were assured that processes are being maintained and constantly reviewed. Mr Teape explained that the beds in question are 12 beds at Withybush General Hospital which have been opened in previous years. If improvement work is maintained and the UHB has empty beds, then these will be removed where appropriate. Mr Morgan noted that there are various projects mentioned and enquired whether there are plans to evaluate each, as some may offer benefits for patients in the longer term. Mr Teape suggested that this probably warrants further consideration and discussion. Mr Hearty also praised the winter plan, stating that it is comprehensive. He counselled, however, that plans are only good if they are budgeted for, and suggested that the organisation needs to consider at an earlier stage what it requires for winter and how it will fund requirements. It was noted that the UHB would not have been able to deliver the items outlined without additional funding from Welsh Government. Mrs Rees accepted that the organisation would have been challenged without the additional funds.</p> <p>The Board:</p> <ul style="list-style-type: none"> • NOTED the extent of preparations and planning undertaken ahead of winter 2018/19 and the position from which the unscheduled care 	

	<p>service will enter winter.</p> <ul style="list-style-type: none"> • NOTED the content of the winter resilience plan. • Was ASSURED by the measures the service has designed into its plan to tackle the pressures expected to impact through the period. • APPROVED the allocation of funding and associated costs as set out in this report totalling £1.941m. 	
PM(18)220	<p>COMMITTEE UPDATE REPORTS: BOARD LEVEL COMMITTEES</p> <p>Mrs Wilson outlined the Committee Update Reports relating to Board Level Committees, drawing Members' attention to those matters requiring consideration or approval by the Board and the areas of concern and risk which had been raised by the Committees.</p> <p>The Board ENDORSED the updates, recognising any matters requiring Board level consideration or approval and the key risks and issues/matters of concern identified, in respect of work undertaken on behalf of the Board at recent Committee meetings.</p>	
PM(18)221	<p>COMMITTEE UPDATE REPORTS: IN-COMMITTEE BOARD</p> <p>The Board RECEIVED the update report of the In-Committee Board meeting.</p>	
PM(18)222	<p>COMMITTEE UPDATE REPORTS: HDdUHB ADVISORY GROUPS</p> <p>Mrs Gostling advised that a workshop around 'New Ways of Working' for the Partnership Forum had recently taken place. This had been an extremely positive session and would be reported in further detail at a future Board meeting. Mr Morgan, who had attended the workshop, confirmed that it had been positive; adding that there is a recognition that all staff side and management side are committed to working together, although they may be approaching issues from different angles. Mr Morgan emphasised the importance of involving staff-side in all discussions at an early point. Mrs Rees welcomed this development.</p> <p>The Board RECEIVED the update report in respect of recent Advisory Group meetings.</p>	
PM(18)223	<p>HDdUHB JOINT COMMITTEES AND COLLABORATIVES UPDATE REPORT</p> <p>Mr Moore advised that the organisation's views on the need for 24/7 Emergency Medical Retrieval services have been communicated to Welsh Government.</p> <p>The Board RECEIVED for information the minutes, summary reports and updates in respect of recent Welsh Health Specialised Services Committee (WHSSC), Emergency Ambulance Services Committee (EASC), NHS Wales Shared Services Partnership (NWSSP) Committee, NHS Wales Collaborative Leadership Forum (CLF), Mid Wales Joint Committee for Health and Social Care (MWJC) and Joint Regional Planning & Delivery Committee (JRPDC) meetings.</p>	
PM(18)224	<p>HDdUHB UPDATE FROM PUBLIC SERVICES BOARDS</p> <p>Ms Jennings outlined the HDdUHB Update from Public Services Boards (PSBs), emphasising that all PSBs are working to convert their well-being plans into specific actions, and on the required coordination.</p>	

	<p>The Board:</p> <ul style="list-style-type: none"> • NOTED the links to the PSB websites where the agenda, papers and minutes of recent PSB meetings held in Carmarthenshire, Ceredigion and Pembrokeshire can be accessed. • NOTED the progress updated for each PSB, and the key areas of discussion highlighted in the report. 	
PM(18)225	NHSBT ORGAN DONATION ANNUAL PLAN: REVIEW OF ACTUAL AND POTENTIAL DECEASED ORGAN DONATION 01/04/2017 – 31/03/2018	
	Mr Teape presented the Organ Donation Annual Plan 2017/18, advising that he has spoken with Kathy Rumbelow, the UHB's Specialist Nurse for Organ Donation; who has confirmed that there have been many positive developments and that all HDdUHB staff are engaging well in the organ donation process, with excellent attendance at training. HDdUHB is leading other Health Boards in this area, and Wales is ahead of the rest of the UK in terms of organ donation. Members noted that an additional Organ Donation Nurse is due to commence employment in January 2019.	
	<p>The Board:</p> <ul style="list-style-type: none"> • DISCUSSED and NOTED the Health Board's Performance against the priorities set for 2017/18 and the action plan for 2018/19 to address shortfall in performance. • APPROVED the Annual Plan for submission to NHSBT and Welsh Government. 	
PM(18)226	HDdUHB PRIMARY CARE ANNUAL REPORT 2017/18	
	Ms Paterson introduced the HDdUHB Primary Care Annual Report 2017/18, emphasising the importance of acknowledging activity in this area.	
	The Board NOTED the HDdUHB Primary Care Annual Report 2017/18.	
PM(18)227	BOARD ANNUAL WORKPLAN	
	The Board NOTED the Board Annual Work Plan.	
PM(18)228	DATE AND TIME OF NEXT MEETING	
	9.30am, Thursday 31 st January 2019, County Council Chamber, Pembrokeshire County Council, Freemans Way, Haverfordwest, Pembrokeshire SA61 1TP	