

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

Date of Meeting:	<b>10.00AM, THURSDAY 26<sup>TH</sup> MARCH 2020</b>
Venue:	<b>BOARDROOM, YSTWYTH BUILDING, ST DAVID'S PARK, CARMARTHEN SA31 3BB</b>

Present:	Miss Maria Battle, Chair, Hywel Dda University Health Board Mrs Judith Hardisty, Vice Chair, Hywel Dda University Health Board (VC) Professor John Gammon, Independent Member (VC) Ms Anna Lewis, Independent Member (VC) Mr Paul Newman, Independent Member (VC) Mr Steve Moore, Chief Executive Mrs Lisa Gostling, Executive Director of Workforce & Organisational Development Dr Philip Kloer, Executive Medical Director and Deputy CEO Mrs Mandy Rayani, Executive Director of Nursing, Quality & Patient Experience
In Attendance:	Ms Alison Gittins, Head of Corporate & Partnership Governance, deputising for Mrs Joanne Wilson, Board Secretary Ms Karen Richardson, Committee Services Officer (Minutes)

<b>PM(20)28</b>	<b>COVID-19</b>	
	<p>Miss Battle emphasised the importance of holding today's Board meeting, albeit with a reduced membership compliant with the quoracy required within the Health Board's Standing Orders, to provide assurance to the public on the Board's preparedness for COVID19. Miss Battle apologised that the ability to webcast meetings is currently only available when meetings are held in partner agencies premises, and that regrettably due to their understandable closure, this is not possible for today's meeting, however the Board is exploring other options for future meetings. Miss Battle acknowledged the current unprecedented times and wished to extend a thank you both to the public and partners for their kindness which has been overwhelming, particularly recognising they will also be concerned about their families at this difficult time.</p> <p>Miss Battle stressed the paramount importance of good governance during the COVID 19 outbreak, and whilst for approval on today's agenda are the revised Committee Terms of Reference (ToRs), following discussions with Ms Anna Lewis, the Board will also be reviewing good practice by the Governance Institute in order to support the Command structure that has been put in place. This will be progressed at pace in order to support the Gold (strategic), Silver (tactical) and Bronze (operational) meetings and shared with Independent Members (IMs) for approval.</p> <p>Mr Steve Moore expressed his thanks both to the Chair and to the Board for their flexibility in ensuring today's meeting went ahead and provided a verbal update to Members in regard to COVID 19 planning:</p>	<b>MB</b>

- a recognition of the significant work being undertaken across the Health Board, at pace, in order progress the necessary changes to services.
- the suspension of internal routine performance management arrangements and Welsh Government (WG) Joint Executive Team (JET) meetings to allow staff to focus on responding to COVID 19.
- the establishment of the internal Gold, Silver and Bronze Command structure to support good governance, with thanks to the Board Secretary for her support in progressing this, and noting that Executive Directors constitute membership of the Command structure to ensure that decision-making can appropriately be made.
- the establishment of a Command Centre at St David's Park, with contact details shared with stakeholders. This will be the central point of contact for communications both in and out of the Health Board, guidance received from Public Health Wales, WG and the UK Government, and also to co-ordinate system testing.
- The establishment of a Recovery, Learning & Innovation Group to track all changes made in the system and to consider those that are in a position to be mainstreamed for any benefits that may be derived.
- the establishment of advice cells to support decision making, in particular to address concerns raised within the national media in regard to the availability of Personal Protective Equipment (PPE), to provide clarity and assurance for staff. In addition, data modelling will be undertaken to ensure the point of peak demand is understood and taken into planning considerations.
- each Hospital has developed its own response plans, with a clear separation of COVID 19 and non COVID 19 work streams, with each ward having their own plans to escalate, and capacity within the respective Intensive Care Units (ICUs) to be doubled if required.
- cancellation of non-elective operations, with the exception of Unscheduled Care and Cancer, however this may be subject to change, depending on clinical judgement and risk.
- a change to patient discharge arrangements and the Home of Choice Policy.
- following an early decision due to lead in times, contractors are progressing plans for field hospitals within 3 sites across the Health Board which could be extended if required.

Mr Moore commended the commitment of all staff concerned in rising to this challenge, particularly given they will also be having their own personal concerns. No words can fully convey both his personal and the Board's admiration for the staff of Hywel Dda. These thanks are extended to local communities, businesses and voluntary organisations for their continued support to the Health Board and its staff. This represents a social model for health coming to life in practice within Hywel Dda.

Miss Battle recognised the emotional period for all staff involved and paid tribute to the Executive Team for leading the way in Wales, and now sharing their learning with other Health Boards.

	<p>The IMs present echoed the comments of Mr Moore and Miss Battle, recognising the work and commitment of staff. In addition, IMs wished to express their thanks to the Executive Team, and from a practical perspective, offered whatever support would be helpful, if required. Miss Battle welcomed their comments and undertook to explore ways in which IMs could be proactively utilised, for example as mentoring support, or for providing support to the Command Centre.</p> <p>Mrs Judith Hardisty commended the work of the Health Board's recruitment team in expediting the processes in place to support the employment of additional staff.</p> <p>Mr Moore recognised that communication to staff during the pandemic would be key and, advised Members that the Director of Partnerships and Corporate Services is exploring effective ways for this to take place.</p> <p>Mrs Lisa Gostling expressed the Executive Team's thanks to the IMs, particularly for their welcome involvement in the expedited recruitment process.</p>	
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<b>PM(20)29</b>	<b>INTRODUCTIONS &amp; APOLOGIES FOR ABSENCE</b>	
	<p>Miss Battle advised that the following Board Members had been released from their routine obligation to attend today's Board meeting in order to ensure a focus on operational responsibilities and to comply with current social distancing imperatives:</p> <p>Mr Owen Burt, Independent Member  Cllr. Simon Hancock, Independent Member  Mr Mike Lewis, Independent Member  Ms Delyth Raynsford, Independent Member  Mr Maynard Davies, Independent Member  Ms Ann Murphy, Independent Member  Mr Andrew Carruthers, Executive Director of Operations  Mrs Ros Jervis, Executive Director of Public Health  Mr Michael Hearty, Associate Member  Mrs Karen Miles, Executive Director of Planning, Performance &amp; Commissioning  Ms Alison Shakeshaft, Executive Director of Therapies &amp; Health Science  Mr Huw Thomas, Executive Director of Finance  Ms Jill Paterson, Director of Primary Care, Community &amp; Long Term Care  Ms Sarah Jennings, Director of Partnerships and Corporate Services  Mr Mansell Bennett, Chair, Hywel Dda Community Health Council  Ms Donna Coleman, Chief Officer, Hywel Dda Community Health Council</p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> <li>• Mrs Joanne Wilson, Board Secretary</li> <li>• Dr Owen Cox, Chair, Local Medical Committee</li> <li>• Mr Jonathan Griffiths, Pembrokeshire County Council Director of Social Services</li> </ul>	

PM(20)30	<b>DECLARATION OF INTERESTS</b> No declarations of interest were made.	
PM(20)31	<b>MINUTES OF THE PUBLIC MEETING HELD ON 30<sup>TH</sup> JANUARY 2020</b> <b>RESOLVED</b> – that the minutes of the meeting held on 30 <sup>th</sup> January 2020 be approved as a correct record.	
PM(20)32	<b>MATTERS ARISING &amp; TABLE OF ACTIONS FROM THE MEETING HELD ON 30<sup>TH</sup> JANUARY 2020</b> An update was provided on the Table of Actions from the Public Board meeting held on 30 <sup>th</sup> January 2020, with confirmation received that all actions have been completed.	
PM(20)33	<b>REPORT OF THE CHAIR</b> Miss Battle introduced her report on relevant matters undertaken as Chair since the previous Board meeting, reiterating her thanks to staff for their dedication to care for all our patients and their focus on preparing and being ready to care for those who have been or will be affected by COVID 19.  Miss Battle emphasised that the Board should not lose sight of all the improvement work that has been undertaken by staff to successfully deliver against our Referral to Treatment (RTT) targets, despite the decision taken necessarily to temporarily suspend planned operations in early January 2020.  Ratification of a matter of Chair’s Action is also sought to a variation to the Standing Orders. Due to the unprecedented event of COVID-19, given that Members of the Board cannot meet in person for the foreseeable future, it has been proposed that today’s meeting be run by electronic / telephony means as opposed to in a physical location, to ensure the safety of both Board Members and members of the public. The Board: <ul style="list-style-type: none"> <li>• <b>SUPPORTED</b> the work engaged in by the Chair since the previous meeting and <b>NOTED</b> the topical areas of interest;</li> <li>• <b>RATIFIED</b> the action undertaken by the Chair on behalf of the Board, detailed in Appendix 1 of the report</li> </ul>	
PM(20)34	<b>REPORT OF THE CHIEF EXECUTIVE</b> Mr Steve Moore presented his report on relevant matters undertaken as Chief Executive of HDdUHB since the previous meeting.  No comments or questions were received from Members.  The Board: <b>ENDORSED</b> the Register of Sealings since the previous report on 30th January 2020.	

	<b>NOTED</b> the status report for Consultation Documents received/responded to.	
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<b>PM(20)35</b>	<b>TRANSCUTANEOUS AORTIC VALVE INSERTION (TAVI) REPORT FROM SWANSEA BAY UNIVERSITY HEALTH BOARD</b>	
	<p>Dr Phillip Kloer presented the Transcatheter Aortic Valve Insertion (TAVI) Report from Swansea Bay University Health Board (SBUHB), outlining the findings of an external review of patients who died whilst on the waiting list for TAVI procedures, and on the actions taken since the waiting list issues came to light. Dr Kloer emphasised that the review has identified a number of deficiencies within the TAVI service which has a consequence for our population in addition to Swansea Bay University Health Board (SBUHB). During the review process, regular discussions have taken place with SBUHB and for assurance purposes, SBUHB is receiving this report at their Board meeting today. The Board and HDdUHB's Quality, Safety and Experience Assurance Committee (QSEAC) have received regular updates on the issues related to the review, in particular the significant improvements to the pathway since the initial findings were reported which have been outlined in the report.</p> <p>Questions were invited from Members.</p> <p>In terms of the findings regarding the appropriateness of treatment plans, with regard to the 12 out of the 32 cases which reviewers rated 'poor' or 'very poor' in terms of the quality of clinical record keeping, Prof. Gammon enquired whether it is possible to identify any of these as patients from HDdUHB. Dr Kloer advised that it is anticipated that half of the cohort concerned would be patients of HDdUHB, given their age profile, and agreed to clarify with SBUHB. For assurance, Dr Kloer further advised that the pathway has been improved since the start of the review, in particular, the multi-disciplinary team (MDT) now select suitable patients to be placed on the TAVI list, with improved processes in place including organisational monitoring and oversight to ensure that patients are not waiting longer than the RTT target for treatment. However, given the seriousness of the condition involved and the associated high mortality rate, clinicians agree that the RTT target should be reviewed, which is under consideration by the Welsh Health Specialised Services Committee (WHSSC). A further improvement will require reducing delays within diagnostics and cardiology teams in order that patients suitable for TAVI are identified earlier in the pathway.</p>	<b>PK</b>
	<p>In response to a number of queries from Prof. Gammon, Dr Kloer advised that he has confidence in the medical leadership involved and can provide assurance that the cardiology lead identified will monitor and oversee the action plan, whilst recognising this should be monitored by QSEAC. In addition, relationships between HDdUHB clinicians and Morriston Hospital MDT have much improved.</p> <p>Mr Paul Newman enquired whether the recommendation for SBUHB to receive a quarterly audit of referrals, should be replicated within HDdUHB. Mrs Mandy Rayani responded that given that the report has only recently been received, this has not yet been agreed, however will be requested from SBUHB. Mrs Rayani emphasised the need to ensure</p>	<b>PK</b>

	<p>oversight of the internal processes for HDdUHB's part of the pathway to ensure that this is working effectively.</p> <p>In recognising the Board's duty of candour to these patients and their families, and given that the findings of the review have identified concerns additional to capacity issues, Ms Anna Lewis enquired how this will be progressed. Dr Kloer responded that both Health Boards acknowledge the importance of being open with the families affected and advised that they will be provided with helpline details in order that these open conversations can be facilitated with clinical colleagues. In addition and in accordance with national guidance, the families will be provided with information regarding redress, if required.</p> <p>Given the risks associated with patients receiving treatment outside of HDdUHB, Ms Lewis enquired as to the steps being taken to ensure that this is not occurring in other similar pathways. Dr Kloer emphasised that TAVI is a fairly new service developed from emerging evidence and that when commissioned, the capacity of patients requiring treatment exceeded the arrangements in place. Dr Kloer advised that other services involving tertiary pathways, for example cardiology and cancer services, are more established and have robust procedures in place for monitoring. For assurance, Mrs Rayani confirmed that a report would be presented to In Committee QSEAC in April 2020, identifying those services which are commissioned outside of HDdUHB and their performance from a patient experience perspective.</p> <p>Miss Battle recognised the seriousness of the report and emphasised that lessons should be learnt, given that the safety of our patients is paramount.</p> <p>Prof. Gammon directed that the learning from this review should be used to support learning for all pathways commissioned with external providers.</p>	
	<p>The Board <b>NOTED</b> the Transcatheter Aortic Valve Insertion (TAVI) Report From Swansea Bay University Health Board.</p>	

<p><b>PM(20)36</b></p>	<p><b>REPORT OF THE AUDIT &amp; RISK ASSURANCE COMMITTEE</b></p> <p>Mr Newman presented the Report of the Audit and Risk Assurance Committee advising that following submission of the report, confirmation has been received that the SAS Doctors Job Planning position has been improved. Dr Kloer advised that whilst further job planning had been planned for March 2020, progress has been slower due to the preparations for COVID 19, however this will be expedited following the pandemic.</p> <p>Mrs Rayani noted a similar issue in regards to Preparedness &amp; Compliance with the Nurse Staffing Act, advising that further guidance has recently been received which will be shared with wards. In light of COVID 19, the extension regarding paediatrics and Nurse Staffing Act, re-calculations are expected to be delayed, with a reflection to be undertaken for COVID 19 wards.</p>	
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	<p>Given the current situation, Mr Newman advised that whilst ARAC agreed the draft Internal Audit plan for 2020/21, it is expected that the focus of work will now move to the 2<sup>nd</sup> quarter of the year.</p> <p>With regard to the Limited Assurance rating received in respect of the Research &amp; Development Department Governance Review, Prof. Gammon enquired whether this related to how the Health Board administers current ethical approvals for R&amp;D audits. Mr Newman advised that ethics were not considered, with the audit focused on governance and not how the research was being undertaken.</p> <p>Dr Kloer advised that an Ethics Panel is being established during the current pandemic which may evolve following this, in order to enable an ethical decision making process to be put in place, and the Health Board will be taking best practice learning from other Health Boards. The draft Terms of Reference are due to be presented to the Gold Strategic Command Group meeting for approval, with clinicians being contacted for expressions of interest. The Panel will follow national guidance, which will be assimilated and localised, in order to provide a level of assurance to staff regarding ethical decision making in the Health Board in the context of a clear ethical framework.</p> <p>Miss Battle offered to chair the Panel initially and invited interest in this role from other IMs, and Prof. Gammon expressed an interest in contributing.</p>	
	<p>The Board <b>NOTED</b> the ARAC update report and <b>ACKNOWLEDGED</b> the key risks, issues and matters of concern together with actions being taken to address these.</p>	

<p><b>PM(20)37</b></p>	<p><b>BOARD LEVEL COMMITTEE TERMS OF REFERENCE FOR THE REVISED CORPORATE GOVERNANCE STRUCTURE</b></p> <p>Miss Battle presented the Terms of Reference (ToR) for all Board level Committees following the recent review of the corporate governance structure and arrangements at HDdUHB.</p> <p>Prof. Gammon proposed that reference to the Transformation Group who form part of A Regional Collaboration for Health (ARCH) should be included within the People, Planning &amp; Performance Assurance Committee (PPPAC) ToRs, given the significance of this work to the Board.</p> <p>Ms Lewis suggested that a derivative of a ‘business as usual’ approach to the revised corporate governance structure and arrangements may not be appropriate given the current situation, and enquired whether discussions have taken place in regard to crisis management from a governance perspective. Mr Moore confirmed that Gold Command is currently making decisions which would normally be reserved for the Board. For assurance purposes, all these decisions are being monitored and will be reviewed to ensure that good governance has been maintained, however, in the interim, the Board is awaiting guidance from the Director General regarding all Wales accountability. Miss Battle proposed that to ensure IMs accountability, a telephone conference would take place within the week, to agree on a process to take forward.</p>	<p><b>JW</b></p> <p><b>MB</b></p>
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	<p>Mrs Hardisty expressed caution that whilst the progress made on our social model of health has been welcomed, once the Health Board reverts to business as usual, finance constraints will not reduce the momentum towards our transformation journey. Mr Moore advised that part of the Recovery, Learning &amp; Innovation Group's remit is to review the changes that have taken place regarding how the public have accessed services and to ensure that progress, for example in relation to the use of digital technology in Primary Care, continues.</p> <p>Miss Battle advised that a meeting is due to take place on 27<sup>th</sup> March 2020 to discuss a re-defining of the Finance Committee going forward and proposed that Mrs Hardisty join the meeting.</p>	<b>MB</b>
	<p>The Board <b>APPROVED</b> the following Board level Committee Terms of Reference, subject to the suggested amendment for the People, Planning &amp; Performance Assurance Committee:</p> <ul style="list-style-type: none"> <li>• Audit &amp; Risk Assurance Committee</li> <li>• Charitable Funds Committee</li> <li>• Finance Committee</li> <li>• Health &amp; Safety Assurance Committee</li> <li>• Mental Health Legislation Assurance Committee</li> <li>• People, Planning &amp; Performance Assurance Committee</li> <li>• Quality, Safety &amp; Experience Assurance Committee</li> <li>• Remuneration &amp; Terms of Service Committee</li> </ul>	
<b>PM(20)38</b>	<p><b>THREE YEAR PLAN 2020 – 2023 INCLUDING THE FINANCIAL PLAN</b></p> <p>Mr Moore presented the Three Year Plan 2020-23 including the Financial Plan, acknowledging that the Health Board would not be in a position to deliver against the timescales and actions identified for the first quarter due to the COVID 19 pandemic. The Recovery, Learning &amp; Innovation Group will provide early advice on the impact on timescales to deliver the proposed new hospital, accepting that this may necessarily be delayed. However, Mr Moore commented that the Health Board has made more progress during the previous 3 weeks on its social model for health, than it might have hoped to achieve in 3 years. The Recovery, Learning &amp; Innovation Group will be asked to confirm its view of what can continue as business as usual in order to keep the Strategy on track, and which actions will necessarily have to pause, and then resume, following the pandemic. Mr Moore confirmed that the Health Board is currently awaiting planning guidance from WG.</p> <p>Miss Battle proposed that the Board approve submission of the plan as drafted, with the above caveats, and that in light of COVID 19, the plan will change and will be resubmitted once WG planning guidance is re-issued. Mr Newman suggested that a suitable timeframe for re-submission for approval should be in 3 months-time.</p> <p>In summary, Mr Moore welcomed the plan as presented, and emphasised the Board's aspiration to progress.</p> <p>Members approved the plan for onward submission to WG and agreed that a revised plan be presented to a future Board meeting.</p>	<b>KM</b>



	<p>The Board <b>APPROVED</b> the onward submission to WG of HDdUHB's Three Year Plan 2020/23, incorporating the 2020/21 Annual Plan rather than an Integrated Medium Term Plan for 2020/23. The Board further <b>AGREED</b> for a revised plan to be presented to a future Board meeting.</p>	
<b>PM(20)39</b>	<p><b>STRATEGIC EQUALITY PLAN &amp; OBJECTIVES 2020-24</b></p>	
	<p>The revised Strategic Equality Plan (SEP) and Objectives for Hywel Dda University Health Board were presented for approval.</p> <p>No comments or questions were received by Members, and the revised Strategic Equality Plan and Objectives 2020-2024 were ratified.</p>	
	<p>The Board <b>RATIFIED</b> the revised Strategic Equality Plan and Objectives 2020-2024.</p>	
<b>PM(20)40</b>	<p><b>IMPROVING EXPERIENCE REPORT</b></p>	
	<p>Miss Battle thanked Mrs Louise O'Connor and the patient experience team for this in-depth report bringing alive the patient experience at Board. It was good to see patient stories incorporated and how we are changing practice in response to the patient voice. As this report develops, it would be good to see how we compare across Wales and how we continue to improve based on patient experience.</p> <p>Mrs Rayani presented the Improving Experience Report, providing a summary of patient experience feedback in terms of the 1,600 complaints received by the Health Board during the previous 6 months, and also how the Health Board is learning from every contact. Mrs Rayani confirmed that the new Envoy patient experience system is currently being rolled out although during the current pandemic, training sessions may be stalled. However, the report should provide a level of assurance that all complaints are captured and that learning takes place. Members noted that given a recent change in categorisation, where an informal complaint cannot be resolved within 2 days, this automatically transfers to a formal complaint, and therefore increases in numbers can be anticipated. It was agreed to include patient stories within the report in order to highlight the importance of patient experience from a variety of Health Board settings, and that once normal business resumes, these will be progressed.</p> <p>Whilst welcoming the report, Mrs Hardisty enquired whether the Board will receive updates on the improvements made following training provided to raise awareness with staff. Mrs Rayani advised that discussions have taken place with the Assistant Director (Legal Services /Patient Experience) on the process of monitoring these in line with the ethos of the Patient Charter.</p> <p>With regard to the limited visiting arrangements now necessarily being enacted due to COVID 19, Ms Lewis enquired as to the support being provided to patients and their families. Mrs Rayani confirmed that patient visiting has been stopped with the following exceptions; for children and birthing mothers, only one family member can attend. For palliative and end of life patients, the staff will support visits from family members as and where appropriate. In addition, funding approved by the Charitable Funds Committee (CFC), has enabled the Health Board to purchase</p>	

	<p>additional iPads for all wards. Further support is being provided by the Patient Advice and Liaison Service (PALS) and the patient experience team where families contact them, and their messages are shared with the patient. As the current situation evolves, volunteers and apprentices will also be utilised where needed.</p> <p>Miss Battle recognised the importance of capturing patient experience during COVID 19 to ensure that learning can be taken forward, however acknowledged that the challenge will be to have mechanisms in place that do not take staff away from their core role.</p> <p>Dr Kloer suggested a systematic capturing approach could be taken, and that learning from the experience of treating Hywel Dda's first COVID 19 positive in-patient where clinicians sought to establish 'what mattered to them', one of the findings was access to a mobile device and charger, not only to keep in touch with family and friends but also to ensure clinicians could be contacted remotely if required, thus reducing the use of personal protective equipment (PPE). Ms Lewis welcomed this approach, which linked to her earlier query regarding the importance of anticipating what is important to patients and also supporting families during this period.</p> <p>Mrs Rayani advised that Dr Idris Baker, Regional Lead for Palliative and End of Life Care in South West Wales has provided advice on how to support staff and patients, for example, discussions have already taken place with registrars to support marriages in hospital, if requested.</p> <p>Prof. Gammon welcomed the improved focus on patient experience and expressed thanks to the patient experience team involved. It was noted that with the establishment of the Listening and Learning Sub-Committee, this will continue to be monitored by QSEAC.</p> <p>Miss Battle confirmed that a patient experience report will be a standing agenda item for each Board meeting going forward, and agreed to thank the patient experience team on behalf of the Board, noting the commitment to elevate the patient voice.</p>	<p><b>MR</b></p> <p><b>MB</b></p>
	<p>The Board <b>NOTED</b> the Improving Experience Report.</p>	

<p><b>PM(20)41</b></p>	<p><b>PRIMARY CARE MODEL FOR WALES DELIVERY MILESTONES 2019-20 AND 2020-21</b></p> <p>The Primary Care Model for Wales Delivery Milestones 2019-20 and 2020-21 was presented to Members.</p> <p>Mrs Hardisty welcomed the report presented to Board and proposed that going forward the Board should receive regular updates on the delivery milestones.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the changing focus of Delivery Milestones and consider the approach required to support implementation;</li> <li>• <b>NOTED</b> the reported position as at October 2019.</li> </ul>	<p><b>JP</b></p>
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PM(20)42	<b>REPORT OF THE QUALITY, SAFETY &amp; EXPERIENCE ASSURANCE COMMITTEE</b>	
	<p>Professor Gammon outlined the QSEAC update report, highlighting that no assurance could be taken from the Hospital Acquired Thrombosis (HAT) report received at QSEAC which focused on retrospective measures rather than prevention. For the Board's assurance, to address concerns regarding a lack of pace, focus, leadership and a system wide approach, a further report would be presented to QSEAC's April 2020 meeting.</p> <p>Mrs Rayani advised that whilst the Health Board has taken learning from across Wales, in particular, Betsi Cadwaladr University Health Board (BCUHB), it should be recognised that BCUHB and Hywel Dda have different challenges. Whilst it is disappointing that the level of traction is slower than anticipated, improvements are starting to be realised, however staff accept that more can be done. As an improvement measure, a clinical lead for HAT has now been identified, who will be supported by the Quality Improvement Team.</p> <p>Dr Kloer advised that taking learning from BCUHB, there is now an identified HAT lead on each Health Board site, whose role is to track each case, however it should be accepted that staff redeployments during the COVID 19 period may serve to reduce progress in this regard.</p> <p>Members noted the concerns regarding HAT and proposed that if concerns remain, the QSEAC Chair should escalate these to Board.</p>	
	The Board <b>NOTED</b> the QSEAC update report and <b>ACKNOWLEDGED</b> the key risks, issues and matters of concern together with actions being taken to address these.	

PM(20)43	<b>REPORT OF THE BUSINESS PLANNING &amp; PERFORMANCE ASSURANCE COMMITTEE</b>	
	<p>Mrs Hardisty presented the BPPAC update report, advising that the Committee received assurance in regard to Ophthalmology services following the appointment of a new service manager. The Committee further noted the significant improvements made within the service, with issues now appearing to be more managed and controlled. Dr Kloer, welcomed the progress within the service, however accepted that there may now be delays to procedures given the challenge with COVID 19, and proposed that the Recovery, Learning &amp; Innovation Group should consider a review once the Health Board resumes normal business to establish the patient impact.</p> <p>Whilst noting that Cancer pathways are under constant review, the Committee suggested that QSEAC should receive a report which focuses on the patient experience with the implementation of the single cancer pathway. For assurance, Members were advised that a Patient Outcomes Associated with the Implementation of the Single Cancer Pathway report is due to be presented to QSEAC's April 2020 meeting. Dr Kloer advised that whilst many cancer operations are still going ahead as planned, a risk based decision will be taken to determine which patients can safely wait for 3 months to have their surgery in light</p>	<b>AC</b>

	<p>of the fact that operating on a cancer patient during COVID 19 could increase their risk. The Health Board will therefore manage this according to risk stratification. It was further noted that preventative measures are also being affected, given that Public Health Wales (PHW) has deferred their screening programmes.</p>	
	<p>The Board <b>NOTED</b> the BPPAC update report and <b>ACKNOWLEDGED</b> the key risks, issues and matters of concern together with actions being taken to address these.</p>	
<b>PM(20)44</b>	<p><b>PERFORMANCE UPDATE FOR HYWEL DDA UNIVERSITY HEALTH BOARD – MONTH 11 2019/20</b></p> <p>Mr Moore presented the Performance update for Hywel Dda University Health Board – Month 11 2019/20, advising that there will be a special cause variation for many of the indicators, with an expected decline in performance in a number of areas. Mr Moore further advised that the Recovery, Learning &amp; Innovation Group will review performance to improve the trajectories as soon as possible.</p> <p>Miss Battle expressed thanks to all teams involved on behalf of the Finance Committee and the Board for meeting its RTT performance targets given the challenges experienced at the beginning of 2020.</p>	
	<p>The Board <b>DISCUSSED</b> the Performance Update for Hywel Dda University Health Board - Month 11 2019/20 and issues arising from its content.</p>	
<b>PM(20)45</b>	<p><b>REPORT OF THE FINANCE COMMITTEE</b></p> <p>Members received the Finance Committee report from its meeting held on 27<sup>th</sup> January 2020 and received assurance on the actions being taken by the Committee and received the assurances of the Finance Committee Chair with the caveats described.</p>	
	<p>The Board <b>NOTED</b> the Finance Committee update report and <b>ACKNOWLEDGED</b> the key risks, issues and matters of concern together with actions being taken to address these.</p>	
<b>PM(20)46</b>	<p><b>FINANCE UPDATE – MONTH 11 2019/20</b></p> <p>Mr Moore presented the Finance Update for Month 11 2019/20, outlining the Health Board's financial position to date against its Annual Plan and Control Total requirement.</p> <p>No comments or questions were received and Members noted the financial position for Month 11.</p>	
	<p>The Board <b>DISCUSSED</b> and <b>NOTED</b> the financial position for Month 11.</p>	
<b>PM(20)47</b>	<p><b>CORPORATE RISK REGISTER</b></p> <p>Mr Moore introduced the Corporate Risk Register (CRR) report, advising that in light of the recent discussions on risks at Gold, Silver and Bronze meetings, the register would require updating.</p>	

	<p>Dr Kloer advised that during the pandemic response, new risks are being identified in terms of demand, in particular: supply chains, PPE, ventilator and oxygen supplies across hospital sites to ensure that the Health Board can manage the expected increases required.</p> <p>Mr Moore confirmed that the Health Board is sharing these risks with other Health Boards in Wales to support shared intelligence gathering.</p> <p>Recognising the importance of the CRR, Ms Lewis suggested that Committees and Groups should review their particular risks in light of COVID 19. However, for the Board's assurance, Prof. Gammon confirmed that each of these risks had previously been scrutinised by Committees of the Board, either QSEAC or BPPAC.</p> <p>In relation to <i>Risk 718 Failure to undertake proactive health and safety (H&amp;S) management</i>: Mrs Rayani advised that to provide the Board with a level of assurance, a virtual meeting has taken place to understand those actions that can be progressed and those that will require an extension. Mr Moore will issue correspondence to the Health and Safety Executive clarifying those actions which have been completed. It should be acknowledged that certain training will necessarily be delayed, however this should resume in September 2020.</p> <p>Mrs Hardisty requested a discussion with Mrs Rayani outside of the Board meeting regarding possible delays with the inaugural meeting date of the Health and Safety Committee.</p>	<b>MR</b>
	<p>The Board was sufficiently <b>ASSURED</b> that principal risks are being assessed, managed and reviewed appropriately/effectively through the risk management arrangements in place, noting that these have been fully reviewed by Board level Committees.</p>	
<b>PM(20)48</b>	<b>COMMITTEE UPDATE REPORTS: BOARD LEVEL COMMITTEES</b>	
	<p>Members received the Board Level Committees update report, and noted 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 <b>ENDORSED</b> the updates and <b>RECOGNISED</b> 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>	
<b>PM(20)49</b>	<b>COMMITTEE UPDATE REPORTS: IN-COMMITTEE BOARD</b>	
	<p>The Board <b>RECEIVED</b> the update report of the In-Committee Board meeting.</p>	
<b>PM(20)50</b>	<b>COMMITTEE UPDATE REPORTS: HDdUHB ADVISORY GROUPS</b>	
	<p>The Board <b>RECEIVED</b> the update report in respect of recent Advisory Group meetings.</p>	

PM(20)51	<b>HDdUHB JOINT COMMITTEES &amp; COLLABORATIVES</b>	
	The Board <b>RECEIVED</b> , for information, the HDdUHB Joint Committees & Collaboratives update report.	
PM(20)52	<b>STATUTORY PARTNERSHIPS UPDATE</b>	
	The Board noted the updates received for each of the Public Services Board (PSB) and the Regional Partnership Board (RPB).	
	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the progress updates for each PSB and the RPB, and the key areas of discussion highlighted in the report.</li> <li>• <b>NOTED</b> the links to the PSB and RPB websites where the agenda and minutes of recent meetings can be accessed.</li> </ul>	
PM(20)53	<b>BOARD ANNUAL WORKPLAN</b>	
	The Board <b>NOTED</b> the Board Annual Workplan.	
PM(20)54	<b>ANY OTHER BUSINESS</b>	
	There was no other business reported.	
PM(20)55	<b>DATE AND TIME OF NEXT MEETING</b>	
	9.30am, Thursday 28th May 2020	