

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

Date of Meeting:	<b>9.30AM, THURSDAY 30<sup>TH</sup> JANUARY 2020</b>
Venue:	<b>PEMBROKESHIRE COUNTY COUNCIL, FREEMANS WAY, HAVERFORDWEST, PEMBROKESHIRE SA61 1TP</b>

Present:	<p>Miss Maria Battle, Chair, Hywel Dda University Health Board  Mrs Judith Hardisty, Vice-Chair, Hywel Dda University Health Board  Mr Owen Burt, Independent Member  Mr Maynard Davies, Independent Member  Professor John Gammon, Independent Member  Cllr. Simon Hancock, Independent Member  Ms Anna Lewis, Independent Member  Mr Mike Lewis, Independent Member  Ms Ann Murphy, Independent Member  Ms Delyth Raynsford, Independent Member  Mr Steve Moore, Chief Executive  Mr Andrew Carruthers, Director of Operations  Mrs Lisa Gostling, Director of Workforce &amp; 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 &amp; Commissioning  Mrs Mandy Rayani, Director of Nursing, Quality &amp; Patient Experience  Ms Alison Shakeshaft, Director of Therapies &amp; Health Science  Mr Huw Thomas, 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 &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  Ms Hilary Jones, Chair, Stakeholder Reference Group  Ms Amanda Glanville, Senior Workforce Advisor  Ms Sally Owen, Interim Head of Strategic Resourcing  Ms Tina Coleman, Recruitment Campaign Specialist  Ms Debora Harry, Senior Nurse Manager  Ms Indeg Jameson, Senior Physiotherapist  Mr Morgan Williams, Health Care Apprentice  Ms Shannon Disley, Health Care Apprentice  Ms Angharad Carr, Health Care Apprentice  Mr Ryan Davies, Health Care Apprentice  Ms Shanice Borowski, Health Care Apprentice  Ms Clare Moorcroft, Committee Services Officer (Minutes)</p>

<b>PM(20)01</b>	<b>STAFF STORY</b>	
	<p>The Chair, Miss Maria Battle, welcomed everyone to the meeting, extending a special welcome to the 42 Health Care Apprentices in attendance. Miss Battle felt that Hywel Dda UHB's Apprenticeship scheme offers hope, life and careers to young people and a potential solution to HDdUHB's staffing challenges. Mrs Lisa Gostling thanked the</p>	

Chair for the opportunity to attend to present an update on the Health Care Apprenticeship scheme, reminding Members that this had been only a vision less than two years ago. The UHB had announced the launch of the scheme at Public Board in May 2019. Mrs Gostling felt honoured and privileged to introduce the Apprentice cohort, and regretted that some were unable to attend. Members heard from Ms Amanda Glanville, representing the Apprenticeship Academy, who stated that it was difficult to believe that this process had begun less than a year ago. In September 2019, the first cohort of Health Care Apprentices had started a three week induction. Since then, they have been undertaking placements in four areas: healthcare, therapies, administration and facilities. This rotational structure had been a pilot, and has proved extremely successful and beneficial, offering the Apprentices a different understanding of multi-disciplinary working. Ms Glanville continued by explaining the route which Apprentices will take going forwards, ending in their undertaking a BSc in Adult General Nursing. Members heard that the Apprenticeship scheme has influenced every area in which it operates, and is already making a difference to patient care. Apprentices have used their initiative in developing their roles, and their mentors should be thanked for their patience, together with the workplace and pastoral support they have offered. The scheme is a true testament of collaborative working, involving both clinical and support services, as well as external partners such as Health Education & Improvement Wales (HEIW), local colleges and Careers Wales. HDdUHB's Health Care Apprentices come from local communities, and represent an important investment in the local population. At this point, Ms Glanville handed over to representatives of the Apprentice cohort and mentors to outline their experiences of the scheme and the impact this is having on their lives and futures:

After a brief introduction in Welsh, Morgan Williams, aged 16, explained that he had wanted to be a nurse from a young age. Morgan felt that it is important to genuinely want to care for people, be kind, caring, passionate, and have the desire to help others. When he heard about HDdUHB's Health Care Apprenticeship scheme, he knew that this was the pathway he wished to take. It had been good to speak to other male nurses at the recruitment and assessment days. Rather than staying at school to take 'A' levels and applying to university, with no guarantee of a place, workplace learning was the perfect opportunity. Morgan felt that the Apprentice Academy will provide an invaluable insight into what healthcare involves, and that by the time he begins his degree, he will have the skills and experience to study competently and successfully. Morgan was grateful for this opportunity, and looked forward to becoming a future HDdUHB nurse. He was proud to work for the Health Board.

Shannon Disley, aged 19, stated that the Apprenticeship scheme had come at the perfect time for her, and offered opportunities for individuals from a wide range of age groups. Following the three week induction, Shannon had begun a work-based placement in administration, which had helped her to understand how administrative processes affect patient care. The Apprentices also attend college twice a week, at which a wide range of topics is covered. There is useful feedback on their

performance. Shannon shared how grateful she was for the opportunity offered by the scheme.

One of the mentors, Ms Debora Harry, Senior Nurse Manager, explained that the Health Care Apprenticeship Scheme has enabled the UHB to redesign how it will provide and plan for future workforce requirements, opening up opportunities for young people to become a Registered Nurse, without requiring them to remain in full-time education. The Apprentices are very visible across the Health Board and have formed a close group, extremely supportive of each other. The scheme offers an opportunity to enhance knowledge and consolidate practice with academic studies at college. Ms Harry's experience of the Apprentices had been one of enthusiasm, eagerness to learn, and good integration within both the cohort itself and with other teams.

Angharad Carr, one of the more mature Health Care apprentices, had not thought that a career in nursing would be possible, with family and financial commitments. However, the Apprenticeship scheme has offered her the opportunity to fulfil her dream of becoming a nurse, and she has been encouraged and supported by her family, particularly her children. The supportive recruitment and selection process had provided Angharad with the confidence to embark on a new challenge and, following induction, Angharad had commenced an Occupational Therapy (OT) placement which had offered opportunities for developing new skills and learning and provided an understanding of the contribution of OT to healthcare. Being local meant that she knew a lot of people, both patients and staff, which has been an advantage. Angharad is looking forward to starting her next placement, and is committed to being the best nurse she can.

Ryan Davies, aged 17, has commenced a work-based placement in facilities following the three week induction, beginning with the Porterage department, which provided an opportunity to familiarise himself with the layout of the hospital. Ryan is now working within the Domestic department, which has highlighted the importance of cleanliness within clinical environments and has made him feel part of a team. Ryan stated that he loves talking to the patients he sees, and making a difference to their lives. During his time as an Apprentice, he has been supported and listened to, and he has no regrets about entering the scheme. Ryan would recommend the Health Care Apprenticeship scheme to anyone wanting to become a nurse.

Another of the mentors, Ms Indeg Jameson, Senior Physiotherapist, outlined her experience of hosting two Health Care Apprentices as part of the Physiotherapy team. Whilst Ms Jameson had initially questioned the value of physiotherapists being involved in the scheme, being part of the recruitment process had dispelled any doubts. Multi-disciplinary working is key to health care; the scheme offers an opportunity to showcase and educate future nurses on the contribution of therapists, and this opportunity has been grasped. The therapies team aspire to provide a meaningful and valuable experience for the Apprentices, including teaching them important skills for their future careers, which the Apprentices have embraced fully, having also integrated well into the team. Whilst this integration had initially required an additional time

commitment, the advantages offered by having Apprentices on the team have surpassed this, with the Apprentices able to spend time getting to know patients and assisting patients on a one-to-one basis, freeing up time for Registered staff. Early investment in terms of training and knowledge brings benefits in later careers, and Ms Jameson encouraged other teams in the Health Board to take advantage of the Health Care Apprenticeship scheme.

Shanice Borowski, aged 18, explained that, three years ago, whilst undertaking her GCSEs, her family had experienced the traumatic loss of her older sister. As a result, she had not gained the qualifications required for a nursing career and had not been able to see a way forward; the HDdUHB Health Care Apprenticeship scheme had both changed her and saved her. When Shanice had begun her placement in Physiotherapy, she did not even have the confidence to make phone calls. Now, she is seeing patients on her own. Shanice attributed this to her mentor, Indeg, adding that she could not have asked for a better mentor. Shanice ended by thanking the Health Board for this opportunity, which had genuinely changed her as a person, and has been the best experience of her life.

Mrs Gostling thanked the Apprentices and mentors for their presentations, which she hoped offer an insight into the scheme from the viewpoint of Apprentices, Registrants, the Health Board and patients. Members then heard feedback from the parents of two Apprentices, who were extremely positive about the scheme and its impact on their children. The first of these felt that the programme offers an excellent opportunity for people wishing to take up a career in nursing who, for whatever reason, do not get the qualifications required at school. She was amazed and proud of how her daughter has responded to the programme, with her confidence and maturity growing daily. Her daughter has adapted well to the working environment and received extremely positive feedback from the workplace. She loves the interaction with patients and is looking forward to a ward-based placement. The journey for Apprentice and parent has been very positive so far; with her daughter feeling extremely well supported, which is reassuring for both. Feedback from the second parent praised the amount and clarity of information available at the Apprenticeship Scheme Open Day, and the level of organisation involved. Her son had come home from the Open Day very excited and had been fortunate enough to be offered a place on the scheme. His mother described his reaction to this as 'ecstatic and proud', and she was pleased to see her son embarking on this career. She was proud to call herself his mother and thanked the UHB for providing such a fantastic opportunity.

In conclusion, Mrs Gostling was delighted to advise the Apprentices that, as a result of the overwhelmingly positive feedback received from colleges, work placements and mentors; and following discussion with various parties, including HEIW, it has been agreed that this cohort's Health Care Apprenticeship programme will be shortened by 12 months. The current cohort of Apprentices will, therefore, become Health Care Support Workers a year earlier and will start their nursing degree a year earlier. Mrs Gostling also stated that, based on positive feedback regarding the scheme, the Health Board will be recruiting a further 50

	<p>Apprentices this year. Miss Battle, on behalf of the Board, thanked the Apprentices for an inspirational presentation; and expressed the Board's pride in them as individuals and gratitude for their participation in the scheme. The Board felt that it should be widened to include other healthcare professions, in addition to nursing. During further discussion, Board members noted the following points:</p> <ul style="list-style-type: none"> <li>• The Apprentices were congratulated for their inspirational presentation and encouraged to keep up the good work, with Board Members looked forward to hearing more;</li> <li>• The Board sincerely thanked Mrs Gostling and the Apprenticeship Academy team for putting the scheme in place;</li> <li>• Other potential areas for Apprenticeships/placements are being considered;</li> <li>• The scheme should be entered into this year's NHS Wales Awards;</li> <li>• The Health Care Apprenticeship scheme is great for both HDdUHB, our patients and staff and the local communities ;</li> <li>• Whilst the Board always felt that this scheme would be successful, Members had not appreciated its full potential;</li> <li>• It would be great to follow individual Apprentices' stories.</li> </ul> <p><i>The Health Care Apprentices and Apprenticeship Academy team were thanked for their contribution, and left the Board meeting.</i></p> <p>Miss Battle reiterated how inspirational this Staff Story had been, and particularly welcomed the Apprentices' reaction to hearing that they will be beginning their nurse training a year earlier than anticipated.</p>	
<b>PM(20)02</b>	<p><b>PUBLIC FORUM</b></p> <p>Miss Battle advised of two questions received from a member of the public for the Public Forum section of the meeting, indicating that copies of the questions and the responses had been provided to members of the public present and to Board Members. These would be published on the University Health Board website and a formal letter of response would be provided.</p>	<b>MB</b>
<b>PM(20)03</b>	<p><b>INTRODUCTIONS &amp; APOLOGIES FOR ABSENCE</b></p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> <li>• Mr Paul Newman, Independent Member</li> <li>• Mr Jonathan Griffiths, Pembrokeshire County Council Director of Social Services</li> <li>• Dr Kerry Donovan, Chair, Healthcare Professionals Forum</li> <li>• Dr Owen Cox, Chair, Local Medical Committee</li> </ul>	
<b>PM(20)04</b>	<p><b>DECLARATION OF INTERESTS</b></p> <p>No declarations of interest were made.</p>	
<b>PM(20)05</b>	<p><b>MINUTES OF THE PUBLIC MEETING HELD ON 28<sup>TH</sup> NOVEMBER 2019</b></p> <p><b>RESOLVED</b> – that the minutes of the meeting held on 28<sup>th</sup> November 2019 be approved as a correct record.</p>	



PM(20)06	<b>MATTERS ARISING &amp; TABLE OF ACTIONS FROM THE MEETING HELD ON 28<sup>TH</sup> NOVEMBER 2019</b>	
	<p>An update was provided on the table of actions from the Public Board meeting held on 28<sup>th</sup> November 2019. In terms of matters arising:</p> <p><b>PM(19)190: Health &amp; Care Strategy Update</b> – an update was requested on the action for Ms Jill Paterson to work with Dr Philip Kloer to provide an update for the next report. Members were advised that it has been determined that updates on the Health &amp; Care Strategy will appear on alternate Public Board agendas. Ms Paterson confirmed that she and Dr Kloer have discussed how the required information will be provided for the next update to the March 2020 Public Board meeting.</p> <p><b>PM(19)202: HDdUHB Well-Being Objectives Annual Report 2018/19</b> – noting the figure of 177 staff self-referrals to the Occupational Health service, Cllr. Simon Hancock requested additional narrative around whether this figure is unusually high or low, or as expected. Mrs Gostling advised that the Occupational Health department has indicated that, due to a change in IT system, it is difficult to confirm precise figures. It is believed, however, that this figure is fairly average. Members were informed that there have been more cases of stress and anxiety-related issues reported; there does not, however, appear to be any other particular ‘spike’ or trend. In response to a further query regarding confidence around whether there are sufficient resources to respond, Members heard that there are capacity issues within the current team. However, the UHB plans to enhance staff psychological wellbeing resources. Miss Battle suggested that the organisation consider establishing a staff welfare charitable fund, with this to be discussed by the Charitable Funds Committee.</p>	SJ
PM(20)07	<b>REPORT OF THE CHAIR</b>	
	<p>Miss Battle introduced her report on relevant matters undertaken as Chair since the previous Board meeting; beginning by apologising to those patients who had their operations postponed, and emphasising that the UHB is doing all it can to reschedule these. Decisions had been made to keep patients with complex clinical conditions, together with patients admitted as emergencies, in hospital, to keep them safe. Members heard that Miss Battle had visited staff in a number of frontline departments, all of whom had agreed that postponing operations for a limited period was the correct decision. Members’ attention was drawn to the Celebrating Success/Awards section, emphasising the contribution and dedication of the UHB workforce at all levels and in all departments, and their response under pressure. The care they offer to patients is exceptional and there are many unsung heroes within the organisation. Miss Battle concluded by thanking Ms Hilary Jones and Dr Kerry Donovan for their contributions as Chairs of the Stakeholder Reference Group and Healthcare Professionals Forum respectively. Ms Ann Murphy and Mr Maynard Davies were also welcomed as new Independent Members (IMs).</p> <p>Professor John Gammon echoed Miss Battle’s comments regarding the postponement of operations and its impact on patients, whilst emphasising that patient safety is imperative. The decision to postpone</p>	

	procedures, whilst unfortunate, is a responsible one in ensuring that safety remains the UHB's first priority.	
	The Board <b>SUPPORTED</b> the work engaged in by the Chair since the previous meeting and <b>NOTED</b> the topical areas of interest.	

<b>PM(20)08</b>	<b>REPORT OF THE CHIEF EXECUTIVE</b>	
	<p>Mr Steve Moore thanked Pembrokeshire County Council for providing the facilities for today's meeting, and highlighted the Health Care Apprenticeship scheme as one example of the outstanding work undertaken by members of the Workforce Director and her Team. The scheme is an exemplar in terms of Workforce &amp; OD for both HDdUHB and across Wales. Introducing his report on relevant matters undertaken as Chief Executive of HDdUHB since the previous meeting, Mr Moore highlighted statements regarding the postponement of scheduled operations, suggesting that Board Members will be aware of the reasons for this decision. Mr Moore also apologised to those patients affected, emphasising that the UHB had never wished to be in the position where such a decision was necessary. The exceptional circumstances had, however, required the organisation to implement contingency plans which had included postponing operations. Fortunately, it had been possible to de-escalate from this position quickly. Whilst the system has now returned to normal activity levels for the time of year, the UHB's Emergency Departments remain extremely busy. The various factors contributing to the exceptional pressures which have been experienced this year are outlined in the Winter Plan progress update later on the agenda; more work is needed in order to learn lessons for next year. With regard to Planned Care, Members heard that the Referral to Treatment Time (RTT) recovery plan is being progressed; the expectation being that the UHB will be close to its target of zero waits of 36 weeks or more by the end of March 2020. This would repeat last year's RTT performance. Mr Moore also highlighted ongoing community engagement work in the Amman Gwendraeth cluster area, and plans for engagement events in Llandovery. The Christmas video messages prepared by the Communications team were commended for their impact. Mr Moore reported on meetings with Welsh Government (WG), including Joint Executive Team and Targeted Intervention meetings, at which positive feedback has been received, particularly around how the UHB is maturing as an organisation. Finally, Members were reminded that the situation regarding Brexit has changed since previous reports, although the UHB continues to review information and requirements in this regard. During discussion of the report, the following was raised:</p> <ul style="list-style-type: none"> <li>• There was a query regarding whether HDdUHB staff from the EU are having difficulty in applying for the EU Settlement Scheme. Members heard that Workforce &amp; OD are not aware of any staff experiencing difficulties. A great deal of work has been undertaken to identify members of the workforce from the EU and a number have applied successfully to the Settlement Scheme;</li> <li>• The Community Health Council (CHC) had requested assurance that all of those patients affected by cancelled operations had been contacted individually by the UHB, and had received that assurance;</li> <li>• In relation to community engagement in the Amman Valley and Llandovery, the CHC understands that 11 beds had been removed and will continue to monitor and scrutinise this situation. In response,</li> </ul>	

	<p>Members were reminded that, whilst there are recruitment challenges in Llandoverly, this area will have an important part to play in the UHB's future plans. In the short-term, however, the organisation must ensure the safest service it can staff.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>ENDORSED</b> the Register of Sealings since the previous report on 28<sup>th</sup> November 2019; and</li> <li>• <b>NOTED</b> the status report for Consultation Documents received/ responded to.</li> </ul>	
<p><b>PM(20)09</b></p>	<p><b>REVISED CORPORATE GOVERNANCE STRUCTURE/ ARRANGEMENTS</b></p> <p>Miss Battle presented the Revised Corporate Governance Structure/ Arrangements report, reminding Members that this has been discussed on a number of occasions, including the Board Seminar on 12<sup>th</sup> December 2019. The report sets out the proposed changes, and the reasons for these. During consideration of the report, the following comments were made:</p> <ul style="list-style-type: none"> <li>• Regarding the relationship between the Research &amp; Development Sub-Committee and the Quality, Safety &amp; Experience Assurance Committee (QSEAC), it had been suggested that this arrangement be time-limited and reviewed, which does not seem to be reflected in the report. Members were assured that this remains the intention, with both the Research &amp; Development Sub-Committee and Health &amp; Safety Committee to be reviewed after 12 months. It was agreed that this would be clarified in proposals presented to the March 2020 Public Board;</li> <li>• There was a query regarding membership of the Mental Health Legislation Assurance Committee and the Hospital Managers Powers of Discharge Committee; with Professor Gammon being both Chair of the latter and a member of the former. It was agreed that this would be reviewed prior to the March 2020 Public Board;</li> <li>• The statement that the Primary Care Applications Committee (PCAC) has 'struggled to maintain a full agenda' was queried. Whilst the need and rationale for changes to this committee were recognised, Members were reminded that when PCAC was established, a Primary Care Sub-Committee had been stood down. It was suggested that some form of forum, with a remit broader than PCAC, is required. The Director of Primary Care, Community and Long Term Care wished to assure members of the public that, by disestablishing PCAC, the Board will not be absolving itself of its responsibilities around Primary Care contracts. It was noted that a report later on the agenda highlights the need for a greater focus on Primary Care, and Members were assured that there will be more emphasis on this area in the future at Board Level;</li> <li>• It has become evident through various other committees that a more enhanced focus on Health &amp; Safety is required. The introduction of a Health &amp; Safety Committee, and its potential impact, was welcomed;</li> <li>• It is heartening to note that more than 50% of the Health Care Apprentices are Welsh speakers. Whilst the statement regarding an increased focus on the Welsh language at Board level was welcomed, further clarification of plans in this regard were requested. In response, it was suggested that there are opportunities in terms of</li> </ul>	<p>JW</p> <p>JW</p>



	<p>Board Member recruitment. All public engagement is already undertaken bilingually. However, the Board needs to lead in terms of conducting Board meetings bilingually, and this will require a culture change. It was agreed that consideration should be given to practical improvements which could be made as a Board.</p>	<p><b>MB/JW/ DR/SJ</b></p>
	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>APPROVED</b> the revised corporate governance structure as follows: <ul style="list-style-type: none"> <li>○ The disestablishment of the Primary Care Applications Committee.</li> <li>○ The disestablishment of the University Partnership Board as a formal Committee of the Board; to update HDdUHB's Scheme of Delegation accordingly.</li> <li>○ The disestablishment of the Business Planning and Performance Committee and associated Sub-Committees; to update HDdUHB's Scheme of Delegation accordingly.</li> <li>○ The establishment of a People, Planning and Performance Committee and associated Sub-Committees; to update HDdUHB's Scheme of Delegation accordingly.</li> <li>○ The establishment of a Health &amp; Safety Committee; to update HDdUHB's Scheme of Delegation accordingly.</li> <li>○ The disestablishment of the Joint Regional Planning &amp; Delivery Committee (JRPDC), subject to formal approval from the Minister for Health and Social Services.</li> <li>○ The disestablishment of the Health &amp; Care Strategy Delivery Group as a formal reporting Committee of the Board.</li> </ul> </li> <li>• <b>NOTED</b> that the Terms of Reference for all revised Board level Committees will be presented to the March 2020 Public Board, with the new governance structure to commence from 1<sup>st</sup> April 2020.</li> </ul>	

<p><b>PM(20)10</b></p>	<p><b>REPORT OF THE AUDIT &amp; RISK ASSURANCE COMMITTEE</b></p> <p>Mr Mike Lewis, Audit &amp; Risk Assurance Committee (ARAC) Vice-Chair, outlined the ARAC update report, highlighting those areas which ARAC wished to bring to the Board's attention, including:</p> <ul style="list-style-type: none"> <li>• Operating Theatres Update (response to Wales Audit Office &amp; Internal Audit reviews) – whilst it is acknowledged that there are formal processes, particularly around HR, which must be followed; ARAC agreed that, due to the length of time this issue has been ongoing, it should be escalated to Board.</li> <li>• Primary Care – as discussed in the preceding agenda item, ARAC agreed that this requires a greater focus within the Board and Committee structure;</li> <li>• Limited Assurance Internal Audit report on Financial Safeguarding: Maintenance Team Led Work – this area would continue to be monitored by ARAC;</li> <li>• Limited Assurance Internal Audit report on Consultant and SAS Doctor Job Planning – ARAC had concerns regarding the numbers of Job Plans completed, particularly electronically, and has not currently accepted the management response to this Internal Audit.</li> </ul> <p>Regarding Operating Theatres, the Board agreed there was no further action which could be undertaken by ARAC. Miss Battle requested that due to the ongoing HR issues this be discussed further during an In-Committee Board meeting. It was agreed that a detailed report would be</p>	
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	<p>prepared for the March 2020 In-Committee Board meeting, which outlines how this matter is going to be resolved, provides an update on any outstanding audit recommendations and provides a look-back as to why it has taken so long to resolve and implement both WAO and Internal Audit recommendations.</p>	<b>AC</b>
	<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>	

<b>PM(20)11</b>	<p><b>AUDITOR GENERAL FOR WALES – ANNUAL AUDIT REPORT 2019 AND STRUCTURED ASSESSMENT 2019</b></p>	
	<p>Mr Jeremy Saunders introduced the Auditor General for Wales – Annual Audit Report 2019 and Structured Assessment 2019 report. Whilst HDdUHB continues to strengthen its governance arrangements, it faces ongoing challenges in terms of Unscheduled Care and finances. Members were advised that the UHB’s management response will be considered by ARAC at its February 2020 meeting. Miss Battle reminded Members that they had been able to consider the Structured Assessment report in detail at the Board Seminar on 12<sup>th</sup> December 2019. Wales Audit Office was thanked for its assistance, and for the very constructive and useful reports presented.</p> <p><i>Mr Saunders left the Board meeting.</i></p>	
	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>SUPPORTED</b> the content of the Annual Audit Report and Structured Assessment 2019 Report, reflecting the amendments agreed at the feedback session on 12<sup>th</sup> December 2019, and <b>WAS ASSURED</b> that it presents a fair and balanced view of the organisation, recognising both the positive aspects identified and those areas where further progress is required.</li> <li>• <b>ACCEPTED</b> the recommendations contained within the Structured Assessment Report 2019 and <b>REQUESTED</b> that a detailed management response be prepared and submitted to the Audit and Risk Assurance Committee on 25<sup>th</sup> February 2020.</li> </ul>	

<b>PM(20)12</b>	<p><b>CHARTER FOR IMPROVING PATIENT EXPERIENCE</b></p>	
	<p>Mrs Mandy Rayani presented the Charter for Improving Patient Experience report, advising Members that various iterations of this document have been considered by QSEAC. The intention is to set out clearly what patients, families and carers can expect when receiving services from the UHB. The Charter has been co-produced with members of the local population, including specific groups. Members heard that there are also plans to provide patient experience ambassador training across the organisation. Following Board’s approval and subject to making any amendments required, the Charter will be translated into a number of languages, including Welsh and Polish. An easy-read version will also be produced. Members welcomed the Charter for Improving Patient Experience and, in considering the report, made the following comments:</p> <ul style="list-style-type: none"> <li>• Whilst it is extremely important to influence behaviour, the challenge is how to bring the Charter ‘to life’ and improve people’s experience of care. Also, how its impact can be meaningfully measured. In response, Members heard that a number of metrics and measures</li> </ul>	

are being developed, to assess both current and future performance. It is felt, however, important to ensure that improving patient experience does not become an academic exercise in data collection. The focus should be on actions such as invoking cultural change, training to embed patient experience, emphasis on values, patient experience ambassadors, Board to Floor walkabouts and increased visibility of senior staff;

- This is a powerful document; the commitment to it remaining a 'living' document is welcomed. Too often, organisations simply gather information and data for performance and trend monitoring purposes, then do nothing further with it. The Charter offers the opportunity for important learning in relation to themes, which should be reflected in the wider governance structures, etc;
- The Charter is not intended to be restricted to inpatient areas only; it will also be applied in outpatient settings, and community based care settings;
- Whilst welcoming the Charter, it is important to bear in mind the 'health literacy' of the general public, and ensure that associated communications, such as questionnaires, are not pitched at expert level, but in 'layman's terms';
- Ms Louise O'Connor was thanked for her engagement with the Stakeholder Reference Group (SRG), and for incorporating their feedback. The SRG looked forward to the Charter being adopted;
- Members heard that the Workforce & OD department actively engages with staff, to ensure that HDdUHB's values are embedded operationally. There are also a number of programmes for staff, such as the STAR programme for senior nurses and the Aspiring Leaders programme. The Patient Experience Ambassadors training will also ensure that the Charter is embedded. The Charter builds on the organisational values and should not be viewed in isolation;
- The Charter details in one place the 'promise' made to patients and public. There has been a significant amount of engagement with the wider public and specific groups, including the Learning Disabilities 'Dream Team';
- Whilst the phrase 'community services' may encompass Mental Health and Learning Disabilities, it could perhaps be made more explicit. Acknowledging this comment, Members were informed that the Charter is intended to represent all communities/patients – this includes children and young people. The current document should be regarded as a starting point rather than an end product;
- The UHB's Information Governance Sub-Committee monitors compliance with regulations such as General Data Protection Regulation (GDPR). The Charter offers an opportunity to gather and share 'soft intelligence' around how information governance can be utilised to improve patient experience;
- The Charter and its contents will allow the public to hold the UHB to account regarding their care;
- Regarding children and young people, there was a request for assurance that their views will be given equal weight. Members heard about the launch of 'My Health Passport', which is a way for children and young people with learning disabilities or complex health needs to share important information about themselves when accessing care. Members were assured that the Charter is intended to embrace children and young people, with the 'me' in 'What does

MR

	<p>this mean for me?’ referring to any patient. Hearing the patient’s voice is critical, regardless of age.</p> <ul style="list-style-type: none"> <li>• At times of great pressure on services, concern for patients increases among both clinical and managerial staff. Improving patient experience is concerned with human beings; whilst metrics and dashboards have their place, the human element is the most significant;</li> <li>• In order to create a great patient experience, the organisation must first create a great staff experience, the Charter and its findings need to be built into future workplace planning processes.</li> </ul> <p>Miss Battle thanked Mrs O’Connor and others who had engaged with/ contributed to the Charter. This is an important first step in formalising actions which, in many cases, are already occurring. Members heard that it is intended for there to be a Patient Experience report on every Board agenda. It was suggested that Patient Experience Ambassador training be included in the training programme for Health Care Apprentices. Also, that the UHB develop a Children’s Charter, with an evaluation of existing activities and required actions to take place.</p>	<p>LG</p> <p>MR</p>
	<p>The Board <b>CONSIDERED</b> and <b>APPROVED</b> the Charter for Improving Patient Experience, for publication and implementation.</p>	

<p>PM(20)13</p>	<p><b>PROGRESS AGAINST THE WINTER PLAN</b></p> <p>Mr Andrew Carruthers began by thanking all UHB staff for their dedication, compassion and commitment in providing care under significant pressure. Members of the Executive Team have heard first hand, during a series of visits to clinical areas, the concerns of frontline staff. This has provided a clear sense of what is required in order to improve the situation for both patients and staff. Mr Carruthers went on to introduce the Progress against the Winter Plan report, whilst recognising the limitation in the report due to availability of data at this point of the year. Issues have included the unusually early presence of ‘flu, outbreaks of norovirus – which meant that the UHB was unable to access approximately 30 beds – and recent outbreaks of diarrhoea and vomiting at Glangwili General Hospital. Anecdotally, it has been reported that the acuity of patients has been more intense recently than previously; with patients presenting with a number of co-morbidities. The pressure is, it seems, not related so much to activity or volume; more the acuity of patients. The activity during November 2019 has been higher than in previous years, with activity during December 2019 and January 2020 returning to more normal levels. The UHB has seen more major patients than minor, with more of these self-attending/presenting. Conveyances to hospital by ambulance are reduced. Despite a reduction in hospital admissions, there has been an increase in Length of Stay, due predominantly to two factors: increased acuity of patients and a reduction in ability to discharge patients. This has resulted in the number of bed days being utilised being greater than at any other time. There are gaps in staffing within both Secondary and Primary Care, with the latter contributing to fragilities in the GP Out of Hours (OOH) service. Members heard that the UHB will be embarking next week on an engagement process to consider the number of OOH bases it has open. Referencing earlier comments regarding Llandovery Community Hospital, Mr Carruthers explained that workforce challenges are</p>	
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contributing to difficulties in staffing beds at this facility. The UHB will continue to monitor the situation.

The escalation levels were described for Members. At the beginning of January 2020, there had been escalation to the highest level, business continuity, which had resulted in the postponement of some scheduled operations. The UHB has also seen the worst ever performance against 4 and 12 hour A&E targets. It is possible that January performance will be an improvement on that seen in November and December; however, this will depend on the last couple of weeks of the month. Members were reminded that the UHB and Regional Partnership Board (RPB) had been allocated funding by WG, and are working with partners to ensure delivery of various aims, as outlined in the report. A number of the actions implemented have been funded recurrently from the UHB's budget. Members may have noted that certain of the start dates in the action plan occur after the winter period; Mr Carruthers explained that these relate to substantive appointments. The temporary workforce market has been utilised to fill these roles in the meantime. As previously indicated, the UHB has over-committed financially to implement plans, knowing that there would be slippage in certain areas. Members were advised that the organisation is on track to spend all of its allocation. Mr Carruthers also highlighted the Systems Pressures Workshop held during December, with participation from various partners. Additional actions planned include placement of a GP with the Welsh Ambulance Services NHS Trust (WAST) to review and triage ambulance calls. Early indications suggest that this is having an impact. Extending support from the therapies at the front door is also contributing positively. Recently, it has been announced that WG will be allocating a further £10m funding; the UHB will be working with its social care colleagues in the RPB Integrated Executive Group to discuss how best this might be used. It is possible that funding will be applied to scale-up existing schemes. One of the key reflections is that this process should begin earlier. As a result, it is intended that preparations for next year's winter plan will be presented to Board in May/July, with implementation in the autumn. During subsequent discussion of the report, the following points were raised:

- Referencing workforce sickness absence levels for colds and flu, an update on staff 'flu immunisation levels was requested. Members heard that, despite challenges around supply of vaccines, currently 200 more have been given than at the end of the season last year.;
- it is right to recognise that staff are working to deliver services under considerable pressure;
- The proposed actions under 'Next Steps' could have the wrong focus. To base plans on a retrospective of the previous year's issues may not be the best approach. It would be better to focus on the most crucial areas and flex resources to respond accordingly;
- The annual allocation of winter pressures funding by WG appears to determine the programme for winter planning. An alternative approach would be to build the optimum winter planning solution into the financial plan, with costs, and allow the Executive Team to decide which priorities can be supported. In response, Members heard that this approach is reflected in discussions already taking place;



- The need to consider how winter planning links with the UHB's Three Year Plan;
- It is pleasing to see that this report begins to consider Primary Care data. Noting the increased number of 'walk in' attendances to A&E, it would be interesting to see whether there is any correlation between pressures in Primary Care and self-referrals to A&E, which may suggest a need for additional focus in specific locations. Members were assured that this data will be analysed as part of the evaluation process;
- The use of short-term temporary posts to facilitate discharge is not necessarily how the UHB would wish to operate, a short-term mitigation was required to address a specific issue. This action will be reviewed during workforce discussions;
- The UHB is beginning to recruit substantive therapy staff, with agency staff utilised in the interim;
- The CHC welcomes assurances around Llandovery Community Hospital. Noting statements in Appendix 1 around Amman Valley and Llandovery community hospitals, clarification was requested regarding efforts taken to staff beds at Llandovery, and whether these had also been applied to Amman Valley and South Pembrokeshire hospitals. Have all avenues of recruitment been utilised? Members were assured that various recruitment methods are utilised; the UHB does not restrict adverts to NHS Jobs. It also uses Facebook, LinkedIn (including targeting suitable individuals), recruitment videos/campaigns, open days (rotating locations through the region), and development programmes for Health Care Support Workers. The UHB does not currently advertise in local newspapers; however, if the local population feel that this would create interest in posts, consideration will be given to doing so;
- Efforts were made to secure staff through both agency and Bank routes. Patient safety must be the UHB's top priority; if beds cannot be safely staffed, they cannot be opened and maintained. The UHB does consider all possible options to maintain services;
- An All Wales CHC report on discharging patients has been published today. This highlights significant delays in assessment processes; patients are not necessarily waiting for care packages, they are sometimes waiting for a specific professional/individual to assess them prior to discharge. This will be taken into account in UHB planning;
- There can also be issues if a patient's family members do not live nearby. Families are often willing to offer support to patients on returning home; however, if it is not clear when they will be discharged, it is difficult for families to make arrangements such as taking time off work;
- The UHB is examining how it can support staff to ensure that discharge processes are as smooth and efficient as possible. Although this topic is being considered within the STAR programme for senior nurses, it was emphasised that discharge planning is not solely the responsibility of nurses; the entire Multi-Disciplinary Team needs to understand their individual responsibilities in this regard;
- The 'shift left' (increased delivery of care in communities away from hospital-based care) remains an important focus for both Health Boards and WG, and in light of the fact that Transformation Fund and Integrated Care Fund (ICF) monies are only allocated on a

temporary basis, assurance was provided that comprehensive plans across all three counties have been developed, and recruitment into key posts is taking place;

- The need for change, however, needs to be balanced against the challenging financial situation being faced by the organisation. It is not appropriate to raise expectations among staff and the public, if changes (for example new posts) cannot be sustained in the long-term. This is a significant challenge for the Board;
- The organisation also needs to work with the general public to discuss their expectations around accessing services;
- In terms of the Three Year Plan, the UHB needs to ensure that it builds in schemes currently funded via transitional monies;
- In addition to the Transformation Fund and ICF, there is £10m of Primary Care Cluster funding; the UHB has committed to scaling-up at least three Cluster projects. However, again, there needs to be cognisance of the organisation's financial position;
- There is currently 'untapped intelligence' among patients and frontline staff. The UHB needs to consider how it might gather and utilise this to inform future workforce planning.
- Following on from this point, Members heard that Patient Experience Apprentices are working with Patient Advice and Liaison Service (PALS) staff in speaking with patients. This addresses potential concerns around patients being reluctant to feed back on their experience to someone directly involved with their care;
- The UHB is collecting rich data; for example, a number of Executive Directors are visiting clinical areas and asking whether anything specific could be done to make life easier for patients or staff. Information is also obtained during Executive Directors' time on-call. Such data needs to feed into plans going forward;
- Discussions such as this should remind us how tolerant our patients are regarding the environment in which care is given and waiting times, etc. Whilst the care being provided is consistently high quality, the way in which it is delivered is sometimes not what the organisation would aspire to; and is the reason for making the changes outlined in the UHB's Health & Care Strategy;
- This is a whole-system issue, and Members should be assured that it is discussed regularly and robustly at the weekly Integrated Executive Group meeting, which is actively seeking solutions;
- The UHB has set out to be open and transparent. Whilst it is vital to provide the public with confidence regarding its services, it must also be honest about challenges. The organisation owes it to both staff and public to recognise and acknowledge issues;
- The pressures being experienced underline the need to progress at pace the Health & Care Strategy;
- Contact with frontline staff needs to be at Board level; it is crucial for their feedback to be heard;
- In terms of winter planning, we need to ensure that it is our staff and the wider system which tells us what is required, and that this is not a 'top-down' process.

Miss Battle reminded Members that the UHB's Three Year Plan will be discussed during the In-Committee Board meeting. Whilst the need for early anticipation and planning for winter pressures was supported, the UHB also needs to consider its Three Year Plan through the lens of all-

	<p>year planning. Miss Battle was pleased to hear that staff are being consulted and listened to; the voices of staff and patients bring experiences 'to life'. Members were assured that the CHC's report on discharging patients will also be taken into account. Discharge planning should begin on the day that a patient is admitted. There was a request for real-time data for next year, and an expectation that the 2020/21 Winter Plan would be presented at the 28<sup>th</sup> May 2020 Public Board meeting. Miss Battle stated that the UHB needs to design services to meet the demographics of the local population, and offer the best opportunity to live well for longer. With respect to transformation funds, there is a need to learn from other areas; to this end, the RPB has been asked to obtain information from its equivalent bodies elsewhere. The organisation also needs to consider where sustainable posts are required – winter pressures are no longer restricted to one season; they are experienced all year round. Miss Battle concluded by thanking Mr Carruthers and his team for providing an honest appraisal of the winter period to date.</p>	<p><b>KM</b> <b>AC</b></p>
	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the extent of continued system pressures across the broader unscheduled care system;</li> <li>• <b>NOTED</b> the proactive measure taken in setting up a systems pressures workshop and the associated agreed actions; and</li> <li>• <b>NOTED</b> the winter and system pressure actions being undertaken to mitigate the broader system pressures being experienced.</li> </ul>	
<p><b>PM(20)14</b></p>	<p><b>REPORT OF THE QUALITY, SAFETY &amp; EXPERIENCE ASSURANCE COMMITTEE</b></p> <p>Professor Gammon outlined the QSEAC update report, highlighting in particular discussions on the 12 Corporate Risks assigned to QSEAC. The Committee had discussed each individually; noting that there were 3 new risks, 5 had been de-escalated and 2 had increased in risk score. With regard to Risk 91 (Lack of consultant Cellular Pathologists to enable compliance with the 14 day timescale set out within the new Single Cancer Pathway), a more detailed report would be presented to the next meeting in February 2020. Members had not been assured by the information and pace outlined in the Hospital Acquired Thrombosis (HAT) report, and had requested an increased focus in this area. A further report is due to be submitted to the next meeting.</p> <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.</p>	
<p><b>PM(20)15</b></p>	<p><b>REPORT OF THE BUSINESS PLANNING &amp; PERFORMANCE ASSURANCE COMMITTEE</b></p> <p>Mrs Judith Hardisty presented the Business Planning &amp; Performance Assurance Committee (BPPAC) update report, highlighting discussions around the Welsh Community Care Information System (WCCIS), which has been an ongoing topic for BPPAC. During a recent visit to Ceredigion, Mrs Hardisty had been pleased to hear extremely positive feedback regarding the system, with benefits already being seen. Members' attention was drawn to the key risk identified within the report, around delivery of Ophthalmology services. The Committee had agreed that, until workforce challenges are resolved, this will remain a risk, and that it should be flagged to the Board.</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.

PM(20)16

## PERFORMANCE UPDATE – MONTH 9 2019/20

Mrs Karen Miles introduced the Performance Update for Month 9 of 2019/20, stating that it systematically demonstrates the level of pressures being experienced across the organisation. Whilst slight improvements are being seen, pressures are ongoing. Generally, the UHB is maintaining performance, although there are areas where improvements are required, for example in Unscheduled Care. It should be noted that the key deliverable indicators (targets) are outcome measures, and need to be supplemented with wider data, such as Patient-Reported Outcome Measures (PROMs) and Patient-Reported Experience Measures (PREMs). Members were reminded of the assurances provided by the Chief Executive earlier in the meeting around Planned Care/RTT targets. In considering the report, Lead Executives were requested to identify topics they wished to highlight and areas of concern within their portfolio:

### Director of Operations

- Unscheduled Care performance has been, for the second consecutive month, the worst seen since 2015;
- There has been a small improvement in Delayed Transfer of Care (DTC) performance;
- There has been an increase in Diagnostics breaches; these predominantly relate to cardiology diagnostics testing, performance in radiology has improved significantly;
- Due to plans put in place previously, performance in Therapies has seen an improvement; with the exception of Dietetics and Paediatric OT, which is experiencing fragilities in workforce with unexpected staff turnover. A recovery plan is being developed;
- The UHB began to see an improvement with regards to Cancer performance in December, although this is still not at the desired level.

Whilst acknowledging earlier comments, it was highlighted that the report shows a deterioration in performance with regards to RTT and waiting lists over 36 weeks. Further assurance was requested that the RTT target will be met by the end of March 2020. In response, it was accepted that the number of breaches has increased, and Members noted that a further deterioration was anticipated. There is a risk in terms of delivery of approximately 200 patients. Members were assured that the UHB is working on a recovery plan; however, the associated costs do need to be considered, and this will be discussed with WG colleagues on 31<sup>st</sup> January 2020.

### Director of Nursing, Quality & Experience

- With regards to Health Care Acquired Infections (Clostridium difficile (C.diff), Escherichia coli (E.coli) and Staphylococcus aureus (S. aureus)) whilst there is some improvement, targets are still not being achieved. The UHB fully recognises that every infection has an impact on the patient affected, which is why every case of infection is subject to a root cause analysis. Public Health Wales has employed

an epidemiologist to work with the UHB, and it is hoped that this appointment will help to address the infection control agenda. It should be noted that the organisation is undertaking more diagnostics, which has increased the number of infections identified. Members were assured that the UHB's Infection Control team are regularly visiting clinical areas. There is a need to increase focus on 'the basics' of Infection Control;

- In terms of Concerns and Complaints, the organisation had not met the WG target of 75% in December, which is extremely disappointing for the team. The reasons are multi-factorial, including staffing issues within the Concerns team and operational pressures, with clinical teams needing to prioritise patient care.

As issue was raised from a patient safety walkabout in respect of the availability of laundry at BGH. An assurance was requested that deliveries will be increased to ensure that sufficient laundry is available for clinical areas. The Director of Nursing, Quality & Experience reported that she had been advised of this issue extremely promptly and had raised it with the Director responsible for laundry services. It was established that the size of laundry crates has been reduced to comply with manual handling regulations; steps have been taken to ensure that laundry deliveries are increased accordingly. There was a request for clarification in terms of how, and how often, reminders are issued to clinical staff regarding the importance of Infection Control measures. The Board was reminded that responsibility for Infection Control lies with every member of staff entering clinical areas, although staff turnover and use of temporary staff can cause issues. Infection Control is included within staff induction programmes; however, regular reminders are also required. Senior nurses need to be empowered to challenge inappropriate practice/behaviour. The Director of Nursing, Quality & Experience shared Members' frustrations around such a fundamental principle of care not being upheld. The Medical Director emphasised that failure to comply with Infection Control measures cannot be directed wholly at agency/locum staff; the need for major improvements in this regard has been made clear to medical staff. The Director of Operations suggested that a number of the issues facing the UHB are fairly fundamental/basic, in terms of the organisation it aspires to be. He assured Members that he would be focusing on such issues within operational teams.

#### **Medical Director**

- Consultant and Specialty and Associate Specialist (SAS) Doctor Job Planning has been discussed in detail recently at ARAC. There is still an expectation that the 90% target for complete and up-to-date job plans will be achieved by the end of March 2020. The Internal Audit report had identified various other areas of job planning which require further work. Recent figures received by the Medical Director suggest significant improvements in completion rates, although he wished to validate this information before presenting it to the Board. Directorates which are not complying with job planning requirements will be called to panel meetings within the next 6-8 weeks.



### **Director of Workforce & OD**

- Sickness absence rates have increased, although this is not unusual for the time of year. The Workforce team will monitor and work with staff/departments as required;
- There have been issues around Mandatory Training in terms of the Level 1 Fire Safety course. Following staff feedback regarding difficulties in accessing this training, it has been decided to revert to an online package rather than face-to-face training.

Referencing staff sickness absence, and the current emphasis on staff 'flu vaccination, it was queried whether staff are engaged on an individual basis on return to work following absence due to 'flu. Members were informed that staff are required to participate in a one-to-one with their manager following any absence from work; this is not specifically targeted at those who have been absent due to 'flu.

### **Director of Planning, Performance and Commissioning**

- There is a significant amount of digital enablement taking place to support the various Executive Leads' portfolios;
- A number of new systems are due for implementation imminently, which will provide valuable information for the Performance Update and in terms of trends/areas for potential improvement;
- Performance Dashboards are being developed in various areas.

### **Director of Therapies & Health Science**

- The UHB is still on trajectory to achieve its target of zero breaches by end of March 2020;
- In terms of areas of concern, as mentioned above, fragilities in Paediatric OT, which consists of a very small team, and Dietetics. A limited number of breaches will be seen in the former in January and February 2020; however, this should be resolved by plans being put in place;
- The agency pool in Therapies is becoming severely restricted, although further agency interviews are being conducted today. If staff are recruited as planned, the situation should be improved;
- Whilst there has been a slight deterioration in Stroke performance, HDdUHB is still ranked second in Wales. The deterioration is as a direct effect of pressures at the 'front door' and on beds. Members should be assured that this is an area of focus. It had been intended to present a Stroke Business Case to the May 2020 Public Board; however, it has been determined that public and staff engagement should be extended, with the provisional timescale for consideration at Board now being Quarter 3.

Referencing the number of patients waiting longer than 14 weeks for a therapy appointment, Members were reminded of previous discussions around this topic and the need for a sustainable model, with no patients waiting. The UHB needs to develop a recovery plan which ensures accountability for at least some of the challenges. In the meantime, however, the information offered does provide assurance, and it is pleasing to note that the UHB is in an improved position without having received additional funding. A long-term strategy is in place, and there have been improvements in staff recruitment and retention, with a reduction in agency staff usage. In response to a query regarding

	<p>whether Speech and Language Therapy includes services delivered in the community, Members heard that comprehensive multi-agency work is taking place in this regard. It is intended that plans relating to Stroke will cover both acute and community-based services.</p> <p><b>Director of Public Health</b></p> <ul style="list-style-type: none"> <li>• The situation with regards to Public Health is consistent; however, the UHB wishes to make a ‘step change’ and has ambitious plans for the next three years;</li> <li>• Objectives include improving immunisation rates and smoking cessation rates, the latter shows slow and steady improvement; however more significant progress is the aim.</li> </ul> <p>The number of pharmacies in the Smoking Cessation Level 3 scheme was requested, together with clarification of whether these are in areas of deprivation. Members heard that 65 of the 99 community pharmacies are in this scheme. There was a query regarding whether patients are required to undergo weight management or smoking cessation programmes before surgery. In response it was stated that, although currently the UHB wish to target optimising support for patients, it may be that these actions form part of the process for certain procedures or operations. With regards to targeting obesity, it was queried whether the UHB is embracing ‘baby-friendly’ work. The Director of Public Health confirmed that this was the case, as it is recognised that a focus on obesity during childhood is crucial. The UHB is Unicef Child-Friendly accredited. Noting figures for children and young people waiting less than 26 weeks to start a neurodevelopment assessment, it was highlighted that 66.7% are waiting longer than this. Whilst various initiatives have been introduced, with the historical backlog reduced, the steps being taken towards a sustainable position were queried. Members heard that operational teams are working with NHS Wales, and that a further update can be provided at a later date. It was agreed that identifying the main concerns of individual Executive Leads was a useful approach. There was a suggestion that this be further enhanced by outlining specific actions being taken to address these, and when the Board can expect to see an improvement.</p> <p>The Board <b>DISCUSSED</b> the Integrated Performance Assurance Report for Month 9 2019/20 and issues arising from its content.</p>	AC
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PM(20)17	<p><b>REPORT OF THE FINANCE COMMITTEE</b></p> <p>Mr Michael Hearty presented the Finance Committee reports from meetings in November and December 2019, adding that the Committee had also met on 28<sup>th</sup> January 2020 to review the Month 9 position. Spending has already encroached into the Month 10 and 11 allocation. The Committee is now focusing on building a solid financial foundation for next year.</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>	
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PM(20)18	<p><b>FINANCE UPDATE – MONTH 9 2019/20</b></p> <p>Mr Huw Thomas outlined the Finance Update for Month 9 2019/20, reminding Members that the Board had agreed at the previous meeting to increase the UHB’s forecast year-end deficit. No indication has been</p>	
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	<p>received to date regarding whether WG intend to recover the £10m additional funding predicated on delivery of the £15m control total. Members noted that cash implications have been managed. Mr Thomas outlined the Month 9 figures detailed within the report, highlighting cost pressures, which include £4.1m Unscheduled Care costs, £2m of which relates to Worthybush General Hospital. Also, £3.5m prescribing costs, which relate mainly to Category M and Novel Oral Anti-Coagulant (NOAC) medicines. The postponement of operations has impacted the RTT position, although Members were advised that the UHB is working with colleagues in WG on this matter. Whilst the organisation needs to be cognisant of cost pressures such as those outlined above, it should also monitor the potential cost benefits/savings offered elsewhere by new developments such as NOAC medicines. As detailed at the previous meeting, the Welsh Risk Pool risk share had not been invoked in previous years; as a result the organisation had, perhaps, become complacent in this regard. Mr Thomas emphasised the need to build on the financial discipline established within the organisation in recent years, and develop a system-wide approach. As suggested earlier, there is also a need to mainstream/up-scale examples of good practice. Referencing the statement that Month 9 substantive pay is lower than Month 8, primarily driven by an increase in acute vacancies, clarification was requested regarding the possible cause for this. It was suggested that December is a month where higher staff turnover is sometimes seen. The Director of Workforce &amp; OD would explore whether this is a trend. Members noted that the absence of further questions is probably due to Finance Committee being scheduled before the Public Board meeting, with most queries having already been addressed.</p>	<b>LG</b>
	<p>The Board <b>DISCUSSED</b> and <b>NOTED</b> the financial position for Month 9.</p>	

<b>PM(20)19</b>	<p><b>CORPORATE RISK REGISTER</b></p> <p>Mrs Joanne Wilson introduced the Board Assurance Framework and Corporate Risk Register report, highlighting that two-thirds of the Corporate Risks have been discussed during, or form part of papers for today's meeting. Members were reminded that all Corporate Risks are assigned to specific Board level Committees for detailed monitoring and discussion noting this has been undertaken on 2 occasions since the risks were last discussed by the Board. Mrs Wilson outlined the numbers, as follows: Total Number of Risks – 27; New risks – 7; De-escalated/Closed – 9; Increase in risk score – 4; No change in risk score – 14; Reduction in risk score – 2. Members heard that Risk 635, relating to a 'No Deal' Brexit, had been reviewed by the Brexit Steering Group and that this will need to be revisited following Britain's exit from the EU on 31<sup>st</sup> January 2020. It was noted that there will be impacts and risks involved in the transitional period following Brexit. However, all of the contingency planning during the past 12-18 months has put NHS Wales in a good position in terms of preparing for trade agreements, etc. As mentioned earlier, the UHB will continue to support its EU staff.</p> <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>	
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PM(20)20	<b>COMMITTEE UPDATE REPORTS: BOARD LEVEL COMMITTEES</b>	
	<p>Mrs Wilson outlined the Board Level Committees update report, 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. These included:</p> <ul style="list-style-type: none"> <li>• The request that the Health &amp; Care Strategy Delivery Group (HCSDG) no longer continues to be an assurance committee reporting directly to the Board. This matter had been discussed as part of an earlier agenda item;</li> <li>• The request from the In-Committee Board to change the year-end deficit position, which had been approved at the Public Board Meeting on 28<sup>th</sup> November 2019.</li> </ul> <p>With regards to the HCSDG, and specifically staff engagement and change processes, there was a query regarding whether the organisation is confident it is retaining the right balance between what needs to be done and maintaining a human dimension to the change process. Members were advised that preparations are underway for the challenging phase of Strategy delivery; whilst it may have felt that progress has stalled, various actions have been taking place, including the establishment of a Clinical Group. It is vital that staff lead the changes required. In view of the changes to reporting structure for the HCSDG, Miss Battle reiterated the need for regular and detailed update reports to Board on delivery of the Strategy.</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.	
PM(20)21	<b>COMMITTEE UPDATE REPORTS: IN-COMMITTEE BOARD</b>	
	The Board <b>RECEIVED</b> the update report of the In-Committee Board meeting.	
PM(20)22	<b>COMMITTEE UPDATE REPORTS: HDdUHB ADVISORY GROUPS</b>	
	<p>Ms Sarah Jennings echoed earlier comments, thanking Ms Hilary Jones for her contribution as Chair of the Stakeholder Reference Group. Dr Philip Kloer endorsed this statement, adding his thanks also to Dr Kerry Donovan for her efforts in developing the Healthcare Professionals Forum to the influential group it is today. Members heard that Dr Mo Nazemi, a community pharmacist, would be replacing Dr Donovan as Chair of the Healthcare Professionals Forum.</p> <p>The Board <b>RECEIVED</b> the update report in respect of recent Advisory Group meetings.</p>	
PM(20)23	<b>HDDUHB JOINT COMMITTEES &amp; COLLABORATIVES</b>	
	The Board <b>RECEIVED</b> for information the HDdUHB Joint Committees & Collaboratives update report.	

PM(20)24	<b>STATUTORY PARTNERSHIPS UPDATE</b>	
	<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)25	<b>BOARD ANNUAL WORKPLAN</b>	
	The Board <b>NOTED</b> the Board Annual Workplan.	
PM(20)26	<b>ANY OTHER BUSINESS</b>	
	There was no other business reported.	
PM(20)27	<b>DATE AND TIME OF NEXT MEETING</b>	
	9.30am, Thursday 26 <sup>th</sup> March 2020, Ceredigion County Council Chambers, Penmorfa, Aberaeron, Ceredigion SA46 0PA.	