

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

Date of Meeting:	10.00AM, THURSDAY 24TH SEPTEMBER 2020
Venue:	VIRTUAL, VIA TEAMS

Present:	<p>Miss Maria Battle, Chair, Hywel Dda University Health Board Mrs Judith Hardisty, Vice-Chair, Hywel Dda University Health Board (VC) Mr Owen Burt, Independent Member (VC) Mr Maynard Davies, Independent Member (VC) Professor John Gammon, Independent Member (VC) Ms Anna Lewis, Independent Member (VC) Mr Mike Lewis, Independent Member (VC) Ms Ann Murphy, Independent Member (VC) Mr Paul Newman, Independent Member (VC) Ms Delyth Raynsford, Independent Member (VC) Cllr. Simon Hancock, Independent Member (VC) Mr Steve Moore, Chief Executive Dr Philip Kloer, Executive Medical Director and Deputy Chief Executive Mr Andrew Carruthers, Executive Director of Operations Mrs Lisa Gostling, Executive Director of Workforce & Organisational Development Mrs Ros Jervis, Executive Director of Public Health (VC) Ms Alison Shakeshaft, Executive Director of Therapies & Health Science (VC) Mr Huw Thomas, Executive Director of Finance</p>
In Attendance:	<p>Ms Jill Paterson, Director of Primary Care, Community & Long Term Care Ms Sharon Daniel, Assistant Director of Nursing (VC), deputising for Mrs Mandy Rayani, Executive Director of Nursing, Quality & Patient Experience Mrs Joanne Wilson, Board Secretary Mr Michael Hearty, Associate Member (VC) Mr Jonathan Griffiths, Pembrokeshire County Council Director of Social Services, Local Authority Representative (VC) Mr Mansell Bennett, Chair, Hywel Dda Community Health Council (VC) Ms Donna Coleman, Chief Officer, Hywel Dda Community Health Council (VC) Dr Mo Nazemi, Chair of Healthcare Professionals Forum (VC) Mr Baba Gana, Black, Asian and Minority Ethnic (BAME) Advisory Group Representative (VC) Dr Hashim Samir, Black, Asian and Minority Ethnic (BAME) Advisory Group Representative (VC) PC Andrew Harries, Dyfed Powys Police (observing) Ms Clare Moorcroft, Committee Services Officer (Minutes)</p>

PM(20)146	INTRODUCTIONS & APOLOGIES FOR ABSENCE	
	<p>The Chair, Miss Maria Battle, welcomed everyone to the meeting. Apologies for absence were received from:</p> <ul style="list-style-type: none"> • Mrs Mandy Rayani, Executive Director of Nursing, Quality & Patient Experience • Mrs Karen Miles, Executive Director of Planning, Performance & Commissioning 	

PM(20)147	DECLARATION OF INTERESTS	
	Cllr. Simon Hancock advised that he has recently begun delivering heritage activities at Bluestone Resort and would, therefore withdraw from any discussion relating to the Bluestone field hospital.	
PM(20)148	MINUTES OF THE PUBLIC MEETING HELD ON 30TH JULY 2020	
	RESOLVED – that the minutes of the meeting held on 30 th July 2020 be approved as a correct record.	
PM(20)149	MATTERS ARISING & TABLE OF ACTIONS FROM THE MEETING HELD ON 30TH JULY 2020	
	<p>An update was provided on the table of actions from the Public Board meeting held on 30th July 2020, and confirmation received that all outstanding actions had been progressed. In terms of matters arising,</p> <p>PM(20)126 – the meeting mentioned has taken place and other Health Boards are being canvassed regarding their approach to this matter. A way forward will be agreed shortly.</p> <p>PM(20)133 – further information regarding the group working on effective communication forms part of a report being considered later on the agenda.</p>	
PM(20)150	MINUTES OF THE ANNUAL GENERAL MEETING HELD ON 30TH JULY 2020	
	RESOLVED – that the minutes of the Annual General Meeting (AGM) held on 30 th July 2020 be approved as a correct record. Miss Battle felt that this had been a successful and informative AGM, noting that the video had been well received.	
PM(20)151	REPORT OF THE CHAIR	
	<p>Miss Battle presented her report on relevant matters undertaken as Chair since the previous Board meeting, inviting questions.</p> <p>With regards to the pilot project to increase support for unpaid carers, and the four carers officers identified for hospitals, it was queried whether these individuals will consider the role of carers in the wider community also. The Director of Public Health explained that this is an ‘inreach’ provision, in addition to the carers information and outreach already provided. The carers officers are employed by a Third Sector service, to ensure carer involvement in hospital discharge discussions. In response to a query regarding digital assessments and how the UHB intend to ensure equitable access to services for those who are less ‘digitally able’; the Director of Operations advised that there has not been any feedback to suggest that this is an issue during the roll-out of digitalisation in Outpatients. However, the organisation is considering this issue, and taking steps to identify facilities within communities where patients could communicate with the clinical team digitally. The Medical Director added that whilst some consultant and GP clinics are being undertaken digitally/virtually, via video link, others are via telephone or face-to-face where appropriate. The medium selected is dependent on the patient and their individual preference.</p>	

	<p>The Chair's recognition of the contribution made by the Royal Irish Regiment was welcomed, with their flexibility and professionalism in supporting the UHB's testing programme highlighted in particular. Returning to the unpaid carers pilot, it was noted that similar schemes already exist in other Health Boards, with the suggestion made that HDdUHB learn from their experience in this area. The Director of Public Health advised that members of the Strategic Partnerships team participate in the All Wales Carers Round Table discussions, which include sharing examples of good practice. The team are also represented at various other fora, and it was generally felt that robust information sharing mechanisms are in place. The Vice-Chair suggested that the organisation should be in a position to bring to the January 2021 Board meeting a policy with regards to UHB employees who are carers, with work on this almost complete. In response to a query regarding the key messages from staff, Members heard that this initiative had been welcomed, with the raised profile facilitating discussions between staff and managers and recognition of caring responsibilities.</p>	
	<p>The Board SUPPORTED the work engaged in by the Chair since the previous meeting and NOTED the topical areas of interest.</p>	

<p>PM(20)152</p>	<p>MAINTAINING GOOD GOVERNANCE COVID-19</p> <p>Miss Battle reminded Members that Audit Wales has commended HDdUHB's governance processes. Mrs Wilson advised that the report provides an update on arrangements for managing the organisation's governance. Members were informed that there is an error in the covering SBAR: the Public Health Cell remains operational. Mrs Wilson stated that HDdUHB has been subject to three separate governance reviews; the Audit Wales Structured Assessment, an Internal Audit of Governance Arrangements during the COVID-19 pandemic, and a Welsh Government sanctioned KPMG review of Field Hospital arrangements; all of which would be discussed at the October 2020 Audit & Risk Assurance Committee meeting.</p> <p>The Board:</p> <ul style="list-style-type: none"> • NOTED the update since the Board in July 2020 regarding the approach undertaken to ensuring the appropriate level of Board oversight and scrutiny to discharge responsibilities effectively during the COVID-19 pandemic, together with the revised Command and Control structure; • NOTED the update since the Board in July 2020 regarding the approach to managing risk and outstanding recommendations from auditors, inspectorates and regulators by the Health Board during the COVID-19 pandemic. 	
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<p>PM(20)153</p>	<p>REPORT OF THE CHIEF EXECUTIVE</p> <p>Mr Steve Moore presented his report on relevant matters undertaken as Chief Executive of HDdUHB since the previous meeting, extending his thanks to the Governance and IT teams for their support and for providing Ty Nant as a venue to host the Board meeting.</p> <p>The Board:</p> <ul style="list-style-type: none"> • ENDORSED the Register of Sealings since the previous report on 30th July 2020; • NOTED the status report for Consultation Documents received/ responded to; 	
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	<ul style="list-style-type: none"> • NOTED the Public Services Ombudsman for Wales Annual Letter for 2019/20. 	
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PM(20)154	REPORT OF THE AUDIT & RISK ASSURANCE COMMITTEE	
	<p>Mr Paul Newman, Audit & Risk Assurance Committee (ARAC) Chair, presented the ARAC update report, highlighting in particular the impact of COVID-19 on the UHB's ability to perform clinical audit and potential consequences in terms of quality and safety, including patient safety. Whilst ARAC understood that there are mitigations in place, the UHB's clinical audit function remains redeployed to support COVID-19 arrangements.</p> <p>Miss Battle enquired with regards to plans for clinical audit activity going forward. The Medical Director explained that there had been a widespread acceptance that national clinical audit would be paused during the COVID-19 pandemic. HDdUHB had, however, continued to conduct mortality reviews and is already in a state of advanced planning for recommencing national clinical audit work. There has been consultation with all clinical leads to assess how best to achieve this, although it is recognised that COVID-19 cases may rise again, which would see a further impact on clinical audit plans. Members also heard that HDdUHB is the first region in Wales to begin the new Medical Examiner review process, which represents a positive step forward for the UHB. The Medical Director committed to ensure that regular updates on this matter are provided to both ARAC and the Quality, Safety & Experience Assurance Committee (QSEAC), noting that the latter takes an overview regarding clinical audit.</p>	PK/MR
	<p>The Board NOTED the ARAC update report, ACKNOWLEDGED the key risks, issues and matters of concern together with actions being taken to address these.</p>	

PM(20)155	AUDIT WALES STRUCTURED ASSESSMENT 2020	
	<p>Miss Battle introduced the Audit Wales Structured Assessment 2020 report, and congratulated the Executive Team on achieving what was the most positive Structured Assessment report she had ever encountered. These comments were echoed by Mr Moore, stating that the UHB value Audit Wales 'holding the mirror' to the organisation's activities, and welcomed the 'positive reflection' seen in this particular report. Mrs Wilson advised that representatives of Audit Wales would usually attend Board to present their report, however had been unable to do so, due to conflicting commitments. It is proposed as part of the recommendation that the Structured Assessment report be considered in detail at the ARAC meeting in October 2020. It was emphasised that this is the first Structured Assessment report in the UHB's history to contain no recommendations, whilst recognising there were suggested areas for consideration, which should be recognised as a significant achievement. The Chair noted a number of positive comments from Board Members congratulating the team on the report findings and concluded by noting that the overall conclusion from Structured Assessment 2020 was:</p> <p><i>'The Health Board has maintained good governance throughout the pandemic.'</i></p>	

	<p>The Board:</p> <ul style="list-style-type: none"> • SUPPORTED the content of the Structured Assessment 2020 Report, and WAS ASSURED that it presents a fair and balanced view of the organisation, recognising the positive aspects identified. • ACCEPTED the opportunities for improvement contained within the Structured Assessment 2020 Report and REQUESTED that a detailed management response be prepared and submitted to the Audit and Risk Assurance Committee on 20th October 2020. • DELEGATED detailed discussion of the Structured Assessment 2020 Report to the Audit and Risk Assurance Committee, noting that this will be discussed alongside the Internal Audit review of governance arrangements and (subject to permission from Welsh Government) the external review of Field Hospital Governance. 	
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<p>PM(20)156</p>	<p>DEVELOPING THE 3 YEAR PLAN FOR THE PERIOD 2021/22 – 2023/2024</p> <p>Mr Moore presented the Developing the 3 Year Plan report, which was welcomed, particularly in terms of its level of detail, by Miss Battle. Whilst this might be an unexpected activity to undertake during a pandemic, Mr Moore suggested that organisations who take steps to plan ahead will be in a better position to recover more quickly. It is vital that the advances in joint working and empowerment of staff to make decisions are sustained and built upon going forward. Whilst recognising its importance, the 3 Year Plan will be subject to a low-key launch for the time being, due to the other pressures and priorities for staff. The Strategic Objectives outlined within the report are long-term goals for the organisation; these may never be fully achieved, however are intended to ensure the UHB remains 'on track'.</p> <p>As outlined within the report, the organisational values form the first 3 Strategic Objectives, these represent the priorities for people, and have resonance with UHB staff. The 3 service aims bring together the organisation's ambitions in regards to population health and wellbeing, the need to deliver the key aims that guided the Transforming Clinical Services consultation and the need to manage resources in a sustainable manner. The Planning Objectives are intended to outline how the organisation will seek to deliver its aims, which sets a balance between achievability and ambition/innovation. If accepted, these will provide a firm basis upon which to plan between now and the end of 2020. The Planning Objectives are underpinned by Specific Requirements which are, in many cases, set by Welsh Government or other organisations. Mr Moore hoped that the collective objectives and requirements establish a clear foundation for the organisation.</p> <p>The Vice-Chair welcomed and commended the report and its proposals, particularly the way in which it progresses the UHB's Health & Care Strategy. It was suggested that this is actually the correct time to undertake this work, to provide a much needed sense of a future beyond the immediate COVID-19 pressures. The Vice-Chair queried how the organisation can ensure it meets the challenge of maintaining positive changes made during the pandemic which are consistent with the Strategy, and avoid reverting to its previous position and practices. Confirming that this had been one of the key considerations, Mr Moore stated that when reflecting on the Strategy position pre COVID-19, it had</p>	
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become clear that momentum was being lost. This was mostly due to conflating the Transformation process with the level of detail required to take it forward. Part of the rationale for the refreshed approach is to separate these two elements. This will facilitate an improved and faster-paced achievement of the organisation's objectives. One benefit of the COVID-19 pandemic has been the emergence of a Social Model for Health, with increased social cohesion, an improved sense of community, higher levels of volunteering and local support. This must be built upon in future, and the UHB needs to consider how it can support communities to 'do for' themselves, rather than 'do to' for communities.

The report was commended, and the importance of maintaining and reflecting the complexity of work and the multiple interdependencies involved emphasised. In terms of content, whilst the UHB's commitment to the quality management agenda was undisputed, it was suggested that the way in which this is framed, in order to provide the appropriate prominence, requires further consideration. Also, any long-term plans must fully take into account and prioritise services for Children and Young People, which the later Board report acknowledged. Finally, with regards to Objective 4, the list of Planning Objectives does not explicitly detail the need for the NHS to 'redraw' its relationship with communities and think differently about how health and well-being is sustained in community settings. It would be beneficial if this requirement could be reinforced. Mr Moore welcomed this feedback, emphasising that attempts have been made to achieve the correct balance in content and detail. A significant number of overlapping requirements have been taken into account in preparing the document, including Board decisions, and directives from Welsh Government and other regulators.

Mr Moore suggested that the Board needs to be considering this issue at high level, and ensuring this is correct will enable the Board to properly scrutinise the planning process. The need for quality to be woven through all of the objectives was recognised, together with the need for further consideration of the Social Model for Health and its implications. Planning Objective 4.L is specifically intended to assist in taking this forward. In response to a query regarding whether the UHB is able to engage on the Strategic Objectives with individuals and/or communities at this point, Members heard that a number of the objectives incorporate engagement with various groups, including staff and communities. This may, however, be too great an expectation of staff at present, while they are managing COVID-19 requirements, and full engagement may need to be deferred to spring 2021. The Medical Director reminded Members that the objectives have been derived from the totality of Board recommendations and directives from the previous three years, together with those contained within the Health & Care Strategy. It was suggested, therefore, that these should be concordant with staff and public feedback.

Miss Battle felt that the definition of new Strategic Objectives, Planning Objectives and underpinning requirements represents a 'turning point' for the organisation. Whilst the UHB's Health & Care Strategy had been agreed in November 2018, there is a significant difference between approval of a strategy and its delivery. Miss Battle agreed that this

	development will allow the Board to scrutinise Strategy delivery more effectively.	
	<p>The Board:</p> <ul style="list-style-type: none"> • APPROVED the Strategic Objectives and Planning Objectives to allow the process of developing deliver plans to commence. • DELEGATED scrutiny to the People, Planning and Performance Committee (PPPAC) of the audit trail linking previous Board decisions to the Planning Objectives and Specific Requirements set out in the paper. 	SM

PM(20)157	IMPROVING PATIENT EXPERIENCE REPORT	
	<p>Ms Sharon Daniel presented the Improving Patient Experience Report, recording thanks to the Patient Experience team for preparing this document. Members were informed that the format of the report will continue to evolve in response to Board feedback. Ms Daniel highlighted in particular the positive feedback regarding the Family Liaison Officers (FLOs); information relating to Paediatrics, which will continue to feature in future reports; and the two patient stories, which reflect both positive and negative experiences, whilst outlining the steps taken to address the latter. The report also details the roll-out of the Friends and Family Test (FFT) across all Inpatient areas and certain Outpatient areas. Feedback collected so far is mostly positive, although there are also less positive responses. All of the UHB's A&E departments and Minor Injury Units have experienced a deterioration in performance, and the team are exploring the reasons for this. Surveys have been issued, with examples of feedback collected included within the report. Responses to survey findings from services will be incorporated into the November 2020 Improving Patient Experience report.</p> <p>In response to a query regarding future plans for FLOs, Ms Daniel assured Members that the value of this role is both recognised and respected. The team is exploring various potential funding streams to maintain FLOs, including charitable funding, and hope to provide further information at the next Board meeting. Miss Battle emphasised that the Board very much support the continuation of this service, particularly as COVID-19 is likely to remain a feature of the healthcare landscape for the foreseeable future, with restrictions on visiting. The FLOs are playing an invaluable role during this time, and are addressing a need which has been an ongoing issue in relation to communication. Whilst welcoming the openness and honesty of the report in including the less than positive A&E feedback on page 5, and recognising that this is not indicative of all services, concerns were expressed regarding the reception received by these patients and the staff attitudes they experienced. Members questioned whether this signals that staff are struggling to deal with the pressures, whether this data is being triangulated with other information, and whether there is more support which can be offered. Ms Daniel suggested that it is probably too early to determine the cause for this feedback, whilst acknowledging the need to analyse it further and take action where necessary. This is likely to form a significant part of the Improving Experience Charter implementation going forward. Options such as customer care training are being explored, and there is due to be a presentation to QSEAC's October 2020 meeting, which will inform the next Board report.</p>	MR

	<p>Referencing the triangulation of patient feedback with other performance data/metrics such as vacancies and sickness absence levels, the importance of recognising these other factors and not simply considering feedback in isolation was emphasised. Ms Daniel advised that patient feedback data is made available immediately to service leads and presented via the various governance structures, both operational and corporate. It is important to note that, in addition to local triangulation of data, leaders are also encouraged to consider the information. The Listening & Learning Sub-Committee is examining the data on a regular basis, and Members heard that the Workforce & OD team will be introducing Relationship Managers in the near future. In addition to these actions, Mr Moore advised that he is discussing with the Director of Nursing, Quality & Patient Experience other measures to bring together the various sources of quality information for Board, including quality surveillance processes. It was agreed that an update would be provided to the next meeting.</p> <p>Noting data around implementation of the FFT system, information regarding the date by which this will be available in all community hospitals was requested. Ms Daniel explained that implementation in this sector is 80-90% complete, the delay being due to obtaining access to staff for delivery of training. It is hoped that this will be achieved by the end of this calendar year. It was observed that parts of the data are helpful not only in the short-term but also in the long-term. It is important, therefore, that this be triangulated to ensure that the organisation is not attempting to solve issues in the future, which might be addressed now. This evidence-based link needs to be established. The Medical Director agreed that feedback needs to guide the UHB's approach long-term. Welcoming the powerful messages included in the report, and echoing an earlier comment, he was pleased to see the inclusion of the A&E feedback. Members were informed that each service operates quality governance meetings, for which the Director of Nursing, Quality & Patient Experience is considering a standardised template, in order to guide discussions. It is important within these meetings to ensure oversight of outcomes, experience, maintenance of standards and quality of services are all considered together. This is a workstream being progressed by the Director of Nursing, Quality & Patient Experience, in conjunction with the Medical Director, Director of Operations and Director of Therapies & Health Science.</p> <p>Miss Battle thanked the Patient Experience team for their report.</p>	MR
	<p>The Board RECEIVED and NOTED the Improving Patient Experience report, highlighting to patients and to the public the main themes arising from patient feedback.</p>	

PM(20)158	<p>COVID-19 REPORT</p> <p>Mr Moore introduced the COVID-19 Report, explaining that in this fast-paced environment, it is perhaps inevitable that the position will have changed since the report was prepared. Before discussion of the report, however, Mr Moore wished to acknowledge the situation relating to the housing of Asylum Seekers at the former military base at Penally. The UHB has been working with the Home Office in relation to this matter. There had been no prior consultation with the Health Board, Pembrokeshire County Council or the local population. The health and</p>	
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other needs of the Asylum Seekers in this facility will be supported, together with the health needs of the local community. The Director of Public Health is leading a response group, with the willingness among UHB staff to contribute being a testament to the levels of caring within the organisation.

Moving onto the COVID-19 report itself, Mr Moore reminded Members that relatively low rates of infection have been seen in the HDdUHB region; however, infection rates are now rising across Wales. Various changes in restrictions in certain localities have been introduced in response. There are some concerns regarding increases in COVID-19 rates within Carmarthenshire, particularly in the Llanelli area. These potentially bring the area into Welsh Government's focus for increased restrictions. Mr Moore wished to recognise the Director of Public Health, Director of Therapies & Health Science and Test, Trace, Protect (TTP) teams throughout the region for their contributions to tactical implementation. In terms of Field Hospital beds, Mr Moore was confident in the UHB's ability to deliver and meet the potential demand, whilst hoping that they are not required.

Noting concerns regarding essential services, Mr Moore assured Members that these continue to be delivered, albeit in different ways. A cautious restarting of other services is also being considered/commenced. Focusing on TTP, the Gold Command Group has recognised the challenges relating to the UK testing portal, and the UHB is taking steps to bolster local testing provision. Members' attention was drawn to the Local COVID-19 Prevention and Response Plans, appended to the report, which are an evolving document. Mr Moore felt, however, that it was important to introduce this into the public domain. The Director of Public Health counselled Members that there is an extremely 'live'/fluid situation currently with regard to COVID-19 infection rates. There has been a sharp rise in cases specifically in Llanelli, and the UHB is working with Carmarthenshire County Council, Public Health Wales (PHW) and Welsh Government in this regard. The local population is being supported to ensure they are able to access tests as quickly as possible. The situation is being monitored very closely, and the UHB will respond and provide information as soon as it is able. Members heard that this is a rapidly moving situation, involving multi-agency working.

The Vice-Chair enquired whether any consideration has been given to re-introducing mobile facilities for treatment of cataracts, etc. In response, the Director of Operations advised that he is continuing to work with sites and operational teams in regards to restarting planned care services. A plan has been agreed to restart Orthopaedic surgery at Prince Philip Hospital from the beginning of October 2020. With regards to cataract surgery specifically, all possibilities are being considered. One of the challenges is that every Health Board and Trust across the UK is seeking similar solutions, resulting in high demand for facilities such as mobile units.

There was a query regarding the process for providing COVID-19 test results, and the fact that the national system does not provide a date of test/result, which has led to issues for individuals who need to provide

evidence to employers. The Director of Therapies & Health Science confirmed that the majority of COVID-19 test results are provided by text. Enquiries have been made with regard to the date of test/result issue, and findings will be reported. Referencing section 3 of the report, and the intention to 'Establish a process to maintain personalised contact with all patients currently waiting for elective care', the anticipated timescale for implementation of this was queried. Mr Moore explained that no timescale has been determined as yet, due to the complex and ambitious nature of this aim. An update would be provided as soon as possible.

AS

SM

Returning to Penally, concerns about the particular challenges of working with Asylum Seekers, in terms of language barriers, lack of data with regards to their health needs and site access for staff were raised. Members heard that, as far as is possible, virtual processes are being employed. The Director of Public Health reported that she is chairing a health response group on this issue, which involves various workstreams, including language requirements, cultural issues, country of origin, health needs. A number of actions are being implemented and liaison with the relevant parties undertaken, to ensure an appropriate and timely response. Interpretation services are being sourced for both the Asylum Seekers and the Health Care Professionals interacting with them. Members were assured that all of the issues mentioned, together with many others, are being considered. It was suggested that the UHB should write to the Home Office to express its concern regarding the impropriety of this situation and the way in which it was handled.

Proposals to strengthen and enhance the region's testing capacity were welcomed, although the UHB's ability to cope with the predicted demand of 1,320 tests per day was queried. The Director of Therapies & Health Science advised that the delivery plan is already out of date and will be updated for the next Board meeting. The UHB is currently delivering approximately 1,600 tests per day, with 75% of these via the UK portal and 25% via PHW, being priority groups; the UHB is trying to ringfence and protect this second testing proportion. The 'Lighthouse Laboratory' situation is beyond the UHB's control. Testing capacity is available across the region, with testing accessible in all three counties; the issue is with laboratory capacity. The UK portal system means that some of those being tested in the HDdUHB region will be from England; again, this is out with the UHB's control. The local population should not, however, need to travel beyond the Hywel Dda region. While the requirement exists to use the UK portal, this issue will remain; although it is hoped that a system to manage testing locally will be in place soon. The Medical Director welcomed the positive report regarding testing capacity, whilst recognising the issues with processing of results and the steps being taken nationally to reduce the time taken. Miss Battle drew Members' attention to the request for Board to ratify a Gold Command Group decision in relation to testing.

AS

The Community Health Council Chair requested assurance on behalf of the Llanelli population that they will be able to access COVID-19 testing locally. It was also highlighted that there have been questions on social media regarding the necessity/value of antibody tests and whether the funding for these would be better spent on antigen testing. In response

to these queries, the Director of Therapies & Health Science advised that, together with a general increase in testing capacity across both the UHB and UK, there has been a focused increase in testing capacity of 650 tests per day for Llanelli. Due to the requirement to utilise the UK testing portal, however, it cannot be guaranteed that additional capacity will not be used by individuals from elsewhere. The Director of Therapies and Health Science has requested information regarding the domicile of those utilising testing facilities, and if this proves to be the case, access to testing will be brought 'in-house'. With regards to the second query, Members were reminded that the UHB has been tasked by Welsh Government with antibody-testing specific groups, including teaching staff and domiciliary care staff. The need for antigen testing is, however, recognised and will be prioritised if necessary.

The Board considered and agreed each of the recommendations in turn; recording its continued concern regarding those awaiting elective care, whilst noting that this situation is unavoidable at present. Following earlier Board discussions, and conversations with various UHB partners, it was agreed that an additional recommendation should be added: to write a letter to the Home Office raising the Board's concern about the use of Penally Army Camp to house refugees and the consequences for the asylum seekers and the local community.

MB/SM

The Board:

- **DIRECTED** the Finance Committee to scrutinise the proposed Field Hospital contracts, to seek assurance regarding value for money and to make a recommendation to Board regarding approval of the contracts; noting that timescales may require Chair's action with Board ratification to follow at the next available meeting
- **RATIFIED** the Gold Command Group decision to *"In light of UK portal issues recently experienced, the Public Health Cell is asked to strengthen our local antigen testing offer, the aim of which is to reduce local reliance on the DHSC model and provide less than 24 hour turnaround times and access for all symptomatic people and all asymptomatic patients and key workers to local testing capacity in the Hywel Dda area"*.
- **RATIFIED** the Gold Command Group decision to instruct Tactical to deliver the operational requirements arising from the Public Health Cell in relation to TTP and vaccination plans
- **RATIFIED** the additional planning requirement issued to the Public Health Cell *"To establish mass vaccination infrastructure and processes, the scale and size of which will be informed by Welsh Government guidance, capable of being implemented from 5th October 2020"*
- **RATIFIED** the Gold Command Group decision for the Command Centre to:
 - Establish a process to maintain personalised contact with all patients currently waiting for elective care which will:
 - Keep them regularly informed of their current expected wait
 - Offer a single point of contact should they need to contact us
 - Provide advice on self-management options whilst waiting
 - Offer advice on what do to if their symptoms deteriorate
 - Establishes a systematic approach to measuring harm – bringing together the clinically assessed harm and harm self-

	<p>assessed by the patient and use this to inform waiting list prioritisation</p> <ul style="list-style-type: none"> • Offer alternative treatment options if appropriate • AGREED to compose a joint letter to the UK Home Office with UHB partners expressing concern regarding the decision to house Asylum Seekers at the former Penally military base; and the lack of consultation with relevant parties and the local population regarding this matter. 	
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PM(20)159	PERFORMANCE UPDATE – MONTH 5 2020/21	
	<p>Mr Huw Thomas presented the Performance Update for Month 5 of 2020/21, advising that this is of the standard format and in line with revised Welsh Government reporting requirements. The report sets out the key performance issues faced by the UHB currently, with the following three main drivers: Workforce, Social Distancing Requirements, Personal Protective Equipment (PPE) Requirements. Whilst there has been some improvement in performance, significant challenges remain, particularly around Scheduled/Planned Care, Cancer services and Stroke Care.</p> <p>It was noted that the report clearly demonstrates COVID-19's impact, including the negative impact on both patients and staff. Whilst recognising the ongoing challenges, the steps being taken to minimise this impact and keep patients informed were queried. In response, Members were reminded that a number of the actions being taken have already been discussed. In terms of mitigating risk, the UHB continues to risk-stratify patients and reprioritise them where appropriate. It was emphasised that COVID-19 will continue to impact on healthcare services for some time to come, although the UHB is and will continue to take all the actions it can to mitigate this impact. Many actions are being taken and are discussed on a regular basis. As has already been outlined, there are challenges in regards to providing additional, for example, mobile facilities. Space in general is an issue, certainly in regards to unscheduled care. Activity/demand is returning to normal levels, however, there are challenges in managing clinical space, waiting rooms, etc in order to meet COVID-19 'Red' and 'Green' requirements. This issue will increase as we move into the winter period. Members were advised that the UHB's diagnostic capacity has been increased by provision of a new drop-in Computerised Tomography (CT) facility. Waiting lists will continue to be reviewed and validated. A webpage is available at https://hduhb.nhs.wales/healthcare/covid-19-information/restarting-services/ which provides updates on specific services.</p> <p>Whilst noting that Welsh Government has removed the requirement to monitor Delayed Transfers of Care (DTC), there was an enquiry regarding whether a sense of non-Mental Health DTC levels exists. Also, a request for general information regarding discharge from hospital. Members were assured that the UHB has maintained its focus on this area, recognising the significant issues experienced last year. Discussions have taken place with Local Authority colleagues via the Regional Partnership Board (RPB) Integrated Executive Group, and with operational staff. Numbers of and reasons for delays are still being monitored and analysed. In Pembrokeshire, there are currently 32</p>	

medically optimised patients ready to leave hospital; the main issue delaying their discharge being securing packages of care. 45 patients are awaiting a Multi-Disciplinary Team (MDT) assessment. With regards to domiciliary care provision, the UHB is considering alternative provision/facilities to increase capacity, including utilisation of spare residential care capacity. This is a priority for the UHB and its partners. It was confirmed that hospital discharge levels have deteriorated since the onset of COVID-19, and that domiciliary care capacity has reduced. The field hospitals may potentially offer a source of transitional support. The UHB recognises the need to work with patients and their families. Members heard that the Home of Choice policy has been temporarily suspended and the UHB plans to discharge individuals to a care home with capacity, then move them to their first choice care home when a space becomes available. It has been noted, however, that some individuals choose to remain at the original care home, rather than move, as they become settled there. DTOCs and discharge processes are monitored via PPPAC, QSEAC and the RPB. A whole-system overview is required, due to the various parties/factors involved. It was noted, however, that a request for regular, detailed discussion of this topic at the RPB was not necessarily well-received, and that more could be done in this regard. It was agreed that the Chairs of PPPAC and QSEAC would discuss how this issue should best be progressed with the pace and priority required.

JH/JP

JG/AL

Referencing information relating to neurodevelopment assessment services on page 14, assurance was requested regarding whether the planned actions will address the challenges in this area. The report should not focus on the 21.6% of children and young people who waited less than 26 weeks to start a neurodevelopment assessment but highlight and report the significant proportion who have waited longer. It was agreed that the UHB must not lose sight of the almost 80% of this population who do not receive a satisfactory service. The organisation is aware that it needs to demonstrate progress and improvement in this area. Two clinical staff have been appointed to the team, and recruitment to administrative support posts is underway. Face to face assessments are being re-commenced, with the necessary COVID-19 precautions in place, and the UHB is exploring how it can further increase capacity. Space constraints, however, are an issue; and consideration is being given to relocating a number of administrative staff in order to provide additional clinical capacity, or whether clinical services can be relocated away from traditional environments where appropriate. There are also challenges resulting from the cautionary way in which schools and education has restarted, and the ability of staff to enter schools to undertake assessments. Whilst there is optimism in terms of the UHB's ability to increase capacity in this area, it was agreed that focus must be maintained. The importance of ensuring that neurodevelopment assessment services are child and young person-friendly, and not necessarily co-located with mental health facilities was emphasised.

In terms of future performance, the UHB needs to recognise its strengths in data collection, analysis and modelling and consider how this is utilised to identify potential future demand for services, thereby facilitating effective planning. The above was acknowledged as a key

issue and priority, with plans already in place to restart this activity for the remainder of the current year and for next year. It was noted that the organisation is already seeing a return to more normal levels of activity/demand, which in certain cases exceeds the forecast levels. It is vital to understand what this means going forward, particularly in terms of the UHB's ongoing response to the Welsh Government COVID-19 Operating Framework. The above suggestion is salient in regards to current work with the digital team, although it should also be noted that long-term modelling of demand was undertaken as part of the Health & Care Strategy development. The findings of the Strategy modelling, however, were not especially granular; further work is required to examine specific service interventions. Whilst underway, this is in its infancy and needs to be progressed at pace and linked with Value Based Health Care workstreams. Once in place, many of the performance indicators should show improvement.

Referencing data on Stroke services, there were queries regarding the reasons for the UHB's poor performance in Speech & Language Therapy, the delay in reappointment of a Stroke Lead, and where performance is monitored. In response to the first query, Members were advised that the Speech & Language team is small and includes a number of staff classed as vulnerable, who have not been able to continue delivering direct patient contact during the COVID-19 pandemic. In addition, the swallowing assessment used in Speech & Language Therapy is an aerosol-generating procedure, requiring higher levels of PPE, meaning that assessment of each patient takes longer. The ward-based Speech & Language work which had previously been implemented has had to be ceased due to COVID-19 restrictions. It was noted, however, that two new Speech & Language therapist graduates are due to commence employment and will be part of the Inpatient service. With regards to the second query, the decision was taken to broaden access to the Stroke Lead post to the wider MDT, rather than restrict applications to medical consultants. This resulted in a need to review the job description. In terms of where Stroke Care performance is monitored, Members heard that the Stroke Operational Group has now been reinstated. Performance has also been scrutinised at the Operational Quality, Safety & Experience Sub-Committee and at QSEAC, with a deep-dive into Stroke services scheduled for the October 2020 QSEAC meeting. It was agreed that the Stroke services section of the QSEAC Update Report to the November 2020 Board meeting should include specific reference to Speech & Language Therapy.

MR

Responding to a request for an update regarding Ophthalmology services, the Director of Operations advised that COVID-19 has impacted significantly on this service. Patients awaiting cataract surgery make up the majority of the backlog, with fragilities in the workforce and as a result of vacancies. The need to take action to strengthen the workforce has been identified as a key focus. HDdUHB is working with Swansea Bay UHB regarding the potential for a regional Glaucoma service; this has been prioritised due to the clinical risk involved. Discussions are relatively advanced. It was agreed that the Chairs of PPPAC and QSEAC would discuss where Ophthalmology performance would be best monitored in order to ensure progress and definition of timescales;

JG/AL

	<p>Further clarification was requested regarding actions being taken to address the increase in C.difficile infections. In response, Members were informed that there has been a 7% increase in C.diff rates in comparison to August 2019, equating to 4 cases across the UHB. There has been a decrease in cases at Worthybush General Hospital (WGH). The focus is currently on Glangwili General Hospital (GGH), which has seen an increase in infections. Historically, GGH has had a lower incidence of C.diff than the UHB's other sites. Discussions are ongoing with operational teams to establish whether this is an adverse outcome of COVID-19. When wards and their functions were repurposed, the pharmacy support was also moved. The antimicrobial pharmacists have been fundamental to promoting antimicrobial stewardship, working with the clinical teams. Antibiotic use across the UHB is being monitored. There has also been a suggestion that the increase in virtual consultations has impacted on antibiotic prescribing across the whole health economy. However, having analysed All Wales data, there is nothing specific to suggest that antibiotic prescribing has increased in HDdUHB. The Assistant Director of Nursing has requested that the Infection Prevention & Control team focus on standard infection control measures, particularly hand hygiene, to ensure that staff are not becoming complacent due to an over-reliance on PPE. The importance of the basic principles of infection control should not be underestimated. It was noted that there has been a significant increase in C.diff cases in other Health Boards, and this issue is being reviewed nationally as well as locally.</p> <p>Miss Battle concluded discussions by reminding Members of the actions agreed:</p> <ul style="list-style-type: none"> ○ Discussion of DTOC/Discharge processes to be considered by RPB; ○ DTOC/Discharge processes and Ophthalmology to be discussed by the Chairs of PPPAC and QSEAC and agree where they will be scrutinised; ○ QSEAC Update report to include Speech & Language Therapy. <p>The Board DISCUSSED the revised Performance Update report format in light of the current COVID-19 pandemic requirements and CONSIDERED issues arising from its content.</p>	
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PM(20)160	<p>REPORT OF THE PEOPLE, PLANNING & PERFORMANCE ASSURANCE COMMITTEE</p> <p>Professor John Gammon, PPPAC Chair, presented the PPPAC update report, highlighting only the concern in relation to challenges resulting from current social distancing requirements to create safe environments for staff and patients, and the impact on staff well-being. The assurance provided regarding how this issue is being managed was recognised.</p> <p>The Board NOTED the PPPAC update report, ACKNOWLEDGED the key risks, issues and matters of concern together with actions being taken to address these.</p>	
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PM(20)161	<p>REPORT OF THE QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE</p> <p>Ms Anna Lewis, QSEAC Chair, presented the QSEAC update report, highlighting in particular the useful discussion regarding the measures in</p>	
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	<p>place to monitor the Planned Care backlog, and the valuable learning already emanating from the Listening & Learning Sub-Committee. Attention was drawn to the one matter of concern detailed, regarding accommodation for the Research & Development (R&D) team, which has serious potential consequences for this UHB function.</p> <p>Members heard that the Director of Finance, covering for the Director of Planning, Performance & Commissioning, is taking steps to address this issue. In response to a query regarding whether HDdUHB has seen significant numbers of staff leaving the NHS during the COVID-19 pandemic, the Director of Workforce & OD advised that this has not been the case. Members heard that the R&D Sub-Committee is in a more positive position than previously, with improved attendance and good engagement.</p>	
	<p>The Board NOTED the QSEAC update report and ACKNOWLEDGED the key risks, issues and matters of concern together with actions being taken to address these.</p>	

PM(20)162	<p>REPORT OF THE FINANCE COMMITTEE</p> <p>Mr Michael Hearty, Finance Committee Chair, presented the update reports from meetings held in July and August 2020, adding that the Committee is also due to meet on 29th September 2020.</p> <p>The Board NOTED the Finance Committee update report and ACKNOWLEDGED the key risks, issues and matters of concern together with actions being taken to address these.</p>	
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PM(20)163	<p>FINANCIAL REPORT – MONTH 5 2020/21</p> <p>Mr Thomas introduced the Financial Report for Month 5 of 2020/21, advising that whilst the Finance Committee has considered reports for Months 3 and 4, it has not yet seen the report for Month 5. There had been, however, a briefing for those Independent Members able to attend, on 23rd September 2020. The financial position for Month 5 represents an improvement on the previous month. Mr Thomas highlighted in particular four key issues:</p> <ul style="list-style-type: none"> • Workforce – the UHB is noting fairly consistent locum medical staff costs of £1.7m; together with nursing agency costs of £1.2m, which is an increase compared with recent months; • Primary Care Prescribing – cost pressures resulting from Category M prescribing and issues with the supply chain leading to instances of No Cheaper Stock Obtainable (NCSO); • Field Hospital Costs – £7.2m, which are in the main unavoidable; • Planned Care – which is showing an underspend, due to lower clinical activity than modelled/intended. <p>Members heard that the financial forecast position is inherently volatile at this point, with a number of risks. These include a potential second wave of COVID-19, and the associated costs for PPE, Test, Trace, Protect and vaccination programme (should a vaccine become available). The UHB is in regular dialogue with Welsh Government and an announcement on further Health Board funding is expected imminently. The forecast represents a gross position, and will improve following any Welsh Government funding allocation.</p>	
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It was noted that at the Independent Members' briefing, a request had been made for further clarification with regards to the 'flow of money', particularly in relation to changes made in response to COVID-19. These would include reduced hospital capacity/demand, field hospital provision, temporary staff recruitment, underspends on pay. Independent Members felt that they would benefit from a greater and more detailed understanding of income and expenditure, and had requested that this be provided at the next Finance Committee meeting. The Director of Primary Care, Community & Long Term Care reported that she is continuing to work and converse with all of her teams on how to manage peaks and troughs of activity. There are discussions on the potential to recruit on a system/county basis rather than to specific areas/wards, etc. These are complex conversations, involving various parties, including the Finance team. The Vice-Chair welcomed the approach being taken.

The Board **DISCUSSED** and **NOTED** the financial position for Month 5.

PM(20)164

HDdUHB SEASONAL INFLUENZA PLAN 2020/21

Mrs Ros Jervis presented the HDdUHB Influenza Vaccination Plan report, thanking the IN-FLU Group for contributing to and collating the Plan, the work for which had begun in May 2020. This year's Plan is complicated by COVID-19, particularly in terms of its delivery. The organisation also needs to plan for increased numbers and demand for the Influenza vaccination, together with the interface with a COVID-19 vaccine, should this become available. It has never been more important to seek to minimise Influenza in the population; due to the potential for confusion of its symptoms with COVID-19 and the poor clinical outcomes for those individuals who contract both. The UHB has been taking steps to secure Influenza vaccine supplies as soon as possible, and has already begun clinics in certain areas, with early indications suggesting an increased interest in and demand for the vaccine.

The Director of Primary Care, Community & Long Term Care thanked Community Pharmacists and GPs for the significant efforts they are making to support this year's Influenza Vaccination Plan. Despite the additional complexities caused by social distancing requirements, substantial progress has already been made in preparation. The Chair echoed these sentiments, on behalf of the Board. In response to a query regarding whether the UHB is in control of Influenza vaccination communications to its local population, Members heard that due to the complexity of messaging this year, use of the local 'Superprotectors' branding has been put on hold and HDdUHB will work in conjunction with the rest of Wales. A second query was received, regarding the assumptions made around Influenza-related demand for hospital care alongside our COVID-19 capacity planning/modelling. Members were advised that data from previous years has been utilised, with the Modelling Cell analysing 10 years of demand data and feeding it into this year's forecast. It is hoped that enhanced Infection Prevention & Control measures will also impact on Influenza rates. Miss Battle emphasised that controlling the spread of Influenza is a collective responsibility and that everyone must play their part.

The Board **CONSIDERED** and **SUPPORTED** the Influenza Vaccination Plan for 2020/21, acknowledging the operational context within which this programme will be delivered.

PM(20)165

CHILDREN'S AND YOUNG PEOPLE'S SERVICES IN HYWEL DDA

Mr Andrew Carruthers introduced the Children's and Young People's Services in Hywel Dda report, thanking Ms Lisa Humphrey for drawing together the various contributions. Members heard that there are just under 73,000 children and young people in the Hywel Dda region, and that in terms of health care, these individuals are spread across a number of specialties and services. The purpose of this report is to provide a position statement, and the timing has proved opportune, with the recent publication of the Children's Commissioner's "No Wrong Door" report. Rather than construct a new strategy, the intention is to develop an effective mechanism to prepare an operational response to the UHB's existing Health & Care Strategy. It has been pleasing to note that there is a genuine enthusiasm and appetite for engagement, with interest from various external stakeholders. The organisation needs to ensure that it utilises existing mechanisms and develops new ones as appropriate. The proposed timescale of 18 months reflects the impact of COVID-19 on ability to implement and progress actions. Mr Carruthers emphasised that this process is separate from the role the Director of Public Health has been asked to undertake by the RPB.

Whilst Members welcomed the report as a frank and honest statement of the UHB's position, it was emphasised that a defined timescale for producing a plan is required. If the report is representative of the potential for collaboration, it is extremely encouraging. It does, however, raise concerns regarding the challenges within services and the impact of COVID-19 on children and young people. The Vice-Chair, who had commissioned this report, thanked the Director of Operations and those who had contributed to it. The level of work involved was not underestimated. In view of the 12 contributors and 6 directorates involved, it is vital to identify who is leading and coordinating this workstream internally, on behalf of the Director of Operations. In response, Members were reminded/advised that under the Strategic Objective "Safe, sustainable, accessible and kind care" there is a Planning Objective (5.1) for the Director of Operations to develop a response plan by December 2020 and to complete implementation by 2024. Whilst Members were comfortable with the December 2020 timescale, it would not be possible to judge until then whether the implementation timescale of 2024 is reasonable or too lengthy.

It is good to note the recognition in the report that some of the most vulnerable children are those in Children's Homes; that the vulnerability of these individuals potentially increases when they leave care; and the potential consequences in terms of health and well-being. Whilst the numbers involved may be small, the personal impact is significant. Members noted that there are good examples of how neighbouring Health Boards involve children and young people which should be examined, for example Young Ambassadors within PHW. There is a need to include Home Schooled children and young people, as this is a group which is often overlooked.

	The Board ACCEPTED the report as a high-level position statement of services that are currently delivered for Children and Young People who reside within the Hywel Dda University Health Board area.	
PM(20)166	REPORT OF THE HEALTH & SAFETY ASSURANCE COMMITTEE	
	Mrs Hardisty, Health & Safety Assurance Committee (HSAC) Chair, presented the HSAC update report, advising that feedback from the Health & Safety Executive has now been received, and thanking the Director of Nursing, Quality & Patient Experience for leading on this matter. There remain, however, significant challenges in terms of compliance with fire safety and this topic will remain a focus for HSAC.	
	The Director of Operations assured Members that the UHB has a strong and established relationship with the Mid & West Wales Fire and Rescue Service (MWWFRS) and are in regular contact with this body. The UHB has received all of the WGH updated fire safety notices/letters with one exception, which MWWFRS has committed to correcting and reissuing. All have been received for GGH. The UHB will be meeting with Welsh Government in October 2020.	
	The Board NOTED the Health & Safety Assurance Committee update report and ACKNOWLEDGED the key risks, issues and matters of concern together with actions being taken to address these.	
PM(20)167	STRATEGIC EQUALITY PLAN ANNUAL REPORT 2019/20	
	Members received the Strategic Equality Plan Annual Report, and noted that this had been considered in detail by PPPAC.	
	The Board: <ul style="list-style-type: none"> • RECEIVED the Strategic Equality Plan Annual Report 2019-20 and Annual Workforce Equality Report, for assurance on the work which has been undertaken to meet the Public Sector Equality Duty and HDdUHB's equality objectives; • APPROVED the reports for publication in line with the UHB's statutory duties. 	
PM(20)168	COMMITTEE UPDATE REPORTS: BOARD LEVEL COMMITTEES	
	The Board ENDORSED the Committee updates and RECOGNISED 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)169	COMMITTEE UPDATE REPORTS: IN-COMMITTEE BOARD	
	The Board RECEIVED the update report of the In-Committee Board meeting.	
PM(20)170	COMMITTEE UPDATE REPORTS: HDdUHB ADVISORY GROUPS	
	The Board RECEIVED the update report in respect of recent Advisory Group meetings.	
PM(20)171	HDdUHB JOINT COMMITTEES & COLLABORATIVES	
	The Board RECEIVED the minutes and updates in respect of recent Welsh Health Specialised Services Committee (WHSSC), Emergency Ambulance Services Committee (EASC), NHS Wales Shared Services	

	Partnership (NWSSP) Committee, Mid Wales Joint Committee for Health and Care (MWJC) and NHS Wales Collaborative Leadership Forum (CLF) meetings.	
PM(20)172	STATUTORY PARTNERSHIPS UPDATE	
	<p>The Board:</p> <ul style="list-style-type: none"> • NOTED the Public Services Boards (PSB) update and links to the PSB and RPB websites, where the agenda and minutes of recent meetings can be accessed; • NOTED the update from the RPB; • NOTED the updates on joint working between the RPB and PSBs, and the newly developed links with the Local Resilience Fora (LRF). 	
PM(20)173	BOARD ANNUAL WORKPLAN	
	The Board NOTED the Board Annual Workplan.	
PM(20)174	ANY OTHER BUSINESS	
	Miss Battle wished to recognise and commend, on behalf of the Board, the continued contribution made by all members of the Executive Team in regards to COVID-19, winter pressures and national directives.	
PM(20)175	DATE AND TIME OF NEXT MEETING	
	10.00am, Thursday 26 th November 2020.	