

**COFNODION Y CYFARFOD BWRDD IECHYD PRIFYSGOL  
HEB EU CYMERADWYO UNAPPROVED  
MINUTES OF THE UNIVERSITY HEALTH BOARD MEETING**

Date of Meeting:	<b>9.30AM, THURSDAY 26<sup>TH</sup> NOVEMBER 2020</b>
Venue:	<b>VIRTUAL, VIA TEAMS</b>

<b>Present:</b>	<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 (VC)  Mr Andrew Carruthers, Executive Director of Operations (VC)  Mrs Lisa Gostling, Executive Director of Workforce &amp; Organisational Development (VC)  Mrs Ros Jervis, Executive Director of Public Health (VC)  Mrs Mandy Rayani, Executive Director of Nursing, Quality &amp; Patient Experience (VC)  Ms Alison Shakeshaft, Executive Director of Therapies &amp; Health Science (VC)  Mr Huw Thomas, Executive Director of Finance (VC)</p>
<b>In Attendance:</b>	<p>Ms Jill Paterson, Director of Primary Care, Community &amp; Long Term Care  Mrs Joanne Wilson, Board Secretary  Mr Michael Hearty, Associate Member (VC)  Mr Mansell Bennett, Chair, Hywel Dda Community Health Council (VC)  Ms Donna Coleman, Chief Officer, Hywel Dda Community Health Council (VC)  Ms Hazel Lloyd-Lubran, Chair of Stakeholder Reference Group (VC)  Dr Hashim Samir, Black, Asian and Minority Ethnic (BAME) Advisory Group Representative (VC)  Ms Clare Moorcroft, Committee Services Officer (Minutes)</p>

<b>PM(20)176</b>	<b>INTRODUCTIONS &amp; APOLOGIES FOR ABSENCE</b>	
	<p>The Chair, Miss Maria Battle, welcomed everyone to the meeting, in particular Dr Hashim Samir, Co Vice Chair of the Board BAME Advisory Group and Ms Hazel Lloyd-Lubran, newly appointed Chair of the Stakeholder Reference Group. Apologies for absence were received from:</p> <ul style="list-style-type: none"> <li>• Dr Mo Nazemi, Chair of Healthcare Professionals Forum (VC)</li> </ul> <p>Miss Battle emphasised that the organisation has been facing an ongoing, particularly challenging period. The UHB's hospitals contain more COVID-19 patients than during the first peak in the spring. Whilst there are more challenges associated with this peak, the organisation is also better prepared. There are additional restraints which add to the</p>	

	<p>challenges, such as social distancing regulations and PPE requirements reducing capacity and the health and wellbeing of the workforce who are naturally very tired. Miss Battle thanked the Chief Executive and the Executive Team for their outstanding leadership, and thanked every member of staff for their tremendous contribution. Recent announcements regarding the development of effective COVID-19 vaccines offer hope for the future, although the UHB will be embarking upon its biggest ever vaccination programme, which will present a significant logistical and workforce challenge. Miss Battle also thanked the people of Carmarthenshire, Ceredigion and Pembrokeshire for their adherence to national rules intended to restrict the spread of COVID-19, emphasising the importance of continued compliance.</p>	
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<b>PM(20)177</b>	<b>DECLARATION OF INTERESTS</b>	
	<p>Cllr. Simon Hancock declared an interest in discussions relating to the Bluestone field hospital, as recorded at the previous meeting and in the register of Members' interests.</p>	

<b>PM(20)178</b>	<b>MINUTES OF THE PUBLIC MEETING HELD ON 24TH SEPTEMBER 2020</b>	
	<p><b>RESOLVED</b> – that the minutes of the meeting held on 24<sup>th</sup> September 2020 be approved as a correct record.</p>	

<b>PM(20)179</b>	<b>MATTERS ARISING &amp; TABLE OF ACTIONS FROM THE MEETING HELD ON 24<sup>TH</sup> SEPTEMBER 2020</b>	
	<p>An update was provided on the table of actions from the Public Board meeting held on 24<sup>th</sup> September 2020, and confirmation received that all outstanding actions had been progressed.</p>	

<b>PM(20)180</b>	<b>REPORT OF THE CHAIR</b>	
	<p>Miss Battle presented her report on relevant matters undertaken as Chair since the previous Board meeting, highlighting in particular the successes of HDdUHB staff in national awards and achievements recognised by Employee/Team of the Month awards. Mrs Judith Hardisty was also congratulated on her appointment as Chair of the Regional Partnership Board (RPB).</p> <p>The Vice-Chair echoed Miss Battle's comments regarding the efforts of the Chief Executive, Executive Team and all staff. Members' attention was drawn to page 5 of the report, and statements around the Early Intervention in Psychosis Team's nomination for the Advancing Healthcare Awards 2020. Members were reminded that the team had won an NHS Wales award for their work in 2019, and this further recognition at a UK level was welcomed.</p> <p>In considering the recommendations, and specifically the request for Board to ratify the Chair's Action relating to the Parc Y Scarlets lease extension, Members were advised that the Director of Finance has contacted Welsh Government, and their assent for this arrangement has been confirmed.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>SUPPORTED</b> the work engaged in by the Chair since the previous meeting and <b>NOTED</b> the topical areas of interest;</li> </ul>	

	<ul style="list-style-type: none"> <li>• <b>RATIFIED</b> the actions undertaken by the Chair on behalf of the Board, in relation to: <ul style="list-style-type: none"> <li>○ The decision to recommence urgent elective inpatient orthopaedic treatment (Serial No 117);</li> <li>○ The Parc Y Scarlets lease extension (Serial No 118).</li> </ul> </li> </ul>	
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PM(20)181	<b>MAINTAINING GOOD GOVERNANCE COVID-19</b>	
	<p>Miss Battle introduced the Maintaining Good Governance COVID-19 report, reminding Members of the changes made previously to accommodate the COVID-19 response. It is proposed that similar measures be applied during this second wave. Governance structures have been streamlined to the greatest extent possible. The only issue requiring consideration is how outstanding audit recommendations are taken forward, which can be discussed as part of the Audit &amp; Risk Assurance Committee update report agenda item. Miss Battle informed Members that the UHB had received extremely positive feedback from both Audit Wales and Internal Audit regarding governance during COVID-19. It was noted, however, that meetings below the main governance structure also need to be streamlined to ensure that operational staff are able to manage workload pressures.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the update since the Board in September 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;</li> <li>• <b>APPROVED</b> the temporary changes to the programme of work and meeting cycles for the Committees of the Board;</li> <li>• <b>NOTED</b> the update since the Board in September 2020 regarding the approach to managing risk and outstanding recommendations from auditors, inspectorates and regulators by the Health Board during the COVID-19 pandemic.</li> </ul>	

PM(20)182	<b>REPORT OF THE CHIEF EXECUTIVE</b>	
	<p>Mr Steve Moore presented his report on relevant matters undertaken as Chief Executive of HDdUHB since the previous meeting, noting that the majority of activity is recorded in the COVID-19 report. Mr Moore did, however, wish to highlight in particular the UHB's reduction in escalation status from Targeted Intervention to Enhanced Monitoring. This reflects the efforts of staff over a number of years, together with the UHB's recent comprehensive response to COVID-19. Mr Moore stated that he was immensely proud of all the work undertaken to reach this point, whilst recognising that there is more to be done in terms of finances and planning. With regards to the organisation's Major Incident Plan; it is suggested that valuable learning from the ongoing COVID-19 pandemic can and should feed into the next iteration of this document and therefore a formal extension to the policy was requested. Finally, Mr Moore wished to record his formal thanks to Mrs Karen Miles on her retirement, for her many years of NHS service, and for her contribution at the beginning of the pandemic in particular.</p> <p>In response to a query regarding the timescale for exiting the Parc Y Scarlets lease, Members noted that the key factor is how the pandemic</p>	

	<p>evolves during the coming months. Currently, all Field Hospitals must be retained as a contingency, although it is hoped that this position will change in due course with Parc y Scarlets being the first field hospital which would be returned. In terms of contractual obligations, the Director of Finance explained that necessary remedial works would take until May 2021; however, a clause is included which allows the flexibility to exit the lease at any point after Christmas. Hywel Dda Community Health Council (CHC) representatives requested that their thanks to Mrs Miles also be recorded.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>ENDORSED</b> the Register of Sealings since the previous report on 24<sup>th</sup> September 2020;</li> <li>• <b>NOTED</b> the status report for Consultation Documents received/ responded to;</li> <li>• <b>NOTED</b> the update on the UHB's Escalation and Intervention Arrangements from Targeted Intervention to Enhanced Monitoring;</li> <li>• <b>AGREED</b> to extend the current Major Incident Plan until spring 2021 to allow a review of the impact of COVID-19 to be included.</li> </ul>	

<b>PM(20)183</b>	<b>REPORT OF THE AUDIT &amp; RISK ASSURANCE COMMITTEE</b>	
	<p>Mr Paul Newman, Audit &amp; Risk Assurance Committee (ARAC) Chair, presented the ARAC update report, drawing Members' attention to those issues highlighted, specifically concerns around partnership governance. It was recognised that this is not entirely within the dominion of the UHB, although it is hoped that Mrs Hardisty's appointment as RPB Chair will assist going forward. The two other areas of concern – records management and medical record keeping – are long-standing issues, which nevertheless require addressing as soon as circumstances permit. As previously mentioned, and as detailed within the report, there are a number of audit recommendations outstanding. Mr Newman stated that these numbers will only continue to increase. Whilst recognising the exceptional pressures currently being experienced, there is a need to consider how these recommendations can be addressed in a timely fashion.</p> <p>Mr Moore thanked ARAC for highlighting this issue, and acknowledged the need to make progress in this regard, emphasising that the whole Executive Team is committed to this aim. Miss Battle suggested that a prioritisation plan be drafted for consideration by ARAC at their February 2021 meeting, and Mr Newman confirmed that he has discussed this with the Head of Internal Audit. It was agreed that the Board Secretary would take this forward with the Chair of ARAC, Head of Internal Audit and Executive Directors. Mr Newman thanked the Board Secretary for the support provided to him in his role as ARAC Chair during the previous 6 months.</p>	<b>JW</b>
	<p>The Board <b>NOTED</b> the ARAC update report, <b>ACKNOWLEDGED</b> the key risks, issues and matters of concern together with actions being taken to address these.</p>	

<b>PM(20)184</b>	<b>UPDATE FROM TRANSFORMATION STEERING GROUP</b>	
	<p>Mr Moore presented the Update from the Transformation Steering Group (TSG). The Group continues to develop and expand, with two new in attendance members. Group discussions remain both interesting</p>	

	<p>and challenging. Two new Planning Objectives relating to the GP Cluster projects are proposed, which have been subject to the full scrutiny process. If approved, these will be added to the list approved by Board in September 2020.</p> <p>In response to a query regarding whether the Asthma Service Planning Objective relates only to adults, Mr Moore indicated that he understood this is not limited by age. Following a request for further background on the two new in attendance members, Members heard that Baroness Rennie Fritchie has a long and illustrious career in the NHS, including a period as Chair of the South West Regional Health Authority. Baroness Fritchie had previously provided mentoring support to a number of the Executive Team. She has experience with regard to the social model for health, and has valuable contacts due to her membership of the House of Lords. Carolyn Gullery was involved in development of the Canterbury (New Zealand) system of healthcare provision, which transformed how care was delivered into a community-based model. As Chief Operating Officer of the relevant health provider, she was a key architect of this change and of the data-driven approach taken. This has provided a wealth of experience in terms of a move to a community-based healthcare model. Miss Battle recommended that Members take the time to access the recordings of TSG meetings. There was an enquiry regarding learning from the Cluster-led pilot in social prescribing, for example around social prescribing methodology. Mr Moore indicated that, whilst more evaluation is required, there is learning available. Due to the scale of the pilot, it is difficult to assess whether it reduced demand for hospital care; however, there are definitely qualitative benefits. There are many other locations utilising similar systems. Members noted that Swansea University Connect have evaluated social prescribing for children and young people. Miss Battle emphasised the importance of closer working with GPs and Primary Care Clusters and this was one project recommended to the Board by them.</p>	
	<p>The Board <b>NOTED</b> the Transformation Steering Group update report, and:</p> <ul style="list-style-type: none"> <li>• <b>APPROVED</b> acceptance of two new planning objectives with regards to the GP Cluster projects namely: asthma interface; and social prescribing;</li> <li>• <b>APPROVED</b> the amendments to Executive Lead of specified planning objectives.</li> </ul>	
<p><b>PM(20)185</b></p>	<p><b>MAJOR INFRASTRUCTURE PROGRAMME BUSINESS CASE</b></p> <p>Professor John Gammon advised that the Major Infrastructure Programme Business Case had been reviewed and discussed by the People, Planning &amp; Performance Assurance Committee (PPPAC); with the Committee content to recommend it to Board for approval. There had been a number of queries and comments, in particular how it is intended to manage the UHB's existing estate, and whether there is clarity around implications in terms of business continuity relating to the UHB's existing estate. Mr Andrew Carruthers reminded Members of the significant estate backlog, due in part to the age and condition of the existing estate. There have also been ongoing discussions with Welsh Government regarding a more strategic approach to this area. Welsh Government had indicated that the Programme Business Case should be developed, to address both of these issues. Mr Carruthers drew</p>	



	<p>Members' attention to the monetary values outlined within the business case, with the prioritised schedule of work over the initial 8 year implementation plan totalling circa £118m, which concludes the investment plan for Glangwili General Hospital and Withybush General Hospital. Further investment beyond 2027/2028 of circa £128m is required for Prince Philip Hospital and Bronglais General Hospital. The overall estimated investment requested is, therefore, £246m and the approval of Board is sought in order that the Programme Business Case can be submitted to Welsh Government. Mr Carruthers emphasised that Welsh Government are fully apprised of the contents of the business case. It is intended that further reports are presented to PPPAC as progress is made with the business case. Members were assured that there is also an ongoing programme to upgrade and refurbish the current estate.</p> <p>In response to a query around the timescale for consideration by Welsh Government, Members heard that business cases are circulated to all policy leads. The duration of this process often depends on the size and complexity of the business case. Whilst Welsh Government are expecting this business case; they are, in common with all public bodies, feeling the impact of COVID-19, which may cause delays. Members were assured that the UHB has regular capital resource meetings with Welsh Government, and Mr Carruthers was confident that there would be an early indication of any issues with the business case. Miss Battle emphasised the importance of communication with the local population and stakeholders, as this concerns their hospitals and their estate. On a related matter, Mr Moore advised that it is intended to present a report to Board in January 2021 regarding the new hospital build.</p> <p>Following reports that the CHC has received a number of concerns from patients relating to additional travel requirements, due to scanners being inoperative, it was queried whether the UHB plan to take this issue forward separately. Mr Carruthers acknowledged the challenges presented by the UHB's aging radiology equipment, whilst noting that the newly installed mobile CT scanner will help to a certain extent. Members heard that there are plans to increase resilience in this regard at a national, regional and local level. The Medical Director suggested that the report serves to demonstrate the key drivers for the UHB's Health &amp; Care Strategy. Whilst any work undertaken on the current hospital infrastructure is necessary, it is insufficient to meet the population's needs. Development of the new hospital will be key.</p>	HT
	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>APPROVED</b> the submission of the Programme Business Case to Welsh Government, seeking the endorsement necessary to allow the HDdUHB to proceed.</li> <li>• <b>NOTED</b> that further formal reports will be provided to the Board as this programme progresses.</li> </ul>	

PM(20)186	<p><b>IMPROVING PATIENT EXPERIENCE REPORT</b></p> <p>Mrs Mandy Rayani presented the Improving Patient Experience Report, explaining that the team attempt to add new elements to each iteration of this report, whilst also focusing on those areas of patient experience requiring improvement. The patient stories included in the report, whilst emotional, demonstrate the value of the Family Liaison Officers (FLOs)</p>	
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during the COVID-19 pandemic. The UHB is currently taking steps to recruit more FLOs, as a number have moved on or returned to their previous employment. It is also vital to consider the post COVID-19 environment in terms of connectivity and communication. Whilst it is important to maintain the benefits and values provided by the FLOs, this needs to align with the overarching staffing resource. Effective communication, to which the FLOs contribute, together with the Command Centre/Hub, remains a key issue for the UHB. A working group has been established to consider communication with patients, and a pilot project will focus on the Orthopaedic Surgery waiting list. There is continued dialogue with Heads of Nursing and hospital management, with various approaches being trialled. It has been the team's experience that, in these discussions, the Patient Stories are extremely impactful. Mrs Rayani drew Members' attention to the Compliments section of the report. When aligned to the UHB organisational values, it was pleasing to see that the majority of compliments were around compassion, caring, kindness and respect.

Miss Battle reported that many Board Members had submitted messages commending the report and supporting the work of the FLOs. It was suggested that consideration be given to extending the role of the FLOs into discharge planning, in view of their established relationship with patients. In response to a query regarding what steps have been taken to address the needs of patients with sight or hearing loss, Mrs Rayani assured Members that sensory needs have been recognised as an issue. Consideration is being given to opportunities for FLOs and other staff to undertake training in sign language, for example. There was a query regarding the potential correlation between staff exhaustion and shortcomings in communication with patients and families. Whilst acknowledging that the UHB is doing its best to support staff, it was enquired whether there is any formal system in place to identify issues/pressures at an early stage. Mrs Rayani responded that there is connectedness with frontline staff, and that feedback is being collected. The UHB is also providing emotional and well-being support to its staff. The Director of Workforce & OD advised that the Staff Psychological and Well-Being Service team is engaging with staff and managers on an ongoing basis, and is putting support measures in place where necessary. Members heard that this team has also been expanded.

Mr Moore reported that he had met with the Head of the Staff Psychological and Well-Being Service, who had confirmed that teams across the UHB are reaching out and requesting support should they require it. Mr Moore recognised the need to focus on this area, particularly in view of the anticipated increase in pressures during the coming months. Members were assured that the Chair and Chief Executive are both taking a personal interest in this issue and are committed to providing staff with the support required to withstand this period. Returning to the issue of communication with patients, Members' attention was drawn to the recently-published All Wales CHC report 'Feeling Forgotten?' Miss Battle reminded Members that there had been a commitment to contact all patients awaiting treatment, which now number approximately 20,000, and requested an update on progress. The Director of Nursing, Quality & Patient Experience suggested that the Communication Hub would assist in this regard, and committed to link

	<p>with the CHC to provide a formal response. It was agreed that this would also be presented to Board. The Director of Operations added that the Scheduled Care team had written to all patients at the beginning of November 2020 to provide an update on the situation. Miss Battle thanked the Scheduled Care team for undertaking this work and agreed that the information and links provided in these letters had been extremely useful.</p> <p>Concluding discussions, Miss Battle welcomed the evolution of the Improving Patient Experience report and emphasised its importance in bringing alive the patient voice. The Patient Experience team were thanked for their efforts.</p> <p>The Board <b>RECEIVED</b> and <b>NOTED</b> the Improving Patient Experience report, which highlights to patients and to the public the main themes arising from patient feedback.</p>	<b>MR</b>
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<b>PM(20)187</b>	<p><b>COVID-19 REPORT</b></p> <p>Mr Moore introduced the COVID-19 Report, reiterating comments made in relation to previous reports around the level of detail included and the fact that information quickly becomes out of date due to the fast-paced nature of the situation. There has, for instance, already been a change to the Gold Command Group Planning Requirements, in relation to Intensive Care bed numbers. Mr Moore stated that the current infection rate of 152 cases per 100,000 of the population, whilst lower than other areas and below the Wales average, feels uncomfortably high. Local outbreaks, such as that in Cardigan, are occurring, and the benefits of the Welsh 'fire-break' appear to be dissipating. Hospitals within HDdUHB are already busy, with more COVID-19 patients than in the spring peak and approximately 50% more non COVID-19 patients. Whilst the strain and tiredness among staff is palpable, there is no let up from the virus. On a more positive note, the Test, Trace, Protect (TTP) system is operating effectively, with rates of 80-90%. Mr Moore thanked colleagues in the Local Authorities for their assistance in this regard. The outbreak teams are also working extremely hard. The general public in the Hywel Dda region were thanked for their support. Mr Moore stated that, whilst the majority of the population have complied with COVID-19 restrictions, there has been some complacency around the rules. A COVID-19 vaccine has not yet been released and even when it has, it will take many months to reach the point when restrictions can be relaxed. Mr Moore was confident that the organisation is on course to deliver the Quarter 3/4 Plan, as appended to the report. In respect of this, Members were advised of an additional Recommendation, that Board ratify the Response to Welsh Government COVID-19 Operating Framework Quarter 3/4.</p> <p>In response to a query regarding the organisation's confidence in regards to mitigations to cope with the situation in Cardigan, the Director of Workforce &amp; OD stated that she was confident the UHB has an agile workforce plan. The organisation has been deploying individuals to cover gaps caused by staff needing to self-isolate or provide child care due to school closures. New recruits are also being brought on-stream constantly. The Director of Therapies &amp; Health Science wished to offer additional assurance that the TTP system is working effectively. There is sufficient flexibility in the system to manage outbreaks, with a mobile</p>	
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testing unit moved from Aberystwyth to Cardigan. Staff are being tested and teams are extremely responsive to needs. Responding to a query around flu vaccination levels compared with previous years, the Director of Public Health stated that there has been an incredible response across all groups. At only 8 weeks into the campaign, more staff (approximately 6,200) have been vaccinated than during the whole campaign last year. Primary Care services have performed exceptionally well in delivering the vaccination programme, with services in Carmarthenshire in particular commended for their work across all three at-risk groups. Contact tracing teams are also doing an exceptional job getting in touch with individuals who have tested positive for COVID-19 and their contacts. It should be noted that the teams are taking the time to gather as much information as possible during contact tracing interviews, to ensure that only those people at real risk of exposure are asked to self-isolate.

The Director of Operations extended his thanks to frontline staff, emphasising that the strain, anxiety and pressure felt by staff should not be underestimated. As indicated, COVID-19 has significantly impacted on staff availability. Thanks were also due to Executive Team colleagues and their teams, particularly the Director of Workforce & OD and her team for steps taken to recruit additional staff at short notice and in significant numbers. Members heard that the UHB is in the expected position in terms of COVID-19 modelling, based on the Swansea University model. The 'fire-break' appears to have impacted positively on infection rates, with a suggestion that these are stabilising/plateauing. On this basis, a deviation (in a positive manner) from the Swansea University model is expected; however, the situation may change. Whilst the Director of Operations has confidence in the plans put in place by the organisation, risks remain. The next few weeks are likely to be the most challenging faced by the UHB.

Increases in COVID-19 cases have impacted on the restarting of Planned Care services, for example surgery, which has led to delays for some cancer patients. This was, however, a short-term issue, which has since been addressed. There has also been a pause placed on the restart of Orthopaedic Surgery at Prince Philip Hospital (PPH), although this is continuing elsewhere. The situation is being reviewed on a regular basis. The pandemic has also impacted on Local Authority partners and care providers, which has affected the UHB's ability to discharge patients from hospital. There are currently 14 patients in the Selwyn Samuel Field Hospital, and there are plans to open beds at the Bluestone Field Hospital. In view of the developing Cardigan situation, initial mobilisation of Plas Crug has also begun. In an effort to provide additional assurance regarding the UHB's position, the Director of Nursing, Quality & Patient Experience advised that the manner in which the organisation responds to hospital outbreaks is extremely rigorous. If two or more patients, or a member of staff test positive for COVID-19, an outbreak team convenes, supported by various other individuals and teams, including the Infection Prevention and Control team. Using this process, and by diligence and hard work, it has already been possible for the UHB to close a number of outbreaks. Members of the public should be assured that it is safe to come into hospital when the need arises. Welcoming the prospect of a COVID-19 vaccine, the Director of

	<p>Public Health stated that the organisation is busy planning and preparing for a mass vaccination programme. Plans are first focusing on the Pfizer vaccine, although since this is a complex and fast-moving situation, which depends on various factors, a number of different scenarios are currently being planned for.</p> <p>The Chair and Members welcomed the efforts of staff at all levels in responding effectively to the pandemic and offered their sincere thanks.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>RATIFIED</b> the Response to Welsh Government COVID-19 Operating Framework Quarter 3/4;</li> <li>• <b>RATIFIED</b> the Gold Command Group Planning Requirements.</li> </ul>	

<b>PM(20)188</b>	<b>ANNUAL PRESENTATION OF NURSE STAFFING LEVELS FOR WARDS COVERED UNDER SECTION 25B OF THE NURSE STAFFING LEVELS (WALES) ACT 2016</b>	
	<p>Mrs Rayani presented the Annual Presentation of Nurse Staffing Levels for Wards Covered Under Section 25b of the Nurse Staffing Levels (Wales) Act 2016 report. Members were reminded that it is a statutory requirement to present this extensive and detailed report to Board on an annual basis. This year has presented an extremely challenging environment in which to undertake calculation of Nurse Staffing Levels, with configurations of wards and clinical areas changing due to the COVID-19 pandemic. The impact of COVID-19 has been felt in both COVID-19 and non COVID-19 designated areas. Mrs Rayani was pleased, however, to confirm that previous commitments around enhancing leadership training and opportunities have been upheld, including the STAR programme for senior nurses. It has become clear that further benchmarking will be required to take account of new ways of working, and the organisation is also considering the potential benefits offered by roles such as ward administrators.</p>	
	<p>The Board <b>WAS ASSURED</b> that:</p> <ul style="list-style-type: none"> <li>• Hywel Dda University Health Board (HDdUHB) is meeting its statutory 'duty to calculate' the nurse staffing level in all wards that fall under the inclusion criteria of Section 25B of the Nurse Staffing Levels (Wales) Act 2016.</li> <li>• HDdUHB is meeting its statutory duty to provide an annual presentation to the Board of the detail of the nurse staffing levels.</li> <li>• The actions identified within the attached templates will be progressed and monitored through the Quality, Safety and Experience Assurance Committee (QSEAC).</li> </ul>	

<b>PM(20)189</b>	<b>PERFORMANCE UPDATE – MONTH 7 2020/21</b>	
	<p>Mr Huw Thomas presented the Performance Update for Month 7 of 2020/21, advising that this is of the standard format and in line with revised Welsh Government reporting requirements. Members' attention was drawn to the key issues outlined on page 2 of the SBAR, which include a declining trend in Unscheduled Care performance. This had stabilised/improved during October 2020, however there had subsequently been a deterioration in performance during November 2020. In Planned Care, Referral to Treatment (RTT) breaches have increased. There are improvements in Diagnostic and Therapy waiting times. Performance in Stroke Care and Cancer Care varied, with certain</p>	

targets met and others not met. Mental Health presents various challenges in terms of achieving the pathway targets.

In response to a query from Miss Battle, Members heard that a Stroke Lead has now been appointed – Dr Senthil Kumar, PPH. With reference to page 14 of the main report, concern was expressed regarding the presentation of performance figures for neurodevelopment assessments and psychological therapies, with it suggested that these are focusing on the small percentage who receive these services rather than the majority who do not. It was agreed that this would be rectified in future reports. Whilst acknowledging that a detailed discussion at QSEAC was planned, the Vice-Chair expressed concern regarding the impact of waits for neurodevelopment assessment on children and their families, particularly as the waiting list will be increasing due to COVID-19. The Director of Operations acknowledged that this issue had been raised previously, and agreed that the manner in which the figures has been presented could be seen as putting a positive view on performance. He offered his apologies to those children and adults who are waiting for neurodevelopment assessment and psychological therapies. As mentioned, a ‘deep dive’ into this service is scheduled for the QSEAC meeting on 1<sup>st</sup> December 2020.

**HT**

Members were informed that the Mental Health & Learning Disabilities (MHL) Directorate has acknowledged this issue and are modifying their management structure in an attempt to address it. The Directorate is also bringing in a new individual with experience in both MHL and waiting list management. Whilst Welsh Government funding has been received to support this area, COVID-19 has negatively impacted on the UHB’s ability to recruit and there has been some anxiety from patients, families, carers and clinical staff around face-to-face assessments during the pandemic. Consideration is being given to other mechanisms for assessments, such as remote consultations and face-to-face assessments which comply with social distancing. The Director of Operations was optimistic that, once all measures are in place, progress will be made. Acknowledging this update, the Vice-Chair emphasised that her priority is to ensure that Mental Health has parity with other Planned Care. Other Members echoed these concerns, suggesting that there should be additional support or information offered to young people and families whilst waiting. Also, highlighting that the waiting list for assessment is only part of the issue, as once assessment has taken place, there needs to be a plan to improve provision of services to meet the requirements identified by the assessment. It was agreed that this issue would be discussed in detail at the next meeting of QSEAC and the outcome of discussions reported back to Board at its meeting in January 2021.

**MR**

Miss Battle noted reference to lack of a robust IT infrastructure within the risks around Psychological therapies, and queried this, in view of significant improvements made in this area in response to COVID-19. In response, Members heard that whilst some data quality issues remain, this risk is most likely diminishing. Concern was expressed regarding the increase in Delayed Follow-up appointments, in view of the fact that most of these are being conducted virtually. The Director of Operations responded that a significant proportion of the increase occurred early in

	<p>the pandemic, when all non-essential clinical activity was suspended. The UHB's capacity to consult with patients is now increased and a further update could be provided to PPPAC. The Medical Director concurred that much of the backlog was created at the onset of the COVID-19 pandemic, with clinicians being required to reprioritise their work. Members were reminded that this is still the case; with additional challenges, as staff are increasing their COVID-19 activities and being asked to undertake Planned Care activities. There is also, perhaps, a misconception around the effort involved with virtual clinics; with these, in reality, taking at least as much time, if not longer, than face to face clinics. Whilst virtual consultations bring many benefits, they are still novel and doctors occasionally need to seek further clarification from patients to ensure that information is not missed. For these reasons, the increase in Delayed Follow-up appointments is not unexpected. The Medical Director did, however, emphasise the importance of recognising that delays are affecting patients and their families, and the stress that this causes. He wished to assure Members and the local population that a route through this current situation will be found, and that the UHB will be as creative in addressing issues as possible. The Director of Finance noted that various areas are embracing an increased use of technology, with a positive impact on waiting times. This approach is also being welcomed by many patients.</p> <p>Members were reminded that, whilst these are exceptional times, the pandemic will end. In view of this, it was enquired whether any work is being undertaken to analyse how much of the current pressure is in response to the COVID-19 pandemic and how much is in response to 'normal' demand. It was suggested that there should be a focus on where the organisation needs to be in 18 months' time, and how to reach this point. Mr Moore acknowledged that there are aspects of the UHB's performance which are clearly impacted by COVID-19. Whilst there is a commitment to deliver on all Welsh Government targets, the organisation (together with the entire healthcare system) is still within a period of significant evolution, to manage the current situation. The suggestion made above will require consideration over the next few months, and Members were assured that a data-driven approach is being explored. The UHB will need to examine modelling, to assess both digital and value-based disruption. This commitment to taking a longer-term view was encouraged, albeit once the organisation has sufficient capacity to do so.</p> <p>Miss Battle thanked the Director of Finance and the Performance team for their report, which has improved significantly in both clarity and format.</p>	<b>AC</b>
	<p>The Board <b>DISCUSSED</b> the revised Performance Update report format in light of the current COVID-19 pandemic requirements and <b>CONSIDERED</b> issues arising from its content.</p>	

<b>PM(20)190</b>	<p><b>CORPORATE RISK REGISTER</b></p> <p>Mr Moore presented the Corporate Risk Register report, thanking the Board Secretary and Risk team for their ongoing diligence in respect of the Corporate Risks. Members' attention was drawn to the proposal that new risks relating to the Operating Framework Quarter 3 and 4 be reviewed by the relevant Committees prior to Board in January 2021. Mr</p>	
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	<p>Moore explained that the delay in capturing these risks has been caused by the pace of change involved with the pandemic, and lack of capacity. Members heard that an Executive Risk Session had taken place on 18<sup>th</sup> November 2020, at which Executive Directors had reviewed the Corporate Risk Register. Seven areas had been identified as requiring further focus by individual Executives in terms of corporate risks:</p> <ul style="list-style-type: none"> <li>• Unscheduled Care, Delivery of Cancer Services, Mental Health Delays and Planned Care (Director of Operations)</li> <li>• Two risks relating to Primary and Community Care (Director of Primary, Community &amp; Long Term Care)</li> <li>• Reputational risk regarding the Mass COVID-19 Vaccination Programme (Director of Public Health)</li> </ul> <p>Following a detailed discussion at QSEAC regarding Risk 129 - Ability to deliver an Urgent Primary Care Out of Hours Service for Hywel Dda patients - it had been agreed that the current risk score, which exceeds the Board's agreed tolerance level, cannot be reduced at this point in time. The Board were, therefore, asked to consider QSEAC's recommendation that it can only be reduced to the target risk score at this time and will remain above the UHB agreed tolerance level for the next 6 months.</p> <p>The reduction in score for Risk 628 - Fragility of Therapy provision across acute, community and primary care services - was queried. In contrast to the downgrading of this risk, the accompanying narrative in both the SBAR and the full Corporate Risk Register highlight a lack of alignment between demand and capacity. The Director of Therapies and Health Science acknowledged the need to revise the narrative. Members were advised that there had been a detailed discussion around this risk following QSEAC and that, whilst gaps remain in therapy services, additional investment has facilitated significant improvement. The situation will continue to be monitored closely.</p>	<b>AS</b>
	<p>The Board:</p> <ul style="list-style-type: none"> <li>• 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 (with the exception of the new risks relating to the operating framework quarter 3 and 4) have been reviewed by Board level Committees;</li> <li>• <b>APPROVED</b> QSEAC's recommendation that Risk 129 can only be reduced to the target risk score at this time and will remain above the UHB agreed tolerance level for the next 6 months;</li> <li>• <b>REQUESTED</b> that the Quarter 3 /4 risks are reviewed by the relevant Committees prior to Board in January 2021.</li> </ul>	
<b>PM(20)191</b>	<p><b>REPORT OF THE PEOPLE, PLANNING &amp; PERFORMANCE ASSURANCE COMMITTEE</b></p> <p>Professor Gammon, PPPAC Chair, presented the PPPAC update report, welcoming any queries. Whilst a comment rather than a query, Members were pleased to note that benefits are already being realised from work completed on the Women &amp; Children's Development Phase II.</p> <p>The Board <b>NOTED</b> the PPPAC update report, <b>ACKNOWLEDGED</b> the key risks, issues and matters of concern together with actions being taken to address these.</p>	



**REPORT OF THE QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE**

Ms Anna Lewis, QSEAC Chair, presented the QSEAC update reports from meetings held in October and November 2020, highlighting in particular detailed discussions regarding the situation at the Penally MoD Training Camp. The Committee had been assured by the excellent partnership working, including UHB teams. QSEAC had not, however, been assured with regards to the site being fit for purpose, and was not aware of any response from the Home Office; hence the decision to refer this matter to Board.

Members were reminded that a letter expressing the UHB's concerns regarding the use of Penally Camp to house people seeking asylum had been sent to the Home Office, and Mr Moore advised that a response had been received. Since this had not addressed the UHB's concerns and had not provided the required assurance, a follow-up letter had been issued. Concerns remain regarding the fundamental unsuitability of the Penally site. Mr Moore had requested that the Home Office response and UHB's follow-up be considered by QSEAC. The Director of Primary Care, Community & Long Term Care commended the UHB's teams for providing General Medical Services at the Penally site. Challenges have arisen, however, and service provision has been moved the South Pembrokeshire Hospital. The Director of Primary Care, Community & Long Term Care and Director of Public Health have written to the Home Office seeking additional funding for provision of enhanced services to those housed at Penally. However, in the absence of this funding, additional assessment and screening services have had to be implemented 'at risk'. These services were suspended during the week commencing 16<sup>th</sup> November 2020 due to a suspected COVID-19 case; however, the individual involved has since tested negative and services will be restarted. Members heard that the UHB have medical records for only 6% of the people in Penally Camp, which impacts on continuity of care. In addition, the population is not static, with occupants arriving and leaving on a regular basis.

The Medical Director echoed concerns regarding the unsuitability of the Penally site, and lack of assurance in this regard, particularly around the risks associated with COVID-19. In addition, Members were reminded that the UHB is not accustomed to large numbers of asylum seekers interacting with its services, which presents a further risk of this being out with the organisation's expertise. Summarising, Miss Battle reiterated the lack of assurance provided by the Home Office response and indicated that, as the UHB is not a regulator of services, its concerns had been shared with the Healthcare Inspectorate Wales. There is particular unease regarding facilities for individuals to self-isolate on site, should there be an outbreak of COVID-19. The UHB is not experienced in providing health assessments and healthcare for asylum seekers and is not receiving additional funding to do so. The organisation is doing its best to ensure that the needs of both the asylum seekers and local residents are met, whilst remaining concerned regarding the risks involved. Miss Battle requested that QSEAC continue to monitor this situation.

**MR**

	The Director of Nursing, Quality & Patient Experience highlighted discussions at the first of the extraordinary COVID-19 QSEAC meetings, in particular the Learning from COVID-19 Outbreaks Report. Members were assured that these updates will continue to be provided to future meetings, and that the Welsh Government 16 point plan is being actively applied across the UHB.	
	The Board <b>NOTED</b> the QSEAC update reports and <b>ACKNOWLEDGED</b> the key risks, issues and matters of concern together with actions being taken to address these.	

<b>PM(20)193</b>	<b>REPORT OF THE FINANCE COMMITTEE</b>	
	Mr Michael Hearty, Finance Committee Chair, presented the update reports from meetings held in September and October 2020, adding that the Committee is next due to meet on 30 <sup>th</sup> November 2020. Members were informed that the agenda for future meetings has been streamlined, in accordance with the Maintaining Good Governance report, and will focus on three issues: <ul style="list-style-type: none"> <li>• Ensuring that the current in-year financial position is monitored;</li> <li>• Discussion of the 2021/22 Financial Plan;</li> <li>• Consideration of the financial strategy required to achieve financial balance over the next three years.</li> </ul>	
	The Board <b>NOTED</b> the Finance Committee update reports and <b>ACKNOWLEDGED</b> the key risks, issues and matters of concern together with actions being taken to address these.	

<b>PM(20)194</b>	<b>FINANCIAL REPORT – MONTH 7 2020/21</b>	
	Mr Thomas introduced the Financial Report for Month 7 of 2020/21, advising that the financial position will be discussed in detail at the Finance Committee meeting on 30 <sup>th</sup> November 2020. In what has been a challenging year, the Year to Date performance is on track to deliver the original forecast Financial Plan position of £25m deficit. Workforce costs remain the most significant single driver impacting on financial performance. However, there are a number of other key areas of focus, including the Integrated Care Fund (ICF), where there has been slippage on a number of schemes around which the UHB has received assurance from the West Wales Care Partnership. Likewise, assurance has been sought from Primary Care Clusters regarding Cluster Funding. The cost of a mass vaccination programme has not been factored into financial projections, and will be discussed with Welsh Government at the relevant time.	
	The Board <b>DISCUSSED</b> and <b>NOTED</b> the financial position for Month 7.	

<b>PM(20)195</b>	<b>REPORT OF THE HEALTH &amp; SAFETY ASSURANCE COMMITTEE</b>	
	Mrs Hardisty, Health & Safety Assurance Committee (HSAC) Chair, presented the HSAC update report, commending progress made in respect of the Health & Safety Executive (HSE) enforcement notice, under the Director of Nursing, Quality & Patient Experience's leadership. Members heard that there are concerns regarding the findings of the Fire Safety Audit System Report, which will be discussed in more detail at a future meeting. The Director of Nursing, Quality & Patient Experience advised that the HSE had acknowledged the progress	

	made, and stated that she was optimistic that notification of closure will be received by the end of this calendar year.	
	The Board <b>NOTED</b> the Health & Safety Assurance Committee update report and <b>ACKNOWLEDGED</b> the key risks, issues and matters of concern together with actions being taken to address these.	
<b>PM(20)196</b>	<b>ORGAN DONATION ANNUAL REPORT 2019/20</b>	
	Mr Carruthers presented the Organ Donation Annual Report 2019/20, suggesting that this is self-explanatory, and thanking Ms Kathy Rumbelow, and Ms Rea John for their work compiling the report. This has been a challenging year for the Organ Donation Service, which has been responsible for both delivering its own service and assisting other services during the COVID-19 pandemic. Whilst the team are committed to increasing levels of organ donation, the pandemic has resulted in a reduction in traumatic injuries and mortality rates, which has in turn impacted on organ donation rates. Members heard that Mrs Hardisty has recently taken over as Chair of the UHB's Organ Donation Committee. Mrs Hardisty echoed Mr Carruthers thanks to the team, commending Ms John's work in particular. The contribution of Mr Peter Skitt, outgoing Chair of the Organ Donation Committee, was also recognised. Members noted that the UHB intends to advertise for Organ Donation Clinical Leads in the New Year.	
	The Board <b>DISCUSSED</b> and <b>NOTED</b> the Health Board's performance against the priorities set for 2019/20 and the action plan for 2020/21	
<b>PM(20)197</b>	<b>COMMITTEE UPDATE REPORTS: BOARD LEVEL COMMITTEES</b>	
	The Board <b>ENDORSED</b> the Committee 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.	
<b>PM(20)198</b>	<b>COMMITTEE UPDATE REPORTS: IN-COMMITTEE BOARD</b>	
	The Board <b>RECEIVED</b> the update report of the In-Committee Board meeting.	
<b>PM(20)199</b>	<b>COMMITTEE UPDATE REPORTS: HDdUHB ADVISORY GROUPS</b>	
	The Board <b>RECEIVED</b> the update report in respect of recent Advisory Group meetings.	
<b>PM(20)200</b>	<b>HDdUHB JOINT COMMITTEES &amp; COLLABORATIVES</b>	
	The Board <b>RECEIVED</b> 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.	
<b>PM(20)201</b>	<b>STATUTORY PARTNERSHIPS UPDATE</b>	
	Introducing the Statutory Partnerships Update, Ms Jill Paterson drew Members' attention to the recent Regional Partnership Board (RPB) Chair and Vice-Chair appointments detailed on page 2. Members were assured that, during consideration of the report on delivery of ICF	

	<p>revenue programmes, governance and joint funding arrangements were also discussed. Deficiencies highlighted in the recent Internal Audit report were recognised and quarterly meetings of an extended Integrated Executive Group (IEG) agreed. Ms Paterson also highlighted the inclusion of the IEG-adopted regional Palliative and End of Life Care Principles. Members heard that a more integrated approach has been implemented across all three counties, which is intended to secure equity of outcomes, and represents the confluence of staff in various disciplines. It was agreed that a patient, family or staff story from this area would be presented to a future Board meeting.</p>	<b>JP</b>
	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the Public Services Boards (PSB) update and links to the PSB and Regional Partnership Board (RPB) websites, where the agenda and minutes of recent meetings can be accessed;</li> <li>• <b>NOTED</b> the update from the RPB;</li> <li>• <b>NOTED</b> the updates on joint working between the RPB and PSBs.</li> </ul>	
<b>PM(20)202</b>	<b>COMMUNITY HEALTH COUNCIL (CHC) ANNUAL REPORT 2019/20</b>	
	The Board <b>NOTED</b> the CHC Annual Report 2019/20.	
<b>PM(20)203</b>	<b>HEALTHCARE INSPECTORATE WALES ANNUAL REPORT 2019/20</b>	
	The Board <b>NOTED</b> the HIW Annual Report 2019/20, with Members reminded that this had been discussed in detail at the Board Seminar held on 15 <sup>th</sup> October 2020.	
<b>PM(20)204</b>	<b>BOARD ANNUAL WORKPLAN</b>	
	The Board <b>NOTED</b> the Board Annual Workplan.	
<b>PM(20)205</b>	<b>ANY OTHER BUSINESS</b>	
	Miss Battle concluded the Board meeting by assuring those viewing that Independent Members meet with the Chair and Chief Executive on a weekly basis, to discuss and ensure that they are sufficiently familiar with the challenges faced by the organisation. Detailed scrutiny of the issues raised at Board also takes place at committee level.	
<b>PM(20)206</b>	<b>DATE AND TIME OF NEXT MEETING</b>	
	9.30am, Thursday 28 <sup>th</sup> January 2021.	