

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

Date of Meeting:	<b>9.30AM, THURSDAY 30<sup>TH</sup> JULY 2020</b>
Venue:	<b>BOARDROOM, YSTWYTH BUILDING, ST DAVID'S PARK, CARMARTHEN SA31 3BB</b>

Present:	<p>Miss Maria Battle, Chair, Hywel Dda University Health Board  Mrs Judith Hardisty, Vice-Chair, Hywel Dda University Health Board  Mr Owen Burt, Independent Member (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  Mr Andrew Carruthers, Executive Director of Operations  Mrs Lisa Gostling, Executive Director of Workforce &amp; Organisational Development  Dr Sion James, Deputy Medical Director (deputising for Dr Philip Kloer, Executive Medical Director and Deputy Chief Executive) (VC)  Mrs Ros Jervis, Executive Director of Public Health  Mrs Mandy Rayani, Executive Director of Nursing, Quality &amp; Patient Experience  Ms Alison Shakeshaft, Executive Director Of Therapies &amp; Health Science  Mr Huw Thomas, Executive Director of Finance</p>
In Attendance:	<p>Ms Jill Paterson, Director of Primary Care, Community &amp; Long Term Care  Mrs Joanne Wilson, Board Secretary  Ms Sarah Jennings, Director of Partnerships and Corporate Services  Mr Michael Hearty, Associate Member (VC)  Mr Sam Dentten, Deputy Chief Officer, Hywel Dda Community Health Council (VC)  Mrs Libby Ryan Davies, Strategic Programme Director (VC) (part)  Dr Mo Nazemi, Chair of Healthcare Professionals Forum (VC)  Ms Clare Moorcroft, Committee Services Officer (Minutes)</p>

<b>PM(20)119</b>	<b>INTRODUCTIONS &amp; APOLOGIES FOR ABSENCE</b>	
	<p>The Chair, Miss Maria Battle, welcomed everyone to the meeting, to be followed by the Hywel Dda University Health Board Annual General Meeting, in what has been an historic year for both the NHS and the Country. Apologies for absence were received from:</p> <ul style="list-style-type: none"> <li>• Dr Philip Kloer, Executive Medical Director and Deputy Chief Executive</li> <li>• Mrs Karen Miles, Executive Director of Planning, Performance &amp; Commissioning</li> <li>• Mr Jonathan Griffiths, Pembrokeshire County Council Director of Social Services, Local Authority Representative</li> </ul>	

PM(20)120	<b>DECLARATION OF INTERESTS</b> No declarations of interest were made.	
PM(20)121	<b>MINUTES OF THE PUBLIC MEETING HELD ON 23<sup>RD</sup> JUNE 2020</b> <b>RESOLVED</b> – that the minutes of the meeting held on 23 <sup>rd</sup> June 2020 be approved as a correct record.	
PM(20)122	<b>MATTERS ARISING &amp; TABLE OF ACTIONS FROM THE MEETING HELD ON 23<sup>RD</sup> JUNE 2020</b> An update was provided on the table of actions from the Public Board meeting held on 23 <sup>rd</sup> June 2020, and confirmation received that all outstanding actions had been progressed. There were no matters arising.	
PM(20)123	<b>REPORT OF THE CHAIR</b> Miss Battle introduced her report on relevant matters undertaken as Chair since the previous Board meeting, emphasising that the UHB continues to owe a huge debt of gratitude to its staff. Since the previous meeting, Miss Battle had spent most of her time meeting with these staff, and had arranged for a personal thank you card, designed by a local artist, to be sent to every member of staff. After these challenging few months, which have taken their toll both physically and emotionally, staff are now being encouraged to take time out and to utilise staff well-being services if required. Miss Battle advised that she has been meeting with the UHB's Black, Asian and Minority Ethnic (BAME) staff to discuss their experiences, both of COVID-19 and in general, and wanted to ensure that this group is better represented. As a result, Miss Battle is requesting Board's approval for the establishment of a BAME Advisory Group, with the Group's Vice-Chair to be a Member of the Board. The Chair was pleased to report that WG has approved extensions to the tenures of Cllr. Simon Hancock and Mr Mike Lewis as Independent Members (IMs), and of Mr Michael Hearty as Associate Member.  Mrs Judith Hardisty echoed the Chair's thanks to all staff, and supported the establishment of a BAME Advisory Group. It was suggested that consideration be given to including a Primary Care representative, and that potential candidates could be proposed by the Director of Primary Care, Community & Long Term Care and/or BAME Advisory Group members.  The Board: <ul style="list-style-type: none"> <li>• <b>SUPPORTED</b> the work engaged in by the Chair since the previous meeting and <b>NOTED</b> the topical areas of interest;</li> <li>• <b>APPROVED</b> the establishment of a BAME Board Advisory Group and <b>APPROVED</b> the Terms of Reference, subject to the addition of a Primary Care representative within the membership.</li> </ul>	<b>MB</b>
PM(20)124	<b>MAINTAINING GOOD GOVERNANCE COVID-19</b> Prior to receiving the report, Miss Battle wished to thank the Governance team and Mrs Joanne Wilson in particular for their efforts during the COVID-19 pandemic. Whilst potentially not as obvious to the general public as the work of frontline staff, it is vital to ensure that robust governance is maintained during such times. The UHB's governance	

	<p>processes have been subject to a number of recent reviews, with the outputs due imminently.</p> <p>Mrs Joanne Wilson presented the Maintaining Good Governance COVID-19 report, providing an update on the arrangements outlined at previous Board meetings. It also includes an update on outstanding recommendations from auditors, inspectorates and regulators and on risk management. A temporary amendment to the UHB's Standing Orders, following the publication of a Welsh Health Circular relating to public appointments in Wales, is also detailed. This allows for temporary extensions to the tenure of Board Members, amongst other changes.</p> <p>Focusing on the proposed Board level Committee meetings section and on the Mental Health Legislation Assurance Committee (MHLAC) in particular, Miss Battle enquired whether it is felt appropriate to reinstate MHLAC meetings from September 2020. The Chair of MHLAC, Mrs Hardisty, advised that she and the Director of Operations had met with representatives from Mental Health earlier in the week and it was considered appropriate to schedule a meeting in September. As there have been changes in personnel within the three Local Authorities, the UHB has written to these partners to establish who will represent them on MHLAC. Steps will also be taken to ensure there is full representation from service users and their carers.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the update report together with the revised Command and Control structure;</li> <li>• <b>NOTED</b> the update since the Board in April 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> <li>• <b>APPROVED</b> the temporary amendments made to HDdUHB's Standing Orders (and similar temporary amendments to the Standing Orders of WHSCC and EASC) in light of WHC 2020/011.</li> </ul>	

<p><b>PM(20)125</b></p>	<p><b>REPORT OF THE CHIEF EXECUTIVE</b></p> <p>Mr Steve Moore presented his report on relevant matters undertaken as Chief Executive of HDdUHB since the previous meeting, advising that the main update on activity is contained within the COVID-19 report later on in the agenda.</p> <p>Referencing COVID-19, an issue was raised regarding the pedestrianisation of certain locations within Ceredigion, including Aberaeron. Whilst local residents understand the reason for this, there are concerns around the potential for overcrowding and breaches of social distancing requirements. It was queried whether there have been discussions between the UHB and Local Authorities regarding the potential impact of such measures during the pandemic. The Director of Public Health informed Members that Welsh Government (WG) has recently requested that Health Boards develop local COVID-19 response plans, which will require collaboration with Local Authorities. These plans will focus on prevention and containment measures, with social distancing being key. A meeting is due to take place on this matter later in the day. The Director of Public Health agreed to raise the concerns around pedestrianisation and feed back to the Board on</p>	<p><b>RJ</b></p>
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	discussions. Members noted that the Director of Highways for Pembrokeshire County Council has provided assurance to the Independent Member (Local Government) that there are regular meetings held which involve UHB representatives. The Chief Executive confirmed there has been a great deal of ongoing joint work with Local Authority partners.	
	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>ENDORSED</b> the Register of Sealings since the previous report on 28<sup>th</sup> May 2020;</li> <li>• <b>NOTED</b> the status report for Consultation Documents received/ responded to;</li> <li>• <b>AGREED</b> that the Director of Public Health will raise with local authority partners and feed back to Board issues around pedestrianisation and social distancing.</li> </ul>	

<b>PM(20)126</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, highlighting the key risks, issues and matters of concerns detailed on page 5.</p> <p>Referencing concerns regarding the findings of the Glangwili Hospital Women &amp; Children’s Development Phase 2 Internal Assurance report, and the wider issue of capital projects, it was noted that a briefing paper responding to the Committee’s concerns had been circulated to ARAC Independent Members since the meeting. The Chair of ARAC was, however, keen for the Board to be sighted on capital project issues, and Miss Battle advised that she and Mrs Wilson would discuss how such concerns should be managed going forward. This was especially important in view of the UHB’s plans for a new urgent care hospital. It was agreed that a ‘lessons learnt’ report on capital projects should be prepared for a future Board meeting.</p>	<p><b>MB/JW</b></p> <p><b>KM</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 and <b>AGREED</b> that the Chair and the Board Secretary will propose how major capital projects shall be reported to Board.	

<b>PM(20)127</b>	<b>IMPROVING PATIENT EXPERIENCE REPORT</b>	
	<p>Mrs Mandy Rayani presented the Improving Patient Experience Report, thanking her team for preparing the report and emphasising that this is an evolving format, with feedback from Board noted. The introduction of Family Liaison Officers (FLOs) and the impact of these individuals on patients and their families was highlighted in particular. For the Patient Story, the team had chosen to focus on maternity services and the experience of giving birth during COVID-19. Members were advised that WG has now instructed Health Boards to reinstate provision for partner support to expectant mothers. The Patient Experience team is working on developing a ‘book’ of patient stories, which will cover both positive and negative patient experiences. Going forward, it is hoped that the Improving Patient Experience report will include the experiences of children and young people as patients.</p>	

	<p>The report was unanimously welcomed by Members, with the following comments made:</p> <ul style="list-style-type: none"> <li>• The ambition to include the voice of children and young people was endorsed;</li> <li>• A query was raised regarding the source of the cohort of staff trained as FLOs. In response, Members learned that these staff had been appointed as part of the rapid response recruitment implemented at the beginning of the COVID-19 pandemic. Whilst the FLO role is different to the Health Care Support Worker posts they had originally been recruited to, the appointees have thrived in this new role;</li> <li>• A query was raised regarding whether any FLOs had been allocated to dementia wards. It was explained that the team has tried to disperse FLOs evenly across all hospital sites and that the allocation to dementia wards specifically would be identified;</li> <li>• The work on recording informal compliments was welcomed; however, a query was raised regarding feedback mechanisms for those patients and families who may not wish to use the electronic form. It was confirmed that there are various ways for feedback to be captured in addition to the electronic form;</li> <li>• Noting that the form to capture compliments is being piloted in Mental Health &amp; Learning Disabilities, a query was raised regarding whether any initial feedback is available. The Director of Nursing, Quality &amp; Patient Experience committed to address this outside of the Board meeting;</li> <li>• The richness of data within the report was commended;</li> <li>• The Quality, Safety &amp; Experience Assurance Committee (QSEAC) is committed to examining in detail the issue of communication and hopes to be in a position to provide an update in the near future;</li> <li>• The Community Health Council (CHC) welcomes the report, and notes with interest the FLO initiative, which offers significant opportunities to build improved relationships with patients and address potential complaints early;</li> <li>• When the CHC visits patients in hospital, they are often hugely deferential about their care, and a relationship needs to be built before any underlying issues that might exist can be identified;</li> <li>• It was agreed that relationships need to be built with patients; the UHB is keen that FLOs are seen 'as part of the team but separate'. They are supported by the Patient Experience team, which is removed from the ward setting;</li> <li>• The FLO scheme will be evaluated and developed, with consideration given to how it might be taken forward post-pandemic.</li> </ul> <p>Miss Battle endorsed all of the comments commending the report. The plan to introduce Patient Experience Certificates of Appreciation was welcomed in particular. Noting that there are a number of patient quotes of concern in this report, it was requested that the outcome be addressed in the next report, to provide continuity for assurance purposes.</p>	<p>MR</p> <p>MR</p> <p>MR</p>
	<p>The Board <b>RECEIVED</b> and <b>NOTED</b> the Improving Patient Experience report, highlighting to patients and the public the main themes arising from patient feedback, together with examples of action being taken in response to findings from investigations.</p>	

<p>PM(20)128</p>	<p><b>COVID-19 REPORT INCLUDING RATIFICATION OF COVID-19 OPERATIONAL PLAN FOR QUARTER 2 2020/21, FIELD HOSPITALS AND WINTER PLAN</b></p> <p>Mr Moore introduced the COVID-19 Report, acknowledging the number of appendices included, and that whilst it is not expected that Board Members study each of these, it is hoped that they provide assurance regarding the level of detail supporting the Operating Framework Quarter 2 Plan, together with a sense of the complexity involved. The Quarter 2 Plan indicates a cautious restart of services, whilst recognising that COVID-19 continues to circulate. It was reiterated that essential services continue to operate. The Quarter 2 submission outlines plans to expand diagnostic and planned care services across all sites, information around field hospitals and establishment of local Test, Trace, Protect processes. The Director of Operations, Director of Primary Care, Community &amp; Long Term Care, Director of Public Health and Director of Therapies &amp; Health Science were thanked in particular for their contributions. Mr Moore reiterated that the COVID-19 pandemic has not ended, although there is a sense that public behaviour may be starting to change as restrictions are lifted. It should be noted that second waves of infections are being seen in parts of Europe and the Americas, and that experience from previous pandemics suggest that the second wave may be more severe. It is, however, appropriate that the UHB begins planning the restoration of wider services. Whilst the organisation must protect its staff, it must also avoid unnecessary harm to those whose care has been delayed. The UHB is taking a cautious approach to planning for the coming winter, which is likely to be an extremely challenging period, even without a second COVID-19 peak. Mr Moore echoed the Chair’s comments around staff ensuring that they take adequate time off.</p> <p>Based on modelling work, the Gold Command Group has indicated that the UHB should prepare for 613 COVID-19 patients at a second peak, equating to a need for 501 field hospital beds. WG has reviewed the UHB’s modelling work and has confirmed it is content with the plans. Whilst the support in providing field hospitals has been incredible, continued availability is a complex issue, particularly with the easing of lockdown restrictions likely to result in a reduced availability of sites. A mass COVID-19 vaccination programme may also require a change in role for field hospitals. Mr Moore acknowledged that there have been ongoing concerns around water quality issues at the Bluestone field hospital site due to water quality levels being significantly different for a hospital site to a leisure facility, and requested that the Director of Operations provide an update in this regard. Members were reminded that the water quality requirements for a healthcare setting are much higher than that for a domestic or commercial setting. The UHB is extremely grateful for the cooperation shown by both Bluestone and Pembrokeshire County Council in addressing this issue. It was noted, however, that this is not a challenge unique to Bluestone; water quality issues can result from insufficient ‘through-flow’ of water, which can result from lack of use of facilities. Members were assured that the water quality at Bluestone is now at the standard required, with this having been confirmed by a consultant microbiologist, and a weekly testing regime is being put in place. The Director of Operations confirmed that no issues are anticipated with water quality if the Bluestone field hospital</p>	
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site needs to be utilised. In addition, relaxation of lockdown restrictions leading to an increased usage of the Bluestone site as a whole is likely to assist with the issue of water 'through-flow'.

An assurance to Board was requested that the modelling assumptions within the report are sufficiently precise and robust to ensure that decisions are appropriate and do not incur unnecessary costs. In response, the Director of Operations explained the challenges involved: whilst the UHB has reliable models for unscheduled care and non COVID-19 demand, COVID-19 modelling is entirely theoretical; no-one can accurately forecast demand. Members were assured, however, that the Modelling Cell has undertaken a significant amount of work in this regard. As a result, a range of different scenarios has been modelled and, as outlined above, WG has confirmed that it is content with the UHB's modelling and plans. However, there are likely to be different models emerging from various sources, as the pandemic progresses. WG has introduced a series of 'circuit breakers'/indicators intended to flag at an early stage when it might be necessary to increase or re-introduce lockdown restrictions. The Director of Operations assured Members that the plan in place is as robust as it possibly can be.

Members were reminded that a complex landscape lies ahead. In addition to the significant COVID-19 pressures, a huge amount of latent (non COVID-19) demand exists. The Executive Team was urged to undertake as much modelling as possible, with it emphasised that effective demand modelling assists with effective financial modelling. Agreeing, the Director of Operations highlighted that certain elements of the work being undertaken at HDdUHB are being examined at a national level. Members heard that the organisation is ambitious to ensure that learning from the pandemic is taken forward in the future. The UHB will want to build on current demand modelling, to ensure that it has the 'right capacity at the right time'. A query was raised regarding the likely timescale for WG approval of an extension to the Bluestone contract, should this be agreed by Board. The Director of Finance indicated that WG has been informed that the UHB may be requesting approval for a further extension, and that a reasonably prompt decision would be anticipated, subject to any delays caused by the summer recess.

Welcoming reference to communications, and whilst recognising the current challenges faced, the CHC representative emphasised that these challenges are likely to increase as winter approaches. It is vital, therefore, that more detailed information be made available for the public, who may have to wait longer for treatment and/or access services differently. Such information must be accessible and easy to understand. The Chair assured Members that the UHB is committed to providing accessible information regarding services, and commended the Communications team for their work to date in this regard. The Director of Primary Care, Community & Long Term Care also wished to offer assurances around how services are working and will continue to work together, across Primary and Secondary Care boundaries, suggesting that this be further expanded to take into account the patient experience perspective. It was reiterated, however, to both Board Members and members of the public, that Primary Care is very much

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	<p>'open', and that where it is clinically necessary and appropriate, a face-to-face consultation will be offered.</p> <p>It was recognised that the UHB will need to work with the CHC to assist the public in moving towards the 'new normal'. It was emphasised, however, that consideration will be given to those situations where a patient's well-being would potentially be compromised by a remote consultation. The Director of Primary Care, Community &amp; Long Term Care stressed that the UHB wants to work with its communities, and that any concerns should be directed to either the UHB or the CHC. Dr Sion James, deputising for the Medical Director and also a practising GP, advised that GPs are actively providing as many options for patients as possible, including telephone consultations, video consultations and email contact. There are also discussions around developing digital sites, which would offer assistance to patients unfamiliar with using electronic devices to access services. Referencing the latter, the Chair recognised that older people represent a significant proportion of the local population, and requested an update/assurance that steps are being taken to ensure that this group can access Primary Care services.</p> <p>The Director of Public Health advised that, in addition to the valuable work undertaken by the Modelling Cell, the UHB has also worked closely with the Public Health Wales consultant lead. As a result, a surveillance system relating to Test, Trace, Protect is being developed, which it is hoped will act as an early warning system. The Independent Member (Local Government) suggested that the COVID-19 Operating Framework, developed in adversity, demonstrates a greater maturity and depth in working relationship between the UHB and Local Authorities. This is likely to provide further benefits in collaborative working going forward. The Chair agreed, and wished to offer the Board's thanks to all three Local Authorities. The contribution of the UHB's IT team was also noted, with the importance of digital enablers, both now and in the future, recognised. The Chair advised that she had written to the team thanking them for their efforts.</p>	JP
	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>RATIFIED</b> the Quarter 2 operational plan, noting Gold Command support and full discussion at the Board Seminar session held on 25<sup>th</sup> June 2020;</li> <li>• <b>RATIFIED</b> the decision to extend the Bluestone contract, noting both Finance Committee support and that the remaining risk regarding water quality has been addressed;</li> <li>• <b>NOTED</b> that a further iteration of the document, outlining a Quarter 3 response, would be prepared for future review and consideration.</li> </ul>	
PM(20)129	<p><b>STRATEGIC DISCOVER REPORT</b></p> <p><i>Mrs Libby Ryan-Davies joined the Board meeting.</i></p> <p>Mr Moore presented the Strategic Discover Report, apologising for an error in the SBAR information relating to Workforce and Capital &amp; Estates, and advising Members that the correct information can be found on pages 76 and 77 of the full report. Members received a presentation entitled 'Strategic Discover Report – applying the initial learning from our pandemic response to a delivery of our Health &amp; Care Strategy'.</p>	



The Strategic Discover Report is an attempt to capture the significant changes which have occurred in a relatively short time. Whilst the resulting report probably only represents a small proportion of what could have been included, it is anticipated that further reports will be presented to Board. The impact of COVID-19 on every area of our lives was emphasised. It is important for us to recognise the losses experienced. There have, however, been positive changes, which we must ensure are taken forward.

Mrs Libby Ryan-Davies explained that the UHB has taken steps to bring together all the initial learning from the COVID-19 pandemic, and triangulate this with experience from elsewhere to produce key learning based on local learning, global learning and the All Wales/national experience and learning from previous pandemics; and includes consultation with system leaders, patients and stakeholders.

The changes achieved have been detailed in the report, in order that these different ways of working can be acknowledged and celebrated by the Board and authorised to continue.

The key themes in terms of lessons learnt which have emerged from feedback are: Health Charities, staff wellbeing, common vision and shared goals, empowerment and autonomy to act, clear decision making structures, control and due diligence. Other key themes include concerns regarding access to routine services such as rehabilitation. Mental health and well-being is seen as a major issue. Whilst technology is recognised as a key enabler, its potential limitations must also be recognised.

The response from the UHB's workforce has been incredible. Significant achievements include those in the main hospitals, field hospitals, testing, public health response, care homes. Digitalisation has been a key enabler. Virtual Accelerated Design Sessions have taken place, incorporating all emerging learning and the latest global information. Participating teams are due to feed back to the Transformation Steering Group (TSG) in the week commencing 10<sup>th</sup> August 2020. TSG will test and challenge their findings.

Mr Moore explained that the UHB needs to learn from its position when the COVID-19 pandemic hit and from the pandemic itself. TSG's role will be to sponsor, ensure and coordinate continued transformation, building this into the organisation. The objective being to ensure that transformation is deeply rooted in staff, population and partners.

Miss Battle, Mrs Hardisty and Mr Hearty are members of the TSG, and will be ensuring that staff opinion, such as not wishing to return to previous, restrictive ways of working, is represented.

The report was unanimously welcomed by Members, with the following comments made:

- There is an element of responsibility involved. It is our responsibility to document our experience of the COVID-19 pandemic for future generations, to allow them to better prepare for similar outbreaks;
- It is also our responsibility to take learning forward, and accelerate the development and implementation of transformation. This will provide us with better protection, recognising that the response to date has been exceptional;
- We need to set the tone for future generations and establish a world beating health and care system;
- All were encouraged to view the Staff Video;
- When staff are provided with a scope of practice, they work to this, and we should encourage them to feel trusted to 'do the right thing';
- There has been a removal of boundaries across services, with increased integration between Primary and Secondary Care, for example. This should be built upon and sustained; it is hoped that there are enough who recognise the value in doing so;
- Whilst endorsing comments around responsibility to future generations, we also have a responsibility to the current generation (staff, patients and the wider population);
- The UHB's work with stakeholders was commended, particularly in breaking down barriers;
- We should be honest about those steps we may have tried which have not been as effective as we would have hoped;
- Whilst the increased use of technology is impressive, we must be mindful of those who would find it difficult to access services via these means;
- The CHC had been concerned that COVID-19 may be used as a means to change services without sufficient scrutiny; however this report has addressed these concerns and is welcomed;
- Whilst learning from COVID-19 is imperative, there must also be a programme of evaluation and cognisance of impact. This was agreed, with it noted that this had been identified as a requirement during the two digital Accelerated Design Sessions;
- It should be recognised that the UHB is just that – a University Health Board. The TSG should recognise the three local universities and give consideration to their potential contribution. This was agreed; the organisation is committed to ensuring partner engagement;
- It was agreed that the three local universities should be referenced within the membership of the TSG terms of reference;
- Effective communications are key in 'bringing the public with us'. Whilst agreeing, it was suggested that if we take the right approach, it will be the public driving the process rather than ourselves;
- We need to make sure that unpaid carers, who are a vital part of the health care system, have a voice in the process;
- In terms of continuous improvement, the following were suggested:
  - the importance of amplifying the voice of patients, carers and the general public, particularly those who are less frequently heard;
  - examining research around organisational learning, to prevent us making unnecessary mistakes, whilst being mindful that this is a unique situation;
  - the need to recognise that demand for certain services is likely to increase;

**SM/  
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	<ul style="list-style-type: none"> <li>○ the need to recognise the cumulative effect of delays in treatment;</li> <li>● It seems odd that the TSG membership does not include a Public Health representative if we intend to adopt a social model for health. In response, it was suggested that the membership will need to remain under constant review. However, the current demands on Public Health staff need to be recognised, together with the role of the TSG, which is one of coordination rather than operational.</li> </ul> <p>Miss Battle thanked Members for their contributions to discussions, the Transformation team for preparing the report and presentation and the Chief Executive for leading this work, which will enable the Board to focus more on what needs to be approved to deliver the strategy, with Committees being the forum for discussion on the detail and for providing assurance.</p> <p><i>Mrs Ryan-Davies left the Board meeting.</i></p>	
	<p>The Board:</p> <ul style="list-style-type: none"> <li>● <b>APPROVED/AUTHORISED</b> the work to continue, embed or adopt the service change and innovation set out in the report and in the Strategic Discover Report, subject to the Strategic Enabling Groups setting out the engagement needed, feasibility, timescales, costs and other requirements;</li> <li>● <b>APPROVED</b> the decisions to commence work on the key areas set out in the report and in the Strategic Discover Report, subject to the Strategic Enabling Groups setting out the engagement needed, feasibility, timescales, costs and other requirements;</li> <li>● <b>APPROVED</b> the dis-establishment of the existing Health and Care Strategy Delivery Group, and underpinning Transformation Programmes and governance structures;</li> <li>● <b>NOTED</b> the terms of reference for the newly established Transformation Steering Group, subject to the addition of reference to the three local universities within the membership.</li> </ul>	
<p><b>PM(20)130</b></p>	<p><b>REPORT OF THE QUALITY, SAFETY &amp; EXPERIENCE ASSURANCE COMMITTEE</b></p> <p>Ms Anna Lewis, QSEAC Chair, presented the QSEAC update reports, highlighting in particular the excellent work being facilitated through the UHB's Research &amp; Development department, which is contributing to our knowledge of COVID-19, and thanking the staff involved. Miss Battle endorsed these comments, recording her pride in the organisation's involvement in testing for and treating COVID-19, thereby saving lives.</p> <p>The Board <b>NOTED</b> the QSEAC update report and <b>ACKNOWLEDGED</b> the key risks, issues and matters of concern together with actions being taken to address these.</p>	
<p><b>PM(20)131</b></p>	<p><b>REPORT OF THE HEALTH &amp; SAFETY ASSURANCE COMMITTEE</b></p> <p>Mrs Hardisty, Health &amp; Safety Assurance Committee (HSAC) Chair, presented the HSAC update report, advising that a face-to-face meeting has taken place with representatives from the Health &amp; Safety Executive (HSE), to discuss the UHB's response to HSE visits. Confirmation of their satisfaction with the response is awaited. Mrs Rayani anticipated that the HSE would be content with the UHB's response and undertook to update Mrs Hardisty outside of the Board meeting.</p>	<p><b>MR</b></p>

	<p>The Board <b>NOTED</b> the Health &amp; 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.</p>	
<p><b>PM(20)132</b></p>	<p><b>REPORT OF THE PEOPLE, PLANNING &amp; PERFORMANCE ASSURANCE COMMITTEE</b></p> <p>Professor John Gammon, People, Planning &amp; Performance Assurance Committee (PPPAC) Chair, presented the PPPAC update report, confirming that the terms of reference had been amended following feedback from the Board.</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 and <b>APPROVED</b> the revised PPPAC Terms of Reference.</p>	
<p><b>PM(20)133</b></p>	<p><b>PERFORMANCE UPDATE – MONTH 3 2020/21</b></p> <p>Mr Huw Thomas presented the Performance Update for Month 3 of 2020/21, advising that this report had been considered by PPPAC. A new section on essential services has been added at the behest of WG; however other reporting requirements are reduced due to COVID-19. The new section can be found at page 5 onwards of the main report.</p> <p>Miss Battle reminded Members that HDdUHB had achieved its zero target for waiting times/Referral to Treatment (RTT) in 2018/19, and had been within 700 of achieving the same target in 2019/20. However, the RTT figure is currently at 8,758 and Miss Battle wished to publicly apologise to all of those patients waiting for treatment, and their families. The Director of Operations echoed this sentiment, emphasising that this is an unfortunate consequence of COVID-19. The UHB is working through how it can scale up its clinical activities, in particular its elective activities. Challenges remain around how the organisation would manage further COVID-19 outbreaks alongside routine clinical activities, with the UHB exploring how it might work in different ways and/or use its facilities differently. It should be recognised, however, that even with the re-establishment of services, it is anticipated that only 50% of previous capacity will be possible. The UHB is also considering how it might utilise the private sector and regional working with Swansea Bay UHB to support provision/re-establishment of services, for example, by taking a regional approach to Endoscopy service provision. Members were assured that waiting lists are constantly reviewed by clinicians to ensure that care is expedited for any patients requiring intervention. The UHB is doing all it can to avoid further harm to those whose treatment has been delayed. Whilst recognising that this is a UK-wide issue, rather than one unique to HDdUHB, Miss Battle emphasised the importance of what we can do in the UHB, which is to provide clear, effective individualised communications to every patient waiting for a procedure regarding their care. During subsequent discussion of the report, the following points were made:</p> <ul style="list-style-type: none"> <li>• The UHB is prioritising cancer referrals by means of an alternative route, utilising technical options. GPs and consultants are working in new ways to address issues;</li> </ul>	<p><b>AC</b></p>

	<ul style="list-style-type: none"> <li>Concerns around RTT performance and the potential impact on patients were reiterated. There needs to be a balance between the challenges presented by COVID-19 and provision of routine care;</li> <li>In response, it was accepted that the key issue is 'potential harm', with assurances regarding the monitoring of waiting lists restated;</li> <li>The current pandemic is a relatively unprecedented situation, from which the organisation is constantly learning. As more is understood regarding the COVID-19 virus, it may be possible to change certain approaches, for example a reduction in PPE requirements; however, the UHB needs to remain cautious;</li> <li>A query was raised regarding whether there has been an analysis of patients on waiting lists to ensure that they are on the right clinical pathway, or indeed need to be on a clinical pathway, and whether this will be applied on a more systematic basis;</li> <li>In response, Members learned that there has been a significant increase in momentum around the development of clinical pathways in the various specialties. This will serve to ensure that patients are seen by the right healthcare professionals at the right time;</li> <li>It was suggested that the UHB could explore utilising different staff and mechanisms, such as had been implemented previously in Withybush and Cardiff in relation to orthopaedic lists, to examine waiting lists and where possible reduce them;</li> <li>The number of 36 week waits is increasing each month. It would be useful to see future projections. It was agreed that these figures would be presented to PPPAC for consideration;</li> <li>A key cause of current delays is lack of ability to access Outpatient appointments;</li> <li>In relation to Unscheduled Care/4 hour wait performance, it should be noted that the need to create separate Red and Green (COVID-19 and non COVID-19) areas led to the need to create separate 'front door' areas. Current performance definitions do not allow delineation between these areas, contributing to the failure to meet this target.</li> </ul>	<b>AC/KM</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, or format changes required going forward.</p>	

<b>PM(20)134</b>	<b>REPORT OF THE FINANCE COMMITTEE</b>	
	<p>Mr Michael Hearty, Finance Committee Chair, presented the update reports from meetings held in May and June 2020, adding that the Committee had also met on 24<sup>th</sup> July 2020.</p>	
	<p>Miss Battle thanked Mr Hearty for the useful insight provided at the Independent Members meeting earlier in the week.</p>	
	<p>The Board <b>NOTED</b> the Finance Committee update report and <b>ACKNOWLEDGED</b> the key risks, issues and matters of concern together with actions being taken to address these.</p>	

<b>PM(20)135</b>	<b>FINANCIAL REPORT – MONTH 3 2020/21</b>	
	<p>Mr Thomas introduced the Financial Report for Month 3 of 2020/21, highlighting in particular:</p>	

	<ul style="list-style-type: none"> <li>• The decision not to assess the risk of failing to achieve the target £25m deficit outlined in the UHB's Financial Plan. It has been recognised that this will not be possible without WG support, and discussions between the UHB and WG are ongoing;</li> <li>• The projection of the UHB's likely financial position is both challenging and volatile. Drivers include: <ul style="list-style-type: none"> <li>○ Demand modelling and impact on workforce;</li> <li>○ Ongoing plans in relation to Test, Trace, Protect and vaccination;</li> <li>○ Field hospitals;</li> <li>○ Slippage on investments planned prior to COVID-19;</li> <li>○ Minimal delivery on savings.</li> </ul> </li> </ul> <p>Whilst there are areas of underspend, clarification is required around whether these are genuine underspends or are savings delivery. Whilst this will not impact on the current year, it will impact next year. Members noted that the Finance Committee has been meeting throughout the pandemic, and that meetings between the Director of Operations, Director of Finance and systems representatives have also been implemented.</p> <p>Miss Battle emphasised that the uncertainty regarding finances is to be expected under current circumstances, and represents a national issue.</p> <p>The Board <b>DISCUSSED</b> and <b>NOTED</b> the financial position for Month 3.</p>	
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<b>PM(20)136</b>	<b>CORPORATE RISK REGISTER</b>													
	<p>Mrs Wilson presented the Corporate Risk Register report, highlighting the numbers as follows:</p> <table style="margin-left: 20px;"> <tr><td>Total risks</td><td>30</td></tr> <tr><td>New risks</td><td>9</td></tr> <tr><td>De-escalated/closed</td><td>5</td></tr> <tr><td>Increase in risk score</td><td>1</td></tr> <tr><td>No change in risk score</td><td>13</td></tr> <tr><td>Reduction in risk score</td><td>7</td></tr> </table> <p>The addition of 5 new corporate risks relating to the UHB's COVID-19 Operating Framework Quarter 2 Plan was highlighted. Due to timing, it has not yet been possible for these risks to be considered at the relevant Board level Committees.</p> <p>The Board was sufficiently <b>ASSURED</b> that principal risks are being assessed, managed and reviewed appropriately/effectively through the risk management arrangements in place, noting that these (with the exception of the 5 new risks relating to the Operating Framework Quarter 2) have been reviewed by Board level Committees.</p>	Total risks	30	New risks	9	De-escalated/closed	5	Increase in risk score	1	No change in risk score	13	Reduction in risk score	7	
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<b>PM(20)137</b>	<b>WELL-BEING OBJECTIVES ANNUAL REPORT 2019/20</b>	
	<p>Ms Sarah Jennings introduced the Well-being Objectives Annual Report 2019/20, reminding Members that the UHB has a statutory duty to publish this document. The UHB's performance in relation to the Well-being of Future Generations (Wales) Act 2015 is outlined in the report. Members noted that this area of Ms Jennings' portfolio will be taken over by the Director of Public Health on Ms Jennings' departure from the UHB.</p>	

	<p>Whilst there were no questions raised by Members, Miss Battle emphasised that this did not indicate a lack of scrutiny or that the work undertaken was not appreciated.</p> <p>The Board <b>APPROVED</b> for publication HDdUHB's Well-being Objectives Annual Report for the period 1<sup>st</sup> April 2019 – 31<sup>st</sup> March 2020, in order to fulfil the HB's statutory obligations.</p>	
<b>PM(20)138</b>	<p><b>COMMITTEE UPDATE REPORTS: BOARD LEVEL COMMITTEES</b></p> <p>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.</p>	
<b>PM(20)139</b>	<p><b>COMMITTEE UPDATE REPORTS: IN-COMMITTEE BOARD</b></p> <p>The Board <b>RECEIVED</b> the update report of the In-Committee Board meeting.</p>	
<b>PM(20)140</b>	<p><b>HDdUHB JOINT COMMITTEES &amp; COLLABORATIVES</b></p> <p>The Board <b>RECEIVED</b>, for information, the HDdUHB Joint Committees &amp; Collaboratives update report.</p>	
<b>PM(20)141</b>	<p><b>STATUTORY PARTNERSHIPS UPDATE</b></p> <p>Ms Jennings presented the Statutory Partnerships Update report, suggesting that the UHB is in a stronger position than previously in this regard. Whilst partnerships have been tested by the demands resulting from COVID-19, they continue to improve.</p> <p>Miss Battle agreed, emphasising that partnership working is vital, and is the responsibility of everyone.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the progress updates for each PSB, and the key areas of discussion highlighted in the report.</li> <li>• <b>NOTED</b> the links to the PSB and RPB websites, where the agenda and minutes of recent meetings can be accessed.</li> <li>• <b>NOTED</b> updates from the RPB and – in relation to joint working – between the RPB and PSBs.</li> </ul>	
<b>PM(20)142</b>	<p><b>WEST WALES CARERS DEVELOPMENT GROUP ANNUAL REPORT 2019/20</b></p> <p>Ms Jennings presented the West Wales Carers Development Group Annual Report 2019/20, emphasising that carers are fundamental to the illness prevention agenda. The UHB must support them to support others, with this not simply being a matter of financial benefit. Whilst the report captures all of the actions taken, it is recognised that more could be undertaken.</p> <p>It was agreed that the report demonstrates the valuable work undertaken by unpaid carers, with the Carers Needs Assessment highlighted in particular.</p>	

	Miss Battle wished to publicly record the Board's sincere thanks to Ms Jennings for her many years of dedicated service to the NHS, and wished her well in her new role with Natural Resources Wales.	
	The Board <b>NOTED</b> the West Wales Carers Development Group Annual Report 2019/2020, prior to its publication on the UHB website.	
<b>PM(20)143</b>	<b>BOARD ANNUAL WORKPLAN</b>	
	The Board <b>NOTED</b> the Board Annual Workplan.	
<b>PM(20)144</b>	<b>ANY OTHER BUSINESS</b>	
	There was no other business reported.	
<b>PM(20)145</b>	<b>DATE AND TIME OF NEXT MEETING</b>	
	10.00am, Thursday 24 <sup>th</sup> September 2020, Boardroom, Ystwyth Building, St David's Park, Carmarthen SA31 3BB	