

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

Date of Meeting:	9.30AM, THURSDAY 25TH NOVEMBER 2021
Venue:	VIRTUAL, VIA TEAMS

Present:	<p>Miss Maria Battle, Chair, Hywel Dda University Health Board Mrs Judith Hardisty, Vice-Chair, Hywel Dda University Health Board (VC) Mr Maynard Davies, Independent Member (Information Technology) (VC) Professor John Gammon, Independent Member (University) (VC) Cllr. Gareth John, Independent Member (Local Government) (VC) Ms Anna Lewis, Independent Member (Community) (VC) Miss Ann Murphy, Independent Member (Trade Union) (VC) Mr Paul Newman, Independent Member (Community) (VC) Ms Delyth Raynsford, Independent Member (Community) (VC) Mr Iwan Thomas, Independent Member (Third Sector) (VC) Mr Winston Weir, Independent Member (Finance) (VC) Mr Steve Moore, Chief Executive Professor Philip Kloer, Executive Medical Director and Deputy Chief Executive (VC) Mr Andrew Carruthers, Executive Director of Operations (VC) Mr Lee Davies, Executive Director of Strategic Development & Operational Planning (VC) Mrs Lisa Gostling, Executive Director of Workforce and Organisational Development (VC) Dr Joanne McCarthy, Consultant in Public Health, deputising for Mrs Ros Jervis, Executive Director of Public Health (VC) Mrs Mandy Rayani, Executive Director of Nursing, Quality & Patient Experience (VC) Ms Alison Shakeshaft, Executive Director of Therapies & Health Science (VC) Mr Huw Thomas, Executive Director of Finance (VC)</p>
In Attendance:	<p>Ms Jill Paterson, Director of Primary Care, Community & Long Term Care (VC) Mrs Joanne Wilson, Board Secretary Mr Michael Hearty, Strategic Advisor (VC) Mr Jonathan Griffiths, Pembrokeshire County Council Director of Social Services, Local Authority Representative (VC) Ms Hazel Lloyd Lubran, Chair, Stakeholder Reference Group (VC) Mr Baba Gana, Vice Chair of Black, Asian and Minority Ethnic (BAME) Board Advisory Group (VC) Mr Mansell Bennett, Chair, Hywel Dda Community Health Council (VC) Ms Donna Coleman, Chief Officer, Hywel Dda Community Health Council (VC) Ms Clare Moorcroft, Committee Services Officer (Minutes) (VC)</p>

PM(21)188	INTRODUCTIONS & APOLOGIES FOR ABSENCE	
	<p>The Chair, Miss Maria Battle, welcomed everyone to the meeting, particularly Dr Joanne McCarthy, deputising for Mrs Ros Jervis; and four Reverse Mentors who were observing the Board meeting: Callum Wilson, Rhys Kemp, Isabella Ioannides and Tracy Stevens. Apologies for absence were received from:</p> <ul style="list-style-type: none"> • Mrs Ros Jervis, Executive Director of Public Health 	

	<ul style="list-style-type: none"> • Dr Hashim Samir, Vice Chair of Black, Asian and Minority Ethnic (BAME) Board Advisory Group <p>Noting that 25th November 2021 is Carers Rights Day, Miss Battle announced that today's meeting would begin with a short video. The video outlined the challenges faced by a member of HDdUHB staff with caring responsibilities, and how the organisation has supported her in fulfilling these responsibilities. Miss Battle highlighted that a number of the initiatives introduced by HDdUHB were detailed in her Chair's Report; however, was delighted to hear of the positive impact these have made. Within the online Chat, other Members also welcomed evidence that the Carers policy is working in practice and that the UHB is supporting its staff and enabling them to undertake both their caring roles and work. The importance of recognising the challenges faced by parents, carers and children and young people was emphasised.</p>	
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PM(21)189	DECLARATION OF INTERESTS	
	No declarations of interest were made.	

PM(21)190	MINUTES OF THE PUBLIC MEETING HELD ON 30TH SEPTEMBER 2021	
	RESOLVED – that the minutes of the meeting held on 30 th September 2021 be approved as a correct record.	

PM(21)191	MATTERS ARISING & TABLE OF ACTIONS FROM THE MEETING HELD ON 30TH SEPTEMBER 2021	
	<p>An update was provided on the table of actions from the Public Board meeting held on 30th September 2021, and confirmation received that all outstanding actions had been progressed. In terms of matters arising:</p> <p>PM(21)152 – Miss Battle enquired whether there was an update to the request that consideration be given to travel and accommodation requirements for parents and carers of children undergoing paediatric orthopaedic surgery. In response, Mr Steve Moore confirmed that he had raised this issue and that the Welsh Health Specialised Services Committee (WHSSC) had committed to consider it as part of their commissioning responsibilities. Regarding the second action under this minute reference, Mr Moore clarified that the report in question centres on Adult Thoracic surgical services and does not, therefore, include Paediatric Cardiology.</p> <p>PM(21)153 – an update was requested regarding progress on sharing the report around student placements with Health Education and Improvement Wales (HEIW). Mrs Lisa Gostling advised that the report will be completed next week and that the UHB is in the process of scheduling a meeting with HEIW in either December 2021 or January 2022. The outcome of discussions will be reported to the People, Organisational Development & Culture Committee (PODCC) and thence to Board.</p> <p>PM(21)154 – Miss Battle requested clarification regarding whether the COVID-19 thematic outbreak reviews mentioned in the update were local or All Wales exercises. In response, Mrs Mandy Rayani advised that the UHB is undertaking multi-disciplinary Directorate level reviews.</p>	LG

The findings from these will be collated into a single report, to be considered at the Quality, Safety & Experience Committee (QSEC), with a timescale of January 2021 for completion. This would represent a significant achievement, given the number of reviews involved.

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Ms Alison Shakeshaft wished to clarify that the report regarding the staffing review for Stroke Services due to be presented to QSEC on 6th December 2021 relates specifically to nursing staff; it is not a multi-disciplinary review. The UHB will, however, participate in a national biannual audit on Stroke staffing, and will be taking this issue forward more generically.

PM(21)160 – referencing page 15 of the minutes, assurance was requested that recruitment to the enhanced Bridging Service is not undermining the social care system. Ms Jill Paterson reported that the UHB has conducted two rounds of recruitment to the Bridging Service. Whilst it is not possible (legally) to restrict who applies, current employment had been analysed and there were only small numbers of applicants already employed in the care sector. Those with existing social care roles were only applying for limited hours with the Bridging Service. Due to withdrawals, the number of candidates had reduced from 49 to 38. There has been parallel success among the Local Authorities in recruitment to their services. Whilst it is likely that many local employers are effectively recruiting from the same 'pool', there is no evidence to suggest that the Bridging Service is undermining the social care system. Miss Battle welcomed this assurance, together with the enhanced recruitment to Local Authority services. Ms Paterson emphasised that it was always the intention to enhance and align health and social care workforces, in order to support care within the community in the optimum manner. The additional capacity created was welcomed. In response to a query regarding whether there will be further recruitment rounds, Ms Paterson advised that the current intake are undergoing induction and that the situation will be reviewed in early 2022. There was, however, a commitment to developing a sustainable model going forward. Within the online chat, Mr Jonathan Griffiths advised that the Local Authorities are engaged in their local groups to continue to discuss career opportunities and, as outlined, offer permanent options for staff. They are also allocating recovery funding to support domiciliary care terms and conditions to retain and attract staff and are hopeful that this will enhance recruitment. A survey is being presented to the ministerial meeting being held later today. Mr Moore felt that these developments represented a positive step forward, and offered to share the UHB's learning with his Chief Executive colleagues. Miss Battle thanked Ms Paterson and Mr Griffiths for their continued efforts in this regard.

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Referencing the figures for medically-fit individuals in hospitals, Mr Paul Newman noted that there was only 1 in Bronglais General Hospital (BGH) and enquired why the situation was better at that location. Mr Newman also observed that in England, people were being furnished with grants/direct payments, to purchase their own care packages, and queried whether any similar initiatives were planned in Wales or locally. Ms Paterson advised that the numbers of medically-fit in hospitals change on a regular basis, and that the BGH figures have now

	<p>increased. With regard to the second query, Members were assured that the UHB and Local Authority partners are taking a whole-system approach to health and social care and are ensuring patients are entered into the discharge system at the earliest point possible. Consideration is also being given to a waiting service for those people awaiting care in either the community or in ambulances awaiting handover, and to creating step-down beds and beds within the community hospitals. There is a 'menu' of various arrangements to ensure as many opportunities for care packages exist as possible. Ms Paterson assured Members that the UHB and its partners are being as proactive as possible, within the frameworks they are able to use. There have been many discussions with Welsh Government on this topic, which are ongoing. Mr Griffiths welcomed this thorough detailing of the situation, agreeing that there are issues with direct payments; not least, that the recruitment issues affecting the care sector in general also apply to the personal assistants who would provide personal care packages. If, however, there is a feasible and willing support system, most Local Authority systems would allow such an arrangement to be set up.</p> <p>Recognising the numerous elements involved in this area, and that there were many possible approaches, Mr Moore suggested a workshop session on this topic involving the Directors of Social Care from each of the Local Authorities. The UHB and its partners have short-term plans in place; however, longer-term solutions are required. Miss Battle endorsed this proposal, suggesting that the Hywel Dda region is leading on this issue within Wales with the Bridging Service. Ms Paterson requested that Ms Hazel Lloyd Lubran, Chair of the Stakeholder Reference Group and local Third Sector lead also be invited to any such session. Welcoming the opportunity to work together on solutions and emphasising that integrated roles are more suited to cross-boundary working, Mr Griffiths felt that there is likely to be a national announcement regarding social care provision in the near future. Within the online chat, there was a great deal of support for the suggested workshop session, with it noted that there are many successful initiatives in places, including the Micro Enterprises in Pembrokeshire to support people to remain at home. Ms Paterson's suggestion to include Ms Hazel Lloyd Lubran was also endorsed, as this would ensure involvement/representation of carers and families. Members were informed that this topic is also due to be discussed at the Regional Partnership Board (RPB).</p>	SM
PM(21)192	<p>REPORT OF THE CHAIR</p> <p>Miss Battle presented her report on relevant matters undertaken as Chair since the previous Board meeting, highlighting in particular the difficult decision to temporarily suspend hospital visiting due to the increase in COVID-19 infections. There are exceptions to this rule for end of life and critical visits. Miss Battle assured Members and the public that this restriction will be lifted as soon as it is safe to do so. Moving onto the COVID-19 vaccination programme, which is the most extensive in the history of the NHS, Miss Battle noted that the booster campaign has presented certain challenges and issues and apologised to those affected. It was emphasised that transport arrangements are in place for those who require them. Miss Battle thanked all of those involved in supporting the vaccination programme. Members heard that wreaths</p>	

	<p>created from vaccine vial tops had been placed during Remembrance Sunday services. This had proved to be extremely emotional and had opened conversations regarding the personal impact of the vaccination programme. Miss Battle thanked those Independent Board Members who had been involved in placing wreaths. The incredible performance at the Nurse of the Year Awards 2021 was highlighted, with HDdUHB staff contributing three winners and five runners-up. Emma McKay, a community midwife in Ceredigion, was also congratulated for being shortlisted for the Royal College of Midwives Midwife of the Year Award. Finally, Miss Battle welcomed the re-appointment of Ms Hazel Lloyd Lubran as Associate Board Member, and Ms Anna Lewis, Miss Ann Murphy and Mr Maynard Davies as Independent Board Members.</p> <p>In regards to the restrictions on visiting, Mrs Rayani appreciated the distress this causes to both patients and families, and assured Members and the public that this is reviewed formally on a weekly basis, with both community and hospital infection prevalence considered. It is hoped that visiting over the festive period can be supported, and that a formal communication regarding this will be developed and issued within the next week. Within the online chat, Mrs Rayani expressed her pride in the HDdUHB nursing workforce who have been recognised nationally. Several other Members added their congratulations, welcoming the recognition, celebration and rewarding of deserving individuals and the positive culture it creates. Offering her congratulations to the HDdUHB nurses recognised through national awards, Ms Delyth Raynsford enquired how examples of good practice are being promoted. Also, noting that issues with the COVID-19 booster letters still appear to be causing confusion, which is impacting particularly on Hywel Dda's elderly population, Ms Raynsford requested assurances that this is being fully addressed. In response to the second query, Ms Shakeshaft acknowledged that the issues with letters regarding COVID-19 boosters were unfortunate, although certain of these were outside the UHB's control. For this reason, it was not possible to guarantee that there will be no further issues; however, Members were assured that the UHB will act upon these as soon as they become aware of them. Mr Moore confirmed that, whilst the vaccination team has examined in depth all internal procedures, there are other 'opportunities' within the wider process for errors to occur. Referencing Ms Raynsford's first query, Mrs Rayani emphasised the importance of sharing local learning and good practice at a national level, by means of attendance at conferences and poster presentations, etc. There has been some reluctance to participate in this way previously; however, such activities need to be encouraged, to raise the profile of HDdUHB and its staff.</p>	MR
	<p>The Board:</p> <ul style="list-style-type: none"> • SUPPORTED the work engaged in by the Chair since the previous meeting and NOTED the topical areas of interest; • RATIFIED the actions undertaken by the Chair on behalf of the Board. 	
PM(21)193	<p>REPORT OF THE CHIEF EXECUTIVE</p> <p>Mr Moore presented his report on relevant matters undertaken as Chief Executive of HDdUHB since the previous meeting, echoing Miss Battle's comments regarding the re-appointment of several Board Members. Mr Moore recognised that the organisation is in an unusual situation</p>	

currently, necessitating a number of decisions at short notice, which have not necessarily been subject to the usual processes to inform Independent Members. This was regrettable, and steps would be taken to address the processes involved. Turning to his report, Mr Moore highlighted in particular the Llwynhendy Tuberculosis (TB) Outbreak Review and the revised Terms of Reference for this review. Members heard that the Chief Executive and Medical Director/Deputy Chief Executive had recently met with local councillors from the area and had held a constructive discussion. Mr Moore felt that the TB Outbreak Review will represent an important piece of work, both locally and nationally. Focusing on agile/hybrid working, Mr Moore emphasised the need to grasp opportunities in this regard. It is important, where possible, to maximise clinical use of hospital sites and to relocate non-clinical functions. As such, Members were asked to approve the Glien House Lease proposal. Members' attention was drawn to the Ombudsman Annual Letter, and to the findings and actions taken in response to a specific Ombudsman case. Mr Moore apologised to the patient and their family involved, and to those Independent Members who had not been informed of this case at the appropriate time. Referencing the Memorandum of Understanding between HDdUHB and Aberystwyth University, Mr Moore looked forward to an ongoing and productive relationship with the University, particularly in relation to its new nurse training facility. Members noted that the Radiology Informatics System Procurement (RISP) process has been ongoing for a number of years. Mr Moore is the CEO Lead for Imaging in Wales, and emphasised the importance of this initiative. The Executive Team had met with representatives from the national RISP team and discussed various aspects of the Business Case. It had been particularly encouraging to witness the enthusiasm of the Radiology teams for this project.

Within the online chat, Mrs Rayani apologised for the lapse in process which had resulted in Independent Members not being informed of the Ombudsman case, and assured Members that the process is being reviewed to prevent a recurrence. Professor John Gammon welcomed the excellent work undertaken by the Research and Innovation teams to further develop links with University partners, which will offer tangible benefits for the UHB. Professor Philip Kloer agreed that the Research and Innovation team has made significant progress during the past year, and that the UHB's relationships with each University have grown considerably as a result. Referencing the agile/hybrid working proposals, Cllr. Gareth John requested assurance that the UHB had explored all possibilities with partners, including Carmarthenshire County Council and Welsh Government, regarding potential accommodation. The UHB's potential contribution to boosting the Carmarthen town centre economy by locating staff there was emphasised. Cllr. John also enquired whether the UHB is aware of issues with traffic and parking associated with the location of Glien House. Mr Lee Davies confirmed that the UHB has engaged with both the Local Authority and Welsh Government regarding buildings in Carmarthen town centre; potential alternatives were offered, however, it should be noted that Carmarthenshire County Council is currently undertaking a review of its estate. Mr Lee Davies assured Members that the UHB is committed to working with other Public Sector partners in the development of community hubs in each of the three

counties and that, where suitable buildings are available, these opportunities will be explored. The UHB is aware of the traffic and parking issues in relation to Glien House. Whilst its location may not be perfect, there is not an abundance of suitable accommodation available within Carmarthen. Glien House has been fully occupied previously, and the potential for additional parking nearby is being explored. The Welsh Government building in Carmarthen had also been visited and considered. Being open plan, it is not suitable for the immediate use required, however it may be appropriate for another UHB function in the future. Whilst fully supportive of the UHB's ambitions regarding agile/hybrid working and the potential benefits for staff, Mr Iwan Thomas noted that up to 100 desks were being proposed at Glien House, and suggested that the UHB should also consider how it integrates into local communities and contributes to the foundational economy. The opportunity to make a difference for local businesses by increasing footfall in town centres should be a major consideration. Mr Lee Davies was in complete agreement, whilst highlighting that the original premise had been to maximise clinical capacity on the Glangwili General Hospital (GGH) site. There will, however, be further opportunities to develop community hubs in each of the main county towns, which will benefit both staff and the local economy.

In regards to the Getting it Right First Time (GIRFT) Benchmarking Review: Cardiac Surgery, Mr Mansell Bennett noted that Swansea Bay UHB (SBUHB) are collecting patient experience data, and queried whether this will be shared with HDdUHB and the Community Health Council (CHC). Mr Moore confirmed that it is intended to share this information at the Public Board. Within the online chat, Professor Kloer assured Members that he, the Director of Nursing, Quality & Patient Experience and the Board Secretary have regular meetings with the Medical Director at SBUHB, to provide assurance on their actions, and they are due to provide reports for consideration at QSEC. SBUHB is also developing a quality dashboard, which should include patient experience information when available. Referring specifically to Appendix F, HDdUHB's response to SBUHB's 'Changing For The Future' Engagement exercise, Professor Gammon enquired how this work differed to that of the A Regional Collaboration for Health (ARCH) workstreams, and expressed concern regarding potential duplication of effort. In response, Mr Moore advised that there had been a meeting with the SBUHB team on 24th November 2021, at which it had been agreed that all this work would be routed through the refreshed ARCH governance system. Mr Lee Davies confirmed that there is no intention to set up any workstreams outside ARCH. Miss Battle enquired why the Hyper Acute Stroke Unit (HASU) is intended only for SBUHB residents at this stage. In response, Ms Shakeshaft reminded Members that there was to be a major piece of work on Stroke service redesign, which had been temporarily paused due to the COVID-19 pandemic. SBUHB has proposed that a HASU be established for their residents only; it is vital that a decision is made regarding this, as it will impact on HDdUHB's discussions regarding the future shape of its own Stroke services. There is a need for short-, medium- and long-term solutions. These can be developed in conjunction with SBUHB or, if necessary, in isolation. The key requirement is a decision from SBUHB regarding their future plans. Mr Moore emphasised the time-sensitive nature of Stroke treatments

	<p>and the potential impact of travelling/distance in this regard. Members were assured that HDdUHB is keeping this issue 'on the agenda' in discussions with SBUHB. Welcoming the fact that the National Nurse Stroke Lead is based in HDdUHB, Miss Battle requested that the Strategic Development & Operational Delivery Committee (SDODC) monitor this issue and inform the Board of developments. Within the online chat, Mrs Rayani agreed that the UHB is fortunate to have Advanced Nurse Practitioner Claire Bryant engaged at a national level on this agenda.</p> <p>When asked to agree the report's recommendations, Cllr. John recorded that he did not support the proposed private lease arrangement for Glien House. This recommendation was, therefore, approved based on a majority decision.</p>	LD
	<p>The Board:</p> <ul style="list-style-type: none"> • ENDORSED the Register of Sealings since the previous report on 30th September 2021; • NOTED the status report for Consultation Documents received/ responded to; • NOTED and APPROVED the revised Terms of Reference for the Llwynhendy Tuberculosis Outbreak Review; • NOTED and APPROVED the new lease arrangement for Glien House, Johnstown, Carmarthen; • NOTED the Ombudsman's Annual Letter and CONSIDERED the UHB's actions to be taken as a result; • NOTED the UHB's response to Swansea Bay UHB (1st October 2021) in response to its "Changing the Future" Engagement; • SUPPORTED the Outline Business Case for the Radiology Informatics System Procurement (RISP) Programme. 	
PM(21)194	REPORT OF THE AUDIT & RISK ASSURANCE COMMITTEE	
	Mr Newman, Audit & Risk Assurance Committee (ARAC) Chair, presented the ARAC update report, highlighting the various key risks, issues and matters of concern identified therein.	
	The Board NOTED the ARAC update report and ACKNOWLEDGED the key risks, issues and matters of concern, together with actions being taken to address these.	
PM(21)195	REPORT OF THE QUALITY, SAFETY & EXPERIENCE COMMITTEE	
	Ms Anna Lewis, QSEC Chair, presented the QSEC update report, advising that she had nothing further to add, save to emphasise how challenging the quality 'agenda' is currently and how this impacts on patient experience. The local population was thanked for its forbearance and understanding, and staff were thanked for their continued efforts and dedication. Referencing sub-optimal environmental conditions within paediatric services, Mrs Rayani assured Members that work to improve the situation is being undertaken. Noting that the Director of Operations was experiencing technical issues, it was agreed that he would be asked to update on this at a later point.	
	The Board NOTED the QSEAC update report and ACKNOWLEDGED the key risks, issues and matters of concern, together with actions being taken to address these.	

PM(21)196	BOARD ASSURANCE FRAMEWORK	
	<p>Mrs Joanne Wilson presented the Board Assurance Framework (BAF) report, explaining that steps are being taken to develop the BAF, so that its focus moves away from a 'process tool' and towards informing Board agendas and providing information on outcomes. This month, the BAF Dashboard is showing that 4 planning objectives have been completed. 39 planning objectives are on track, with another 1 ahead of schedule, and 9 that are currently behind schedule. Those that are behind schedule link to the organisation's key challenges and risks, which highlights the need to utilise the BAF to inform the Board agenda. Members were advised of two corrections to the report: on page 3, approval of changes to Planning Objectives will be considered at the January 2022 Public Board meeting; and on page 4, it has been agreed that discussion of outcome measures at the December 2021 Board Seminar will be postponed.</p> <p>Within the online chat, Professor Gammon expressed full support for this document, suggesting that it provides the Board with assurance on progress against delivery of the organisation's Planning Objectives. Ms Lewis agreed that the BAF represents an extremely helpful reporting tool and thanked those involved for their work. Referencing page 5 of the report and Planning Objective 4E (Making Every Contact Count Implementation), Miss Battle enquired whether this is being taken forward in the Mass Vaccination Centres (MVCs). Ms Shakeshaft explained that the term 'Making Every Contact Count' varies in its usage and that in its widest sense (promoting health and wellbeing) it would be difficult to implement in the MVCs, due to the need for specialist staff to deliver the various messages involved. The opportunities presented by the COVID-19 vaccination programme are being used mainly to undertake procedures such as atrial fibrillation screening on those individuals attending. Within the online chat, Dr Joanne McCarthy confirmed that screening for atrial fibrillation in the MVCs had commenced as a pilot. Representatives from the Fire Service have also given safety advice to those attending the mobile vaccination unit for COVID-19 vaccinations. Explaining that this issue had been raised by the Minister for Health & Social Services, Miss Battle enquired whether there were any plans to develop this, perhaps utilising assistance from other organisations if the UHB does not have the workforce required. Ms Shakeshaft undertook to discuss this with the vaccination team, whilst suggesting that the main challenge will be around space/environment. Agreeing that this should be considered, Mr Moore suggested that any decision needs to be balanced against the staffing pressures involved and prioritising delivery of the COVID-19 vaccination programme. Within the online chat, Dr McCarthy echoed comments regarding challenges relating to the actual MVC sites and the balance between ensuring people are encouraged to attend for vaccination, alongside maximising what can be achieved in the time that they are there.</p>	AS
	The Board NOTED the Board Assurance Framework report and SOUGHT ASSURANCE on areas giving rise to specific concerns.	
PM(21)197	IMPROVING PATIENT EXPERIENCE REPORT	
	<i>Mr Andrew Carruthers re-joined the Board meeting.</i>	

Mrs Rayani was pleased to introduce the Improving Patient Experience Report, even if it does not reflect complete patient satisfaction. The family who had shared their experience of accessing support from the palliative care service and the heart failure service were thanked in particular for their contribution, as this evidences the importance of putting in place the correct support for each patient. There is concern regarding 'hotspots' with deteriorating patient feedback, in particular Emergency Departments and certain Inpatient areas, with the table on page 6 providing oversight. It is likely that the levels of satisfaction and feedback reflect the pressures these services are currently under. However, positive feedback regarding staff attitude is seven times the volume of negative. There is progress in terms of measures to address feedback around staff attitude. Mrs Rayani and Mrs Gostling have viewed a prototype of the 'Making a Difference' programme, which it is felt will have a significant impact. Finally, Mrs Rayani was delighted to announce the appointment of two Arts in Health Coordinators, Ms Kathryn Lambert and Dr Catherine Jenkins, who have joined the UHB's Patient Experience Team. They have already made a positive impact, by securing additional funding for an Arts in Health project with Children and Young People in the Mental Health environment.

Within the online chat, Members welcomed the planned 'Making a Difference' training, and the appointment of Arts in Health Co-ordinators. Mrs Judith Hardisty echoed Mrs Rayani's comments in relation to the Arts in Health posts; suggesting that the UHB's success in securing these posts is inspirational. Noting the commitment to include feedback from all areas, Mrs Hardisty stated that she would be particularly interested to see feedback from Mental Health & Learning Disabilities (MHL) services. Aware that the UHB does collect feedback from carers in this area, Mrs Hardisty requested that it be included in future reports. In response, Mrs Rayani advised that the Patient Experience team are undertaking work with MHL colleagues and would take steps to include feedback from this service area in the next report. Within the online chat, Mr Winston Weir endorsed this suggestion, requesting that Primary and Community Care also be considered for inclusion in respect of patient feedback. Mrs Rayani confirmed that additional information in this regard could be added. Also within the online chat, Mr Newman requested that potential links/collaboration between the Arts in Health Coordinators and University Art Departments be explored. Dr McCarthy advised that she had met with colleagues in the new Arts in Health posts to explore how the Public Health Directorate can also link in with this work. Dr McCarthy stated that their initial plans sound impressive. Professor Gammon was encouraged to note that the work with the Organisational Development team appears to be having a positive impact. However, comments from the public on page 15 appear to contradict this, with a desire for better communication and improved staff attitudes suggesting a need for ongoing work. Highlighting the section on page 25 around Epilepsy Services, Professor Gammon was pleased to note the improvements made and commended those involved. Mrs Rayani welcomed this comment, emphasising that the teams involved are working extremely hard to improve services in what can be a distressing condition for both patients and their families. Whilst assuring Members that poor staff attitude will not be excused, Mrs Rayani wished to remind Members and

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the general public that healthcare staff have been under exceptional pressure for an extended period of time. The work which has already taken place around staff attitude and behaviour is beginning to show results. Mrs Gostling explained that there is now a referral process in place to the Organisational Development team, which will then explore the most appropriate support measure/intervention. The 'Making a Difference' programme mentioned earlier is extremely impressive, and Mrs Gostling looked forward to presenting further information regarding this to the Board in due course. Within the online chat, Ms Lewis welcomed these important comments, noting that poor attitude and behaviour is more often systemic than individual and asked whether the UHB is harnessing the coaching capability within the organisation to influence and contribute to the 'intervention' approach; ie whether the intervention approach is recognisable as being coaching-oriented. Mrs Gostling responded that there are coaching programmes underway and coaching is being offered to individuals on a regular basis. Mr Huw Thomas added that more generally, the UHB's Improving Together approach is inherently coaching focused, with Mrs Gostling confirming that this is absolutely the approach of the OD team. Within the online chat, Ms Raynsford welcomed the increase in feedback from the UHB's paediatric services, emphasising the importance of actively examining and acting upon these issues. The children and young people of Hywel Dda and their parents and carers deserve these improvements.

Noting the reported deterioration in patient experience within Emergency Departments (EDs), Miss Battle enquired regarding actions being taken to improve/enhance experience. In response, Mrs Rayani advised that she and Mrs Gostling are engaged in supporting the relevant staff. Senior nurses in the EDs have conducted 'walk-throughs' with Estates staff to discuss potential improvements around cleaning, facilities and furniture. Colleagues from the Red Cross and the Family Liaison Officers are ensuring that patients are provided with support, including food and drink as appropriate. Miss Battle welcomed this information and thanked those involved. Mr Andrew Carruthers confirmed that the Estates team is taking forward work to improve the ED environments by making them safer and more comfortable. Responding to an earlier query around conditions in paediatric services and Cilgerran Ward in particular, Mr Carruthers advised that the Estates team is conducting scoping work and establishing a programme of work to improve this ward area/environment and bring it up to standard. It is hoped that this will be completed by the end of March 2022. Consideration is also being given to the feasibility of a more fundamental refurbishment of Cilgerran Ward; however, this would be dependent on whether the current facility can be temporarily relocated to alternative accommodation. The UHB is also exploring whether a temporary facility can be installed to re-provide a playroom space, which has currently been lost due to the impacts of COVID-19 and the Respiratory Syncytial Virus (RSV). Thanking Mr Carruthers for taking steps to visit the ward in person and implement improvement work, Miss Battle emphasised that the Cilgerran Ward is a key paediatric facility for west Wales and, as such, wished to ensure that the situation is monitored. Mr Moore suggested that the Executive Team should be briefed in the first instance, with progress reports also being presented to QSEC. Mr Moore felt that this is just one of the reasons building a new hospital is crucial, emphasising also the importance of

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	<p>consulting children and young people and using their input when designing areas for them. Returning to the issue of EDs and provision of patient refreshments, Mr Moore advised that it is intended to utilise Dietetics expertise to advise on nutrition and hydration. Within the online chat, Ms Shakeshaft confirmed that Dietetic support workers can assist with hydration and encourage nutritional intake, and support nutritional screening in EDs.</p>	
	<p>The Board RECEIVED and NOTED the Improving Patient Experience report, which highlights to patients and to the public the main themes arising from patient feedback.</p>	

<p>PM(21)198</p>	<p>INTEGRATED MEDIUM TERM PLAN (IMTP) UPDATE</p> <p>Mr Lee Davies presented the Integrated Medium Term Plan (IMTP) Update report. Members were reminded that submission of IMTPs had been suspended by Welsh Government as a result of the COVID-19 pandemic, although HDdUHB had not previously been in a position of having an approved IMTP. The intent and ambition is, however, to do so for 2022 onwards. The NHS Planning Framework has been issued since the previous Board meeting, with a confirmed submission date of 28th February 2022. The report provides an update on various aspects of preparation for submission, and it is intended to present the revised Planning Objectives to Board for approval in January 2022.</p> <p>Referencing page 3 and the appraisal of submissions from Directorates, Mr Newman enquired whether any key themes are arising from these. In response, Mr Lee Davies advised that key themes have been drawn out. Whilst noting that the current uncertain environment makes planning challenging, the UHB will need to focus particularly on:</p> <ul style="list-style-type: none"> • Bed capacity planning • Elective capacity (recovery) • Bridging service • Financial Roadmap • Workforce planning <p>The ambitions of the organisation will need to be reconciled with the constraints and challenges it faces. Following up on this point, Mr Michael Hearty enquired whether any mechanism has been established to 'inject realism' into the planning process, to ensure the UHB produces a balanced IMTP. Mr Hearty welcomed the proposed review of Planning Objectives, and queried whether any of the existing Planning Objectives will be removed as the organisation moves into the next iteration of the IMTP. In response to the first query, Mr Lee Davies agreed that a realistic IMTP is crucial. The current set of proposals is relatively large and is being subjected to a process of refinement and scrutiny, after which it will be considered by the Executive Team. Within the online chat, Members were informed that the Director of Operations and Director of Primary Care, Community & Long Term Care are coordinating this process from an operational perspective, and will be scheduling a session to review and filter the proposals to prioritise. Mr Lee Davies indicated that there will need to be definitive decisions regarding priorities during December 2021. With regard to the Planning Objectives, the review which took place during August/September had identified that a number had been completed and would not require a</p>	
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follow-up, whilst others will require a follow-up. The need to demonstrate delivery on the Planning Objectives, as opposed to simply producing a revised list was recognised. Agreeing, Mr Moore emphasised the need to align with the BAF in regards to completion of Planning Objectives, including evidence of influencing outcomes. The Workforce model in particular represents an important step forward, which provides a sense of the likely increase required and 'sets the bar' in this regard. There will need to be stronger connections between workforce and planning in order to accurately define the required financial solution, while the number of available staff will limit the organisation's ability to spend funds.

Mr Weir welcomed and commended the report, which captures the process effectively. Noting mention of a date in January 2022, clarification was requested regarding submission timelines. Also, whether it is anticipated that Welsh Government will add any further requirements. Mr Lee Davies confirmed that the deadline for submission to Welsh Government is 28th February 2022; the date of 15th January 2022 is for Health Boards to indicate to Welsh Government whether they plan to submit an IMTP. The submission date presents certain challenges around timings of Board meetings for approval, which are being discussed with Welsh Government. Mr Lee Davies did not anticipate any significant changes in terms of Welsh Government priorities/requirements, whilst noting that COVID-19 results in a constantly shifting situation and that the IMTP need to be sufficiently flexible/dynamic to respond accordingly. In response to a query regarding whether HDdUHB is coordinating with other Public Sector organisations including other Health Boards and Local Authorities, Mr Lee Davies advised that the UHB is in regular contact with Welsh Government and their Planning team. There is close contact, as a planning community, with all NHS Wales organisations; including the sharing of information and plans, and a commitment to creating consistency in planning assumptions across Wales. In terms of partner organisations, the UHB engages with a number of stakeholders, aligned to and as part of regional and Cluster planning processes. Ms Paterson recognised that engagement with Local Authorities and Independent Contractors is extremely important. The need for a realistic IMTP, firmly embedded in the UHB's operational systems was also emphasised. Ms Paterson suggested that HDdUHB is fortunate in that it already has well established integrated working practices, which will assist in building the various levels involved in developing an IMTP (Cluster, County, Organisational). Within the online chat, Mrs Hardisty commended the report for its clarity in setting out the approach being taken. Miss Battle concluded discussions by thanking Mr Lee Davies and his team for the comprehensive and assuring report, and looked forward to receiving the IMTP for consideration.

The Board **NOTED** progress in developing the Planning Objectives for 2022/23, and **NOTED** the ongoing process in the development of an IMTP for 2022/25.

PM(21)199	IMPLEMENTING THE HEALTHIER MID AND WEST WALES STRATEGY - PROGRAMME BUSINESS CASE UPDATE	
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	<p>Introducing an update on the Programme Business Case for Implementing the Healthier Mid and West Wales Strategy, Mr Lee Davies drew Members' attention to the three components to this update:</p> <ul style="list-style-type: none"> • Feedback from the Programme Assessment Review • Progress on the Programme Business Case • Progress with the land identification process for the proposed new Planned & Urgent Care Hospital <p>The first of these had been an extremely thorough process, identifying a few recommendations, with a positive overall outcome. Members were assured that the recommendations which had been identified had been noted prior to the review, and were already being addressed by the UHB. In respect of the Programme Business Case (PBC), this is nearing completion, with the report documenting specific actions being undertaken. Members were reminded that a zone between Narberth and St Clears is being considered for the location of a new hospital. The land identification process is being undertaken in parallel with the PBC process. Mr Lee Davies explained that 4 sites had been nominated by the public and 4 by the Local Authorities. A desktop review had identified 3 further sites, bringing the total for consideration to 11. An evaluation process had been conducted, resulting in a shortlist of 5 sites, which will now be subject to consideration of various other factors. It is not anticipated that the preferred site will be identified until summer 2022.</p> <p>Mr Hearty congratulated the Planning team on the amber delivery confidence rating awarded in the Programme Assessment Review. Noting the concerns regarding 'the significant step up in resource requirements to manage the next stages of the programme', Mr Hearty observed that it is often at this stage of a project that organisations become concerned regarding the levels of resource involved. It was suggested that now is not the time to be frugal in developing the PBC. Mr Lee Davies was confident that it will be possible to complete the PBC within the necessary resources; it is the Outline Business Case which (subject to Welsh Government approval) will represent a significant step up in resource requirements.</p>	
	<p>The Board TOOK ASSURANCE from:</p> <ul style="list-style-type: none"> • The feedback from the Programme Assessment Review; • Progress associated with completion of the Programme Business Case; • Progress and planned activities associated with the land identification process for the proposed new Planned & Urgent Care Hospital. 	

<p>PM(21)200</p>	<p>BUILDING A HEALTHIER FUTURE AFTER COVID-19 – PUBLIC ENGAGEMENT EXERCISE</p> <p>Mr Lee Davies presented the Building a Healthier Future after COVID-19 - Public Engagement Exercise report, which shares the outcomes from an engagement process conducted during the summer of 2021. Fundamentally, this exercise had been to gain an understanding of stakeholders' experience during the COVID-19 pandemic; however, respondents were also asked to comment on plans regarding the new hospital. Whilst it is unfortunate that the volume of responses was less than would be desired, the feedback obtained offers a valuable insight</p>	
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	<p>into the views of the public, which will inform the UHB's strategic plans going forward.</p> <p>Recognising the challenges involved in securing stakeholder responses, Mr Iwan Thomas suggested that other organisations could be consulted or asked to assist, in order to improve levels of engagement. Mr Iwan Thomas was also keen to see a greater focus on those services delivered by local communities within local communities, such as Micro Enterprises. Mental health, particularly the mental health of staff, is a key issue. What frontline staff have endured is significant; however, consideration must also be given to supporting other categories of staff who have assisted in the COVID-19 response. Within the online chat Ms Lewis, cognisant of the health and social inequalities recognised in the Director of Public Health Annual Report, enquired how the UHB can ensure that its engagement work reaches seldom-heard groups who are frequently exposed to inequality. Ms Raynsford added to this children, young people and their carers. It was suggested that the Third Sector can help in this regard and are trusted. Mr Lee Davies felt that the feedback, particularly from the free-text comments was both valuable and rich. In terms of continued engagement, the need to ensure proper and full engagement with all sections of the population, especially the traditionally 'hard to reach' groups, was acknowledged. Further detail in this regard can be presented to the Board. Mr Moore advised that work around this topic is being undertaken by the Transformation Steering Group, and that Ms Raynsford is involved in these discussions. There can be a focus on this at TSG in early 2022, with a report to the Board thereafter.</p> <p>Within the online chat, Professor Gammon enquired whether feedback from the engagement has impacted on timelines for submission of the PBC. Mr Lee Davies responded that he was confident the PBC will be presented to the Board in January 2022. Miss Battle looked forward to receiving additional detail regarding composition of the public panels.</p>	<p>LD/SM</p> <p>LD</p>
	<p>The Board CONSIDERED the responses received as part of the Building a Healthier Future after COVID-19 Public Engagement Exercise.</p>	

<p>PM(21)201</p>	<p>HDdUHB DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2020/21</p> <p>Dr McCarthy presented the HDdUHB Director of Public Health Annual Report 2020/21, highlighting in particular the opening statement around health inequalities. It is a stark fact that the difference in life expectancy between the poorest and most affluent areas is 12 years in the Hywel Dda region and 18 years nationally. Whilst health inequalities are extremely difficult to address, steps are being taken to do so. The COVID-19 pandemic has provided the scope to work in different ways, which offers various opportunities in this regard. For example, the Vaccine Equity Group, led by a senior healthcare practitioner, includes representation from all relevant groups, in order to ensure that vaccine provision and uptake is equitable. Where necessary, this has involved vaccinators travelling long distances to provide vaccines to small numbers of individuals. Key to this have been the Community Outreach Workers, which the UHB is hoping to mainstream in the long-term. Hywel Dda includes 10 communities in the most deprived areas, and the</p>	
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UHB partnered with the Mid and West Wales Fire and Rescue Service to introduce a Mobile Vaccination Vehicle which delivered 'pop-up' vaccination clinics around the region. It may be appropriate to consider similar approaches to address other health issues, for example, smoking cessation and obesity. Due to eligibility for COVID-19 vaccination, many unpaid carers had self-identified during the pandemic, significantly increasing the numbers (by 64%) registered with the UHB. This will allow the organisation to better support these individuals going forward.

Mr Maynard Davies welcomed and commended the report as excellent and informative, whilst challenging. In response to a query regarding how its findings were being converted into actions and Planning Objectives, Dr McCarthy explained that the 20 year strategy provides a robust platform. There are, however, also specific Planning Objectives around health inequalities. A facilitated discussion with Board to agree the approach to address health inequalities going forward and consider how the UHB can work with communities to reduce health inequalities would be welcomed. Plans to integrate local Public Health teams into Health Boards' employment were also seen as positive, as this will allow a proper focus on the issues involved. Public Health is seeking investment and resource in various areas as part of IMTP discussions. It is envisaged that the topic-based approach described above will greatly assist in implementing change. Mr Moore confirmed that there are specific relevant Planning Objectives, whilst echoing statements around the challenging nature of health inequalities. There has been very little progress on this nationally for many years due to the complexity of this area. Locally, the Board needs to debate the approach to be taken. In addition to the specific Planning Objectives involved, there are wider Planning Objectives linked to health inequalities; it will be important to collate all of these ahead of any Board discussion, to ensure that there are no gaps. There is also a need to ensure 'real-time' measures of health inequalities, in order to assess the impact of actions.

Ms Raynsford welcomed the report, and especially applauded provision of a mobile vaccination service. Expressing a particular interest in health inequalities in rural areas, Ms Raynsford enquired how these were being addressed for inhabitants of very small rural communities. Dr McCarthy responded that this highlights a major challenge. There are 10 communities within Hywel Dda without easy access to services. The COVID-19 vaccination programme has demonstrated that there can be significant benefits from a concerted effort to reach specific areas. There are other opportunities to apply this approach, and the UHB needs to establish links with successful projects and programmes already in place. Once again, Dr McCarthy felt that taking a topic-based approach and linking this with the Social Model for Health will be beneficial. Specifically, the 'leave no one behind' approach applied within the COVID-19 vaccination programme should become a central tenet. Referencing the significant increase in unpaid carers registered with the UHB, Mr Newman queried how to ensure that this is not a 'one-off' so that, as more people become unpaid carers, the UHB is able to continue to identify them and support them. In response, Members heard that work is underway with the Assistant Director of Strategic Partnerships, Diversity and Inclusion to ensure that the role of unpaid carers has a more prominent profile on the HDdUHB website and that registration is

more straightforward. This area is also being promoted in the MVCs. Until the COVID-19 pandemic, the UHB had been unaware of the scale and numbers of unpaid carers in its region. Dr McCarthy accepted, however, that it is vital not to lose momentum in this regard, and to regularly issue communications and information aimed at this group. Mr Newman highlighted that many people in hospital are dependent on unpaid carers and that recognition of and support for this group therefore offers potential benefits to the organisation. Dr McCarthy agreed that investment in unpaid carers represents investment in two or more individuals, as opposed to one. Within the online chat, Mrs Hardisty highlighted that many people who may be considered as carers do not see themselves in that way; rather as parents/sons/daughters/relatives of the person they are supporting. The way in which the UHB communicates with this group is, therefore, extremely important.

Recognising that the UHB cannot work in isolation to address health inequalities, Mr Hearty enquired whether other agents acknowledge the issue and are engaged. Dr McCarthy replied that there is a great deal of work taking place with other agents at a national level. It will be key, however, to ensure that local priorities and issues, such as rurality, are also addressed. Bringing local partners together for specific projects has already proved extremely successful. Professor Kloer highlighted that the difference in life expectancy between poor and affluent areas has increased in recent years. All of the feedback from those Planning Objectives related to the Social Model for Health reinforces the need for a focus on health inequalities. Individual partners are undertaking specific pieces of work, for example Carmarthenshire County Council in Llanelli. Professor Kloer was confident that local agents do recognise this issue and acknowledged the need to work with them, suggesting that the organisation's Planning Objectives will drive this forward. Mr Hearty reminded Members that Health Boards deal with the consequences of health inequalities; addressing these requires intervention in the economic, education and early years portfolios. Whilst accepting that social determinants are not necessarily within the UHB's gift, Dr McCarthy suggested that their impact is at least partially, by ensuring that people can live as healthily as possible throughout their life. A proactive/preventative approach is required in addition to a reactive one. The fact that the causes of health inequalities are wide-ranging is fully acknowledged. Within the online chat, it was suggested that consideration be given to what might sustain or exacerbate inequality. It was also suggested that further discussions around social value and fully embedding the Wellbeing of Future Generations Act are required. Mr Griffiths felt that approaches to reducing child poverty need to be considered; since poverty as outlined leads to inequalities. Ms Raynsford was pleased to hear that local needs are being listened to, suggesting that rural poverty and lack of access is a real issue for the Hywel Dda population. It was suggested that there might be a stronger role for the Public Services Boards in this respect. Professor Kloer felt that the impact of the UHB's work as an 'anchor organisation' and its apprentices are just two examples of where the UHB will begin to have an impact broader than simply treating the effects of health inequalities. There will, however, be a need to invest in and drive activity that has been 'non-traditional for the NHS.

	<p>Miss Battle suggested that consideration be given to scheduling in spring 2022, with partners, a 'summit' on this topic. There is much to consider, and operational pressures preclude earlier timetabling of such an event. Miss Battle concluded by thanking Dr McCarthy and Members for this constructive discussion and thanking Mrs Ros Jervis and her team for their previous and continued efforts.</p>	<p>RJ/ JMcC</p>
	<p>The Board DISCUSSED the report, NOTED its content and JOINED the Director of Public Health in recognising the actions required to reduce health inequalities. Some of these actions include developing health equality and health equity targets which are integrated into the Health Board's planning cycle, increasing the capacity of the health system to better serve the needs of vulnerable and minority groups and to continuously monitor and measure the organisation's impact on health inequalities.</p>	

<p>PM(21)202</p>	<p>OPERATIONAL UPDATE AND PROGRESS REPORT ON THE HEALTH BOARD'S ANNUAL PLAN FOR 2020/21</p>	
	<p>Introducing the Operational Update and Progress Report on the Health Board's Annual Plan for 2020/21, Mr Moore stated that the current situation remains largely as reflected in the report. The position is, therefore, more stable than previously, albeit at relatively high levels of escalation and pressures. HDdUHB hospitals are 'hovering' just inside red escalation status as opposed to being deep within this, and there are potentially small signs of improvement. For example, there is a slight reduction in the number of GP surgeries operating at Level 4 and there has been a slight increase in the number of Care Home beds available. The enhanced Bridging Service and successes in domiciliary care recruitment are helping to ease pressures, as are the beds opening across the region. There are currently no active outbreaks. However, pressure is being felt more intently in the hospital ICUs. The rate per 100,000 population remains similar to that detailed in the report; 471 on 25th November 2021, versus 473 at the time of the report. As stated, the expected 'bounce' in rates for younger people following the half term break has not occurred, and the numbers affected in the older age groups has reduced (234 on 22nd November 2021, versus 264.5 at the time of the report). The number of vaccinations delivered is now in excess of 687,000, with boosters comprising 97,820 of this figure. As mentioned earlier, it has been challenging to roll-out the COVID-19 vaccination programme and the team continues to explore solutions to the issues involved. Mr Moore welcomed the feedback in this regard recently received from CHC colleagues. Booster vaccinations have been extended to the 40+ age group, along with second doses for 16/17 year olds. There are currently 73 COVID-19 patients in HDdUHB hospitals; with the number of patients in ICU remaining relatively high. This demonstrates that COVID-19 is still causing significant harm to people, and Mr Moore encouraged all those eligible to do so to take up offers of vaccination. Moving on to Gold Command Group (GCG) discussions, Members were informed that there may need to be a further GCG meeting imminently. Mr Moore advised that the flexible reward incentive enhancement scheme will be superseded by a Welsh Government scheme. HDdUHB had been the only Health Board to evaluate the impact of enhanced pay rates, and whilst it had been challenging to evidence this, Welsh Government had used HDdUHB data to inform the national scheme. Stroke services had been discussed earlier in the</p>	

	<p>meeting. Planning Objectives had been discussed in detail at SDODC and form part of the Board Assurance Framework report.</p> <p>Noting reference to ongoing recovery actions, and Planned Care specifically, Mrs Hardisty highlighted that there is no mention of waiting lists in Mental Health, for example Neurodevelopmental Assessments, and requested that this feature in future updates. Mr Moore accepted this comment, explaining that this information had been included in the update for the upcoming Welsh Government Joint Executive Group (JET) meeting, which would be shared with Members. This issue would also be included in Board reports going forward. Mr Carruthers confirmed that the relevant Senior Responsible Owner (SRO) is fully aware that MHL D forms part of the Planned Care recovery. With reference to Appendix A, and outsourcing specifically, Mr Maynard Davies advised that this topic had been discussed at SDODC, which had noted a lack of uptake of offers of treatment through independent sector providers, and enquired whether the situation had improved. Mr Carruthers replied that this situation remains challenging. A new provider of Ophthalmology services at Bridgend is being explored. In respect of waiting list initiatives, Mr Bennett requested assurance that patients who choose not to undergo treatment elsewhere are not disadvantaged. Mr Carruthers assured Members that patients will be treated in order of urgency and clinical priority. There are a number of patients awaiting routine treatment, who could be treated earlier if they take up these offers; however, their position on the waiting list will not be affected by choosing not to do so. Within the online chat, Professor Gammon suggested that the report demonstrates the vast amount of work teams are undertaking to try to expedite patients accessing required care and treatment and reduce waiting times. Miss Battle thanked all of those involved in the work outlined above, emphasising that the UHB is doing all that it can to ensure that patients are treated as quickly as possible.</p>	<p>SM</p> <p>SM</p>
	<p>The Board:</p> <ul style="list-style-type: none"> • RATIFIED the Gold Command Group decisions as set out above; • NOTED the wider update in relation to our Recovery Plan 2021/22 and on-going COVID-19 response. 	
<p>PM(21)203</p>	<p>INTEGRATED WINTER RESILIENCE PLAN 2021/22</p>	
	<p>Mr Carruthers presented the Integrated Winter Resilience Plan 2021/22 report, advising that this had been discussed at both SDODC and Board Seminar. The Plan builds on last year's Plan, and indicates the region's ambition to take a more sustainable approach to winter planning in future years. It brings together both regional initiatives and local work. Mr Carruthers emphasised, however, that the existence of the Winter Plan and other capacity initiatives do not negate the expectation of an extremely challenging winter period. It is not anticipated that these measures will result in a return to a more 'normal' situation, nor would Mr Carruthers wish to suggest that they do.</p>	
	<p>The Board TOOK ASSURANCE from the progress made in regard to preparations for Winter 2021/22 .</p>	
<p>PM(21)204</p>	<p>ACCESS IN PRIMARY CARE</p>	
	<p>Ms Paterson introduced the Access in Primary Care report, emphasising the importance of this and its links to earlier operational discussions, and</p>	

	<p>expressed gratitude to all HDdUHB's Primary Care contractor services. Members noted that challenges in accessing Primary Care services can result in pressure on other services. Recent media coverage, frustration among the general public and a focus on returning to face to face contact in Primary Care were all recognised. It was highlighted, however, that many carers have welcomed the alternative options provided during the COVID-19 pandemic, as these can fit better with their other commitments. The report outlines the various challenges faced by the individual contractor services. Demand for services has been impacted and exacerbated by issues such as staff sickness/self-isolation. Ms Paterson emphasised that the technological measures introduced during the pandemic would be retained and that patients will see a continuation of their use. The challenges and frustrations faced by the public in accessing Primary Care were acknowledged, and Ms Paterson thanked them for their patience and forbearance.</p> <p>Miss Battle welcomed the report, recognising that Primary Care represents a significant proportion of patient contacts, and indicated that she would welcome more frequent reports to Board from this sector. With regard to the planned demand and capacity work by Archus, Miss Battle enquired how outcomes will be reported to the Board committee structure. In response, Ms Paterson suggested that this would be via SDODC, and potentially QSEC. Noting that 5% more patients had been seen in Primary Care within HDdUHB than nationally, Miss Battle queried whether this relates to the demographics of the region. Ms Paterson advised that the demand reflects the needs within the population, which has both an elderly demographic and a number of deprived communities. Within the online chat, Mrs Hardisty welcomed the report and the focus on all of the Primary Care practitioners.</p>	
	<p>The Board NOTED for information the content of the Access in Primary Care report, recognising the current workforce pressures being experienced across the four Contractor professions, which may impact on access to services.</p>	

<p>PM(21)205</p>	<p>ANNUAL PRESENTATION OF NURSE STAFFING LEVELS FOR WARDS COVERED UNDER SECTION 25B OF THE NURSE STAFFING LEVELS (WALES) ACT 2016</p>	
	<p>Introducing the Annual Presentation of Nurse Staffing Levels for Wards Covered Under Section 25b of the Nurse Staffing Levels (Wales) Act 2016, Mrs Rayani suggested that the report is relatively self-explanatory. Mrs Rayani thanked the UHB's nurses and midwives for their flexibility during the year; the significant levels of change and movement within wards and services implemented to respond to the COVID-19 pandemic were evidenced in the report. There have also been increases in the acuity of patients during the year, which impacts significantly on services. Paediatric wards were incorporated into the Act from October 2021 and are, therefore, included in the report. Members' attention was drawn to the suggested adjustments to workforce in terms of Registered Nurses (RNs) and Health Care Support Workers (HCSWs); which directly reflects patient care needs and implementation of the 'Team around the Patient' model. It should be noted, however, that the proposed increase in the HCSW workforce capacity is not without challenges.</p>	

	<p>Welcoming the report and its detail, Miss Battle enquired regarding confidence levels in terms of ability to recruit the staff numbers required. Mrs Rayani replied that there are a number of contributory elements. The UHB is expanding the boundaries of the Advanced Practitioner role, which fits within the HCSW cohort, and has had some success in recruiting to these posts. The Nurse Apprentices are moving into a different level of role and will be in a position to assist. There is also a programme to develop potential RNs within the organisation. Recruitment/development of RNs had been discussed at the Executive Team meeting on 24th November 2021, with various options considered, including overseas recruitment, how roles are advertised and career structures within the UHB. What is clear is that there is a need for effective workforce planning. Within the online chat, Professor Gammon welcomed the redesign of HDdUHB's nursing workforce to reflect patient needs. Miss Battle added her thanks, on behalf of the Board, to the nursing workforce, who have been both flexible and dedicated during this challenging time.</p>	
	<p>The Board WAS ASSURED in relation to the following:</p> <ol style="list-style-type: none"> 1) Hywel Dda University Health Board (HDdUHB) is meeting its statutory 'duty to calculate' responsibility in respect of the nurse staffing level in all wards that fall under the inclusion criteria of Section 25B of the Nurse Staffing Levels (Wales) Act 2016. 2) HDdUHB is meeting its statutory duty to provide an annual presentation to the Board of the detail of the nurse staffing levels. 3) That the actions identified within the attached templates will be progressed and monitored through the Quality, Safety and Experience Committee (QSEC). 	
<p>PM(21)206</p>	<p>CORPORATE RISK REGISTER</p> <p>Mrs Wilson introduced the Corporate Risk Register report, reminding Members that Corporate Risks are reviewed on a regular basis by the relevant Committee. Members were also reminded that the Corporate Risk Register had last been presented to Board in July 2021, since which time the following changes have taken place: 2 new risks have been added, bringing the total to 12; 11 have been de-escalated or closed; 2 have seen an increase in risk score; none have seen a reduction in risk score and 8 have seen no change in risk score. The rationale for all decisions is detailed within the report.</p> <p>The Board was sufficiently ASSURED that principal risks are being assessed, managed and reviewed appropriately/effectively through the risk management arrangements in place, noting that these have been reviewed by Board level Committees.</p>	
<p>PM(21)207</p>	<p>INTEGRATED PERFORMANCE ASSURANCE REPORT – MONTH 7 2021/22</p> <p>Mr Huw Thomas presented the Integrated Performance Assurance Report for Month 7 of 2021/22, noting that many of the aspects within this have already been discussed. The report does not present entirely comfortable reading, and it is fully acknowledged that behind each of the figures and statistics is a patient and their family. There are five key themes driving the data within the report:</p> <ul style="list-style-type: none"> • An increase in demand, particularly ambulance red calls, cancer services, radiology/diagnostics and Mental Health – there has been a 	

15% increase in cancer referrals from Primary Care and a 30% increase in diagnostic demand for cancer patients;

- An increase in patient acuity – with a severity scale of 1-5, in October 2019, 19% of patients were level 4 or 5, this has risen to 32%;
- A reduction in the amount of space available to treat patients, in terms of both estate and bed capacity;
- Issues around discharge – on 17th November 2021, there were 215 medically-optimised individuals in hospital and 100 ready to leave;
- Staff shortages, as a result of illness and self-isolation.

Members were also reminded that there is a reduction in the UHB's capacity to treat patients as a result of social distancing requirements and the need for Red (COVID-19) and Green (non COVID-19) pathways. Referencing page 17 of the report, Mrs Hardisty noted the identification of accommodation as an issue impacting on provision of neurodevelopment assessments and psychological therapies. There was, however, no mention of timescale for rectifying this issue. Mr Carruthers advised that the Estates team and MHLD Directorate are addressing this matter. As outlined in the report, there are wider issues with the MHLD estate; a Task & Finish Group is considering potential solutions and opportunities, with a number of the vacant sites mentioned earlier being considered. However, the cost/rental cost of these has proved prohibitive. Taking up the Glien House option for the Command Centre will mean that Tudor House becomes re-available for MHLD use. Mr Carruthers would respond separately regarding the timescales requested above. Members heard that the UHB has been exploring opportunities to replace the Preseli Unit at Worthybush General Hospital and that this matter has now entered capital discussions with Welsh Government, which represents a positive development.

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Professor Gammon highlighted page 14 of the report and current performance around waits for Endoscopy, with 1,277 patients waiting 8 weeks and over. Whilst recognising that COVID-19 and additional PPE requirements are impacting on patient throughput, Professor Gammon requested clarification regarding the commitment to continue 'to explore opportunities for additional capacity'. Mr Carruthers accepted that the UHB's performance is not where it would wish to be, whilst emphasising that the team is working hard to reduce numbers on waiting lists. Indeed, HDdUHB's work around Endoscopy and recovery has been recognised as prominent within Wales. Options in terms of theatre capacity in the independent/private sector have been considered, together with potential arrangements whereby HDdUHB staff could run clinics in private sector facilities. The latter has, to date, been rejected by independent providers. Potential regional opportunities for short-term solutions are also being explored, with discussions taking place between HDdUHB and SBUHB around a regional Endoscopy multi-suite facility. These discussions are in their very early stages. Mr Carruthers assured Members that HDdUHB is doing as well, if not better, than elsewhere in Wales in reinstating its capacity. Mr Moore stated that his ambition was to restore the position of zero waits rather than 8 weeks. Whilst welcoming a potential regional solution and collaboration with SBUHB, it should be noted that this will have distance/travel implications for patients; therefore, Mr Moore has requested that consideration also be given to a local HDdUHB solution, should a regional approach prove

impracticable. Referencing a later agenda item, Professor Gammon enquired whether the Modular Solution offers any opportunities to provide additional capacity for Endoscopy services, or whether there is a shortage of suitable staff. Mr Carruthers explained that both space and workforce were an issue, with particular constraints as a result of the Infection Prevention & Control measures in relation to COVID-19. The Modular Solution to be discussed later cannot necessarily support additional Endoscopy capacity, although it had been considered. Professor Gammon suggested that this option should be reconsidered. Members heard that Performance Appraisal Development Review (PADR) performance had been discussed in detail at PODCC, with Mrs Gostling tasked with exploring how this might be improved.

Within the online chat, Mr Newman enquired whether there is a sense that the increase in demand described is a consequence of the pandemic, with people having delayed seeking help and treatment, which may be a short-term increase in demand; or whether it represents a more long-term trend. Anecdotally, Ms Shakeshaft reported that Therapy services are seeing people with deconditioning due to isolation and not accessing services, and that acuity of referrals has increased. Mr Huw Thomas suggested that, whilst this is statistically difficult to distinguish, there are known areas of late presentations. These cannot be viewed as a short-term issue, however, because there will be long-term implications in terms of outcomes and, therefore, ongoing service demand for those who have presented late. Mr Newman also highlighted that the UHB's outsourcing has been focused on the backlog in 'physical' Planned Care, and queried whether the organisation is exploring opportunities to seek outsourced solutions for MHLD backlogs, for example psychological services. This was of particular relevance in light of the Ombudsman's case mentioned earlier.

Miss Battle requested additional granularity around certain of the figures; for example, the longest wait over 12 hours and the longest wait in an ambulance. In response, Mr Carruthers reported that October 2021 had witnessed the worst performance across Wales since information gathering on performance had begun. The longest ambulance handover delay had been just over 15 hours, at GGH; however, Mr Carruthers emphasised that this did not mean that other patients were not treated or handed over during this period – five other ambulances were offloaded, reflecting clinical prioritisation. In terms of delays in ED, there have been instances of patients waiting 3-4 days for admission. The longest wait was 5.5 days at BGH, although it should be noted that this was an Oncology patient requiring a side-room and that they were accommodated in a side-room within the ED. Mr Carruthers fully acknowledged that patients are waiting far longer than is desirable and apologised for this situation. It was emphasised that the NHS is experiencing extremely challenging circumstances and that staff are trying their utmost. Miss Battle added her apologies to patients and their families and reiterated the need to recognise the 'patient story' behind performance figures. Whilst the difficulties are likely to continue for the foreseeable future, the UHB is committed to do all it can to improve the situation. Within the online chat, Mrs Rayani and Ms Lewis agreed that it is important to understand the story behind the number/wait so that the organisation remains focused on individual patient need.

	<p>In response to a query regarding the reason for special cause variation for pressure sores in hospitals above the upper process level, Mrs Rayani assured Members that pressure damage rates are scrutinised on a regular basis. The figures in question are unvalidated and the UHB is seeing a number of frail patients coming into hospital with pressure damage. Mrs Rayani emphasised that steps are taken to ensure that expert advice and care is available wherever it is needed. With regard to Follow-up appointments, Mr Carruthers indicated that initiatives such as See On Symptoms (SOS) and Patient Initiated Follow-Up (PIFU) seem to be resulting in a degree of performance improvement. Other Health Boards with better performance are taking a 'blanket approach' in this area; however, HDdUHB teams have specific clinical concerns regarding this, which they wish to consider fully before making a decision. Miss Battle requested that this issue be scrutinised by QSEC, to ensure development at pace. In response to a query around the launch of Physician Triage, Assessment and Streaming (PTAS), which involves managing patients in a different way to prevent unnecessary conveyance to hospital, Ms Paterson confirmed that this process is up and running, albeit not remotely as anticipated. Due to IT Firewall issues, clinicians are operating out of the Welsh Ambulance Service NHS Trust (WAST) Headquarters, directly reviewing patients in 'the stack' with ambulance controllers. This has actually proved to be a helpful learning model, which will be continued with new clinicians appointed to the service.</p>	AC/MR
	<p>The Board CONSIDERED and DISCUSSED issues arising from:</p> <ul style="list-style-type: none"> • The Integrated Performance Assurance Report – Month 7 2021/22; • Proposed changes to performance measures from December 2021; • Proposed change to report only key measures in future reports to Board, along with performance measures escalated from PODCC, SDODC or SRC. 	

PM(21)208	<p>FINANCIAL REPORT – MONTH 7 2021/22</p> <p>Mr Huw Thomas introduced the Financial Report for Month 7 of 2021/22, highlighting in particular the UHB's expenditure trend, which clearly shows that agency spend is a particular pressure and issue. For the first time in the organisation's history, the nursing agency and medical agency spend are largely the same; traditionally the latter has been higher. The spend during the last month is the highest ever seen, demonstrating the workforce challenges faced by the organisation. Looking forward, the UHB has received further recovery funding from Welsh Government and is considering how much of this can be utilised. The organisation is broadly on target to deliver its forecast deficit of £25m, which is important in terms of building credibility. It is anticipated that approximately £4.6m of the forecast savings plans will be delivered. This remains a concern for the UHB, and will be discussed with colleagues at Welsh Government.</p> <p>Mr Weir welcomed the strong progress as a Board on the UHB's financial position. Whilst the organisation is now in the unusual position of potentially returning funding to Welsh Government, this actually demonstrates a robust control of finances. In respect of savings plans, Mr Weir suggested that the issue is not identifying savings, it is converting this into delivery; and queried whether this is cultural,</p>	
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	<p>capacity-related or otherwise. Mr Huw Thomas replied that the current issues relating to COVID-19 are having a significant operational impact on savings delivery, with operational staff necessarily and rightly focusing on delivering clinical care in ‘the here and now’. It has, therefore, been difficult to identify many opportunities for savings. There are clear demand-side challenges and supply-side challenges. Mr Carruthers agreed that the underlying challenge around workforce is significant and a potential barrier to achieving the organisation’s ambitions. Due to this, the bed model becomes the default position; an alternative approach is required. Agreeing with these comments, Mr Moore added that, prior to the COVID-19 pandemic, HDdUHB was broadly achieving technical efficiency levels comparable with the rest of Wales, with less and less in the way of traditional savings available. COVID-19 has impacted this further; however, the organisation is increasingly moving into the realms of structural savings, which involve health behaviours, health inequalities and issues such as the need to build a new hospital to address inefficiencies involved with delivering services on multiple sites. Such savings are, by their very nature, more challenging to deliver.</p>	
	<p>The Board DISCUSSED and NOTED the financial position for Month 7 2021/22.</p>	

<p>PM(21)209</p>	<p>GOVERNANCE ARRANGEMENTS TO MANAGE ALLOCATION OF RECOVERY FUNDING</p>	
	<p>Introducing the Governance Arrangements to Manage Allocation of Recovery Funding report, Mr Carruthers emphasised that this is focused on the governance arrangements involved with the Recovery Plan. Whilst acknowledging the restrictions in terms of independent sector providers, and the necessity for prompt action, there is a need for safe decisions which are properly scrutinised.</p> <p>Highlighting page 4 of the report, Mr Maynard Davies noted reference to third party contracts and queried whether any quality measures will be applied to identify potential deficiencies, and whether these will be reported to the Board. Mr Carruthers replied that the intention is to monitor such contracts through the Sustainable Resources Committee (SRC), with any quality concerns scrutinised by QSEC. Mr Carruthers offered to share the intended schedule of metrics and Key Performance Indicators (KPIs). Within the online chat, Mrs Rayani stated that she would expect quality concerns to surface through the discussions on quality in commissioning which are forward planned on the QSEC work plan. Mr Weir thanked the Director of Operations, Director of Finance and the Finance team for their work.</p>	<p>AC</p>
	<p>The Board:</p> <ul style="list-style-type: none"> • ENDORSED and RATIFIED the proposed Governance approach to allow executive sign off expenditure linked to the Recovery Monies; • DELEGATED authority to the Lead Executive Director to execute the appropriate contract arrangements for the Modular Solution. 	

<p>PM(21)210</p>	<p>UTILISATION OF RECOVERY FUNDING</p>	
	<p>Mr Huw Thomas reiterated that the UHB is in ongoing discussions with Welsh Government regarding the use of Recovery Funding and indicated that this will also be discussed within the In-Committee Board session. Mr Moore thanked Mr Huw Thomas and his team for their work</p>	

	<p>with Welsh Government. Members were reminded that the Utilisation of Recovery Funding plans are currently in draft form and will be presented to a future Public Board meeting for consideration. Members were informed that the item was being considered in the In-Committee session, due to plans still being worked through and commercially sensitive information. It was noted that any decision would be brought through the next Public Board meeting.</p>	
<p>PM(21)211</p>	<p>MODULAR SOLUTION – PROCUREMENT OUTCOME AND DECISION</p> <p>Mr Carruthers presented the Modular Solution – Procurement Outcome and Decision report, which he suggested is relatively self-explanatory. Apologising for the late circulation of this report, Mr Carruthers explained that this opportunity had only arisen very recently. Members heard that the Modular Solution had been designed and approved by clinical leads. Potential risks are outlined in the report, together with mitigations. A recruitment programme or insourcing arrangement will be required. The opportunity to purchase the Modular Building would offer an asset with an anticipated lifespan of 30 years for an additional £2m, versus a lease of 3 years. This would also enable the UHB to utilise lease funds for other purposes.</p> <p>Reminding Members of earlier discussions around Endoscopy waiting times, Miss Battle enquired whether it would be possible to revisit using the Modular Building for this service. Mr Carruthers explained that it would be difficult, at this stage, with the design finalised and works due to be started imminently. There will, however, be space vacated in Prince Philip Hospital (PPH) which could be explored as a potential option. This can be discussed by the Executive Team in the first instance, before consideration by the Board. Within the online chat, Mr Newman thanked Mr Carruthers for his helpful explanation of the merits of this opportunity. Members were informed that the item was being considered in the In-Committee session, due to commercially sensitive information. It was noted that any decision would be brought through the next Public Board meeting.</p> <p>The Board:</p> <ul style="list-style-type: none"> • ENDORSED and APPROVED the award of the Modular Solution contract to Vanguard; • NOTED the risks and mitigations. 	<p>AC</p>
<p>PM(21)212</p>	<p>HAEMATOLOGY AND COAGULATION MANAGED SERVICE CONTRACT AWARD</p> <p>Mr Carruthers introduced the Haematology and Coagulation Managed Service Contract Award report, explaining that Board approval of this contract is sought. Members were provided with further background, noting that the Managed Service Contract is a central requirement to support the integrated Blood Sciences strategy. Similar arrangements have already been implemented within Pathology and have realised benefits. Due to the contract being in excess of £1m, Welsh Government approval would also be required.</p> <p>In response to a query regarding whether the IT involved will integrate with existing UHB systems, Mr Carruthers understood that this would form part of the initial specification and Mr Huw Thomas confirmed that</p>	

	<p>the Digital team had been involved. Members were informed that the item was being considered in the In-Committee session, due to commercially sensitive information. It was noted that any decision would be brought through the next Public Board meeting.</p>	
	<p>The Board APPROVED the Procurement Evaluation Panel recommendation in respect of the successful bidder noted within the Haematology Procurement Outcomes Report, prior to gaining further approval from Welsh Government.</p>	
PM(21)213	STRATEGIC ENABLING GROUP UPDATE	
	<p>Mr Huw Thomas presented an update on the activities of the Strategic Enabling Group (SEG), advising that he had nothing further to add, save for the fact that the Group had participated in a robust and useful discussion on the topics outlined. Within the online chat, Mrs Hardisty agreed that this had been an excellent meeting.</p>	
	<p>The Board RECEIVED for information the Strategic Enabling Group Update report.</p>	
PM(21)214	REPORT OF THE STRATEGIC DEVELOPMENT & OPERATIONAL DELIVERY COMMITTEE	
	<p>Mr Maynard Davies, SDODC Chair, presented the SDODC update report, drawing Members' attention to the Committee's discussion and concerns in relation to the Women & Children's Phase II project.</p> <p>Miss Battle expressed concern regarding the quoted figure of 74.8% of children waiting more than 26 weeks for a mental health assessment. In response, Mr Carruthers advised that he has asked the MHLD team to consider independent sector opportunities to address backlogs while internal services and systems are being developed. An expression of interest is being prepared, to go out to market. Referencing Women & Children's Phase II, Professor Gammon echoed concerns around the escalating costs of this project, noting that an additional £200k has now been reported. Whilst not having a detailed explanation for this cost to hand, Mr Carruthers offered to share this outside the meeting. Mr Moore recognised that systematic concerns have been raised regarding this project and that a lessons learned exercise has been undertaken as part of a wider Capital Governance Review. He suggested that the findings of this should be presented to Board in January 2022. Members noted that a draft of this report had been considered by ARAC with the management response being presented to the December 2021 ARAC meeting.</p>	<p>AC</p> <p>LD</p>
	<p>The Board NOTED the SDODC update report and ACKNOWLEDGED the key risks, issues and matters of concern, together with actions being taken to address these.</p>	
PM(21)215	REPORT OF THE PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE	
	<p>Professor Gammon, PODCC Chair, presented the PODCC update report, highlighting the ambition as an organisation with regard to the Welsh Language Standards. A further report on this topic has been requested. The Board was requested to approve the revised PODCC Terms of Reference.</p>	

	Mr Moore reminded Members that the Transformation Steering Group is also concerned with Planning Objectives around the Welsh Language and commitment to exceed the stated standards. Within the online chat, Ms Raynsford was heartened to note the focus on y Gymraeg/ bilingualism, emphasising the importance of culture.	
	The Board NOTED the PODCC update report and APPROVED the revised PODCC Terms of Reference.	

PM(21)216	REPORT OF THE HEALTH & SAFETY COMMITTEE	
	<p>Mrs Hardisty, Health & Safety Committee (HSC) Chair, presented the HSC update report, drawing Members' attention to the fact that all Health & Safety Executive (HSE) enforcement notices have now been lifted. Mrs Hardisty expressed sincere thanks to the Health & Safety team, particularly Mr Tim Harrison, and to Mrs Rayani for her leadership in this area. The progress seen is as a direct result of their efforts. The organisation is now taking a proactive approach to Health & Safety and must ensure that momentum is maintained.</p> <p>Mr Moore reported that he had recently met with the HSE Lead to receive feedback ahead of the official letter/report. It is understood that the latter will recognise the UHB's progress as an organisation in terms of Health & Safety issues, and the significant changes implemented. Mr Moore echoed comments regarding the contribution of Mrs Rayani and Mr Harrison, together with that of HSAC/HSC. Mrs Rayani agreed that Mr Harrison and his team have achieved major progress, whilst recognising that improvements in Health & Safety represent a 'whole organisation' effort. General Managers and services have enabled the HSE Inspector to witness the cultural shift in this regard. Future work and its focus is already being planned. Miss Battle thanked all of those involved.</p>	
	The Board NOTED the HSC update reports and ACKNOWLEDGED the key risks, issues and matters of concern, together with actions being taken to address these.	

PM(21)217	REPORT OF THE SUSTAINABLE RESOURCES COMMITTEE	
	Mr Weir, SRC Chair, presented the SRC update report, noting that this meeting had considered the Month 6 position and the risk of underspending on the financial position. As part of its discussions, the Committee had also reviewed arrangements in relation to Cyber Security.	
	The Board NOTED the Sustainable Resources Committee update report and ACKNOWLEDGED the key risks, issues and matters of concern, together with actions being taken to address these.	

PM(21)218	COMMITTEE UPDATE REPORTS: BOARD LEVEL COMMITTEES	
	Mrs Wilson presented the Board Level Committees Update Report, drawing Members' attention to the issues raised by The Stakeholder Reference Group, with Miss Battle suggesting that Board would echo these comments.	
	The Board ENDORSED the Committee updates, recognising matters requiring Board level consideration or approval and the key risks and issues/ matters of concern identified, in respect of work undertaken on behalf of the Board at recent Committee meetings.	

PM(21)219	COMMITTEE UPDATE REPORTS: IN-COMMITTEE BOARD	
	The Board RECEIVED the update report of the In-Committee Board meeting.	
PM(21)220	COMMITTEE UPDATE REPORTS: HDdUHB ADVISORY GROUPS	
	The Board RECEIVED the update report in respect of recent Advisory Group meetings.	
PM(21)221	HDdUHB JOINT COMMITTEES & COLLABORATIVES	
	The Board RECEIVED the minutes and updates in respect of recent Welsh Health Specialised Services Committee (WHSSC), Emergency Ambulance Services Committee (EASC), NHS Wales Shared Services Partnership (NWSSP) Committee, Mid Wales Joint Committee for Health and Care (MWJC) and NHS Wales Collaborative Leadership Forum (CLF) meetings.	
PM(21)222	STATUTORY PARTNERSHIPS UPDATE	
	Ms Paterson presented the Statutory Partnerships Update report, advising that the most recent meeting of the RPB had been attended by the Children's Commissioner for Wales. This is significant in terms of the fact that the Board has referenced on a number of occasions during today's meeting the importance of services for children and young people. Ms Paterson also wished to record her formal thanks to Mr Martyn Palfreman, who had been with the RPB since its inception and had been crucial in building and maintaining relationships between the component organisations. Mrs Hardisty echoed these comments and Miss Battle suggested that a formal letter of thanks from the UHB be prepared. Members noted that the RPB Chair and Vice Chair will attend a national virtual event facilitated by the Children's Commissioner, where they will be questioned by children on various topics.	MB
	The Board NOTED : <ul style="list-style-type: none"> • The collaborative work which is underway to support the development of the Well-being Assessments and Population Needs Assessment and their proposed timelines for presentation to the Health Board for approval; • The update on recent activity of the RPB; • The links to the PSB and RPB websites, where the agenda and minutes of recent meetings can be accessed. 	
PM(21)223	COMMUNITY HEALTH COUNCIL (CHC) ANNUAL REPORT 2020/21	
	The Board NOTED the Community Health Council (CHC) Annual Report 2020/21, with Miss Battle thanking the CHC for this document.	
PM(21)224	BOARD ANNUAL WORKPLAN	
	The Board NOTED the Board Annual Workplan, which will be updated in accordance with discussions.	
PM(21)225	ANY OTHER BUSINESS	
	There was no other business reported.	

PM(21)226	DATE AND TIME OF NEXT MEETING	
	9.30am, Thursday 27 th January 2022	