

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

Date of Meeting:	9.30AM, THURSDAY 27TH MAY 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 (VC) Professor John Gammon, Independent Member (VC) Cllr. Gareth John, Independent Member (VC) Ms Anna Lewis, Independent Member (VC) Ms Ann Murphy, Independent Member (VC) Mr Paul Newman, Independent Member (VC) Ms Delyth Raynsford, Independent Member (VC) Mr Iwan Thomas, Independent Member (VC) Mr Winston Weir, Independent Member (VC) Mr Steve Moore, Chief Executive Dr Philip Kloer, Executive Medical Director and Deputy Chief Executive (VC) Mr Andrew Carruthers, Executive Director of Operations (VC) Mr Lee Davies, Executive Director of Strategic Development & Operational Planning (VC) 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, Associate Member (VC) Mr Mansell Bennett, Chair, Hywel Dda Community Health Council (VC) Mr Sam Dentten, Deputy Chief Officer, Hywel Dda Community Health Council (VC) Dr Mohammed Nazemi, Chair of Healthcare Professionals Forum (VC) Ms Hazel Lloyd-Lubran, Chair of Stakeholder Reference Group (VC) Ms Clare Moorcroft, Committee Services Officer (Minutes)</p>

PM(21)60	INTRODUCTIONS & APOLOGIES FOR ABSENCE	
	<p>The Chair, Miss Maria Battle, welcomed everyone to the meeting, particularly the new Independent Members, Mr Gareth John, Mr Iwan Thomas and Mr Winston Weir, and Mr Lee Davies, joining the UHB as Executive Director of Strategic Development & Operational Planning. Apologies for absence were received from:</p> <ul style="list-style-type: none"> • Mrs Lisa Gostling, Executive Director of Workforce & Organisational Development • Mr Jonathan Griffiths, Pembrokeshire County Council Director of Social Services, Local Authority Representative 	

PM(21)61	DECLARATION OF INTERESTS	
	<p>Mrs Joanne Wilson declared an interest in item PM(21)70, Improving Patient Experience Report, in relation to Family Liaison Officers.</p>	

PM(21)62	<p>MINUTES OF THE PUBLIC MEETING HELD ON 25TH MARCH 2021</p> <p>RESOLVED – that the minutes of the meeting held on 25th March 2021 be approved as a correct record.</p>	
PM(21)63	<p>MATTERS ARISING & TABLE OF ACTIONS FROM THE MEETING HELD ON 25TH MARCH 2021</p> <p>An update was provided on the table of actions from the Public Board meeting held on 25th March 2021, and confirmation received that all outstanding actions had been progressed. In terms of matters arising:</p> <p>PM(21)40 – in respect of wording in the Annual Recovery Plan around the impact of COVID-19 on specialist Mental Health services, Miss Battle noted that the update refers only to adult mental health, and enquired whether consideration is also being given to services for children and young people. Mr Steve Moore reminded Members that there is a Planning Objective within the Annual Recovery Plan which refers to a review of mental health services in their totality, including Child and Adolescent Mental Health Services (CAMHS). The Director of Operations advised that a ‘plan on a page’ is being developed and will be progressed this year. It is intended that a group be established including all of the relevant stakeholders, which will discuss the various priorities for this service. The Director of Operations committed to ensure that CAMHS is given due consideration in these discussions. Members noted that conversations are planned with the Director of Public Health and Ms Delyth Raynsford, which will draw on Regional Partnership Board work in this area. Mr Moore advised that the Annual Recovery Plan will be considered at the Board Seminar on 17th June 2021 and at an Extraordinary Public Board meeting at the end of June, and that CAMHS will be included.</p> <p>PM(21)41 – with regards to the action requesting information and assurance around areas where whole system change is required, Mr Moore acknowledged the need to ensure that the organisation sets out specific actions to improve performance; and hoped that the changes being implemented in Performance Reporting will facilitate the necessary scrutiny by Board.</p>	AC
PM(21)64	<p>MINUTES OF THE CORPORATE TRUSTEE MEETING HELD ON 25TH MARCH 2021</p> <p>RESOLVED – that the minutes of the Corporate Trustee meeting held on 25th March 2021 be approved as a correct record.</p>	
PM(21)65	<p>REPORT OF THE CHAIR</p> <p>Miss Battle presented her report on relevant matters undertaken as Chair since the previous Board meeting, recording her sadness at the death from COVID-19 of a respected UHB colleague, Mr Perry Rice, who was Supervisor of the Porters at Glangwili General Hospital (GGH). Miss Battle expressed her sincere condolences to Mr Rice’s family and friends. Elsewhere in her report, Miss Battle wished to highlight and thank the Vice-Chair for work undertaken in relation to Employers for Carers. The contribution made by unpaid carers, particularly during the COVID-19 pandemic, should not be underestimated. The Director of Nursing, Quality & Patient Experience was also thanked for her efforts in</p>	

regards to the Speaking up Safely Champions and Ambassadors initiative. Miss Battle congratulated Susan Rees, Community Infection Prevention Advanced Nurse Practitioner, on being awarded the Betsi Cadwaladr Foundation Scholarship Award. Finally, Members' attention was drawn to the Public Inquiry Charter, which had been prompted by the Hillsborough inquiry and the Contaminated Blood inquiry. A similar Charter had been adopted by another Health Board, and Miss Battle felt that adoption was particularly important in view of the impending COVID-19 Public Inquiry.

The Medical Director, who knew Perry Rice, stated that he was consistently positive, and always had a friendly word for those coming into the hospital, be they public or staff. He embodied HDdUHB's organisational values and will be very much missed by everyone at GGH. Members heard that the Performance Appraisal Development Review (PADR) process had been the subject of an Internal Audit and follow-up, which had suggested an improvement in quality. The Audit & Risk Assurance Chair was, therefore, concerned to note feedback from the Black, Asian and Minority Ethnic (BAME) Advisory Group regarding the quality of PADRs; and enquired whether this was localised feedback or more widespread, and what action is being taken to address these concerns. Mr Moore advised that the Director of Workforce & Organisational Development is undertaking ongoing work around the specific Planning Objectives which relate to making the UHB an excellent place to work and receive care. It was emphasised that PADRs must be more than a process; there also needs to be a focus on driving quality. Feedback from the BAME nursing workforce suggests that PADRs are of considerable concern for this group; however, the issue is across all staff. The Director of Nursing, Quality & Patient Experience, whilst confident that the actions being implemented by the Workforce & OD team will address these concerns, emphasised that a change in culture is required, which will not be a 'quick fix'. Discussions regarding PADRs are, however, timely, as they will be linked to pay progression from 2022. With regards to staff progression, particularly nurses, it was queried whether data around how/why the UHB is losing experienced nurses to other employers will be part of the aforementioned work. The Director of Nursing, Quality & Patient Experience confirmed that this would be the case, whilst highlighting that it should be recognised that HDdUHB cannot necessarily provide the full range of clinical/specialty experience and nurses may need to move elsewhere for this reason. The ambition is to develop the workforce at every level, by providing a robust career framework, by making HDdUHB an attractive place to work and remain and by ensuring that a range of opportunities are available. Options such as shadowing, mentoring and secondments to provide experience are all being considered. Discussions are also taking place on a regional basis, including with university partners.

Within the online Chat, the Director of Therapies & Health Science endorsed Mr Moore's earlier comments, reporting an extremely positive discussion at the most recent Executive Team meeting around workforce and organisational objectives in the Annual Recovery Plan. Whilst there is much to do, the proposals are both promising and exciting. The Independent Board Member (Third Sector) suggested that the retention and development of skills - especially post pandemic - will

	<p>be key to the future strength of service delivery with partners and across communities. The Independent Board Member (University) was pleased to note a range of strategies being implemented to develop staff, in conjunction with university partners. Several Members welcomed the work described by the Director of Nursing, Quality & Patient Experience, emphasising the importance of retaining and developing UHB staff.</p> <p>Mrs Judith Hardisty thanked the Chair for her kind words regarding the work around Carers, whilst emphasising that others, including Ms Pennie Muir and Ms Clare Hale, had been fundamental to the progress made. Members were reminded of the Staff/Patient Story articulated in September 2019 by Mrs Annmarie Thomas, which had prompted this work. A number of staff are now trained as Carers Champions, who can provide support to both patients/ families and staff. Links have been established with the Staff Wellbeing Service and Occupational Health. Mrs Hardisty welcomed the opportunity to have led this inspiring and positive work. Referencing page 2 of the report, the Medical Director advised that the establishment of the BAME Advisory Group and its representation at Board had been commended by the General Medical Council. Members heard that 40% of the UHB's doctors and 60% of Specialty and Associate Specialist (SAS) doctors are BAME, which demonstrates the importance of recognising this group and their contribution. In respect of plans to improve pastoral and professional support for Clinical Fellows, it was noted that the UHB has a number of international doctors working as Clinical Fellows, and consideration will be given to how they are welcomed to and supported by the organisation. Miss Battle was proud that the BAME Advisory Group was being staff-led, and thanked Mr Baba Gana and Dr Hashim Samir for their support and trust; noting that the new BAME Staff Network will facilitate the involvement of many more staff across the UHB. The Public Inquiry Charter was welcomed and supported as a means of holding the organisation to account and maintaining a 'human and humble' focus. It was agreed that 'in a timely manner' should be added to the statement in paragraph 3 regarding full disclosure of relevant documents, material and facts.</p>	MB
	<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; • ADOPTED the values of the Hillsborough declaration, subject to the amendment noted above. • RATIFIED the actions undertaken by the Chair on behalf of the Board. 	
PM(21)66	<p>MAINTAINING GOOD GOVERNANCE COVID-19</p> <p>Introducing the Maintaining Good Governance COVID-19 report, Miss Battle explained that the Chief Executive has led an intensive piece of work with the Executive Team, focused on the organisation's Planning Objectives. The report presented includes a number of options for Members to discuss.</p> <p>The Independent Member (University) and People, Planning & Performance Assurance Committee (PPPAC) Chair thanked the Governance team for undertaking this exercise and emphasised the importance of demonstrating a willingness to review the organisation's</p>	

governance arrangements. In terms of options, it was suggested that there is probably 'no right or wrong'; however, appropriate and due attention should be devoted to performance. Not only to demonstrate the UHB's focus on this to the public; also to Welsh Government and other stakeholders such as the local Community Health Council (CHC). The PPPAC Chair's personal preference was for the first option outlined in the report, ie a Strategic Development and Operational Delivery Committee to focus on Performance and Planning. This would allow consideration of appropriate risks. The Chair of the Finance Committee suggested that Welsh Government's focus going forward is likely to be on performance; as a result, the UHB should be placing this with a committee where it can receive sufficient attention. In terms of support for committees, the effectiveness of the Governance team was highlighted, whilst recognising there would be an impact on capacity for the team, and the contribution and time dedicated by Executives and their teams was noted. The Audit & Risk Assurance Committee (ARAC) Chair and the Director of Public Health supported the views of the PPPAC Chair. The Board was encouraged to consider and prioritise Public Health and the addressing of health inequalities, and to place these with the committee which has oversight of delivery.

Echoing previous comments, the Independent Member (Third Sector) added that all committees should include an element of performance review in relation to the subject matter they are discussing. This would facilitate a shared responsibility and a 'pyramid' approach. 'Headlines' from each committee, both positive and negative, could be communicated to the overarching committee with responsibility for performance, which would allow a more focused approach. Members were reminded that there would be a further opportunity to discuss Performance Reporting and the UHB's developing approach to this at the session being held in the afternoon. The Board Secretary advised that the Governance team will be collating Committee work programmes covering the various permutations, to ensure that no Committee or Executive is overburdened. Members were reminded that, along with the Planning Objectives, the UHB must also deliver the 'here and now' and mitigate the current risks it is facing. The Board Secretary highlighted the intention outlined within the report to stand down the organisation's COVID-19 Command and Control structure, whilst ensuring that positives from this structure are retained. Furthermore, it is therefore essential that a robust operational governance structure is put in place. Mr Moore suggested that this exercise is a significant step, agreeing that it is 'healthy' for the Board to review its governance arrangements, and that it is important to learn from and retain best practice from the Command and Control structure. It is also necessary to be cognisant of the demands on Executives in attending multiple committees/meetings. Mr Moore emphasised, however, that any changes made to governance arrangements can be reviewed again at a later date, should this be deemed necessary. The importance of the two overarching committees, the Audit & Risk Assurance Committee and the Quality, Safety & Experience Assurance Committee, was also highlighted.

The Director of Therapies & Health Science emphasised the importance of learning from, reviewing and strengthening governance arrangements; whilst highlighting the need to ensure that the focus in

each committee is correct and ward against repeated discussions at multiple committees. The Director of Primary Care, Community & Long Term Care requested that the regulatory and contractual arrangements for Primary Care which formally require approval be included and reported into the appropriate Committee. It was also felt that discussion of this report is producing useful learning beyond governance structures, for example better alignment of key performance metrics to individual committee business/agenda items. Members noted that Executives attending for individual agenda items works well in ARAC. It was suggested that setting a review date for the new arrangements might be sensible. Members were reminded that a further report will be presented to the July 2021 meeting, presenting proposals for the Board's approval. Concluding, Miss Battle requested that the Executive membership of each committee is considered and that guidance be developed regarding attendance requirements, perhaps following the format used by ARAC. This should be discussed with the Chairs of individual committees. Miss Battle added her thanks to the Governance team, emphasising the need for continued light, effective and safe governance, to ensure that the required care and services are delivered to the Hywel Dda population.

The Board:

- **NOTED** the update since the Board in March 2021 regarding the approach undertaken to ensuring the appropriate level of Board oversight and scrutiny to discharge responsibilities effectively during the COVID-19 pandemic, together with the proposals for revised formal governance arrangements in light of discussions held at Board Seminar on 15th April 2021 and based upon lessons learned from the streamlining of assurance structures necessarily undertaken in response to the COVID-19 pandemic, to more closely align these to the Strategic and Planning Objectives set out in HDdUHB's Annual Plan.
- **CONSIDERED**, in particular, the role and remit of the Strategic Development and Operational Delivery Committee vs the Strategic Development and Operational Planning Committee, and the Sustainable Resources and Operational Delivery Committee vs the Sustainable Resources Committee, for further discussion on their respective roles and remits at the Board Seminar in June 2021.
- **AGREED** that PPPAC becomes the Strategic Development and Operational Delivery Committee, covering off the 'Performance' and 'Planning' elements of the previous PPPAC.
- **NOTED** that a further report will be presented to the July 2021 Public Board meeting, consolidating the proposals into more formal governance arrangements for the Board's approval, accompanied by revised Terms of Reference for the newly agreed and constituted Board assurance Committees, together with their attendant, more streamlined, membership.
- **AGREED** to formally stand down the COVID-19 Command and Control structure, given the reduction in community transmission and number of incidences of COVID-19; whilst noting that this will be kept under review should data indicate a resurgence of cases. The provision for 'on request' status for Gold Command Group meetings will be retained, in case of the requirement to convene an

	<p>urgent meeting should any unexpected issues requiring new or amended planning requirements emerge.</p> <ul style="list-style-type: none"> • NOTED the update since the Board in March 2021 regarding the approach to managing risk and outstanding recommendations from auditors, inspectorates and regulators by the Health Board during the COVID-19 pandemic. 	
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PM(21)67	REPORT OF THE CHIEF EXECUTIVE	
	<p>Mr Moore also wished to welcome to the UHB the new Independent Members and Director of Strategic Development & Operational Planning. Mr Moore presented his report on relevant matters undertaken as Chief Executive of HDdUHB since the previous meeting, highlighting the results of the Welsh Government elections and stating that he was looking forward to ongoing meetings with elected representatives and a continued constructive relationship.</p> <p>The Board:</p> <ul style="list-style-type: none"> • ENDORSED the Register of Sealings since the previous report on 25th March 2021; and • NOTED the status report for Consultation Documents received/ responded to. 	

PM(21)68	REPORT OF THE AUDIT & RISK ASSURANCE COMMITTEE	
	<p>Mr Paul Newman, Audit & Risk Assurance Committee (ARAC) Chair, presented the ARAC update reports from meetings held in April and May 2021, highlighting the positive reports received by the Committee, particularly the Audit Wales review of the Test, Trace, Protect system and the Internal Audit of the COVID-19 Mass Vaccination Programme. Whilst the Management of Fire Enforcement Notices Internal Audit had returned an assurance rating of Substantial Assurance in relation to two sites, the significant work required elsewhere on the UHB estate to achieve compliance should be recognised. This work is the subject of an application for funding to Welsh Government. Mr Newman also reported completion of the Board-directed exercise relating to outstanding audit/ regulatory/inspectorate recommendations. At the meeting on 5th May 2021, the Committee had considered the findings of an Internal Audit into the Women & Children's Phase 2 project, which had a Limited Assurance rating. Serious concerns had been expressed, together with the need for a 'lessons learned' exercise at the earliest opportunity possible. Mr Newman suggested that the associated financial risks should be quantified and a strategy developed for the situation, however unlikely, that the contractor withdraws from the project prior to completion. This meeting had also included consideration of various year-end documentation, including the draft Head of Internal Audit Opinion and Annual Report for 2020/21. Whilst the overall assurance rating awarded was one of Reasonable Assurance, Mr Newman highlighted that ARAC had received a significant number of reports with Substantial Assurance ratings during the year.</p> <p>Mrs Hardisty, Health & Safety Assurance Committee (HSAC) Chair, confirmed that Fire Safety issues are considered by HSAC. It was suggested that the progress made provides an example of robust and positive partnership working under challenging circumstances. Mr Moore welcomed ARAC's consideration of and feedback regarding the Women & Children's Phase 2 project, particularly in view of the anticipated new</p>	

	<p>hospital build, which represents a significant commitment. Members noted that concerns regarding this project had also been raised by PPPAC. It was suggested that a wider review into the governance in relation to capital projects be conducted, which would be presented to ARAC for scrutiny at their August 2021 meeting. Mr Newman stated that he would welcome such a review, emphasising the need to apply lessons learned to capital projects across the whole organisation. Miss Battle suggested that the review should include consideration of the governance around awarding contracts. It was further suggested that the terms of reference of the review be shared in advance with the ARAC Chair, to ensure that the scope is sufficient. The Director of Strategic Development & Operational Planning agreed to undertake this work, and the Board Secretary committed to provide any necessary support in establishing the review's scope.</p> <p>Referencing the conclusion of the Board-directed exercise relating to outstanding audit/regulatory/inspectorate recommendations, the Board Secretary advised that 76 recommendations had been closed during the course of this exercise, which had proved extremely valuable. As a result, it will be conducted on an annual basis. Miss Battle commended this work and extended her thanks to Mr Newman, to ARAC and to the team supporting them.</p>	LD
	<p>The Board NOTED the ARAC update report, ACKNOWLEDGED the key risks, issues and matters of concern together with actions being taken to address these and REQUESTED that a review of governance in relation to capital projects be conducted and presented to ARAC in August 2021.</p>	

PM(21)69	REVISED STANDING ORDERS AND STANDING FINANCIAL INSTRUCTIONS	
	<p>The Board APPROVED the revised Standing Orders and Standing Financial Instructions.</p>	

PM(21)70	IMPROVING PATIENT EXPERIENCE REPORT	
	<p>Mrs Mandy Rayani introduced the Improving Patient Experience Report, stating that she welcomed the opportunity to present this report, which demonstrates both the highs and lows experienced in the delivery of services. This month's report presents two very different patient stories, which illustrate the importance of listening to people and discussing with them their current needs. Small changes can make a significant difference to patients, particularly when in a care setting and at times of distress. Attitude, behaviour and communication remain recurrent themes, and the Patient Experience team will continue to work with services to address these. Members were assured that staff take patient feedback both personally and seriously. Whilst this report may feel acute care focused, Mrs Rayani advised that there will be an increased Community/Primary Care emphasis for the next report. It is hoped that a number of the initiatives introduced in response to the COVID-19 pandemic will be continued, including the 'Thinking of You' service and the Family Liaison Officers (FLOs). The current FLO establishment will continue until at least September 2021; however, consideration is being given to how this role might be integrated into the 'Team around Patient' model. New feedback systems mentioned at the previous Board meeting</p>	

are beginning to provide useful data. Mrs Rayani emphasised that those providing feedback are not chosen by the UHB, they are self-selecting.

The Hywel Dda CHC Deputy Chief Officer welcomed the positive developments highlighted in the report, and commended in particular the introduction of FLOs, as an excellent addition to the UHB's approach to patient care. In what has been an extremely challenging year, such positives are rightly amplified. Whilst recognising the need for a certain amount of latitude, and that progress is being made, it was suggested that there remains room for improvement in certain areas of the UHB's complaints handling. There are also examples of preventable delays which should be addressed. The CHC would welcome the opportunity to work with the UHB on such issues. Thanking the CHC for this feedback, Mrs Rayani advised that the UHB is currently in the process of advertising for a Complaints and Resolution Manager; and recognises the importance of early engagement, together with the fact that there are opportunities for improvement, particularly with regards to consistency. The Independent Member (Information Technology) thanked Mrs Rayani for the excellent report, and welcomed plans to consider how FLOs might be integrated into the workforce on a more permanent basis. Noting that the work in Value Based Health Care utilises the 'DrDoctor' tool, which examines patient outcomes, the potential to interface data from this tool with the Friends and Family Test was queried. In response, Mrs Rayani advised that the Patient Experience team would welcome any opportunity to triangulate different data sets for the benefit of patients. Mrs Rayani was also of the opinion that the Improving Patient Experience Report now needs to be developed further to provide a greater depth of analysis; it is hoped that this will be the case in the near future. Mrs Hardisty suggested that the report has already improved and evolved since its inception, and enquired whether there are plans to conduct trends analysis on those areas which consistently receive positive or negative feedback. Also, whether there are plans to share examples of best practice between such areas. Mrs Rayani confirmed that such developments are intended, and that the Patient Experience team is learning how to maximise the benefits of new feedback systems and the data they produce. As soon as it is possible to provide the depth of analysis and isolate consistent themes, this data will be presented to Board. In response to a query, it was confirmed that information from antenatal and maternity services is being collected during the COVID-19 pandemic and that this will be continued post-pandemic. The UHB is also working with the CHC in relation to its maternity survey, which has seen significant response rates.

Noting the positive feedback around and support for mainstreaming the FLO role, the Director of Finance advised that he and Mrs Rayani have been discussing this matter. A formal evaluation of the FLO initiative is to be conducted. Whilst this represents a potentially significant area for innovation and benefits, there are also others, which must be given equal consideration when allocating resources. Miss Battle enquired regarding the timescale for a decision in this regard, emphasising that feedback from both patients and staff has been extremely positive, with the positive impact on staff workloads noted in particular. Mrs Rayani indicated that she had hoped to have more information by now around the potential FLO model and costs and to have started the formal

	<p>evaluation; however, there has unfortunately been slippage as a result of the pandemic response. The ambition to embed this role within the clinical team remains a commitment; and it is hoped that the introduction and success of the FLO scheme will also be the subject of a publication. A meeting with the Director of Operations and Director of Finance is planned and Mrs Rayani anticipated a more formal update to Board in September 2021. It is hoped that it will be possible to agree extension of current FLO fixed term contracts until the end of this financial year, with the intention that a more formal plan for the future of this role will be in place by then. Miss Battle highlighted that there are a number of worrying comments in the report, including an accusation of a member of nursing staff falsifying medical records, and requested assurance that such reports are followed-up immediately, rather than addressed solely via the Improving Patient Experience report. Mrs Rayani confirmed that any such feedback is dealt with immediately, with the Patient Experience team supporting the investigation as required and seeking resolution. Should the situation involve (as in this case) agency staff, the relevant agency is also consulted. Mrs Rayani was asked to pass on the Board's thanks to the Patient Experience team and congratulate them on the evolution of the report to date.</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)71</p>	<p>COVID-19 REPORT AND UPDATE ON ANNUAL PLAN</p> <p>Introducing the COVID-19 Report and Update on the Annual Plan, Mr Moore welcomed the opportunity to consider non COVID-19 related topics, whilst counselling that the global pandemic continues for the time being. Overall, the picture is more positive, with lower levels of infection; the local rate is 5.2 cases per 100,000 and a positivity rate of 0.6%. The Regional Incident Management Team (IMT) process is continuing to identify outbreaks, which are generally proving to be associated with specific events. The HDdUHB hospitals have seen a number of days with zero COVID-19 cases and there have been no further outbreaks within any of the UHB's hospitals. Staff sickness levels are beginning to return to normal levels. Whilst there are positive signs, hospitals and services remain under pressure, with non COVID-19 emergency activity back to pre-pandemic levels. The need for Red and Green (COVID-19 and non COVID-19) areas remains, which places additional pressure on the expansion of Planned Care recovery. The mass vaccination programme continues to deliver effectively, with uptake remaining high as the programme moves through the younger age groups. The Vaccination team has faced and overcome a number of challenges during implementation and delivery of the programme; however, just under 390,000 of the Hywel Dda population has now been vaccinated, which represents 65.5%, or 79% if only those eligible are taken into account. 253,625 first doses have been delivered, and 132,832 second doses. HDdUHB remains on track to meet the target of delivering COVID-19 vaccinations to its adult population by the end of July 2021. It is currently the only Health Board in Wales offering three different vaccines. Mr Moore advised that there are no significant issues reported with the Test, Trace, Protect system and that contract tracing rates remain high. A refreshed Testing Delivery Plan has been developed and is appended to the report. Welsh Government has also requested that</p>	
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Health Boards refresh their Regional Prevention and Response Plan, and the local plan will be shared with Board once considered at the next PPPAC meeting and finalised. Members noted the anticipated requirement to maintain the Test, Trace, Protect system in the longer term. HDdUHB has welcomed the opportunity to support the humanitarian effort in India, and doing so enforces an important message – that this is a global pandemic. Whilst the support provided does have financial implications, Members were assured that the decision to supply equipment did take into account the needs and safety of the local population. In terms of the Annual Recovery Plan, Mr Moore indicated that the continued pandemic has impacted on the planning process, whilst emphasising that a significant amount of work has taken place. Members heard that the Executive Team are undertaking a review of progress on a weekly basis. The report requests Board support for a number of actions, including the procurement of demountables, which may result in financial risk. Mr Moore felt that this risk is justified, in order to ensure a solution which represents value for money. Assurances were provided that, should Board approve this course of action, the Chief Executive would prepare the necessary accountable officer letter to the Director General of NHS Wales. Support was also requested for changes to the Planning Objectives, which are being identified during the process of reviewing the Annual Recovery Plan.

The Director of Therapies & Health Science provided an update in relation to the Gold Command Group decision to extend fixed term contracts in the Testing team and to amend the job advert to cover both testing and vaccinating. Members heard that it had proved impractical to run a more generic advert, as there were significant differences in the respective job descriptions and the Vaccination team had recently closed a recruitment round. It was noted, however, that the UHB is up-skilling these groups of staff to ensure that they can provide support for both the testing and vaccination teams going forward. Noting that there will be a long-term requirement for testing and vaccination, Miss Battle enquired why staff were not being recruited permanently rather than on a fixed term basis. In response, Mr Moore stated that this relates to the non-recurrent nature of COVID-19 funding from Welsh Government. Also, the inherent employment risks associated with permanent appointments. That is not to say that permanent appointments will not be a possibility; however, this needs to be a considered and resourced decision. It was suggested that there should be national discussion of this issue.

Within the online Chat, the Director of Public Health confirmed that the Vaccination team is coping admirably managing three vaccines, ensuring that the region has sufficient vaccine supply to offer an alternative to Oxford AstraZeneca for those under 40 years old. In response to a request for assurance that the UHB has sufficient supplies of each of the vaccines to cover its population needs, this was confirmed, with the caveat that ultimately HDdUHB cannot control the wider vaccine supply chain. Current predicted supplies suggest the UHB will be able to achieve Milestone 3 by the end of July 2021, which is why there was a need to re-introduce the Pfizer vaccine to supplement Moderna supplies, in order to ensure sufficient alternatives to the OxAZ

vaccine for all of the local population aged under 40 years who wish to be vaccinated. The plan allows for 100% uptake. It was noted that the storage restrictions on Pfizer have been eased and that this reduces issues with delivery. The shelf-life of Pfizer, once thawed and stored in a fridge at 2-8°C, has been extended to 31 days (rather than the 5 days previously). This eases the logistical challenges involved significantly.

The Independent Member (Finance) welcomed the positive and comprehensive report, together with the commitment to the Recovery Plan, whilst acknowledging the associated financial risks. It was queried how many vacant posts on fixed term contracts the UHB is anticipating, and at what annual cost. Also, how many current fixed term contracts there are in the Testing team. Mr Moore explained that certain tracts of funding are being allocated to private sector provision, and other towards resourcing additional sessions on HDdUHB sites. Staffing of the demountable facility would utilise existing staff, to ensure value for money. Therefore, the risks around fixed term posts/vacancies are relatively low. Mr Moore did not have to hand the vacancy figures; however, this information, together with specifics around risks, can be presented to the Finance Committee. The Director of Operations agreed that workforce risks are limited, and emphasised the need to ensure that capacity is in place to provide services utilising existing staff whilst complying with Red/Green COVID-19 pathway requirements. There are also plans to consider regional working with Swansea Bay UHB. The Director of Finance reminded Members that there is a degree of commercial sensitivity associated with contract discussions; however, these will be scrutinised in detail at Finance Committee before being referred to Board for ratification. Making posts permanent and recurrent would increase the UHB's deficit position; there is a need to recognise the uncertainty across Wales and the whole UK with regards to future funding. It would not be desirable to expand the workforce establishment on a permanent basis against this backdrop of uncertainty. The Director of Therapies & Health Science stated that the Testing team consists of just over 40 Whole Time Equivalent (WTE) posts. A significant proportion of these are Band 2 Health Care Support Workers; few are qualified nurses. The UHB is confident that it would be able to redeploy these current team members, should they no longer be required for their current duties. The risk is with the 11 WTE Band 3 posts, as there are few equivalent posts within the organisation to which these staff could be redeployed. Members were advised, however, that an exercise is being conducted to analyse vacancies across the entire UHB, in order to assess the potential risk.

Mrs Hardisty wished to express her thanks to staff for their continued dedication, and welcomed the improvement/reduction in staff sickness levels. Referencing previous comments, Mrs Hardisty was unsure why fixed term contracts are being used, when the organisation continues to rely and expend on Bank and Agency workers. It was suggested that those employed on fixed term contracts will seek alternative employment towards the end of their contracts, when they could be utilised for the Influenza vaccination programme, for example. It was also noted that the Annual Recovery Report does not include any mention of pressures on Mental Health beds and recovery in Mental Health services. Whilst acknowledging concerns around the issue of fixed term contracts, Mr

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Moore reminded Members that the UHB is only now coming to the end of the initial urgent pandemic response period. There will be a need to consider the longer term COVID-19 response, and changes to the workforce will form part of this exercise. Mr Moore anticipated further updates in this regard going forward. Members were assured that work in relation to Mental Health is ongoing. Whilst the £11.322m non-recurrent revenue funding to support service recovery does not specifically include an allocation for Mental Health, the UHB is already taking steps in this regard locally. The Director of Operations confirmed that the Mental Health bed situation remains extremely challenging; with specific pressures currently in regards to eating disorders. These challenges are not specific to HDdUHB, they are UK-wide, and a rapid review is being undertaken nationally. Mental Health services are under continued pressure, and the UHB has been in discussion with Local Authority partners regarding potential capacity/space. As no options had been forthcoming, the Director of Estates, Facilities & Capital Management had been requested to explore other possibilities within the UHB estate. The Mental Health team is working through its recovery plan and considering how additional capacity can be introduced. There are also plans to bid for funding. In conclusion, the Director of Operations assured Members that a great deal of effort is being made in terms of Mental Health service recovery. It does need to be recognised, however, that whilst certain issues are local, others are national/UK-wide. This update with regards to the situation and associated challenges was welcomed.

The CHC representatives welcomed the excellent communication with the public witnessed during the COVID-19 pandemic, and requested that this continue. It was observed that certain services have not updated their position on the UHB's website for some time, and that the public are expressing concern regarding their ability to access Primary Care services. The Independent Member (Third Sector) agreed that, whilst the public can access statistical information regarding the reinstatement of services via the media, the UHB's record of engagement and transparency should be continued. To this end, it was suggested that consideration be given to how the UHB might utilise the established network of Third Sector organisations which can disseminate information to the public and local communities. Mr Moore and others welcomed this suggestion, recognising that these networks often have contact with vulnerable and isolated communities which may not otherwise engage. The positive feedback from the CHC regarding communications during the pandemic was also appreciated. Members were reminded that the UHB Communications team has limited capacity due to the constraints of the pandemic, and Mr Moore felt that their recent efforts and contribution should be recognised. The recruitment process for a new Communications Director is due to commence shortly. The CHC Chair confirmed that the Communications team and Chief Executive's Office have both been extremely responsive, and thanked them for their contribution. Members also heard that the CHC has been kept informed with regards to the Single Point of Contact work, and welcomed and fully supported this model. Communication with patients, particularly at this time, is paramount and the CHC would happily offer any assistance the UHB might require. The Chair of the Finance Committee indicated that he had been struck by the granularity of discussions around the UHB

workforce. It was emphasised that no pathway is risk-free. The organisation does, however, have a robust governance structure which ensures that the necessary scrutiny is undertaken. It was suggested that the Executive Team be given the required 'breathing space' to progress plans without requesting excessive levels of detail at this stage.

The Director of Operations confirmed earlier statements that there are currently no cases of COVID-19 on any UHB sites. Whilst the overall position in relation to COVID-19 remains positive, other services are seeing a return to pre-pandemic levels of demand. In addition to this, national modelling suggests the potential for an increase in COVID-19 cases later in the summer. All Bronze Groups had been requested to review their action plans, to ensure that the organisation is adequately prepared for such an increase. Whilst other parts of life may return to something more closely resembling 'normality', Members were reminded that NHS work will continue to be bound by the additional COVID-19 restrictions/precautions. Despite this, there are signs of recovery, for example, operating theatre sessions have increased to 88 (versus a normal level of 170) which will soon be increasing to 112. This reflects a phased implementation of increased service capacity. Significant progress has also been made in Endoscopy services, with an increase to approximately 80% of normal capacity. The Director of Primary Care, Community & Long Term Care wished to record thanks for and recognition of the significant amount of work undertaken within Primary Care, alongside the Mass Vaccination Centres, to facilitate the COVID-19 vaccination programme across Hywel Dda, whilst also managing increasing demand for services. Members noted that 20 Community Pharmacies are joining the vaccination programme commencing next week, which is a further welcome development. Miss Battle and others echoed these sentiments, recognising that Primary Care has been essential in achieving the roll-out of vaccines across west Wales. All of the teams involved in the UHB's service recovery were also thanked. It was suggested that positive news regarding recovery should also be communicated to the public where possible.

The Board:

- **RATIFIED** the Gold Command Group decisions:
 - **APPROVED** the extension of current fixed term contracts in the Testing Team to 31st March 2022;
 - **APPROVED** recruitment to vacant posts on fixed term contracts to 31st March 2022;
 - **APPROVED** the release of 394 Nidek Oxygen Concentrators, 56 Devilbiss Healthcare Oxygen Concentrators and 50 CPAP machines as part of the humanitarian aid for India, recognising the monetary loss will need to be reported and approved by the Audit and Risk Assurance Committee at its next meeting.
- **PROVIDED IN PRINCIPLE SUPPORT** to the Executive Team to seek to procure the demountable required over a longer period than the current non-recurrent funding allows for, and **REQUESTED** that the contract is scrutinised by the relevant committee prior to formal award.
- **APPROVED** the changes to Planning Objectives.

<p>PM(21)72</p>	<p>PERFORMANCE REPORT – MONTH 12 2020/21 AND MONTH 1 2021/22</p> <p>Mr Huw Thomas presented the Performance Updates for Month 12 of 2020/21 and Month 1 of 2021/22, noting that there is unavoidably a certain amount of repetition between the two. The COVID-19 vaccination programme should be recognised for the outstanding achievement it represents. As already mentioned, there is significant pressure across services and systems, with performance metrics relating to Unscheduled Care, Stroke and Neurodevelopment services highlighted in particular. There is ongoing work to address these issues. Declines in performance around PADRs, appraisals and job plans, whilst unfortunate, reflect the conflicting demands on staff time. Members were reminded that there will be an opportunity to discuss Performance Reporting at the dedicated session later that day.</p> <p>The Independent Member (University) suggested that both reports demonstrate the agility the organisation and its staff have in responding to patient needs through redesigning and improving services. This should be recognised and applauded. It is, however, challenging to read the reports in the context of acknowledging that there are people behind the performance figures, who are often in pain and discomfort. The Board needs to demonstrate to the public how it intends to recover services, with greater detail of actions being taken and timescales for these. Mr Moore welcomed and agreed with this feedback, emphasising that recovery is a commitment fully supported by the Executive Team. Members were assured that the Annual Recovery Plan being presented to Board at the end of June 2021 will go some way towards meeting these requirements. It is likely that plans will be viewed as insufficient, due to resource constraints in areas such as Orthopaedics; however, the Recovery Plan will represent an important starting point. There is a strong desire within the organisation to get services ‘back on track’, which also links with the UHB’s Single Point of Contact work. The Director of Nursing, Quality & Patient Experience agreed that the ‘people behind the numbers’ must not be forgotten, and explained that this is the basis for the UHB’s work in relation to waiting lists. This work has already generated positive feedback from the group of patients involved in the ‘proof of concept’ exercise. Since it is not possible to reinstate full services as quickly as would be the ambition, there is an acknowledged need for effective communication. Work to transition between the COVID-19 Command Centre and the new Hub is underway; however, this is extremely complex and will take time. Miss Battle suggested that this area would benefit from the Third Sector input proposed in discussions under the previous agenda item.</p> <p>It was observed that the ‘Making Data Count’ approach presented in the two most recent Performance Updates demonstrates a more sophisticated approach in measuring and monitoring how healthcare is delivered to the local population. It is vital, however, to ensure that this reflects the priorities of local communities, as well as those of Welsh Government. The Director of Finance assured Members that there will be an opportunity to consider this issue. Future Performance Reports will deliver an increasingly concentrated format which, by its nature, will make them a more ‘challenging’ read, as they will more intensely expose those areas requiring improvement. The Director of Primary Care,</p>	
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Community & Long Term Care emphasised the importance of considering the wider healthcare system, together with the backlog in Primary Care, when putting into place Recovery Plans. There is a need to learn from changes in working practices implemented during the pandemic, including digital monitoring of patients, the Expert Patient Programme, eye care measures and urgent dental access and how Primary Care might support other areas.

Miss Battle reiterated the importance of defined timescales and trajectories in relation to recovery, and communicating these effectively. Referencing page 5 of the Month 12 Performance Update, Miss Battle noted that Delayed Transfers of Care (DTC) census patient number monitoring has been suspended due to COVID-19, and that Domiciliary Care capacity challenges in Pembrokeshire are mentioned in respect to DTCs within the Quality, Safety & Experience Assurance Committee (QSEAC) Update Report. With regard to the latter, Miss Battle observed that this has been identified as an issue since she joined the organisation two years ago, and enquired when an improvement might be expected. Further clarification was also requested regarding the statement on page 11 of the Month 12 Performance Update that 'Urgent Cataract procedures are being treated in Werndale'. In response to the final query, the Director of Operations advised that this action formed a significant element of the submission to Welsh Government for £11.322m non-recurrent revenue funding. The UHB had considered the various options available for cataract treatment and the independent sector provided the best value for money. Therefore, 150 cataract surgery slots per month have been commissioned for the remainder of the year. If continued at this rate, the current backlog of cataract patients would be cleared in 18-24 months. HDdUHB is also exploring collaborative options with Swansea Bay UHB for a more sustainable future model. Two joint Ophthalmology posts have been agreed, which should assist with the recruitment challenges in this specialty previously experienced. Welsh Government has reacted positively to this regional approach, and it was felt that there was a potential for it to be regarded as an exemplar. The Director of Operations noted the need to consider how facilities at the Amman Valley Hospital be utilised; increased utilisation would require the relocation of certain services, which has been discussed with the local CHC. Miss Battle welcomed this clarification, suggesting that this type of narrative should be included in the Performance Update or Recovery Plan. Mr Moore agreed that the joint working with Swansea Bay UHB, particularly around workforce, is exemplary, with this having been largely led by the new Chief Executive at Swansea Bay UHB. A new Regional Recovery Group, to be chaired by both Chief Executives, has been established to oversee joint working, and there are other specialties where this approach will be considered, including Orthopaedics, Dermatology and Radiology. Whilst a regional approach to these specialist services was welcomed, the need to ensure that patients can access these geographically was emphasised.

The Director of Operations acknowledged the long-standing issue around domiciliary care in Pembrokeshire, emphasising that the Director of Primary Care, Community & Long Term Care and her team are working on improvement plans. These include consideration of how to avoid unnecessary admissions, avoid conveyance to hospital and

	<p>improve flow out of hospital. A business case has been submitted to Welsh Government, and a discussion regarding this is taking place with Welsh Government representatives later today. There was a sense that the UHB will be in a better position to provide information and assurance in this regard at future meetings. The UHB has undertaken a number of discussions with Local Authorities regarding domiciliary care capacity, and additional capacity has been put in place. There has been a slight improvement at Withybush General Hospital; however, further work is required and is continuing. The Director of Primary Care, Community & Long Term Care welcomed discussion of this important topic. Notwithstanding the significant work undertaken, there is a wider issue around how domiciliary care is embraced within the wider healthcare system. Consideration should be given to joint UHB/Local Authority roles, and how competition with other local sectors, including the hospitality industry, can make domiciliary care roles less attractive. Whilst this is a priority area, it needs to form part of a whole-system approach. In considering where this should be considered and monitored within the UHB governance structure, it was suggested that it should, in fact, be led by the Regional Partnership Board (RPB), with subsequent discussion at either QSEAC or PPPAC as appropriate. Mrs Hardisty, as RPB Chair, agreed that this matter should be escalated to the RPB. Whilst there is a sense in certain quarters that RPBs should not be statutory bodies, there are also concerns that they are not necessarily currently as effective as they might be. This may not be the case locally; however, it still requires consideration. Mr Moore emphasised that challenges in domiciliary care are not unique to HDdUHB, whilst acknowledging that it does appear to be an issue in Pembrokeshire specifically. It is vital for the region as a whole that the UHB and its partners ensures the best care provision possible, including domiciliary care. This should not be regarded as solely a Local Authority issue to resolve, the UHB must also assist.</p>	<p>JP</p>
	<p>The Board CONSIDERED the Performance Update reports – Month 12 2020/21 and Month 1 2021/22, DISCUSSED the issues arising and RESOLVED to escalate the long-standing challenges in Domiciliary Care in Pembrokeshire to the Regional Partnership Board.</p>	

<p>PM(21)73</p>	<p>REPORT OF THE PEOPLE, PLANNING & PERFORMANCE ASSURANCE COMMITTEE</p>	
	<p>Professor John Gammon, PPPAC Chair, presented the PPPAC update report, highlighting discussions relating to the Nursing Climate Survey and NHS Wales Staff Survey. The Committee welcomed this work focusing on staff feedback, which demonstrates that the UHB is a ‘learning’ organisation, prepared to address challenging issues. Proposals to respond formally to feedback by means of implementation/ action plans were also welcomed. Professor Gammon reported that PPPAC had requested a further update with regards to the Welsh Language Standards, to demonstrate compliance and evidence how the ‘culture’ of Welsh within the organisation is being improved. This is in order to ensure that the UHB is providing services in a manner which reflects the proportion of its community whose first language is Welsh. The Director of Finance is contributing to this work. It was agreed that it is important for the organisation to have a bold and ambitious Welsh Language strategy.</p>	

	The Board NOTED the PPPAC update report, ACKNOWLEDGED the key risks, issues and matters of concern together with actions being taken to address these.	
PM(21)74	REPORT OF THE QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE	
	Ms Anna Lewis, QSEAC Chair, presented the QSEAC update reports from 16 th March and 13 th April 2021, advising that the additional COVID-19 focused meeting which would have taken place during May had been stood down. Earlier comments/discussions around DTOCs will be followed-up. The Medical Director highlighted mention in the second report of the Health Board's University Status review submission. It was noted that, whilst this process had not been an active reassessment of the University Status, the organisation had now received an extremely positive letter from Welsh Government, which would be shared with Board Members. This letter also outlined changes to the process for conferring status going forward. Miss Battle welcomed the positive outcome and thanked everyone involved in the UHB's submission.	PK
	The Board NOTED the QSEAC update report, ACKNOWLEDGED the key risks, issues and matters of concern together with actions being taken to address these.	
PM(21)75	REPORT OF THE FINANCE COMMITTEE	
	Mr Michael Hearty, Finance Committee Chair, presented the update reports from meetings held in March and April 2021, adding that the Committee had also met on 25 th May 2021. It was suggested that achievement of the UHB's forecast deficit is a testament to the efforts of the organisation and its staff in what has been an extremely challenging year. Concerns had been raised by the Committee in relation to capital financial management, specifically the costs and risks associated with the Women & Children's Phase 2 scheme, where reports are emerging around project implementation risks. Mr Hearty encouraged the Executive Team to ensure due diligence and focus on this area. Miss Battle noted that these comments align with earlier discussions, and thanked the Committee for drawing attention to anticipated future demand in Mental Health services.	
	The Board NOTED the Finance Committee update reports and ACKNOWLEDGED the key risks, issues and matters of concern together with actions being taken to address these.	
PM(21)76	LONG TERM AGREEMENTS – CONTRACT VALUES AND APPROACH IN 2021/22	
	Mr Thomas introduced the Long Term Agreements – Contract Values and Approach in 2021/22 report, explaining that this is presented to Board for approval, given the magnitude of the contracts involved. It should be recognised that much clinical activity has been depressed due to COVID-19 and will be for some time to come. Therefore, the UHB is effectively paying a premium for the services it is receiving; which is unavoidable and an issue common to all Health Boards.	
	The Board:	

	<ul style="list-style-type: none"> • NOTED and AGREED the contract values ahead of signature on 11th June 2021; • NOTED the proposed approach to LTAs in 2021/22. 	
<p>PM(21)77</p>	<p>FINANCIAL REPORT – MONTH 12 2020/21 AND MONTH 1 2021/22</p> <p>Mr Thomas introduced the Financial Report for Month 12 of 2020/21 and Month 1 of 2021/22, noting that, despite uncertainty caused by the pandemic, the UHB had delivered a deficit of £24.9m against the forecast position of £25m. It is vital on a reputational level that the organisation delivers in line with its forecast financial position, and Mr Thomas thanked colleagues from both the UHB and Welsh Government for their contribution, which demonstrates the value of team work. Members noted that there had been an underspend of approximately £60k against the capital budget, which was not significant given the exceptional circumstances. The UHB had not delivered its planned savings programme, and it will be vital to address this during the current year. A significant deficit of around £57m is forecast this year, despite further anticipated Welsh Government funding.</p> <p>In respect of savings delivery, Miss Battle queried whether other Health Boards were in a similar position. Mr Thomas explained that HDdUHB's savings plan was more ambitious than other Health Boards, which meant that non-delivery had impacted more significantly. Savings had not been delivered by other Health Boards, as attention has been focused on COVID-19 and diverting resources to the pandemic response. Mr Thomas was asked to convey the Board's thanks to the Finance team for their efforts.</p> <p>The Board DISCUSSED and NOTED the financial position for Month 12 2020/21 and Month 1 2021/22.</p>	
<p>PM(21)78</p>	<p>NURSE STAFFING LEVELS (WALES) ACT – ANNUAL ASSURANCE REPORT 2020/21</p> <p>Mrs Rayani presented the Nurse Staffing Levels (Wales) Act – Annual Assurance Report, explaining that this is based on a nationally prescribed template; and thanked Mrs Chris Hayes, Nurse Staffing Programme Lead, for preparing the report. The report illustrates how intense the past year has been, and Mrs Rayani thanked the HDdUHB nursing workforce for their significant contribution, which had been formally recognised on national Nurses' Day, 12th May 2021. The report recognises the changing environment in response to the COVID-19 pandemic, including the roles of wards being altered, the introduction of Field Hospitals and support for Care Homes. The Act is being extended to cover Paediatrics from October 2021, and Members were assured that preparations are being made to ensure compliance. The UHB's first Three Year Report will be presented to Board in September 2021. Mrs Rayani drew Members' attention to pages 21-23 of the main report, which represent a testament to the dedication of the nursing workforce and wider team.</p> <p>The Chair and Vice-Chair added their thanks to the UHB's nurses and welcomed the report, which reflects the outstanding work undertaken during the year. Mrs Hardisty suggested that consideration should be given to how these achievements be communicated in a more 'user friendly' way, and enquired whether Welsh Government is intending to</p>	

	<p>do so, or whether this should be explored locally. Mrs Rayani advised that she had not yet considered this, and was not aware of how Welsh Government intended to utilise information from Health Boards' Three Year Reports. It was acknowledged that information on compliance with the Act which would normally be displayed on wards had not been 'visible' in the usual way, as visiting had been suspended due to COVID-19. The Royal College of Nursing is conducting an evaluation, reflecting upon the implications of the Act. Mrs Rayani. Miss Battle reported anecdotal requests from a number of nurses for publication of local information/news, which is being considered by the Communications team. Mrs Rayani was asked to thank her team on behalf of the Board and patients.</p> <p>The Board RECEIVED the report and TOOK ASSURANCE that the necessary processes and reviews have been put in place to demonstrate compliance with the duties of the Nurse Staffing Levels (Wales) Act 2016 during 2020-2021.</p>	
PM(21)79	<p>COMMITTEE UPDATE REPORTS: IN-COMMITTEE BOARD</p> <p>The Board RECEIVED the update report of the In-Committee Board meeting.</p>	
PM(21)80	<p>COMMITTEE UPDATE REPORTS: HDdUHB ADVISORY GROUPS</p> <p>The Board RECEIVED the update report in respect of recent Advisory Group meetings and RATIFIED the Healthcare Professionals Forum Terms of Reference and Stakeholder Reference Group Terms of Reference.</p>	
PM(21)81	<p>HDdUHB JOINT COMMITTEES & COLLABORATIVES</p> <p>In noting reports from Joint Committees and Collaboratives, the Board was advised that Audit Wales has conducted a Governance Review of Welsh Health Specialised Services Committee (WHSSC) and that there may be findings which have implications for the UHB.</p> <p>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.</p>	
PM(21)82	<p>STATUTORY PARTNERSHIPS UPDATE</p> <p>Ms Jill Paterson presented the Statutory Partnerships Update report, drawing Members' attention to enhanced governance arrangements around the Transformation Fund. A Population Needs Assessment, mandated on a five yearly basis, is to be conducted, which will also consider the impact of COVID-19 and which will run in parallel with a regional Market Stability Assessment. Members noted that all seven RPBs will be Early Adopters of the 'Early Help and Enhanced Support Framework' or NEST, to meet the emotional and mental health needs of children and young people.</p> <p>Miss Battle reported that she had attended the NEST launch earlier this week, and emphasised the need to consider how this is implemented locally.</p>	

	<p>The Board:</p> <ul style="list-style-type: none"> • NOTED the PSB update and links to the PSB and RPB websites, where the agenda and minutes of recent meetings can be accessed. • NOTED the update from the RPB. 	
PM(21)83	BOARD ANNUAL WORKPLAN	
	The Board NOTED the Board Annual Workplan.	
PM(21)84	ANY OTHER BUSINESS	
	In response to a query regarding the Annual General Meeting, Members were advised that this will take place after the July Public Board meeting, on 29 th July 2021.	
PM(21)85	DATE AND TIME OF NEXT MEETING	
	12.00pm, Thursday 10 th June 2021 (Sign-off Annual Accounts) 1.00pm, Thursday 24 th June 2021 (Extraordinary Meeting) 9.30am, Thursday 29 th July 2021	