

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

Date of Meeting:	9.30AM, THURSDAY 30TH SEPTEMBER 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) Ms 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 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 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) 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) (part) Dr Darron Smith, Acting Chair, Dyfed Powys LMC (VC) Mr Mansell Bennett, Chair, Hywel Dda Community Health Council (VC) (part) Ms Donna Coleman, Chief Officer, Hywel Dda Community Health Council (VC) Dr Hashim Samir, Vice Chair of Black, Asian and Minority Ethnic (BAME) Board Advisory Group (VC) Dr Alun Rees, Consultant Anaesthetist (VC) (part) Dr Prem Kumar Pitchaikani, Consultant Paediatrician (VC) (part) Dr Damitha Ratnasinghe, Consultant Paediatrician (VC) (part) Dr Michelle Jardine, Consultant Paediatric Intensivist & Lead for PICU, Cardiff and Vale UHB (VC) (part) Ms Clare Moorcroft, Committee Services Officer (Minutes)</p>

PM(21)145	INTRODUCTIONS & APOLOGIES FOR ABSENCE	
	The Chair, Miss Maria Battle, welcomed everyone to the meeting and offered her thanks on behalf of the Board to all members of staff, including the Executive Team, for their continued efforts. Recognising that staff are exhausted and in some cases unwell, and yet are still	

	<p>being asked to show resilience and creativity in continuing to offer care to the local population, Miss Battle emphasised that they are owed a huge debt of gratitude by us all. Members heard that the agenda for today's meeting is extensive, with several key items, and were requested to keep introductions and discussion of more routine items succinct. Apologies for absence were received from:</p> <ul style="list-style-type: none"> • Mrs Ros Jervis, Executive Director of Public Health • Ms Alison Shakeshaft, Executive Director of Therapies & Health Science • Dr Mohammed Nazemi, Chair, Healthcare Professionals Forum 	
PM(21)146	DECLARATION OF INTERESTS	
	No declarations of interest were made.	
PM(21)147	MINUTES OF THE PUBLIC MEETING HELD ON 29TH JULY 2021	
	RESOLVED – that the minutes of the meeting held on 29 th July 2021 be approved as a correct record.	
PM(21)148	MATTERS ARISING & TABLE OF ACTIONS FROM THE MEETING HELD ON 29TH JULY 2021	
	<p>An update was provided on the table of actions from the Public Board meeting held on 29th July 2021, and confirmation received that all outstanding actions had been progressed. In terms of matters arising:</p> <p>PM(21)122 – Miss Battle enquired with regard to the timescale for presenting modelling data to the Strategic Development & Operational Delivery Committee (SDODC). Mr Andrew Carruthers advised that the national model mentioned in the update has not yet been received, although it is expected imminently. It was, therefore, requested that this item remain open on the table of actions.</p>	AC
PM(21)149	MINUTES OF THE CORPORATE TRUSTEE MEETING HELD ON 29TH JULY 2021	
	RESOLVED – that the minutes of the Corporate Trustee meeting held on 29 th July 2021 be approved as a correct record.	
PM(21)150	MINUTES OF THE ANNUAL GENERAL MEETING HELD ON 29TH JULY 2021	
	RESOLVED – that the minutes of the Annual General Meeting (AGM) held on 29 th July 2021 be approved as a correct record.	
PM(21)151	REPORT OF THE CHAIR	
	<p>Miss Battle presented her report on relevant matters undertaken as Chair since the previous Board meeting, highlighting in particular the new Medical Education Hub in Aberystwyth, which it is hoped will attract and retain clinical staff. Miss Battle also welcomed the reappointment of Dr Mohammed Nazemi as Associate Board Member in his capacity as Chair of the Healthcare Professionals Forum.</p> <p>Mrs Joanne Wilson advised of a correction relating to the Rest and Recovery Reference Group section, stating that the corporate planning objective on rest and recovery will be monitored by the People, Organisational Development & Culture Committee (PODCC) rather than</p>	

	<p>the Quality, Safety and Experience Committee (QSEC). Within the online chat, Professor John Gammon welcomed the collaborative initiative between Aberystwyth and Swansea Universities to support medical students and physician associates train in Hywel Dda. The initiative was also welcomed by Ms Delyth Raynsford, who hoped that it will attract students to remain and practice in rural areas.</p>	
	<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)152	REPORT OF THE CHIEF EXECUTIVE	
	<p>Mr Steve Moore presented his report on relevant matters undertaken as Chief Executive of HDdUHB since the previous meeting, explaining that the report seeks approval of various items.</p> <p>Referencing the Strategic Outline Case for the South Wales Adult Thoracic Surgical Centre, Mrs Judith Hardisty requested assurance that lessons have been learned from previous issues in relation to Cardiac Surgery, and that there will be equity of access for Hywel Dda residents. Mr Moore acknowledged the veracity of this comment, and advised that the letter received from Swansea Bay UHB indicates their acceptance of the conditions and requirements set by HDdUHB. A new HDdUHB commissioning group has been established, with the first meeting due to take place shortly. The group will be chaired by Mr Lee Davies, and will include in the membership Mrs Mandy Rayani, to ensure a quality and safety focus. With regard to Appendix D, around the development of a service specification for specialised paediatric orthopaedic surgery, Ms Raynsford requested assurance that Hywel Dda patients will be treated equally. Also, recognising that recovery times for this type of surgery can be lengthy, that consideration will be given to travel and accommodation requirements for parents and carers. In response, Mr Moore stated that he was confident the needs of Hywel Dda residents would be considered equitably. The comment around accommodation and travel was an important one, which Mr Moore would raise at the next Welsh Health Specialised Services Committee (WHSSC) Joint Committee meeting. In response to a query regarding whether Paediatric Cardiology is addressed within the Thoracic report, Mr Moore did not believe it was, however would check and report back to the Board via the table of actions.</p>	<p style="text-align: right;">SM</p> <p style="text-align: right;">SM</p>
	<p>The Board:</p> <ul style="list-style-type: none"> • ENDORSED the Register of Sealings since the previous report on 29th July 2021; • NOTED the status report for Consultation Documents received/ responded to; • NOTED the decision of the Welsh Health Specialised Services Committee (WHSSC) Joint Committee on the 7th September 2021 supporting the requests received from the NHS Wales Health Collaborative Executive Group requesting that WHSSC commissions Hepato-Pancreato-Biliary (HPB) Services, the Hepato Cellular Carcinoma (HCC) Multi-Disciplinary Team (MDT) and develops a service specification for specialised paediatric orthopaedic surgery; 	

	<ul style="list-style-type: none"> • APPROVED the delegation of the commissioning responsibility for HPB services and the HCC MDT services, with the required resource mapped to WHSSC; • APPROVED that WHSSC develop a service specification for specialised paediatric orthopaedic surgery; • APPROVED the delegation of Paediatric Orthopaedic surgery commissioning, if considered appropriate by the Joint Committee, following development of the service specification, to WHSSC; and • NOTED and ENDORSED the UHB's approval of the Strategic Outline Case (SOC) for the proposed South Wales Adult Thoracic Surgical Centre to be located at Morriston Hospital. 	
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PM(21)153	REPORT OF THE AUDIT & RISK ASSURANCE COMMITTEE	
	<p>Mr Paul Newman, Audit & Risk Assurance Committee (ARAC) Chair, presented the ARAC update report, highlighting the three items of concern raised by the Committee.</p> <p>In response to a query regarding how such items would usually be managed, Mr Newman advised that they would routinely be considered by the Executive Team or with other relevant partners such as WHSSC. It was suggested that the Radiology issue should be referred to PODCC following discussion at Executive Team; however, Mr Newman highlighted that the issue is not restricted to Radiology. There have been previous instances of HDdUHB not receiving the allotted numbers of students or trainees, with an apparent disparity in this regard across Wales. It was suggested that this should be raised with Health Education and Improvement Wales (HEIW). Mr Moore advised that this issue had been discussed at Executive Team on 29th September 2021, and that Mrs Lisa Gostling would be taking the matter forward. Professor Gammon advised that he would also note the matter with HEIW as part of his University role.</p> <p>Members were advised that the Audit Wales WHSSC Governance Arrangements Review report had now been considered by the WHSSC Audit Committee, and findings would be tracked through ARAC.</p>	LG JG
	<p>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.</p>	

PM(21)154	REPORT OF THE QUALITY, SAFETY & EXPERIENCE COMMITTEE	
	<p>Ms Anna Lewis, Quality, Safety & Experience Committee (QSEC) Chair, presented the QSEC update report, drawing Members' attention to detailed discussions around Stroke Services. Whilst it had been helpful to receive an update on progress, it was noted that there are various strategic issues which it has not been possible to resolve at a local level. QSEC had anticipated that an update regarding the Stroke Services business plan would be presented at today's Public Board meeting; however, this had been deferred and is now scheduled for November 2021, subject to COVID-19 pressures. Whilst noting that it had not been possible to present the Stroke Services business plan at today's meeting, Mrs Mandy Rayani assured Members that work is ongoing. This includes a commitment to undertake a staffing review for Stroke</p>	

	<p>Services, which will be multi-disciplinary. The findings of this review will be considered at QSEC.</p> <p>Mr Moore stated that, as a minimum, a report can be presented in November outlining the processes and timescales. This would provide a sense of the scale, intentions and context involved. The topic is complex and involves a number of frontline staff. Noting concerns around medicines management and the e-prescribing and medicines administration (EPMA) system, Mr Maynard Davies enquired regarding the UHB's current plans in this regard and HDdUHB's position in the roll-out of EPMA. Ms Jill Paterson advised that e-prescribing is subject to a national, All Wales approach. The new pharmacy system is now in place within HDdUHB; however, Ms Paterson was not able to confirm HDdUHB's exact position in the roll-out of e-prescribing. Dr Philip Kloer emphasised the importance of this initiative, advising that it has been discussed by the national Medical Directors' Group recently and is regarded as high priority. Members heard that the national clinical lead for e-prescribing is employed in HDdUHB. Referencing the planned COVID-19 thematic outbreak reviews and the establishment of a multi-disciplinary Control Group, Miss Battle enquired regarding the timescale for these initiatives. Mrs Rayani advised that she had received an update on the outbreak review plans the previous evening. Rapid progress is being made, and Mrs Rayani was confident that these will take place within the next month. Work is also underway on an All Wales approach; again with rapid progress being made. An update would be provided to the next meeting, via the Table of Actions. Members were also assured that each outbreak has provided learning opportunities, which have been shared across the organisation. Reviews of outbreaks have been considered by QSEC previously, and will be again.</p> <p>In response to a request for an update with regard to the Operational Quality, Safety and Experience Sub-Committee (OQSESC), Mrs Rayani advised that a temporary Chair for the next few meetings has been identified. There is a commitment to review the current Terms of Reference and Workplan, with a focus on introducing deep-dives aligned to risks. Members were assured that Executive Leads are aware of all risks, which have been subject to recent review and are being actively managed and discussed, sometimes on a daily basis. There will be liaison with individual services to ensure that Risk Registers are updated in a timely fashion. Mrs Rayani will also work with the Corporate Governance team to ensure that there is sufficient flexibility in meeting/agenda planning to accommodate the consideration of urgent issues. Mrs Wilson advised that the UHB has received the draft Audit Wales report on Quality Governance, which is scheduled for consideration by ARAC at its October 2021 meeting.</p> <p>The Board NOTED the QSEAC update report and ACKNOWLEDGED the key risks, issues and matters of concern, together with actions being taken to address these.</p>	<p>MR</p> <p>MR</p> <p>MR</p>
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PM(21)155	<p>BOARD ASSURANCE FRAMEWORK</p> <p>Introducing the Board Assurance Framework (BAF) report, Mr Moore stated that the Board and organisation has seen the BAF develop over time. The Board Assurance Framework is a key element in ensuring a strategic approach to oversight and planning, and in ensuring that the</p>	
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	<p>organisation emerges from the current COVID-19 pandemic in a stronger position. Indicating that the BAF presented to Board today represents one of the most comprehensive and clear approaches he has seen, Mr Moore thanked Mrs Wilson and Mrs Charlotte Beare for their contribution, also recognising the support provided by Mr Huw Thomas and his team. Recognising that there are areas of the BAF which can be developed further, Mrs Wilson explained that the dashboard format provides information regarding progress on Planning Objectives and Strategic Objectives, and in respect of current principal risks. The report as presented shows that 3 planning objectives have been completed. 36 planning objectives are on track, with another 1 ahead of schedule, and 13 that are currently behind schedule. Progress on Strategic Objectives, and information regarding the principal risks aligned to these, is also presented. Mrs Wilson added it is now essential that the Board move away from reviewing the process and review progress, risks and outcomes. Mrs Wilson added her thanks to Mrs Beare, Ms Tracy Price, Mrs Catherine Evans and Dr Daniel Warm for their work on the BAF.</p> <p>Mr Michael Hearty supported the work undertaken, suggesting that it is easy to underestimate the effort involved in preparing this extremely sophisticated ‘piece of engineering’. Whilst recognising that it will take time for the BAF dashboard to bed in, it represents a ‘step change’ in the governance and management of the organisation. Within the online chat, a number of other Members also commended the BAF as an excellent piece of work with a clear framework around planning objectives and the responsibilities of sub-committees; a great development and important improvement in the organisation’s intelligence-driven approach; a significant step forward in bringing together the UHB’s plans, monitoring and risks, and welcomed the fact that it is presented in easily understood, non-jargonised language. Miss Battle echoed the views and thanks expressed, noting that whilst it had taken time to develop the BAF, the dashboard presented today represents a significant step forward.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> • NOTED the progress on the development of the BAF Dashboard, acknowledging that it is an iterative report which will be continually updated; • APPROVED the new risk impact domain ‘Health Inequalities/Equity’ for inclusion within the Health Board’s Risk Scoring Matrix. 	

<p>PM(21)156</p>	<p>IMPROVING PATIENT EXPERIENCE REPORT</p> <p>Mrs Mandy Rayani introduced the Improving Patient Experience Report, which focuses on the experience of those using the UHB’s services, whilst also allowing the voices and experience of Filipino Nurses celebrating 20 years of working in HDdUHB to be heard. Mrs Rayani thanked Neil for sharing his experience around managing the symptoms of Long COVID. The patient story relating to the Alexa Loan Scheme pilot was also extremely moving, and demonstrated the role technology can play in addressing social isolation. Moving onto concerns and complaints, Members heard that common themes remain. The UHB is also considering changes it can make to the environment/estate to improve patient experience. Mrs Rayani advised that the UHB has almost concluded work to determine how the Family Liaison Officer (FLO) model will be taken forward. The case study presented on page</p>	
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	<p>22 of the report outlines how it had been possible to provide support to a Care Home and its residents by redeploying an FLO. Towards the end of the report, plans to strengthen Epilepsy service provision are detailed.</p> <p>Whilst welcoming the positive report, Ms Jill Paterson noted that General Practice remains one of the specialties receiving the highest number of complaints. Members and the public were reminded that the figures reflect patient activity and high levels of patient contact in Primary Care. Ms Paterson advised that only two of the complaints received remain open, and assured Members that all had been dealt with in a timely manner. Within the online chat, Mr Lee Davies confirmed that the UHB has recently secured an additional £4.8m of capital investment this financial year to support the COVID-19 response and address some of the UHB's most significant risks. Mr Iwan Thomas welcomed the report, particularly the promotion of digital tools to address isolation; it was emphasised that even within hospital, patients can still feel isolated, and the access to and engagement with technology maintains vital contact with loved ones.</p> <p>Miss Battle requested that the Board's thanks be passed on to the Patient Experience team for their work on this valuable report. It contains a vast mix of patient voices and experiences, and is one of the most 'precious' reports to come to Public Board. Echoing this, Mr Moore emphasised that patient experience measures will connect to and feed into the BAF.</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)157</p>	<p>STRATEGIC EQUALITY PLAN ANNUAL REPORT 2020/21</p> <p>Miss Battle advised that the Strategic Equality Plan Annual Report 2020/21 had been scrutinised in detail by PODCC. Mrs Lisa Gostling presented the report, noting that this had been prepared by Ms Anna Bird and her team. In addition to PODCC, the report had also been considered by the Staff Partnership Forum. Professor Gammon, Chair of PODCC, had nothing further to add, except to say that the Committee had identified next steps and would scrutinise the delivery of these.</p> <p>Within the online chat, Mrs Hardisty and Mr Iwan Thomas welcomed the clear, well-written and informative report and were pleased to note that it had been considered by the Staff Partnership Forum and PODCC, thereby ensuring an inclusive and engaging approach. Miss Battle thanked Ms Bird and her team for the report.</p> <p>The Board:</p> <ul style="list-style-type: none"> • RECEIVED for assurance the Strategic Equality Plan Annual Report 2020/21, Annual Workforce Equality Report 2020/21 and Gender Pay Gap Report 2020/21 which detail work which has been undertaken to meet the PSED and HDdUHB equality objectives. • APPROVED the reports for publication. 	
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<p>PM(21)158</p>	<p>DISCOVERY REPORT – UNDERSTANDING THE STAFF EXPERIENCE IN HDdUHB DURING THE 2020/21 PANDEMIC</p> <p>Introducing the Understanding the Staff Experience in HDdUHB during the 2020/21 Pandemic Discovery Report item, Miss Battle suggested</p>	
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that this was, similarly to the Patient Experience report, one of the most important on the agenda. Mrs Gostling presented the report, which brings together the experiences of staff across HDdUHB and focuses on how the organisation can support them to recover. The report findings cannot be viewed in isolation, as they represent the experience of a specific group of individuals. There are, in addition, other mechanisms available for obtaining staff feedback, including the NHS Wales Staff Survey, the Medical Engagement Scale, the Nursing and Midwifery Wellbeing Climate Study. Other work in relation to staff experience is also ongoing. Feedback from all these other sources suggest that the findings of the Discovery Report are representative. The UHB Head of Organisation Development has met with Professor Michael West, a proponent of compassionate and inclusive leadership, to seek advice and guidance on how to take this work forward.

Welcoming the report, Mrs Hardisty recognised the work and effort involved, and also thanked those members of staff who had contributed their experience. Referencing page 4 of the SBAR, Mrs Hardisty noted the intention to engage 'with key groups' and requested assurance that this process would be inclusive. Mrs Gostling explained that the planned approach is to engage with various groups, including the Black, Asian and Minority Ethnic (BAME) Advisory Group, Staff Partnership Forum and Reverse Mentors in the first instance. Focus groups will also be established, to ensure that those whose voices tend not to be heard are offered the opportunity to contribute. Staff in the community and in Primary Care will be included. Within the online chat, Ms Raynsford welcomed this explanation, noting that here are a number of staff working in areas/disciplines that may not historically have been actively involved previously. Professor John Gammon also welcomed the report, observing that there are key themes which have appeared in other reports. Professor Gammon emphasised the importance of a 'culture of appreciation', enquiring what steps are being taken to consider staff reward and incentivisation schemes. In regards to engagement, whilst noting that the UHB has a number of services and strategies in place to support staff, Professor Gammon highlighted the need to encourage use of these. Finally, Professor Gammon queried how the organisation is promoting more agile and less bureaucratic working.

With regard to the first of these queries, Mrs Gostling reported that feedback from staff suggests they are not seeking 'big gestures'; rather that they want the support to perform their role with the tools they have. The Staff Experience team is looking to develop a package/suite of items which will appeal to staff. In terms of encouraging use of staff support systems, Members heard that the Staff Wellbeing Plan has been refreshed, with consideration of how rapid support can be provided to staff. In terms of awareness raising, Wellbeing Champions are being recruited across the organisation. Trauma Therapy is being offered to staff, focus groups and support networks are being established, and Organisational Development (OD) Relationship Managers have been appointed. 'Safe spaces' are being established, to allow staff to speak up safely. Exit interviews are being conducted to capture common issues/themes. In response to the final query, the UHB has made a commitment to its workforce to consider agile/hybrid working arrangements and to ensure that it does not return to the bureaucratic

systems of the past. A review of the 12 hour shift working system is being undertaken. Professor Gammon welcomed detail of these initiatives and committed to monitor them at PODCC. With regard to agile working, Mr Lee Davies reminded Members that a report on this topic appears later on the agenda. The organisation is committed to considering how it can embed working experiences during the pandemic in the longer-term. Whilst this offers potential positive benefits and opportunities, it also presents various challenges and requires a fundamental 'culture shift'.

Mr Winston Weir commended the report, particularly its clarity and the scope of staff consulted, and thanked Mrs Gostling for the information regarding the range of individuals engaged with. The report sets a clear and consistent feedback as to how the organisation should help staff rest, recover and restore services, and is insightful and relevant to what managers and the Board need to do in supporting staff. Mr Weir enquired whether there were plans to conduct a further survey. He also emphasised the importance of ensuring that staff remain 'in the driving seat'; compassionate leadership and support for leaders to practise this; and the importance of designing workplaces to provide opportunities to support staff. In response, Mrs Gostling advised that consideration was being given to a follow-up report; however, there are concerns regarding survey fatigue. In an attempt to avoid this, the UHB is considering use of a 'heat-source/flash survey' approach, focusing on checking-in on people. It is envisaged that the OD Relationship Managers will engage with the workforce. Noting that the UHB employs more than 11,000 staff, Mrs Gostling would like to see a programme whereby 1,000 are engaged with each month, until the entire workforce has been covered. Discussions are also underway with Swansea University to repeat the Nursing and Midwifery Wellbeing Climate Study, as this had been conducted prior to the COVID-19 pandemic. Mrs Gostling assured Members that 'keeping staff in the driving seat' is fundamental to the organisation's approach, emphasising that this will also result in improved patient care and experience. Consideration is being given to how leaders can be supported to ensure a compassionate management style. Policies are also being refreshed to promote this. The pandemic has proved difficult for a number of leaders, with the requirement to ask for more and more of their staff. Within the online chat, Mr Jonathan Griffiths informed Members that the compassionate leadership approach is being fed into HEIW leadership principles. Mr Weir again commended the report and encouraged the repetition of the survey, on a one to one basis if possible. The importance of including other healthcare professionals in addition to doctors and nurses was also emphasised. Mr Weir stated that he looked forward to meeting staff face to face again when Independent Member (IM) visits recommence in the near future.

Also welcoming and applauding the report, Mr Iwan Thomas advised that it had been discussed by the Rest and Recovery Reference Group. A series of podcasts involving staff had been undertaken following this. Whilst agreeing that face to face contact is important, Mr Thomas queried whether staff have time for this, in view of current pressures. Podcasts offer the flexibility for staff to access them at a convenient time and Mr Thomas suggested that the UHB should look to continue with these and other less 'traditional' mechanisms to support staff. Whilst

	<p>acknowledging this suggestion, within the online chat, Mrs Rayani emphasised that face to face engagement events are helping the organisation to capture direct feedback and experience. Mr Moore advised that the Executive Team has had an opportunity to reflect on the Discovery Report. In terms of next steps, Members were reminded that three of the organisation's Strategic Objectives centre on people. The BAF and 'flash surveys' mentioned by Mrs Gostling will allow the UHB to monitor progress and 'mood on the ground'. Potential changes on a practical level will be considered and included in the Integrated Medium Term Plan (IMTP). Members were assured that this is not regarded as a one-off process. Given what everyone has been and is going through, it is even more vital to care for staff, and the organisation is fortunate to have in Mrs Gostling a compassionate and dedicated Director of Workforce & OD. Miss Battle added that caring for staff is fundamental in ensuring that patients are cared for. The Discovery Report accords with the feedback Miss Battle has received directly from staff over the previous 18 months. As has been mentioned, IM visits will recommence in October 2021. Mrs Gostling was asked to pass on the Board's thanks to her team for this impressive report.</p>	
	<p>The Board DISCUSSED the contents of the report, CONSIDERED its recommendations and CONFIRMED that the People, Organisational Development & Culture Committee should oversee further actions aligned to the themes identified.</p>	

<p>PM(21)159</p>	<p>INTEGRATED MEDIUM TERM PLAN (IMTP)</p>	
	<p>Mr Lee Davies presented the Integrated Medium Term Plan (IMTP) report, which sets out the UHB's intended approach. There has been a focus on the organisation's Planning Objectives, with the Executive Team having reviewed the existing set of Planning Objectives and having considered a number of factors. The report details their findings and conclusions. Where it is suggested that new Planning Objectives are required, these will be presented to the November 2021 Public Board. It is intended to present the IMTP to Board for approval in January 2022, although the UHB is awaiting confirmation from Welsh Government with regard to timescales for submission.</p> <p>Within the online chat, Members welcomed the report, and were assured that the organisation has a timeline in place to meet Welsh Government expectations for an IMTP submission in January 2022. Commending the clear and comprehensive report, Miss Battle noted the suggestion of potential new Planning Objectives on page 3 of the SBAR, and the mention of green health and green spaces in particular. Miss Battle suggested that consideration be given to widening this to include the provision of spaces and rooms for staff rest and recovery, as identified in the Discovery Report. Mr Moore committed to take this forward. Mr Weir thanked Mr Davies and his team for a clear report, which reflects the depth of thought around this topic. Referencing page 13 of Annex 1, Mr Weir expressed concern that a number of Planning Objectives are to be deferred until 2022/23, and requested further information and assurance. Mr Davies fully acknowledged that many of the issues involved in these Planning Objectives are priority areas for the UHB, whilst explaining that it had been agreed to defer them from this year's plan. They will, however, as indicated be included in next year's planning. It was also emphasised that deferral from the plan in the</p>	<p>SM</p>

formal sense does not indicate that work is not ongoing in these areas. Mr Moore assured Members that there had been an extensive debate regarding the deferral of these important objectives. The reason for doing so centres on the UHB's operational planning capacity during the COVID-19 pandemic response. Assurances were provided (subject to any escalation in COVID-19) that there will be, by the time that the IMTP is signed-off, implementation plans in place meaning that the organisation will not be 'starting from scratch'. The decision on deferring Planning Objectives had been a complex and risk-based approach. Mr Weir was reminded that due to the ongoing response to the pandemic the Board had agreed and supported to defer these objectives. Mr Weir welcomed this clarification and acknowledged the difficulties involved. Within the online chat, Mrs Rayani assured Members that, for those Planning Objectives assigned to her, work is ongoing on essential elements identified as deferred on a capacity availability/priority basis.

Mr Mansell Bennett thanked Mr Davies for the report and highlighted Planning Objectives 5C to 5F, which focus on the new urgent and planned care hospital, the repurposing of Glangwili General Hospital (GGH) and Withybush General Hospital (WGH), and the Bronglais General Hospital (BGH) strategy. Mr Bennett suggested that narrative be added to make clear that no changes to Prince Philip Hospital (PPH) are currently proposed. Further clarification was requested with regard to Planning Objective 5E. With regard to PPH, it was agreed that, since the Planning Objectives were Board approved, supplementary narrative would not be added. Acknowledging specific concerns around access and travel to the new hospital, Mr Davies explained that transport is one of the UHB's workstreams. Whilst Planning Objective 5E is intended to ensure that the organisation considers mechanisms to improve access to the new hospital; it also goes beyond this, to include moving services closer to home. The UHB is working with Transport for Wales and Local Authority partners on this ongoing piece of work, which will take a number of years. Planning Objectives 5C-5F relate to the infrastructure the UHB needs to put in place to meet its Health & Care Strategy, and covers all sites. A great deal of investment is intended, to secure the organisation's long term future. The need to be clear in communications to provide assurance to the general public was accepted. Mr Hearty suggested that the strength of the UHB's planning function will be key in ensuring Welsh Government confidence with regard to delivery of the IMTP. This is vital from an assurance perspective and a critical 'piece of the jigsaw' in the organisation's transformation journey. Mr Hearty felt that Mr Davies has progressed the planning function during his tenure and congratulated him in this regard. Miss Battle thanked Mr Davies and his team.

The Board **NOTED:**

- The ambition of the Health Board to submit an approvable IMTP for 2022/25 to Welsh Government;
- The status of the Planning Objectives to support the IMTP for 2022/25.

PM(21)160	OPERATIONAL UPDATE AND PROGRESS REPORT ON THE HEALTH BOARD'S ANNUAL PLAN FOR 2020/21	
	Introducing the Operational Update and Progress Report on the Health Board's Annual Plan for 2020/21, Mr Moore stated that – unlike previous	

iterations – this report is much more focused on operational matters; which reflects the significant pressures the UHB is currently facing. Mr Moore suggested that the period approaching may be the organisation's greatest test yet. Whilst it seems that in the minds of some sections of the media and public, the pandemic is over, it is most definitely not. The UHB faces a number of simultaneous pressures: higher numbers of hospitalisations through COVID-19 (albeit beginning to recede slightly); a period of 4-6 weeks of non COVID-19 demand reaching levels usually seen in winter; challenges involved in restarting Planned Care services, where decisions are being made using a risk-based approach; and significant constraints on the ability to discharge patients from hospital due to issues with domiciliary care and care home provision. To compound all of the above, staff are exhausted, and the challenges and responsibilities are weighing heavily on everyone. Members heard that the Silver Tactical Group has been re-established, under the leadership of Mr Carruthers and Ms Paterson. The Health & Social Care Tactical Group, which includes representation from Local Authority partners, has also been re-established. The Gold Command Group is focused on assisting the system in balancing the risks involved in service delivery and COVID-19 response. Members of the Executive Team are and will remain highly visible. Non-critical meetings have been stood down. Mr Moore provided details of current infection rates, which are higher in the lower age groups, reflecting the impact of the vaccination programme. There have been two outbreaks in this phase of the pandemic, in comparison to none during the summer. Steffan Ward, which saw one of these outbreaks, has now reopened and the outbreak on Towy Ward has been stabilised.

The COVID-19 vaccination programme continues at pace, with significant announcements regarding three extensions outlined on page 3. The UHB is confident that it will deliver third doses for those with severely suppressed immune systems to the required timescale. Likewise, there is confidence around delivery of booster vaccinations, with 5,400 doses already delivered. In respect of the third group, well 12 to 15 year olds, the UHB has begun issuing invitations during the week commencing 27th September 2021, with first appointments during the week commencing 4th October 2021. Again, Mr Moore was confident that all of this group would be offered appointments by the end of October 2021. In terms of the existing vaccination programme, in excess of 575,000 vaccinations have been delivered. Almost 76% of the entire Hywel Dda population has received a first vaccination (or 91% if only those eligible are taken into account). Almost 73% of the entire population has received two doses (or 88% of those eligible). The Gold Command Group remains active, with a number of meetings having taken place since the previous Board meeting, including one on 29th September 2021. Discussions at this forum have included consideration of actions to increase capacity to provide for an anticipated rise in Respiratory Syncytial Virus (RSV), which forms the basis of a separate agenda item. At the Gold Command Group meeting on 29th September, it was agreed that the enhanced pay scheme for staff in urgent care would be extended, with certain modifications, until 31st October 2021. This forms one of the Gold Command Group decisions presented for Board ratification, as does the suggested extension of the UHB's Bridging Service. The complexity involved with the latter could be

regarded as on a par with establishing the Field Hospitals, and Mr Moore expressed his gratitude for the cooperation of Local Authority partners. There is a clear need for action in this area, and Mr Moore was delighted that the Local Authorities are working in collaboration with the UHB to address this issue. An update had been received at this week's Executive Team meeting, which suggested that the first advert for these staff will be published on 1st October 2021. Progress on planning continues to be made, despite the significant pressure being experienced and additional work this involves. The SDODC recently reviewed progress on the organisation's Planning Objectives.

Within the online chat, Dr Joanne McCarthy informed Members that, as at the date of the meeting, the UHB had delivered 8,628 booster doses of COVID-19 vaccine. The programme has intensified significantly over recent days, with patient-facing staff attending for booster appointments. Mr Carruthers reiterated that the UHB is experiencing some of the most significant pressures it has seen for a number of years. The system 'feels' much the same as it normally would in January or February, rather than the end of the summer. The hospitals are seeing increasing levels of majors as opposed to minors. This 'front door' demand, coupled with the challenges in social care mentioned previously, are resulting in significant challenges in terms of patient flow and the UHB's ability to respond. In turn, this is causing delays for patients in accessing services, which is not what the organisation would wish. Mr Carruthers thanked all staff across the organisation, both operational and corporate, for their continued efforts and support. Members heard that there has, as noted earlier, been an improvement in COVID-19 hospitalisation rates, with 41 COVID-19 patients across the four sites; 31 of these, including 6 ITU patients, are being treated at GGH. Orthopaedic services at WGH and PPH remain on pause currently due to the pandemic response; however, it is hoped that these will be restarted soon. COVID-19 pressures have also led to the cancellation of a number of urgent cancer cases. Within the online chat, Mr Lee Davies advised that, with regard to the capital costs for the demountable, the UHB is now able to accommodate this, as a result of the additional Welsh Government capital funding mentioned earlier. Ms Paterson added her thanks to staff, including those in Primary Care and the community, and all health and social care teams. Every part of the system is experiencing significant challenges; although HDdUHB has been able to grasp various opportunities due to its past experience of working in an integrated manner. As has been mentioned, the Health & Social Care Tactical Group is meeting on a weekly basis. The region has seen an improving picture in terms of Care Home outbreaks since the report was prepared, with the majority of Care Home staff and residents fully vaccinated. Until now, the national guidance has been that a single case of COVID-19 in a Care Home results in a 20 day exclusion, making any beds/vacancies in that Home unavailable. This guidance has now changed, with two cases being the threshold at which an exclusion is enacted.

Ms Lewis, within the online chat, welcomed reference to the impact on patients of delays caused by COVID-19, emphasising the importance of recognising this explicitly. Ms Raynsford enquired whether there is any psychological/counselling support available for those patients whose

treatment is postponed. In response, within the online chat, Mr Carruthers stated that the UHB's intention is that urgent cancer patients' appointments are re-booked promptly; therefore, there is regular contact with those patients. This cohort of patients are also reminded of/directed to the UHB's cancer helpline, through which they can access any support they may require. For other urgent non cancer patients, whose appointments the UHB also aims to re-book promptly, the organisation is exploring whether it can provide an enhanced level of support to patients whose procedures are postponed, via the Clinical Nurse Specialists in those areas. For patients yet to be booked, there exists the Single Point of Contact/waiting list project work which has been reported to Board previously. Ms Paterson reported that a number of initiatives are being developed to improve access to services. These include 111 First; Physician Triage, Assessment and Streaming (PTAS), Urgent Primary Care Solutions; and ESTEC. Implementation of 111 First has been deferred by Welsh Ambulance Service NHS Trust (WAST) until the end of Quarter 1 2022/23. PTAS, which involves patient triage by a GP in conjunction with WAST staff, has been launched. The potential to manage this process on a 'remote' basis is now being explored. Work on the Urgent Primary Care Solutions initiative is ongoing. In terms of ESTEC, consideration is being given to four potential same day Emergency Care models. Should such a model prove effective, it will assist in avoiding unnecessary WAST conveyances and hospital admissions. Returning to the Bridging Service/model, Ms Paterson highlighted that there are significant numbers of individuals waiting in hospital beds for domiciliary care which is not currently available. Provision of this care would normally be the responsibility of the Local Authority; however, the UHB has made a decision to take steps to address this issue. Within HDdUHB, there are currently between 51 and 75 medically fit individuals (ready to leave hospital). Applying an average stay of 41 days, this comprises 2,110 days lost in the hospital system. There is an impact for these individuals, in terms of potential harm through deconditioning/deterioration in health due to hospital stays. There is also an impact on the system's ability to take in patients. All of these factors have led to the need to consider providing care in a different setting, and the UHB is committed to positively supporting a community-based Bridging Service. Ms Paterson emphasised that the UHB will not be taking over the Local Authorities' statutory responsibilities in this regard and that patients will continue to undergo the standard assessment process, with Local Authority provided domiciliary care provision considered as first option. However, it is important and advantageous to take an integrated approach to this issue and, as such, the UHB is working with domiciliary care providers and Local Authorities. Consideration is being given to matters such as pay rates, travel expenses, cost of registration to make this role as attractive as possible. It was emphasised, however, that this is a fixed term arrangement until 31st March 2022.

Cllr. Gareth John welcomed the re-establishment of the Health & Social Care Tactical Group. Noting mention at previous meetings of the 'Perfect Storm' in regards to social care provision, Cllr. John suggested that there should be further exploration/recognition of what this means. There were a number of potential factors, including market failures, exhaustion of staff, growing public dissatisfaction, which should be

considered. Clarification was requested in terms of what service users, their families and carers can expect from the Bridging Service. Cllr. John also requested assurance that underlying workforce issues within the care sector will not be further undermined by this arrangement. Ms Paterson emphasised that this is a complex and long-standing issue. The Regional Partnership Board is in the process of conducting a Population Needs Assessment and Market Stability Assessment, which will contribute important information. It will take time to stabilise the system; however, in the meantime the UHB will continue to work with care providers and health and care teams to examine the underlying issues, both local and national. The Bridging Service will be a short term arrangement, and will test whether the NHS 'brand' has any effect on recruitment to this sector. It will be vital to build a more sustainable model alongside and going forward. In respect of avoiding undermining the current workforce, enquiries regarding current employment will be made as part of the recruitment process. However, it is not possible legally to refuse an application from an individual based on the fact that they are already working within the system. Should the number of such applications be high, the situation will be reviewed. In response to the query regarding what service users and their families will receive from the Bridging Service, Ms Paterson stated that she would hope that it mirrors what they are receiving now – compassionate, timely and caring services, which meet their needs. The Bridging Service provision will, however, need to be proportionate until a more sustainable package of care becomes available. Within the online chat, Mrs Hardisty echoed Ms Paterson's views regarding the efforts of staff across the system and advised that the RPB meeting in October 2021 will include an update on the Population Needs Assessment work, including emerging findings and next steps.

Mr Jonathan Griffiths endorsed comments regarding joint working, emphasising the commitment to a whole system approach. Domiciliary care recruitment continues across the three Local Authorities; whilst inroads are being made, the sector continues to lose staff. Investment in social care has been long and keenly awaited. As has been suggested, the Bridging Service will be a test of whether NHS involvement results in increased applications. Mr Griffiths felt that a 'sea change' is required with regard to the carer role, and that organisations need to look to the future of this sector. Local Authorities and Health Boards need to define this role and influence where future posts are placed. Members were assured that Welsh Government are involved in this issue. Wales must ensure that it receives due benefit from recent UK Government announcements around funding for social care, as currently there is a lack of clarity in this regard. Mr Griffiths concluded by assuring Members that Local Authorities are committed to work with Health Board colleagues. Ms Paterson stated that the teams working on this issue have performed exceptionally. Building on her earlier comments regarding those in hospital, Ms Paterson added that there are also 340 individuals in the community waiting for care packages, emphasising she would not wish these people to think they are of any less concern. Mr Weir thanked Ms Paterson and Mr Griffiths for the information provided, asking with regard to the 51-75 medically fit individuals in hospital, whether numbers differ between counties or are relatively evenly split. Ms Paterson advised that the spread across each county

will vary and will depend on the challenges within each county. The UHB records and monitors this information on a daily basis. Mr Carruthers advised that the numbers broadly reflect the population split across counties. Ms Paterson provided a verbal breakdown of the numbers involved, which it was agreed would also be included in the Table of Actions. Ms Raynsford enquired whether this issue has a bearing with other counties/Health Boards, such as Powys or Betsi Cadwaladr. In response, Ms Paterson confirmed that this was the case, and that a national, 'Once for Wales' approach was being discussed.

JP

Within the online chat, Mr Newman enquired whether support is being provided to unpaid carers who are frequently being asked to or often inevitably have to fill the gaps in provision due to the issues being discussed. Dr McCarthy advised that the COVID-19 vaccination programme has led to far more unpaid carers identifying themselves, resulting in an increase of 60% in those registering within Hywel Dda over the past 12 months. This provides a real opportunity to support people who had previously not considered themselves eligible for assistance, guidance, etc. Ms Paterson welcomed Mr Newman's query, acknowledging that, in terms of caring responsibilities, a great deal of pressure falls upon families. HDdUHB has developed a Carers Strategy in an attempt to provide support to these valued individuals. A carers review is part of the Local Authority statutory responsibility, and it is hoped that it will form part of the assessment process for offering care packages. Recognising that those involved are considering innovative approaches, Mr Newman highlighted that it is possible for Local Authorities to offer direct payments to service users and their families in lieu of providing care. Mr Griffiths advised that the number of direct payment recipients is increasing in his Local Authority of Pembrokeshire, and that this approach is being discussed at a national level with a variety of options are being considered, including recruiting Personal Assistants, developing microenterprises which provide care service and additional funding nationally to offer further support to unpaid carers. Within the online chat, Mr Iwan Thomas advised that there are now 25 microenterprises established in Pembrokeshire (with more planned) to support clients, their families and communities in partnership.

Mr Moore expressed his pride in the region's approach to this issue, and in Ms Paterson's and Mrs Gostling's efforts in this regard. HDdUHB's plans have been shared with other Health Boards, and a number are interested in the approach being piloted. The NHS in England are also beginning to consider this issue. Once again, HDdUHB appears to be leading the way in developing innovative approaches to challenging issues. Members noted that – subject to ratification of the Gold Command Group Planning Requirement in this regard – Mr Moore would need to write an Accountable Officer letter to Welsh Government. Miss Battle thanked Ms Paterson for her leadership in this area, which is providing vital hope of an improved situation. Mr Griffiths and his Local Authority colleagues were also thanked for their valued collaboration. Referencing page 4 of the report, Mr Maynard Davies noted increased staff sickness levels. Mr Davies also highlighted anecdotal media reports of higher NHS staff turnover, and queried whether there is any evidence of this within HDdUHB. Mrs Gostling advised that staff sickness levels are currently 5.2% non COVID-19 related and 1.8% COVID-19 related.

SM

	<p>In addition, a number of staff are self-isolating, taking the total absence figure to 8.2%. Staff turnover has remained relatively consistent at 8.5%, although there has been a slight increase in recent months. Analysis will be conducted to assess whether a common pattern is present in the same period in pre COVID-19 years. Mr Davies welcomed this information and thanked all staff for their continued efforts.</p> <p>Miss Battle thanked all contributors to this valuable discussion, which reflects the operational pressures being experienced. The update regarding development of the Bridging Service was welcomed in particular; that there will be a new and improved social care model going forward. The UHB's workforce was thanked for their ongoing dedication. Miss Battle concluded by offering an apology to patients and public for the inconvenience and anxiety caused by delays and difficulties in accessing services.</p> <p><i>Mr Jonathan Griffiths left the Board meeting.</i></p>	
	<p>The Board:</p> <ul style="list-style-type: none"> • RATIFIED the Gold Command Group decisions: <ul style="list-style-type: none"> ○ Local extensions to the revised Welsh Government policy regarding self-isolation rules for Health Board staff; ○ The decision to use the Single Tender Action process and the commitment of funding at risk (pending Welsh Government confirmation of additional support) to secure the capacity in time to meet the expected surge in Respiratory Syncytial Virus (RSV); ○ The extended enhanced pay rates proposal, the completion of an evaluation to inform any longer term decision and that a paper be presented to the Audit & Risk Assurance Committee regarding the implementation error. • RATIFIED the additional Gold Command Requirement in relation to domiciliary care; • NOTED the wider update in relation to our Recovery Plan 2021/22 and on-going COVID-19 response. 	

<p>PM(21)161</p>	<p>PAEDIATRIC SURGE PLANS FOR RESPIRATORY SYNCYTIAL VIRUS (RSV)</p> <p>Dr Kloer welcomed the clinicians attending for discussion of this item: Dr Alun Rees, Consultant Anaesthetist, Dr Prem Kumar Pitchaikani, Consultant Paediatrician, Dr Damitha Ratnasinghe, Consultant Paediatrician and Dr Michelle Jardine, Consultant Paediatric Intensivist and Lead for PICU, Cardiff and Vale UHB. Presenting the Paediatric Surge Plans for Respiratory Syncytial Virus (RSV) report, Dr Kloer advised that this incorporates a number of extremely important issues. The report details the Welsh Government requirement for Health Boards to plan for an anticipated surge in RSV cases and recommends that, given the continuing response to the COVID-19 pandemic, the arrangements put in place in March 2020 in relation to the WGH Paediatric Ambulatory Care Unit (PACU) be extended. Also, that a review of the arrangements be conducted from March 2022. In view of the anticipated surge in RSV cases and the potential seriousness of this condition in children under the age of 5, HDdUHB clinicians have collectively highlighted the importance of communicating to the general public that unwell children should be directed to GGH rather than WGH, as the required clinical resources are not available at the latter hospital site. The UHB is already seeing an upturn in unwell children, unheard of</p>	
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in previous years, which is due to a reduction in their mixing and ensuing immunity as a result of COVID-19 restrictions. A peak is predicted in November 2021. As outlined in the report, a triage tool has been developed, which will assist in rapid decision making at WGH, should a child present there. Enhanced communication with the public is proposed, to include a leaflet drop to Pembrokeshire residents and a temporary change in signage near WGH. Measures will also be put in place around transport and accommodation for parents and carers. Dr Kloer emphasised that the report focuses on safety and ensuring that children receive the care they need. Members were assured that these decisions will be reviewed, and that there will be Community Health Council (CHC), patient and public involvement/engagement.

On behalf of the Board, Miss Battle welcomed the clinicians in attendance. Dr Michelle Jardine, Consultant Paediatric Intensivist and Lead for PICU, Cardiff and Vale UHB, stated that she was totally supportive of the plans, which are the only safe option available, emphasising that it is necessary in safety terms to minimise paediatric admissions to WGH. Dr Damitha Ratnasinghe, Consultant Paediatrician, advised Members that all clinicians are supportive of the plans, and have been involved in their development. The plans are intended to keep children safe, which involves making GGH the preferred site for paediatrics until the planned review takes place. Dr Ratnasinghe reminded Members that there are no Paediatricians on site at WGH. Dr Prem Kumar Pitchaikani, Consultant Paediatrician, confirmed that the proposals are supported by colleagues in A&E and indeed are collectively supported. Many weeks of planning have been involved. Ms Raynsford welcomed the assurance regarding the collective view of clinicians. In terms of transport and ambulance transfers, Ms Raynsford noted public concerns regarding a lack of ambulance provision, particularly in rural areas, and enquired whether the UHB is working with WAST in this regard. Members were reminded that the children in question are significantly unwell and their condition can deteriorate quickly. Ms Raynsford enquired regarding levels of confidence around support and expertise to manage such instances. Dr Kloer assured Members that WAST have been a key component of the collective approach agreed. As indicated in the report, there is a protocol for seriously ill children such as those requiring urgent cardiac or respiratory support, which would dictate that if WGH is the closest A&E department, they would be transported to WGH. Clinical staff there would stabilise them for specialist transfer by Wales and West Acute Transport for Children Service (WATCH). Dr Jardine confirmed that children would be conveyed to WGH under the circumstances mentioned and reminded Members that the Dedicated Ambulance Vehicle (DAV) is based at Haverfordwest. This is a dedicated WAST resource introduced to support paediatric and maternity and obstetric transfers from WGH to GGH. The DAV provides specialist paramedic support for the most unwell children in the community and is predominantly used for paediatric work.

Mr Bennett thanked those who had commented and welcomed the support for the plans from paediatricians across Wales. Concern was expressed, however, around the fact that the situation regarding paediatric provision at WGH has been ongoing for some time. Mr Bennett suggested that there have been a plethora of service changes as a result of COVID-19, with no patient engagement or patient surveys

conducted. Issues with the PACU at WGH had been in existence prior to COVID-19 and, if the proposed timescales are adopted, the 'temporary change' will have been in place for two and a half years before it is next considered by the Board. Mr Bennett emphasised that Pembrokeshire residents need to know the UHB's intentions regarding urgent and non-urgent care provision. When there is talk of changing road signs, 'temporary' service changes can appear permanent, without the requisite public engagement. It was suggested that the UHB needs to be open and honest with its population, and that the review proposed for March 2022 be brought forward. Dr Kloer recognised that the requested extension is significant, whilst emphasising that these are extremely unusual circumstances. It had been intended to review the initial decision in March 2021; however, this had been precluded by the COVID-19 pandemic. It is highly unlikely that there will be changes to the existing COVID-19 restrictions until at least March 2022 and, as the arrangement at WGH has been ongoing for some time, it is felt that there should be a more extensive and detailed review, to allow a better understanding of public opinion. Whilst Dr Kloer acknowledged that a great deal is being requested, it was emphasised that there are reasons for doing so.

Mr Moore agreed that the temporary changes are lengthy, whilst highlighting that this is linked to the duration of the pandemic. Public concerns were acknowledged, as was the need to address these. Mr Moore advised that the engagement which will be undertaken will be of the same level as previous engagement exercises, and emphasised that CHC involvement would be welcomed. Scheduling the review for March 2022 will ensure that there will be two years' worth of experience and data to draw upon. In response to a request from the CHC that patient surveys be re-introduced, Miss Battle committed to add this to the recommendations for Board consideration. Mrs Hardisty thanked Dr Kloer and clinical colleagues for their contribution, requesting clarification around the support which will be provided for parents of unwell children at GGH. Specifically, what easily accessible information will be provided regarding the support/services available to them, particularly if they are not near to home. Dr Kloer suggested that the first priority is to ensure clear communications regarding what actions they should take if their child is unwell, hence the proposed leaflet drop to families in Pembrokeshire. This will be backed up by media messaging, using established formats. There is an existing and established process for families without access to transport, via 111 and GP surgeries; however the UHB is planning to enhance this arrangement. In terms of on arrival at GGH, clinical colleagues in Paediatrics and A&E have been undertaking detailed reviews to streamline processes whereby patients are either transferred to PACU or a paediatric inpatient bed. Dr Pitchaikani, Consultant Paediatrician, confirmed that there is a new model in place to ensure effective delivery of Paediatric services. GGH will be for the first time, by the end of November 2021, in possession of a full cohort of consultant and middle grade medical staff, which will also facilitate the provision of new Paediatric services in Pembrokeshire. Paediatric and A&E staff 'huddles' are taking place on a regular basis to troubleshoot issues, which in turn improves patient experience and ensures provision of the best care possible. Within the online chat, Dr Pitchaikani added that sustainability of paediatric services is crucial, particularly in terms of staffing challenges; hence an innovative model of

care is vital going forward. Mrs Hardisty welcomed this further information, particularly the excellent news regarding the middle grade staff establishment. It was suggested that this be communicated to the public. Others, via the online chat, also welcomed the information and assurance provided. Members also noted that FLOs will provide vital support and information for families. Within the online chat, Ms Raynsford suggested that links with health visitors, school nurses, schools and family centres be established, for the purposes of information sharing.

Whilst recognising that the primary issue at the heart of the proposals is patient safety, Ms Anna Lewis highlighted that the UHB is asking patients/families to travel further than they would wish, which can impact on patient experience. Ms Lewis requested clarification regarding measures in this respect and of QSEC's role in maintaining scrutiny. In response, Dr Kloer emphasised that QSEC would have a key role in terms of oversight and monitoring of measures. It is planned to begin collating data from 1st October 2021; as the next QSEC meeting is on 5th October, it is suggested that a report be presented to the December 2021 meeting. Ms Lewis, as Chair of QSEC, stated that she would welcome this as an important signal to Pembrokeshire residents concerned about the downgrading of their clinical facilities. Whilst agreeing that monitoring is vital, Dr Kloer emphasised that this is not a service change and that services are not being downgraded. Dr Alun Rees, an Anaesthetics consultant at WGH, echoed the latter, stressing that the proposals only reflect the arrangements currently in place and do not represent a service change. The UHB is taking these steps to ensure that unwell children do not become 'stranded' in a hospital without the correct specialist staff to care for them. Dr Rees reiterated that there are no Paediatricians at WGH during the day or at night. Whilst medical staff would do their utmost to care for any children who do present, the message should be that parents/carers should not attend WGH for acute paediatric care. Within the online chat, Members thanked Dr Rees for clarifying this pertinent message.

Thanking the clinicians for their input, Miss Battle requested clarification regarding why it is not possible to provide PACU and/or Paediatric care services at WGH currently which is a question the public are asking. Dr Kloer explained that the UHB faces the same situation as March 2020, whereby it is necessary to use the PACU space to manage COVID-19 and non COVID-19 patient pathways. This separation is vital to prevent the spread of infection. Should the situation change in the interim, a re-evaluation will be undertaken; however, it is not anticipated that there will be a change to requirements regarding COVID-19 pathways. Miss Battle welcomed this clarification and emphasised that the proposals are founded on patient safety and care and are also in response to constraints resulting from the pandemic. It was agreed that an additional recommendation should be added, regarding the re-introduction of patient surveys and the consideration of all data and feedback. In regards to the second recommendation, Dr Kloer reminded Members that the CHC has a statutory role in reviewing temporary changes such as this. It was emphasised that the term 'collaborative' was well-intended; however, it is recognised that the CHC must retain their independence and will need to receive the review findings and comment

	<p>on these, rather than be part of the review. Miss Battle reiterated the crucial role of QSEC in terms of scrutiny in the intervening period.</p> <p><i>Dr Rees, Dr Pitchaikani, Dr Ratnasinghe, Dr Jardine and Mr Mansell Bennett left the Board meeting.</i></p>	
	<p>The Board:</p> <ul style="list-style-type: none"> • SUPPORTED the extension of the temporary service arrangements until the review has been concluded. The intended review to commence in March 2022 with the decision to be re-considered by the Board in early Autumn 2022, recognising this will be dependent upon the ongoing response to the pandemic. • AGREED that a further report will be presented to Board in September 2022. • AGREED that QSEC will monitor patient experience in relation to the ongoing temporary change. • SUPPORTED a collaborative review of the temporary service change with the Hywel Dda Community Health Council (CHC) from March 2022, with patient/family/carer experience and outcome monitoring being undertaken in the intervening period. • AGREED that patient surveys should be re-introduced with immediate effect, and that all data and feedback should be considered as part of the review. • SUPPORTED the launch of public, staff and stakeholder communications to provide information about how people in Pembrokeshire access health services for children. • APPROVED work on the feasibility of installing temporary hospital and road signage at/near WGH to clarify Adult Emergency and Urgent Care/Paediatric Minor Injury. • SUPPORTED parents/caregivers of children who do not have access to a car or who have travelled a long distance to access alternative transport and accommodation if a child needs to stay in hospital at GGH. 	<p>PK</p> <p>MR</p> <p>PK</p>

<p>PM(21)162</p>	<p>PERFORMANCE REPORT – MONTH 5 2021/22</p> <p>Mr Huw Thomas presented the Performance Update for Month 5 of 2021/22, noting that a number of areas have already been discussed as part of the earlier Operational Update. Other challenges currently being faced by the UHB include: Diagnostics; Therapies; Neurodevelopment assessments and Psychological Therapy waits; Workforce performance, job planning and appraisal.</p> <p>In response to a query from Miss Battle regarding the availability of Recovery Funding from Welsh Government, Mr Thomas advised that £11.3m has been previously announced, with an additional £9.5m confirmed on 29th September 2021. All Recovery Funding allocated to date is non-recurrent; recurrent funding elements have not yet been confirmed, although it is understood that Welsh Government is developing plans in this regard and an announcement is expected imminently. Mr Thomas did have concerns about the UHB’s ability to spend the funding allocated. It was confirmed that the Welsh Government Recovery Funding is non-recurrent due to this being the status of the funding from the UK Government. The neurodevelopment assessment and psychological therapy waits, and ongoing significant challenges in this respect were highlighted. Clarification of plans to</p>	
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address this issue was requested. Mr Carruthers explained that this is a complex area, and one where performance against national targets had been inadequate prior to COVID-19. There have been issues in terms of recruitment/workforce, although there has been some positive progress in this regard, with two new psychologists having been recruited. It is hoped that implementation of new software (QbTest) will aid with diagnosis of Attention Deficit Hyperactivity Disorder (ADHD). There is, however, a more fundamental issue around recovery trajectories/plans. Waiting list management in this specialty is not the same as has historically been the case elsewhere. The Directorate has, though, identified this as an issue and has taken steps to strengthen the team by appointment of a Service Delivery Manager with relevant skills and experience. The Mental Health & Learning Disabilities Directorate are still in the process of transferring to the Welsh Patient Administration System (WPAS), which is impacting on their ability to analyse waiting lists. Consideration is being given to appointing dedicated IT support to progress this matter. This initiative has been included in the Recovery Plans and is being led by the Director of Secondary Care, who will be able to share his wealth of experience in this area. The issues outlined above make it challenging to undertake capacity and demand modelling. Mr Weir encouraged the Directorate to develop plans which might be supported by available funding, particularly as there may be a backlog of individuals requiring interventions who have not yet presented.

Referencing therapies and the capacity deficits therein, Mrs Hardisty enquired whether these relate to the issue mentioned earlier around insufficient student/graduate/therapist allocation despite workforce needs having been identified. Mrs Rayani advised that she had liaised with the Clinical Director of Therapies ahead of the Board meeting and that, despite ongoing recruitment rounds, the UHB is having difficulty in appointing therapists. There is an ongoing need to ensure that workforce plans are sufficient to meet both current and future requirements. Alongside continuing recruitment campaigns, the Therapy team is also offering additional shifts/pay to current staff to increase capacity; however, this cannot be maintained in the long term. Mrs Hardisty advised that the national Vice-Chairs Group has suggested to Welsh Government that Mental Health funding is not ring-fenced into specific service areas, to allow Health Boards more flexibility in addressing issues. Within the online chat, Professor Gammon enquired when committee chairs can expect pertinent performance indicators to be allocated to sub-committees, so that they can be scrutinised in detail and provide assurance to Board. Mr Newman noted that, for the many reasons discussed today, performance across most if not all areas covered by the performance update have deteriorated. Mr Newman suggested that it would be helpful to have an indication as to whether the expectation is for performance to deteriorate before it improves, or when improvements might be expected. Mr Thomas reiterated earlier statements around the BAF, in that this provides the necessary framework and focus. Performance measures aligned to the Strategic and Planning Objectives will allow alignment to the relevant committee or sub-committee. Whilst this will be challenging, it is a focus of the Performance team. Mr Carruthers noted that, for all of the reasons discussed and due to the ongoing uncertainty, recovery is likely to be slow and steady. The Indicators remain important and, whilst these may

	<p>not be improving as quickly as might be desired, they are ‘flags’ of where the UHB’s attention should be. With the focus more on routine services, it may be a month or two before change is apparent. In terms of Diagnostics, Quarter 1 this year is showing similar levels of activity as Quarter 1 of the most recent non COVID-19 year. As regards internal Elective activity, the UHB is ahead of predicted trajectories and as additional outsourcing plans are realised, a further improvement will be seen. The most recent Welsh Government funding announcement is also welcomed and will assist. Mr Newman, via the online chat, emphasised that he absolutely recognised and accepted the pressures involved, suggesting that it is important not to ‘over promise and under deliver’. Mr Carruthers agreed, stating that he expects to see steady progress on a number of areas during the year, especially in relation to Planned Care. Urgent and Emergency Care indicators currently have many variables, and there is still a great deal of uncertainty regarding these. The UHB would hope that the plans outlined earlier will support an improved position over the last two quarters and into next spring; however, there are risks to the delivery of those actions which have been discussed.</p> <p>Miss Battle commended the report, which improves with each iteration.</p>	
	<p>The Board CONSIDERED the Performance Update report – Month 5 2021/22 and DISCUSSED the issues arising.</p>	

<p>PM(21)163</p>	<p>FINANCIAL REPORT – MONTH 5 2021/22</p> <p>Mr Thomas introduced the Financial Report for Month 5 of 2021/22, advising that the UHB remains on track to deliver the forecast deficit of £25m. There are, however, a number of key risks of which the Board should be aware: the Welsh Government allocation is not yet confirmed; further work is needed in order to deliver the required savings; pay remains a significant issue/concern. In regards to the latter, the Bridging Service and enhanced pay scheme for staff in urgent care will impact upon the organisation’s financial position.</p> <p>Noting that there are several business cases on the agenda, Mr Weir requested assurance that the financial implications of these have been taken into consideration. Mr Thomas confirmed that this was the case, whilst explaining that the implications are minimal for 2021/22; the financial impact is greater next year. In response to a query regarding an apparent inability to fill nursing shifts with agency or Bank staff, Mrs Rayani suggested that she address this under the Nurse Staffing Levels Statutory Report item.</p>	
	<p>The Board DISCUSSED and NOTED the financial position for Month 5 2021/22.</p>	

<p>PM(21)164</p>	<p>RESEARCH & DEVELOPMENT AND INNOVATION UPDATE</p> <p>Presenting the Research & Development and Innovation Update, Dr Kloer stated that he was delighted to bring to Board a report which demonstrates the growing maturity of HDdUHB’s research and innovation function. Dr Leighton Phillips and Dr Caroline Williams were thanked for preparing the report. Members’ attention was drawn to the UHB’s first Research and Innovation Strategy, attached as an appendix. Dr Kloer emphasised that there is a strong connection between service delivery and research and innovation. It also holds many impactful</p>	
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	<p>benefits for which the organisation is aiming, including solutions to major challenges such as staff recruitment and retention. For these reasons, research should not be regarded as a 'peripheral issue' and needs to be promoted. As detailed in the report, the UHB has subjected itself to peer review and has received positive feedback; the full peer review report will be presented to both the Research & Development Sub-Committee and thence to PODCC.</p> <p>Mr Iwan Thomas welcomed the report, suggesting that it represents a 'ray of light'. It was suggested that a simple A4 infographic be developed to promote, publicise and celebrate where there has been investment or success in research and innovation. Dr Kloer committed to feed back this suggestion. Within the online chat, Members wished to recognise the significant efforts by Dr Phillips and his team in developing the strategy and more generally in this area; suggesting that the strategy document is excellent and this is an important topic which deserves the Board's support. It was noted that the R&D team are taking vital steps to raise the status of this activity. There is scope to grow HDdUHB's reputation in research and innovation, and to engage wider groups of staff in this area. Members looked forward to seeing the plans being delivered and acknowledged excellent work on the R&D infrastructure, collaborative research projects and a focus on improving the quality of patient care. Reference to supporting research in General Practice and more widely in the community, including social care, was welcomed. Miss Battle requested that Dr Kloer pass on the Board's thanks and congratulations to the team.</p>	PK
	<p>The Board CONSIDERED and was ASSURED by the Research & Development and Innovation Update report.</p>	

PM(21)165	<p>NURSE STAFFING LEVELS (WALES) ACT 2016: THREE YEARLY (2018-2021) STATUTORY REPORT</p>	
	<p>Mrs Rayani introduced the Nurse Staffing Levels (Wales) Act 2016: Three Yearly (2018-2021) Statutory Report, noting that this had been discussed in detail at the Board Seminar on 19th August 2021. This is the first Three Yearly report, and Mrs Rayani highlighted in particular the professional judgement exercised by senior nurses and the liaison they undertake with the Bank to ensure that wards have the correct skill mix. Members were assured that, despite the pandemic, the nursing workforce and Bank office strive to the utmost to meet staffing requirements. Resources are deployed flexibly, and the organisation aspires going forward to reduce its reliance on agency staff. Mrs Rayani emphasised that whenever it is identified that a shift requires specific staff skills, everything is done that can be to source these. A significant investment of approximately £5m has been made in the UHB's nursing workforce.</p> <p>Thanking Mrs Rayani for her report, Miss Battle noted that the work outlined therein is ongoing and suggested that the manner in which the UHB's nursing workforce has responded to the COVID-19 pandemic is exceptional.</p>	
	<p>The Board RECEIVED the report and was ASSURED that the statutory reporting duty placed on the Health Board by the 2016 Act has been met.</p>	

PM(21)166	STRATEGIC ENABLING GROUP UPDATE	
	Mr Thomas presented an update on the remit and establishment of the Strategic Enabling Group (SEG), adding nothing further to the report, other than his thanks to members of the Group.	
	The Board RECEIVED FOR INFORMATION the Strategic Enabling Group Update report.	
PM(21)167	IMPLEMENTING THE HEALTHIER MID AND WEST WALES STRATEGY - PROGRAMME BUSINESS CASE UPDATE	
	Mr Davies presented an update on the Programme Business Case for Implementing the Healthier Mid and West Wales Strategy, advising that this is reaching the final stages of preparation. Members welcomed the clear and comprehensive presentation on this topic.	
	The Board NOTED the Implementing the Healthier Mid and West Wales Strategy - Programme Business Case Update.	
PM(21)168	NATIONAL LABORATORY INFORMATION MANAGEMENT SYSTEM (LIMS) FULL BUSINESS CASE	
	Mr Thomas introduced the National Laboratory Information Management System (LIMS) Full Business Case report, explaining that this relates to a new laboratory system required within Pathology. This business case has been managed under the auspices of the Laboratory Information Network Cymru (LINC) Programme and has undergone a number of rounds of national scrutiny. There are challenges around local implementation, and the financial implications will need to be considered as part of the IMTP. Mr Maynard Davies noted that concerns had been raised by Public Health Wales in respect of screening and microbiology, and enquired whether these had been resolved. Mr Thomas committed to follow-up on this matter. Members were reminded that the Full Business Case itself is being considered during the In-Committee session, due to commercial sensitivities.	HT
	The Board: <ul style="list-style-type: none"> • NOTED the synopsis provided on the Full Business Case for the deployment of a new National Laboratory Information Management System (LIMS) • APPROVED the Full Business Case in principle, noting that further work is required to fully understand the financial implications upon the Health Board for both the proposed solution and the LINC Programme. • DELEGATED the commitments requested to be approved by the Chair, and subsequent Executive lead: <ul style="list-style-type: none"> ○ The level of business change required to support the standardisation of services as far as possible to deliver a modern, high quality, safe and sustainable pathology service. ○ Establish a Local Deployment Project to oversee the deployment of the new LIMS Service and ensure the pathology service has the support and resources it requires to contribute to the LINC Programme and deploy the new LIMS service as agreed in the deployment plan. ○ The programme, contract and service management arrangements in accordance with the LINC organisational governance arrangements and the Master Services Agreement. 	

	<ul style="list-style-type: none"> ○ Sign a local Deployment Order that sets out the local requirements that the Contractor will be required to deliver as part of the Contract. ○ Include LINC in our Integrated Medium Term Plan (IMTP) ○ Enable our pathology services to contribute to the development, testing and validation of the new LIMS Service; ○ Release our staff for training in the new LIMS Service. 	
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PM(21)169	LAUNDRY BUSINESS CASE	
	<p>Presenting the Laundry Business Case report, Mr Thomas advised that Laundry services are an area which has typically suffered from a lack of investment, leading to increasing challenges in terms of efficiency and quality assurance. The report presented is linked to a long term plan for three laundries serving Wales; one in the North, one in the South East and one in the South West. Whilst the location for the latter has not been confirmed, it is likely to be Swansea. In the interim, it is proposed that staff remain in the employ of the UHB and that the NHS Wales Shared Services Partnership (NWSSP) remunerate the organisation for costs. When laundry services are transferred, the UHB will need to explore opportunities for staff to either relocate or be redeployed.</p> <p>Miss Battle expressed concern that the proposals do not align with HDdUHB’s aspirations in terms of foundational economy and local services and enquired whether the organisation can opt out of the suggested arrangement. Mr Thomas explained that to do so would put the wider system proposals and associated benefits into jeopardy. It would also result in a net loss of job opportunities. Rather than this, Mr Thomas suggested that the UHB should be working with NWSSP to explore the potential to increase job opportunities within HDdUHB. Recalling previous discussions at Board on this topic, Mrs Hardisty noted that concerns had been expressed on that occasion. The situation and priorities globally have moved on since that time and Mrs Hardisty highlighted the issue of carbon footprint, querying whether sending laundry further could be viewed as a regressive step in this regard. Members were reminded that all Health Boards are part of NWSSP, and enquired whether this concern has been considered. Mr Thomas confirmed that it had, and that laundries will be located in the optimal geographical locations. The current laundries are not fit for purpose; the new ones will be more energy efficient. Mrs Rayani emphasised that HDdUHB’s laundry workers have saved lives during the COVID-19 pandemic and should be recognised as such. Whilst it is vital to retain quality, it is also crucial to protect the organisation’s workforce. Quality metrics need to be central in any agreements, so that the quality the UHB experiences now is not diminished but improved. Mr Thomas acknowledged these comments, assuring Members that there will be a quality tracking system and that HDdUHB staff will be supported.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> ● APPROVED the transfer of all agreed constituent parts that allow relevant budget transfer to NWSSP and allow HDdUHB to continue the running of the Glangwili laundry until the conclusion of the All Wales Laundry Programme and transformation towards the new facility as outlined within the Programme Business Case. ● ENDORSED the continuation of the underpinning support services such as Estates, IT, Transport, externally provided maintenance, 	

	<p>or any other service provided to the Laundry by the Health Board or 3rd party until suitable transfer, novation, migration activities be scheduled as listed above.</p> <ul style="list-style-type: none"> • NOTED that further transformation activity will be scheduled. • NOTED that the staged transfer will allow the NWSSP to run the service from October 2021 with a further stage to address elements in relation to asset transfers and other more complex elements. 	
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PM(21)170	GLAUCOMA BUSINESS CASE	
	<p>Mr Andrew Carruthers introduced the Glaucoma Business Case, suggesting that this approach offers the best opportunity to provide a sustainable service. There is, however, a potential financial risk in the short term, covered in the current financial year by non-recurrent Welsh Government funding. Funding for next year is not yet confirmed.</p> <p>Noting that this scheme involves two Health Boards, Mr Newman requested assurance that appropriate governance arrangements will be in place, to ensure quality and safety. Also, that it will be possible to recruit sufficient staff to deliver the service. Mr Carruthers confirmed that the relevant governance processes will be put in place. Whilst there is confidence in the staffing model, there may be challenges in the more specialist consultant section of the pathway, meaning that Mr Carruthers was unable to offer an absolute guarantee regarding recruitment. In response to a suggestion that the significant financial commitment should be acknowledged, Members were informed that this would form part of an Accountable Officer letter to Welsh Government. Mr Thomas suggested that this scheme will provide opportunities to seek Recovery Funding and would need to be included in the IMTP.</p>	SM
	<p>The Board APPROVED the South West Wales Glaucoma Service Business Case, recognising that this represents a financial risk for the Health Board in the short term. The Chief Executive will inform Welsh Government of this through an Accountable Officer letter. The Health Board expects further recurrent recovery funding which will mitigate and address this financial risk.</p>	

PM(21)171	LLWYNHENDY TUBERCULOSIS (TB) OUTBREAK REVIEW	
	<p>Dr Kloer presented the Llwynhendy Tuberculosis (TB) Outbreak Review report, reminding Members that there had been an agreement to conduct a review in conjunction with Public Health Wales prior to the outbreak of COVID-19. There has been joint Chief Executive and Medical Director involvement in planning the review. Most of the panel originally recruited were still able to contribute. Dr Kloer recognised that the review will touch a number of families, and emphasised the need to acknowledge the concerns within the area involved. It is intended to communicate with the families affected following today's Board meeting. A report to Board is due by May 2022. Members noted the recommendation that one change be made to the Terms of Reference, with 'national strategies' in the first bullet point under Purpose being amended to read 'strategies in other parts of the UK and World Health Organisation guidance'.</p> <p>Within the online chat, Professor Gammon commended the team on the extent of and robust management of this TB outbreak, and the openness</p>	

	of the team to reviewing and evaluating the actions taken to protect local communities and minimise disease spread among the population. Miss Battle also welcomed plans to conduct a review, whilst querying the suggestion that this reports directly to Board, rather than a Board level Committee. Dr Kloer clarified that the findings would be considered at QSEC in the first instance.	
	<p>The Board:</p> <ul style="list-style-type: none"> • NOTED the joint arrangements with Public Health Wales to undertake an independent external review. • NOTED that the review is being undertaken as part of the legal duty of candour for Public Health Wales and Hywel Dda University Health Board and accordingly, the communication and dissemination of the findings will adopt an open and transparent approach. • APPROVED the terms of reference, timeline for the project, and the proposed governance arrangements. • AGREED that a report from the review would be presented to Board in May 2022. 	PK

PM(21)172	REPORT OF THE STRATEGIC DEVELOPMENT & OPERATIONAL DELIVERY COMMITTEE	
	Mr Maynard Davies, SDODC Chair, presented the SDODC update report, drawing Members' attention to the three items for Board ratification/approval. The first of these had been approved via Chair's Action and reported accordingly. The two remaining appeared as separate agenda items and were commended to the Board for approval. Miss Battle assured Members that these items had been scrutinised in detail by SDODC.	
	The Board NOTED the SDODC update report, RATIFIED the Business Justification Case for Phase 1 of Fire enforcement Works at Glangwili General Hospital, approved via Chair's Action, and ACKNOWLEDGED the key risks, issues and matters of concern, together with actions being taken to address these.	

PM(21)173	PHARMACEUTICAL NEEDS ASSESSMENT	
	Introducing the Pharmaceutical Needs Assessment report, Ms Jill Paterson advised that the associated consultation process had been delayed due to the Welsh Government elections. Consultation findings had evidenced that Hywel Dda is well served in terms of pharmacy provision, although it appears that enhanced services are not being fully optimised. The UHB will work with existing Community Pharmacies to improve the situation and, should there be insufficient take-up, will consider providing these services in an alternative way.	
	<p>The Board:</p> <ul style="list-style-type: none"> • NOTED the conclusions reached in the Pharmaceutical Needs Assessment, that indicate no current gaps in service provision; • APPROVED the Hywel Dda University Pharmaceutical Needs Assessment – October 2021 for publication. 	

PM(21)174	HDdUHB SEASONAL INFLUENZA PLAN 2021/22	
	Dr McCarthy presented the Hywel Dda University Health Board Influenza Vaccination Improvement Plan 2021/22. Members were informed that the only changes this year were measures intended to prevent the co-circulation of influenza and COVID-19 in hospitals. To	

	<p>this end, the UHB will prioritise vaccinating all eligible inpatients against influenza. In all other respects, it will adhere to existing Welsh Government guidance. Mass Vaccination Centres will be utilised in due course for influenza vaccination delivery. On behalf of the Board, Miss Battle thanked Dr McCarthy and the entire Public Health/vaccination team for their incredible and ongoing efforts.</p>	
	<p>The Board APPROVED the Influenza Vaccine Implementation Plan for 2021/22.</p>	
PM(21)175	<p>REPORT OF THE PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE</p> <p>Professor John Gammon, PODCC Chair, presented the PODCC update report, stating that he had nothing further to add except to advise that the Terms of Reference had been further reviewed in light of comments from Board Members regarding strengthening the 'Culture' element of the Committee, and that these would be considered at the next meeting.</p> <p>The Board NOTED the PODCC update report and ACKNOWLEDGED the key risks, issues and matters of concern, together with actions being taken to address these.</p>	
PM(21)176	<p>REPORT OF THE HEALTH & SAFETY COMMITTEE</p> <p>Mrs Hardisty, Health & Safety Committee (HSC) Chair, presented the HSC update report, drawing Members' attention only to the two areas of concern identified.</p> <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.</p>	
PM(21)177	<p>REPORT OF THE SUSTAINABLE RESOURCES COMMITTEE</p> <p>Mr Winston Weir, Sustainable Resources Committee (SRC) Chair, presented the SRC update report, noting that there are two matters to highlight to Board: the particular challenges and risks presented in terms of identification of recurrent savings plans; and the scrutiny of the UHB's contractual arrangements with Lightfoot. Whilst the latter was supported by SRC, it was agreed that an exit strategy is required, together with development of internal skills and expertise in this area. Via the online chat, Members welcomed this scrutiny.</p> <p>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.</p>	
PM(21)178	<p>COMMITTEE UPDATE REPORTS: BOARD LEVEL COMMITTEES</p> <p>The Board:</p> <ul style="list-style-type: none"> • 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; • RATIFIED the Remuneration and Terms of Service Committee Terms of Reference. 	
PM(21)179	<p>COMMITTEE UPDATE REPORTS: IN-COMMITTEE BOARD</p> <p>The Board RECEIVED the update report of the In-Committee Board meeting.</p>	

PM(21)180	COMMITTEE UPDATE REPORTS: HDdUHB ADVISORY GROUPS	
	The Board RECEIVED the update report in respect of recent Advisory Group meetings.	
PM(21)181	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)182	STATUTORY PARTNERSHIPS UPDATE	
	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; • The update on recent activity of the RPB; • Links to the PSB and RPB websites, where the agenda and minutes of recent meetings can be accessed. 	
PM(21)183	AGILE WORKING ARRANGEMENTS POLICY	
	Mr Davies presented the Agile Working Arrangements Policy report, noting that this is for information and describes the programme of work being undertaken.	
	The Board: <ul style="list-style-type: none"> • RECEIVED the Agile Working Arrangements report for information, as an overview of the plans being developed to support the process of transitioning into new ways of working; • NOTED that Hywel Dda UHB has a significant opportunity, through its transformation plans, to deliver this sustained change and provide the benefits this brings to both patients and staff. 	
PM(21)184	HEALTHCARE INSPECTORATE WALES ANNUAL REPORT 2020/21	
	The Board NOTED the Healthcare Inspectorate Wales (HIW) Annual Report 2020/21, with Members reminded that this had been discussed in detail at the Board Seminar held on 19 th August 2021.	
PM(21)185	BOARD ANNUAL WORKPLAN	
	The Board NOTED the Board Annual Workplan.	
PM(21)186	ANY OTHER BUSINESS	
	Miss Battle thanked Members for their contributions and forbearance during the Board meeting, reiterating that the agenda had included a number of extremely important items for consideration. This had necessitated the discussion of other items being limited, due to time constraints. Members were encouraged, should they have any additional queries, to raise these directly with the Chair or Chief Executive.	
PM(21)187	DATE AND TIME OF NEXT MEETING	
	9.30am, Thursday 25 th November 2021	