

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

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| Date of Meeting: | 9.30AM, THURSDAY 28TH JANUARY 2021 |
| Venue: | VIRTUAL, VIA TEAMS |

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| Present: | <p>Miss Maria Battle, Chair, Hywel Dda University Health Board Mrs Judith Hardisty, Vice-Chair, Hywel Dda University Health Board (VC) Mr Owen Burt, Independent Member (VC) Mr Maynard Davies, Independent Member (VC) Professor John Gammon, Independent Member (VC) Ms Anna Lewis, Independent Member (VC) Mr Mike Lewis, Independent Member (VC) Ms Ann Murphy, Independent Member (VC) Mr Paul Newman, Independent Member (VC) Ms Delyth Raynsford, Independent Member (VC) Cllr. Simon Hancock, Independent Member (VC) Mr Steve Moore, Chief Executive Dr Philip Kloer, Executive Medical Director and Deputy Chief Executive Mr Andrew Carruthers, Executive Director of Operations (VC) Mrs Lisa Gostling, Executive Director of Workforce & Organisational Development (VC) Mrs Ros Jervis, Executive Director of Public Health (VC) Mrs Mandy Rayani, Executive Director of Nursing, Quality & Patient Experience (VC) Ms Alison Shakeshaft, Executive Director of Therapies & Health Science (VC) Mr Huw Thomas, Executive Director of Finance (VC)</p> |
| In Attendance: | <p>Ms Jill Paterson, Director of Primary Care, Community & Long Term Care Mrs Joanne Wilson, Board Secretary Mr Michael Hearty, Associate Member (VC) Dr Mo Nazemi, Chair of Healthcare Professionals Forum (VC) Mr Jonathan Griffiths, Pembrokeshire County Council Director of Social Services, Local Authority Representative (VC) Ms Donna Coleman, Chief Officer, Hywel Dda Community Health Council (VC) Mr Sam Dentten, Deputy Chief Officer, Hywel Dda Community Health Council (VC) Ms Hazel Lloyd-Lubran, Chair of Stakeholder Reference Group (VC) Dr Dylan Williams, Chair of the Local Medical Committee (VC) Mr Jeremy Saunders, Audit Wales (VC) (part) Ms Clare Moorcroft, Committee Services Officer (Minutes)</p> |

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| PM(21)01 | INTRODUCTIONS & APOLOGIES FOR ABSENCE | |
| | <p>The Chair, Miss Maria Battle, welcomed everyone to the meeting, particularly those members of the public viewing via the livestream. The UHB and its population is in the most challenging time of the COVID-19 pandemic so far and, tragically, many have lost loved ones. Miss Battle thanked the general public for the sacrifices they have made and UHB staff for their commitment. The largest mass vaccination programme ever seen in the NHS is now underway, and reports later on the agenda</p> | |

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| | <p>will outline how this is being rolled out and how the UHB and its partners are working together to save lives.</p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> • Mr Mansell Bennett, Chair, Hywel Dda Community Health Council | |
| PM(21)02 | DECLARATION OF INTERESTS | |
| | No declarations of interest were made. | |
| PM(21)03 | MINUTES OF THE PUBLIC MEETING HELD ON 26TH NOVEMBER 2020 | |
| | RESOLVED – that the minutes of the meeting held on 26 th November 2020 be approved as a correct record. | |
| PM(21)04 | MATTERS ARISING & TABLE OF ACTIONS FROM THE MEETING HELD ON 26TH NOVEMBER 2020 | |
| | <p>An update was provided on the table of actions from the Public Board meeting held on 26th November 2020, and confirmation received that all outstanding actions had been progressed.</p> <p>PM(20)186 – Miss Battle requested clarification regarding scrutiny of the formal update within the Board-level committee structure. The Director of Nursing, Quality & Patient Experience advised that updates will be provided routinely to the Quality, Safety & Experience Assurance Committee (QSEAC), with the first of these scheduled for April 2021. Executive Directors will also be regularly briefed, and a formal update will also be presented to Board.</p> | |
| PM(21)05 | REPORT OF THE CHAIR | |
| | <p>Miss Battle presented her report on relevant matters undertaken as Chair since the previous Board meeting, drawing Members' attention in particular to the re-opening of Llandovery Community Hospital and the Cardigan Minor Injuries Unit. The report also details awards made to UHB staff, with Miss Battle highlighting the award of a British Empire Medal in the Queen's New Year's Honours to Vicki Broad, Head of Long Term Care. Members also heard that one of the UHB's Healthcare Apprentices, Will Jones, had received a national #TeenHero award in recognition of his work and positivity during the COVID-19 pandemic. Miss Battle concluded her report by welcoming the formal appointment of Mrs Hazel Lloyd-Lubran as Chair of the Stakeholder Reference Group.</p> <p>An update on the situation regarding Penally Camp was requested. Miss Battle reported that a meeting is due to take place later today, with Ms Jill Paterson representing the UHB. There is no other update available; whilst there has been a suggestion in the media that residents of the camp are to be moved elsewhere, nothing official has been received to suggest that this is the case. Ms Paterson committed to provide an update following the meeting, which is due to include a representative from the Home Office. Miss Battle confirmed that the UHB had not received detailed assurance from the Home Office that the Camp was COVID-19 compliant. Referencing page 2 of the report, Members</p> | |

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| | <p>commended the progress made around Black, Asian and Minority Ethnic (BAME) staff, particularly as the Advisory Group has only been in place since the summer of 2020. The provision of funding for a BAME Community Outreach Team was also welcomed. Miss Battle thanked those taking forward the BAME agenda, emphasising that although the January 2021 BAME Advisory Group meeting had been stood down, meetings would begin again in February 2021. Referencing the Board Seminar update, the contribution of two young people – one Healthcare Apprentice and one service user – was recognised, with thanks offered for their help in taking forward this area of work.</p> | |
| | <p>The Board SUPPORTED the work engaged in by the Chair since the previous meeting and NOTED the topical areas of interest.</p> | |

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| <p>PM(21)06</p> | <p>MAINTAINING GOOD GOVERNANCE COVID-19</p> | |
| | <p>Mrs Joanne Wilson introduced the Maintaining Good Governance COVID-19 report, reminding Members that this provides an update on current governance arrangements. The report includes updates on the position with regards to risk management and outstanding recommendations from auditors, inspectorates and regulators. Members' attention was drawn to the proposed establishment of a Bronze Vaccine Delivery Group, which will report to Silver Tactical.</p> <p>Whilst welcoming the current Command Structure, there was a request for assurance that decisions are communicated appropriately to the established committee structure, to allow adequate scrutiny. In response, Members were reminded that all Gold Command decisions are ratified by Board, and that Silver Tactical decisions are reported to Assurance Committees including QSEAC, Finance Committee and the People, Planning & Performance Assurance Committee (PPPAC). An example of the latter was the decision to stand down certain acute services, which had been discussed by PPPAC in December 2020. This demonstrates how robust the structure is, and how it has served to bring together the organisation, by integrating operational teams into these discussions. Members heard further confirmation that there are robust processes in place around other committees, which then report to Board. Miss Battle thanked all of those involved in the ongoing governance arrangements, highlighting in particular Mrs Wilson's contribution to ensuring that the organisation's governance is exemplary during this challenging time.</p> | |
| | <p>The Board:</p> <ul style="list-style-type: none"> • NOTED the update since the Board in November 2020 regarding the approach undertaken to ensuring the appropriate level of Board oversight and scrutiny to discharge responsibilities effectively during the COVID-19 pandemic, together with the revised Command and Control structure; • APPROVED the temporary changes to the programme of work and meeting cycles for the Committees of the Board; • APPROVED the changes to the Command and Control Structure including: <ul style="list-style-type: none"> ○ Establishment of the Bronze Vaccine Delivery Group; • NOTED the update since the Board in November 2020 regarding the approach to managing risk and outstanding recommendations from auditors, inspectorates and regulators by the Health Board during the COVID-19 pandemic. | |

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| PM(21)07 | 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, with Members advised of one minor amendment regarding the Director of Strategic Development & Operational Planning recruitment process. The stakeholder panels had been rescheduled for earlier in the week, in order that data from these can feed into the interviews, which are now taking place on 29th January 2021, with two candidates being interviewed. Mr Moore requested that the Medical Director update the Board with regard to developments around Trans-catheter Aortic Valve Implantation (TAVI). Dr Philip Kloer reminded Members that this topic had arisen previously, and advised that HDdUHB had been provided with copies of reports being presented to Swansea Bay UHB at their Board meeting today. The reports included updates to the action plan and on waiting times. Whilst most of the actions from the previous Royal College of Physicians (RCP) review were now complete, a further RCP review is being undertaken. Members noted that this matter will be discussed by QSEAC.</p> | |
| | <p>The Board:</p> <ul style="list-style-type: none"> • ENDORSED the Register of Sealings since the previous report on 26th November 2020; • NOTED the status report for Consultation Documents received/ responded to; • NOTED the actions undertaken by the Transformation Steering Group and ENDORSED the amended Planning Objectives. | |
| PM(21)08 | REPORT OF THE AUDIT & RISK ASSURANCE COMMITTEE | |
| | <p>Mr Paul Newman, Audit & Risk Assurance Committee (ARAC) Chair, presented the ARAC update report, highlighting the Committee's consideration of the revised Standing Orders, which appear next on the agenda. ARAC had also received the Audit Wales Annual Audit Report, which is extremely positive, reflecting the excellent work undertaken by the Governance team and the wider organisation. The Internal Audit focusing on the refurbishment of Glan Clwyd Hospital offered significant learning opportunities for the UHB, particularly in advance of planned major capital projects such as the new hospital. Whilst the Backlog Maintenance Internal Audit had received a Reasonable Assurance rating, this reflects the manner in which the UHB is managing the backlog, rather than the level or seriousness of the backlog. This report demonstrates the importance of the Major Infrastructure Programme Business Case (PBC) approved at the previous Board and submitted to Welsh Government. Mr Newman also highlighted the KPMG Review of Transformation Fund and the issues raised by this review. A follow-up meeting on this topic with the Board Secretary is due to take place on 1st February 2021.</p> <p>Miss Battle requested that an update on discussion around the KPMG review and partnership governance arrangements be provided to the next meeting. The need for a strategic approach at scale and pace to address backlog maintenance issues was emphasised. The Director of Operations advised that the Major Infrastructure PBC is currently subject to Welsh Government scrutiny; initial comments/queries have been</p> | <p style="text-align: right;">JW</p> |

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| | <p>received, which the UHB is in the process of addressing. Consideration is being given to how the business case will be implemented, should Welsh Government approval be received. Ongoing scrutiny of plans will be via PPPAC. Members were reminded that an update on the Programme Business Case for Implementing the Healthier Mid and West Wales Strategy appears later on the agenda. This will also make a significant contribution to addressing the maintenance backlog issues in the longer term. Whilst acknowledging these comments, Mr Newman emphasised that the current situation is not sustainable, and that – should the Major Infrastructure PBC not be approved by Welsh Government – the Board would need to revisit this issue. With regards to the Audit Wales Annual Audit Report, it was suggested that when compared with previous reports, this demonstrates a growing maturity within the organisation, together with a growing confidence among external stakeholders in the ability of the management team during an extremely challenging time.</p> | |
| | <p>The Board NOTED the ARAC update report, ACKNOWLEDGED the key risks, issues and matters of concern together with actions being taken to address these.</p> | |

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| PM(21)09 | AUDIT WALES ANNUAL AUDIT REPORT 2020 | |
| | <p>Mr Jeremy Saunders introduced the Audit Wales Annual Audit Report 2020, agreeing that this demonstrates improvements in the UHB's governance arrangements and management of its affairs. It was noted that these improvements were being seen before the start of the COVID-19 pandemic.</p> <p>It was reiterated that the report had been discussed in detail by ARAC. Members were also advised that Mr Saunders is retiring from Audit Wales, and he was thanked on behalf of the Board and UHB for his valuable input and contribution over the years.</p> | |
| | <p>The Board NOTED the Audit Wales Annual Audit Report 2020.</p> | |

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| PM(21)10 | ANNUAL REVIEW OF STANDING ORDERS/STANDING FINANCIAL INSTRUCTIONS | |
| | <p>The Board APPROVED the revised Standing Orders.</p> | |

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| PM(21)11 | PROGRAMME BUSINESS CASE - IMPLEMENTING THE HEALTHIER MID AND WEST WALES STRATEGY | |
| | <p>Mr Moore welcomed the presentation of this item to Board, requesting that the Director of Finance introduce the report. Mr Huw Thomas was pleased for the opportunity to present an update on this exciting work, and thanked the team involved, led by Mr Paul Williams, Assistant Director of Strategic Planning. Members heard that implementation was progressing well, with the aim of presenting a Programme Business Case to Board in Quarter 1 or 2 of 2021/22. The third Programme Group meeting, led by the Chief Executive, had taken place; with the Group taking time to be clear on the organisation's vision for the PBC. This will be very much in the context of a transformed Health and Care structure. The most recent Programme Group meeting had been attended by the Future Generations Commissioner, who had provided valuable input. During this pressurised period, it has been challenging to secure clinical engagement; however, the team has endeavoured to do so whenever</p> | |

possible, and is grateful for the clinical input obtained. Mr Thomas emphasised the need for the new hospital to be uniquely west Walian and a community asset. As a result, it is vital to ensure that the local population is involved in planning, developing and building the new hospital, and in its ongoing operation. There should be opportunities for local people in terms of employment, including apprenticeships and the provision of services. Conducting the planning of such a project during a global pandemic has presented both challenges and risks. The governance structure for the programme is outlined on Slide 4 of the presentation (page 145), with the connection to Board via PPPAC initially, although this will be revisited at a later date.

Referencing page 2 of the SBAR, the appointment of various external advisors was noted, and a request submitted for clarification regarding the process for making these appointments. Mr Thomas advised that the normal procurement process was utilised, involving a tendering procedure, which had included the consideration of both financial and quality metrics. Whilst welcoming the progress in taking forward the UHB's Health & Care Strategy, it was emphasised that the organisation has always recognised that it cannot implement this in isolation. In respect of the new hospital, assurance was requested that the UHB is fully engaged with stakeholders, partners and Welsh Government regarding potential upgrades to road networks, etc. Whilst assuring Members that this is at the forefront of the team's minds, Mr Thomas also reminded Members that planning is at an early stage, and detailed engagement around such matters will take place during the site selection stage. Returning to the reporting structure, and specifically the 'Wider connections/assurance', it was queried whether groups such as the Stakeholder Reference Group, BAME Advisory Group and other UHB Advisory Groups (Healthcare Professionals Forum and Staff Partnership Forum) will also be included. Mr Thomas confirmed that this would be the case, stating that those recorded were examples rather than an exhaustive list. The list would be further widened as the organisation enters the site selection stage. Mr Thomas committed to add those groups mentioned. Members were reminded that the site of the proposed new hospital had generated a great deal of interest during the original public engagement. As such, there was an enquiry regarding the anticipated timescale for identification of the site. Mr Thomas explained that there is a defined process which the UHB will need to undertake to identify a suitable site; this process has not yet commenced. The organisation is, however, engaging with advisors who can provide support in this regard. In terms of timescale, it is anticipated that this will comprise six months from May/June 2021, meaning late autumn/early winter 2021.

It was noted that Welsh Government have issued a Socio-economic Duty, which will come into force on 31st March 2021. Consideration will need to be given to how this aligns with plans for the new hospital and wider Health & Care Strategy. Mr Thomas confirmed that the UHB is cognisant of this Duty and that further work is required to determine how it should be integrated into planning processes. Members were assured that the organisation is taking its economic responsibilities seriously, and that these will form part of the Business Case. The Medical Director reminded Members that the issues which had driven development of the

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Health & Care Strategy, approved in 2018, still exist. Whilst there is an understandable and appropriate emphasis on the COVID-19 response currently, these issues remain and will become even more challenging in the future. In view of this, the update and focus on this area is welcomed. The public will expect the UHB to maintain and increase this focus as the pandemic subsides. It was suggested that timelines need to be driven, and Members were reminded that the Strategy is not solely concerned with the new hospital; it has at its heart Primary and Community Care. Mr Thomas reiterated the challenges of managing implementation of the Health & Care Strategy whilst responding to the COVID-19 pandemic. The team has been opportune in using its time to secure clinical engagement, and this input is both welcomed and valued. Those clinicians who have been able to contribute have appreciated the opportunity to do so, and focus on something other than COVID-19.

Representatives from the Community Health Council (CHC) noted the importance of involving the general public, and enquired how the UHB intends to achieve this, especially in view of current constraints. Mr Thomas explained that, whilst public engagement is not necessarily part of the PBC process, the need to involve the local population is very much recognised. It is hoped that face to face engagement will be possible at some stage; however, in the interim, digital platforms are likely to provide even more extensive engagement opportunities than the traditional community-based events, for example. The UHB is open to new ways of working and is taking advice from the Consultation Institute in this regard. Referencing the timeline on slide 8 (page 149), an indication of when this will be populated with dates was requested. Members were informed that a Gantt chart with dates has been prepared. Assurance was requested that the Board will be provided with the opportunity to scrutinise plans at each stage, to ensure that this is not simply a 'rubber-stamping' exercise. In response, Mr Thomas advised that recent Board agendas have, necessarily, tended to prioritise the response to COVID-19. As the UHB and the country enters the recovery stage, there will be additional opportunities for engagement with Board Members, at both Public Board and the Board Seminar. It is not intended that Board be viewed purely as a vehicle to 'rubber-stamp' proposals. It was noted that the UHB has experienced issues with at least one of the advisors appointed, in relation to a project at Glangwili General Hospital (GGH), and assurances regarding this were requested. Mr Thomas confirmed that there has been learning from the project concerned, which has and will continue to be applied. Improved project management processes will mitigate the issues experienced at GGH. Members were reminded that the tendering process for appointment of advisors had involved both financial and quality metrics, with quality the determining factor.

Mr Moore thanked Mr Thomas for taking this matter forward on an interim basis, in addition to undertaking his substantive role of Director of Finance. The Strategy represents a 'once in a generation' opportunity and the presence of this item on today's agenda was welcomed, at a time when hope for the future, which this programme offers, is much needed. Referencing an earlier comment, Members were reminded that when the Strategy was approved in September/November 2018, transport – recognising the challenges in the west Wales region – was

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| | <p>acknowledged as a priority, within one of the recommendations approved by Board. Mr Moore reiterated that all stakeholders must be part of the design process, be they public, staff or Board Members. Learning from the COVID-19 pandemic must also be applied, such as the Field Hospitals and the therapeutic environment they provide, in the re-purposing of GGH and Withybush General Hospital (WGH). As has been stated, the local population must be involved, to ensure that this project is uniquely west Walian and feels part of the community. It is the local people who have the best knowledge and experience of HDdUHB services. This involvement must include children and young people, those with sensory impairments and those with other challenges. Miss Battle echoed these comments, adding her thanks to Mr Thomas, Mr Williams and the team. The Health & Care Strategy offers hope for the future and requires learning from the past, from elsewhere and from within the region. Miss Battle requested that further updates are provided, and suggested that she and the Board Secretary discuss how regularly these are scheduled.</p> | MB/JW |
| | <p>The Board RECEIVED the report and presentation, NOTED the current position and next steps and REQUESTED further updates on a regular basis.</p> | |

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| PM(21)12 | <p>IMPROVING PATIENT EXPERIENCE REPORT</p> <p>Mrs Mandy Rayani presented the Improving Patient Experience Report, reminding Members that the team seek to develop this on each presentation. The patient story featured in this iteration of the report focuses on Cleddau Ward in South Pembrokeshire Hospital (SPH). Cleddau ward was created during the early stages of the pandemic for patients who no longer need hospital treatment, but who need a period of rehabilitation, help in recuperating, or are waiting for a care package in the community. The story focuses on how the ward provided Christmas for patients within the current COVID-19 constraints, and how it helped one patient, Margaret, share her birthday with her family. Celebrating special occasions in hospital is particularly challenging at the moment, and these stories demonstrate how staff have responded flexibly to the situation. Members heard that all feedback, whether positive or negative, is gratefully received by the organisation, and is shared with the service in question. Where it is not possible to respond directly to feedback, because this was submitted anonymously, steps are taken to include responses within this report and in 'You Said, We Did' displays in clinical areas. Mrs Rayani drew Members' attention to the feedback around A&E staffing highlighted within the report, and advised that she is working with the service to put in place additional measures across all A&E departments within HDdUHB. Members were also asked to note the introduction of the Public Services Ombudsman for Wales Complaints Standards Authority and the guidance issued to all public bodies on implementing the new complaints handling standards. Mrs Rayani reported that the team is already actively engaging with the Ombudsman in this regard, and hopes to deliver training to enable the UHB to be in an advanced position when the new standards are implemented in April 2021.</p> <p>Welcoming the report, the Director of Primary Care, Community & Long Term Care noted that it is always of concern to see General Practice at the top of the table in terms of complaints received. However, it was</p> | |
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suggested that these figures should be put into context, and perhaps expressed as a proportion of the episodes of care. This is not to underplay the significance of the 46 complaints received during November and December 2020, or their prerogative to be properly investigated. By way of assurance, Members were informed that of the 31 complaints received during November, 22 are now closed, with 55% having been closed within 1 day. Of the 15 received in December, 13 are now closed, with 75% having been closed within 1 day. All complaints are investigated on an individual basis; where an issue such as access to services is identified, the UHB works with the practice to address concerns. On other occasions, 'themes' are identified which involve more than one practice, such as inappropriate labelling of samples being submitted for laboratory analysis. In such cases, an alert is issued to all practices. Primary Care holds a weekly concerns meeting, where all concerns are reviewed, together with a monthly concerns meeting which covers all independent contractors. These feed into the Primary Care quality and safety processes, which in turn report into the formal committee structure. Members were assured that all concerns are fully reviewed and are generally addressed very promptly. The Vice-Chair welcomed the inclusion of data around General Practice/ Primary Care, and the clarification provided above. Whilst accepting the comment around volumes of care episodes, the importance of including GP figures was emphasised, to demonstrate to the public that their concerns are recorded, addressed and responded to.

The Vice-Chair commended the report, which has improved vastly since its early iterations, although it was suggested that the responses in the 'You Said, We Did' tend to be overly 'wordy' with too much jargon. Mrs Rayani agreed, acknowledging that the report needs to be worded in a more 'user-friendly' way, and committing to address this in future reports. Other Members also praised the quality of the report, and how this has improved over time. Referencing section 4 (Friends and Family Test) it was noted that almost 17,000 patients who had attended outpatient consultation or been discharged from an in-patient environment had been contacted to request their feedback. However, the report does not indicate how many responses had been received, which makes evaluation of the data challenging. Mrs Rayani explained that the team is in the process of tracking and validating feedback information, although early indications suggest just under 3,000 responders. This is lower than normal, with the return rate usually being around 14%. Mrs Rayani was hopeful that as the pandemic eases and with the introduction of a new feedback system, response rates will increase. Feedback terminals had been removed from clinical areas during the COVID-19 pandemic, for Infection Prevention and Control reasons, which has further impacted on feedback levels.

The increased recording of compliments was welcomed; with the comments on page 6 highlighted in particular as examples of how the organisational values, when applied, impact positively on care. Mrs Rayani was asked to clarify how this information is shared with staff. Members heard that this depends on how the feedback is received. Emails are forwarded, general compliments are shared via the 'Big Thank You' and during meetings. Compliments received through the Patient Advice & Liaison Service (PALS) are automatically

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communicated to teams. The statement on page 12 that 'All of the feedback received in the Patient Feedback System is visible on a real-time basis to the leadership team in every department and they are encouraged to review the feedback regularly.' was queried, together with teams' capacity to do so in addition to the current pressures. Mrs Rayani confirmed that teams are able to access this data in real-time. Whilst they are not necessarily viewing it throughout the day, every day, the Concerns team does monitor access. Miss Battle added that feedback is also considered by the Listening & Learning Sub-Committee. In response to a query regarding progress with provision of customer services training, in view of the importance of communication, Mrs Rayani acknowledged that this has been somewhat delayed by the impact of COVID-19. The team is liaising with the Workforce team and is planning to link this training with the roll-out of the Improving Patient Experience Charter in April/May 2021. The UHB is also engaging with NHS colleagues in Northumbria, who have undertaken extensive work around customer care. A member of their team has offered to work with HDdUHB in this regard. Mrs Rayani emphasised that customer care training must not be restricted to a classroom-based format; it needs to be more dynamic. An update was requested on plans with regard to the Family Liaison Officers (FLOs), who have proved so valuable during the pandemic. Mrs Rayani stated that options are being explored and advice obtained from various sources, including Third Sector partners. Consideration will need to be given to requirements during and post COVID-19, and it is intended that a proposal be submitted to QSEAC.

It was noted that 5 cases have progressed to investigation by the Public Services Ombudsman, with 4 final reports upheld/partly upheld. There was a query regarding whether this is as a result of a backlog of cases, or whether it indicates a worsening situation. Mrs Rayani understood that the Ombudsman's Office had been impacted by COVID-19 and had held back a number of reports. It is not understood to be an indication of an increase in cases; in fact, cases are expected to stabilise or reduce. Should this position change, Mrs Rayani will advise accordingly. Members were assured that the UHB works closely with the Ombudsman's Office, to ensure a more proactive approach. Whilst the report was welcomed, it was emphasised that many patients are anxious and concerned about increased waiting times as a result of the response to COVID-19. Mrs Rayani was asked to outline the mechanisms in place to communicate with patients and explain the reasons for delays to their treatment. In response, Members heard that a proportion of this is managed through routine communications with the general public. For Scheduled Care, a 'Single Point of Contact' model has been established, managed currently via the COVID-19 Command Centre, which will evolve in the long-term into the HDdUHB Hub. Mrs Rayani emphasised that this is a work in progress, with more improvements to be made; whilst assuring Members that the UHB is considering all opportunities for enhanced patient communication. Miss Battle advised that this issue would be discussed by QSEAC in April 2021.

Miss Battle thanked Mrs Rayani and her team for their contribution and for the valuable report, particularly during this time when Independent Members are not able to visit patients and staff to obtain feedback

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| | directly. Feedback should be regarded as a 'lightning rod' to identify where additional focus is required. | |
| | 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. | |

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| PM(21)13 | COVID-19 REPORT | |
| | <p>Mr Moore introduced the COVID-19 Report, emphasising that the situation continues to move quickly and that the progress of the pandemic has escalated significantly since his previous report. Mr Moore wished to acknowledge in particular the contribution of UHB staff during the Christmas and New Year period, and their ongoing courage, compassion, professionalism and kindness. The number of people requiring the UHB's care is more than double that in the first wave of COVID-19. There have been 276 further deaths in this wave, compared with 68 in the first. As well as every one of these deaths being an individual tragedy for their families, they also impact personally on staff, and the consequences of this will need to be considered going forward. On a more positive note, infection rates are falling; Public Health Wales figures for the period until 23rd January 2021 show an infection rate of 156 per 100,000 and a 13.2% positivity rate. A significant and welcome development since the previous Board meeting is the availability of COVID-19 vaccines. HDdUHB is approaching the point of 10% of its population having been vaccinated, a figure of 37,881 individuals. Mr Moore recognised, however, that there is concern within the population regarding the vaccination programme, and emphasised that all GP practices and 6 mass vaccination centres have now been mobilised. The supply of vaccines is challenging, with the two currently available requiring very different handling, and the logistics involved, therefore, differing significantly. There has also been a change in the Joint Committee on Vaccination & Immunisation (JCVI) recommendation on dosing schedule for the Pfizer vaccine, which forms the basis of the next agenda item. Mr Moore requested that Executive Directors provide updates on specific COVID-19 topics.</p> <p>Mrs Rayani advised that, currently, the UHB is managing 4 outbreaks across the whole organisation. UHB staff have responded extremely well and have collaborated with various other partners to overcome a particularly challenging period. Mrs Rayani remained concerned with regards to GGH and specific challenges in terms of environments of care and infrastructure activity, which affect the organisation's ability to resolve long-standing issues in relation to this site. It is anticipated that the position at WGH and SPH will improve shortly. There are no outbreaks at Prince Philip Hospital (PPH) or Bronglais General Hospital (BGH). Various Infection Prevention & Control procedures have been put in place to mitigate the spread of COVID-19, including standards of cleaning, increased ventilation, a focus on hand hygiene and social distancing measures. Learning and good practice is also being shared across the organisation.</p> <p>Mr Andrew Carruthers echoed Mr Moore's comments, noting that the period since the previous Board meeting has undoubtedly been the most challenging yet. The UHB continues to manage Green (non COVID-19) and Red (COVID-19) pathways, together with community incidents. The</p> | |

peak, thus far, had been on/around 13th January 2021, when the UHB had been treating in excess of 250 confirmed or suspected COVID-19 patients. This represents more than double the previous peak of 120 patients during the first wave. There has also been an impact on staff, with absence rates through illness and self-isolation approximately double the norm. This has created a significant challenge to the organisation. Pressures have been seen across the whole health and care system; not only acute sites, but also Primary Care, community services, social care and nursing care. The organisation is also seeing a level of acuity not experienced previously, and an increased pressure on Critical Care services as a consequence. At the end of last year, a decision had been made to delay elective surgery, and restrict service provision to emergency/semi-emergency surgery only. This had been a difficult decision, made as a last resort, to enable redeployment of staff to Intensive Care Units, Community Hospitals and Field Hospitals. In the last two weeks, the UHB has been able to restart urgent cancer work at GGH and BGH, and plans to restart this at PPH from next week. It is hoped that from 8th March 2021, an enhanced post-operative care area can be opened at PPH, which would enable the organisation to increase numbers of urgent cases being treated at that site. As the position at WGH improves, the UHB would be looking to replicate this model there also. In the meantime, sites will be used to manage – in clinical priority order – waiting lists, which may mean that patients are offered their treatment/surgery at a different site. It is anticipated that the organisation will be in a position during March 2021 to deliver the elective plans outlined in its Quarter 3/4 COVID-19 Operating Framework submission. COVID-19 modelling indicates a downwards trend in cases, although the impact of the vaccination programme going forward requires further clarification. Mr Carruthers reiterated previous comments regarding the UHB's staff, adding that their courage, commitment and determination is truly inspiring. They continue to come into work, not knowing whether there will be sufficient staff, or whether they will be redeployed elsewhere. The kindness they show to patients and their families is exemplary, and should be recognised and commended.

Mrs Ros Jervis emphasised how fortunate the UK is to have access to two COVID-19 vaccines, and assured Members that supplies are increasing. Whilst the pace and scale of the vaccination programme is extraordinary, it needs to be, to protect as many people as possible. The JCVI has identified 9 priority groups, with individuals' position on the list based on the risk posed to them from COVID-19. A great deal has been learned with regards to the two vaccines, their requirements and how they can be delivered. The Pfizer vaccine is extremely effective; however, it presents a number of challenges logistically and therefore lends itself to delivery at mass vaccination centres. The Astra Zeneca vaccine is also an excellent vaccine and because it is delivered in smaller batches, with less restrictive storage requirements and a longer shelf-life, is more suited to delivery in a Primary Care setting. There will be sufficient supplies of vaccines to protect all groups; however, these will be split between the two types of vaccine. As a result, the UHB's vaccination programme will need to be agile, to react and adapt to reach as many people as possible, as quickly as possible. The UHB is experienced in taking a proactive approach to vaccinating its frontline staff and priority groups, and in vaccinating children. It has taken the

step of redeploying all its experienced vaccinators to the mass vaccination centres, and will be opening these across the whole region to those in the 75-79 age group. This approach is intended to maximise access and deliver vaccines to priority groups, as directed, in the most practical way.

The Chair thanked everyone for their updates and commended the introduction of a mass vaccination programme as an incredible achievement. Agreeing, and welcoming the comprehensive update, the Vice-Chair highlighted that individuals with learning disabilities have been identified as being at high risk from COVID-19, and enquired whether specific arrangements are being made for this group. It was noted that there has been media interest around this matter. Mrs Jervis explained that Priority Group 1 covers only care homes for elderly people. Care homes for those with learning disabilities fall into Priority Group 4 or 6. In response to a query regarding evidence of people refusing vaccination, Mrs Jervis stated that uptake has been high; the organisation is not seeing the levels of 'hesitancy' around the COVID-19 vaccine that it has seen previously with other vaccines. Where individuals do decline vaccination appointments, the COVID-19 Command Centre facilitates a conversation to establish whether this is for purely practical reasons, or whether there are other concerns. There was a query regarding whether the UHB is confident that it is not omitting individuals who are clinically vulnerable. Mrs Jervis explained that this had been a concern when the list of Priority Groups was originally received. Whilst invitations were initially based upon the Shielding Letters issued during the first wave, this has been further refined based on additional information, and GPs are also able to add clinically vulnerable individuals of whom they are aware. Members were assured that the UHB has been liaising with Primary Care colleagues to obtain the most up to date and accurate information possible.

In this regard, Ms Paterson wished to thank all of those in General Practice for their extraordinary contribution during the last two weeks. Members heard that, by the end of this week, 92 of the 98 care homes in the Hywel Dda region will have been fully vaccinated. Dates are being scheduled for the remaining 6, which are currently subject to restrictions due to COVID-19 outbreaks. This means that 2,360 care home residents have been vaccinated, with 254 awaiting vaccination. More than 12,000 of the region's over 80s have been vaccinated, with it anticipated that the vaccination programme for Priority Groups 1 and 2 will be completed by the end of this week or beginning of next week, to facilitate progression to Priority Groups 3 and 4. The Chair applauded this significant achievement, particularly in view of the vulnerability of those in care homes. In response to a query regarding whether there has been any dialogue with community pharmacies regarding their role in the delivery of vaccinations, Ms Paterson advised that a Welsh Government directive in this regard, covering the various independent contractor professions, had been issued at the end of December 2020. Whilst there is no expectation for dentists or optometrists to engage through their own practice, they may be able to contribute through the mass vaccination centres. Directions have now been issued to allow community pharmacies to directly receive vaccine stocks; however, this process needs to be properly coordinated. HDdUHB has written to all 99

of its community pharmacies, several of which already deliver flu vaccinations, and a number have responded. Further communication is planned. Referencing the intention to invite those aged 75-79 to mass vaccination centres, it was noted that certain individuals may have difficulty accessing these sites due to a lack of transport or concerns around driving longer distances at this time of year. Mrs Jervis advised that the UHB is opening 6 mass vaccination centres across the region. Whilst it is recognised that these are not necessarily as local as GP surgeries, and that the UHB very much relies on Primary Care, the UHB is obliged to deliver the vaccines it receives to its most vulnerable residents. Concerns regarding transport and access are acknowledged, and the UHB is undertaking conversations with partners around various options, including bolstering existing services. There has been an incredible response from the voluntary sector and other public sector organisations, including the Welsh Ambulance Services NHS Trust and Fire Service. These discussions have enabled staff in the Command Centre to address some of the concerns around access.

Mrs Lisa Gostling wished to add her thanks to corporate function staff, a number of whom are working in vaccination centres and Occupational Health, and to the UHB's volunteers, who continue to offer valuable support. If ever there was a time that the UHB's organisational values were being demonstrated, it is now. Updating on the workforce position, Mrs Gostling reminded Members that the UHB's Recruitment team normally manage two mass recruitment events each year – the Apprenticeship programme at the beginning of the year, and the Newly Qualified Nurses programme during the autumn. During the past 12 weeks, the UHB has recruited 1,025 new staff. A number have since withdrawn for personal reasons, such as childcare commitments, resulting in 871 appointed. Of these, 451 are already providing support for patients in the UHB's hospitals, Field Hospitals and vaccination centres. 421 others are currently within the recruitment process, undergoing training or pre-employment checks. 241 of these have a start date and will be joining the organisation within the next six weeks. This figure includes 70 administrators for the vaccination centres, 104 vaccinators, 223 Health Care Support Workers and 12 porters. Alongside this, the team is running normal recruitment, with 112 new staff appointed. Details of 244 fully trained vaccinators have been passed on to rota coordinators in the vaccination centres. 219 others are on the training pathway. Mrs Gostling thanked all of those who had contacted the UHB to train as vaccinators, both staff and members of the public, and asked for their forbearance while the team work through applications. Members heard that an advert for Hotel Facilities staff is currently live, which has already attracted more than 240 applicants. The UHB is also advertising for Family Liaison Officers. In addition to the above-mentioned recruitment processes, the organisation is also endeavouring to retain staff appointed in the first COVID-19 recruitment round, and is exploring how best to support staff both now and in the future.

In response to a query regarding the forthcoming Valero Pembroke Refinery shutdown, Mrs Jervis acknowledged that large numbers of individuals are due to be on site for this planned overhaul of the facility. The UHB has been aware of these plans for some time, via the Incident

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| | <p>Management Team (IMT) process, and had entered into early communications with Valero. These discussions are ongoing, detailed and frequent, and site visits, risk assessments and mitigations have also been undertaken. It is intended that there will be a presence on site of the Test, Trace, Protect team, and an intensive support package is in place. With regards to a query around whether there will be any prioritisation for vaccination of unpaid carers, Mr Moore stated that the overall intention is to adhere to the Priority Group list. However, there is a certain amount of flexibility allowed – for example, if a 75 year old carer brought in an older spouse/relative for vaccination, both could be vaccinated. The importance of safeguarding vaccine supplies for the most vulnerable individuals was, however, emphasised, which may mean that carers will need to re-attend for their vaccine at a later date. Mrs Jervis advised that unpaid carers fall within Priority Group 6, defined as ‘at risk groups’, which can be equated with those identified to receive the flu vaccine if under 64. Whilst improvements in identifying these individuals have been made, with registers implemented, there are concerns around the UHB’s ability to access this group and the need for clear communications is recognised. In response to a query around whether young carers are included in this cohort, Mrs Jervis explained that the prioritisation framework is built entirely on the premise of risk posed by COVID-19, ie age and underlying health conditions. The risk to younger people is much lower; therefore, they are not routinely included in Priority Groups 1-9.</p> <p>Concluding this item, Miss Battle thanked everyone for their contribution and hoped that discussions had provided reassurance for both Board Members and the public.</p> <p>The Board RATIFIED the Gold Command Group Planning Requirements.</p> | |
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| <p>PM(21)14</p> | <p>JOINT COMMITTEE ON VACCINATION & IMMUNISATION/CHIEF MEDICAL OFFICER ANNOUNCEMENT TO DEFER SECOND DOSE PFIZER VACCINE TO UP TO 12 WEEKS</p> <p>Dr Kloer presented the Joint Committee on Vaccination & Immunisation/ Chief Medical Officer Announcement to Defer Second Dose Pfizer Vaccine to up to 12 Weeks report. To provide context, Dr Kloer explained that it usually takes at least 18 months to develop a vaccine; for several effective vaccines to have been made available in 9 months is a significant achievement. It should also be noted that the Director General of the World Health Organisation (WHO) reported on 18th January 2021 that, across all of the high-income countries worldwide, 39 million doses of COVID-19 vaccines had been given, and only 25 doses had been given across all low-income countries. In this context, the number of vaccinations delivered to the HDdUHB workforce and population should be applauded. It is, however, also important to recognise concerns raised following the announcement of a change in advice regarding dosage schedule, in particular for the Pfizer vaccine. This decision had been based on two key factors: the efficacy of the first dose of the Pfizer vaccine, which provides 89% immunity after two weeks; and the scenario that, presented with two people with similar risks, one of whom has already received a first dose and one who has not, the logical and ethical course of action is to offer a first dose to the unvaccinated person. The report sets out various information in relation</p> | |
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| | <p>to this issue. Members were informed that the UHB has implemented a 'no wastage' policy for its vaccination programme, with a reserve list in place. Various communications have been undertaken, with letters to key staff group representatives, live events on MS Teams and multiple meetings with staff.</p> | |
| | <p>The Board:</p> <ul style="list-style-type: none"> • RECOGNISED the significant concerns of some Health Board staff to the change in the second dose scheduling; • REQUESTED that the Medical Director continue to raise these concerns with Welsh Government in its considerations regarding the second dose schedule for the Pfizer Vaccine; • ISSUED guidance to staff that, should members on the reserve list be unavailable, to use their discretion to deliver the vaccine to the most appropriate person possible to avoid any wastage. | |

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| PM(21)15 | PERFORMANCE UPDATE – MONTH 9 2020/21 | |
| | <p>The Performance Update for Month 9 of 2020/21 was presented, and queries regarding its content invited.</p> <p>Concern was expressed regarding information on page 15 around Mental Health, and particularly whether the comparative data is correct, as it does not necessarily reflect the position as understood by the Vice-Chair. Also, the statement around transferring patient records to the Welsh Patient Administration System (WPAS) was queried, as this has been ongoing since October 2020. With regards to the comparative data, Mr Thomas emphasised that this is driven by information input onto WPAS and offered to discuss this with the Vice-Chair outside the meeting. The delays in transferring patient records were acknowledged, with Members informed that this process has proved more involved than anticipated. There are issues with both data quality and complexity, and the previous system supplier has not engaged to the level which would have been expected. Whilst acknowledging that performance in Mental Health is not at the level the organisation would wish, Mr Carruthers advised that there have been a number of developments which should result in improvements: three new members of staff have been appointed, who will provide 24 additional clinical sessions; a clinical lead psychologist, adding 10 clinical sessions, has been appointed. The 'Attend Anywhere' system has been rolled out across the organisation; however, the take-up in this group of patients is lower than elsewhere and it is not necessarily the best platform to meet their needs. Mr Carruthers has, therefore, asked the Estates team to identify additional clinical space to accommodate face-to-face capacity. Clinics are taking place and are planned to address the waiting list, and Mr Carruthers has requested an update on the position by the end of January and anticipated position for February, which he would share with the Vice-Chair outside the meeting.</p> <p>Members were advised that the Performance Update had been reviewed in detail by PPPAC. Whilst accepting the challenges presented by COVID-19 and noting improvements with regard to urgent suspected cancer compliance, there was a query regarding plans to improve this further, in view of the understandable concerns among this group of patients. Mr Carruthers acknowledged and sympathised with these concerns. Performance in this area has been partially impacted by the</p> | <p style="text-align: center;">HT</p> <p style="text-align: center;">AC</p> |

decision taken before Christmas to stand down elective services in order to redeploy staff to the COVID-19 response. As outlined earlier, there are plans to restart services within the next few months, with the UHB hoping to increase urgent care capacity by March 2021. Members heard that, despite efforts to secure as much external capacity as possible, access to additional capacity via the Werndale Hospital has been significantly reduced. The need to make progress in terms of addressing the backlog of patients was, however, fully acknowledged.

Concern was expressed regarding the decline in performance around Stroke services outlined on page 9 of the report. It was queried whether this can be entirely attributed to the impact of COVID-19, or whether there are other contributory factors. Ms Alison Shakeshaft suggested that this decline in performance is multi-factorial, with the usual winter pressures such as demand for beds and Emergency Department pressures being experienced, together with the impact of COVID-19. It was also highlighted that the Welsh Government target for Stroke patients to be admitted to a dedicated Stroke ward within 4 hours is impractical for those patients with confirmed or suspected COVID-19. Such patients would be admitted to a COVID-19 ward and would automatically breach the target. Ms Shakeshaft emphasised that staff have undertaken a great deal of work to identify alternative pathways, and that she was not aware of any other specific issues which would impact on performance in this area. Mr Carruthers endorsed these comments, assuring Members that, even in the face of current challenges, there has been a significant focus on alternative care pathways to ensure that patients receive timely intervention/treatment, even if this is not on a dedicated Stroke ward.

In considering the Performance Update in its entirety, it is clear that COVID-19 is impacting negatively across the whole system. It is vital, however, that COVID-19 does not become an 'excuse' for every case of deterioration. In order to do this, there needs to be clear delineation between impacts from COVID-19 and impacts from other factors. Mr Thomas recognised that, in considering the report as a whole, it can be challenging to identify the underlying causes for the various issues. He advised Members that there are plans to discuss at the February 2021 Board Seminar alternate reporting mechanisms which will allow the critical issues to be defined. However, this needs to be undertaken carefully, to ensure that the information and value already in the Performance Update is not lost. Mrs Rayani assured Members that, whilst there is a significant focus on 'the here and now' and COVID-19 response, routine and vital work, such as that around Infection Prevention & Control and Safeguarding continues, and improvements have been made. Violence & Aggression and other key areas of work are also being monitored and 'deep dives' are conducted as necessary. Mr Carruthers acknowledged the important point made, emphasising that COVID-19 must not be used as a 'default' response. Whilst it clearly has an impact, there are other issues with services which will still exist when the pandemic ends and which must, therefore, also be addressed. Members noted that the Unscheduled Care Improvement Group continues to meet to consider ongoing improvement activities. Mr Moore echoed these views, stating that the number of patients awaiting treatment is heart-breaking, and assuring members of the public that the

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| | <p>UHB is cognisant of this and is very much committed to recovering its previously improved position.</p> <p>Miss Battle agreed, noting that, whilst the UHB is necessarily focused on the COVID-19 response, there are many people suffering from other medical conditions who are fearful and want to know when they will be treated. It is Miss Battle's intention that Board Seminar discussions clarify the information to be included in the Performance Update and the most appropriate measurements/metrics for this information. A trajectory of how and when improvements will be made in key services will provide assurance to both the Board and the public. Dr Kloer supported the foregoing, whilst wishing to add to Mr Moore's recognition of the impact on patients waiting for treatment; by emphasising that this concern is mirrored among staff – both clinical and administrative – who want to ensure their patients receive treatment. Miss Battle suggested that a staff consensus is also required, with regards to the focus and priorities for recovery.</p> | |
| | The Board CONSIDERED the Performance Update report – Month 9 2020/21 and any issues arising. | |

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| PM(21)16 | REPORT OF THE PEOPLE, PLANNING & PERFORMANCE ASSURANCE COMMITTEE | |
| | <p>Professor John Gammon, PPPAC Chair, presented the PPPAC update report, advising that there were no matters for Board consideration or approval, or risks, issues, matters of concern to report.</p> <p>There were no queries arising, which Miss Battle suggested reflects the comprehensive nature of the report.</p> | |
| | The Board NOTED the PPPAC update report. | |

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| PM(21)17 | REPORT OF THE QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE | |
| | <p>Ms Anna Lewis, QSEAC Chair, presented the QSEAC update reports from meetings held in December 2020 and January 2021, suggesting that these provide a sense of the complexity of issues considered. Ms Lewis highlighted in particular discussions around Specialist Children's and Adolescent Mental Health Services, noting the Committee's expectation for a continued strategic focus on this area.</p> | |
| | The Board NOTED the QSEAC update reports and ACKNOWLEDGED the key risks, issues and matters of concern together with actions being taken to address these. | |

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| PM(21)18 | REPORT OF THE FINANCE COMMITTEE | |
| | <p>Mr Michael Hearty, Finance Committee Chair, presented the update reports from meetings held in November and December 2020, adding that the Committee had also met on 26th January 2021.</p> | |
| | The Board NOTED the Finance Committee update reports and ACKNOWLEDGED the key risks, issues and matters of concern together with actions being taken to address these. | |

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| PM(21)19 | PROCUREMENT OF HAEMATOLOGY AND COAGULATION MANAGED SERVICE AGREEMENT | |
| | Mr Thomas introduced the Procurement of Haematology & Coagulation Managed Service Agreement, advising that this had been considered | |

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| | and scrutinised at Finance Committee, which had recommended Board approval. Members heard that the values involved are within the current Pathology budget and offer opportunities to transform the services provided. | |
| | The Board APPROVED Finance Committee's recommendation to proceed with the procurement tender for a Managed Service Contract covering Haematology and Coagulation laboratory equipment and services, RECOMMENDING that the procurement process is undertaken under the NHS SBS Clinical Managed Services framework agreement (reference SBS/18/OA/FBY/9308). | |
| PM(21)20 | FINANCIAL REPORT – MONTH 9 2020/21 | |
| | Mr Thomas introduced the Financial Report for Month 9 of 2020/21, advising that the UHB's financial position is currently relatively stable. There is a risk, however, of an underspend against the forecast deficit position, which needs to be avoided to enable confidence in future planning and forecasts. A significant and expected increase in staff costs is outlined on page 7 of the report, with this demonstrating the incredible achievements of the Workforce team in recruiting staff to support the COVID-19 response. Issues/cost pressures which will carry over into next year include: Field Hospitals; Test, Trace, Protect; Mass Vaccination Programme; cleaning standards. These will be discussed in detail at the next Finance Committee meeting in February 2021. | |
| | The Board DISCUSSED and NOTED the financial position for Month 9. | |
| PM(21)21 | COMMITTEE UPDATE REPORTS: BOARD LEVEL COMMITTEES | |
| | The Board ENDORSED the Committee updates, RECOGNISED 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 and RATIFIED the Charitable Funds Committee Terms of Reference. | |
| PM(21)22 | COMMITTEE UPDATE REPORTS: IN-COMMITTEE BOARD | |
| | The Board RECEIVED the update report of the In-Committee Board meeting. | |
| PM(21)23 | COMMITTEE UPDATE REPORTS: HDdUHB ADVISORY GROUPS | |
| | The Board RECEIVED the update report in respect of recent Advisory Group meetings. | |
| PM(21)24 | 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. | |

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| PM(21)25 | STATUTORY PARTNERSHIPS UPDATE | |
| | <p>The Board:</p> <ul style="list-style-type: none"> • NOTED the PSB update and links to the PSB and RPB websites, where the agenda and minutes of recent meetings can be accessed. • NOTED the update from the RPB. • NOTED the updates on joint working between the RPB and PSBs. | |
| PM(21)26 | BOARD ANNUAL WORKPLAN | |
| | The Board NOTED the Board Annual Workplan. | |
| PM(21)27 | ANY OTHER BUSINESS | |
| | There was no other business reported. | |
| PM(21)28 | DATE AND TIME OF NEXT MEETING | |
| | 9.30am, Thursday 25 th March 2021. | |