

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

Date of Meeting:	1.00PM, THURSDAY 24TH JUNE 2021
Venue:	VIRTUAL, VIA TEAMS

Present:	<p>Miss Maria Battle, Chair, Hywel Dda University Health Board Mrs Judith Hardisty, Vice-Chair, Hywel Dda University Health Board (VC) Mr Maynard Davies, Independent Member (VC) Professor John Gammon, Independent Member Cllr. Gareth John, Independent Member (VC) Ms Anna Lewis, Independent Member (VC) Ms Ann Murphy, Independent Member (VC) Mr Paul Newman, Independent Member (VC) Ms Delyth Raynsford, Independent Member (VC) Mr Iwan Thomas, Independent Member (VC) Mr Winston Weir, Independent Member (VC) Mr Steve Moore, Chief Executive Dr Philip Kloer, Executive Medical Director and Deputy Chief Executive (VC) Mr Andrew Carruthers, Executive Director of Operations (VC) Mr Lee Davies, Executive Director of Strategic Development & Operational Planning (VC) Mrs Ros Jervis, Executive Director of Public Health (VC) Mrs Mandy Rayani, Executive Director of Nursing, Quality & Patient Experience (VC) Ms Alison Shakeshaft, Executive Director of Therapies & Health Science (VC) Mr Huw Thomas, Executive Director of Finance (VC) Ms Annmarie Thomas, Assistant Director of Workforce & Organisational Development, deputising for Mrs Lisa Gostling, Executive Director of Workforce and Organisational Development (VC)</p>
In Attendance:	<p>Ms Jill Paterson, Director of Primary Care, Community & Long Term Care (VC) Mrs Joanne Wilson, Board Secretary Mr Michael Hearty, Associate Member (VC) Ms Helen Williams, on behalf of Mr Mansell Bennett, Chair, Hywel Dda Community Health Council and Ms Donna Coleman, Hywel Dda Community Health Council (VC) Ms Tracy Walmsley, Senior Workforce Development Officer (VC) Mr Daniel Warm, Strategic Planning Manager (VC) Mr Hashim Samir, as Vice Chair of Black, Asian and Minority Ethnic (BAME) Board Advisory Group (VC) (part) Ms Katie Jenner, Senior Corporate Information Manager (VC) Mr James Johns, NHS Wales Shared Services Partnership, Internal Audit (VC) Mrs Sarah Bevan, Committee Services Officer (Minutes) (VC)</p>

PM(21)101	INTRODUCTIONS & APOLOGIES FOR ABSENCE	
	The Chair, Miss Maria Battle, welcomed everyone to the extraordinary Board meeting to approve the Annual Recovery Plan and receive the Programme Business Case (PBC) for delivering the Healthier Mid and West Wales Strategy, assuring members of the public that the Board	

	<p>had met on a number of occasions during the design process of the Plan and PBC prior to the meeting.</p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> • Mrs Lisa Gostling, Director of Workforce & Organisational Development • Mr Mansell Bennett, Chair, Hywel Dda Community Health Council • Ms Donna Coleman, Chief Officer, Hywel Dda Community Health Council 	
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PM(21)102	DECLARATION OF INTERESTS	
	No declarations of interest were made.	

PM(21)103	HDDUHB ANNUAL RECOVERY PLAN 2021/22	
	<p>Mr Steve Moore introduced the Health Board's Annual Recovery Plan 2021/22, recognising the enormous sacrifices of staff and their professionalism, perseverance and kindness during the COVID-pandemic, and how the Health Board could build upon the positive legacy of the past unprecedented year.</p> <p>Mr Moore suggested that the Plan should be viewed as the start of a recovery process, given the uncertainty ahead in terms of the ability of the current vaccination programme to out-pace the virus, particularly driven by the Delta variant. There is therefore a requirement to maintain the flexible approach in evidence over the course of the previous year and to recognise the fluidity of the current situation. Mr Moore assured Members that the Board would be kept informed as and when the situation changes throughout the coming year.</p> <p>Mr Lee Davies provided a brief overview of the Plan, explaining that the submission of a three-year Integrated Medium Term Plan (IMTP) to Welsh Government (WG) is a statutory obligation. However, given the issues relating to, and the consequences of the COVID-19 pandemic, WG had requested an Annual Plan for 2021/22, in place of an IMTP. Following Board discussions, HDdUHB had agreed that the plan would be termed an Annual Recovery Plan for 2021/22. Mr Davies requested the Board approve the plan prior to submission to WG at the end of June 2021.</p> <p>Mr Davies highlighted for Members the two key elements of the plan in terms of how the Health Board continues to both respond to, and recover from, the impact of the pandemic. Mr Davies informed Members that, following submission to Board Seminar on 17th June 2021, the plan had been updated to reflect feedback received internally and from WG in relation to the triangulation of elements of the plan and the clarification of key deliverables and their timeframes. WG had also requested a summarised version of the plan, which has been produced and included within the presentation.</p> <p>Mr Davies drew the Board's attention to the delivery of the Strategic Objectives and Planning Objectives, approved by the Board in September 2020, which form the basis of the Plan for 2021/22. Mr Davies also drew the Board's attention to the development of the Board Assurance Framework (BAF) and performance measures to track the</p>	

risks and impacts of the planning objectives to be delivered over the coming months and years.

Mr Davies advised of the planning cycle and the work being undertaken to determine the approach to develop the IMTP ahead of 2022/23 for submission to WG by the end of 2021.

Miss Battle invited questions from Members.

The Community Health Council (CHC) representative noted that there was no specific reference made to the Winter Plan and queried how this would be triangulated. Mr Carruthers explained the correlation between the actions taken during the previous winter and those regarding county plans and unscheduled care and urgent and emergency plans articulated for the coming winter period. Furthermore, confirmation has not yet been received on whether a further winter plan would be required to be submitted in light of uncertainty nationally around demand modelling in terms of the pandemic and wider impact on non-COVID demand across services, including paediatrics.

Mr Moore added that there is an expectation that a standalone addendum to the plan would be required going into the winter period, however Gold Command requirements are based upon modelling for peak level demand although there is uncertainty regarding influenza, and Respiratory Syncytial Virus (RSV) in children, which would require specific responses within both paediatric and frailty services.

Mrs Judith Hardisty congratulated those involved in the development of the plan, and the work undertaken by all staff over the past year, and particularly welcomed the reference to supporting staff to recover which in turn would enable services to recover from the pandemic. Mrs Hardisty commended the fact that the plan focuses on developments in primary and community care, as well as hospital care, however, assurance was sought that the primary care workforce would be included within the overall workforce strategy in the longer term. Mrs Walmsley responded that work is currently being undertaken to assess the value of alternative practitioners as part of a multidisciplinary team approach to the Urgent Primary Care proposals, and highlighted that although the Health Board does not employ the primary care workforce, it works closely with Health Education and Improvement Wales (HEIW) in terms of education and commissioning, with national work being undertaken regarding workforce planning and training.

Mr Thomas noted that previous iterations of the plan referenced a deficit of £57.4 million, which included savings that were not delivered in 2020/21 as a result of the pandemic. Following discussions with WG, there has been a national agreement that those savings not delivered in 2020/21 would be funded again in 2021/22. The Health Board would therefore be seeking funding for £32.4 million for 2021/22 and therefore, if this funding is received, the plan would be restated to £25 million. However, the underlying deficit remains unchanged, as it is understood that this funding will be an in-year allocation at this stage.

	<p>Professor Gammon in his capacity as Chair of People, Planning and Performance Assurance Committee (PPPAC) was pleased to note that discussions held at PPPAC regarding the plan and its objectives had been reflected in the updated version, particularly in relation to workforce, which should reassure the Board that Committees have scrutinised the documentation.</p> <p>Mr John commended the plan on a page approach, clearly illustrating the ambitious nature and scale of the plan to the public, which would enable the timescales for progress to be kept on track, further adding that it is critical for the public to understand the pace of change over the coming years. The Chair reinforced the importance of clear and simple communication of the plan to the Health Board's population.</p> <p>Mr Thomas welcomed the emphasis within the plan under the heading 'Helping Strong Communities' on working in partnership with, and commissioning organisations within, the third sector. Furthermore highlighting the positive contribution of these organisations and the importance of using these outlets to engage with the population across the three counties of Hywel Dda.</p> <p>The Chair concluded by conveying thanks to Mr Davies and the team involved for producing the documentation, and to all the Executive Directors and their teams who have contributed to create a viable and ambitious recovery plan with a particular focus on staff. The Chair reiterated Mr Moore's gratitude for the self-sacrifice and dedication of all staff during the pandemic and the support of the third sector who have kept people safe in their communities.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> • APPROVED the Annual Recovery Plan 2021/22 and its onward submission to Welsh Government; • APPROVED the Annual Plan Summary 2021/22 and its onward submission to Welsh Government. 	

<p>PM(21)104</p>	<p>BOARD ASSURANCE FRAMEWORK</p> <p>Mr Moore introduced the Board Assurance Framework (BAF), providing an update on the work being undertaken to further develop the BAF and align it to the Health Board's strategic objectives; it was acknowledged that the document represents a starting point and would become an important tool for the Board over the longer term.</p> <p>The Board Secretary conveyed her thanks to Executive Director colleagues for their contribution to the development of the BAF particularly in the development of the principle risks, noting the further work that will be required to design the measures to ensure the Board has sight of progress against the objectives. It is anticipated that by September 2021, the BAF will help to inform the Board agenda and enable the Board to discharge its responsibilities.</p> <p>No questions were raised from Members.</p> <p>The Chair concluded by recognising the Board is entering a different stage of maturity in having strategic and planning objectives and a framework via which to monitor progress in the most effective way.</p>	
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	<p>The Board:</p> <ul style="list-style-type: none"> • AGREED the approach presented to managing the BAF; • RECOGNISED the next steps; • NOTED the principal risks that have been identified to date. 	
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PM(21)105	<p>PROGRAMME BUSINESS CASE – IMPLEMENTING THE HEALTHIER MID AND WEST WALES STRATEGY</p>	
	<p>Mr Davies presented the Programme Business Case – Implementing the Healthier Mid and West Wales Strategy, providing an update on the report presented to Board on 28th January 2021, and detailing the progress made to date on the development of the Programme Business Case (PBC) in support of the HDdUHB’s Health and Care Strategy, ‘A Healthier Mid and West Wales’.</p> <p>Mr Davies reminded the Board that the Strategy would address the sustainability of the current model in terms of an ageing population and infrastructure. Delivery of the strategy would support a shift in the way services are delivered in terms of these being closer to home, would modernise buildings, improve recruitment, and support the Health Board’s ambition to significantly reduce its carbon footprint.</p> <p>The update presented provided a high-level summary of the progress against each of the actions over the past few months including an update on the engagement work which concluded recently. Mr Davies informed the Board that there had been 2,500 visits to the Health Board’s website in relation to the Strategy, with 268 completed surveys received, the majority of which indicated a desire to be kept informed.</p> <p>In relation to land acquisition, 7 nominations for potentially suitable sites had been received from the public, which would follow the process detailed within the PBC. Mr Davies reiterated that the Health Board is committed to engage fully with the public in the site selection, and developments would be reported via Executive Team and Board to ensure clarity on the process for selection. The CHC representative commended the excellent work of the Communications and Engagement team in this regard.</p> <p>Mr Moore added that the Health Board is in the process of developing the Design Principles, which would underpin the building of the new hospital and the repurposing of Withybush General Hospital (WGH) and Glangwili General Hospital (GGH), and be aligned with the Health Board’s strategic objectives. This would enable the Board to be the conscience of the delivery of the strategy.</p> <p>Members noted concerns raised during the engagement process in relation to transport and infrastructure, and queried the level of discussions held with WG in terms of improving the infrastructure of west Wales. Mr Davies responded that although the new hospital is one of the main elements of the Strategy, there is also a focus on a shift in care to be closer to home, with the anticipation that this will reduce travel to the new hospital. Transport is one of the key criteria for site selection and that discussions are ongoing with WG and Transport Wales to align plans with South West Wales Metro plans. Mr Moore added that transport had been one of the recommendations when the Strategy was</p>	

originally approved in November 2018, and therefore continues to form part of the Health Board's conscience in the delivery of the Strategy.

Mrs Hardisty echoed the fact that the Strategy is not only about the new hospital and, referring to feedback from the public relating to the maintaining and repurposing of WGH GGH. Furthermore, stressing that the public needs to be assured about these sites and the services which would remain, whilst also considering the concept of the community hubs and linking back to the aim of the overall Strategy. Mr Moore advised that a commitment had been made during the consultation process to maintain engagement of the public throughout and that the Board could be assured that this would continue. The Chair acknowledged and reiterated the importance of continuous open and transparent engagement with the public.

Mr Newman enquired whether lessons learned from past projects would be incorporated into the governance of the PBC going forward. Mr Davies responded that work is currently being undertaken to review various capital schemes over the past few years to systematically identify themes and recommendations in the Health Board's approach to capital planning to deliver this ambitious and large scale programme of change. The outcome of this review would be reported via ARAC in October 2021.

It was recognised that the PBC had made good progress over the past 12-14 months however it was recognised there is further work to do in terms of the basic principles on which the PBC was built and whether these are still relevant. Based upon the continuing work associated with the PBC and the assumption that a 3 year IMTP would be required, assurance was sought that the appropriate level of planning resource is available to support this, recognising it as vital to ensure success of the delivery of the Strategy. Mr Moore acknowledged that a sufficient level of planning resource is not currently in place, however, this is being reviewed. Mr Moore added that this project represented one of the biggest developments in West Wales' history and recognised the importance of 'growing our own' staff internally in addition to employing the best people from elsewhere.

Mr Moore informed the Board of the importance of working with local education providers at all levels to commence growing the skills needed to deliver the Strategy. The Chair drew Members' attention to the use of the phrase 'biophilic design' within the slide presentation, reiterating the importance of the new hospital being designed in harmony with nature. The ambition of the new hospital to be co-designed by the community and requested that this be revised to state designed and built by the community'.

Mr Thomas reiterated the importance of utilising local skills and recognising the huge opportunities this may bring for the region. In terms of other major infrastructure projects in Wales, cited the contentious and emotive venture of the construction of HMP Berwyn, Wrexham as an example, which promoted a pathway of current and future skills through the professional and planned engagement with local Further and Higher Education providers and schools. Reference was made to the high level

	<p>of youth migration out of Pembrokeshire and Carmarthenshire and the importance of considering the wider socioeconomic benefits of retaining the population. Mr Moore welcomed the experience and expertise of Mr Thomas to build upon this going forward.</p> <p>The Chair concluded by conveying thanks on behalf of the Board and the public to those involved in translating the plans into an accessible document, and pledged to continue the Health Board's communication and engagement with the public.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> • NOTED the current position of the PBC – Implementing the Healthier Mid and West Wales Strategy, and the planned next steps. 	

PM(21)106	ANY OTHER BUSINESS	
	There was no other business reported.	

PM(21)107	DATE AND TIME OF NEXT MEETING	
	9.30am, Thursday 29 th July 2021	