

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

Date of Meeting:	9.30AM, THURSDAY 29TH JULY 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 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) (part) 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) Mr Mark Henwood, Deputy Medical Director, deputising for Dr Philip Kloer, Executive Medical Director and Deputy Chief Executive (VC)</p>
In Attendance:	<p>Ms Jill Paterson, Director of Primary Care, Community & Long Term Care (VC) Mrs Joanne Wilson, Board Secretary Mr Michael Hearty, Strategic Advisor (VC) Mr Jonathan Griffiths, Pembrokeshire County Council Director of Social Services, Local Authority Representative (VC) Ms Hazel Lloyd Lubran, Chair, Stakeholder Reference Group (VC) Mr Mansell Bennett, Chair, Hywel Dda Community Health Council (VC) Mr Sam Dentten, Deputy Chief Officer, Hywel Dda Community Health Council (VC) Mr Hashim Samir, Vice Chair of Black, Asian and Minority Ethnic (BAME) Board Advisory Group (VC) Dr Warren Lloyd, Associate Medical Director (VC) (part) Ms Liz Carroll, Director of Mental Health & Learning Disabilities (VC) (part) Ms Kay Issacs, Head of Adult Mental Health Service (VC) (part) Ms Clare Moorcroft, Committee Services Officer (Minutes)</p>

PM(21)108	INTRODUCTIONS & APOLOGIES FOR ABSENCE	
	The Chair, Miss Maria Battle, welcomed everyone to the meeting, particularly Mr Mark Henwood, deputising for Dr Philip Kloer; and Dr Warren Lloyd, Ms Liz Carroll and Ms Kay Issacs, representing the	

	<p>Mental Health & Learning Disabilities directorate. Apologies for absence were received from:</p> <ul style="list-style-type: none"> • Dr Philip Kloer, Executive Medical Director and Deputy Chief Executive • Dr Mohammed Nazemi, Chair, Healthcare Professionals Forum • Ms Donna Coleman, Chief Officer, Hywel Dda Community Health Council 	
PM(21)109	DECLARATION OF INTERESTS	
	No declarations of interest were made.	
PM(21)110	MINUTES OF THE PUBLIC MEETING HELD ON 27TH MAY 2021	
	RESOLVED – that the minutes of the meeting held on 27 th May 2021 be approved as a correct record.	
PM(21)111	MINUTES OF THE PUBLIC MEETING HELD ON 10TH JUNE 2021	
	RESOLVED – that the minutes of the meeting held on 10 th June 2021 be approved as a correct record.	
PM(21)112	MINUTES OF THE PUBLIC MEETING HELD ON 24TH JUNE 2021	
	RESOLVED – that the minutes of the meeting held on 24 th June 2021 be approved as a correct record.	
PM(21)113	MATTERS ARISING & TABLE OF ACTIONS FROM THE MEETINGS HELD ON 27TH MAY, 10TH JUNE AND 24TH JUNE 2021	
	<p>An update was provided on the table of actions from the Public Board meeting held on 27th May 2021, and confirmation received that all outstanding actions had been progressed. There were no tables of actions from the meetings held on 10th June or 24th June 2021. In terms of matters arising:</p> <p>PM(21)72 – Miss Battle reminded Members of the decision to escalate the issue of domiciliary care provision, particularly in Pembrokeshire, to the Regional Partnership Board (RPB). Welcoming the Pembrokeshire County Council Director of Social Services and Local Authority Associate Member of the Board, Miss Battle requested an update on the current position, noting that this issue is not on the agenda for the RPB meeting later in the day. Miss Battle enquired when it would be considered by the RPB and how the UHB can assist. The Director of Primary Care, Community & Long Term Care explained that domiciliary care provision is an issue affecting the whole of Wales, not solely west Wales; however, it has presented a particular challenge in Pembrokeshire. The hospitality sector, which traditionally competes with the care sector for staff, has also been struggling to recruit in recent months. The care sector generally pays staff at around the national living wage; however, the challenges in recruitment appear to relate more to the terms and conditions. A number of domiciliary care providers have now relinquished their contracts. Members were advised that this issue has been discussed at the Integrated Executive Group meetings for some time, and that the UHB is working with all three Local Authorities to discuss opportunities for collaboration. A joint workforce group operates across all three counties. Members were also reminded</p>	

that the UHB has several experienced home care teams, providing care to people in their own homes.

The Pembrokeshire County Council Director of Social Services endorsed the foregoing comments, emphasising that this very much represents a joint endeavour. Members were reminded of previous discussions regarding a potential joint approach to recruitment, with consideration being given to marketing campaigns to attract new staff. To this end, Members heard that the Pembrokeshire Apprenticeship Programme for Social Care has recently been launched via advert. It was suggested that the care sector is experiencing the 'perfect storm' with the impact of Brexit, COVID-19 and competition from the hospitality sector all combining. However, the situation is not a sudden occurrence, having been a challenge for some time. The 'shape' of the private sector care market in Pembrokeshire tends to leave it at risk. There are areas, such as re-ablement, which are seeing more success in recruitment, and steps are being taken to expand these. Members heard that in one case, a provider had given only 28 days' notice of its intention to relinquish its contract, which had impacted on the care of 20 individuals. Sickness and absence have also been an issue recently, although this is now stabilising. Welsh Government is fully apprised of the current situation, with information suggesting that there are similar and worse challenges elsewhere in Wales. Members were assured that all available steps are being taken, and that copies of action plans can be provided if required.

In response to a query regarding when this issue will be considered by the RPB, Mrs Judith Hardisty (who Chairs this forum) reiterated that it had been discussed at the Integrated Executive Group. RPB had not, however, considered this topic and it was noted that RPB includes representatives from other statutory bodies who might wish to provide input. Mrs Hardisty was, therefore, somewhat surprised that it had not been included on the agenda for this afternoon's RPB meeting. Given that the Minister of Health & Social Services would expect it to be a topic of discussion, Mrs Hardisty felt that it should be on the October 2021 RPB meeting agenda. Mr Steve Moore agreed that this would provide a helpful opportunity for representatives from all three counties to discuss this challenging issue and share examples of good practice. It was further suggested that this topic be discussed at the new Strategic Development & Operational Delivery Committee, to provide the requisite assurance to Board, and that the Director of Primary Care, Community & Long Term Care and the Pembrokeshire County Council Director of Social Services attend for this discussion. Miss Battle suggested that the Director of Workforce & OD also be invited, to provide input on whether a collaborative workforce approach can be taken, and whether this can be progressed at pace.

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The Independent Board Member (Third Sector) commended efforts to attract new domiciliary care staff, whilst also highlighting the role of Third Sector and community organisations. PLANED has facilitated a number of micro-enterprises which support people to remain in their own homes; it was suggested that experience in this regard could be shared, with examples of good practice rolled out across Hywel Dda. In response, Members heard that the Local Authority has reached out to catalysts and volunteers, as part of its close relationship with the Third Sector.

	<p>Catalysts are contacted by brokerage as packages are sought across the community. The Director of Workforce & OD and the Pembrokeshire County Council Director of Social Services are jointly chairing the workforce group mentioned earlier. Topics being considered by the group include how the health and care workforce can be integrated and development of a joint induction framework.</p> <p>Miss Battle, Mrs Hardisty and Mr Moore emphasised that this is an issue affecting both Local Authorities and the UHB, and that a joint approach and solution is required. Members were thanked for the useful debate.</p>	
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PM(21)114	REPORT OF THE CHAIR	
	<p>Miss Battle presented her report on relevant matters undertaken as Chair since the previous Board meeting, expressing particular thanks to all of those involved in establishing and operating the Ysbyty Enfyf Selwyn Samuel Field Hospital in Llanelli, which has now been put into hibernation. Miss Battle also wished to recognise the efforts of the Chief Executive and Executive Team reflected in the extremely positive feedback received following the recent Joint Executive Team (JET) meeting with Welsh Government. It is pleasing to note that Welsh Government has expressed confidence in the UHB's approach and plans going forward. Members' attention was drawn to the visit of Baroness Eluned Morgan, the new Minister for Health and Social Care. Baroness Morgan had shown interest in the UHB's workforce challenges and its recovery plan. The visit had served to raise morale among staff, and was welcomed by Miss Battle. All of those recognised in the 'Celebrating Success' section, including the Employee and Team of the Month Awards were congratulated and thanked for their contribution. Finally, Miss Battle highlighted that Mr Michael Hearty's tenure as Associate Board Member had ended, and thanked Mr Hearty for his significant contribution in both this role and Chair of the Finance Committee. Mr Hearty was also thanked for agreeing to remain with the organisation for a further 12 months, in a new role of Strategic Advisor.</p> <p>Welcoming the report, the Independent Board Member (Third Sector) added his congratulations to the Chief Executive and Executive Team, whilst expressing disappointment that there has been no mention of the Welsh Government Programme for Government 2021 to 2026. This sets out expectations around effective, high quality healthcare, and represents the measure against which Health Boards will be assessed. As such, it would have been beneficial to reflect upon this document and it was suggested the organisation make reference to it going forward. Acknowledging this comment, Mr Moore explained that the UHB has been developing its Annual Recovery Plan alongside the Welsh Government Programme for Government. Whilst confident that there is alignment between the two, Mr Moore recognised the need to evidence this, and requested that the Welsh Government document be cross-referenced in the UHB's Recovery Plan, to provide clarity for discussions at Board in September 2021. The Director of Strategic Development & Operational Planning welcomed the Independent Member's feedback, explaining that, whilst timing had precluded inclusion of reference to this document in the Annual Recovery Plan, it will form an important reference point as the UHB develops its three year Integrated Medium</p>	LD

	<p>Term Plan (IMTP), and aligns well with the organisation’s mission and strategy.</p> <p>In response to a query from the Independent Member (Community), the Director of Nursing, Quality & Patient Experience confirmed that the UHB is taking steps to ensure that lessons are learned from Selwyn Samuel and the other Field Hospitals, in terms of quality, safety, patient experience and staffing models. There has been formal engagement with those involved in establishing the Field Hospitals and their experiences are being captured for future application. There is also All Wales work being undertaken in this area. The Director of Operations advised that Dr Meinir Jones, Field Hospitals Clinical Lead, is leading on local learning and confirmed that the UHB is also involved in the All Wales Field Hospitals discussions. It was agreed that this would be a suitable topic for a future Board Seminar. Mr Moore noted that a new Planning Objective relating to ‘the team around the patient’ is being developed and suggested that Board Seminar discussions could feed into this work.</p>	JW
	<p>The Board SUPPORTED the work engaged in by the Chair since the previous meeting and NOTED the topical areas of interest.</p>	

PM(21)115	<p>REVISED GOVERNANCE STRUCTURE AND ARRANGEMENTS</p> <p>Mrs Joanne Wilson introduced the Revised Governance Structure and Arrangements report, noting that the Terms of Reference presented contain a couple of minor errors relating to duplication of responsibility, which will be corrected in the final versions. Members were advised that the Command and Control structure remains active for the time being, in that the Silver Tactical Group will continue to meet until a new structure is in place, and the Gold Command Group meets as and when required. Mrs Wilson thanked Ms Alison Gittins, Head of Corporate & Partnership Governance, for compiling the report and Terms of Reference, and the Chairs of Committees and Executive Leads for providing feedback.</p> <p>Mrs Hardisty thanked Mrs Wilson and her team for their work on the new governance structure. The Independent Member (University) welcomed the establishment of the People, Organisational Development & Culture Committee, and its emphasis on ‘putting people at the heart of everything we do’.</p> <p>The Board:</p> <ul style="list-style-type: none"> • NOTED the revised formal governance arrangements set out; • APPROVED, subject to minor amendments mentioned above, the revised Terms of Reference for both the newly agreed and existing Board assurance Committees. 	
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PM(21)116	<p>REPORT OF THE CHIEF EXECUTIVE</p> <p>Mr Moore presented his report on relevant matters undertaken as Chief Executive of HDdUHB since the previous meeting, highlighting in particular that the Transformation Steering Group has met on one occasion, although there is a great deal of work taking place separately. The Group’s discussion had been extremely useful, and Mr Moore hoped to present further outcomes to the Public Board meeting in September 2021. The Strategic Enabling Group will also be contributing regular updates as part of the Chief Executive’s Report from September</p>	
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	<p>onwards. Mr Moore advised that the UHB is experiencing significant pressures across the region, which will be discussed in more detail during the COVID-19 Report. As has been mentioned earlier, members of the Executive Team had an extremely positive discussion with representatives from Welsh Government at the recent JET meeting. Members' attention was drawn to the Memorandum of Understanding for the Physician Triage, Assessment and Streaming (PTAS) programme, which should, if approved, contribute to more effective streaming of patients. Mr Moore also highlighted the Positron Emission Tomography (PET) Programme Business Case, which is an All Wales scheme intended to provide specialist care for the country's population. Clarification will be sought regarding sites, to ensure appropriate access for Hywel Dda residents.</p> <p>With regard to the PTAS programme, the Director of Primary Care, Community and Long Term Care assured Members that a great deal of work has been undertaken to examine the relevant legal frameworks and ensure that the required governance processes are in place. The Independent Member (Community) and Chair of the Audit & Risk Assurance Committee suggested that Internal Audit be requested to review the PTAS arrangements at an appropriate time, to ensure that they are working as envisaged and that there are no gaps in assurance. In considering the recommendations, it was noted that the final recommendation should be to approve, rather than support, the PET Programme Business Case.</p>	<p>JW</p>
	<p>The Board:</p> <ul style="list-style-type: none"> • ENDORSED the Register of Sealings since the previous report on 27th May 2021; • NOTED the status report for Consultation Documents received/ responded to; • APPROVED the Memorandum of Understanding for the Physician Triage, Assessment and Streaming (PTAS) programme; • APPROVED the Positron Emission Tomography (PET) Programme Business Case, to allow the Chief Executive to send a letter of support to WHSSC for submission to Welsh Government. 	
<p>PM(21)117</p>	<p>REPORT OF THE AUDIT & RISK ASSURANCE COMMITTEE</p> <p>Mr Paul Newman, Audit & Risk Assurance Committee (ARAC) Chair, presented the ARAC update reports from meetings held in June 2021, highlighting to Board the findings of the Withybush General Hospital Wards 9 & 10 Internal Audit Advisory Review and the Committee's concerns in relation to these findings.</p> <p>Thanking ARAC for drawing the Board's attention to this issue, Miss Battle enquired whether there was an update on the matters discussed. The Director of Operations advised that he has been working with the Estates team since the ARAC meeting and considering what actions might be implemented. It had been agreed that the Post Project Evaluation (PPE) will be brought forward to September 2021 and that consideration will be given to conducting the PPEs for this project and the Women & Children's Phase 2 project in tandem.</p> <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>	

Dr Warren Lloyd, Ms Liz Carroll and Ms Kay Issacs joined the Board meeting.

Mr Andrew Carruthers introduced the Transforming Mental Health (TMH) Services report and, recognising that there have been various changes in Board Members since the implementation of TMH was approved, offered to provide further context. TMH does not cover all Mental Health & Learning Disabilities (MHL) services; it relates only to Adult Mental Health services. The purpose of the report presented is to provide an update on implementation of the action plan; it is not intended to provide an all-encompassing position statement regarding Mental Health services. The existence of an agreed, defined strategy has been of significant benefit to the organisation during the COVID-19 pandemic, in determining how best to respond. The pandemic has, in fact, facilitated the implementation at pace of a number of actions and developments. In doing this, however, a number of the change processes which would normally be employed have not taken place. It is becoming evident that consideration will need to be given to making a number of the 'temporary' changes permanent, which is causing unease in certain quarters, in common with other organisations who are in a similar position. Mr Carruthers has met with staff where concerns have been raised, to ensure cognisance of both staff and patient experience of these changes and ensure that they are delivering the anticipated benefits. Members were assured that a formal process will be utilised to evaluate any changes made and to assess benefits realisation. Ms Liz Carroll emphasised that the MHL response to the COVID-19 pandemic has continued the TMH programme approach of collaboration and engagement. It is intended that there be continued use of a reinvigorated version of the Bronze MHL Group which was established as part of the COVID-19 Command and Control structure. There has been some excellent engagement with Third Sector organisations, and wider engagement with the Police and other partners/agencies has been maintained. National engagement has also proved extremely useful. Ms Carroll emphasised that MHL services have faced major challenges during the COVID-19 pandemic, with significantly increased demand. There have also been positives, however, with effective inter-service working.

Thanking Mr Carruthers for the additional context provided, the Independent Member (Community) welcomed plans to consider benefits realisation via a formal process. A summary of the changes for service users and their families was requested. In response, Ms Kay Issacs advised that positive improvements resulting from various Welsh Government directives were being noted. Funding for transport, for example, has improved the patient experience. Police involvement in this area, in terms of risk assessment and management, has proved extremely helpful. Likewise, the Welsh Government directive around the 111 service and the way in which this aligns with the UHB's work on Single Point of Contact. A team from Mental Health has been working with the 111 team out of hours, and HDdUHB is working closely with other Health Boards and the 111 Steering Group. Ms Carroll added that, when the COVID-19 pandemic began, MHL took steps to consider how

they might reduce pressures on the hospital sites. For example, the liaison services within hospitals were strengthened/developed. As has been outlined, there will need to be further discussions with the MHLD workforce if the temporary changes made to services are to be implemented permanently. Dr Warren Lloyd explained that the Bronze MHLD Group meetings had provided 'first hand' accounts of service users' experience of changes. It will be vital to triangulate this information with other data to ensure that the organisation continues to respond appropriately.

In response to a query regarding equity of provision and level of engagement in Ceredigion, particularly Aberystwyth, Ms Carroll acknowledged that beds had been withdrawn in 2012. Members were assured that consideration was being given to bed provision. Ms Issacs reminded Members that plans to establish a drop-in centre at Gorwelion Community Mental Health Centre had been curtailed by the COVID-19 pandemic, although it was hoped that these can be taken forward in due course. Mrs Hardisty welcomed the report and wished to commend the leadership and achievement of the MHLD directorate teams in maintaining services during COVID-19. The developing relationship with Third Sector organisations was also welcomed. Noting reference to Sanctuary Services on page 3 of the report, Mrs Hardisty enquired with regards to timescale for evaluation of the pilot. Ms Issacs advised that the pilot is being extended for 12 months, in order to facilitate a full and effective evaluation. An Aberystwyth Sanctuary Service will also be added. Mrs Hardisty suggested that there is a need to be mindful of when a 'pilot' transitions into a 'rolled out programme'.

Mr Moore endorsed Mrs Hardisty's comments around the efforts of Mental Health staff, noting that this specialty occasionally lacks the profile of other services. MHLD should be commended for their achievements in maintaining services during this incredibly challenging time. Members noted that in his COVID-19 Report and Annual Plan Update, Mr Moore details plans to present a full update on progress in implementing the Transforming Mental Health strategy and developing the Transforming Learning Disabilities strategy at Public Board in January 2022. The report should include the findings of the external review/evaluation of changes mentioned earlier. Mr Moore hoped that this will enable a more comprehensive discussion around Mental Health Services, to which Dr Lloyd, Ms Carroll and Ms Issacs would be invited. There would be a similar report on Children and Young People's Services. Mr Carruthers hoped to present the findings of the external review at an earlier meeting; it was agreed that scheduling of this would be discussed with the Board Secretary.

AC/JW

On behalf of the Board, Miss Battle thanked Dr Lloyd, Ms Carroll and Ms Issacs for their contribution.

Dr Lloyd, Ms Carroll and Ms Issacs left the Board meeting.

The Board **CONSIDERED** and **NOTED** the update on Transforming Mental Health Services.

Thanking Board for the opportunity to provide an update on this topic, Mr Carruthers presented the Three Year Draft Plan for Children's Services report. Members were reminded that there had been a previous report in September 2020, at which time the Planning Objective around this topic had also been agreed. Mr Carruthers emphasised that services for children and young people is a complex environment and that, whilst he as Director of Operations is the Executive Lead for this area, the Directors of Public Health, Therapies & Health Science and Nursing, Quality & Patient Experience also share significant responsibilities. Members were assured that the organisation is committed to improving services and patient experience for children and young people in Hywel Dda. A vital element of this is to ensure that the voice of children and young people is heard; the planned Working Group, which will be jointly chaired by Mr Carruthers and Mrs Ros Jervis, will facilitate the capturing of this input. Ms Delyth Raynsford, Independent Member (Community), will be a member of the Working Group and will ensure that the voice of children and young people is given due consideration. Whilst it will be important for the Working Group to identify priorities for the short to medium term, there will also be longer-term objectives which require consideration. Mr Carruthers advised that the Working Group's membership will also include representatives from Therapies and the Designated Education Clinical Lead Officer; this is not currently reflected in the Terms of Reference presented.

The Independent Member (Community) confirmed that improving services for children and young people is a passion of hers, and assured Members that the organisation would be held to account, ensuring the work programme is delivered. Mr Carruthers was requested to describe the intended mechanism for capturing the voice of children and young people. In response, Members heard that the UHB wish to utilise/capitalise upon all the existing engagement groups and engage with partners. It is envisaged that various workshops and events will be arranged to engage with children and young people across the region. The involvement of other organisations and partners, including education and social services, was strongly advocated; together with the avoidance of 'silo' working. It was highlighted that time is not a luxury that children and young people have; there is only a small window of opportunity to impact upon potential chronic health needs which will change their lives. There are children who need interventions now. Consideration needs to be given to how the UHB can 'move further, faster'. Mr Carruthers acknowledged that there are urgent actions required and that these cannot wait until the plan is fully implemented; Members were assured that the organisation is already taking these priorities forward. The suggestion that more progress is required at pace was also accepted.

Mrs Hardisty was pleased to see reference in the report to wider working; however, had not noted any reference to development of the NEST Framework, which aims to ensure a whole system approach for developing mental health, well-being and support services for babies, children, young people, parents, carers and their wider families across Wales. Whilst implementation is being driven by the Regional Children's Group, Members were reminded that this framework needs to be in

	<p>place by spring 2022, and assurance was requested that this is being taken into account. Mr Carruthers confirmed that the NEST framework is being considered and offered to provide information on how this links with the Three Year Plan outside the meeting. Within the online Chat, the Director of Public Health also assured Members in this regard, noting that her role includes linking the work of the UHB into the regional work, including NEST. The Director of Therapies & Health Science advised that strong partnership working around the Additional Learning Needs Act has been developed, and that the Designated Education Clinical Lead Officer will provide input to this work. The Director of Primary Care, Community & Long Term Care emphasised the need to ensure that the link to Community and Primary Care Services is represented sufficiently. Whilst Community Paediatrics/school nursing is represented, Primary Care in its widest sense also needs to be considered, including General Practice and other Contractor professions. Miss Battle endorsed this request.</p> <p>Miss Battle welcomed the report and its description of services, recognising that this represents a significant task. Whilst elements of children and young people’s services may be fragmented, Miss Battle was confident that they can be united. It was suggested that existing information should also be utilised; Members were reminded that there has been a Children’s Commissioner for Wales since 2001. Outlining the priorities identified by children during her time as Deputy Children’s Commissioner, Miss Battle identified ‘a sense of belonging’, ‘education’, ‘health’ and ‘providing the tools to allow children and young people to care for each other’s health and wellbeing’. Miss Battle emphasised the importance of breaking down both internal and external barriers to change, to improve services for children and young people.</p>	AC
	<p>The Board:</p> <ul style="list-style-type: none"> • CONSIDERED the update of the issues identified to date and ACKNOWLEDGED the actions already being implemented; • SUPPORTED the establishment of the Children and Young People Working Group and AGREED the associated delivery timescales. 	

PM(21)120	<p>IMPROVING PATIENT EXPERIENCE REPORT</p> <p>Mrs Mandy Rayani introduced the Improving Patient Experience Report, advising that there has been an increase in the number of concerns and complaints recorded, which reflects the increasing level of clinical activity, particularly in A&E and Unscheduled Care. Mrs Rayani wished to thank the contributor of this month’s Patient Story, Mr Hughes, which provides valuable lessons for the organisation. The team continue to try to maintain a focus in the report on ‘real life’ patient experience. Whilst recognising that the NHS is a seven day per week service, Members’ attention was drawn to the ‘Feel Good Friday!’ initiative, which aims to end the working week on a positive note. Referencing the previous agenda item, Mrs Rayani highlighted the Patient Experience team’s efforts to capture the voice of children and young people through feedback, emphasising that there is more to be done in this area. Members heard that there has been a deterioration in positive feedback in Paediatrics and A&E, which centres on clinical treatment, communication and staff attitude/ behaviour. Work is being undertaken, particularly in A&E, in respect of staff culture, further details of which can be provided by the Director of Workforce & OD. Welcoming the excellent</p>	
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report, with its positive examples of patient care and experience, and use of patient stories, Mrs Lisa Gostling expressed that reading the less positive comments is challenging. These do not represent the experience the UHB would want for its patients, and Mrs Gostling apologised for this, whilst thanking the individuals involved for sharing their feedback. With regards to the improvement work being undertaken, Members heard that workshops in A&E are being held, the Staff Psychological Service is providing support to teams and individuals, and a customer service/experience programme will be rolled out across the UHB next year.

The Community Health Council (CHC) Deputy Chief Officer emphasised that it is important to thank NHS staff for their efforts at this time. However, the CHC has received a substantial increase in concerns relating to patient experience and access to Primary Care. It was suggested that consideration be given to how the UHB might communicate to the general public their challenges in providing Primary and Secondary Care services currently. This may encourage the public to utilise alternative routes to treatment, thereby easing pressures on the urgent care system and reducing instances of confrontation. Agreeing that more can be done with regard to messaging and promoting alternative routes to treatment, and recognising that this is an issue across the entire NHS, Mrs Rayani advised that she will be liaising with local CHC officers. Recognition that there has also been challenging behaviour on the part of the general public, which staff are having to manage, was welcomed. Members were assured that improved communications and messaging will be considered further. The Director of Primary Care, Community & Long Term Care thanked the CHC representative for raising the issue of access to Primary Care. This has been an extremely busy period for all services, including Primary Care, where there is a backlog. Staff in Primary Care are taking steps to ensure that patients are being offered access, although it should be recognised that this may be in a different format to pre-pandemic, with continued use of telephone and virtual consultations, etc. It was emphasised that Primary Care has remained open throughout the COVID-19 pandemic, and has provided face-to-face appointments when clinical need has deemed this necessary. The service is seeing increasing frustration among patients, which is presenting as anger and aggression towards staff in some cases. The Director of Primary Care, Community & Long Term Care added her apologies to those whose experience has been less than positive, emphasised that patient concerns are recognised and acknowledged, and assured members of the public that they will be seen as soon as possible. It was highlighted that Welsh Government is fully aware of the situation and challenges in Primary Care.

Within the online Chat, Members agreed that the report represents a strong 'platform' in terms of the UHB's status as a learning organisation. The approach taken from a staff wellbeing perspective was also welcomed, whilst recognising how challenging and worrying it is to be a patient at the current time. The Director of Operations stated that, in certain respects, this is the most difficult phase of the pandemic, and offered to brief the Board in more detail on current pressures during the Performance Report item.

JP/AC

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.

PM(21)121

COVID-19 REPORT AND UPDATE ON ANNUAL PLAN

Introducing the COVID-19 Report and Update on the Annual Plan, Mr Moore reminded Members that this report had been expanded to include a high-level overview of the organisation's Planning Objectives and Annual Plan. The report mirrors the format of the Annual Plan and aligns with the format of discussions on this topic at Executive Team. Mr Moore would welcome feedback on the report, to support its further development/evolution. In terms of COVID-19, it was suggested that the country is possibly in the most challenging phase of the pandemic. Rates of infection significantly increased in the period since the previous meeting; however, since the report was prepared, it appears that rates may have peaked and are now in decline. On 21st July 2021, infection rates were 110 per 100k, they are now at 90 per 100k. It should be noted, however, that infection rates remain high in the 25 and under age group, at 145 per 100k. Hospitalisation rates continue to rise, with (as at 28th July 2021) 19 positive or suspected COVID-19 cases in HDdUHB hospitals; almost a quarter of these being in ICU. The reasons behind the apparent fall in infection rates is the subject of national debate, and are likely to include the impact of the vaccination programme. Locally, this continues at pace, with HDdUHB achieving the national milestone to offer vaccinations to all of its adult population significantly ahead of schedule. The UHB continues to operate a 'no-one gets left behind' policy. Walk-in Centres are operating at all Mass Vaccination Centres and mobile clinics. As a result of the gradual easing of restrictions and facilities opening, the organisation is needing to explore alternative locations for certain of its Mass Vaccination Centres, the Director of Public Health would provide further details. Providing an operational update on non COVID-19 demand, Mr Moore stated that there are currently significant pressures on services, which has led to disruption in the re-starting of Planned Care services. The report also seeks ratification of a Gold Command decision regarding the extension of COVID-19 staff fixed-term contracts. The second section of the report focuses on the UHB's Annual Recovery Plan. Mr Moore advised that the organisation is awaiting Welsh Government feedback regarding its submission. Members were assured that the Executive Team is discussing progress on a weekly basis. As outlined within the report, more detail will be presented in this regard to future meetings.

Mrs Ros Jervis observed that the UHB's Mass Vaccination Centres continue to provide a critical service in ensuring delivery of second doses. As mentioned, due to the easing of restrictions, certain sites being used as vaccination centres wish to return to their original function, thus the UHB has been occupied with identifying alternative premises. This has presented a particular challenge in south Ceredigion, where it had been disappointing to lose the excellent facilities provided by Teifi Leisure Centre, Cardigan. Mrs Jervis thanked all of those involved in operating this Mass Vaccination Centre, including partners and volunteers. After exploring various options and taking into account the numerous constraints and challenges, Yr Hen Ysgol Trewen at Cwm Cou had been identified as the replacement site. The Vaccination team

and partners within the Local Authority were thanked for their assistance in resolving this issue.

As has been indicated, Mr Carruthers confirmed that significant pressure is being experienced across services in HDdUHB and across Wales. There has been a rise in demand for emergency/urgent care services, patient flow has been impacted by delays in discharge, staff are taking their annual leave carried over from last year, there are staff vacancies and – to a lesser extent – self-isolation requirements continue to impact. In addition, all services must be managed within the constraints of COVID-19, including infection prevention and control measures. The previous two weeks had been particularly challenging, with the recent Welsh Ambulance Service NHS Trust escalation demonstrating the levels of pressure being experienced. There has, however, also been an increase in the number of people self-presenting to hospital, some of whom are more acutely unwell than those conveyed by ambulance. Community incidence of COVID-19 cases is now at similar levels to that seen in November 2020, although numbers in hospital are lower. Approximately 30% of those admitted to hospital with COVID-19 require treatment in ITU. Whilst the UHB is in a challenging position, it continues to work with partners and Welsh Government. Certain policies, if implemented across Wales, could be beneficial.

Thanking Mr Carruthers for this update, Miss Battle suggested that it reinforces the comments made under the previous agenda item regarding the need to improve communications with the general public around pressures on services. The Independent Member (Information Technology) congratulated the organisation on returning to 70% theatre capacity under the current, challenging circumstances. Mr Carruthers was asked how much of the remaining 30% capacity the Independent Sector will be able to provide. In response, Members were advised that the Independent Sector will play a significant role in increasing clinical capacity. This is being discussed under a later agenda item on outsourcing; however, more precise figures can also be provided. Mr Moore reminded Members that even 100% capacity will not be sufficient to address the backlog in treatment. Significant challenges and work lie ahead.

AC

Members noted that the existing infrastructure for the COVID-19 vaccination programme will be utilised for COVID-19 boosters and Influenza vaccinations. The Director of Therapies & Health Science advised that the Joint Committee on Vaccination & Immunisation (JCVI) is considering whether the COVID-19 booster can be administered at the same time as the Influenza vaccine. It is likely that there will be an increase in other respiratory illnesses also. Within the online Chat, the Director of Public Health, noted that the UHB is in the fortunate position of now possessing a vaccination infrastructure, which will support delivery of the COVID-19 booster programme at the same time as the seasonal Influenza programme, which has been further enhanced this year. Whilst Primary Care partners are the backbone of the UHB's Influenza programme, when final clarification on the particulars of the COVID-19 vaccine programme is received; the organisation will examine its entire system to assess where there are challenges, and how its Mass Vaccination Centres can support the effective and efficient roll out

of both the booster and the Influenza vaccine programmes, so that it can protect as many of its population as possible. In response to a query regarding Long COVID, Members heard that there is a significant amount of work underway to support those with Long COVID, both embedded within and via expansion of the UHB's rehabilitation services.

With regard to 'front door demand', it has been suggested that in order for patients to change their behaviour, they require clear information and guidance. It was felt that, whilst this is part of the solution, it is not all that is required. The Independent Member (Community) enquired what steps the UHB is taking to understand why individuals present at the 'front door' as opposed to the alternatives. Mr Carruthers advised that the organisation has been developing its Unscheduled Care Strategy for the past 12-18 months. This includes signposting of alternative routes to treatment and admission avoidance. Reviews have been undertaken of the busiest days in Unscheduled Care and to analyse why patients presented and whether there were suitable alternatives. The PTAS/111 First model mentioned earlier will allow clinical triage and streaming and improved analysis of ED outcomes. There are also various other initiatives taking place and planned, including a discharge to assess model. Whilst acknowledging and welcoming these actions, it was suggested that they still may not answer the question of why a given patient presents at A&E and whether there was a viable alternative.

Mr Moore agreed that there are potential opportunities to be explored. There needs to be a paradigm shift towards recognising that the UHB's care pathways need to ensure patients are directed to the correct place. Currently, patients often feel that they have no viable alternative to A&E; the organisation needs to both discuss this with the local population and take responsibility for this view. It was suggested that the Unscheduled Care team might engage with the Patient Experience team to establish whether any intelligence around this issue already exists. Within the online Chat, the Director of Operations assured Members that there is work in this area taking place at a national level, which includes patient engagement; and committed to consider how this is replicated at a local level to feed into the UHB's planning and response. It was suggested that helpful feedback might be sourced from community support/ community groups rather than via the NHS. The Director of Primary Care, Community & Long Term Care emphasised the need to reference the work through the UHB's Transformation Programme, links with local communities through Community Connectors around understanding what people need, building resilient communities and providing alternative support, and also the organisation's Intermediate Care Fund work. CHC representatives indicated their willingness to participate in any discussions on patient/public engagement.

AC

Members welcomed the excellent report and recognised that it reflects the maturity of the organisation.

The Board is asked to:

- **RATIFIED** the Gold Command Group decision:
 - To extend the UHB's COVID-19 Fixed Term Contracts (due to terminate in September 2021) until March 2022;

	<ul style="list-style-type: none"> • APPROVED the new Planning Objective in relation to delivery of the design assumptions underpinning our “Healthier Mid and West Wales Programme”; • ADJUSTED the Board Forward Plan to include the detailed updates on specific Planning Objectives 5.J, 5.I, 5.G, 3.G; • REQUESTED that the relevant assurance committee reviews progress with Planning Objective 5.M; • NOTED the wider update in relation to our Recovery Plan 2021/22 and on-going COVID-19 response. 	
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PM(21)122	PERFORMANCE REPORT – MONTH 3 2021/22	
	<p>Mr Huw Thomas presented the Performance Update for Month 3 of 2021/22, noting that a number of performance issues have already been discussed under previous agenda items. Members heard that the organisation is on a continuing change journey with regards to the Performance Report, and their feedback was welcomed. Recent changes made are highlighted within the report; these include the quadrants of harm. There are areas of concern in terms of performance, including Unscheduled Care and Planned Care waits. Neurodevelopmental assessments and psychological therapies, which present ongoing challenges, show a slight improvement; however, this is from a low base. Personal Appraisal and Development Review (PADR) rates are low, which is understandable under current circumstances. Annual leave accrual from last year is beginning to impact, with increased use of agency staff required for cover.</p> <p>Miss Battle requested that Members feed back comments on the format directly to Mr Thomas, whilst suggesting that this month’s report is the best format she has seen during her time as Chair. Referencing the second Planned Care SPC chart on page 7 (patients waiting over 36 weeks) it was observed that this is already outside the acceptable parameters, and clarification regarding whether there was any indication of when this might improve was requested. Mr Thomas suggested that the planned outsourcing should assist in this regard. Agreeing, Mr Carruthers explained that this relates to outpatient demand and referral rates exceeding capacity; it is hoped that outsourcing certain services will impact on these numbers. In response to a query regarding whether any modelling has taken place around this, Mr Carruthers confirmed that this was the case, although it is complex and needs to be by specialty. Work is also taking place with Lightfoot. It was agreed that information in this regard should be presented to the Strategic Development & Operational Delivery Committee. The Independent Member (Information Technology) suggested that the data on page 9 in relation to Hip Fractures potentially ‘undersells’ the position, as the target has been met 4 times in the last 7 months, which should be recognised as an achievement during the pandemic. The Independent Member (Community) highlighted that, whilst the report identifies areas of concern, it contains limited detail in terms of what actions can and will be taken to improve the position and timescales for these. Mr Thomas acknowledged the need for improvement trajectories and increased narrative. Mr Carruthers reminded Members that the performance management framework at both a local and national level had been largely stood down during the COVID-19 pandemic. Steps are being taken, however to re-establish touchpoint meetings with operational</p>	AC

	teams. It was agreed that the approach to addressing PADR performance should be presented to a future meeting of the new People, Organisational Development & Culture Committee.	LG
	<i>Mrs Lisa Gostling left the Board meeting.</i>	
	The Board CONSIDERED the Performance Update report – Month 3 2021/22 and DISCUSSED the issues arising.	

PM(21)123	CORPORATE RISK REGISTER	
	Mrs Wilson introduced the Corporate Risk Register report, reminding Members that this had last been presented to Board in March 2021, since which time the following changes have taken place: 1 new risk has been added; 2 have been de-escalated or closed; 1 has seen an increase in risk score; 1 has seen a reduction in risk score and 18 have seen no change in risk score. Mrs Wilson highlighted that there is an error on page 3 of the report, where the narrative relating to Risk 1063 is incorrect. Of the two closed risks, 1017 will be reviewed/monitored by the Director of Therapies & Health Science.	
	Subject to correction of the narrative mentioned above, the Board was sufficiently ASSURED that principal risks are being assessed, managed and reviewed appropriately/effectively through the risk management arrangements in place, noting that these have been reviewed by Board level Committees.	

PM(21)124	REPORT OF THE PEOPLE, PLANNING & PERFORMANCE ASSURANCE COMMITTEE	
	Professor John Gammon, People, Planning & Performance Assurance Committee (PPPAC) Chair, presented the PPPAC update report, stating that he had nothing further to add except to highlight the concerns noted in the report. Members were reminded that this comprises the final PPPAC report, and were informed that all of the outstanding issues and actions have been transferred to the two new Board level committees. Professor Gammon thanked the Executive Leads and Corporate Governance team for their assistance during PPPAC's term of operation. Mrs Wilson wished to draw Members attention to the fact that the next item, the Major Incident Plan, had been discussed and scrutinised in detail by PPPAC.	
	The Board NOTED the PPPAC update report and ACKNOWLEDGED the key risks, issues and matters of concern, together with actions being taken to address these.	

PM(21)125	MAJOR INCIDENT PLAN	
	Mrs Ros Jervis presented the Major Incident Plan report, which outlines a set of addendums to the Major Incident Plan. These detail changes to the front of house model to accommodate Green (Non-COVID-19) and Red (COVID-19) pathways. The review has very much been a 'here and now' process, to ensure that the relevant plans are in place.	
	Mrs Hardisty queried why the site arrangements at Bronglais General Hospital differed so greatly from Glangwili General Hospital and Withybush General Hospital. Mrs Jervis explained that any response plan must be 'owned' by the relevant team. Whilst a standard template	

	had been developed, each Emergency Department operates differently and the addendums reflect the individual ways of working at each site.	
	The Board was ASSURED in respect of the arrangements in place to support a major incident response.	

PM(21)126	REPORT OF THE QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE	
	Ms Anna Lewis, Quality, Safety & Experience Assurance Committee (QSEAC) Chair, presented the QSEAC update report, advising that the further update on MHLd requested had now been received, and would be considered at the next meeting. Members' attention was drawn to QSEAC's focus on the transfer of cardiac patients between HDdUHB and Swansea Bay UHB.	
	The Board NOTED the QSEAC update report and ACKNOWLEDGED the key risks, issues and matters of concern, together with actions being taken to address these.	

PM(21)127	REPORT OF THE HEALTH & SAFETY ASSURANCE COMMITTEE	
	Mrs Hardisty, Health & Safety Assurance Committee (HSAC) Chair, presented the HSAC update report from meetings held in May and July 2021, highlighting the Committee's concerns around the levels of verbal abuse being suffered by UHB staff. This represents a worrying trend, which HSAC will continue to monitor. There is a continued focus on Fire Safety, and Mrs Hardisty was pleased to report that the issue with fire doors outlined in the July report has now been resolved.	
	Referencing the allocation of lone-working devices, and the restricted numbers of these, Miss Battle suggested that the purchase of additional devices could be funded via Charitable Funds. Whilst agreeing, the Director of Nursing, Quality & Patient Safety explained that the issue may relate more to the suitability of devices than availability/affordability.	
	The Board NOTED the HSAC update reports and ACKNOWLEDGED the key risks, issues and matters of concern, together with actions being taken to address these.	

PM(21)128	REPORT OF THE FINANCE COMMITTEE	
	Mr Winston Weir, Finance Committee Chair, presented the update reports from meetings held in May and June 2021, noting that the May meeting had been Mr Michael Hearty's final meeting as Chair and thanking him for the efficient handover process. At the June meeting, the Committee had reviewed the Month 2 position, and analysed potential opportunities for savings. The Committee looked forward to developing a recurrent savings plan and continued to focus upon the delivery of savings of £16m. The report also outlined concerns regarding the increasing costs of the Women & Children's Phase 2 scheme. Members noted that this had been the final meeting of the Finance Committee, which would be replaced by the Sustainable Resources Committee, meeting on a bi-monthly basis. Mr Weir advised that in the intervening months, there will be touchpoint meetings between himself and the Director of Finance. Miss Battle reiterated the Board's thanks to Mr Hearty for his contribution as Finance Committee Chair.	

	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)129	FINANCIAL REPORT – MONTH 3 2021/22	
	<p>Mr Thomas introduced the Financial Report for Month 3 of 2021/22, adding his thanks to Mr Hearty, who has helped to steer and strengthen the financial management and governance arrangements of the UHB. Members were reminded that the organisation anticipates delivering a financial deficit of £25m, which assumes Welsh Government funding of £32.4m. As mentioned in the previous report, the UHB is taking steps to recover its savings plan on a recurrent basis. Whilst Mr Thomas was confident that there are processes in place to identify savings opportunities, the delivery of these remains challenging.</p> <p>The Independent Member (Finance), noting that the deficit position is dependent on Welsh Government funding, enquired whether this is confirmed yet, and whether there are other funding opportunities, for example to support waiting list initiatives or Mental Health service provision. In response, Mr Thomas advised that he would present a paper to a future Sustainable Resources Committee meeting on funding available/yet to be confirmed. The UHB is, indeed, reliant on receiving £32.4m Welsh Government funding to deliver its forecast financial position, and is awaiting confirmation regarding other potential sources of funding. Whilst encouraged by the Month 3 position, the Independent Member (Finance) enquired whether this is correlated by increased activity levels in Unscheduled Care and higher agency staff usage due to the workforce position. Mr Thomas confirmed that there is a correlation between these, reminding Members that agency staff usage has increased due to substantive staff taking their accrued annual leave. The UHB is also seeing increased/additional levels of activity. Part of the organisation’s challenge is to understand the underlying levels of activity and explore how to care for patients differently.</p> <p>Referencing savings delivery, the Independent Member (Information Technology) noted the need to develop recurrent savings plans and enquired regarding confidence around achieving this objective. In response, Mr Thomas advised that the UHB has developed a framework to identify and understand savings opportunities; and work is also taking place with Lightfoot in this regard. There are, however, ongoing challenges in transacting these savings opportunities. Mr Moore emphasised that the Planning Objectives are a significant instrument in linking the organisation’s finances and operations. The UHB’s financial recovery is inextricably linked to its Health & Care Strategy. Aligning the two will represent a vital step forward.</p>	
	The Board DISCUSSED and NOTED the financial position for Month 3 2021/22.	

PM(21)130	HYWEL DDA UNIVERSITY HEALTH BOARD, RESET AND RECOVERY PLAN – OUTSOURCING ACTIVITIES	
	Mr Carruthers presented the HDdUHB Reset and Recovery Plan – Outsourcing Activities report, emphasising that this outlines a fundamental component of the UHB’s Recovery Plan, both in terms of core activity and addressing the backlog.	

Enquiring whether the relevant market is subject to a great deal of competition, bearing in mind that all other NHS organisations are in similar positions; Miss Battle also noted that the Dermatology insourcing is well below national tariff levels, and queried whether the UHB had considered insourcing for some of the other services. In response to the first query, Mr Carruthers confirmed that this is an extremely competitive market. A number of the costs of tenders are high – though this is sometimes due to scale rather than the prices themselves. In view of the fact that this is a challenge for NHS organisations nationally, it was suggested that consideration should be given to whether a national approach would be appropriate. Members were assured that the UHB will always fully explore the opportunities available. Noting the statement that ‘the tendering process demonstrates that the Welsh Independent Sector Providers consistently charge a significantly higher percentage over the English National Tariff’ the Independent Member (Community) enquired regarding the rationale/justification for this. The Director of Finance explained that as well as being a competitive market, there are limited providers, which impacts upon those outsourcing. It was agreed that further conversations both locally and across Wales are required, with a need to take a more holistic approach. Pursuing this point, the Independent Member (Community) suggested that if a number of Health Boards are competing for the same services in a limited market, this is likely to drive up costs, and it would be unfortunate to be in a position where one Health Board is outbidding another for services. It was confirmed that this issue is being considered by the Directors of Finance at a national level, and that this group is open to seeking a national solution. It was queried regarding whether HDdUHB doctors are working for the private providers who will deliver these services and, if so, whether there are governance implications and a potential impact on NHS capacity. In response, Mr Carruthers stated that the providers are generally staffed by doctors from other organisations, and NHS capacity is not affected. In considering the recommendation, it was noted that it should be to approve, rather than support, placing contracts.

In accordance with Standing Orders, the Board **APPROVED** the recommendation to place contracts exceeding £500k with the following providers, **NOTING** that those in excess of £1m will also require Welsh Government approval:

- Trauma and Orthopaedics – Award £2m contract with Provider (1)
- Ophthalmology – Award £1.1m contract with Provider (2)
- General Surgery – Award £0.4m contract to Provider (1), Award £0.4m contract to Provider (3)
- Dermatology – Award £0.5m contract with Provider (4)

PM(21)131

VIRTUAL POOLED FUND AGREEMENT FOR ADULT CARE HOME PLACEMENTS 2021-24

Ms Jill Paterson presented the Virtual Pooled Fund Agreement for Adult Care Home Placements 2021-24 report, explaining that this agreement has been in place since 2018. Previously, an annual agreement has been in place; the report signals and outlines a move to a three year agreement, with variations to the original agreement detailed on page 2.

Whilst welcoming the certainty offered by a three year agreement, and noting that the report considers the financial aspects of this, the

	<p>Independent Member (Information Technology) queried whether there are measures in place to evaluate the quality of service. Ms Paterson explained that, whilst there are currently no formal performance indicators included in the three year agreement, steps are being taken to consider ‘what good looks like’ in terms of activity data from the annual agreement. Members’ attention was drawn, however, to the Pre-placement Agreement for Care Homes, being developed across partner organisations, which will be going out to consultation. This will be wider than for Older Adult Care provision only; however Ms Paterson emphasised that the importance of service quality is recognised.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> • NOTED the legislative requirements necessitating the establishment of a pooled fund for adult care home placements and the virtual approach being taken in West Wales; • APPROVED the Pooled Fund Legal Agreement for 2021-2024. 	

<p>PM(21)132</p>	<p>STRATEGIC BUSINESS INTELLIGENCE</p> <p>Introducing the Strategic Business Intelligence report, Mr Thomas explained that this forms part of the UHB’s approach to gain a greater oversight, insight and foresight to information/intelligence, for use by operational teams; to inform the organisation’s planning approach; and to identify potential opportunities. The work which has taken place during the past 12 months has progressed the organisation tremendously and has expanded as an area of work, which leads to the request for continued funding. In the longer term, the UHB will need to reflect on its strategy in this regard, in terms of whether it develops in-house capability or maintains external specialist support. Mr Thomas acknowledged that the figures involved represent a significant investment, whilst emphasising that the work undertaken thus far has allowed the organisation to develop.</p> <p>Noting that Cardiff & Vale UHB are at a more advanced level in terms of this work, Miss Battle requested that the Director of Strategic, Development & Operational Planning, previously Operational Planning Director at Cardiff & Vale UHB, provide his perspective. In response, the Director of Strategic, Development & Operational Planning endorsed Mr Thomas’ comments, adding that there is no question around the appetite within operational teams for such information. However, realising the full opportunities offered will require a ‘seismic shift’; a journey which will require concurrent Organisational Development. Cardiff & Vale UHB has undertaken a great deal of work around the Emergency and Urgent Care pathway, which allows them to effectively interrogate data in terms of timing and volume of demand, and alter parameters to test models. This expanded into a system wide project, covering both Primary and Secondary Care, which analysed how pathways might be changed to reduce delays, etc. It also served to effectively bring different staff groups together.</p> <p>Whilst Mrs Hardisty did not doubt the potential value offered by this work, it was suggested that more detail needs to be provided in terms of how outcomes are monitored/measured and what improvements have resulted. This will provide the Board with the necessary assurance around value for money. Furthermore, Mrs Hardisty felt that the suggestion of Welsh Community Care Information Solution (WCCIS) as</p>	
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a workstream was not necessarily appropriate, given that it has only been used in a very limited setting by community teams in Ceredigion. Mr Thomas explained that business intelligence and modelling is being used fairly extensively across the organisation, including in south Ceredigion, Borth Surgery (GP), by all three County Directors, Falls and Frailty (Pembrokeshire), COPD and Financial Planning. The Board will be aware of the UHB's work on 'Improving Together', which has a fundamental requirement for regular data in 'real time', in order to test whether improvement cycles are working. The WCCIS workstream has not yet been confirmed, for the very reasons outlined by Mrs Hardisty. The organisation is exploring whether there is potential to improve interfaces between WCCIS and care systems in Pembrokeshire and Carmarthenshire to overcome the inherent challenges in those counties. Mr Thomas felt, however, that the UHB currently has, without broadening its use, sufficient data and intelligence being produced by the system to utilise across its teams. It was also emphasised that, whilst significant, the investment has largely been 'upfront', with the ongoing costs to maintain the system being lower.

The Independent Member (Community) wished to focus on the governance around a decision of this scale. Not only is the total cost significant, it was suggested that the rate of consultancy fee being proposed is extremely high. A business case for this type of investment should include information on impact, return on investment, value for money, and anticipated improvements in terms of patient care. Whilst extremely supportive of the context of this proposal, it was felt that there was a significant portion of the 'business case' missing in this instance. The Independent Member (Community) was of the opinion that an application for investment in an operational area would necessitate submissions of a formal business case, and that this investment should be subject to the same level of scrutiny. Welcoming these comments, Mr Thomas emphasised that this proposals has been discussed at both Board Seminar and by the Executive Team. In terms of return on investment, provision of a platform to facilitate the development of intelligence presents challenges in identifying a 'return'; however, there is a desire and need for this data. Further, Mr Thomas stated that he was unable to contemplate a return to financial breakeven without this type of business intelligence platform, based on its use in other Health Boards. It was suggested that this information and justification needs to be captured. If a number of Health Boards are utilising this provider, equally, it needs to be ensured that this is not being exploited, and consideration given to whether an All Wales approach is required. Mr Thomas acknowledged all of these points, adding that the possibility of building capacity/expertise internally should also be explored. Within the online Chat, it was suggested that priority should be given to capturing the benefits of this work and to facilitating skills transfer into internal UHB teams. There should also be an emphasis on encouraging operational teams, key clinical and management staff to take advantage of these analytical tools, and ensuring they have the capability to do so. Finally, the link between this investment and the UHB's ultimate goals around improved patient care and health and wellbeing needs to be made more explicit.

	<p>Mr Moore suggested that this proposal had perhaps not been approached and presented in the correct manner, and apologised for this. However, the work undertaken to date has addressed a clear need within the organisation, in a much more powerful and useful way than anticipated. Mr Moore felt that the achievements of this work thus far need to be captured, along with the future 'shape' of this relationship. There are three layers involved: the operational management data; the tactical response data (admission avoidance, discharge, disease specific, site specific, clinical team specific); and the strategic element. In view of the foregoing discussions, it was agreed that a report be prepared for consideration by the Sustainable Resources Committee outlining the above information, to provide the assurance required by Board in considering approval of further funding.</p>	HT
	<p>The Board:</p> <ul style="list-style-type: none"> • NOTED the contents of the report, and the financial commitment to date; • REQUESTED that further information be provided via the Sustainable Resources Committee, prior to seeking approval for further investment by Board. 	

PM(21)133	<p>BRONGLAIS GENERAL HOSPITAL CHEMOTHERAPY DAY UNIT PROJECT – APPROVAL TO DEVELOP WITH REVISED RELOCATION PLANS</p>	
	<p>Mr Carruthers presented the Bronglais General Hospital Chemotherapy Day Unit Project – Approval to Develop with Revised Relocation Plans report, explaining that the planned location for the unit has changed, due to the impact of the COVID-19 pandemic.</p> <p>The Independent Member (University) requested assurance that due diligence procedures, particularly around costs, will take account of learning from other recent capital projects. In response, Mr Carruthers assured Members that learning will inform this scheme. Members also noted that there will be a further opportunity to review the project proposal prior to it going out to tender. Whilst welcoming the project and reasoning behind this proposal, the Independent Member (Community) queried how any gaps in funding will be managed/met. Mr Carruthers explained that there will be various decision points during the scheme, and that other charitable funding options exist, or the organisation may deem it appropriate to utilise Discretionary Capital Programme Funding. The Director of Nursing, Quality & Patient Experience assured Members that this proposal, learning from previous schemes and potential costings have been fully scrutinised by the Charitable Funds Committee.</p>	
	<p>The Board CONSIDERED the proposals for the new Chemotherapy Day Unit (CDU) for Bronglais General Hospital (BGH) and APPROVED the re-location plans of the revised option, NOTING that the required contribution from HDdUHB charitable funds will necessitate Corporate Trustee approval.</p>	

PM(21)134	<p>HDDUHB WELL-BEING OBJECTIVES ANNUAL REPORT 2020/21</p>	
	<p>The Board APPROVED for publication HDdUHB's Well-being Objectives Annual Report for the period 1st April 2020–31st March 2021, in order to fulfil the UHB's statutory obligations.</p>	

PM(21)135	IMPROVING OUTCOMES FOR CARERS ANNUAL UPDATE REPORT & WEST WALES CARERS DEVELOPMENT GROUP ANNUAL REPORT 2020/21	
	Mrs Jervis presented the Improving Outcomes for Carers Annual Update report, emphasising the strength of reflection across partnerships. Whilst challenges remain, there are also opportunities. The region has seen a significant increase in the number of unpaid carers, and the UHB needs to continue its work with partner organisations to support these individuals.	
	<p>The Board:</p> <ul style="list-style-type: none"> • NOTED the significant increase in the self-identification of unpaid Carers who are seeking support to help them in their caring role. • NOTED the work which has been on-going within the Health Board to respond to the Strategic Planning Objective and to the regional and national strategies. • NOTED the West Wales Carers Development Group Annual Report 2019/2020, prior to publication on the UHB website. 	
PM(21)136	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.	
PM(21)137	COMMITTEE UPDATE REPORTS: IN-COMMITTEE BOARD	
	The Board RECEIVED the update report of the In-Committee Board meeting and RATIFIED the In-Committee Board decision to be an active partner in Carmarthenshire County Council's submission of a Strategic Outline Case to the UK 'Levelling Up' Fund for the Carmarthen Hwb project.	
PM(21)138	COMMITTEE UPDATE REPORTS: HDdUHB ADVISORY GROUPS	
	The Board RECEIVED the update report in respect of recent Advisory Group meetings and RATIFIED the Staff Partnership Forum Terms of Reference.	
PM(21)139	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)140	STATUTORY PARTNERSHIPS UPDATE	
	The Board NOTED the Public Services Boards (PSB) update and links to the PSB and RPB websites, where the agenda and minutes of recent meetings can be accessed.	

PM(21)141	WEST WALES CARE PARTNERSHIP: DRAFT DEMENTIA STRATEGY	
	Miss Battle and Mrs Wilson advised that the document presented is not an approval item; it is the beginning of a consultation process. It will be presented to the RPB in October 2021 before being brought back to Board for consideration in November 2021. Miss Battle emphasised that this is an extremely important strategy, which deserves due discussion and scrutiny.	
	The Board CONSIDERED the draft service vision, the service model pathway and high level Dementia Strategy.	
PM(21)142	BOARD ANNUAL WORKPLAN	
	The Board NOTED the Board Annual Workplan, which would be amended in line with earlier discussions.	
PM(21)143	ANY OTHER BUSINESS	
	There was no other business reported.	
PM(21)144	DATE AND TIME OF NEXT MEETING	
	9.30am, Thursday 30 th September 2021	