

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

Date of Meeting:	<b>12.30PM, THURSDAY 26<sup>TH</sup> MAY 2022</b>
Venue:	<b>VIRTUAL, VIA TEAMS</b>

Present:	<p>Miss Maria Battle, Chair, Hywel Dda University Health Board (VC)  Mrs Judith Hardisty, Vice-Chair, Hywel Dda University Health Board  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)  Miss 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)  Professor Philip Kloer, Executive Medical Director and Deputy Chief Executive  Mr Lee Davies, Executive Director of Strategic Development &amp; Operational Planning (VC)  Mrs Lisa Gostling, Executive Director of Workforce and Organisational Development (VC)  Mr Keith Jones, Director, Secondary Care, deputising for Mr Andrew Carruthers, Executive Director of Operations (VC)  Ms Sharon Daniel, Assistant Director of Nursing, deputising for Mrs Mandy Rayani, Executive Director of Nursing, Quality &amp; Patient Experience (VC)  Ms Alison Shakeshaft, Executive Director of Therapies &amp; Health Science (VC)  Mr Huw Thomas, Executive Director of Finance (VC)</p>
In Attendance:	<p>Ms Jill Paterson, Director of Primary Care, Community &amp; Long Term Care (VC)  Mrs Joanne Wilson, Board Secretary  Dr Hashim Samir, Vice Chair of Black, Asian and Minority Ethnic (BAME) Board Advisory Group (VC)  Mr Mansell Bennett, Chair, Hywel Dda Community Health Council (VC)  Mr Sam Dentten, Deputy Chief Officer, Hywel Dda Community Health Council (VC)  Dr Sion James, Deputy Medical Director (VC) (part)  Ms Alwena Hughes-Moakes, Communications Director (VC)  Ms Clare Moorcroft, Committee Services Officer (Minutes)</p>

Agenda Item	Item	Action
PM(22)69	<b>INTRODUCTIONS &amp; APOLOGIES FOR ABSENCE</b>	
	<p>The Chair, Miss Maria Battle, welcomed everyone to the meeting, particularly Mr Keith Jones, Ms Sharon Daniel and Dr Sion James. Apologies for absence were received from:</p> <ul style="list-style-type: none"> <li>• Mr Steve Moore, Chief Executive</li> <li>• Mr Andrew Carruthers, Executive Director of Operations</li> <li>• Mrs Mandy Rayani, Executive Director of Nursing, Quality &amp; Patient Experience</li> <li>• Dr Joanne McCarthy, Deputy Director of Public Health</li> </ul>	

	<ul style="list-style-type: none"> <li>• Mr Jonathan Griffiths, Pembrokeshire County Council Director of Social Services, Local Authority Representative</li> <li>• Ms Donna Coleman, Chief Officer, Hywel Dda Community Health Council</li> </ul>	
<b>PM(22)70</b>	<b>DECLARATION OF INTERESTS</b>	
	Cllr. Gareth John declared an interest in item <b>PM(22)92</b> due to his role within Carmarthenshire County Council and recent appointment as a Cabinet Member of that body and withdrew from discussion on this agenda item.	
<b>PM(22)71</b>	<b>MINUTES OF THE PUBLIC MEETING HELD ON 31<sup>ST</sup> MARCH 2022</b>	
	<b>RESOLVED</b> – that the minutes of the meeting held on 31 <sup>st</sup> March 2022 be approved as a correct record.	
<b>PM(22)72</b>	<b>MATTERS ARISING &amp; TABLE OF ACTIONS FROM THE MEETING HELD ON 31<sup>ST</sup> MARCH 2022</b>	
	<p>An update was provided on the table of actions from the Public Board meeting held on 31<sup>st</sup> March 2022, and confirmation received that all outstanding actions had been progressed. In terms of matters arising:</p> <p><b>PM(22)51</b> – in response to a request for clarification around when monitoring of Job Plan quality by the People, Organisational Development &amp; Culture Committee (PODCC) will commence, Professor Philip Kloer advised that an update will appear on the 20<sup>th</sup> June 2022 PODCC agenda. It is intended that this issue will be addressed via the Specialty &amp; Associate Specialist (SAS) Doctors’ Charter and the involvement of the SAS Steering Group will be sought.</p> <p><b>PM(22)55</b> – to provide additional assurance regarding the Dementia Strategy, Ms Alison Shakeshaft advised that implementation is already underway. A partnership approach, with Local Authority colleagues, is being applied, with implementation being overseen by the Dementia Steering Group. With regard to <b>PM(22)56</b>, Ms Jill Paterson reported that the status of the Palliative &amp; End of Life Care Strategy is the same. External funding to extend implementation has been secured, and it is intended to appoint a programme manager. A formal update to Board on the implementation of both Strategies has been forward planned, as indicated in the Table of Actions.</p>	
<b>PM(22)73</b>	<b>MINUTES OF THE CORPORATE TRUSTEE MEETING HELD ON 31<sup>ST</sup> MARCH 2022</b>	
	<b>RESOLVED</b> – that the minutes of the Corporate Trustee meeting held on 31 <sup>st</sup> March 2022 be approved as a correct record.	
<b>PM(22)74</b>	<b>REPORT OF THE CHAIR</b>	
	Presenting her report on relevant matters undertaken as Chair since the previous Board meeting, Miss Battle highlighted in particular the roll-out of the Welsh Nursing Care Record (WNCR). As indicated, HDdUHB is one of the first organisations to implement this digital application, and Miss Battle was proud of this achievement. Recent Welsh Government investment, enabling the purchase of a new CT scanner for Glangwili General Hospital (GGH), ultrasound equipment for Withybush General	

	<p>Hospital (WGH) and mobile X-ray units, was welcomed. All of these help to improve both patient experience and staff morale. Miss Battle commended the organisation's commitment to helping and supporting staff who are also unpaid carers, evidenced by its achievement of the 'Carer Confident Level 2 – Accomplished' benchmark in the Carers Wales Employers for Carers scheme. Focusing on awards made to staff, Miss Battle congratulated Ms Chris Hayes, Nurse Staffing Programme Lead, on her Chief Nursing Officer's Wales Excellence Award. Also, those shortlisted for the National Black, Asian And Minority Ethnic (BAME) Health &amp; Care Awards, where HDdUHB is a finalist in 10 categories, including Outstanding Corporate Achievement of the Year. An excellent achievement for all the staff nominated for and in receipt of awards.</p> <p>Noting statements in regards to the WNCR and digital developments in general, Mr Paul Newman enquired whether it would be possible to arrange demonstrations of these for Board Members, perhaps at a Board Seminar. Ms Sharon Daniel indicated that she would welcome such an opportunity, emphasising that the system has been developed by nurses, for nurses. Within the online Chat, Mr Huw Thomas noted that a Digital Innovation week is being organised, which will include the WNCR. This event is likely to take place in September 2022, and an invitation will be extended to Independent Members in due course.</p> <p>The Board <b>SUPPORTED</b> the work engaged in by the Chair since the previous meeting and <b>NOTED</b> the topical areas of interest.</p>	<p>HT</p>
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<p>PM(22)75</p>	<p><b>REPORT OF THE CHIEF EXECUTIVE</b></p> <p>Professor Kloer presented, on behalf of Mr Steve Moore, the Report of the Chief Executive. In the first instance, Professor Kloer wished to recognise and thank Mrs Ros Jervis for her optimism, energy and enthusiasm, and the significant contribution she has made to the organisation in her time as Executive Director of Public Health. Mrs Jervis has showed immense dedication, commitment and drive, and is one of the principle reasons why HDdUHB had been able to respond so effectively to the COVID-19 pandemic. Mrs Jervis' work in relation to Future Generations Living Well is also significant, and this legacy will live within HDdUHB communities for many years to come. Professor Kloer, on behalf of the Board, thanked and sent best wishes to Mrs Jervis and her family. Members' attention was drawn to the proposed new and additional Planning Objective around improving the flow of patients across the urgent and emergency care system emanating from national discussions. This goes some way towards recognising the significant amount of work the UHB and key stakeholders, particularly Local Authority partners, will need to undertake. Professor Kloer emphasised that this work, which is potentially extremely impactful on the local population, is anticipated to be a joint responsibility, focusing on building capacity within community care. Members heard that the petition mentioned within the report was discussed by the Petitions Committee of the Senedd on 23<sup>rd</sup> May 2022. The Committee had recommended its discussion by Senedd. Finally, challenges associated with the increased cost of living were recognised by the organisation, and Professor Kloer highlighted discussions, being led by the Director of Workforce &amp; OD, around potential practical support which might be offered to staff.</p>	
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Within the online Chat, and referencing the retirement of Mrs Ros Jervis, Ms Delyth Raynsford also highlighted Mrs Jervis' management of the Tuberculosis outbreak. Cllr. John welcomed the statements around partnership working in relation to community/social care and suggested that the principle was sound. Assurance was requested, however, that engagement will take place with Local Authority, Third Sector and wider partners. Professor Kloer emphasised that such engagement was an absolute pre-requisite in ensuring the success of this work. Ms Jill Paterson also welcomed these proposals, and their placement at the centre of the organisation's strategy. Members were assured that there have been detailed and ongoing discussions at both the Regional Partnership Board (RPB) and Integrated Executive Group (IEG). An integrated and collaborative approach is crucial in addressing challenges such as domiciliary care provision. It is vital to ensure that the 'whole-system' context is not understated or overlooked.

Referencing the rising cost of living, Ms Raynsford noted that this will be affecting staff, patients and carers and enquired regarding evidence that this is adversely impacting on staff recruitment/retention or patient attendance at appointments. In response to the first query, Mrs Lisa Gostling stated that, whilst there had been no specific decrease in the existing workforce, there had been an increase in requests for flexible working/home-working. There has also been a decline in the number of applications for the UHB's Health Care Apprenticeship scheme; rates of pay for apprentices are being reviewed. Within the online Chat, Professor John Gammon noted that he was reassured by the staff incentive and recognition schemes being implemented. Ms Paterson reminded Members that Primary Care had introduced remote consultations at the beginning of the COVID-19 pandemic, advising that these arrangements remain in place, in addition to face-to-face consultations when appropriate. Virtual appointment arrangements are also in place within Secondary Care. Miss Battle emphasised that there is a great deal of concern around the potential impacts on health – both mental and physical – of an increased cost of living. Plans for collaborative working with partners around community and social care were welcomed. Miss Battle concluded discussions by thanking, on behalf of the Board, Mrs Jervis; a much valued colleague as Director of Public Health and wonderful human being who has given so much to the organisation at great personal cost and sacrifice, particularly during the COVID-19 pandemic.

The Board:

- **ENDORSED** the Register of Sealings since the previous report on 31<sup>st</sup> March 2022;
- **NOTED** the status report for Consultation Documents received/ responded to;
- **ENDORSED** the new Planning Objective to improve the flow of patients across the urgent and emergency care system.

PM(22)76

**REPORT OF THE AUDIT & RISK ASSURANCE COMMITTEE**

Mr Newman, Audit & Risk Assurance Committee (ARAC) Chair, presented the ARAC update reports, advising that these covered two meetings. At its meeting on 19<sup>th</sup> April 2022, the Committee had identified that it had progressed discussions around Radiology and Records

	<p>Management as far as possible, and had referred these topics to QSEC and SRC respectively. The 5<sup>th</sup> May 2022 ARAC meeting had focused primarily on Year-End business. Discussion of the Women &amp; Children's Phase 2 Internal Audit report had recognised the efforts of the HDdUHB Estates team. Concerns remain, however, around completion of the contract and the lack of a Parent Company Guarantee. Miss Battle assured Members that both the organisation and Director of Operations are fully cognisant of these issues.</p> <p>Noting reference to the AMAT tool in discussions around the Prevention of Self Harm Internal Audit report, Miss Battle enquired when the pilot is due to end. Ms Daniel advised that the AMAT tool had been procured for the UHB at the end of February 2022, primarily for use in clinical audit. However, it is possible to extend its use to include inspections and Health &amp; Safety audits and it is likely to prove a useful tool. Ms Daniel is awaiting information from the Health &amp; Safety team around a timescale for adaptation for other purposes and agreed to take this forward. Members noted that, due to the assurance rating of this Internal Audit, a follow-up has been scheduled during 2022/23.</p>	<b>SD</b>
	<p>The Board <b>NOTED</b> the ARAC update reports and <b>ACKNOWLEDGED</b> the key risks, issues and matters of concern, together with actions being taken to address these.</p>	

<b>PM(22)77</b>	<p><b>REPORT OF THE QUALITY, SAFETY &amp; EXPERIENCE COMMITTEE</b></p> <p>Ms Anna Lewis, Quality, Safety &amp; Experience Committee (QSEC) Chair, presented the QSEC update report, highlighting discussion of the Committee's Annual Report and recognition of the value of 'deep dive' reports.</p> <p>Referencing the School Nursing and Youth Health Team Deep Dive Report, Ms Raynsford enquired with regard to Welsh Language provision in this area and whether young people are able to access services in Welsh if they wish. Ms Daniel responded that the requirement for Welsh Language skills has impacted on the UHB's ability to recruit to posts. Whilst it is not an essential requirement for all roles, it is felt that staff should be enabled to improve their Welsh Language skills. There is a commitment to consult with children and young people to establish their preference in terms of language. The translation into Welsh of School Nursing/Youth Health Team materials is being explored, and HDdUHB is working with Local Authority Education Leads. As the use of Welsh Language can be a confidence issue for staff, consideration is also being given to a 'buddy' system. Noting concerns in relation to the Epilepsy and Neurology in Learning Disabilities Services Deep Dive, Miss Battle requested assurance that the correspondence mentioned has been issued to families. Also, details of the timescale for completion of the proposed review into care packages provided by commissioned services. Finally, assurance that the recent Community Health Council (CHC) survey in relation to maternity services will be taken into account in developing the Maternity Services Improvement Plan. In response to the first query, Professor Kloer understood that the correspondence has been issued, and contact made with Third Sector organisations to establish potential linkages. Professor Kloer would confirm he was correct in this assertion. Members were assured that findings of the CHC survey would be considered as</p>	<b>PK</b>
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	<p>part of the Maternity Services Improvement Plan, with Ms Daniel adding that this will form part of the deep dive at QSEC in June 2022. With regards to the review into care packages, whilst Ms Paterson was not able to confirm the timescale for completion of this particular review, Members heard that a number of reviews are ongoing currently. To provide additional assurance, Ms Paterson explained that where there may be a lack of clarity around responsibility in terms of Court of Protection or Mental Health services legislation, for example, cases are routinely reviewed to identify clear processes and ensure that these are followed going forward. Ms Paterson offered to provide a further update at the next QSEC and Board meetings.</p>	<p><b>JP</b></p>
	<p>The Board <b>NOTED</b> the QSEC update report and <b>ACKNOWLEDGED</b> the key risks, issues and matters of concern, together with actions being taken to address these.</p>	

<p><b>PM(22)78</b></p>	<p><b>IMPROVING PATIENT EXPERIENCE REPORT</b></p> <p>Ms Daniel introduced the Improving Patient Experience Report, noting that this covers the period to the end of March 2022. As outlined, it is proposed that changes will be made to the format and content of future reports. Members heard that the new Civica feedback system will provide directorates with access to data in ‘real time’ and, once the system is fully embedded, improved/enhanced analysis is anticipated. The report begins with a Patient Story, from Maxine, who is visually-impaired. The story demonstrates that the organisation failed to meet Maxine’s needs and fell short on this occasion. The Patient Experience team has established links with the Diversity and Inclusion team to consider how improvements can be made. However, staff training will only address certain aspects; cultural learning/change is also required. Prince Philip Hospital is already undertaking work to consider this issue.</p> <p>Miss Battle suggested that Maxine’s story, which is extremely powerful, should be utilised as part of staff training. Agreeing, Ms Daniel advised that patient stories have been used in this way previously. Mr Sam Dentten welcomed the report and the UHB’s efforts to improve the patient experience. Members will be aware that the CHC receives patient feedback on various topics, including Urgent Care settings such as A&amp;E/Emergency Departments. Some of this feedback is not especially positive; in certain cases, the issues stem from the ongoing response to the COVID-19 pandemic, which it is accepted presents unique challenges. Mr Dentten requested, however, assurances that learning is taking place, particularly in view of the fact that services are likely to continue to experience pressures for some time yet. Ms Daniel provided an example of a new Standard Operating Procedure for paediatric patients, whereby they are re-directed to the relevant paediatric treatment area to both relieve pressure on A&amp;E and improve patient experience. Other changes include an enhanced consultant rota to ensure children are treated in the best and most appropriate place possible. Mrs Gostling reminded Members that the UHB’s customer service programme, ‘Making a Difference’ is now operational, with staff booked onto courses for the next few months. The programme is not of a ‘traditional’ learning style and feedback received from those who have already participated suggests that it is an ‘open setting’ where staff can begin to understand the impact they can have on people’s experience without necessarily realising this. Reports regarding the programme will</p>	
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be made to PODCC. Dr Sion James wished to assure Members that lessons are being learned and that the UHB is a 'learning organisation'. Examples include bulletins to Primary Care providers and measures being put into place to 'close feedback loops'. Miss Battle recognised that current pressures on Unscheduled and Emergency Care services are unprecedented, and follow two years of pressures. These pressures impact on both patients and the UHB workforce. It is important to ensure that frail members of the local population can be cared for effectively in the community. Miss Battle apologised to Maxine and others who do not have a positive experience, along with those waiting for treatment; whilst assuring Members and the public that the organisation is addressing these issues in every way it can.

**LG/JW**

Referencing page 20 of the report, Mrs Judith Hardisty enquired whether there are plans to expand the Pet Therapy initiative. Mrs Hardisty also advised that the Arts in Health Coordinators had presented at a recent Nursing and Midwifery Conference, where their report on completed and planned work had been welcomed and positively received. Ms Daniel indicated that the UHB has been facilitating Pet Therapy visits, whilst confirming that there are opportunities to further extend the initiative and committing to explore these. Ms Raynsford noted that Paediatric feedback had identified the importance of play specialists/therapists and enquired regarding the feasibility of providing such staff in A&E settings. Mr Keith Jones agreed to communicate this suggestion to the Women & Children's service. In response to a query around patient feedback regarding decision-making capacity on page 15, Ms Paterson advised that there is a rolling programme of Mental Capacity Act training across services. Audits are also undertaken to assess whether decisions around capacity have been made correctly. Within the online Chat, Dr James noted that the Mental Capacity team is a valuable resource, who can undertake training, together with assessment of complex cases if required. Miss Battle noted that Paediatric feedback suggests that patient experience in A&E is an ongoing issue. In the absence of a dedicated A&E for children, it is vital to ensure that the A&E departments that the UHB does have offer the best experience possible. Within the online Chat, it was suggested that there are environmental improvements within the gift of the organisation, which would make waiting more comfortable. Miss Battle felt that an update on improvements already made to the environment would be informative.

**SD**

**KJ**

**KJ**

Returning to earlier comments made by Mr Dentten regarding access and experience, Ms Paterson advised that as part of contractual regulations the UHB is required to have in place an Access Standards Committee, on which the CHC is represented. There are also access standards which contractors are obliged to attain. Members heard that the CHC has recently prepared a report around access to General Practice and that this would be considered at the relevant Board level Committee. Whilst it is recognised that certain patient experiences are not as good as they might be, others have been more positive. Professor Kloer also expressed regret for any negative experiences among those people trying to access services. Influencing culture, and improving staff training and systems are key to enhancing patient experience. All of these allow/facilitate staff to provide better patient

**MR**

	care. Miss Battle reiterated thanks to the Patient Experience team for providing patients with a voice at Board meetings.	
	The Board <b>RECEIVED</b> and <b>NOTED</b> the Improving Patient Experience report, which highlights to patients and to the public the main themes arising from patient feedback.	

<b>PM(22)79</b>	<b>NURSE STAFFING LEVELS (WALES) ACT ANNUAL REPORT 2021/22</b>	
	<p>Ms Daniel presented the Nurse Staffing Levels (Wales) Act Annual Report 2021/22, advising that this is an extensive annual assurance report, covering the period 6<sup>th</sup> April 2021 to 5<sup>th</sup> April 2022. The return has a prescribed template for Health Boards to use, to facilitate consistency in data collection. Members were reminded that Section 25B of the Nurse Staffing Levels (Wales) Act (NSLWA) has been extended to include Paediatric inpatient wards. Whilst the report is primarily to provide assurance, the UHB has a statutory duty under Section 25A of the Act, and section 16 provides a summary of the wider work undertaken in relation to selected S25A areas during 2021/22. Members will observe that the planned roster remains challenging and it is a testament to the efforts of staff that this has been managed with little impact on the patient experience.</p> <p>Miss Battle was pleased to note that HDdUHB's three yearly assurance report had been commended for its completeness and detail, which reflects the work undertaken in this testing area. Mr Newman echoed this comment and welcomed the report. The remit of the NSLWA poses considerable challenges and Mr Newman enquired regarding the level of confidence around the UHB's ability to continue to meet these and any additional requirements. Ms Daniel referred to correspondence from the Chief Nursing Officer on 14<sup>th</sup> April 2022, which indicated their sense that this was an appropriate point to pause and reflect on the approach of the All Wales Nurse Staffing Programme and its direction going forward. It has been decided not to publish the Mental Health, District Nursing and Health Visitor principles for the time being. However, work is continuing within the UHB on Section 25A and adoption of the triangulated approach involving acuity, quality and professional judgment. HDdUHB also continues to maintain strong representation at a national level and a focus on the 'team around the patient' model; the latter has incorporated the involvement of ward staffing managers in conversations around calculations of Nurse Staffing Levels. The UHB continues to take all reasonable steps and monitor the quality of care via various indicators.</p>	
	The Board <b>RECEIVED</b> the Nurse Staffing Levels Annual Assurance Report for 2021/22 and <b>TOOK ASSURANCE</b> that the necessary processes and reviews have been enacted to enable HDdUHB to remain compliant with its duties under the Nurse Staffing Levels (Wales) Act 2016.	

<b>PM(22)80</b>	<b>TRANSFORMATION STEERING GROUP UPDATE</b>	
	Presenting the Transformation Steering Group (TSG) Update, Professor Kloer suggested that this represents a useful reminder regarding the role of the Group and an indication of the work being undertaken. Progress during the past 8-9 months towards developing a social model for health and wellbeing has included a systematic review of evidence/literature being undertaken by Aberystwyth University. There has also been a	



series of conversations with thought leaders, which will be collated into a single report. These actions will assist in understanding the NHS role in moving towards a social model for health and wellbeing. Consideration of future engagement with partners and public will be required; a plan will be submitted to Executive Team and thence into the Board Committee structure.

LD

Noting the intended new Planning Objective, Mr Maynard Davies enquired regarding the likely timescale for finalising this and which Board level Committee it will be allocated to. Professor Kloer advised that the proposed Planning Objective had been considered at the Executive Team meeting on 18<sup>th</sup> May 2022 and it is anticipated that it would be allocated to SDODC, to align with the Planning Objective in relation to a social model for health and wellbeing. In response to a query from Ms Anna Lewis around whether anything has been particularly striking in terms of interest, Professor Kloer noted and welcomed the level of enthusiasm around moving to a social model for health and wellbeing. There is an impetus from all sectors towards this, rather than constraining consideration to a biomedical model. This is not to understate the importance of a biomedical model in providing the care which is and will continue to be required. The organisation is also learning the level to which partners wish to commit to working with HDdUHB, although it should be recognised that there are many more groups with whom the UHB needs to engage. Finally, the motivation to focus on health inequalities and the next generation is palpable. Professor Kloer reminded Members that section 1.0.1 of the UHB's Standing Orders outlines the organisation's responsibility around improving health inequalities and population outcomes, which is equal in import to its responsibility to provide care. The latter receives far more focus currently, and a rebalance is required.

Mr Iwan Thomas noted with disappointment that less than a fifth of those consulted as part of the conversations with a purpose have links to HDdUHB. Whilst the reputation of those consulted was beyond doubt, Mr Iwan Thomas emphasised that the 'community voice' is deserving of more attention/focus and an increased engagement at grassroots is required. Professor Kloer assured Members that this has been discussed on a number of occasions, agreeing that proposals need to be both relevant to local communities and community-led. It was, considered necessary, however, to conduct this exploration in the first instance to provide a much stronger base upon which to undertake engagement with Public Services Boards (PSBs), the RPB and the local population. Noting reference to linkages with PSBs and the RPB, Mrs Hardisty suggested that consideration also be given to establishing links with the Accelerated Cluster process and Pan-Cluster Planning Groups, the membership of which includes local communities and Third Sector organisations. Within the online Chat, Dr James agreed that community groups are key partners for the UHB to engage with and Miss Battle emphasised that this was always intended. Professor Kloer welcomed these comments and suggestions, noting that it is still early on in the process and that the TSG had not wished to disrupt the progress of work already in place/underway. He recognised, however, that this was the correct point in time to consider these issues. Ms Paterson assured Members that links would be made to ensure an interface between the

	<p>relevant groups, adding that the Pan-Cluster Planning Groups provide an oversight, with programmes being commissioned in line with requirements. Ms Paterson agreed that existing services, groups, fora, etc should be utilised, noting that there are other Planning Objectives which also have relevance and which will feed into discussions. This will be covered in more depth at the upcoming Board Seminar. Within the online Chat, Mr Huw Thomas indicated that it is crucial to link these considerations into the long-term sustainability of the organisation. Miss Battle concluded discussions by thanking Members for their comments and for the work being undertaken.</p>	
	<p>The Board <b>NOTED</b> the Transformation Steering Group update.</p>	

<p><b>PM(22)81</b></p>	<p><b>IMPLEMENTING THE HEALTHIER MID AND WEST WALES STRATEGY - PROGRAMME BUSINESS CASE UPDATE</b></p>	
	<p>Mr Lee Davies introduced the Implementing the A Healthier Mid and West Wales (AHMWW) Strategy - Programme Business Case (PBC) Update report. As noted in the report, following submission of the PBC, feedback had been received from Welsh Government, and the UHB has provided detailed responses. The WG Infrastructure Investment Board (IIB) was due to take place on the morning of 26<sup>th</sup> May 2022, however, this had been rescheduled for 27<sup>th</sup> May 2022. An update on discussions would be provided following the IIB. The report seeks Board endorsement of the Technical Criteria for the land selection Technical Appraisal. The first of two workshops was held on 25<sup>th</sup> May 2022; the other appraisals (Clinical, Workforce and Financial/Economic) are being progressed as per plan. It is intended that the outcome of the land selection process is presented to the extraordinary Public Board meeting scheduled for 4<sup>th</sup> August 2022. Mr Lee Davies recognised that this issue is of critical interest for the local population and emphasised that efforts are being made to involve the general public and stakeholders, including in the Technical Appraisal workshops. The format of these workshops was described, which was a departure from the usual process, with majority public involvement. The first workshop had been well attended, by just over 70 individuals , with 43 participating in the scoring of weighting, as others had conflicts of interest. Learning from the first workshop would be applied to increase the ratio of public for the June 2022 workshop. There had been robust discussion and debate, which provided a useful preparation for the second workshop.</p> <p>Raising the issue of timing, Mr Maynard Davies noted that no capital funding would be forthcoming until Ministerial endorsement was received. Despite this, the UHB is proceeding with the land identification process; the level to which the organisation is able to commit to this without endorsement/investment was queried. In response, Mr Lee Davies explained that to progress the PBC programme in its entirety will require Welsh Government capital support. Ongoing discussions with Welsh Government will determine the speed at which it is possible to progress these plans. There are, however, elements of the programme which it is possible to progress – aspects of the community infrastructure plans, for example, such as the Cross Hands Health and Wellbeing Centre Outline Business Case being considered later on the agenda. Major schemes, including the new hospital and repurposing of GGH and WGH will require Welsh Government capital support. In regards to the Technical Criteria, and referencing earlier discussions around health</p>	

inequalities, Ms Lewis enquired where the latter are reflected and whether these are represented strongly enough in the criteria. Mr Lee Davies explained that the criteria are predominantly concerned with technical site appraisal, ie assessing the suitability of sites for a new hospital, and less about fulfilling the overall strategy of the programme. However, aspects such as transport/access and environment/ecology will be influential. Mr Lee Davies acknowledged that this aspect should be considered as part of other workstreams.

**LD**

Within the online Chat, Dr Hashim Samir enquired how the scoring exercise will be shared with staff and public, and how it is intended to obtain the greatest possible number of staff opinions with regard to site selection. In response, Members heard that communications had been issued this week to staff, and would be made publicly available ahead of the second workshop. The results of the second workshop would also be published. Staff have been offered the opportunity to directly feed back regarding the impact of a new hospital on services – both existing and potential new services. There is also a workforce appraisal workstream, in which the organisation is keen to involve staff. Mr Iwan Thomas thanked Mr Lee Davies and his team for their excellent work on this exciting project. The transparent and open engagement was particularly welcomed. It was suggested, however, that there might be more in terms of communications which could be put in place to ensure that information is reaching the masses. Whilst plans to update FAQs and engage with children and young people and groups who have expressed an interest were commended, there is a 'silent majority' who need to be engaged with also, and there are many networks and groups who could assist in this regard. Mr Iwan Thomas urged the organisation to be proactive rather than reactive in seeking out communications opportunities, and to take a more unconventional approach, utilising existing networks such as community halls and sports groups. Mr Lee Davies agreed that there are opportunities to reach out and engage with communities around the Strategy as a whole, not just the new hospital plans and indicated that he would be working with the Communications Director in this regard. Miss Battle encouraged Mr Iwan Thomas and all colleagues to share details of any groups with which it is felt the UHB should be engaging. The need to engage with staff was also emphasised, with Miss Battle noting that currently much of the information they receive is via the media, which is not necessarily the most up-to-date or comprehensive data. This has been partly due to restrictions on information sharing as a result of purdah for the recent local elections. Question and answer sessions for staff groups will be scheduled.

**IMs/LD**

Highlighting Criteria 7, Mr Newman enquired why staff and staff recruitment does not feature within this. In response, Mr Lee Davies advised that the workforce appraisal workstream will be focusing on staff recruitment and retention and proximity of workforce to the potential new hospital site. This workstream is primarily concerned with how patients and public will access the facility, although it is recognised that – in the main – the public and staff will access the site in the same way. There does, however, need to be consideration of those who may not have access to personal or public transport. Miss Battle enquired whether the weighting of the Technical Appraisal Criteria will be subject to Board

	<p>consideration and/or endorsement. Whilst it was suggested that this could be applied retrospectively, it was agreed that the Board meeting on 9<sup>th</sup> June 2022 would consider the Technical Appraisal Criteria weighting. Miss Battle thanked all participants for their contribution and concluded by emphasising that the Strategy and PBC is not solely concerned with the new hospital; it is to fundamentally improve the whole healthcare system, and its core is community care.</p>	<b>JW</b>
	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the update provided on implementing the Healthier Mid and West Wales Strategy Programme Business Case and the communication and engagement update;</li> <li>• <b>ENDORSED</b> the Technical Criteria for the Technical Appraisal.</li> </ul>	

<b>PM(22)82</b>	<p><b>CONTINUOUS ENGAGEMENT PLAN 2022/23</b></p> <p>Presenting the Continuous Engagement Plan 2022/23, Mr Lee Davies stated that this represents a genuine ambition to work with staff, patients and carers. There is also an intentional ‘shift’ from reactive engagement to a more proactive, ongoing, continuous approach. In any work with stakeholders, the starting point must be listening. Mr Lee Davies emphasised that the first set of actions is not intended to be definitive or complete and that the Continuous Engagement Plan will be a ‘live’ and evolving document. In addition to specific actions, a number of more ‘experimental’ ideas are proposed, in an attempt to prompt/encourage the embedding of a new culture of engagement within the organisation. Mr Lee Davies reiterated that the Plan will continue to be developed and progressed, and welcomed input from Board Members.</p> <p>Welcoming the Plan and its ambition, Professor Gammon suggested that if HDdUHB is to be an effective organisation, it needs to operate through the ‘lens’ of public, staff and patients; engagement must become an organisational culture/habit. Recognising the three life stage structure, Professor Gammon felt that the Plan should not focus solely on areas such as clinical change; it should encompass the whole organisation and should involve wider stakeholder such as schools, universities/educational providers. Whilst hard to reach groups are, rightly, mentioned, more detail regarding these would be welcomed. Mr Lee Davies assured Members that there are plans for multi-agency working, which would also include the local Police force. It is simply the practicalities involved which need to be considered in more detail. It is also important to ensure that the UHB is not duplicating work already being undertaken by PSBs or the RPB. Ms Raynsford welcomed the commitment to involve children and young people and enquired whether there are any plans to engage with marginalised or ‘seldom heard’ groups in this category. Responding, Mr Lee Davies suggested that this query encompasses a key issue and challenge in all engagement processes; in that certain forms of engagement can suit specific groups/individuals better than others. It is not intended to take a passive approach, rather that discussions will be sought with the relevant groups and representatives. However, discussions will not be embarked upon with specific topics or agendas in mind; the intention is to listen to individuals’ experiences and opinions on what their priorities are.</p> <p>Mr Dentten welcomed the Plan and the opportunities it offers to work with the UHB, emphasising that continuous engagement is fundamental.</p>	
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	<p>Whilst recognising its status as a high-level Plan, Mr Dentten noted that members of the public are concerned about unscheduled care in particular and the possibility that the UHB's Strategy will distance them further from care. Some of these concerns are based on genuine geographical grounds, others are based on misconceptions. Mr Lee Davies assured Members that the Plan is not separate from other workstreams upon which the UHB is engaged; it is part of these and contributes to them. In order to directly address the public's concerns, it will be crucial to engage in conversations with, for example, clinical leaders. It will also be important to fully explore specific priorities and ideas. Commending the report and its positive plans, Mr Maynard Davies noted that there is no specific mention of older people, highlighting that this group is a major 'consumer' of the UHB's services and should be adequately represented. Agreeing, Mr Lee Davies reminded Members that the Plan has been developed around three life stages. Whilst the Stakeholder Reference Group does not specifically mandate representation from older people, that particular age range is well-represented on this Group. It could be argued that there should be equivalent groups to the Children &amp; Young People's Advisory Forum for other age ranges. Within the online Chat, Miss Battle suggested that consideration could instead be given to engaging with the many older persons groups which already exist. Ms Lewis echoed the positive comments around the Plan, whilst querying whether further strengthening could take place. The mechanism for engagement is extremely important; however, the relationship with the public and their trust in the organisation is also crucial. Ms Lewis suggested that the Plan should also reflect how the UHB builds and strengthens trust with the local population; this may include identifying key individuals/ influencers within communities who already have the trust of the general public, with whom the organisation can work. Mr Lee Davies felt that trust will be built predominantly through a process of ongoing engagement; whilst acknowledging that there are other actions in addition which could be taken, including Ms Lewis' suggestion around identifying specific individuals within communities. Where it become apparent that there is a lack of trust, this needs to be recognised and responded to accordingly.</p>	LD
	<p>The Board <b>APPROVED</b> the Continuous Engagement Plan 2022/23, subject to areas of improvement being included within a revised version of the plan.</p>	LD

PM(22)83	<p><b>INTEGRATED MEDIUM TERM PLAN (IMTP) UPDATE</b></p> <p>Mr Lee Davies presented the Integrated Medium Term Plan (IMTP) Update report, reminding Members that the Draft Three Year Plan had received Board approval on 31<sup>st</sup> March and had subsequently been submitted to Welsh Government. The primary reason for the draft status of this document had been the UHB's inability to provide sufficient assurance on a financially-balanced plan over the three year period. Additional work has been undertaken with the intention of providing an updated Plan to the July 2022 Public Board meeting. The report outlines four key areas of work for Quarter 1 – building on existing work around Planned Care recovery; development of a 10 year workforce strategy; endorsement of the PBC and work on the roadmap to financial sustainability, including delivery of in-year savings. The scale of savings and change will necessitate a transformational shift in the manner in</p>	
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which services are delivered; the report sets out the planned approach to this, which includes adoption of a Target Operating Model. Given the UHB's previous financial position, there will be a requirement for Welsh Government support; and with the forecast financial deficit, it is unlikely that the UHB will be in a position to deliver an approvable IMTP by July 2022. Instead, the anticipation is an Annual Plan from a financial point of view, set within a Three Year transformation and delivery Plan.

Mr Winston Weir thanked Mr Lee Davies for his update, highlighting that the shift to a Target Operating Model will be challenging, and will require a great deal of consideration and engagement with operational teams. It is disappointing that the UHB will not be in a position to submit an approvable IMTP. Mr Weir would welcome further clarification regarding the potential financial 'gap', suggesting that if the deficit is likely to be worse than £25m, the organisation should take all possible steps to prioritise delivery on performance targets and improving quality of care. Further, that the challenges associated with ceasing resources diverted to the pandemic response and instead converting efforts to delivery of savings, should be communicated to Welsh Government. Mr Huw Thomas welcomed these comments and would be focusing on the financial position in his report later on the agenda. However, the organisation remains in a position where it is likely that the deficit will be approximately £42m. Work in relation to the Target Operating Model will be crucial in delivering sustainable services and addressing pressures in demand, which are separate from the financial challenges. Adoption of a Target Operating Model is a fundamental structural requirement, with implications in terms of services, quality and safety and workforce. The Executive Team is, however, working hard to address all of these issues and challenges. Welcoming the context provided by Mr Lee Davies and Mr Huw Thomas, Professor Kloer emphasised that, whilst the UHB retains its ambition to deliver an IMTP, there must be a balanced approach. There are currently significant operational challenges, not all of which can be solved by additional funding. Members noted that there will be an opportunity to discuss this issue in more detail at the June 2022 Board Seminar, prior to consideration at Board in July 2022.

The Board **NOTED** the actions underway to further develop plans since the draft Three Year Plan was approved at the March 2022 Board.

PM(22)84

**OUR ANNUAL RECOVERY PLAN 2021/22 – CLOSURE REPORT**

Professor Kloer introduced the Annual Recovery Plan 2021/22 Closure Report, reminding Members that the 'recovery' terminology applied to last year's Annual Plan reflected the fact that the organisation was still very much within the COVID-19 pandemic. 2021/22 had been the organisation's first full year with its new Strategic Objectives and Planning Objectives; the latter provide a real insight into the objectives allocated to Executive Directors. Each Planning Objective is aligned to a Board level Committee for oversight; whilst this process has generally worked well, there are plans to conduct a full review, particularly in light of the new Annual Plan. The Closure Report includes an annex detailing individual Executive Director reflections on their Planning Objectives; this was felt to be appropriate in view of this being the first year of their implementation.

	<p>Mr Newman felt that Annex 2 was somewhat inconsistent, as it did not include comments on all Planning Objectives, and the responses also differed in tone and detail. Mr Newman enquired whether it is intended to present this for further discussion to the relevant Board level Committees. If this is the plan, it was suggested that it be completed fully and targeted appropriately, in order for Committees to consider whether it provides sufficient assurance. In response, Professor Kloer reminded Members that updates on Planning Objectives are a standing item on Committee agendas, and that this format is not envisaged as a replacement for that system. Mrs Joanne Wilson confirmed that it is not the intention to present this report format to Committees; however, a review is planned as has been mentioned, and this aspect can be considered, in collaboration with Mr Lee Davies. Members noted that the request for personal reflections was just that, which potentially explained the different interpretations and responses. A more 'prescriptive' approach can be considered, should this process be replicated in the future. Miss Battle welcomed the report, noting that it shows the disciplined approach to planning adopted by the organisation.</p>	
	<p>The Board <b>TOOK ASSURANCE</b> on progress of the 2021/22 Planning Objectives and <b>NOTED</b> the Closure Report.</p>	

<p>PM(22)85</p>	<p><b>OPERATIONAL UPDATE</b></p> <p>Ms Paterson presented the Operational Update Report, the first of this format. Members heard that it reflects the UHB's increased focus – following the COVID-19 pandemic – on clinical priorities, the Health &amp; Care Strategy and delivery plan and responding to Welsh Government requirements. It is vital that the infrastructure supporting these is correct and there needs to be a balance between the continued challenges presented by both COVID-19 and delivering 'business as usual'. The report is comprehensive, and reflects the complexity of the situation being faced. To provide context regarding current challenges and pressures, Members were advised that, on the day of the meeting, all four hospitals were surged to a risk Level of 4, Red 20. Ms Paterson stated that feedback on the format of the report, together with queries, were welcomed, and invited the Director of Secondary Care to comment on specific elements. Mr Keith Jones echoed Ms Paterson's statements in presenting the report. In terms of ambulance handover performance, the UHB is cognisant of distressing reports from both patients and families regarding recent experiences. Aside from the broader Transforming Urgent &amp; Emergency Care Programme, the UHB is involved in a specific workstream in conjunction with the Welsh Ambulance Services NHS Trust (WAST), with an Operational Delivery Group focused on improving handover performance. In order to reduce levels of conveyance/ demand, a number of actions are being planned to assist Paramedic colleagues in enhancing clinical judgement via various means, including:</p> <ul style="list-style-type: none"> <li>• Improving direct access to Same Day Emergency Care (SDEC) services – this has been started at WGH and will be rolled out;</li> <li>• Enabling better contact between Paramedic colleagues and Social Care teams;</li> <li>• Building on work around improving communication between in-hospital teams and Paramedic colleagues to enhance clinical review of patients on ambulances.</li> </ul>	
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A pilot is being conducted with Advanced Paramedic Practitioners working within the system to provide clinical advice to ambulance crews. A similar arrangement had been piloted within Swansea Bay UHB with positive results. The report also describes plans in relation to Planned Care recovery. Elective operating is now taking place across all sites, and attempts to increase the volume are being made. It is hoped that the recently launched Planned Care Recovery strategy and supporting Ministerial Measures will provide a better understanding of Welsh Government priorities around Planned Care recovery.

Within the online Chat, Dr James noted that the whole system has a responsibility for improving ambulance delays – including GPs – with regard to access and the threshold for admittance to hospital. It is important to keep people at home when it is safe to do so, and take the care to them. Miss Battle added that GPs should be involved in the Transforming Urgent & Emergency Care Programme if they are not already. Ms Raynsford noted that there has been a down-turn in Community Pharmacy providers due to difficulties in recruitment and suggested that Community Pharmacies and Community First Responders are key in assisting the UHB, enquiring whether they were involved in the Risk Summit and other discussions. Ms Paterson acknowledged that there have been issues, with two Community Pharmacies at Red Level and two at Black Level, and having to schedule closures due to staffing challenges and sickness. It was felt that this is potentially an under-reported position, and pharmacies are being reminded of the importance of reporting. Failures to report closures is potentially a breach of contract, although steps are being taken to avoid this situation being reached. Ms Paterson emphasised that the UHB is working to address this matter. Any members of the public who have concerns are encouraged to contact the UHB. Mr Jones committed to raise the issue of Community First Responders with WAST. In terms of feedback on the format/content of the report, Mrs Hardisty suggested that further consideration be given to its purpose, and that other reports such as the IPAR be used for comparison. Referencing the intention to appoint local programme and clinical leads to oversee the urgent and emergency care programmes, Mrs Hardisty expressed concern regarding the potential gaps these appointments may leave. Finally, Mrs Hardisty noted the increase in Autism Spectrum Disorder (ASD) referrals and enquired whether this relates only to children, as it is not specified in the report. Mr Jones understood that the information around ASD does refer to children; however, would check. Ms Paterson welcomed the feedback regarding the report format, suggesting that consideration may be given in future reports to identifying specific themes to focus upon. In regards to the programme manager appointments, Members heard that Welsh Government has been specific regarding their expectations of organisation in delivering the urgent and emergency care programmes and the clinical and managerial support required. The appointment process will be a considered one and Ms Paterson anticipated that this would include exploring potential opportunities for those already within the organisation, which may create gaps.

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Noting the ambition to reduce conveyance to hospital, Mr Maynard Davies requested clarification regarding the background to increasing Emergency Department referrals from healthcare professionals recorded on page 4 of the report. Mr Jones advised that, whilst there has been a reduction in ambulance arrivals, the organisation is seeing an increase in referrals from healthcare professionals, predominantly in Primary Care. This is, most likely, a legacy of the COVID-19 pandemic and a perception of reduced access/reluctance to access Primary Care services during that time. Dr James agreed, emphasising that there is a significant amount of unmet need, with patients who have delayed presenting probably at approximately 25%. In these circumstances, it is not surprising that referrals have significantly increased. Within the online Chat, Dr James added that digital innovations have made a significant difference across the system, along with telephone consultations. These offer alternative options for patients, in addition to the traditional face-to-face consultation. Referencing the use of digital counselling support, Mr Maynard Davies enquired whether any feedback exists on the effectiveness of and experience around this initiative. Mr Jones indicated that it was important to recognise that digital counselling packages are generally tailored to the lower intensity patients. Outcomes data is in the early stages, with further evidence anticipated. There can be benefits, for example, fewer sessions tend to be required than with the more traditional Cognitive Behavioural Therapy (CBT) approach. Evidence suggests that the package designed for Post-Traumatic Stress Disorder (PTSD) is providing good outcomes. The organisation needs to trial and implement innovative approaches wherever possible to address the waiting list backlog. Members were assured that evaluation processes are in place. Referencing page 5 of the report, the Transforming Emergency & Urgent Care programme, the planned pilot at WGH, and cross-referencing this with information contained in the Month 1 IPAR, Mr Weir enquired whether it was intended to focus on those Emergency Departments where patient experience was sub-optimal. Mr Jones responded that, whilst the programme must be applied equitably across the whole UHB/ region, it could be anticipated that benefits would be greatest in those hospitals with the most significant issues.

Mr Newman echoed comments around the format of the report, suggesting that each heading within the report could be seen as aligned to a Board level Committee, which raises the possibility of duplicating the work of Committees. Raising a number of issues, Mr Newman firstly focused on Length of Stay, noting ongoing challenges around discharge and enquiring whether all possible actions are being taken to ensure prompt discharge and appropriate admission. Secondly, whether the UHB has established links with local universities to attract Psychology students/ graduates to address the shortages outlined within the report. Finally, data on the number of patients subject to DOLS, with it agreed that this would be provided outside the meeting. Returning to the first query, Mr Jones stated that this area, inevitably, offers scope for improvement and reflects the level of pressure on the health and social care system. There is a focus within the organisation on frailty via the 'Frailty Matters' programme. A Multi-Disciplinary Team approach is being taken, along with actions to reduce levels of conveyance. Decisions regarding admission require a sensible and sensitive

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approach, and steps to reduce Length of Stay are being applied. Within the online Chat, Miss Battle reminded Members that Mrs Mandy Rayani had led the workshop focusing on internal actions to improve discharge processes. Mr Newman welcomed this information, noting that it highlights the 'whole system' aspect of this issue. In regards to Mr Newman's second query, Mr Jones explained that the Swansea University undergraduate course would supply only Assistant Psychologists; the UHB's shortage area is Clinical Psychologists. Mrs Gostling advised that this matter has been raised with HEIW and that placements have been secured, with plans to develop a programme for at least 4 practitioners. This will provide for Cardiff-based training via a one day per week release for HDdUHB staff. Within the online Chat, Professor Gammon confirmed that the Swansea University undergraduate Psychology programme is not clinical and that, generally, Clinical Psychology programmes are at postgraduate level.

Miss Battle felt that the report format was good from a 'public-facing' perspective and welcomed the provision of the various information in one report. Professor Kloer reminded Members that previously, during the pandemic, the Board had received COVID-19 focused reports. Recovery from the pandemic presents a much more significant challenge than the pandemic itself. It will be necessary to consider how recovery applies in all services and systems, recognising the pressures that exist in all parts of these. The intention in introducing this Operational Update was to be as open as possible and Professor Kloer assured Members that all comments and feedback would be reflected upon.

The Board **RECEIVED** the Operational Update and Progress Report.

**PM(22)86**

**UPDATE ON THE REVIEW OF PAEDIATRIC SERVICES**

Recognising the ongoing public interest in this area, Professor Kloer introduced an Update on the Review of Paediatric Services. Members were reminded of the actions agreed by the Board at its meeting on 30<sup>th</sup> September 2021. The report describes the governance applied and advice received and the implications on the timeline for undertaking the review and options appraisal process. It also provides a 'snapshot' of patient experience data/feedback. Mr Lee Davies advised that the report is provided to update and appraise Board regarding the current position and forward plans. Key Milestones are outlined within Appendix 2, and Mr Lee Davies highlighted the following three key points:

- The decision to include within the review all changes since 2014
- The commitment to undertake work with the CHC and under the advice of the Consultation Institute
- The commitment – as a key principle – to transparency and openness in engagement, recognising the level of interest and the importance of these services to the public

Ms Raynsford emphasised that children and young people are deserving of the right to be treated appropriately and that the needs of local people need to be taken into account. In view of this, Ms Raynsford enquired how the UHB plans to engage, whether examples of rural care provision elsewhere have been considered and whether the Royal College of Paediatrics & Child Health (RCPCH), WAST and other stakeholders have been involved. In response to these queries, Mr Lee Davies felt

that the organisation first needs to secure an understanding of the changes and issues in their entirety. Clinical voices and those of children and young people and their parents/carers will input to the issues paper outlined in the report. The options appraisal process will be similar to that utilised for the land appraisal process, with independently-facilitated workshops. This process would also consider examples of rural care from elsewhere. Whilst the RCPCH had not been involved in this process to date, consideration could be given to doing so. Professor Kloer reminded Members that the UHB had previously been subject to 2-3 RCPCH reviews, at least one jointly with another Royal College. These have provided robust data/feedback, which is being taken into account as part of the review. If it becomes apparent that there is a need to consult the RCPCH further, this remains an option open to the UHB.

Referencing Appendix 1, Mr Newman noted that this covers the period 2<sup>nd</sup> September to 30<sup>th</sup> November 2021 and enquired regarding the reason for this. Also, the final bullet point on page 3 contains the caveat of 'until the establishment of the new hospital'; Mr Newman queried whether this was an appropriate 'horizon' upon which to base a Board decision, in view of the current lack of certainty around Welsh Government approval. In response to the first query, Mr Lee Davies explained that Appendix 1 provides an example of the data routinely collected. The period covered had already been analysed, and was, therefore, determined to be appropriate. It is intended to analyse at least a full year of data. With regard to Mr Newman's second query, Mr Lee Davies stated that the new hospital represents the strategic 'direction of travel' and a fixed point towards which the organisation is working. The report outlines an ambition to agree a sustainable position between now and then. It is not intended to develop a series of proposals for the short-term. However, Mr Lee Davies was happy to discuss/consider this further if deemed appropriate. Mr Newman reiterated concerns that the UHB may never reach this particular 'horizon' and felt that a specific time period would be more suitable. Miss Battle suggested that a solution may be to reword the bullet point 'until the establishment of the new hospital or 2029'.

Mr Bennett enquired whether there is any further detail around patients transferred from WGH to GGH PACU versus those from Pembrokeshire who had gone straight to GGH. Mr Lee Davies explained that the feedback presented is generic data from the various surveys and indicated that the UHB is committed to obtaining more detailed data on personal and patient experiences. It will be vital to build on existing information. Miss Battle encouraged consideration of the 'You Said/We Did' approach for identifying and presenting actions taken utilised within the Improving Patient Experience Report. Mr Lee Davies agreed to liaise with the Patient Experience team in this regard. Within the online Chat, Ms Raynsford enquired how the UHB is engaging in conversations with families and ensuring that up to date information is provided throughout the process; to alleviate fear and signpost sources of advice/support/information, noting the need for a close working relationship with colleagues in Primary Care. Also, if parents are in the position of being unable to afford journeys, which may become more of an issue with the increased cost of living, what support may be available for them. Within the online Chat, Dr James indicated that a key issue is recognising the sick child early in the patient pathway and ensuring they go to the most appropriate place to receive safe care. Dr James stated that this issue

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	<p>comprises part of the wider ‘patient journey’, suggesting that transport should be provided for those who do not have access to it or cannot afford it themselves. Parental accommodation also needs to be considered. Miss Battle agreed with all of these points, emphasising the importance of communicating availability of transport provision and requesting detail regarding the accommodation available. Within the online Chat, Ms Raynsford enquired whether discussions are being undertaken with WAST in regards to paramedic skills/knowledge around paediatric emergencies. Dr James agreed to make further enquiries.</p> <p>Professor Kloer recognised concerns around patient transport/access both to and from GGH and committed to take this issue back to the Interim Paediatric Review Group for discussion. Professor Kloer hoped that the engagement processes will involve sufficient numbers and diversity of individuals to ensure a wide range of views. Whilst acknowledging Mr Newman’s comment regarding the new hospital, Professor Kloer highlighted that the reason for the entire Health &amp; Care Strategy including the new hospital was that other options did not offer optimal Safe, Sustainable, Accessible and Kind care. This is why the model is described as interim. Miss Battle accepted this; however, emphasised that even interim arrangements in terms of accommodation, travel and facilities should be made as ‘friendly’ and accessible as possible.</p> <p>The Board <b>APPROVED</b> the approach and detailed plan set out in this paper for completing the review and the options appraisal process, to ensure that the process for undertaking the review and options appraisal is as robust as possible.</p>	<p>KJ</p> <p>SJ</p>
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<p><b>PM(22)87</b></p>	<p><b>INTEGRATED PERFORMANCE ASSURANCE REPORT – MONTH 12 2021/22</b></p> <p>Mr Huw Thomas presented for information the Integrated Performance Assurance Report (IPAR) for Month 12 of 2021/22, recognising that the Operational Update has addressed many of the issues covered in this report.</p> <p>The Board <b>CONSIDERED</b> and <b>DISCUSSED</b> issues arising from the IPAR - Month 12 Final 2021/22.</p>	
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<p><b>PM(22)88</b></p>	<p><b>INTEGRATED PERFORMANCE ASSURANCE REPORT – MONTH 1 2022/23</b></p> <p>Mr Huw Thomas presented the Integrated Performance Assurance Report (IPAR) for Month 1 of 2022/23, advising that changes have been made to the report. Members’ attention was drawn to key initiatives and improvements and key risks which are impacting on performance. These are fairly consistent with previous reports; however, it was noted that there are other actions and initiatives ‘in train’ which are not yet impacting. Page 5 of the report outlines key improvement measures for 2022/23, which have been agreed by the Executive Team. The performance trajectory for a number of these requires further refinement.</p> <p>Referencing the final comment, Miss Battle enquired regarding a timescale for confirmed performance trajectories and was advised that it should be available for the next Board meeting. Mrs Hardisty expressed concern regarding figures relating to Mental Health performance, in particular those around assessments and queried the performance trajectory for this. Referencing the Month 12 IPAR, Mrs Hardisty also</p>	
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	<p>highlighted data around access to dental care. This is a topic which is not often touched upon at Board; however, it attracts a great deal of attention within the media and is a matter for concern among the public. It was suggested that it would be useful if a report presenting the full position could be prepared for one of the Board level Committees. With regard to Mrs Hardisty's first query, Mr Huw Thomas confirmed that this would be addressed in the next IPAR presented to Board. In the meantime, this matter is also receiving scrutiny via the sub-committees. within the online Chat, Miss Battle requested that comparative data across Wales also be supplied. In response to the second query, Ms Paterson reported that dental services are seeing an increased level of demand and are undergoing a contract reform process. To date, 80% of practices have agreed to move to the new contract model. Ms Paterson stated that she would happily prepare a report for the relevant Committee, although Miss Battle felt that consideration should be given to whether a report is presented to the Board. Professor Gammon wished to highlight the increased demand and complexity/acuity of this demand, which is impacting on both patients and staff. Within the online Chat, Ms Alison Shakeshaft reported that an increase in the acuity of therapy referrals is also being seen; anecdotally this appears, in part, to be due to people delaying accessing services during the pandemic.</p> <p>Focusing on cancer performance, Mr Bennett noted the figure of 57% of patients starting their first definitive cancer treatment and enquired whether performance is being impacted by access to out-of-area treatment. Mr Jones advised that 57% represents an improved position; there have been significant concerns around pressures on tertiary treatment pathways. Whilst demand generally has built up during the COVID-19 pandemic, it has also increased specifically at the 'front end', at the outpatient and diagnostic phase. A clear trajectory for reducing the backlog and implementing a step-change in cancer pathways is being developed, pathway by pathway. Mr Jones counselled, however, that variable performance in cancer will likely be seen in the short-term, due to the mechanism of patient journeys through pathways. Within the online Chat, Mr Huw Thomas noted the importance of recognising this and committed to ensuring that the performance reported reflects the activity, to provide assurance regarding recovery. In terms of communication, Mr Jones assured Members that a targeted piece of work is being undertaken to maintain communication with patients, through the Cancer Nurse Specialists. In response to a request within the online Chat for information on the UHB's vacancies levels, Mrs Gostling advised that there are currently 742 whole time equivalent vacancies, predominantly medical staff, including 470 nursing and 327 medical vacancies.</p> <p><i>Dr Sion James left the Board meeting.</i></p>	<p>HT</p> <p>JW/MB</p> <p>HT</p>
	<p>The Board <b>CONSIDERED</b> and <b>DISCUSSED</b> issues arising from the IPAR - Month 1 2022/2023.</p>	

<p>PM(22)89</p>	<p><b>FINANCIAL REPORT – MONTH 1 2022/23 &amp; MONTH 12 2021/22</b></p> <p>Mr Huw Thomas introduced the Financial Report for Month 1 of 2022/23 and Month 12 of 2021/22, reminding Members that the organisation had declared a deficit in 2021/22 of £25m, with accounts being audited currently ahead of the Public Board meeting on 9<sup>th</sup> June 2022. The</p>	
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	<p>deficit is becoming an issue in terms of the underlying financial position for 2022/23 with Mr Huw Thomas drawing Members' attention to figures outlined within the report, in particular the forecast deficit of £42m, which represents an ongoing risk, together with savings delivery. The UHB has undertaken a 'deep dive' exercise with the Welsh Government Finance Delivery Unit, and the outcome of this will be shared at the Sustainable Resources Committee. Operational pressures continue and contribute to costs such as £300k in enhanced pay rates; however, the organisation has seen a reduction in nurse staffing agency costs. Both Mental Health and Primary Care have increased their expenditure. Drivers of the financial position include demand on services, encompassing numbers of medically optimised patients, patients waiting for long-term packages of care; and supply of staff, including a £13m overspend on agency staff (made up of £9m nurse staffing agency and £4m locum medical staff). All of these drivers illustrate the importance of the Target Operating Model. It is anticipated that the COVID-19 related spend will reduce steadily, and collaborative work continues with both colleagues in Welsh Government and within the organisation. Mr Huw Thomas advised that the UHB had, as an organisation, entered an overdrawn position at the end of Month 1 2022/23, as a result of a timing issue between funds being issued by Welsh Government and being deposited in the UHB's account. A root cause analysis has been conducted and will be presented to ARAC, to ensure that this situation does not recur.</p> <p>Cllr. John welcomed the clear report. Referencing the new Planning Objective mentioned in the Chief Executive's Report, he enquired whether this involves any additional finance, noting that the ambition to reduce the number of patients in hospital beds by 120 per day could appreciably assist with discharge processes. Mr Huw Thomas explained that significant funds have already been allocated, although a slight supplement was required. Discussions around the flow of patients back into the community are ongoing. Members were advised that this forms part of the Target Operating Model and links to the RPB and the Health and Social Care Regional Integration Fund (RIF); however there is no indication to date of budgetary requirements.</p>	
	<p>The Board <b>DISCUSSED</b> and <b>NOTED</b> the financial position for Month 1 2022/23 and Month 12 2021/22.</p>	

<p>PM(22)90</p>	<p><b>LONG-TERM AGREEMENT (LTA) VALUES AND PROCESS FOR 2022/23</b></p> <p>Mr Huw Thomas introduced the Long-Term Agreement (LTA) Values and Process for 2022/23 report, hoping that this is relatively self-explanatory. The UHB is currently in a transitional stage, with commissioning remaining challenging for providers; to reflect this the UHB has agreed a hybrid approach, with certain 'block' arrangements being allowed to continue. Members heard that the ambition is to extricate high-cost drugs from the UHB's budget and potentially move to a value based commissioning framework in the long-term.</p> <p>The Board <b>RATIFIED</b> and <b>ENDORSED</b> the Long-Term Agreement (LTA) resource allocation and approach.</p>	
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<p>PM(22)91</p>	<p><b>STRATEGIC ENABLING GROUP UPDATE</b></p> <p>Mr Huw Thomas presented the Strategic Enabling Group (SEG) Update, advising that there had been a number of discussions on various topics.</p>	
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	It was suggested that the point is probably close where there is a need to review the remit of SEG and how it contributes to the organisational change journey.	
	The Board <b>RECEIVED</b> for information the Strategic Enabling Group Update report.	

<b>PM(22)92</b>	<b>CROSS HANDS OUTLINE BUSINESS CASE</b>	
	<p>Introducing the Cross Hands Outline Business Case, Mr Lee Davies reminded Members that this had been a long-standing capital project, partly disrupted by the COVID-19 pandemic. Following submission of the initial Outlined Business Case (OBC), Welsh Government had raised two specific queries in relation to revenue and decarbonisation. The report provides an update in regard to these. Revenue is now cost neutral; however, capital has increased significantly due to cost increases during the pandemic. The scope of the OBC had changed slightly since inception, with the removal of Ophthalmology Services and inclusion of a new Integrated Early Years Centre.</p> <p>Mrs Hardisty welcomed the report and OBC, whilst requesting assurance that the Planning team have learned lessons from the Cardigan Integrated Care Centre (CICC) in terms of bringing together disparate teams and creating a truly integrated facility. Mr Lee Davies confirmed that a formal review of CICC has been conducted and key learning points extracted. Mr Weir enquired whether revenue and capital costs implications have been queried by Welsh Government. In response, Mr Huw Thomas explained that both would be considered by Welsh Government and, if the OBC is approved, would form part of this approval and not impact on the UHB. The issue of ongoing costs is, of course, a separate matter, and Mr Weir suggested that this be considered at the relevant Committee. Agreeing, Mr Huw Thomas highlighted that this will also need to take into account the impact of ongoing inflationary costs. Mr Lee Davies advised that a detailed presentation regarding the OBC had been made to SDODC.</p> <p>Miss Battle welcomed the OBC, noting that it represents an exciting and key development in delivering the UHB's strategy.</p>	<b>LD</b>
	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the refreshed Cross Hands Health and Wellbeing Centre Outline Business Case;</li> <li>• <b>NOTED</b> the revised capital and revenue cost position for the development;</li> <li>• <b>APPROVED</b> the Proposed Cross Hands Health and Wellbeing Centre Outline Business Case for submission to Welsh Government.</li> </ul>	

<b>PM(22)93</b>	<b>REPORT OF THE SUSTAINABLE RESOURCES COMMITTEE</b>	
	<p>Mr Weir, SRC Chair, presented the SRC update report from the meeting on 25<sup>th</sup> April 2022, advising that there had also been a further 'touchpoint' meeting this week. Mr Weir highlighted in particular discussions around the Target Operating Model.</p> <p>Referencing page 4 of the report, Miss Battle noted plans to request feedback from Spinal patients who underwent surgery during 2021/22 at Swansea Bay UHB and requested clarification regarding where findings</p>	

	will be reported. Also, where the outcome of the investigation regarding the service provided by Community Health and Eye Care at its premises in Bridgend will be considered. Mr Jones advised that the investigation regarding the latter has now concluded and its outcome will be reported, together with the findings from the Spinal surgery questionnaire, to the Operational Quality Safety & Experience Sub-Committee (OQSEC) in the first instance.	
	The Board <b>NOTED</b> the SRC update report, and <b>ACKNOWLEDGED</b> the key risks, issues and matters of concern, together with actions being taken to address these.	
<b>PM(22)94</b>	<b>REPORT OF THE STRATEGIC DEVELOPMENT &amp; OPERATIONAL DELIVERY COMMITTEE</b>	
	Mr Maynard Davies, SDODC Chair, presented the SDODC update report, advising that he had nothing further to add, save to highlight that the Risk Management Strategy and Risk Management Framework is now out for consultation.	
	The Board <b>NOTED</b> the SDODC update report, and <b>ACKNOWLEDGED</b> the key risks, issues and matters of concern, together with actions being taken to address these.	
<b>PM(22)95</b>	<b>NATIONAL CONTINUING HEALTH CARE (CHC) FRAMEWORK</b>	
	Ms Paterson introduced the National Continuing Health Care (CHC) Framework, emphasising the importance of noting that this area represents a statutory duty of the organisation. There were no material changes to the eligibility or quality assurance criteria for CHC; however the report introduces the concept of Independent User Trusts (IUTs), which potentially provide for more flexible arrangements. Training on the revised framework is being rolled out across the UHB.	
	The Board: <ul style="list-style-type: none"> <li>• <b>TOOK ASSURANCE</b> from the ongoing work with Welsh Government and Health and Social Care colleagues to ensure social compliance with the requirements set out in the new Continuing Health Care (CHC) Framework;</li> <li>• <b>NOTED</b> that further assurance will follow, post-implementation of the Framework, with specific reference being made to the use of Independent User Trusts (IUTs), performance reporting, and training.</li> </ul>	
<b>PM(22)96</b>	<b>REPORT OF THE PEOPLE, ORGANISATIONAL DEVELOPMENT &amp; CULTURE COMMITTEE</b>	
	Professor Gammon, PODCC Chair, presented the PODCC update report, highlighting discussions around the planned introduction of an Education and Workforce forum, which is viewed as an extremely positive development. Also, the clear timeline, plan and proposals with regard to enhanced opportunities around the Welsh Language Strategy.	
	The Board <b>NOTED</b> the PODCC update report.	
<b>PM(22)97</b>	<b>REPORT OF THE HEALTH &amp; SAFETY COMMITTEE</b>	
	Mrs Hardisty, Health & Safety Committee (HSC) Chair, presented the HSC update report, highlighting progress in relation to Fire Safety and work to improve the UHB's relationship with the local Fire Authority. Miss Battle welcomed and commended these improvements.	
	The Board <b>NOTED</b> the HSC update report.	



PM(22)98	<b>COMMITTEE UPDATE REPORTS: BOARD LEVEL COMMITTEES</b>	
	The Board <b>ENDORSED</b> the updates, recognising matters requiring Board level consideration or approval and the key risks and issues/ matters of concern identified, in respect of work undertaken on behalf of the Board at recent Committee meetings.	
PM(22)99	<b>COMMITTEE UPDATE REPORTS: IN-COMMITTEE BOARD</b>	
	The Board <b>RECEIVED</b> the update report of the In-Committee Board meeting.	
PM(22)100	<b>COMMITTEE UPDATE REPORTS: HDdUHB ADVISORY GROUPS</b>	
	The Board <b>RECEIVED</b> the update report in respect of recent Advisory Group meetings.	
PM(22)101	<b>HDdUHB JOINT COMMITTEES &amp; COLLABORATIVES</b>	
	Presenting the HDdUHB Joint Committees & Collaboratives report, Professor Kloer wished to highlight page 3 of the Emergency Ambulance Services Committee (EASC) Chair's Report. Under 'Provider Issues', there is an overview of actions being taken by WAST to improve the ambulance handover position.  Miss Battle assured Members that the UHB will continue working with its partners to alleviate issues. The recent review of service rosters has proposed an additional provision of 34.5 ambulances, and Miss Battle felt that it would be helpful to share this information.	
	The Board <b>RECEIVED</b> 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(22)102	<b>STATUTORY PARTNERSHIPS UPDATE</b>	
	Ms Paterson presented the Statutory Partnerships Update, drawing Members' attention to the breadth and scope of the PSB Well-being Assessments, which contain a significant amount of information.  The Board: <ul style="list-style-type: none"> <li>• <b>NOTED</b> the final versions of the PSB Assessments of Local Well-being, presented to SDODC in April 2022;</li> <li>• <b>NOTED</b> the update on recent activity of the PSBs and RPB;</li> <li>• <b>NOTED</b> the links to the PSB and RPB websites, where the agenda and minutes of recent meetings can be accessed.</li> </ul>	
PM(22)103	<b>BOARD ANNUAL WORKPLAN</b>	
	The Board <b>NOTED</b> the Board Annual Workplan.	
PM(22)104	<b>ANY OTHER BUSINESS</b>	
	There was no other business reported.	
PM(22)105	<b>DATE AND TIME OF NEXT MEETING</b>	
	12.30pm, Thursday 9 <sup>th</sup> June 2022 (Sign-off Annual Accounts) 9.30am, Thursday 28 <sup>th</sup> July 2022	