

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

Date of Meeting:	9.30AM, THURSDAY 28TH JULY 2022
Venue:	Y STIWDIO FACH, CANOLFAN S4C YR EGIN, COLLEGE ROAD, CARMARTHEN SA31 3EQ

Present:	<p>Mrs Judith Hardisty, Vice-Chair, Hywel Dda University Health Board Mr Maynard Davies, Independent Member (Information Technology) Professor John Gammon, Independent Member (University) Ms Anna Lewis, Independent Member (Community) Miss Ann Murphy, Independent Member (Trade Union) Mr Paul Newman, Independent Member (Community) Ms Delyth Raynsford, Independent Member (Community) Mr Iwan Thomas, Independent Member (Third Sector) Mr Winston Weir, Independent Member (Finance) Mr Steve Moore, Chief Executive Professor Philip Kloer, Executive Medical Director and Deputy Chief Executive Mr Andrew Carruthers, Executive Director of Operations Mrs Lisa Gostling, Executive Director of Workforce and Organisational Development Mrs Mandy Rayani, Executive Director of Nursing, Quality & Patient Experience Ms Alison Shakeshaft, Executive Director of Therapies & Health Science Mr Huw Thomas, Executive Director of Finance Mr Paul Williams, deputising for Mr Lee Davies, Executive Director of Strategic Development & Operational Planning (VC) (part) Dr Joanne McCarthy, Deputy Director of Public Health</p>
In Attendance:	<p>Ms Jill Paterson, Director of Primary Care, Community & Long Term Care Mrs Joanne Wilson, Board Secretary Ms Alwena Hughes-Moakes, Communications Director Ms Hazel Lloyd Lubran, Chair, Stakeholder Reference Group (VC) Ms Sian Howys, Local Authority Representative (VC) Ms Donna Coleman, Chief Officer, Hywel Dda Community Health Council (VC) Dr Warren Lloyd, Associate Medical Director (VC) (part) Ms Liz Carroll, Director of Mental Health & Learning Disabilities (VC) (part) Ms Sara Rees, Assistant Director of Nursing, Mental Health & Learning Disabilities (VC) (part) Ms Bethan Lewis, Interim Assistant Director of Public Health (VC) (part) Ms Clare Moorcroft, Interim Head of Corporate Governance (Minutes)</p>

Agenda Item	Item	Action
PM(22)106	<p>INTRODUCTIONS & APOLOGIES FOR ABSENCE</p> <p>The Vice-Chair, Mrs Judith Hardisty, welcomed everyone to the meeting, particularly Ms Sian Howys from Ceredigion County Council, attending her first meeting. Also, Mr Paul Williams, deputising for Mr Lee Davies, and representatives from Mental Health and Public Health joining later for specific items. Apologies for absence were received from:</p> <ul style="list-style-type: none"> • Miss Maria Battle, Chair 	

	<ul style="list-style-type: none"> • Mr Lee Davies, Executive Director of Strategic Development & Operational Planning • Mr Mansell Bennett, Chair, Community Health Council • Dr Barbara Wilson, Vice-Chair, Community Health Council • Dr Mohammed Nazemi, Chair, Healthcare Professionals Forum • Dr Hashim Samir, BAME Advisory Group 	
PM(22)107	DECLARATION OF INTERESTS	
	Mr Iwan Thomas declared an interest in PM(22)121 , in relation to the Wales Community Food Distribution Initiative. This is delivered by PLANED, of which he is the Chief Executive Officer.	
PM(22)108	MINUTES OF THE PUBLIC MEETING HELD ON 26TH MAY 2022	
	RESOLVED – that the minutes of the meeting held on 26 th May 2022 be approved as a correct record.	
PM(22)109	MINUTES OF THE PUBLIC MEETING HELD ON 9TH JUNE 2022	
	RESOLVED – that the minutes of the meeting held on 9 th June 2022 be approved as a correct record.	
PM(22)110	MATTERS ARISING & TABLE OF ACTIONS FROM THE MEETING HELD ON 26TH MAY 2022	
	<p>An update was provided on the table of actions from the Public Board meeting held on 26th May 2022, and confirmation received that all outstanding actions had been progressed. In terms of matters arising:</p> <p>PM(22)78 – Mrs Hardisty noted that the final two actions on page 2 refer to a Children and Young People’s (CYP) Service Review and enquired regarding the timing of the review. Mr Carruthers advised that this work is being overseen by the Children and Young People’s Group, which will provide recommendations for the next planning cycle.</p> <p>PM(22)85 – highlighting the update around Deprivation of Liberty Safeguards (DoLS), Mr Paul Newman noted the statement ‘On average (excluding outliers)...’ and requested clarification. Ms Jill Paterson explained that ‘outliers’ in this context referred to a group of individuals who, due to the nature of their clinical needs, are resident in wards/ facilities for a number of months. In this case, the DoLS apply for much longer than usual.</p> <p>PM(22)86 – with regard to the update attributed to Dr Sion James on page 7, Professor Philip Kloer advised that confirmation regarding this issue was awaited from Welsh Ambulance Services NHS Trust (WAST) and would be shared when available.</p>	PK
PM(22)111	REPORT OF THE CHAIR	
	Mrs Hardisty presented a report on relevant matters undertaken by the Chair since the previous Board meeting, noting in particular the sad death in service of Alex Ford, who worked as a Healthcare Support Worker in the Community Health Visiting team in Padarn Surgery. The Board’s condolences were sent to Alex’s family, friends and colleagues. Members’ attention was drawn to page 5 of the report, where it was	

	<p>pleasing to note the number and range of awards which HDdUHB staff had received, including two Queen’s Birthday Honours. Mrs Hardisty advised that this was the final Board meeting for Professor John Gammon, who will be a huge loss to the organisation and will be much missed by his colleagues. Professor Gammon was thanked for the significant contribution he has made during his tenure as Independent Board Member. As outlined in the report, Cllr. Gareth John has also resigned as Independent Member (IM), following his appointment to a Council Cabinet position; it is hoped that an appointment to this role will be made imminently. Finally, Mrs Hardisty reminded Members that the National Eisteddfod is being hosted in Tregaron, Ceredigion, between 30th July and 6th August 2022. The event generally attracts around 150,000 attendees and will be extremely positive for the area.</p> <p>Referencing the paragraph on Accelerated Cluster Development, Professor John Gammon reminded Members that a Ministerial Letter had been received in March 2022, which specified timelines for this work, and requested assurance that the UHB is ‘on track’ in this regard. Ms Paterson welcomed this important question and confirmed that the Accelerated Cluster Development involves an ambitious timetable, whilst assuring Members that all of the required collaboratives are on track. The collaborative requiring most development is that relating to Dental services. Terms of reference for Clusters and Pan Cluster Planning Groups have been signed off and much work is underway, with the first meetings anticipated in August and September 2022. Ms Paterson emphasised that this development is extremely important for the HDdUHB population, in terms of its relationship to the Population Needs Assessment. It will also be important for the Regional Partnership Board (RPB) to take forward and aligns with the UHB’s Health & Care Strategy. Ms Paterson was confident that sufficient progress was being made in regard of the Ministerial Letter requirements. Members were advised that progress is reported on an All Wales basis and that a checklist, which includes extremely detailed timelines, in relation to this matter was submitted to Welsh Government in June 2022. Members were further advised that a report on Primary Care is forward planned for the September 2022 Public Board meeting.</p>	
	<p>The Board SUPPORTED the work engaged in by the Chair since the previous meeting and NOTED the topical areas of interest.</p>	

<p>PM(22)112</p>	<p>REPORT OF THE CHIEF EXECUTIVE</p> <p>Mr Steve Moore presented his report on relevant matters undertaken as Chief Executive of HDdUHB since the previous meeting, expressing his regret at the sad passing of Mrs Ros Jervis, HDdUHB’s recently-retired Director of Public Health, on 3rd June 2022. It had been gratifying to see so many people at the ceremony to celebrate Ros’ life, which had perfectly reflected her personality. Ros’ enthusiasm, optimism and passion would be greatly missed; however, her legacy would benefit west Wales for many years to come. Mr Moore reported on a recent decision by the Executive Team to expand Community Care; Members were reminded of the associated Planning Objective introduced around this approved at the May 2022 Public Board. The latter had been agreed by Health Board Chief Executives earlier in the year, and endorsed by Welsh Government. Mr Moore was grateful to colleagues, both local and national, for their work. This area was moving at pace; however, there is</p>	
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still much to do. It has been identified that 52 Intermediate Care Workers will be required, together with 15 jointly appointed Apprentices. The UHB and Local Authorities will split costs 50:50 for these roles. The financial implication for the UHB is approximately £550k this year, rising to £1m next year. In view of the timescales involved in recruitment, the Executive Team had felt that recruitment processes should commence; however, a more long-term commitment would not be made at this stage. Members were advised that the costs, whilst not too significant, are not currently included in the UHB's financial forecast. Mr Moore has written to Welsh Government seeking support for what is a national recommendation; however central funding is not confirmed. Members were requested to approve Chair's Action to take this forward, with further detail to be reported to the September 2022 Board meeting.

JP

Thanking Mr Moore for his report and, with regard to the final item mentioned above, Mr Newman emphasised the need to identify the source of funding. Also, noting similarities to an initiative last year which had not produced the desired numbers in terms of recruitment, Mr Newman requested assurances that lessons had been learned and would be applied. Mr Moore stated that a key difference in this recruitment would be that substantive/permanent contracts could be offered; the employment market has also heightened. Mrs Lisa Gostling added that different recruitment processes would be utilised, with a 'drop-in' style being introduced. Focusing on the request for Members to approve funding to support the Swansea Bay City Deal, Mr Newman suggested that the benefits from this relationship should be defined. In response, Mr Moore stated that one clear benefit is the Pentre Awel development at Llanelli; however agreed that a report outlining the benefits offered by A Regional Collaboration for Health and the Swansea Bay City Deal should be presented to the Strategic Development & Operational Delivery Committee (SDODC).

PK/LD

Noting the differential rates of uplift between counties for Continuing Health Care (CHC) and Funded Nursing Care (FNC) fees, Mr Winston Weir queried whether this is inadvertently creating inequalities. Ms Paterson explained that CHC and FNC are inextricably linked and that at one stage, there had been a single rate for CHC. Fees have always been based on the inflationary uplift from Welsh Government. Health Boards have worked within a model based on a historical position; however had been asked to move from this to an alternative model. It had not been possible to adequately describe this, which had led to a legal challenge several years ago. The COVID-19 pandemic had then begun, necessitating the continuation of the extant model, which continues today. The adoption of a single rate across the three counties has been discussed at the RPB and, whilst this does create some concern among Local Authority colleagues, they are exploring possibilities. A report which will inform next year's position is expected in the coming weeks. FNC rates are based on a national position, being the mid-point of a Band 5 nurse's pay. Ms Paterson emphasised that there is an ambition to develop and implement a more robust model; however, it must be ensured that this can survive any legal challenge. Both Mr Weir and Ms Paterson welcomed recognition of the wage increase in the fee uplift, which more realistically reflects the impact of inflation, etc.

	<p>The Board:</p> <ul style="list-style-type: none"> • ENDORSED the Register of Sealings since the previous report on 26th May 2022; • NOTED the status report for Consultation Documents received/ responded to; • NOTED the Continuing Health Care (CHC) and Funded Nursing Care (FNC) fee uplift for 2022/23; • AGREED to the continued relationship with Swansea Bay City Deal and APPROVED the payment of £50k for 2022/23 to support this partnership; • APPROVED Chair's Action in relation to the recruitment of joint UHB/ Local Authority roles in Community Care, with further detail to be provided to the September 2022 Board meeting. 	
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<p>PM(22)113</p>	<p>REPORT OF THE AUDIT & RISK ASSURANCE COMMITTEE</p> <p>Mr Newman, Audit & Risk Assurance Committee (ARAC) Chair, presented the ARAC update reports, advising that these cover two meetings. At its meeting on 9th June 2022, the Committee had expressed concern regarding the absence of any significant independent audit of RPB/Partnership Governance arrangements. Whilst this represents an omission from an assurance perspective, and has been raised as an issue previously, it is not unique to the Hywel Dda region. The 21st June 2022 ARAC meeting had included discussion of the External Validation exercise in relation to waiting lists, which had been conducted at not insignificant cost. Mr Newman emphasised the need to ensure lessons are learned, in the hope that the scope of and need for similar will be reduced in the future. Mr Carruthers agreed that learning is required. Members were informed that the UHB is utilising Recovery Funding to appoint an extremely experienced individual to the Validation team. It should be noted, however, that the team does not currently have the capacity to manage all the required validation processes internally and that Welsh Government is recommending that all Health Boards consider implementing external validation processes. Indeed, Welsh Government are exploring whether validation provision can be secured on a national basis, which would be centrally funded. A meeting on this topic is due to take place imminently, following which, Mr Carruthers would be in a position to update further. Whilst accepting these comments, Mr Newman noted that the external exercise had identified issues in terms of patient/waiting list accuracy, which represents a process issue, rather than a capacity issue.</p> <p>The Board NOTED the ARAC update reports, ACKNOWLEDGED the key risks, issues and matters of concern, together with actions being taken to address these and APPROVED the revised ARAC Terms of Reference.</p>	<p>AC</p>
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<p>PM(22)114</p>	<p>REVISED STANDING ORDERS AND STANDING FINANCIAL INSTRUCTIONS</p> <p>Mrs Joanne Wilson presented for approval the revised HDdUHB Standing Orders and Standing Financial Instructions, including the Scheme of Delegation, all of which had been considered and recommended for approval by ARAC. Members were advised that minor amendments to the Scheme of Delegation under Reference 20.2.2, in relation to Charitable Funds expenditure, were required. Further changes in relation to the Director of Public Health role may also be</p>	
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	necessary. These would be approved via Chair's Action and reported to the following Board meeting. Mrs Hardisty thanked Mrs Wilson and her team, recognising the significant work involved.	
	The Board APPROVED the Revised Standing Orders and Standing Financial Instructions, subject to the amendments noted.	
PM(22)115	RISK MANAGEMENT FRAMEWORK	
	Presenting the Risk Management Framework, Mrs Wilson advised that this had also been scrutinised and recommended for approval by ARAC. It had also been shared with Board Members and had been subject to a consultation process. Mrs Hardisty thanked Mrs Charlotte Beare and her team for their work on this document.	
	The Board APPROVED the Risk Management Framework.	
PM(22)116	REPORT OF THE QUALITY, SAFETY & EXPERIENCE COMMITTEE	
	Ms Anna Lewis, Quality, Safety & Experience Committee (QSEC) Chair, presented the QSEC update report, highlighting in particular the positive work in relation to Maternity services and escalating risks in relation to Unscheduled Care; and reminding Members that Stroke services represents a strategic issue requiring ongoing and close monitoring. Ms Lewis wished to record her thanks to Professor Gammon for the significant work he had undertaken as QSEAC/QSEC as both former Chair and Member. Members were asked to note two corrections to the report – the date of the next meeting is 9 th August 2022, and Mrs Mandy Rayani's title is incorrectly recorded on page 2.	
	Referencing the Maternity Services Action Plan item, Professor Gammon stated that it was reassuring to note that the UHB has developed, in addition to an action plan for maternity services, an action plan specifically in relation to the Ockenden report.	
	The Board NOTED the QSEC update report, ACKNOWLEDGED the key risks, issues and matters of concern, together with actions being taken to address these and APPROVED the QSEC Terms of Reference.	
PM(22)117	BOARD ASSURANCE FRAMEWORK	
	Introducing the Board Assurance Framework (BAF) Mr Moore noted that this is being reviewed in light of the new Annual/Three Year Plan. Mrs Wilson reminded Members that the report contains a weblink to the BAF Dashboard. As indicated by Mr Moore, steps are being taken to ensure that the BAF reflects/aligns with the UHB's Annual Plan. Members heard that three Planning Objectives are behind schedule, which are being reviewed in the relevant Committees.	
	With regard to Strategic Objective 1, and the final bullet point under this section, Ms Lewis noted that 74% of staff are reported as 'being happy in their work', and requested clarification of how this figure is arrived at. Mrs Gostling advised that this data is derived from the monthly survey of 1,000 HDdUHB staff.	
	The Board NOTED the Board Assurance Framework report and SOUGHT ASSURANCE on areas giving rise to specific concerns.	

PM(22)118	IMPROVING PATIENT EXPERIENCE REPORT	
	<p>Mrs Mandy Rayani introduced the Improving Patient Experience Report, advising that the team is taking steps to revise the format and will base further changes on feedback received. The report has been amended to align more closely to the Improving Experience Charter, which has exposed a number of areas requiring an enhanced focus, for example Dignity and Kindness. Whilst in general, feedback is positive, there is more that can be done and it is hoped that future reports will demonstrate an improvement in these areas. Mrs Rayani expressed gratitude for the patients and family members who continue to share their experiences. This month's report includes stories from Sheila, which highlights the issues which can arise when care is transferred between acute, community and primary care; and Zoe, who shared her birth story. The latter emphasises the need to recognise that experiences which might be routine for staff are unique to an individual/patient and can cause them to feel upset, anxious and frightened. The report also highlights the continued good work of the Arts in Health team; their recent efforts to engage with patients have been warmly received. Finally, Mrs Rayani recognised the distress caused by leaflets circulated recently within local communities which had included a photograph of a deceased individual. Members were assured that the UHB is taking this seriously, has contacted the police, and has also contacted people who might have been affected by this (public and staff), establishing a communications centre for them. Anyone with concerns was urged to make contact.</p> <p>Mr Newman requested assurance that support is being provided for the individual members of staff referenced in these leaflets, and was assured that this was the case. Whilst it is not possible for the UHB to take legal action on their behalf, appropriate advice is being offered. Welcoming the new report format, Mr Newman suggested that consideration be given to a focus on the measures of concern, with areas requiring improvement identified, in addition to those performing better. Both actions being taken and examples of good practice could then be shared. Mrs Hardisty added her thanks to those sharing their patient stories, and enquired whether learning from Zoe's experience has been applied. In response, Mrs Rayani referred to earlier mention of the Maternity services Action Plan, emphasising that the new Civica feedback system allows capture of feedback in real-time. The feedback from this specific patient story had been shared with the relevant service, and actions/ improvements required identified by the Head of Midwifery. The service is also liaising with the local women's group 'Maternity Voices Partnership'. In response to a suggestion that the new colour scheme of the report makes it difficult to read, Mrs Rayani confirmed that the team will be reviewing this from an accessibility perspective. Referencing Sheila's experience, Ms Lewis enquired whether the Charter includes a commitment that the UHB undertakes or coordinates communication between the various multi-disciplinary teams/areas. It was agreed that Mrs Rayani would take this forward, with discussion at QSEC as required.</p>	<p style="text-align: right;">MR</p> <p style="text-align: right;">MR</p>
	<p>The Board RECEIVED and NOTED the Improving Patient Experience report, which highlights to patients and to the public the main themes arising from patient feedback.</p>	

Presenting the Annual Plan Set in a Three-Year Context report on behalf of Mr Lee Davies, Mr Moore reminded Members that an earlier draft had been considered at Public Board in March 2022 and that discussions had taken place at Board Seminar. Whilst the report represented a great deal of work completed, there are certain aspects which still require addressing. Mr Moore wished to highlight the following:

- The organisation remains in an exceptionally complex planning environment. There are challenges facing the region and plans involving changes to service delivery
- The Target Operating Model will be key in this respect – whilst actions are outlined, it has not yet been possible to adequately translate these into performance/financial benefits
- The UHB is aware that this represents a significant concern for Welsh Government and may lead to an increase in the organisation's escalation status

In view of the above, Mr Moore proposed the following additional actions for himself and the Executive Team to pursue:

- An Accountable Officer letter will be sent to Welsh Government
- The UHB will request additional, immediate support from the Welsh Government Financial Delivery Unit (FDU) with the translation of Planning Objectives into impact, working alongside the UHB's Finance team
- The UHB will invite the Welsh Government Delivery Unit (DU) and Improvement Cymru to examine/review key Planning Objectives relating to the UHB's Target Operating Model (as summarised on page 12 of the Plan) and the underpinning actions, to provide assurance on their ambition, completeness and clarity. Establishing whether there is anything further the UHB could or should be doing
- A monthly meeting between the UHB Executive Team and Welsh Government colleagues will be sought to overview, scrutinise and challenge the UHB's progress on quality and safety, performance and financial impact
- The weekly IMs' Briefing with the Chair and Chief Executive introduced during the COVID-19 pandemic will be reinstated

Mr Moore was of the opinion that Welsh Government is supportive of the UHB's efforts, and suggested that the additional scrutiny outlined above will be of benefit. It should be noted, however, that this is in addition to, not a replacement for, the scrutiny provided by the UHB's committee structure. A further update would be provided at the next Board meeting. A change to the recommendation, reflecting the above, was proposed.

Whilst welcoming the update and additional actions proposed, and acknowledging the challenging and serious position in which the organisation finds itself, Mr Newman felt that it is important to recognise that a further update in September 2022 will not allow a great deal of time to implement further actions. Mr Weir endorsed all of the proposed actions, agreeing that requesting assistance from Welsh Government is sensible, whilst expressing concern regarding the additional commitment involved for the Executive Team and emphasising the need to secure 'ownership' from clinical and operational colleagues also. Mr Moore

acknowledged the challenges faced by frontline clinicians and managers; however, Members were reminded that the UHB's Planning Objectives have been developed in partnership with these colleagues. Whilst there is a particularly challenging time ahead for the Finance team; it is vital that there is a firm grasp on the organisation's financial position going forward. Mr Weir emphasised the potential impact of partnerships, including those with Local Authorities.

Ms Lewis was hopeful that an external view/review would lead to a coherent and cohesive sense of 'the whole', along with anticipated benefits and guidance around how progress can be tracked. It was suggested that this is an area requiring scrutiny. Mr Moore agreed that a focus is required in this regard. Endorsing all of Mr Moore's proposals, Mr Iwan Thomas welcomed the plan to engage with frontline staff and Welsh Government, whilst iterating the need to be cognisant of what local communities and partnership organisations may be able to offer in terms of innovation. Mr Moore recognised this, highlighting that Planning Objectives in relation to Strategic Objective 4 are centred on how the UHB works with communities. Whilst it is important to remain open to suggestions from the Delivery Unit that more can be done, any steps must align to the key drivers – performance, quality and finance.

Referencing the Target Operating Model, Mrs Hardisty queried whether the Delivery Unit is likely to judge that the UHB is utilising its assets to the greatest possible extent. In response, Mr Carruthers advised that a significant part of what is involved is the urgent and emergency care system, and how this is reformed. HDdUHB's approach to frailty, for example, is viewed as ground-breaking. There is a need to translate this innovative thinking into actions; however, much will depend on what the organisation is being benchmarked against. Whilst the Executive Team recognises that the UHB is not where it would want to be, the organisation is open to scrutiny and feedback on how its approach can be changed. Mr Moore accepted that there has been an inability to connect all of the UHB's innovative thinking and actions, and translate these into the consequences and benefits for patients and finances. It will be vital to build the organisation's modelling capacity and output. Whilst Mr Moore was hopeful, the need to create and maintain momentum was emphasised. Mrs Hardisty suggested that the UHB needs to focus on and not lose sight of its objectives and ambitions, as outlined at the beginning of the Plan.

Turning to the Financial Plan, Mr Huw Thomas echoed Mr Moore's comments regarding the challenges and uncertainties faced by the UHB currently and for the foreseeable future. Members were assured that, in taking decisions around the Financial Plan, there had been no 'passive acceptance' of the organisation's deteriorating financial position; rather an active approach to the challenges posed. It is also based on information upon which the UHB currently has assurance and assumptions are in line with Welsh Government, without anticipation of any additional income. The position introduces the COVID-19 related costs which have transferred to core, recognises cost pressures and recognises issues with delivery of savings plans. By recognising these costs, the complex challenges ahead are also recognised, together with the value opportunities elsewhere. There is a need to triangulate actions

within the Plan. It was emphasised that the Financial Plan presented does not preclude the possibility of an improved position, and Mr Huw Thomas hoped that the proposals outlined earlier, including Welsh Government intervention, will assist.

Introducing his Financial Plan Briefing presentation, Mr Huw Thomas drew Members' attention to the timeline detailed on Slide 2. Slide 3 outlines the underlying position, which it is understood presents challenges for the system. Slides 4 and 5 recognise the twofold shift, with COVID-19 cost pressures transferring to core and insufficient capacity to deliver savings. The former, whereby COVID-19 costs have transformed into routine service delivery methods, comprises £15.5m. This has led to an growing gap between income and financial projection. Whilst Slide 6 presents a 'not overly pessimistic' view; the challenge is one of service change/improvement to address cost pressures. Slide 9 outlines the potential consequences of the worsening deficit, including the need to maintain cash flow towards the end of the year, to ensure that staff and suppliers are paid.

Referencing the COVID Choices presentation, Mr Huw Thomas reiterated that COVID-19 cost pressures represent £15.5m, and it has become apparent that these are now embedded within the service delivery system. Discussions have taken place with clinical colleagues to make judgements on the nature of these costs and the impacts/consequences of removing the items/mechanisms to which they relate. Mr Carruthers wished to emphasise, from an operational perspective, that it has been made clear a financial deficit of £62m is not the position the organisation is intending to return. Operational teams have not been authorised to spend excessively and remain obliged to meet the budgets allocated to them. A clear message in this regard is being communicated. There are signs of optimism and ideas coming forward from teams which should improve the financial position. Members heard that, whilst moving certain of the transitional costs into core impacts negatively on the run-rate/forecast, it has also allowed recruitment to some of the historic vacancies, which Mr Carruthers would anticipate resulting in benefits in due course.

Mr Weir thanked Mr Huw Thomas for his clear report and the additional context provided by both him and Mr Carruthers. It was suggested that it would be useful to link potential consequences to the UHB's Strategic Objectives and performance targets. In terms of COVID-19 costs and leaving the associated mechanisms in place, Mr Weir queried whether the organisation is potentially in a better position to respond to a further resurgence in COVID-19, or whether further financial support will be required. In response, Mr Moore suggested that the UHB has not yet emerged from the winter pressures of 2021/22 and has not been able to 'stand down' a number of the measures put in place for the COVID-19 pandemic. It is likely that the organisation will need to make difficult decisions in the months to come. Mr Carruthers confirmed that the UHB is already dealing with a higher level of demand/pressure than would be normal at this time of year. It is also important to consider the impact of COVID-19 on staff, with the organisation having had to offer enhanced pay rates on several occasions in order to maintain services, which leads to increased variable pay costs.

Whilst welcoming the assurance regarding budgetary messaging to operational teams, Ms Lewis expressed concern regarding the risk of 'losing' accountability for quality and safety. Ms Lewis enquired how the organisation is ensuring that staff can speak up safely if they have concerns around the impact of financial restrictions on quality and safety. Mr Carruthers assured Members that there have been clear statements regarding staff contributions and responsibilities, and ensuring that there are options/opportunities/places to discuss such concerns. Mr Carruthers was confident that decisions which might impact quality and safety would not be taken without referral to/approval from either himself as Director of Operations, the Director of Primary Care, Community & Long Term Care or the Director of Nursing, Quality & Patient Experience. There are also formal procedures in place, including the Use of Resources procedure. Mrs Rayani confirmed that the latter is an extremely useful starting point, emphasising that it has an inherent quality and safety focus. In terms of how the organisation enhances services to 'drive' the quality agenda, which in turn drives down costs by reducing inefficiency:

- The reporting structure ensures a focus on quality and safety
- Datix enables reporting of concerns, and is well-utilised
- Board/IM walk-arounds, both formal and informal, allow information gathering
- There is a 'speak up safely' process
- There are Risk Registers (Directorate and Service level) and the Corporate Risk Register

All of the above combined facilitate a focus on quality and safety. Mr Carruthers emphasised that the UHB is trying to utilise opportunities for staff to be innovative and creative. Noting the above, Ms Lewis added that, in some cases, a poor service is better than no service.

Mr Moore stated that the issue raised by Ms Lewis is one of the key concerns for the Executive Team; it is not appropriate to focus solely on financial performance. In terms of where decisions are made – these must be at Board level; it is unreasonable to expect operational staff to take on this responsibility. Mr Huw Thomas advised Members that the UHB has a realistic financial projection. The challenge faced is to ensure that actions are taken to erode this projection (improve the financial position). It is recognised that there are areas of expenditure which may impact on quality and safety, and these must remain under scrutiny. It is vital to ensure that the message from the Executive Team remains consistent and that the organisation focuses on 'living within our means' whilst not harming patients. Value Based Health Care forms a central tenet of the approach and offers an important message to the Board. Mr Carruthers wished to clarify that there is no disagreement regarding the financial forecast; rather that the operational teams are committed to improving the financial position.

Referencing from a clinical viewpoint the issue of a balance between finances and quality and safety, Professor Kloer reminded Members that in agreeing the Health & Care Strategy, it had also been agreed that the current system is unsustainable, and the consequences involved, which

are evidenced in the Risk Registers and Integrated Performance Assurance Report (IPAR). This does not negate a need to take various actions to mitigate these consequences, and the UHB has and needs to ensure a strong clinical ‘voice’ in developing its plans. Members were assured that the Executive Team is reflecting on this issue. Recognising that this is an extremely complex and challenging area, which will require the Board to make difficult choices, Professor Gammon emphasised the need to ensure that decisions are made through the lens of the patient/public, taking into account impacts on quality, safety and finances. Whilst accepting that no-one wishes to make a decision which affects patient safety and/or which increases pressures on staff, Mr Newman reiterated that the current model is not sustainable. The organisation must move to a sustainable position as soon as possible, by increasing the pace of strategic decisions, whilst ensuring that the potential financial ‘gap’ is recognised.

Dr Joanne McCarthy stated that it would be remiss to neglect the UHB’s commitment to a long term strategy from a population health perspective. The region is making significant inroads in this regard – including being the first area to meet smoking cessation targets – which will help to reduce future service use/demand. Mr Weir suggested that the organisation should seek to be more innovative and bold, identifying areas which can be put forward for investment/funding. Outcomes relating to the new hospital, digital strategy and population health need to be defined. Mr Huw Thomas responded that the examples given demonstrate the reason for the ‘Use of Resources’ terminology: resources include money, people, technology and data. Mr Moore felt that HDdUHB’s Planning Objectives are bold, and will provide benefits for both the organisation and the local population. There is a need, however, to be clear as regards the organisation’s aims in the short-term; also, those parts of the Plan which will impact in the longer term. The Target Operating Model sets out HDdUHB’s journey – this year, next year and the year after. There is a need to begin to express how the organisation can get ‘on track’ in terms of the Roadmap in time for the PBC to come to fruition.

Mrs Hardisty thanked Members for the constructive discussion, and thanked Mr Moore and the Executive Team for their contribution, particularly in recognising not only the financial challenges but also the quality and safety impacts.

The Board:

- **APPROVED** the planning objectives and supporting actions as set out in the Plan but **REQUESTED** a further update to the September 2022 Public Board meeting regarding the translation of these objectives into the key deliverables of quality, safety, performance and finance. The report should also set out the choices that can be made between these three elements for discussion and agreement. This will be considered through the lens of the patients and public.
- **AGREED** that the aforementioned should be subject to full scrutiny at the relevant committees prior to the Public Board meeting.
- **AGREED** that the Chief Executive would write a further Accountable Officer letter to Welsh Government in light of today’s discussion.

LD/HT

	<ul style="list-style-type: none"> • AGREED to ask the FDU for additional, immediate support with the translation of Planning Objectives into impact, to work alongside the Finance team. • AGREED to invite the DU and Improvement Cymru to review key related Planning Objectives, to ensure our Target Operating Model and the underpinning actions to provide assurance on their ambition, completeness and clarity. Establishing if there is anything further the UHB could or should be doing. • AGREED to request the establishment of a monthly meeting between the UHB Executive Team and Welsh Government colleagues to overview, scrutinise and challenge progress on quality and safety, performance and financial impact. • AGREED to re-establish a weekly meeting with the Chief Executive, Chair and IMs. This will be in addition to the existing Board scrutiny arrangements. 	
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PM(22)120	FINANCIAL REPORT – MONTH 3 2022/23	
	<p>Mr Huw Thomas introduced the Financial Report for Month 3 of 2022/23, advising that much of the content had been covered during earlier discussions. Members’ attention was drawn to the table on page 2 of the report, with Mr Huw Thomas highlighting that the RAG rating is slightly misleading, being measured as it is against the forecast rather than statutory requirements. The cash position will be challenging if the current trajectory continues, particularly during the final two weeks of the financial year. Updates will continue to be presented to Board via the Sustainable Resources Committee (SRC). Mr Huw Thomas also highlighted data regarding pay on page 9 of the report. Agency usage has been reducing; however, this is probably related more to supply than demand.</p>	HT
	<p>The Board DISCUSSED and NOTED the financial position for Month 3 2022/23, alongside the implications for the Health Board of the challenging outlook.</p>	

PM(22)121	FINANCIAL WELLBEING - HOW DO WE SUPPORT THE WORKFORCE?	
	<p>Mrs Gostling presented the Financial Wellbeing - How do we Support the Workforce? report, which sets out a series of actions HDdUHB is taking to support its staff. Examples include the Hapi app, which offers a raft of staff benefits and various salary sacrifice schemes. An internal action plan has been developed and is appended to the report for Members’ information. This includes actions relating to meals/food waste; flexible working; sharing tips on budgeting; car sharing; period poverty and support available to individuals. In addition to the wellbeing benefits involved, there are business benefits: if staff are experiencing anxiety around their financial situation or financial hardship, this may result in absence from work. The measures also enhance staff engagement and may improve staff recruitment and retention. It is important to ensure that the UHB does not try to emulate or duplicate other work already in place, such as school uniform schemes. Mrs Gostling thanked all of those involved in bringing together the ongoing work outlined.</p>	
	<p>Recognising the significant difficulties being faced, Mrs Hardisty welcomed the range of actions being proposed. This was echoed by</p>	

	<p>Professor Gammon, who enquired whether there has been any evidence of the impact of economic challenges on staff turnover, particularly in lower pay band posts. Whilst no deterioration in retention has been noted to date, Mrs Gostling advised that there has been an impact on recruitment, with travelling costs being a likely factor. Noting the work with partners, Mr Weir enquired how managers are communicating the availability of support to the workforce, and whether links are being formed with the UHB's foundational economy work. In response to the first query, Mrs Gostling indicated that the UHB's Organisational Development Relationship Managers are engaging with line managers. Benefits Roadshows are being held on UHB sites, and a 'Speaking in Confidence' Platform has been established. In terms of the foundational economy, there are links with all plans/actions to support individuals in local communities to secure and remain in meaningful employment. For example, the UHB is supporting individuals to obtain their driving licence.</p> <p>In response to a query around whether consideration has been given to how Charitable Funds could be used to support staff, Mrs Gostling advised that discussions are at an early stage. A report has been drafted around potential support from the Cavell Nurses' Trust. Ms Delyth Raynsford confirmed that discussions around Charitable Funds usage will be pursued, whilst emphasising the need to ensure equity for all staff groups. Members were reminded that a number of staff work within the community and steps need to be taken to ensure that they can access information. Mrs Gostling advised that work is taking place with Local Authority partners and the UHB is part of a Regional Workforce Board with these bodies. The first Joint Apprenticeship programme is very much linked to the foundational economy work previously mentioned. Wellbeing Roadshows will not be restricted to hospital sites, and the 'Making a Difference' programme, which is for every member of staff, includes information on staff benefits.</p> <p>Referencing access to food banks, etc, Mr Iwan Thomas enquired whether there is support for staff who may wish to source food from local suppliers. Declaring an interest, as Chief Executive Officer, Mr Iwan Thomas explained that PLANED has secured Welsh Government funding for a Regional Food Hub project which links local producers with local communities. He suggested that the practicalities of securing access to this for HDdUHB staff should be explored.</p> <p>The Board:</p> <ul style="list-style-type: none"> • NOTED the steps being taken to support the workforce; • TOOK ASSURANCE from the actions taken and in progress; • NOTED that the Culture and Workforce Experience Team and wider teams will continue to drive these actions whilst researching any others that may provide support at this difficult time. 	LG
PM(22)122	<p>IMPLEMENTING THE HEALTHIER MID AND WEST WALES STRATEGY - PROGRAMME BUSINESS CASE UPDATE</p> <p><i>Mr Paul Williams joined the Board meeting.</i></p> <p>Mr Steve Moore presented the Implementing the A Healthier Mid and West Wales (AHMWW) Strategy - Programme Business Case (PBC)</p>	

	Update report, advising that this will be discussed in detail at the Public Board meeting on 4 th August 2022.	
	<i>Mr Williams left the Board meeting.</i>	
	The Board NOTED the work underway which will be reported to Public Board on 4 th August 2022	

PM(22)123	SECTION 33 AGREEMENT - JOINT EQUIPMENT STORE; CEREDIGION COUNTY COUNCIL	
	Introducing the Section 33 Agreement - Joint Equipment Store; Ceredigion County Council report, Ms Paterson reminded Members of the background to this agreement. The revised/refreshed agreement is for a period of three years. The UHB's contribution to the cost of the agreement has increased; however, this reflects a greater usage and is aligned with the strategy of caring for individuals in their homes where possible.	
	The Board APPROVED the revised draft Agreement for Ceredigion's Integrated Provision of Community Equipment Services for the period 1 st April 2022 until 31 st March 2025 made pursuant to Section 33 of the <i>National Health Service (Wales) Act 2006</i> , in order for this to be sealed and signed by both Hywel Dda University Health Board and Ceredigion County Council.	

PM(22)124	OPERATIONAL UPDATE	
	<p>Mr Carruthers presented the second iteration of the Operational Update and Progress Report. The team remain open to receiving feedback regarding its format and content in order to improve the report, which is intended to provide an update on the actions undertaken to make progress against identified Board priorities. Mr Carruthers emphasised that the report is not intended to replicate the IPAR. Members heard that there has been a resurgence in COVID-19 within the community, which has impacted on systems and hospitals. The report indicates a figure of 125 patients in hospital with confirmed or suspected COVID-19; Mr Carruthers advised that this had reduced to 58 by the morning of 28th July 2022 and hoped that this trend would continue. The additional pressure on systems and high levels of escalation are unfortunately translating into delays in accessing services, poor patient experience and pressures on staff – Mr Carruthers apologised to everyone affected and thanked them for their continued forbearance. The continued impact of COVID-19 on staff and their availability has led to two occasions since the previous Board meeting (June and July 2022) on which the UHB has had to implement enhanced pay arrangements to provide and maintain safe services. The report recommendation requests retrospective approval for these arrangements.</p> <p>Members' attention was drawn to information regarding the UHB's Transforming Urgent & Emergency Care/Frailty Matters programme, which has attracted interest from Welsh Government. This vital work sets the scene for establishing a sustainable system, whilst also presenting a number of immediate actions. There are various elements to the programme which appear to be producing positive impacts, such as Same Day Emergency Care (SDEC) and measures to reduce ambulance conveyances including the Advanced Paramedic Practitioner (APP) pilot; however, it is a little early to judge absolutely. Mr Carruthers</p>	

felt that it was important to recognise that there have been good as well as bad days. The Planned Care Recovery continues to be implemented, with a meeting scheduled for this afternoon and discussion having taken place at Board Seminar in June 2022. There have been issues with the ventilation system in the new Modular Day Surgical Unit at Prince Philip Hospital requiring urgent remedial work. The Unit is expected to be available to receive patients from September 2022; progress is reported via the Capital, Estates and IM&T Sub-Committee. Ms Paterson reported that pressures continue to impact Primary Care contractors, alongside higher levels of sickness affecting General Practices and causing closures of Community Pharmacies. The Primary Care sector has seen a 25% increase in demand. Apologies were offered to those experiencing difficulties accessing services. The Minister for Health and Social Services has emphasised the importance of Primary Care provision, and HDdUHB is assisting its contractors wherever necessary. Primary Care will be supporting the COVID-19 booster vaccination programme. Care homes are also experiencing significant issues around capacity.

Mrs Raynsford advised that she was hearing increasing concerns around a lack of access to ambulance services, and understood that a meeting is taking place this afternoon. There is a need to be cognisant of the implications of this issue for the HDdUHB population, particularly in view of the region's rurality and the number of visitors. Mr Carruthers agreed that it is important to recognise the challenges being experienced around ambulance performance. Whilst this is a direct 'symptom' of current pressures within the Unscheduled Care system, everyone has a responsibility and contribution to make. One issue which will no doubt be cited is delays at the 'front door' and their impact on ambulances being re-tasked. A Delivery Group has been established to examine this issue in more detail, and positive impacts are already being seen. An improvement in ambulance delays was seen in June; however, July has been more challenging. Issues with capacity/flow through the system manifest in delays at the 'front door'. Whilst the initiatives mentioned earlier (APP, SDEC, etc) appear to be having an impact, significant fragilities remain within the system. A report is being submitted to the WAST Board recognising these fragilities and the potential harm caused to individuals. The report discusses specific actions; Mr Carruthers advised that processes are being put in place around release systems, whereby ambulances are released if a red or amber call is received. Members heard that QSEC would be discussing the WAST report and wider Unscheduled Care challenges at its meeting on 9th August 2022.

Whilst noting the reduction in COVID-19 admissions reported earlier, Mr Maynard Davies enquired whether an increase in Long COVID-19 cases was being seen by the Long COVID-19 Service. Also, whether an update could be provided on how the Mental Health Single Point of Contact/111 service has been received. With regard to the latter, which HDdUHB is piloting on behalf of Wales, Mr Carruthers suggested that this be covered during the later Mental Health & Learning Disabilities Update item, whilst advising that there has been positive feedback from both service users and staff. In terms of Long COVID-19, the anticipated high levels of activity/demand have not been seen; rather a steady

	<p>improvement plans and stated that it would be helpful to see a forecast in terms of performance trajectory. Mr Carruthers hoped to be in a position to present a further update to the next Board meeting. Mrs Hardisty requested assurance that effective linkages are being made between Community Paediatrics and the NEST Framework and with Mental Health. Mr Carruthers confirmed that the Task & Finish Group has been requested to examine this area.</p>	
	<p>The Board TOOK ASSURANCE that:</p> <ul style="list-style-type: none"> • Robust plans are in place to reduce waiting times for Children and Young People to see a community Paediatrician; • Plans are being developed to create and implement robust communications with CYP waiting to be seen. 	

<p>PM(22)126</p>	<p>MENTAL HEALTH & LEARNING DISABILITIES UPDATE</p> <p><i>Dr Warren Lloyd, Ms Liz Carroll and Ms Sara Rees joined the Board meeting.</i></p> <p>Mr Carruthers presented the Mental Health & Learning Disabilities (MHL) Update report, reminding Members that this is a follow-up to the report presented in March 2022. In response to feedback received at that meeting, the report attempts to provide an update on Transforming Mental Health Services (TMH) linked to the original objectives/recommendations. The report includes information presented to the Board Seminar in June 2022. The various actions put in place are already beginning to produce some improvements/positive impacts. Mrs Hardisty reminded Mr Carruthers of the earlier request for feedback on the Mental Health Single Point of Contact(SPOC)/111 service.</p> <p>Ms Liz Carroll indicated that the report context has been provided; it focuses on performance in Integrated Psychological Therapy Service (IPT), Specialist Child and Adolescent Mental Health Services (SCAMHS) and Autistic Spectrum Disorder (ASD) Services. As outlined in the Operational Update, it is important to note that MHL services have also been impacted by COVID-19. The Directorate is working with Welsh Government's Delivery Unit to learn from other Health Boards in terms of good practice. There has been evidence of an improvement in performance in SCAMHS and, with new staff recruited, it is hoped that this will become more sustained; however, the position will need to be monitored closely. IPT is experiencing a number of challenges, with complex presentations and difficulties in demand modelling. The Mental Health SPOC/111 service went live on 20th June 2022, HDdUHB being the first Health Board to implement this service. Currently the service operates from 9.00am to 11.30pm 7 days per week; however, it will operate on a 24 hour basis once additional staff have been recruited. The 111 service will be charged at a local call rate. The service is receiving a number of calls requesting changes to prescriptions/medications and is working with Primary Care colleagues in this regard. It is also receiving a number of queries relating to Dental access, with callers mishearing 'mental' for 'dental'.</p> <p>Professor Gammon welcomed the report, which evidences a significant amount of work. The MHL Performance Dashboard provides both useful information and assurance. However, Professor Gammon noted that in many instances, performance improvement is predicated on</p>	
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	<p>recruitment of new staff and requested assurance around the likelihood of success in this regard. Ms Carroll reported that the Directorate has seen some recent successful recruitment in SCAMHS in particular. There is a national shortage of Psychologists, leading to challenges in IPTS, although many interventions are provided by other Mental Health professionals, emphasising the importance of 'growing our own'. In certain areas, potentially the only way to manage vacancies is to go out to recruitment 'at risk' and then redeploy staff at a later date. Outsourcing is not viewed as a viable option. Mr Newman expressed concern regarding the current and potential future position in terms of ASD services. Ms Carroll agreed that action on a substantive basis is required, in order to increase the size and capacity of the team.</p> <p>Mrs Hardisty concluded discussions by suggesting that further updates should be provided to Board level committees and/or Board in due course. The MHL D team were thanked for their report and for demonstrating the progress made.</p> <p><i>Dr Lloyd, Ms Carroll and Ms Rees left the Board meeting.</i></p>	AC
	<p>The Board:</p> <ul style="list-style-type: none"> • CONSIDERED progress against the MH&LD performance and trajectory metrics; • CONSIDERED progress against the TMH programme and implementation of WPAS; • NOTED any risks and mitigations highlighted. 	
PM(22)127	PROVISION OF NHS PRIMARY CARE PERSONAL DENTAL SERVICES, AMMANFORD	
	<p>Ms Paterson introduced the Provision of NHS Primary Care Personal Dental Services, Ammanford report, welcoming the opportunity to discuss this important issue. The report seeks approval of a procurement process to re-provide dental services, with access to services in this area continuing to present challenges. The annual contract value (AVC) under the tender process is £487k for a period of 10 years, the latter being the norm under Welsh Government contract arrangements. Ms Paterson drew Members' attention to the benefits for the local population, detailed within the report. The existing contract ends in July 2022 and the UHB will be seeking interim cover.</p> <p>Mr Moore noted the ongoing and significant challenges around dental service provision. Members heard that HDdUHB is in the process of scheduling a meeting with the Chief Dental Officer to discuss potential long-term actions/solutions.</p>	
	<p>The Board APPROVED the procurement process to re-provide Dental Services in the Amman Gwendraeth Cluster, recognising the overall improvement to access to NHS dental services that this would provide.</p>	
PM(22)128	COVID-19 VACCINATION AUTUMN BOOSTER CAMPAIGN	
	<p><i>Ms Bethan Lewis joined the Board meeting.</i></p> <p>Ms Shakeshaft and Ms Bethan Lewis presented the COVID-19 Vaccination Autumn Booster Campaign report. Ms Bethan Lewis advised that the Joint Committee for Vaccination and Immunisation (JCVI) has now confirmed the priority groups, which were similar to</p>	

	<p>those outlined in the interim guidance, with some additions. The UHB is also keen to improve the uptake among sufferers of Chronic Obstructive Pulmonary Disease (COPD). All of those eligible for COVID-19 booster vaccinations will be offered these by October 2022; with delivery by the end of December 2022. Influenza (Flu) vaccinations will also be offered until the end of December. With regard to co-administration of vaccines, there will need to be a wider discussion with Primary Care contractors regarding the risks and benefits this offers.</p> <p>Ms Paterson stated that it was unusual for the COVID-19 vaccination programme delivery to be based primarily in Primary Care. Should there be a requirement for separate administration of the COVID-19 and Flu vaccinations, this will require two appointments rather than one. To avoid compromising access to Primary Care services, this would need to be discussed with providers and any gaps covered by other means. Ms Shakeshaft agreed that the co-administration aspect needs to be discussed, and advised that consideration will need to be given to how the Mass Vaccination Centre provision can be maintained should this be required. Mrs Hardisty stated that detailed proposals will need to be presented to SDODC.</p> <p><i>Ms Bethan Lewis left the Board meeting.</i></p>	<p>AS/JP</p> <p>AS</p>
	<p>The Board:</p> <ul style="list-style-type: none"> • NOTED the proposed delivery plan and the opportunity to transition the delivery of the COVID-19 vaccination programme with our existing Flu vaccination programme; • NOTED the work underway to mitigate the risk to programme delivery of the proposed approach and receive assurance from the control measures in place through recognition of the key enablers; • NOTED the proposed plan to respond to a request to surge vaccinate over the autumn / winter period considering the potential impact on existing acute and community services. 	
<p>PM(22)129</p>	<p>INTEGRATED PERFORMANCE ASSURANCE REPORT – MONTH 3 2022/23</p> <p>Mr Huw Thomas presented the Integrated Performance Assurance Report (IPAR) for Month 3 of 2022/23. Members heard that there had been a recent ‘touchpoint’ meeting with the team who had introduced HDdUHB to the ‘Making Data Count’ concept and that they had been extremely impressed with the new IPAR format. They had also been very complimentary regarding the UHB’s Board Assurance Framework, which they felt was an exemplar. Mr Huw Thomas highlighted the key improvement measures on pages 2 and 3 of the report, and their associated trajectories, which are the areas requiring most focus. Mr Moore informed Members that the Executive Team reviews these key metrics on a weekly basis at their meeting.</p> <p>Whilst recognising that the organisation’s performance is not where it should be, Mr Carruthers highlighted that actions have been put in place. Performance in regards to cancer services has been a particular focus and there has been a reduction in the backlog of patients waiting for diagnosis and treatment. This trajectory is expected to continue.</p> <p>The Board CONSIDERED and DISCUSSED issues arising from the IPAR - Month 3 2022/2023.</p>	

PM(22)130	WELL-BEING OBJECTIVES ANNUAL REPORT 2021/22	
	Mrs Gostling presented the Well-being Objectives Annual Report 2021/22, reminding Members that the UHB's Well-being Objectives had been refreshed in 2019. As indicated, a Task and Finish Group with wide representation from across the organisation acts as 'champions' of the Act and has contributed to the development of the Annual Report. Mrs Gostling commended the comprehensive report to Board, thanking the Strategic Partnerships, Diversity and Inclusion team for their work.	
	Mrs Hardisty echoed this, welcoming the excellent report.	
	The Board APPROVED for publication HDdUHB's Well-being Objectives Annual Report for the period 1 st April 2021–31 st March 2022 in order to fulfil the UHB's statutory obligations.	

PM(22)131	WEST WALES CARERS DEVELOPMENT GROUP ANNUAL REPORT 2021/22	
	Mrs Gostling presented the West Wales Carers Development Group Annual Report 2021/22, again thanking the Strategic Partnerships, Diversity and Inclusion team for their work on this document. The report focuses on several key areas, including improving the lives of carers; establishing links with statutory services; and supporting young carers. It also includes details of ambitions for 2022/23.	
	Whilst commending the excellent report, Mr Newman noted that it does not address the issue of Carers' Needs Assessments, referral for which forms an obligation on the part of the UHB. Mrs Gostling assured Members that this obligation is being met; however, there are backlogs in processing these assessments which are being discussed with Local Authority partners. Further detail, in terms of numbers, can be provided. Mrs Hardisty welcomed the report and thanked the team involved.	LG
	The Board: <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 2021/2022, prior to publication on the UHB website. 	

PM(22)132	MENTAL HEALTH LEGISLATION COMMITTEE ANNUAL REPORT 2021/22	
	The Board ENDORSED the Mental Health Legislation Committee Annual Report 2021-2022.	

PM(22)133	REPORT OF THE SUSTAINABLE RESOURCES COMMITTEE	
	Mr Weir, SRC Chair, presented the SRC update report, highlighting the positive update received regarding the Decarbonisation Planning Objective. Also the update regarding Value Based Health Care, which the Committee had found extremely engaging. Finally, the consistent improvement – in excess of the All Wales average – in Clinical Coding performance, which should be recognised.	

	Members noted that an update on Decarbonisation is scheduled for the September 2022 Public Board meeting.	
	The Board NOTED the SRC update report, ACKNOWLEDGED the key risks, issues and matters of concern, together with actions being taken to address these and APPROVED the revised SRC Terms of Reference.	
PM(22)134	REPORT OF THE STRATEGIC DEVELOPMENT & OPERATIONAL DELIVERY COMMITTEE	
	Mr Maynard Davies, SDODC Chair, presented the SDODC update report, stating that he had nothing further to add to the contents.	
	The Board NOTED the SDODC update report, ACKNOWLEDGED the key risks, issues and matters of concern, together with actions being taken to address these and APPROVED the revised SDODC Terms of Reference.	
PM(22)135	REPORT OF THE PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE	
	Professor Gammon presented his final PODCC update report as PODCC Chair, stating that this Committee held a particular affinity for him, focusing as it does on the people of HDdUHB. Staff are crucial in ensuring the quality, safety and provision of services for the local population. The report highlights concerns around the provision of safe, secure rest areas for staff; Members heard that this issue is being taken forward by the Director of Workforce & OD as PODCC Lead Executive.	
	Mrs Gostling wished to thank Professor Gammon for his support, challenge and scrutiny during his tenure as PODCC Chair, stating that he had achieved a great deal in the short time since the Committee was established.	
	The Board NOTED the PODCC update report, ACKNOWLEDGED the key risks, issues and matters of concern, together with actions being taken to address these and APPROVED the revised PODCC Terms of Reference.	
PM(22)136	REPORT OF THE HEALTH & SAFETY COMMITTEE	
	Mrs Hardisty, Health & Safety Committee (HSC) Chair, presented the HSC update report, reiterating that the UHB is in a much improved position in terms of Health & Safety and that much of this improvement is due to the efforts of the HSC Executive Lead, the Director of Nursing, Quality & Patient Experience.	
	The Board NOTED the HSC update report and APPROVED the revised HSC Terms of Reference.	
PM(22)137	HDdUHB MAJOR INCIDENT PLAN 2022/23	
	The Board APPROVED the HDdUHB Major Incident Plan 2022/23.	
PM(22)138	COMMITTEE UPDATE REPORTS: BOARD LEVEL COMMITTEES	
	The Board: <ul style="list-style-type: none"> • ENDORSED the updates, recognising any 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 	

	<p>Board at recent Committee meetings, noting that a Corporate Trustee session will be held directly after the Public Board meeting to consider the charitable funds budget and expenditure outlined above;</p> <ul style="list-style-type: none"> • APPROVED the revised Terms of Reference for: <ul style="list-style-type: none"> ○ Charitable Funds Committee ○ Staff Partnership Forum ○ Healthcare Professionals Forum ○ Stakeholder Reference Group 	
PM(22)139	COMMITTEE UPDATE REPORTS: IN-COMMITTEE BOARD	
	The Board RECEIVED the update report of the In-Committee Board meeting.	
PM(22)140	COMMITTEE UPDATE REPORTS: HDdUHB ADVISORY GROUPS	
	The Board RECEIVED the update report in respect of recent Advisory Group meetings.	
PM(22)141	HDdUHB JOINT COMMITTEES & COLLABORATIVES	
	Mr Moore presented the HDdUHB Joint Committees & Collaboratives report, advising that there is work ongoing around the future of the Mid Wales Joint Committee for Health and Care (MWJC), with various changes proposed. The MWJC had been established due to concerns among the population of mid Wales regarding the ability of the new Health Boards to work together and meet the population's needs. It is now the view of the MWJC patient representative and the Health Boards involved that it would be preferable to 'normalise' arrangements to mirror regional arrangements with other Health Boards, whilst retaining various aspects of the MWJC. Members were advised that further information will be provided when available.	
	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(22)142	STATUTORY PARTNERSHIPS UPDATE	
	Ms Paterson presented the Statutory Partnerships Update, drawing Members' attention to information regarding Public Services Boards Well-being Assessments. Also highlighted within the report are Accelerated Cluster Development and Partnership Governance, both of which have been mentioned earlier.	
	<p>The Board:</p> <ul style="list-style-type: none"> • NOTED the updates provided in relation to the work of the PSBs, including that relating to Wellbeing Assessments, Wellbeing Objectives and Wellbeing Plans; • NOTED the update on recent activity of the RPB. 	
PM(22)143	BOARD ANNUAL WORKPLAN	
	The Board NOTED the Board Annual Workplan.	

PM(22)144	ANY OTHER BUSINESS	
	There was no other business reported.	

PM(22)145	DATE AND TIME OF NEXT MEETING	
	9.30am, Thursday 4 th August 2022 9.30am, Thursday 29 th September 2022	