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

Date of Meeting:	**9.30AM, THURSDAY 29TH SEPTEMBER 2022**
Venue:	**VIRTUAL, VIA TEAMS**

Present:	Miss Maria Battle, Chair, Hywel Dda University Health Board Mrs Judith Hardisty, Vice-Chair, Hywel Dda University Health Board Mr Maynard Davies, Independent Member (Information Technology) (VC) Associate Professor Chantal Patel, Independent Member (University) (VC) Ms Anna Lewis, Independent Member (Community) (VC) Mr Paul Newman, Independent Member (Community) (VC) Ms Delyth Raynsford, Independent Member (Community) (VC) Mr Iwan Thomas, Independent Member (Third Sector) (VC) Mr Winston Weir, Independent Member (Finance) (VC) Mr Steve Moore, Chief Executive Professor Philip Kloer, Executive Medical Director and Deputy Chief Executive (VC) Mr Andrew Carruthers, Executive Director of Operations (VC) Mrs Lisa Gostling, Executive Director of Workforce and Organisational Development (VC) Mrs Mandy Rayani, Executive Director of Nursing, Quality & Patient Experience (VC) Ms Alison Shakeshaft, Executive Director of Therapies & Health Science (VC) Mr Huw Thomas, Executive Director of Finance (VC) Mr Lee Davies, Executive Director of Strategic Development & Operational Planning (VC) Dr Joanne McCarthy, Deputy Director of Public Health (VC)
In Attendance:	Ms Jill Paterson, Director of Primary Care, Community & Long-Term Care Mrs Joanne Wilson, Board Secretary Ms Alwena Hughes-Moakes, Communications Director (VC) Dr Barbara Wilson, Vice-Chair, Hywel Dda Community Health Council (VC) Ms Donna Coleman, Chief Officer, Hywel Dda Community Health Council (VC) Ms Libby Ryan Davies, Transformation Director (VC) (part) Ms Bethan Lewis, Interim Assistant Director of Public Health (VC) (part) Ms Karen Thomas, Joint Head of Dietetics/ Ceredigion Therapy (VC) (part) Ms Rebecca Jewell, Healthcare Inspectorate Wales (VC) (part) Ms Sonja Wright, COVID-19 Pandemic Support (Minutes)

Agenda Item	Item	Action
PM(22)150	**INTRODUCTIONS & APOLOGIES FOR ABSENCE**	
	The Chair, Miss Maria Battle, welcomed everyone to the meeting, extending a particular welcome to Associate Professor Chantal Patel as a new Independent Board Member. Miss Battle requested that in light of the number of important papers included on the agenda for this meeting, Members ensured that queries and responses provided were as concise as possible in order that each paper could be afforded the due level of scrutiny.	

	Apologies for absence were received from: • Mrs Ann Murphy, Independent Member (Trade Union) • Mr Mansell Bennett, Chair, Community Health Council • Ms Sian Howys, Associate Board Member (Director of Social Services)	

PM(22)151	**DECLARATION OF INTERESTS**	
	A Declaration of Interest was received from Mr Maynard Davies in respect of **PM(22)156**, relating to the SAIL database – Mr Davies being a member of the SAIL Information Governance Review Panel.	

PM(22)152	**MINUTES OF THE PUBLIC MEETINGS HELD ON 28TH JULY 2022**	
	RESOLVED – that the minutes of the meeting held on 28th July 2022 be approved as a correct record.	

PM(22)153	**MINUTES OF THE PUBLIC MEETING HELD ON 4TH AUGUST 2022**	
	RESOLVED – that the minutes of the meeting held on 4th August 2022 be approved as a correct record.	

PM(22)154	**MATTERS ARISING & TABLE OF ACTIONS FROM THE MEETINGS HELD ON 28TH JULY AND 4TH AUGUST 2022**	
	An update was provided on the table of actions from the Public Board meetings held on 28th July 2022 and 4th August 2022, and confirmation received that all outstanding actions had been progressed. In terms of matters arising: **PM(22)110** – Mr Paul Newman informed Members that concerns in relation to the waiting list validation exercise expressed by members of the Audit and Risk Assurance Committee (ARAC) at its meeting held on 21st June 2022 related to the internal processes followed by the Health Board (HB) to ensure that individuals were appropriately placed on waiting lists and that the action therefore reflected a request by its members to provide the Committee with an update relating to process review. Mr Newman noted, however that the progress update relating to this action referred to a further validation exercise and sought clarification regarding the position. Mr Andrew Carruthers explained that the management and validation of waiting lists was an ongoing process, supported by a training and awareness programme which was being developed by the Directorate, and assured Members that the HB was looking to appoint an individual with the requisite expertise to ensure that internal recording processes were robust and effective. Members were also advised that the progress update, as presented in the Table of Actions, referred to a further phase of validation which had been requested by Welsh Government (WG) and which the HB was supporting. Mr Carruthers undertook to provide a more detailed update (including timescales for the further review) to Mr Newman outside the meeting. **PM(22)124** - Mrs Delyth Raynsford queried whether the HB could be confident that GPs were appropriately identifying and referring patients who present with symptoms of Long COVID-19 to the HB's Long	**AC**

	COVID-19 Service, how the HB's Long COVID-19 figures compared at a national level and whether any 'pockets' of diagnosed patients had been identified. Ms Alison Shakeshaft confirmed that she would provide local and national referral figures to Members following the meeting together with details of any referral patterns emerging within the HB. Members noted that referral rates within the HB, as presented in an appendix to the Table of Actions, had remained fairly steady since October 2021 (apart from a drop in August 2022) and were assured by Mrs Shakeshaft that rates would continue to be monitored.	**AS**
	Ms Shakeshaft explained that the criteria for diagnosing patients with Long COVID-19 were fairly broad (*ie.* any individual post-12 weeks of COVID-19 infection or suspected COVID-19 infection with lingering symptoms) and undertook to issue further communications regarding referral routes both internally via Global and to Primary Care colleagues and Health and Social Care professionals to supplement previous communications which had been issued.	**AS**
	Members noted the importance of ensuring that people were aware of the symptoms of Long COVID-19 and were advised by Mrs Mandy Rayani that over 250 calls relating to Long COVID-19 had been received from members of the public via the HB Communication Hub and that an internal and public-facing communication plan had been developed to provide details of signposting and access to advice regarding Long COVID-19 which would be discussed at a Board Seminar.	**AS**
	Mr Steve Moore highlighted the pertinence of Mrs Raynsford's query, given the importance of timely and accurate diagnosis of what was a relatively new medical phenomenon, and requested that an analysis of Long COVID-19 diagnoses and referral rates, together with proposals for further communications and potential additional access to treatment, be brought to a future Executive Team meeting for consideration as to whether there was consistency in thresholds for diagnosis and whether a more detailed paper might need to be discussed at a Board Committee meeting. Mr Moore confirmed that outcomes from executive discussions would be brought back for the Board's consideration under 'Matters Arising'.	**AS** **AS/JW**
	Recognising the relative lack of clarity regarding the symptoms of Long COVID-19, as a result of which many members of the public might be unaware that they were suffering from the condition, Mr Moore highlighted the need for the HB to focus upon ensuring that people were speedily diagnosed and appropriately referred in order that patients could receive the full benefit of treatment provided by the Long COVID-19 Service.	
	PM(22)125 – Responding to a query from Mr Newman regarding whether a start date had been confirmed for the Positive Behaviour Interventions and Support (PBIS) service, Mr Carruthers advised that an SBAR setting out proposals for the development of the service was currently being drawn up the Children and Young People Working Group, but cautioned Members in relation to challenges regarding funding and the identification and availability of resource to support the service. Mr Carruthers undertook to advise Members of the anticipated start date for PBIS service as soon as this was known.	**AC**

	PM(22)131 – Mrs Lisa Gostling provided Members with data relating to Carers' Needs Assessments as follows: • Carmarthenshire: 385 new referrals and 28 carers referred for Carers' Needs Assessment. • Ceredigion: 105 new referrals and 11 carers referred for Carers' Needs Assessment. • Pembrokeshire: 93 new referrals and 14 carers referred for Carers' Needs Assessment.	

PM(22)155	**MINUTES OF THE CORPORATE TRUSTEE MEETING HELD ON 28 JULY 2022**	
	RESOLVED – that the minutes of the Corporate Trustee meeting held on 28th July 2022 be approved as a correct record.	

PM(22)156	**MINUTES OF THE ANNUAL GENERAL MEETING HELD ON 28 JULY 2022**	
	RESOLVED – that the minutes of the Annual General meeting held on 28th July 2022 be approved as a correct record.	

PM(22)157	**REPORT OF THE CHAIR**	
	Miss Battle presented a report on relevant matters undertaken by the Chair since the previous Board meeting, noting in particular the following: • Meetings which the Chair, Chief Executive, Medical Director and Executive Director of Planning had been holding with interested groups - in particular in Pembrokeshire - to listen to their views and to provide full details in relation to the HB's Programme Business Case (PBC). Meetings had also been held with representatives of the Third Sector, Community Councils, *Save Withybush* Campaign Group and the Social Care Overview and Scrutiny Committee of Pembrokeshire County Council. Miss Battle thanked Mr Iwan Thomas for facilitating 'One Voice' meetings with representatives of the Third Sector and Community Councils and confirmed that the HB would continue to listen to and to engage with members of the public in relation to the development and implementation of the PBC. • Miss Battle extended thanks to Dr Joanne McCarthy, Deputy Director of Public Health and Mr. Eifion Evans, the Chief Executive of Ceredigion County Council for their dedication in organising the care, welcome and shelter provided to Ukranian people at the Urdd in Llangranog, which reflected the principles central to Wales as a Nation of Sanctuary and which had been recognised in a letter of thanks issued by the First Minister and Deputy First Minister. • The HB had achieved 'first' status in a number of fields, with Glangwili General Hospital (GGH) being the first in Wales to administer a new osteoporosis medication and the launch of a pilot service, the Lung Cancer Symptom Assessment Line - a Nurse-led	

service aimed at smokers and non-smokers - in the Carmarthenshire area.

- The HB had been shortlisted for a number of awards, with three of its projects to support local patients and communities having reached the finals of this year's NHS Wales Awards, which recognised innovative ideas for change which could make a significant difference to patients needing care, organisations providing care, and the health and care system as a whole. Miss Battle congratulated the teams involved, particularly given the challenges which the HB was currently facing.

- Miss Battle thanked Ms Alwena Hughes-Moakes, Director of Communications and the Communications Team for a successful week at the Eisteddfod in Tregaron, which provided an opportunity for the HB to gather views from members of the public and elected representatives.

- On behalf of the Board, Miss Battle offered sincere condolences to the families and friends of colleagues who had sadly passed away: Lisa Lewis who worked as a Senior Nurse Manager in Critical Care, GGH, Meriel Wait who worked as a secretary within the Patient Experience Team in Withybush General Hospital (WGH) and Denise Lewis who worked as a Cardiac Rehabilitation Clinical Nurse Specialist in Bronglais General Hospital (BGH).

In relation to Chairs Action 128 *(To approve the Homebased Care Service for the West Wales Region)*, Mr Paul Newman noted challenges in recruitment similar to those impacting upon the bridging service which had been introduced in 2021 and queried what efforts had been made to encourage the use of direct payments and to assist people in purchasing their own care in order to expedite their return home from hospital, recognising that all initiatives must be deployed to alleviate demands upon bed hospital capacity.

Ms Jill Paterson confirmed that direct payments continued to be available to those who were assessed as eligible for Social Care. Members were informed that direct payments for a healthcare-provided service for an individual with Primary healthcare needs remained unlawful, but that a commitment had been introduced as part of the new Continuing Healthcare (CHC) framework to review with WG how direct payments could be made available for those who were eligible and had Primary health needs, with reference to the establishment of Individual User Trusts. Ms Paterson highlighted the focus within the CHC framework upon the principle of individuals' voice and control, whereby when a person with a Primary health need and already receiving direct payments for Social Care needs became eligible for Continuing Care, the HB would work with that individual and the Local Authority (LA) to ensure that direct payment would continue for the component of their care linked to their continuing Social Care needs, in order to avoid compromising their ability to maintain maximum independence.

In the context of building community resilience and supporting the HB's ambitions relating to the Foundational Economy, Mr Newman suggested that the use of direct payments for individuals with domiciliary care requirements should be promoted, thereby effectively removing much of

	the barrier which currently prevented people leaving hospital. Ms Paterson explained that the majority of those requiring domiciliary care were individuals who should be managed through Social Care services, adding that she would expect direct payments to remain available to those individuals at this point. Miss Battle reiterated Mr Newman's suggestion that the HB work with LA partners to explore options by which direct payment provision could be increased as an element of an overall solution to current hospital discharge challenges. Ms Paterson undertook to include information relating to new individuals accessing direct payments in an update relating to the numbers of people who were in receipt of payments across the three counties, together with details of how LAs worked with both individuals and with the HB to ensure that those individuals were assessed for all available funding and support options. While expressing his unequivocal support for the HB's Enhanced Bridging Service, Mr Winston Weir noted the financial impact for the current year (£476k) and queried what the cost for the following year would be and how this would be reconciled with the HB's Financial Plan. Ms Paterson agreed that it was important that the Board recognised that funding for the Bridging Service lay outside the HB's financial provision and explained that the local agreement between the HB and LAs would remain in place and that the impact of this commitment for 2023/24 would be circa £1.5m. Ms Paterson advised Members that the cost would be offset by system efficiencies, which – while not providing cash-out opportunities – would enable savings within the system as more people were discharged from hospital and patient flow was improved. Miss Battle requested an update regarding recruitment to the Enhanced Bridging Service, explaining that the HB had established a recruitment programme in partnership with LA colleagues and that the planned service was expected to create the equivalent of 129 beds in the community, as per the commitment made by the HB to WG. Members were advised that while the plan represented a short-term measure, it was nevertheless a key component of plans to ensure that people were able to return home from hospital safely and to reduce demand upon bed capacity. Ms Paterson advised that the aim for Pembrokeshire had been to recruit twenty whole-time equivalent (WTE) staff but that in response to two recruitment campaigns, only eleven offers had been made, equating to five WTE staff; however twelve integrated apprentices had also been secured and there remained scope for further recruitment within Pembrokeshire. Members were informed that there had been some delay in the recruitment process for Carmarthenshire and that while forty applications had been received in response to the job advert placed, twenty-eight of these had necessarily to be rejected due to immigration status, with ten subsequently being invited to interview. Members were advised that there was opportunity to recruit further, provided that the Draft Partnership Agreements which were currently in the final stages of negotiation between the HB and LAs were signed, as these would provide the necessary legal support for further recruitment to the service. Noting the rejection of some applications due to immigration status, Miss Battle queried whether the issue of immigration had been forwarded to	**JP**

	WG to raise with the UK government. Ms Paterson undertook to follow this issue up, commenting that increasing community capacity in order to meet demand is an All-Wales initiative led by the Chief Executives of Welsh health boards and that recruitment, onboarding, training and flexible working issues had all been considered as part of continuing Ministerial focus upon recruitment in order to increase community capacity as far and as quickly as possible. In regard to the challenges to recruitment arising from immigration status, Mr Moore confirmed that he would be happy to write jointly with the Director of Primary Care, Community and Long-Term Care to the Director General in order to raise awareness of local recruitment issues. Mr Moore added that he had discussed Bridging Service recruitment processes with the Director of Workforce and Organisational Development and the Director of Primary Care, Community and Long-Term Care, given continuing challenges despite substantive posts being offered. Mr Moore noted recent significant shifts in the recruitment market, particularly in relation to rates of pay, in light of which further options in terms of work-life balance and remuneration for recruits to the Bridging Service would be considered. Members were informed that this would necessarily involve further discussions with the LAs and were reminded of the importance of a further 129 community care beds equivalent to partnership plans to alleviate current demands. Mrs Gostling assured Members that every overseas applicant who met the criteria for worker status was recruited via a central hub and was brought into the HB's recruitment process, thereby ensuring that no eligible candidates were 'lost'. Mrs Chantal Patel queried what, if any, arrangements had been made regarding accommodation for overseas staff who had joined the HB, as this was likely to be a significant factor in whether they chose to stay within the organisation. Mrs Gostling agreed that accommodation represented a significant issue for the HB, particularly in Pembrokeshire. Members were assured that the HB was focused upon this issue, as reflected in its approach to assigning work bases for overseas staff joining the HB, with new staff members being moved to Carmarthen, where accommodation had been secured and further support being provided to individuals when deciding where they wished to live following completion of their training. Members noted that this support programme would be rolled out within Pembrokeshire and that work was being undertaken by the HB Director of Estates and LAs to explore opportunities to secure accommodation for new overseas staff, while as an interim measure, university accommodation had also been accessed for new staff members in Ceredigion. Miss Battle suggested that assistance to obtain items of furniture for new overseas staff members should also be included in the HB's support plans. Ms Paterson emphasised to all who might be interested in opportunities within the Bridging Service and within domiciliary care, but who had hitherto been discouraged by perceptions regarding lack of career progress, that the HB and LA aim was to ensure that working within the service provided a positive experience in terms of team ethos, communication, education, opportunity, pay and conditions. Ms Paterson encouraged all who might be interested in this role to contact the HB directly to obtain further information, rather than to await the next	**JP** **LG**

	round of recruitment. On behalf of the Board, Ms Battle thanked Mr Moore, Ms Paterson and the teams involved for their work in leading and progressing an initiative which had previously fallen outside the HB's remit and which was focused firmly upon the care of individuals within local communities.	
	The Board **SUPPORTED** the work engaged in by the Chair since the previous meeting and **NOTED** the topical areas of interest. The Board **APPROVED** Chairs Action on the understanding that: • Agreement had been reached with both Pembrokeshire and Carmarthenshire Local Authorities to jointly fund the workforce required to deliver this scheme. • Flexibility within Health Board finances in the current year would enable the scheme to proceed without creating a further deterioration in the in-year deficit position. • While the scheme would impact on the underlying deficit, it is anticipated that this would be funded through the realisation of benefits within the system. • Consideration would need to be given to an exit strategy if this scheme was not successful in delivering planned benefits.	

PM(22)158	**REPORT OF THE CHIEF EXECUTIVE**	
	Mr Steve Moore presented his report on relevant matters undertaken as Chief Executive of Hywel Dda University Health Board (HDdUHB) since the previous meeting, highlighting the following points: • Thanks were extended on behalf of the Board to all teams within the HB who reacted quickly to cover service changes which were made at short notice in response to the death of Her Majesty the Queen and the State Funeral which was held on Monday 19th September 2022. Members were informed that the HB had played a full part in the national mourning arrangements. • Board approval was sought to submit the Business Justification Case (BJC) for the establishment of an on-site Decant Ward in WGH to WG, noting the importance of this case to the ongoing fire safety work which was being undertaken and the significant progress which had been made on the WGH site. Members were advised of potential staffing challenges but noted that the decant facility would provide additional space and support flexibility on the site in the medium term. The commercially sensitive information relating to the plan had been shared with the In Committee papers. It was confirmed that the decision of Board Members in this meeting was therefore based upon all information relevant to the Business Case. • Two new Planning Objectives (POs) relating to the *One Health* agenda and the *Whole School Approach to Emotional and Mental Wellbeing* had been agreed with the Deputy Director of Public	

	Health; Board ratification was sought to add these objectives to the HB's planning process. • Members' attention was drawn to the Public Services Ombudsman for Wales Annual Letter 2021/22, which recognised the significant challenges faced by members of the public, patients and HB staff during the pandemic and reflected a generally good relationship between the HB and the Ombudsman's office. • Ratification of the Cardiovascular Disease Research and Evaluation Project. Members were informed that the further work with Primary Care colleagues which was required to progress the project. • Board approval was sought for the Memorandum of Understanding for the transfer of local Public Health teams (*ie.* 22 team members) to the HB. Members were advised that work was still required in relation to the grant transfer and that Public Health Wales (PHW) had been informed of this, together with small risks relating to depreciation, which the HB would work with PHW to address. Mrs Judith Hardisty commented that she was pleased to see the Decant Ward PBC, highlighting the progress which had been made in relation to conformance with fire safety requirements and pointing out that the PBC represented a major step in ensuring that the entire WGH site met these requirements. In relation to the HB's *Whole School Approach to Emotional and Mental Well-being* strategy, Mrs Hardisty sought assurance that Health Visitors and School Nurses were linked into the scheme. Dr McCarthy confirmed that School Nurses were embedded in the *Whole School* approach and sat on the advisory groups for each LA area. A dedicated session would be held with School Nursing Leads on 15th November 2022 to discuss the new Objectives and to ensure that the Leads are comfortable in their role within the POs. In relation to Health Visiting, Members were informed that while there had been engagement with Healthy Pre-School Teams, there had not yet been full engagement with Health Visiting Teams and Dr McCarthy undertook to ensure that these teams were fully involved in the approach, recognising the importance of including pre-school age groups in the project. Responding to a query from Mrs Hardisty in relation to which Board Committee the new set of Public Health POs would feed into, Dr McCarthy confirmed that in terms of the *Whole School Approach*, reporting would be through the Children and Young Peoples Board, which in turn reported to the Regional Partnership Board and that there were statutory reporting mechanisms via the LA. Dr McCarthy added that in terms of Board reporting, the suggestion would be to report through the Strategic Development and Operational Delivery Committee.	**JMcC** **JW**
	The Board: • **ENDORSED** the Register of Sealings since the previous report on 28th July 2022; • **NOTED** the status report for Consultation Documents received/ responded to;	

	• **APPROVED** the Business Justification Case for a Decant Ward at Withybush General Hospital for submission to Welsh Government. • **APPROVED** the two new Public Health Planning Objectives for One Health and Whole School Approach to Emotional and Mental Well-being • **AGREED** to the ratification of the agreement with Swansea University, Swansea Bay UHB and Angen Limited for the Cardiovascular Disease Research and Evaluation Project. • **NOTED** the Ombudsman's Annual Letter and to consider the UHB's actions to be taken as a result; and • **APPROVED** the Memorandum of Understanding for the transfer of Local Public Health Teams from Public Health Wales to the UHB.	

PM(22)159	**REPORT OF THE AUDIT & RISK ASSURANCE COMMITTEE**	
	Mr Newman, Audit & Risk Assurance Committee (ARAC) Chair, presented the ARAC update report from its meeting held on 16th August 2022 and highlighted the following points which had been discussed: • Proposed changes for the Oracle Financial system's scheme of delegation for the Fire Schemes at WGH and GGH, due to the specialised nature of the works and appropriate budget monitoring. • Concerns regarding the performance of the Welsh Community Care Information System (WCCIS), as highlighted in a report from Audit Wales (AW) detailing outcomes from its recent review of the national WCCIS roll-out. Mr Newman recommended that the Board be mindful of the issues raised in the report, given current pressures upon the HB to further roll out the system • The increase in the projected overspend attributable to the re-allocation of approximately £27m of expenditure that had previously been considered to be COVID-19-related spending, which was materially different to how other health boards had treated this expenditure. Noting that Audit Wales had been asked to comment in relation to the HB's approach, Mr Newman queried the position regarding the request, given the pressures which the HB faced, given the extent of its overspend for the current year. Responding to concerns regarding WCCIS and COVID-19 expenditure, Mr Huw Thomas advised Members that until assurance was provided that WCCIS was fully fit for purpose, it was not anticipated that the HB would continue to expand its use within the organisation, which was disappointing, given the investment and effort which had been expended to date in rolling out the system. In regard to the HB's differential treatment of its current cost pressures and its COVID-19-legacy costs, as compared with the treatment adopted by other health boards, Mr Thomas informed Members that this had been raised with ARAC and with Audit Wales and was subject to active discussion through the Director of Finance Peer Group, recognising that other organisations had made different choices as regards treatment of their COVID-19 costs. Mr Thomas suggested that notwithstanding these differences, the impact across organisations upon the public purse was not dissimilar and assured Members that he would continue to closely	

	monitor the effects of the HB's differential treatment and await a response from Audit Wales following its review of the HB's approach. Miss Battle clarified for members of the public that the HB had presented its accounts in a different way to other health boards, having subsumed COVID-19 costs within its overall deficit, as opposed to recording them as separate costs. Miss Battle explained that while, on paper, this gave the impression that the HB was an outlier, it was in fact approximately on par with other organisations in Wales.	
	The Board **NOTED** the ARAC update reports and **ACKNOWLEDGED** the key risks, issues and matters of concern, together with actions being taken to address these.	

PM(22)160	**REPORT OF THE QUALITY, SAFETY & EXPERIENCE COMMITTEE**	
	Ms Anna Lewis, Quality, Safety and Experience Committee (QSEC) Chair, presented the QSEC update report from its meeting held on 9th August 2022 and highlighted the following point of escalation which had been raised by the Committee (noting that this was also covered under PM(22)170:*Corporate Risk Register*): • *Concern was raised regarding Risk 1027 - Delivery of integrated community and Urgent and Emergency Care (UEC) services, with the situation remaining at concerning levels of risk across the acute sites on a daily basis.* Members were informed that a deep dive review of UEC had been discussed in the QSEC meeting and that while Members had been assured in regard to the wide range of initiatives in place to mitigate demands, the residual risk remained at a very high level. Mr Carruthers acknowledged that the system continued to operate under significant pressure and noted the anxieties which continued to be expressed by frontline staff and clinicians in relation to the pressures and risks which they were managing on a daily basis. Mr Carruthers suggested that the current level of pressure felt comparable to - and probably worse than – the most severe winter demands which the HB had historically faced. In this regard, Members' attention was drawn to the importance of the initiatives which the HB was pursuing – such as developing capacity within the community in order to expedite discharge from hospital, recognising that the most significant challenge faced by the HB related to increasing patient length of stay and bed day occupancy, which were in turn a result of the pressures faced by the entire health and care system. Members were informed that while the risk to delivery of integrated community and UEC remained high, it continued to be closely monitored and that regular conversations were held with staff to understand the pressures which they faced. Members were assured that the HB would continue to work with staff to manage and mitigate these risks, recognising that there were no straightforward solutions. Mr Carruthers emphasised the widespread view that the HB's plans relating to UEC were appropriate and explained that it was important to ensure that these plans kept pace with demands and delivered the anticipated benefits.	

	Ms Battle drew attention to an increase in complaints from members of the public received by herself and other Board Members which correlated with the increased pressure upon services and queried the progress made by the Task and Finish Group (TFG) which had been established to develop means of improving patient experience in Accident and Emergency (A&E) Departments, through providing food, hydration and aids to comfort (reclining seats, blankets, pillows etc). Mr Carruthers confirmed that procurement discussions were being held to identify suitable alternative seating in A&E waiting areas but cautioned that the new seating – being more adapted to user comfort – would necessarily reduce the overall space within A&E departments and that careful consideration would need to be given to the management of space and capacity, particularly as winter approached and if no improvement was seen in current delays in accessing 'front door' services. Mrs Rayani advised Members that the work of the Group, was progressing and that a bid would be submitted to WG for funding to improve A&E environments across all sites. Mrs Rayani also highlighted the need to ensure that information is provided in A&E advising patients regarding what to expect, together with effective signposting to direct patients to appropriate alternative services. Responding to a query from Miss Battle as to whether there would be any issues relating to the purchase or provision of blankets and pillows for patients waiting in in A&E, Mrs Rayani confirmed that she would follow this up and respond directly after the meeting. Prof Kloer highlighted the significant level of work which was being undertaken to improve patient flow and explained that in some respects, the issue lay not so much with access to A&E but rather with the surrounding system. In this regard Prof Kloer acknowledged the importance of actions to improve patient (and staff) experience in A&E and apologised on behalf of the HB to members of the public who had experienced long waits in A&E departments which were frequently full to – and beyond - capacity. Prof Kloer recognised the need to improve this experience and to ensure that the situation is not 'normalised' – particularly among staff who worked within this environment on a daily basis and assured Members that he, the Director of Operations and the Director of Nursing, Quality and Patient Experience held regular meetings with A&E staff to discuss what practical actions could be taken to improve both the departmental environment and patient experience. Mrs Raynsford stated the need for public messaging highlighting the importance of self-care and choosing well, adding that members of the public must be advised of which situations and conditions required attendance at A&E and which could be more appropriately treated in the community. In this regard, Mrs Raynsford queried whether and how the HB's communication strategy would provide this information. Mrs Rayani confirmed that public notices were routinely issued when the volume of activity within hospital departments reached a certain level, requesting people to consider certain alternative treatment options available across the Hywel Dda area, including Minor Injury Units and community pharmacies. Mrs Rayani reiterated that communications	**MR**

	which helped and supported people to choose the best healthcare route would be critical in managing demand, particularly over the winter months. Miss Battle emphasised that communications should also encourage people to take their family members home wherever possible and safe to do so, both for the benefit of the patient and in order to enable another person in need to occupy the bed. Mrs Rayani confirmed that the HB would be issuing messaging advising people who were medically fit to leave hospital and explaining that staying in hospital longer than necessary contributed to patient deconditioning. Members were advised that this messaging would need to be accompanied by the provision of full support to patients and their families to enable a return home in as timely a way as possible. Responding to a query from Mrs Patel as to whether the HB routinely collated data relating to reasons for A&E attendance, Mr Carruthers confirmed that the HB's immediate and longer-term transformational UEC planning is based upon an analysis of reasons for attendance and explained that this analysis has enabled the identification of specific cohorts of patients who do not require full Emergency Department treatment and could be managed via alternative treatment pathways. Members were assured that the HB's plans were aimed at ensuring that appropriate service models to support these patient groups are in place. Mr Carruthers commented that a key change in UEC patient flow within the previous six to nine months relates to an increase in the number of people self-presenting with a higher level of acuity, which may to an extent be attributable to the challenges in responding to calls which are currently being experienced by ambulance services. In relation to delays in the Tier 4 Mental Health and Learning Disability (MHLD) Services pathway, as compared with other health boards in Wales, Mrs Rayani advised Members that the Director of MHLD Services is exploring this issue as part of the development of a wider approach to how MH services are accessed and utilised, recognising the need to fully understand the pathway to ensure that patients stay no longer than necessary in specialist hospital beds and are transferred to local services. Members were informed that outcomes from this work would be shared with QSEC once available. Members were assured that the Mortality Review Framework had been successfully embedded in GGH, Bronglais General Hospital (BGH) and Prince Philip Hospital (PPH). Prof Kloer confirmed that the framework had also been fully implemented in WGH.	**MR**
	The Board **NOTED** the QSEC update report, **ACKNOWLEDGED** the key risks, issues and matters of concern, together with actions being taken to address these.	

PM(22)161	**ANNUAL PLAN 2022/2023**	
	Introducing the Update on the Annual Plan 2022/23, Mr Lee Davies explained that a series of papers had previously been presented at Board meetings detailing progress of the HB's Three-Year Plan.	

	Members were informed that the HB remained unable to submit an Intermediate Medium-Term Plan (IMTP), chiefly due to financial pressures relating to service challenges which had previously been discussed in the meeting. Members were reminded that an Annual Plan had therefore been presented to the Board at its meeting on 28th July 2022 which noted an end-of-year deficit forecast of £62m, which WG in turn had noted as unacceptable. Mr Davies confirmed that a series of actions had been set by the Chief Executive to address this position which were detailed in the paper and focused particularly upon: • Current operational and financial pressures. • Target operating model work. • Any further in-year actions which could be taken to address the challenges faced by the organisation. Members were advised that thinking in relation to the development of the 2023/24 Plan had also been included in the paper and noted that a further update would be brought to the following Board meeting on 24th November 2022. Mr Thomas described some of the key actions which the HB was taking and explained how the operational challenges were manifesting in terms of the organisation's financial position, focusing upon the following main issues: • Discharge of complex patients, including management of the interface between health and social care: the HB forecasts that this will contribute in the region of £10.6m to its deficit. Challenges relating to broader flow of medically fit patients into hospitals will add a further £15.5m to the deficit. This in turn drives demand upon nursing staff, resulting in a further premium spend of £7.5m on agency staff. In total, this represents £33.6m of the HB's deficit which is directly linked to operational challenges relating to patient flow and discharge. • Work which is being progressed within the Target Operating Model (TOM) framework in terms of transforming UEC and the Integrated Localities Plan seeks to directly address these challenges. While in themselves they may not deliver benefit in terms of directly reducing costs, it is anticipated that they may contribute to mitigating the operational challenges already noted. • In terms of the TOM relating to long-term care within MHLD services, £10m of cost is currently being incurred which reflects a disproportionately higher level of 50-50 funding splits between Health and Social Care for MHLD packages of care. Further work will be undertaken to identify whether there are financial and patient welfare opportunities which may be realised. Members were informed that four further in-year actions had been identified which would aim to address challenges within the supply and configuration of services: • Addressing the use of off-contract nurse agency staff: the HB will explore whether the supply of nursing staff may be enhanced.	**LD**

- Addressing the HB's reliance on medical agency staff where these exceed its agreed limits. Members noted that the HB currently spends approximately £3.8m in terms of a medical agency premium across all sites, recognising, however, that this premium would be higher if all vacancies were filled.
- Developing an Alternative Care Unit where patients who are medically optimised and ready to leave the acute care setting (currently incurring approximately £15.5m cost) may be treated through a different, therapy-led model.
- Addressing the sustainability of the Family Liaison Officers (FLOs). Mr Thomas highlighted the success of this role in terms of how well it has been received by patients, families and staff, but noted an associated cost of around £1m and challenges in achieving a sustainable workforce model for the FLOs. Members were advised that, recognising the importance of the role, opportunities to link the FLOs with the Alternative Care Unit would be pursued to provide a more sustainable model in the future.

Mr Thomas explained that benefits linked to these actions in terms of reducing the HB's financial deficit had not been costed in as there was as yet insufficient evidence to indicate their impact upon cost and performance. Members were advised that data indicating the impact of these schemes should be available to present at the following Board meeting on 24th November 2022. **HT**

Mr Moore confirmed that an update regarding the costs associated with patient discharge would also be provided in the November Board meeting and advised Members that over fifty percent of the HB's deficit was directly linked to the impact upon the system of delays in timely discharge from hospital. Mr Moore highlighted the need to be clear with members of the public regarding the scale of the financial challenges linked to the discharge of complex patients back to their homes – a challenge which was jointly 'owned' by a number of sectors, including the HB. **HT**

With regard to the Alternative Care Unit (ACU) pilot, noted in the paper as an in-year action, Ms Lewis queried how many beds the unit would provide and how flow through the unit would be enabled and managed. Mrs Rayani explained that intention was to provide 15 beds, advising Members that the staffing model to support these beds was currently being developed and that, as a pilot which required testing, the model currently related only to GGH. Members were assured that the need for the unit to fit within the overall UEC model had been recognised and that work was underway to ensure that it would link seamlessly with frailty, Same Day Emergency Care and 'Front Door' services which were already in place in hospitals. Mrs Rayani explained that the unit would be used only for those patients who were ready to leave hospital and who met clear criteria in terms of medical optimisation. These criteria would in turn determine the skill mix of the workforce based in the unit, while close liaison between unit staff and the Integrated Care Management Team would support the maintenance of a constant list of people who were suitable to take up a bed in a residential care home, representing a 'flow through' approach.

Mrs Rayani added that in order to maximise learning opportunities from the pilot, a Quality and Improvement methodology had been embedded within the model, including a 24-hour daily review of what had worked well and what needed to change to improve patient flow. This learning would in turn be fed back through '*Plan, Do, Study, Act'* cycles, enabling it to be immediately incorporated into working practices.

Members were informed that the unit would include a 'day room' environment and noted the expectation that unit occupants would be out of bed and dressed and would be supported to have an active and meaningful day. Mrs Rayani explained that the unit staffing model would include a therapy element to ensure that people were functioning optimally prior to transfer out of the unit and that the discharge support service provided by the HB would include preparing the relatives of those occupants who would be returning home. Members were informed that a further element of the support available to those returning to their own home would be provided via 'armed' (*ie* remote monitoring) technology and were assured that pathways back into acute care should a person become unwell while in the unit were also being developed.

Responding to a query from Mrs Raynsford regarding the involvement of family members patient care in the ACU in order to identify further discharge needs and to liaise with the nursing and care staff, Mrs Rayani explained that opportunities offered by family involvement and possible provision of training in equipment use to family members would be fully explored as the model was developed

Mr Moore pointed out that this links to the concerns highlighted by QSEC relating to risk and suggested that if the Alternative Care Unit operates as planned it would enable effective use to be made of Specialist Registered Nurses and reduce the risk to the delivery of integrated community and UEC services.

In regard to the HB's deficit position and the wider challenges faced by the organisation, Miss Patel queried the anticipated impact of national issues such as the falling value of the pound and rising energy costs upon measures to manage system flow. Mr Thomas explained that it was difficult to determine the impact at this point, the drivers of inflationary pressures being unclear as they were based within different sections of the supply chain. In this regard, Members' attention was drawn to significant pressures within medicines management, in particular the cost-per-item growth which was currently being experienced across Wales.

In relation to energy costs, Mr Thomas explained that while the UK government's announcement relating to mitigation of this risk was helpful, it did not directly benefit the HB as WG support had already been anticipated. Members were also advised that the Chancellor's recent announcement regarding the reversal of increases in National Insurance payments would not directly affect the HB in the current year as the financial risk had been covered by WG.

Mr Thomas concluded that, based upon the ongoing inflationary pressure, there was a risk to the HB's ability to support the measures

	which it had in place to address system challenges, but assured Members that this risk was being managed within the overall quantum. Mrs Hardisty queried whether there was an assessment process in place prior to transferring acute patients from hospital back to their residential care or nursing home. Mrs Rayani confirmed that there were challenges to transferring patients back to care and nursing homes once they had been admitted to hospitals and that the speed with which patients could be returned to these care facilities depended upon their length of stay in hospital. Ms Paterson acknowledged the likelihood that patients' needs would increase if they were admitted to hospital, explaining that where patients' needs had significantly changed, there were often challenges in terms of care homes readiness to accept them back to that facility which arose from the concern of care home managers that residents' needs had increased to the point at which they could not be met by their staff. Ms Paterson added that she had raised this issue with Care Home representatives and assured members that where the requested transfer was back to a patient's own home, all efforts would be made to work with the residential home concerned to identify what additional support was required and could be provided. In light of these concerns regarding challenges in transferring patients back to their homes, Members agreed that a review of discharge and transfer issues relating to residential and nursing homes should be presented at a future Board Seminar. With regard to the Enhanced Bridging Service, as referenced in the Annual Plan paper, Mr Weir queried whether the anticipated financial benefit of between £0.3m and £0.5m in the current year was based upon the net impact of £475k cost incurred in the same period, or whether it indicated only the anticipated savings. Mr Thomas explained that the figures represented the gross saving, adding that the expectation was that the service would broadly cover itself. Mr Thomas added that while there was an opportunity to realise a greater benefit in terms of savings, given the pressures which the HB was currently facing within acute services, cash-out opportunity would remain modest at best and that the main benefit of the service would lie in supporting the stability of the system. In terms of risks related to demand and recruitment challenges, Mr Thomas confirmed that recruitment issues posed a risk to the effective development and functioning of the service, adding that recruitment issues were currently impacting upon the entire system, across all grades. Dr Barbara Wilson noted the positive patient and family feedback received by the Community Health Council regarding the FLOs, observing that the role added significant value to patient experience and pointing out that while the benefits afforded may not be measured financially, they would manifest in the support which the FLOs provided to patients, families staffing teams and in potentially encouraging earlier discharge through the support and liaison role provided to families and carers. In light of these considerations, Dr Wilson sought assurance that the role would be continued.	**JP/ JW**

	Mrs Rayani informed Members that an evaluation exercise had been conducted in conjunction with the Values Based Healthcare Team and the Finance Team to determine how best to articulate the value added by the FLOs. Members were advised that the role had adapted during the pandemic as the functions which could be performed became apparent and noted that the outcomes of the evaluation report would illustrate the value of the FLOs both in terms of costs savings and how the role worked with other newly introduced systems. The evaluation would also identify roles performed by the FLOs which had not hitherto been fully recognised. Recognising the need for the HB to ensure that it was deploying its staff to maximum effect and could afford to maintain its workforce, Mrs Rayani informed Members that part of the FLO evaluation exercise would therefore assess whether there was scope to incorporate the role of the FLO within the funded establishment in clinical areas. Mrs Rayani added that while this was proving somewhat more challenging than had first been anticipated, conversations were continuing, and associated costs had reduced in line with a reduction in the number of FLOs as compared with numbers at the beginning of the pandemic. Members were assured, however, of the HB's intention to maintain the role of the FLO within Emergency Departments, where communication with families was key to patient wellbeing. Miss Battle summarised developments in the Plan to date, advising Members that on the 31st March 2022 the Board had approved a draft three-year Plan for onward submission to WG. Members were informed that at this point, the HB was not in a position to approve an IMTP, as full assurance could not be provided in respect of achieving financial balance over three years and the HB had committed to continue to work towards Quarter 1 of the current financial year. At this stage, following discussion in the Board meeting held on 28th July 2022, the Board remained in a position where it did not have sufficient assurance to approve an IMTP or an acceptable Annual Plan and was continuing to work towards the Planning Objectives which were approved in the Board meeting on 31st March 2022. Miss Battle informed Members, however, that the operational drivers of the HB's financial position were leading WG to view the organisation's current financial position as being unacceptable. As Chair of the Board, Miss Battle assured Members that although the Board had been unable to approve the Plan due to the financial deficit, the HB did have a clear plan which it was working to deliver.	
	The Board: • **DISCUSSED** and **NOTED** the work undertaken to interrogate and reduce the operational financial run rates. • **NOTED** the progress in developing and implementing the Target Operating Model in Urgent and Emergency Care (5J), Expanding Community Capacity (4Q) and Mental Health and Learning Disabilities (Continuing Health Care); • **NOTED** the work underway on the Plan for 2023/24	

PM(22)162	IMPROVING PATIENT EXPERIENCE REPORT	
	Mrs Rayani introduced the Improving Patient Experience report, highlighting the importance of patient stories in informing learning around patients' experience of individual services and informing staff of the impact which their approach, manner and communication had upon patients and their families. Members were informed that just over 2.5 thousand patients, carers and families had provided feedback during June and July 2022, both via the All Wales Survey and the Friends and Family Test (FFT) approach. Mrs Rayani added that while the overall positivity rate for the feedback received had been lower than that seen in 2021/22, this should be viewed in the context of the current operational pressures and demand upon services. Members were advised that notwithstanding this reduction, over eighty percent of people using HB services had expressed positive feedback during the period concerned. Members were informed that efforts were made to respond directly to individuals in the case of each item of feedback received which was less positive and to feed comments back to the staff involved in providing that service. Mrs Rayani pointed out that the 427 complaints which had been received by the Patient Support Services Team for the two-month period related mainly to patient experience in A&E, to Ophthalmology, Urology Orthopaedic and Neurophysiology services, access to GP surgeries and medicines. Members were assured that all efforts were made to achieve early resolution of as many complaints as possible through making proactive contact with individuals who had brought matters to the Team's attention, thereby addressing issues before they were escalated to the formal '*Putting Things Right'* process. Members were advised that, in terms of response rates, the aim was to address complaints within the shortest time possible – ideally 30 days – however, given the complexity of some complaints and the range of services involved, it was aimed in such cases to achieve closure within six months. Throughout this period, Members were informed that the Team endeavoured to maintain contact with patients and their families via the means requested by the individuals concerned. Mrs Rayani drew Members' attention to comments relating to nursing care which had been included in the presentation and assured Members that steps had already been taken to address the issues reported and that the professional nursing standards which the HB aspired to would be revisited to ensure that all staff were aware of - and compliant with – these standards. Members were asked to note the sensitivity relating to communication on the part of some medics within the HB's hospitals, particularly in regard to breaking bad news, which had been raised in a number of complaints and were assured that in all cases, feedback was forwarded to the relevant senior leadership team and to clinical Leads. Mrs Rayani explained that the HB was exploring opportunities to carry out further work in relation to staff empathy with patients and their families who receive adverse information.	

Mrs Rayani explained that the Team had reviewed their complaints handling processes, given that these had been identified in the Public Service Ombudsman's report as an area which could have been better managed, but pointed out that the specific issue in these cases concerned timely access by clinicians to medical records upon which to base an informed response. Members were informed that while there was currently a wait in excess of two weeks to obtain a record, the HB would be undertaking further work to identify improvements to the process.

Mrs Patel queried whether Board Members routinely received data relating to staff training for assurance purposes and whether the management of patient complaints was included as part of the staff Personal Appraisal Development Review process. Mrs Rayani confirmed that feedback relating to individual staff members was included within their appraisals together with evidence of how staff utilised this feedback to feed into clinical re-validation. Members were also informed that the six-monthly nurse staffing levels review which was formally undertaken by the Director of Nursing, Quality and Patient Experience included an exploration of mandatory and specialist training compliance, together with complaints and reported incidents to ensure that all relevant data relating to specific ward areas was utilised to inform decisions regarding staffing. In cases where particular themes were identified, targeted work was undertaken with the Ward Sister to ensure that training was provided to the team.

Mrs Gostling confirmed that workforce metrics which included training compliance were regularly reviewed by the People, Organisational Development and Culture Committee (PODCC) and informed Members that the outcomes from a deep dive review of the '*Making a Difference'* training programmes would be presented at the PODCC meeting to be held on 20th October 2022, which would include a breakdown of staff training by locality and group and which would identify any issues arising.

Mr Newman queried whether a decision had been made regarding the metrics which would be used for the purpose of triangulation in feedback reviews and how 'hot spots' in terms of incident groups and numbers would be characterised. Mrs Rayani explained that work was being undertaken by the Finance Team to ensure that the necessary dashboard and metrics were developed to track quality and performance, adding that this data was already being used at individual team level. Mrs Rayani assured Members that all available data was used to ensure early identification of emerging issues and highlighted a growing confidence in the use of accurate and specific automated data to create reports and identify training needs and areas of concern. Mrs Rayani further assured Members that quality metrics were being utilised which linked to both the Nurse Staffing Levels Wales Act and the Quality and Engagement Act, adding that a Board Seminar would be held on 12th October 2022 specifically in relation to implementation within the HB of requirements and measures included in the latter Act.

Dr Wilson commented upon the low level of feedback relating to Paediatric services, albeit this covered a relatively short space of time, and noted that some responses related to Puffin Ward, which had been closed during the time covered by the review. Dr Wilson queried what

	measures could be taken to increase feedback from children, young people and their families to develop a better view of their experiences of the Paediatric services provided by the HB. It was noted that the feedback numbers for this group fluctuated from month to month, despite all efforts being made by staff to gather views from children and parents who were in hospital. Members were informed that further work would be undertaken to gather views from community members in relation to the Continuing Healthcare environment and complex community care packages and how the opportunities afforded by the Children and young People's Plan, led by the Director of Operations, were being utilised. On behalf of the Board, Miss Battle extended thanks to the Director of Quality, Experience and Patient Safety and her team for the work which they had undertaken in bringing the voice of patients to Board Members.	**MR**
	The Board **RECEIVED** and **NOTED** the Improving Patient Experience report, which highlights to patients and to the public the main themes arising from patient feedback.	

PM(22)163	**MAKING MALNUTRITION MATTER BUSINESS CASE UPDATE**	
	Introducing the Closure Report for the Making Malnutrition Matter Business Case, Ms Shakeshaft informed Members that the HB had supported the business case for investment in September 2019 and that the associated Performance Objective had been closed as completed by the Executive Team in February 2022. Members were advised that the investment had been approved in recognition of significant patient safety issues which had been identified and which had been reflected in two associated extreme clinical risks, which had been closed following the expansion of the Nutrition and Dietetic Service. Ms Shakeshaft explained that while nutritional status was only one factor which impacted upon an individual's ability to recover from illness, the report demonstrated a variety of instances where the impact of interventions by the Dietetics Service had improved patient recovery. Members were advised that while much remained to be done in this area, wider-ranging benefits across the system had been demonstrated and noted that a patient story to illustrate the benefits of the service would be circulated to members at a later date. Presenting the report, Ms Karen Thomas advised that the paper described progress to date, including a significant increase in dietetic response times to hospital and community referrals, and a snapshot of the associated measurable patient outcomes. Members' attention was drawn to the development of the Nutrition Champion model, which continued to be actively implemented. Members noted the benefits of this model and the whole-system approach, both from a patient and from an organisational perspective. Recognising the links between nutritional optimisation and discharge to care homes, Ms Paterson welcomed the paper and highlighted the need to promote the Nutrition Champion model within care homes in order to	**AS**

	reduce loss of nutritional status and associated increase in fragility, adding that ideally, community dietetic service capacity could be increased further. Ms Thomas agreed that learning from the Nutrition Champion model could be transferred to care home settings. Responding to a query from Miss Battle as to how often the Dietetic Assistant Practitioner attended A&E and Clinical Decisions Units (CDUs) to help identify patients who had been in for over 24 hours, Ms Thomas explained that capacity was limited, with one Assistant Practitioner on each acute site. Ms Thomas emphasised that that intervention in A&E and CDU settings, particularly through hydration, were key to improving patient outcomes, especially among the older age group. Members were advised that it was intended to increase practitioner attendance in A&E and CDU to several times per week and that active work was underway to improve the entire nutrition and hydration system within these areas through the establishment of a sustainable model which was embedded in the processes followed by all relevant staff groups. Members noted that while the model is adult-focused, the Team had been working with children's wards, particularly with regard to using the Nutrition Champion model, where the focus would be more upon broader health and wellbeing as opposed to malnutrition risk *per se.* Congratulating the Team upon their work, Miss Battle noted the benefits to patient care, staff morale and patient flow of incorporating a nutrition and hydration model within A&E. Recognising on behalf of QSEC how significant this work had been to quality, safety and experience, Ms Lewis endorsed the benefits described and requested that an update be presented to QSEC in order to assess the impact of work undertaken by the Nutrition and Dietetic Service.	**AS**
	The Board **NOTED** and took assurance from the report in relation to progress against the objectives in the Making Malnutrition Matter Business Case.	

PM(22)164	**INTERIM PAEDIATRICS REVIEW**	
	Introducing the Interim Paediatric Review Issues paper, Prof Kloer highlighted the importance of the paper in terms of the significant level of public interest linked to changes and developments within Paediatric services, in recognition of which communications had been issued by the HB to direct the attention of members of the public to the content of the paper and the various attachments. Members were advised that the paper had been presented as agreed in the Board meeting held on 26th May 2022, where the proposed approach and detailed plan for undertaking the review of Paediatric services, together with an options appraisal, had been approved. Members were informed that the SBAR set out the temporary changes to the service since 2014, together with the associated rationale and provided a summary of the issues involved. Prof Kloer pointed out the support which had been provided throughout the review by the Consultation Institute (tCI) and the communications which had been maintained throughout the process with the CHC.	

Members' attention was also drawn to the accompanying papers, including an analysis of activity within Paediatric services, a detailed report from tCI and CHC publications relating to a services visit made in 2018 and patient feedback received by the Council more recently. Prof Kloer emphasised the importance to the HB of the information contained in these reports, particularly in terms of how they would feed into the options development and appraisal process and advised Members that consideration was being given to how to involve clinicians in the consultation process, recognising the high level of clinical interest in developments within the service.

Mrs Hardisty requested assurance in relation to timescales, explaining that while the process would necessarily take time to work through, there was a concern that by the time it concluded it would reflect a service model that had been developed without full input from members of the public, staff and stakeholders. Mrs Hardisty highlighted the need to ensure that in the definitive report which would be presented at the Board meeting on 24th November 2022 there would be a clear recommendation relating to timescales.

While recognising the importance of engaging with members of the public and HB staff, Prof Kloer cautioned that the complexities inherent in undertaking a full consultation process necessarily involved a lengthy period and that there were significant pressures in undertaking an options appraisal process in an open and transparent manner before the next Board meeting.

Mr Lee Davies explained that it had been important to invest a significant amount of work and time in developing a comprehensive list of all the issues involved, recognising that a series of temporary changes had been implemented over the previous six years. Members were informed that work on the options appraisal had already commenced and that the Planning Team was on track to deliver an options paper for the November deadline.

Members were advised, however, that while the options appraisal process which would be undertaken during October 2022 could present one clear preferred option, it might also produce a number of options which would require further consideration by the Board and which would involve further choices regarding how these options should be tested with the public, all of which would necessarily impact upon the deadline. Mr Lee Davies added that the HB and CHC were in agreement regarding the need to engage fully with the public in the event of further consideration of options.

Members were assured in regard to the significant amount of work which was being put into the process and advised that it was currently anticipated that clear options would be presented at the next Board meeting in November.

Dr Wilson thanked the Teams involved for ensuring that discussions with the CHC had been held throughout the entire process and highlighted the following points:

- The CHC welcomed the HB's focus upon bringing to an end the successive temporary arrangements which had been implemented

in Paediatric services and the development a clear picture of next steps in the development of a definitive service model.

- The CHC also welcomed the HB's commitment to ensuring that engagement with local communities would continue to feed into the options appraisal process.

- The CHC believed that the engagement process would provide greater value in identifying the needs of children, young people and their families to feed into the options appraisal if public views could be distinguished according to area, in order that appropriate weighting could be ascribed to the various views, depending on the degree to which the individuals expressing them would be affected by the proposed options.

- The CHC strongly recommended that a representative sample of the population be included in the options appraisal process, with more involvement from parents, children, young people and including a wide age range where possible which reflected different social needs and included hard-to-reach groups.

Ms Donna Coleman reiterated the need for significant user involvement in the next stages of the process and highlighted the need to recognise that some communities in Pembrokeshire were significantly disadvantaged in terms of access to transport and that there was therefore a need to reach directly into these communities to consult with them. Ms Coleman further reiterated the CHC's satisfaction that the temporary situation of Paediatric services in Pembrokeshire would be resolved, recognising however that the interim service solution which would be in place until the completion of the new hospital must be the right one for the communities of Pembrokeshire and for the entire HB population, given that it would necessarily be in place for the next nine years.

Mr Lee Davies acknowledged the importance of ensuring maximum involvement all service users – particularly parents and children – in the process, informing Members that over 600 comments had been received in response to a public survey and that members of the public had been included in a deliberative session to discuss and develop the options for the siting of the new hospital, in accordance with the aim of achieving a 50-50 balance between staff and service users in the options development process. Members were further advised that discussions had been held with the CHC with regard to means of reaching into local community groups in order to seek their views as part of the continuing public engagement process.

Miss Battle noted the historical issues around the temporary changes to Paediatric services in Pembrokeshire which continued to impact upon local communities' trust in the HB and informed members that it was therefore important to publicly communicate the degree and extent of the organisation's engagement with its population and its clinicians in WGH in order to support public confidence in the HB. Miss Battle also endorsed the recommendations of the CHC in terms of ensuring that the voices of parents, children and young people were included in consultation, in distinguishing feedback and views to reflect different

LD

	areas and in going out to hard-to-reach and geographically remote areas to gather the views of local communities. Noting that options would be presented to the Board at its meeting on 24th November 2022, Miss Battle further advised Members that in the event of any delay in developing clear options, it would be imperative to publicly communicate the reasons for this in order to maintain confidence in the process among both members of the public and HB clinicians.	**LD**

	The Board:
	• **NOTED** the rationale for changes, decisions, key issues, and relevant data contained within the issues paper and discussed in the Board meeting.
	• **APPROVED** the next steps as detailed within the paper:
	  • To work with a multidisciplinary team who work with Children and Young People and service users, parents / guardians of service users to develop and appraise a list of viable options to be considered by HDdUHB Public Board.
	  • Following discussion with the CHC, to make a recommendation to HDdUHB Public Board around whether engagement and/or consultation around the future service is needed following the outcome of the options appraisal. It is aimed to present both the outputs of the option appraisal process and recommendation to the Public Board in November 2022.	

PM(22)165	**IMPLEMENTING THE HEALTHIER MID AND WEST WALES STRATEGY - PROGRAMME BUSINESS CASE UPDATE**	
	Introducing the 'Implementing the "A Healthier Mid and West Wales" Strategy – Land Appraisal Consultation Project Plan' paper, Mr Lee Davies reminded Members of their determination at the Extraordinary Board meeting held on 4th August 2022 that three sites, at Whitland, and St Clears, should be taken forward for further consideration in the next stage of the land selection process with unanimous support expressed for the commencement of a public consultation process. Members were informed that a plan for the consultation had therefore been rapidly developed which set out the consultation scope, terms of reference, timeline and resources required. Members also noted that the paper set out costs associated with progressing the land selection process. Mrs Libby Ryan Davies informed Members that setting out the scope of the land selection consultation exercise within the Project Plan had been key to developing detailed planning and provided oversight of the management of the entire consultation process. the matters open to, and excluded from, influence by the public consultation had already been determined were explained, with excluded issues being the service models and vision for services set out in the HB's Health and Care Strategy '*A Healthier Mid and West Wales – Our Future Generations Living Well'*, including the repurposing of GGH and WGH. Members were informed that issues which were open to	

	influence included the suitability of the three remaining site options which had been taken forward for further consideration. Members were informed that while not at a formal stage regarding service models and clinical facilities, the consultation would provide opportunities to continue public conversation as part of the HB's continuous engagement framework. Members noted that, having completed the first phase (options development), the HB would move to a pre-consultation stage, which would include development of the detailed consultation plan and undertaking a robust stakeholder analysis to inform methodology and approach, including engagement with hard-to-reach groups and seldom-heard voices. Members were appraised regarding key dates in the consultation timeline, noting that the process would commence in January 2023 and conclude in April 2023 and that reviews would be held at both the mid-point and at the close of the consultation. The post-consultation period would conclude in July 2023, at which point a report would be presented to the Board. Members' attention was drawn to the Project Plan resource and requirements analysis which had been based upon consultation undertaken in 2018 and recent communications and engagement exercises, and which amounted to a total cost of £295k. Mr Huw Thomas pointed out that there is an important choice for the Board to consider in terms of recognising the HB's long-term imperative, but also recognising that if this element of the HB's strategy were not to be progressed, there would be a benefit to the HB's financial forecast of £642k in the current year. Prof Kloer commented that, while it was reassuring to view the amount and detail of the work undertaken and the planned timelines, it had been publicly recognised when presenting the strategy to the Board in 2018 that the current system was unsustainable. Prof Kloer highlighted public and clinical concern regarding the length of time before a new hospital was in place, which would provide a solution to many systemic problems currently seen and advised Members of an urgency among clinicians to progress plans without delay. While recognising the need for the Board to be aware of the financial impact in progressing the strategy, particularly given the HB's current challenging financial position, Mr Moore supported the progression of plans to deliver the HB's long-term strategic aims. Responding to a query from Mr Weir as to whether it was anticipated that the financial costs presented in the paper would be incurred in the current financial year, Mr Lee Davies explained that while the majority of costs would apply this year, there was a possibility that some consultation costs could apply in the following financial year. Mrs Wilson stated that processes relating to the procurement of consultancy, as detailed in the paper, represented a governance issue and would need to comply with the HB's Standing Orders and Standing Financial Instructions. Members were further advised that the procurement of consultancy services over £25k would need to be brought to Board for approval.	**LD/ HT** **LD**

	Summarising discussions, Miss Battle reminded Members that delivery of the '*A Healthier Mid and West Wales*' strategy, agreed at the end of 2018 and delayed as a result of COVID-19, was now being progressed. Miss Battle reiterated the unsustainability of the HB's current service model, particularly given recognised challenges in staff recruitment and retention and emphasised that, while short-term issues and financial considerations might support a suspension of strategy delivery, it was imperative that the organisation focus upon long-term service transformation through its strategy, as this was the only means of delivering financial balance.	
	The Board **APPROVED**: • The Consultation Project plan, including the consultation scope and timescales for delivery. • The commencement of the detailed consultation planning (pre-consultation period). • The resource requirements for the delivery of the consultation project and the consultancy costs, which will allow the programme of work to continue in relation to the shortlisted sites for the proposed new hospital, recognising that these costs are within existing budgets for the current financial year and recognising also that consultancy procurement must comply with the HB's Standing Orders.	

PM(22)166	**FINANCIAL REPORT**	
	Presenting the Financial Report, Mr Huw Thomas informed Members of his intention to revise the format of the report to reflect a shift in reporting focus to the drivers of the HB's deficit position, between £42m and £47m of which had been included as a modelling figure to inform the HB's response to its deficit in the *Annual Plan 2022/2023* paper (item PM(22)163). Mr Thomas re-capped upon the transition from COVID-19 costs to core costs, explaining that around £17m savings which had been recognised for the current year had subsequently reduced somewhat to £16m as a result of the introduction of the '*Wellsky*' pharmacy system within the HB's hospitals, enabling more appropriate cost charging of commissioning organisations for in-hospital medicines, albeit noting that this saving had been offset by increased costs within medicines management and prescribing growth. Members were advised that the high levels of 'green' ratings which had been assigned in the report to the forecast position provided a misleading picture, recognising the significant risk of further deterioration against the HB's savings position. Members were advised that while the risk assigned to the revenue position was 'low', the position itself was not acceptable. Mr Thomas highlighted a significant concern in terms of cash management and assured Members that the Finance Team would be focusing upon mitigating actions to address this concern, which would be discussed by the Sustainable Resource Committee at its meeting on 10th November 2022 and presented to the Board at its meeting on 24th November 2022.	**HT**

	For assurance purposes, Mr Thomas advised members that User Resources meetings are held monthly with each escalated Directorate to identify opportunities for savings, and that the first round of quarterly User Resource Usage meetings with those Directorates who were maintaining spending limits had been scheduled. Members were informed that weekly meetings were held with the Executive Team in order to provide Executives with assurance in relation to the financial position and to enable Executives to monitor areas of financial risk and opportunities for change. Miss Battle queried the Director of Finance's level of confidence in the HB's cash position at the end of the financial year. Mr Thomas informed Members that at this point, he was not confident that the HB would have sufficient cash to fund its payments in the last few weeks of the year and explained that the HB would be discussing the position with WG and considering what internal actions could be taken to mitigate this risk. Noting that the HB had acknowledged Targeted Intervention status, Miss Battle queried whether the measures developed in response had been put in place. Mr Moore confirmed that a formal Government response outlining the consequences of change of escalation status was awaited following the submission to WG of an Accountable Officer letter following the meeting and that confirmation regarding intervention by the Financial Delivery Unit, as requested by the HB, was still awaited. It was noted WG had not responded to the HB's requests for support. Responding to a query from Mr Weir regarding the extent to which the Welsh Shared Services Partnership (SSP) was supporting the HB in addressing inflationary pressures, including fuel costs, Mr Thomas commended the support provided by SSP, in particular with regard to energy, which was procured nationally across Wales, informing members of an Energy Price Management Group hosted within SSP which provided a sophisticated response to the procurement of energy on the forward markets and on-spot markets in response to the impact of price shifts. While advising Members that this in itself was not sufficient to mitigate the full impact of energy price rises, Mr Thomas noted that the UK Government's announcement relating to support for business and the public sector would provide some coverage for the HB until the end of March 2023 but cautioned that after this date cost-related concerns would continue into the following financial year. Mr Thomas added that while the HB is not delivering any procurement savings in the current year, work is being undertaken to mitigate cost pressures arising. Members were reminded that inflationary pressures would impact upon the HB's ability to deliver its £62m deficit target but were informed that, irrespective of inflationary costs, the largest area of risk to savings delivery lay in patient flow through the system and the use of agency staff.	
	The Board **DISCUSSED** and **NOTED** the financial position for Month 3 2022/23, together with the implications for the Health Board of the challenging outlook.	

PM(22)167	INTEGRATED PERFORMANCE ASSURANCE REPORT	
	Presenting the Integrated Performance Assurance Report – Month 5 2022/23, Mr Huw Thomas highlighted the following key initiatives implemented throughout the year which had driven improvements in the HB's performance: • Offering virtual appointments - 21.5% of all new and 25.4% of all follow up appointments undertaken during August 2022 were virtual. Members were advised that without this activity, new and follow up lists would be substantially larger. • Work to increase capacity, recognising challenges to Planned Care capacity resulting from staff vacancies. • A revised approach to managing waiting lists for Mental Health Assessments within 28 days for those under 18 years old had resulted in an increasing proportion of those on the list being assessed within 28 days, in line with the recovery trajectory • A new insourcing team was being established within the HB's Endoscopy department. The team would work outside usual working hours (weekends) to see additional patients in order to help reduce waiting lists and breaches. • Faecal Immunochemical Testing (FIT) was being introduced in Primary Care to obtain a quicker diagnosis for patients and reduce the number of endoscopy referrals, and a rapid diagnosis clinic had been set up for suspected cancer patients with vague symptoms, who did not meet the criteria for the site-specific tumour pathways. • Same Day Emergency Care (SDEC) was being progressed across all sites, along with the Same Day Urgent Care (SDUC) service operating from Cardigan Integrated Care Centre (ICC). These services were intended to minimise hospital admissions, recognising the challenges in Urgent and Emergency Care and were available Monday to Friday, with further scoping of potential additional opening being undertaken. • To reduce the impact on acute hospital front doors during peak hours, patients waiting for an ambulance were being assessed via GP triage and streamed accordingly, 5 days a week, with resources allocated based on the predicted service demand. This potentially reduced the number of patients conveyed to hospitals via ambulance. Members were advised that while these initiatives were showing some mitigating impact, they were not sufficient in themselves to significantly improve the HB's performance. Members also noted key risks impacting upon the HB's performance in terms of: • Staff vacancy gaps, staff retention challenges and staff sickness, leading to increased agency staff costs, impact upon meeting cleaning standards for the environment and equipment and an impact on theatre lists (arising specifically from a shortage in Critical Care consultant posts in Carmarthenshire);	

	• High numbers of patients with complex discharge requirements, resulting in discharge delays while arrangements were put in place to meet their needs. Increased stay in hospital could result in patient deconditioning and increased exposure to infection, while discharge delays impacted upon Emergency Departments (EDs) and assessment units, with some patients waiting overnight on trollies and chairs for an inpatient bed. • Due to delays in patients coming forward for care during lockdown and increased waiting times, many patients were now of greater acuity and complexity than pre-pandemic. Acuity was also increasing in patients self-presenting in EDs due to ambulance availability. Mr Thomas recognised a decline in a number of performance measures during this period, in terms of impact upon patient outcomes and experience, and assured Members that the Executive Team remained focused upon this element of performance. Referring to the progression of same-day urgent and emergency care services within the Cardigan ICC and having noted an increase in the number of people attending the centre, Mrs Hardisty suggested that it would be timely to undertake a review of the impact of the ICC model. Mr Thomas agreed, confirming that sufficient performance data was available to complete some assessments, which would include data relating to patient outcomes and experience in addition to performance measures. Mr Lee Davies confirmed that a review of Cardigan ICC had been undertaken from a capital planning perspective, adding that learning in terms of bringing teams together within an integrated setting and meeting objectives relating to the service model had been generated through the review. Notwithstanding this work, Mr Lee Davies proposed that a combined assessment of the impact of the ICC model upon the wider system be undertaken by himself, with support from the Director of Finance, Director of Operations and Director of Primary Care, Community & Long-Term Care. Mr Moore agreed that such a review would be timely, recognising that the model was now embedded in both Cardigan and Aberaeron and the impact of the services provided were beginning to be more clearly seen. Mr Moore proposed that in order to illustrate to local communities and to a wider audience the opportunities arising from the ICC model, public communications be developed in relation to the impact and success of the centres Referring to performance data relating to hospital infection rates, particularly for *C.difficile* and *Klebsiella bacteraemia,* Mrs Raynsford queried whether this reflected a national trend for health boards, recognising an overall reduction in COVID-19-related infection prevention and control measures, or whether it was specific to Hywel Dda. Mrs Rayani explained that, particularly in relation to *C.difficile,* an increase in cases was being seen on a UK-wide basis. Members were informed that the opportunity provided by the recent World Patient Safety Day had been taken to begin work in relation to antibiotic prescribing. Mrs Rayani added that she had met with a number of	**LD** **AMH**

clinical Leads within Primary and Secondary Care services to consider what more could be done, adding that a detailed plan had been submitted to the Delivery Unit in regard to actions relating to antimicrobial prescribing and returning to the basic principles of infection prevention. Members were further advised that the HB would be supporting a piece of work led by the Healthcare Associated Infection Delivery Board and that the Public Health '*One Health'* Lead would be working with the Quality Improvement team once in post to support the antimicrobial prescribing agenda.

Prof Kloer highlighted the importance of SDEC services in terms of re-routing patients away from A&E to obtain rapid specialist assessment and informed Members that the SDEC model, as established on all four HB hospital sites and in Cardigan ICC recognising members of whom, given geographical factors, would otherwise need to travel a substantial distance to access hospital front-door services.

While acknowledging the excellence of the SDEC model, Prof Kloer pointed out that there are workforce and cost implications associated with having five SDEC facilities in place across the Hywel Dda system as a result of the HB's structure and geography. Members were advised that if the system were modified, it would be possible to centralise and resource SDEC services more easily. Prof Kloer pointed out that while SDEC provided benefits in terms of patient experience, it also represented one of many examples of the inherent challenges in terms of staffing and financing which were linked to the current system.

While acknowledging that in terms of patient experience and service provided and notwithstanding current operational pressures there was room for improvement in a number of service areas, Mr Carruthers highlighted improvements in performance within the following key service areas:

- Following presentation of a paper relating to MHLD access and waiting times at the last Board meeting on 28th July 2022, Members noted that data presented in this report indicated an improvement in line with the trajectories which had been set and vindicated the HB's plans to improve access in this key service area.

- In regard to the Single Cancer Pathway (SCP), WG was taking a different approach to monitoring the HB's performance in delivering cancer services, recognising that in order for the system across Wales to deliver a sustainable level of SCP performance, it was necessary to clear delays in diagnostics and treatment pathways, which in turn (due to data calculation methodology) would result in a deterioration in SCP performance metrics. Members were informed that WG was therefore tracking the HB's performance in terms of backlog reduction rather than performance figures and were assured that the HB's Performance in August had improved in line with trajectories, showing a significant reduction in the backlog of patients noted at the end of August 2022 and an expectation that further backlog reduction would enable the HB to approach the SCP performance target of 75% by January 2023.

- In terms of Planned Care, Members were advised that while the target of zero for outpatient appointment waits over 52 weeks and

	inpatient appointment waits over 104 weeks (as included in the plan and series of trajectories set with WG in June 2022) had not been met, a deep-dive stocktake of plans linked to these trajectories had increased confidence that they would be met. Miss Battle thanked Mr Carruthers for providing this assurance and reflected that while there was room for improvement, benchmarking against other Welsh health boards indicates that the HB was performing well in many areas. Miss Battle explained that the Integrated Performance Assurance Report had previously been reviewed by two Board Committees and that detailed questions had been asked at these meetings.	
	The Board **CONSIDERED** and **DISCUSSED** issues arising from the IPAR - Month 5 2022/2023.	

PM(22)168	**CORPORATE RISK REGISTER**	
	Presenting the Corporate Risk Register, Mr Moore assured Members of the regular monitoring of corporate risks, explaining that the Executive Team reviewed the Board Assurance Framework, which included measures to monitor progress, on a regular basis against the HB's strategic objectives and the principal risks associated with these. Mr Moore informed members that the Executive Risk Group also monitored the Corporate Risks which sat above individual Directorate level. Mrs Wilson added that all recorded risks had been reviewed by Board Committees and assured Members that detailed scrutiny of principal risks was regularly undertaken. Members were informed that the report was 'live', noting the addition to the Register of a number of new risks and the de-escalation of some risks since the last report to the Board in July 2022. In relation to risk 129: *Ability to deliver an Urgent Primary Care Out of Hours Service for Hywel Dda patients*, Mr Newman queried whether, in introducing various initiatives such as providing SDEC services, the HB was effectively competing against itself in terms of staff recruitment and capacity. Mr Moore acknowledged that given current workforce challenges, a degree of competition between services was inevitable and noted that the risk of recruiting to new services at the expense of destabilising other areas would require careful management. Mr Carruthers also recognised this challenge and informed Members that a recent Out-of-Hours peer review had highlighted the need for the HB to focus upon the provision of a single 24/7 Urgent Out of Hours service which would amalgamate the current out-of-hours services which were currently in place and reduce competition in terms of resourcing. Members were assured that the HB was currently focused upon developing a single service, which would also provide an opportunity for individuals to work across the system as part of more portfolio-based approach, which was often more attractive from a recruitment perspective than simply filling 'slots' in out-of-hours rotas.	
	The Board **CONSIDERED** whether it had sufficient assurance that principal risks are being assessed, managed and reviewed appropriately	

	and effectively through the risk management arrangements in place, and **NOTED** that these have been reviewed by Board level Committees.	

PM(22)169	**OPERATIONAL UPDATE**	
	Mr Carruthers presented the Operational Update and Progress Report and highlighted the following points, recognising that the Winter Plan and the Critical Care staffing position would be covered in separate papers later in this Public Board meeting: • There had been a slight increase in the number of COVID-19 patients in the HB's hospitals since the report of an improved COVID position in the paper due to a small outbreak in BGH, which was being managed. Members were further advised of the need to monitor the impact upon services over the coming weeks, given national commentary relating to a potential Autumn wave of COVID-19. • Since the last Board meeting, the HB, together with other services within NHS Wales had been managing a national incident relating to the *Adastra* IT software which supported information-sharing between Welsh Ambulance Service NHS Trust and Out-of-Hours and 111 services. Members were informed that this had involved an additional administrative requirement in managing a temporary manual solution until a permanent repair could be established, expected to be mid-October 2022. Members were pleased to note that from the beginning of September 2022 to date just over twenty-three thousand COVID-19 vaccinations had been administered within the HB via the integrated approach involving Primary and Secondary Care services, mass vaccination centres and Community Pharmacies. With regard to Carmarthenshire Intensive Care Unit service provision, Members were advised that this had been raised by the Director of Operations at a recent national Critical Care meeting and that learning identified in relation to the HB's system would be reflected back into work being undertaken to develop the national specification. Mr Moore informed Members that the level of transfers between PPH and GGH in order to ensure effective support for patients requiring critical care had been significantly lower than anticipated and added that the HB was seeking to capture and analyse the reasons for this.	
	The Board **RECEIVED** the Operational Update and Progress Report.	

PM(22)170	**WINTER PLANNING 2022 / 2023**	
	Introducing the Winter Planning 2022/ 2023 paper, Mr Carruthers explained that around 8 weeks previously the HB had been informally notified by WG of an expectation that the HB's Winter Plan should be reviewed by the Board and submitted nationally before the end of September 2022, at which point draft guidance from WG was shared, upon which the Plan as presented in the paper was based.	

	Members were advised that the approach to planning for 2022/23 differed significantly from that previously taken, recognising that the concept of a seasonal element as an Urgent and Emergency Care planning factor was no longer valid, given that operational pressures and response requirements within the system were now consistent across all periods. Mr Carruthers explained that this would therefore be the last year in which a separate Winter Plan would be required by WG and that it would be replaced by an Urgent and Emergency Care Plan which addressed pressures and demand throughout the course of the year. Mr Carruthers explained that the Winter plan was therefore based upon the organisation's response to the six goals of Urgent and Emergency Care set by WG, particularly in relation to reducing conveyance, reducing the number of people being admitted to hospital and improving patient discharge. Mr Caruthers explained that the Plan included some further elements to provide an operational check ahead of the Winter period, including a review of the HB's escalation plans to ensure that these reflected anticipated levels of pressure, and the resourcing of home-based care and Alternative Care Units to mitigate operational pressures. Members were informed that following the issue of draft planning guidance from WG, as previously referenced, formal winter planning guidance had subsequently been received which included some modelling assumptions relating to the potential impact of various respiratory viruses over the course of the winter, and that these assumptions were currently being worked through within the context of the HB's plan. Mr Carruthers added that the Plan would be brought back for Board approval should these assumptions require any significant changes to the current Plan.	**AC**
	The Board **TOOK ASSURANCE** from and **APPROVED** the Winter Plan for 2022/23 and its onward submission to Welsh Government.	

PM(22)171	**CRITICAL CARE STAFFING POSITION**	
	Presenting the Critical Care Staffing Position Report, Mr Carruthers explained to Members that an urgent operational decision had necessarily been taken by the HB in August 2022 in relation to the Critical Care pathway in Carmarthenshire, based upon the medical recruitment position – specifically the Consultant on Call position. Members noted that at this point that it had been identified that a significant number of rota gaps would need to be covered and that this could not be achieved via the use of locums or additional hours worked by clinicians, given an internal reduction in the number of consultants, who were in any case already working at full capacity. Members were advised that in view of this, and following discussions held with the CHC and with QSEC, the model in Carmarthenshire was changed, involving the transfer of patients requiring Level 3 care from PPH to the Critical Care Unit in GGH, while Level 1 and Level 2 patients were maintained on site in PPH. Members were informed that patient transfer was undertaken wherever possible during daylight hours in order to maximise the use of national transfer support services.	

	Mr Carruthers added that at the time this change was made it had been anticipated that two to three patients per week would require transfer; however, at the time of writing the paper only six transfers had been made with two further transfers since 4th September 2022. Members were informed that during the ten-week period since the change had been effected, the HB had been unable to recruit additional consultant or locum cover to enable the safe reinstatement of the original service and pathway and were also advised that feedback from potential candidates had highlighted on-call frequency, duration and dual site cover during weekends on-call as significant barriers to recruitment. Members noted that the HB was not therefore in a position to reinstate the service with the current level of medical cover and that in maintaining the amended Critical Care service model the number of on-call shift vacancies would effectively be halved, representing a safer and more manageable position for the HB as winter approached. Members were informed that in light of this consideration, discussions had been held with the service regarding whether the temporary arrangements should therefore be maintained over the entire winter period, recognising that this would not signal any suspension of recruitment efforts. Mr Carruthers summarised the proposal contained in the paper in terms of an extension to the current pathway and service beyond the current end date of 3rd October 2023 to January 2023, at which point an update regarding the recruitment position would be presented to the Board at its meeting on 26th January 2023. Members noted that linked to this proposal was a commitment to continue recruitment which, if successful, would lead to a reinstatement of the service in PPH. Referring to the ambition included in the HB's overarching strategy to amalgamate GGH and WGH as a single Urgent and Planned Care hospital, Miss Battle noted that there had been no patients within the Critical Care Unit in WGH and queried why capacity within the WGH unit had not been included in patient transfer plans. Mr Carruthers explained that from a Critical Care Network and clinical best practice perspective, the policy and therefore the standard operating procedure was to transfer patients to the nearest available Critical Care bed which, in the case of PPH patients, would be GGH or possibly Morriston Hospital if a bed were available. Given that only five of the nine funded posts had been filled and in light of constant pressures within Critical Care, Mr Maynard Davies queried whether there was a risk that the HB would lose further Critical Care staff and the point at which the service would then become unsustainable. Mr Carruthers assured Members that there was no indication that the HB would lose any of the current staff members referred to and that the HB was confident in the position holding throughout the winter period. Members were informed that, given the number of factors involved, a lower threshold for service sustainability was difficult to identify, particularly as any further loss of consultants would need to be addressed through a whole system approach involving the hospitals in all three counties. Mr Carruthers explained that GGH had the largest Critical Care Unit and provided services for the largest	**AC**

	proportion of the HB's population and that in any solution developed the HB would wish to ensure that this unit remained sustainable. Noting similarities in references to the extension of a temporary service change to the history of changes made to Paediatric Services in Pembrokeshire, together with the destabilising effect upon staff resulting from interim changes in services, Ms Coleman queried whether a further extension to Critical Care services was planned in the event that the HB was unable to meet recruitment targets by January 2023. Mr Carruthers explained that the question of when and whether a permanent service re-design might be required had been raised with clinicians, who had expressed a wish to persevere with efforts to recruit. Mr Carruthers suggested that a decision regarding a medium-term solution would need to be considered over the second half of 2023 should there be no change in the recruitment position. Members were informed of key considerations which would need to be included in developing a view of future service provision - *ie.* that the number of anticipated transfers had not materialised, resulting in a much lower impact upon patient experience than had been expected and that conversations were being held between the Critical Care team and physicians in PPH regarding the level of support which they could provide to the service in terms of maintaining increased patient numbers in PPH.	
	The Board: • **CONSIDERED** the latest position in relation to the Critical Care service at Prince Philip Hospital, and **TOOK ASSURANCE** that the current arrangements in place to support transfer of patients requiring enhanced levels of care are both safe and effective. • **AGREED** to extend the current arrangement and pathway from the current end date of 3rd October 2022 and **NOTED** that a further assessment would be received in January 2023.	

PM(22)172	**PRIMARY CARE UPDATE: GENERAL MEDICAL SERVICES AND ACCESS**	
	Presenting the General Medical Services and Access Report, Ms Paterson highlighted the wish of members of the public to understand how to access the services which were available to them and explained that the HB was required to have an Access Working Group and to report access standards to the Board. Members' attention was drawn to the following points: • The Access Standards sat within both the General Medical Services (GMS) Contract and the Quality Improvement Framework; upon this basis compliance with the standards was voluntary and there were no minimum standards which might be used to monitor individual Practices. • It was pleasing to note that for the GMS contractual year 2021-22, 93.8% of (45) Practices achieved all standards set within the framework, compared to 85.4% of (41) Practices in 2020-21.	

	Noting reported concerns relating to challenges in accessing GP services, particularly post-COVID-19, Ms Paterson pointed out that there continued to be a range of options available to members of the public in terms of virtual access, telephone triage and face-to-face appointments. Members were advised that the CHC had focused upon GP access in a survey which they had recently conducted, outcomes and common themes from which had been fed back to Practices. Ms Paterson informed Members that when significant issues regarding access were identified, Remedial Notice could be served using contractual breach arising from failure to deliver essential services, in which case the Primary Care Team would work with the Practice concerned to develop an improvement plan which would need to be submitted within a set period from the date of service of Notice. Members were assured of the continued focus upon accessibility of services in all meetings held between the Primary Care Team and GP Cluster and Locality groups. Mrs Hardisty pointed out that the issue of access to Primary Care services had been drawn to the Minister's attention via the Vice Chairs Group and suggested that it would be helpful to have an indication of the number of people affected by access issues, recognising the variation in size of patient lists between individual Practices. Ms Paterson explained that the introduction of specified telephone systems within Practices, as required by the Standards, would enable the collation of relevant data relating to patient numbers and confirmed that it would be possible to undertake a review of available appointments for each Practice which would be presented to a Board Committee.	**JP**
	The Board **NOTED** and **TOOK ASSURANCE** from the current position relating to GMS Access and the work undertaken to continue to ensure that Access remains a key priority.	

PM(22)173	**PRIMARY CARE UPDATE: DENTAL SERVICES AND ACCESS**	
	Presenting the Dental Services and Access Report, Ms Paterson informed Members that the report was presented to the Board in light of the high number of reported concerns regarding access issues. Members were informed that following the COVID-19 pandemic, dental services were among the last to recover capacity as the treatments involved included 'aerosol generating procedures' and noted that against an aspirational recovery target for Dental Practices to increase patient access to between 40% and 60% of the pre-COVID-19 access levels, the average achievement of services within the Hywel Dda area was 46% by March 2022, with a wide variation in achievement across individual Practices ranging from 25% to 88%. Members noted the recent introduction of Dental Contract reform by WG, with 80% of dental practices in Hywel Dda having signed up to the new contract, leading to the development of a more holistic oral health and wellbeing approach. Ms Paterson highlighted issues relating to urgent access activity, as presented in the report, directing Members' attention to the significant surge in demand for urgent dental care provided by the HB, driven	

largely by the needs of patients who did not have routine access to a NHS dentist and patients who had previously accessed private dental services but were no longer able to afford their treatment plans. Members noted that in order to support the sustained increase in demand, the Urgent Dental Access service had increased access provision by 32% for 2022/23, compared to 2019/20.

Ms Paterson expressed her hope that with the introduction of the new contract, which would include the utilisation of 30% activity in providing urgent access to patients, a decrease in demand upon HB urgent access services would be seen.

Members noted positive performance in respect of Orthodontic contracts, which had returned to 100% of their normal 'Unit of Orthodontic Activity' targets from April 2022, being advised that while there was still a waiting list of 3.2 years, and whilst this wait was considered to be too long, the waiting time had improved to pre-COVID-19 levels, despite access issues to treatment during the pandemic.

Members further noted that the HB had funded a Specialist Trainee Paediatric post for two years with SBUHB, with the intention that once this person had qualified, they would deliver sessions within a Hywel Dda clinical setting, enabling the repatriation of some services which were currently commissioned from private providers.

In regard to the increase in urgent dental access provision Miss Battle queried whether the HB had the capacity to meet this demand and whether performance improvement trajectories had been set, particularly relating to those areas with long waiting lists.

Ms Paterson explained that data provided by dental services was relatively sophisticated, enabling an accurate assessment of performance and providing a basis for the development of metrics to monitor improvement in performance. In terms of urgent access, Members were informed that additional staff had been recruited to HB internal teams in order to support the response to increased demand, which in turn had involved a cost pressure for the organisation.

Members were also informed of a number of patients who did not attend their appointments. Ms Paterson urged members of the public to attend their appointments wherever possible, observing however that non-attendance data provides some indication of patient behaviour which often reflects a reluctance to attend for further treatment prescribed in the initial appointment which in turn leads to a deterioration in oral health and further demand upon urgent access services.

Mrs Hardisty queried whether there were any plans to extend dental training capacity and informed Members that the Chief Dental Officer had been receptive to the suggestion that training be expanded within West Wales, linked to a university. Mrs Hardisty suggested that this option be pursued, given the links which the HB had with universities and recognising that individuals who received a good training experience were more likely to apply for jobs within services in the locality. Ms Paterson confirmed that a meeting with the Chief Dental Officer had been scheduled following this Board meeting, at which training opportunities would be discussed.

	Members were informed that training places within dental practices within Hywel Dda had not been filled in the current year and noted the need to encourage and sustain trainee recruitment.	
	The Board: • **NOTED** and **TOOK ASSURANCE** from the work undertaken to support the reset and recovery of dental services. • **NOTED** the current position with regards to NHS dental access.	

PM(22)174	**PRIMARY CARE CONTRACTUAL APPLICATIONS: NEYLAND AND JOHNSTON PRACTICE (VACANT PRACTICE PANEL RECOMENDATIONS)**	
	Mrs Hardisty declared an interest as Chair of the Vacant Practice Panel. Ms Paterson updated Members regarding the position in relation to the Neyland and Johnston Surgery and the outcomes and recommendation of the Vacant Practice Panel. Members were advised that due to the short timescales and requirement for a quick response from the HB following receipt of contract termination from the Practice in July 2022 a Vacant Practice Panel had been established as part of a formal process in order to consider the issues involved. Ms Paterson reminded Members of the options available to the HB when receiving a termination of contract in terms of supporting an alternative contractor in taking on the surgery as a managed practice or dispersing the patient list. Noting that in the case of Neyland and Johnston Practice the number of patients registered was approximately six thousand, Members were informed that due to the short timescales involved there was no opportunity to advertise on the open market; however, an exercise had been conducted with local Practices in the area to seek expressions of interest in taking over the surgery. Members were informed that as none were received, a Panel recommendation was presented to the In Committee Board at its meeting on 28th July 2022 to establish a partly-managed Practice for the patients resident in the Neyland area and dispersing the remaining patients from the Haverfordwest and Milford areas for re-registration with other Practices which were nearer to their home addresses. Members were advised that this recommendation had been supported in part by the CHC, who nevertheless held concerns in relation to the dispersal of patients and had not been supported by the Local Medical Council (LMC), while concern had been expressed by neighbouring Practices in relation to their capacity to take on additional patients. Members noted that these views, together with feedback from public engagement to seek the views of patients and stakeholders as to how they would prefer services to be delivered in the area, was presented to a second Vacant Practice Panel, which reviewed the initial recommendation in the light of the patient and stakeholder feedback received, considering risks relating to ability to staff clinical rotas within managed Practices in the area and taking into account the premises which were available. The decision of the Panel, which was based upon	

	the feasibility and viability of the option chosen, was to uphold its original recommendation. In the context of the recommendation, which would result in the reduction of the patient list for the managed element of the Practice, Ms Paterson highlighted the need to consider the long-term strategic viability of smaller Practices, including their ability to recruit individuals to work within smaller facilities, recognising that whatever the outcome, managed Practices were intended to be short-term solutions. Members' attention was directed to the opportunity to consider the recommendation made by the Vacant Practice Panel in conjunction with issues which are important to the local community and to other stakeholders, including access to Primary Care services within their area Mrs Hardisty explained that in chairing the Panel, the intention had been to avoid Practice closure wherever possible and explained that since the Panel had reached its decision, she had been made aware of potential alternative solutions involving accommodation and availability of further medical staff to support a managed Practice, which might require further consideration. Mrs Hardisty pointed out that under normal circumstances, which allowed more time, this additional information would have been fed back to the Panel to inform its decision and suggested that as matters stood, there was a role for the Board to consider the process involved, recognising its inflexibility, as demonstrated in the case of Neyland and Johnstown Practice. Mrs Hardisty therefore recommended that it would be timely to review the process relating to vacant practices and suggested that the Board Secretary work with the Director of Primary Care, Community and Long-Term Care to consider whether the process aligns with the HB's long-term strategy Confirming for the record that he had not been part of the Panel process, Prof Kloer was supportive of the comments made by both the Vice Chair and the Director of Primary Care, Community and Long-Term Care in regard to the need to review the process, given the Panel's lack of opportunity due to prescribed timescales to review the further solutions identified, noting however that the interest expressed by GPs in supporting the Neyland and Johnstown Practice should be set against the fact that more GPs would still be required to support the viability of the Practice. Prof Kloer stated that, having spoken to members of the senior Primary Care medical team and taken all public and stakeholder feedback into consideration, given the new information which had come to light and given concerns in relation to the longer-term sustainability of smaller GP Practices, he believed that the Panel's recommendation should be reconsidered. Observing that positions with independent contractor providers do not appear to be attractive to younger GPs and acknowledging the need to identify longer term solutions for Practice sustainability, Mrs Patel enquired what data the HB held in relation to the number of GPs who would be retiring in the near future. Ms Paterson confirmed that workforce data is collated and updated at a national level by all General Medical Services practices and that it would therefore be possible to collate and monitor GP retirement figures.	**JP/ JW**

	Ms Paterson added that the issue of recruitment was discussed at a national level, with consideration given to a variety of models, including salaried versus GP independent contractor status, with the LMC advocating the latter option. Members were advised that the HB was open to considering a range of models to suit its local areas and recognised the importance of retaining independent contractor arrangements wherever possible, while also considering how opportunities to develop portfolio careers for salaried GPs could be created and to review the use of alternative medical services providers as part of the strategic Primary Care model. Summarising discussions, Miss Battle thanked Ms Paterson, Mrs Hardisty and Prof Kloer for explaining the background and issues relating to the recommendation of the Vacant Practice Panel and highlighting new information regarding potential solutions which had subsequently come to light. Miss Battle further noted the short timescales which had been prescribed by the established WG process, advising Members that ideally, this further information would be referred back to the Pane - however the General Medical Service contract would expire on 31st October 2022. Miss Battle emphasised the need to provide certainty as soon as possible to the staff and patients of Neyland and Johnstown Practice and also to communities and other GP Practices in the area and confirmed that, having been made aware of further information relating to opportunities to use new premises and interest expressed by GPs in assisting the Practice, and having listened to public, CHC and LMC views, the Board also recognised the longer-term strategic context relating to the increased attractiveness to GPs of a larger Practice as a key factor in reaching a decision. Members also noted risks relating to lack of GP cover, being advised that these applied irrespective of size of Practice. Miss Battle explained that, as a sovereign body, the Health Board could take a decision and confirmed that it had a duty to do so in these circumstances for the reasons which had been previously outlined. Having taken all discussions and factors into account, Miss Battle requested Board Members to advise whether the Board could confirm its decision to establish a HB-managed practice for all the current registered patients at Neyland and Johnstown Surgery, and agree to review governance processes in Primary Care, as previously discussed. Highlighting the need to consider capacity within the Primary Care Team in light of the recommendation to take on a further managed Practice, Ms Paterson requested that a review of Primary Care Team capacity be included in the Board's recommendation. Finally, Miss Battle extended thanks on behalf of the Board to the Director of Primary Care, Community and Long-Term Care, the Medical Director, the Vice Chair and the Primary Care Team for responding quickly and thoroughly to external circumstance and to ensuring that the best interests of the local population were served.	**JP**
	The Board:	

	• **NOTED** the outcome of public and stakeholder engagement following the period of engagement. • **NOTED** new information relating to potential solutions which had been identified subsequent to the Panel's decision. • **DECIDED**, having considered all relevant feedback and information, to establish a HB-managed practice for all the current registered patients at Neyland and Johnstown Surgery. • **AGREED** to review Panel governance processes within Primary Care. • **AGREED** to review the capacity of the Primary Care Team to absorb and manage a further managed practice within the Hywel Dda area.	

PM(22)175	**PRIMARY CARE CONTRACTUAL APPLICATIONS: MARGARET STREET PRACTICE (BRANCH CLOSURE PANEL RECOMENDATIONS)**	
	Mrs Hardisty declared an interest as Chair of the Branch Surgery Panel. Presenting the Branch Closure Panel Recommendations paper, Ms Paterson advised Members that an application had been made from Margaret Street Practice to close its Branch Surgery in Tycroes. Members were informed that following receipt of this application, a formal process, agreed with the CHC and the LMC, had been undertaken, which had included the establishment of a Branch Practice Review Group and undertaking a patient engagement exercise in order to gather public views relating to branch closure. Members were advised that feedback related mainly to transport issues, ease of access to alternative services and loss of service at a time when the HB was promoting care closer to home and were further informed that a petition containing over one thousand, eight hundred signatures opposing the closure of Tycroes had been received by the HB Members noted that a Branch Practice Review Panel, having viewed the application, together with the petition and all relevant facts and feedback, concluded that the recommendation to the Board would be to decline the application from the partners of Margaret Street Surgery to close the Branch Surgery at Tycroes and to retain the Branch Surgery on a twenty-hour-per-week basis, offering support from the Primary Care team to assist the Practice in considering best use of the premises and its resources. In response to a query from Miss Battle regarding whether the Branch Review Panel be included within a wider Primary Care Governance review, which developed further the remit of the review which had been discussed and agreed under item PM(22)176, Ms Paterson acknowledged that there was a gap in current processes which had been highlighted in the Board's discussions regarding both this application and the Neyland and Johnstown contractual application.	
	The Board: • **NOTED** and **RATIFIED** the recommendation of the Branch Surgery Panel to decline the application from the partners of Margaret Street Surgery to close the Branch Surgery at Tycroes;	

	• **AGREED** to widen the review of governance processes within Primary Care to include all relevant groups and processes.	

PM(22)176	**WINTER RESPIRATORY VACCINATION PROGRAMME 2022 / 2023**	
	The Board **RECEIVED** the Winter Respiratory Vaccination Delivery Plan 2022/23	
	The Board: • **NOTED** the proposed delivery plan and the transition to delivering the COVID-19 vaccination programme in conjunction with the Flu programme for this autumn/winter. • **NOTED** the proposed plan to maintain a hybrid approach to delivery across Primary Care and Mass Vaccination Centres, with delivery via Primary Care being the principal approach. • **NOTED** the work underway to mitigate the risks to programme delivery and **TOOK ASSURANCE** from the control measures in place.	

PM(22)177	**DECARBONISATION DELIVERY PLAN**	
	Presenting the Decarbonisation Delivery Plan, Mr Lee Davies highlighted the organisation's commitment to respond to the NHS Wales Decarbonisation Strategic Delivery Plan to contribute towards a Welsh public sector-wide net zero target by 2030. Members noted that the Decarbonisation Action Plan summarised the deliverable decarbonisation actions which the HB had developed as an initial programme to cover the period from March 2022 up to 2025. Mr Lee Davies advised Members that the Plan should be viewed as an evolving piece of work and highlighted the need to consider the capital funding which would be required to support the HB in meeting its decarbonisation targets and to recognise the work ongoing to develop a baseline assessment of the organisation's carbon footprint against which to measure progress, together with the possibility that this baseline might change. Members were informed that HDdUHB was the only health board in Wales to have costed its plan, thereby assisting national discussions regarding available choices, and noted that clinical teams had recently completed work to cease the use of *Desflurane* (fluorinated methyl ethyl ether) anaesthetic gas within GGH and PPH, recognising its impact upon greenhouse gas emissions, and to move to the use of nitrous oxide gas as an alternative. Prof Kloer observed that although there was an inclination in discussing decarbonisation to focus mainly upon measures relating to transport estates and procurement, there were many aspects of carbon reduction linked to clinical procedures and it was therefore important to follow a process of gaining support among clinicians for changes which needed to be made in this area. Prof Kloer highlighted the link to Value Based Healthcare, given that the cleanest and greenest pathways were also likely to present the best value.	

	Welcoming the plan and the fact that the HB had costed the various elements, Mr Weir suggested, however that while the Plan detailed in many respects how the HB aimed to meet WG targets, there was more which could be done, notably in relation to procurement, which currently accounted for 58% of the HB's carbon footprint. Members were assured that further work would be undertaken by the Sustainable Resources Committee with Procurement and Estates teams in relation to reducing their carbon footprint. Mr Lee Davies added that WSSP were also involved in identifying procurement opportunities which would support the HB in meeting its decarbonisation targets.	
	The Board: • **APPROVED** the Hywel Dda Decarbonisation Delivery Plan. • **NOTED** and **TOOK ASSURANCE** from progress on Decarbonisation in line with Planning Objective 6G and WG reporting requirements. • **NOTED** the ongoing work nationally on carbon reporting and the current uncertainty in funding to meet the 2030 target.	

PM(22)178	**HEALTHCARE INSPECTORATE WALES (HIW) ANNUAL REPORT 2021 / 2022**	
	Miss Battle welcomed Ms Rebecca Jewell to the Board meeting, confirming that the HIW Report would also be scrutinised at Board Committee level. With reference to the findings of the Annual Report, Ms Jewell highlighted the following key points: • Pressures had continued throughout the year at regional and national level, with the themes identified for HDdUHB reflecting those across Wales. • Themes were identified from a range of sources, including concerns received from the members of the public and staff, inspection findings, Safeguarding referrals and notifications of Serious Incidents. • HDdUHB had continued to demonstrate a strong focus upon a learning culture and Quality was well embedded in the HB's leadership. • HIW recognised the challenges in managing quality in Unscheduled Care services, given the imperative to maintain patient flow rates. These challenges had been noted across Welsh health boards. While pleased to note the positive comments in the report regarding the approach which the HB had adopted in relation to quality and safety, and assuring Members that work was already underway to address any areas of improvement that had been identified by HIW, Mrs Rayani observed that it would have been helpful to have had the opportunity to view the report prior to its presentation to Public Board in order to discuss the contents at a meeting of QSEC and confirmed that the report would be presented to the Committee at its next meeting on 14th December 2022. An invitation was extended to Ms Jewell to attend this	**MR**

	meeting in order to address any queries which QSEC Members might have.	
	The Board: • **NOTED** the contents of the Healthcare Inspectorate Wales Annual report 2021/ 22 • **NOTED** that the report would be scrutinised at the QSEC meeting on 14th December 2022	

PM(22)179	**REPORT OF THE SUSTAINABLE RESOURCES COMMITTEE**	
	Mr Weir, SRC Chair, presented the SRC Update Report and highlighted the following points of discussion and concern: • The potential deterioration of the recurrent/ underlying financial position due to the non-recurrent nature of identified savings, recognising the impact of this upon the financial position in the following year. • The active management of the Treasury Management Cash risk as part of financial recovery actions, recognising that a mitigation plan would be presented at the next Public Board meeting in November 2022. • Positive assurance in relation to progress on Value Improvement and Income Opportunity and progress on Workforce, Clinical Service and Financial Sustainability, in line with the HB's Planning Objectives. • Positive assurance received by the Committee from the good work being undertaken regarding landfill usage and carbon-friendly inhalers, recognising their contribution to achieving the HB's carbon target.	
	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)180	**REPORT OF THE STRATEGIC DEVELOPMENT & OPERATIONAL DELIVERY COMMITTEE**	
	Mr Maynard Davies, SDODC Chair, presented the SDODC Update Report, advising Members that while at the time of writing the Update Report, a response from WG in regard to the HB's Programme Business Case for the new hospital was awaited, a response had since been received, two key points included in which were drawn to Members' attention: • A request that the HB develop a Strategic Outline Case. • A request that the HB undertake a review of the clinical model.	
	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 **NOTED** the requests from Welsh	

	Government in their response to the Programme Business Case for the new hospital.	

PM(22)181	**REPORT OF THE PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE**	
	Mrs Judith Hardisty, PODCC Vice-Chair, presented the PODCC Update Report, informing Members that the Committee had received and considered in detail the TriTech Institute Business Plan. Mrs Hardisty also highlighted the very high quality of papers which were presented to the Committee.	
	The Board **NOTED** the PODCC update report and **ACKNOWLEDGED** the key risks, issues and matters of concern, together with actions being taken to address these.	

PM(22)182	**TRITECH BUSINESS PLAN**	
	Presenting the Tritech Business Plan, Prof Kloer advised Members that in addition to scrutiny by PODCC, the Plan had been considered in detail by the Research and Innovation Sub-Committee and highlighted the national interest which the TriTech Plan was attracting. Mrs Wilson explained that Members had seen the commercially sensitive information, which would be discussed at the In Committee Board meeting following this Public Board meeting and confirmed that the decision of Board Members in this meeting was therefore based upon all information relevant to the Business Plan.	
	The Board **APPROVED** the TriTech Business Plan.	

PM(22)183	**REPORT OF THE HEALTH AND SAFTEY COMMITTEE**	
	Mrs Hardisty, Health & Safety Committee (HSC) Chair, presented the HSC update report.	
	The Board **NOTED** the HSC update report.	

PM(22)184	**COMMITTEE UPDATE REPORTS: BOARD LEVEL COMMITTEES**	
	The Board: • **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 Board at recent Committee meetings, noting that a Corporate Trustee session would be held directly after the Public Board meeting to consider the charitable funds budget and expenditure. • **APPROVED** the revised Terms of Reference for the Remuneration and Terms of Service Committee (RTSC)	

PM(22)185	**HDdUHB JOINT COMMITTEES & COLLABORATIVES**	
	Board Members received the HDdUHB Joint Committees and Collaboratives report.	
	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)186	**COCHLEAR IMPLANT AND BONE CONDUCTION HEARING IMPLANT DEVICE SERVICE – ENGAGEMENT PROCESS**	
	The Board received the Cochlear Implant and Bone Conduction Hearing Implant Device Service Engagement Process, being advised that this had also been discussed at a recent meeting with Welsh Health Specialised Services.	
	The Board: • **APPROVED** the content, process and timeline for a period of targeted engagement (as supported by the Board of CHCs) • **SUPPORTED** local action to disseminate the information being cascaded as outlined within the main body of the report; and • **NOTED** the Draft Equality Impact Assessment (EQIA).	

PM(22)187	**STATUTORY PARTNERSHIPS UPDATE**	
	The Board received the Statutory Partnerships Update.	
	The Board: • **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)188	**BOARD ANNUAL WORKPLAN**	
	The Board **NOTED** the Board Annual Workplan.	

PM(22)189	**DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2021 / 2022**	
	The Director of Public Health Annual Report 2021/ 22 took the form of a video presentation celebrating the achievements of Mrs Ros Jervis, who had been HDdUHB's Director of Public Health from 2017 until her retirement due to ill health at the end of March 2022, and who had very sadly passed away. Introducing the presentation, Dr McCarthy thanked all involved in putting together the presentation and on behalf of the Public Health Directorate thanked all Members of the Board for the support and guidance which had been provided over the previous twelve months.	
	The Board:	

	• **RECEIVED** the Director of Public Health Annual Report 2021/ 22; • **APPROVED** use of the report within a newly developed Public Health section of the HDUHB Website, to highlight the work led by Mrs Ros Jervis during her time as Director of Public Health, and act as a point of reference for all future work to deliver Public Health for the population of Hywel Dda.	

PM(22)190	**ANY OTHER BUSINESS**	
	Mr Maynard Davies congratulated Mr Huw Thomas upon being offered an Honorary Professorship by Aberystwyth University.	

PM(22)191	**DATE AND TIME OF NEXT MEETING**	
	9.30am, Thursday 24th November 2022	