

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

Date of Meeting:	9.30AM, THURSDAY 31ST MARCH 2022
Venue:	VIRTUAL, VIA TEAMS
Present:	<p>Miss Maria Battle, Chair, Hywel Dda University Health Board Mrs Judith Hardisty, Vice-Chair, Hywel Dda University Health Board (VC) Mr Maynard Davies, Independent Member (Information Technology) (VC) Professor John Gammon, Independent Member (University) (VC) Cllr. Gareth John, Independent Member (Local Government) (VC) (part) Ms Anna Lewis, Independent Member (Community) (VC) Miss Ann Murphy, Independent Member (Trade Union) (VC) Mr Paul Newman, Independent Member (Community) (VC) Ms Delyth Raynsford, Independent Member (Community) (VC) Mr Iwan Thomas, Independent Member (Third Sector) (VC) (part) Mr Winston Weir, Independent Member (Finance) (VC) Mr Steve Moore, Chief Executive Mr Mark Henwood, Deputy Medical Director, deputising for Professor Philip Kloer, Executive Medical Director and Deputy Chief Executive (VC) (part) Mr Andrew Carruthers, Executive Director of Operations (VC) Mr Lee Davies, Executive Director of Strategic Development & Operational Planning (VC) Mrs Lisa Gostling, Executive Director of Workforce and Organisational Development (VC) Dr Joanne McCarthy, Deputy Director of Public Health, deputising for Mrs Ros Jervis, Executive Director of Public Health (VC) Mrs Mandy Rayani, Executive Director of Nursing, Quality & Patient Experience (VC) Ms Alison Shakeshaft, Executive Director of Therapies & Health Science (VC) Mr Huw Thomas, Executive Director of Finance (VC)</p>
In Attendance:	<p>Ms Jill Paterson, Director of Primary Care, Community & Long Term Care (VC) Mrs Joanne Wilson, Board Secretary Mr Michael Hearty, Strategic Advisor (VC) Dr Hashim Samir, Vice Chair of Black, Asian and Minority Ethnic (BAME) Board Advisory Group (VC) Ms Hazel Lloyd Lubran, Chair, Stakeholder Reference Group (VC) Dr Barbara Wilson, Vice-Chair, Hywel Dda Community Health Council (VC) Ms Donna Coleman, Chief Officer, Hywel Dda Community Health Council (VC) (part) Ms Alwena Hughes-Moakes, Communications Director (VC) Dr Warren Lloyd, Associate Medical Director (VC) (part) Ms Sara Rees, Assistant Director of Nursing, Mental Health & Learning Disabilities (VC) (part) Ms Kay Issacs, Head of Adult Mental Health Service (VC) (part) Ms Rhian Matthews, Integrated System Director, Carmarthenshire (VC) (part) Ms Sharon Daniel, Assistant Director of Nursing (VC) (Observing) Ms Clare Moorcroft, Committee Services Officer (Minutes)</p>

Agenda Item	Item	Action
PM(22)34	<p>INTRODUCTIONS & APOLOGIES FOR ABSENCE</p> <p>The Chair, Miss Maria Battle, welcomed everyone to the meeting, in particular Mr Mark Henwood, deputising for Professor Philip Kloer.</p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> • Professor Philip Kloer, Executive Medical Director and Deputy Chief Executive • Mrs Ros Jervis, Executive Director of Public Health • Mr Jonathan Griffiths, Pembrokeshire County Council Director of Social Services, Local Authority Representative • Dr Mohammed Nazemi, Chair, Healthcare Professionals Forum • Mr Mansell Bennett, Chair, Hywel Dda Community Health Council • Ms Liz Carroll, Director of Mental Health & Learning Disabilities 	
PM(22)35	<p>DECLARATION OF INTERESTS</p> <p>No declarations of interest were made.</p>	
PM(22)36	<p>MINUTES OF THE PUBLIC MEETING HELD ON 27TH JANUARY 2022</p> <p>RESOLVED – that the minutes of the meeting held on 27th January 2022 be approved as a correct record.</p>	
PM(22)37	<p>MATTERS ARISING & TABLE OF ACTIONS FROM THE MEETING HELD ON 27TH JANUARY 2022</p> <p>An update was provided on the table of actions from the Public Board meeting held on 27th January 2022, and confirmation received that all outstanding actions had been progressed. In terms of matters arising:</p> <p>PM(22)04 – Miss Battle requested a further update on plans to schedule a workshop on Social Care and Healthcare. Mr Steve Moore responded that, given the upcoming local elections, a decision had been made to delay the workshop until the middle of May or early June 2022. A meeting to discuss this has been scheduled for the week commencing 4th April 2022. Mr Moore felt that it is likely that there will be a series of workshops rather than one. Miss Battle recognised the unprecedented pressure that both health and social care settings are experiencing, which reiterates the importance of working collaboratively in this way.</p> <p>PM(22)05 – noting the update regarding discussions at the Children and Young People (CYP) Group, a more precise timescale for collation of feedback was requested. Mr Andrew Carruthers advised that the Group will receive regular reports on engagement outcomes, and had been assured in terms of the existence of external feedback processes. Mr Carruthers apologised for the wording of the update and committed to clarify.</p> <p>PM(22)06 – in response to a request for an update on the Carmarthen Hwb building, Mr Lee Davies stated that, whilst the UHB has received assurances from Carmarthenshire County Council with regards to urgency, they are not able to make timescales public at this stage. As this is a Carmarthenshire County Council scheme, the UHB will be advised accordingly.</p>	AC

PM(22)09 – responding to a query around the safeguarding issue highlighted at the previous Board meeting, Mrs Mandy Rayani advised that a ‘deep dive’ into this issue will be undertaken at the next meeting of the Quality, Safety & Experience Committee. Members were assured/ reminded that this matter relates to non-completion of paperwork, rather than a failure to enact referrals. Within the online Chat, Mrs Delyth Raynsford welcomed this clarification.

PM(22)13 – Mr Paul Newman observed that the new Regional Integration Fund (RIF) represents a significant amount of money, overseen by the Regional Partnership Board (RPB) and hosted by the UHB. Mr Newman highlighted the need for robust governance arrangements in relation to this, noting that the RPB does not currently operate audit processes equivalent to those in place within Health Boards. In response, Ms Jill Paterson felt that this was a reasonable question and that there are two elements involved: the UHB, as host of funding, will be subject to increased scrutiny and needs to ensure that robust governance arrangements exist. The UHB will also be one of the organisations receiving monies from the RIF. Ms Paterson assured Members that there have always been mechanisms/functions for reporting into the RPB, and that the governance measures necessary in relation to the RIF have been discussed with the UHB’s Corporate Governance team and the newly-appointed Regional Partnership Programme Manager. An Internal Audit has been undertaken on Partnership Governance, with a follow-up audit planned. The RPB is also subject to external audit from bodies such as Audit Wales, and monthly reports are requested by Welsh Government. Ms Paterson would anticipate that any scrutiny/oversight required would be undertaken by the Strategic Development & Operational Delivery Committee (SDODC). Mr Huw Thomas endorsed Ms Paterson’s comprehensive response to this query, and welcomed the clarity provided by the new RIF. Members heard that a Memorandum of Understanding is being developed between the organisations involved, and were assured that the UHB recognises its responsibilities in terms of ensuring transparency and robust governance arrangements. The audit function remains under discussion and the outcome would be reported to the Audit & Risk Assurance Committee.

PM(22)38	MINUTES OF THE CORPORATE TRUSTEE MEETING HELD ON 27TH JANUARY 2022	
	RESOLVED – that the minutes of the Corporate Trustee meeting held on 27 th January 2022 be approved as a correct record.	

PM(22)39	REPORT OF THE CHAIR	
	Presenting her report on relevant matters undertaken as Chair since the previous Board meeting, Miss Battle thanked every member of UHB staff for continuing to respond so efficiently and compassionately to the needs of the Hywel Dda population, acknowledging the incredible pressures being experienced. Miss Battle expressed pride that Wales, as a nation of sanctuary, is doing all it can to welcome refugees from Ukraine. The UHB has donated medical equipment via Welsh Government and is supporting its staff from both Ukraine and Russia. Referencing the meetings/visits section of her report, Miss Battle	

	<p>highlighted the official opening of the Glangwili General Hospital (GGH) Clinical Research Facility. Members were informed that HDdUHB is ranked 7th in the UK for its COVID-19 related research, and is also undertaking significant work in the area of fertility research. Miss Battle commended the team's enthusiasm and dedication and welcomed the establishment of a dedicated facility for research at GGH. Members and the public will also be aware of the newly-opened maternity ward at GGH, and Miss Battle paid tribute to those staff who have worked in the previous sub-standard facility whilst continuing to deliver quality care. The Chair concluded her report by highlighting the numerous deserving HDdUHB staff who have been recognised by awards, both nationally and locally.</p> <p>Within the online Chat, Members welcomed the recognition of staff and teams for their contribution to the organisation and 'going above and beyond'. Congratulations were also offered to those HDdUHB staff who had won awards.</p>	
	<p>The Board SUPPORTED the work engaged in by the Chair since the previous meeting and NOTED the topical areas of interest.</p>	

<p>PM(22)40</p>	<p>REPORT OF THE CHIEF EXECUTIVE</p> <p>Mr Moore presented his report on relevant matters undertaken as Chief Executive of HDdUHB since the previous meeting, welcoming the new maternity facility mentioned by the Chair, which had seen 7 live births on its first day of operation. Mr Moore stated that the report is relatively self-explanatory, and provides an update on the activities of the Executive Team and at a national level. Members heard that the UHB had established a Quality and Safety Task and Finish Group: Change, Impact and Resolution which will review the impact and consequences of changes made in response to COVID-19. The Group will consider whether these changes should be formalised or reversed/partially reversed. Mr Moore highlighted the Home-based Bridging Care Service Evaluation, expressing pride that this initiative had been implemented, and thanking Ms Paterson for her efforts in this regard. Members were informed that the UHB is taking steps to identify permanent roles for the staff involved wherever possible. There is now more urgency than ever to identify a long-term solution to this issue. Members' attention was drawn to the update on the UHB's Escalation Status, with Mr Moore emphasising that the organisation is committed to improving this and is hopeful that this will be achievable, subject to an approved Integrated Medium Term Plan (IMTP). Appendix F outlines the draft Terms of Reference for the UK COVID-19 Public Inquiry; Members were informed that the UHB has identified various suggested amendments, many of which (following further discussion/advice from legal advisors) are already included. Mr Moore would welcome Board support for the draft Terms of Reference and suggested amendments and proposed that the report recommendation be amended to reflect this request. Finally, Members were advised that, with regard to the Welsh Ambulance Services NHS Trust (WAST) Review of Service Rosters, there had been a commitment to present the outcome of this review to one of the UHB's local political meetings. Mr Moore would, therefore, be contacting the Chief Executive of WAST to request that he join the meeting to discuss the review's implications for west Wales.</p>	
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Mrs Judith Hardisty echoed Mr Moore's comments regarding the Bridging Service report. Mindful of the shortened on-boarding processes utilised for COVID-19 recruitment, Mrs Hardisty enquired whether consideration had been given to using similar for the Bridging Service. Mrs Hardisty was pleased to hear that a number of those involved have been offered opportunities to join the UHB. In response, Ms Paterson advised that 22 individuals have joined the service and been offered permanent roles, adding value to those areas where they have been placed. Members heard that the 'fast-track' recruitment process had been used; it should be noted, however, that even with this, candidates often have to give notice to current employers and there can be delays in completion of pre-employment checks, etc. With the numbers of individuals recruited not being as high as had been hoped, Mr Newman enquired whether there had been any specific learning. Ms Paterson reminded Members that the Bridging Service had been established to support a very real challenge in service provision, created by issues in the Domiciliary Care sector. As this was intended to be a short-term solution, the posts were necessarily fixed term/short-term appointments, recruitment to which often presents challenges. Ms Paterson echoed earlier comments around the need for a long-term solution, adding that she, the Director of Operations and Director of Workforce & OD are discussing this matter. The Bridging Service posts had also been advertised at a time when a number of other roles were being recruited, including UHB domestic staff and Local Authority domiciliary care staff; there are lessons to be learned in relation to the timing of recruitment campaigns. Other considerations include the wider terms and conditions for these types of roles, as pay is not the only factor. Work is being undertaken via the RPB and Regional Workforce Board, with learning to be considered at those fora.

Cllr. Gareth John observed that one noticeable omission from the report was any evidence, in terms of the Local Authorities, of a positive impact – only that there was no evidence of a negative impact. Cllr. John requested assurance that the service was a priority item for discussion between the UHB and Local Authority partners, to which Ms Paterson offered absolute confirmation. Ms Paterson recognised the need to discuss collaboration and how services can be delivered jointly. She challenged the suggestion/impression, however, that the Bridging Service has provided no positive impact. Members were reminded that the Service had been introduced to enhance community-based services, which it has, and it has made a tangible difference to people receiving care. The Service had also facilitated an increase in the number of clients being offered care. Mr Moore suggested that the planned Health and Social Care Workshop needs to consider two key issues in relation to the Bridging Service:

- The clear need to act at scale – the lower numbers of staff recruited restricted this and led to difficulties in identifying specific measurable system benefits;
- One benefit which was seen was the psychological impact on staff; the introduction of the Service was recognised as an attempt to try a different approach and an acknowledgement of the challenges.

Miss Battle endorsed these views and added that she was also proud that the organisation had had the 'courage' to implement this initiative. In response to a query regarding which committee will consider data and proposals on the Bridging Service, Ms Paterson suggested that both SDODC and the People, Organisational Development & Culture Committee (PODCC) would be appropriate fora for such discussions.

With regard to the WAST Review of Service Rosters, Ms Raynsford welcomed a potential increase in staff/resource and the new station at the Aberaeron Integrated Care Centre. Such developments are important for rural communities.

Noting the requests for approval of two leases, Mr Maynard Davies enquired how such premises are identified, the processes undertaken and how leases are negotiated. Mr Huw Thomas explained that the two buildings in question had been identified as part of the ongoing response and had been subject to the usual Scheme of Delegation processes. Information regarding how the specific premises had been identified, however, would need to be provided by operational colleagues.

Referencing the draft Terms of Reference for the COVID-19 Public Inquiry, Professor John Gammon noted the suggested addition of reference to the impact of outbreaks of COVID-19 in universities on health services. The rationale for restricting this to universities only was queried, with Professor Gammon suggesting that the wording should be changed to 'tertiary education and schools'. Mrs Joanne Wilson advised that since preparation of the report, there had been further discussions around this matter and legal advice had been taken. The Terms of Reference are wide-ranging and it has been established that the items highlighted within the report for inclusion are already included. Therefore, the only requested inclusion, specific to HDdUHB, which the UHB which the Board are asked to support, is in relation to the impact on the Health Board of people seeking asylum being placed at the height of the second wave of the pandemic in the former army training camp at Penally and the non-compliance with COVID guidelines by the UK Government.

The Board:

- **ENDORSED** the Register of Sealings since the previous report on 27th January 2022;
- **NOTED** the status report for Consultation Documents received/ responded to;
- **NOTED** the Terms of Reference for the Quality and Safety Task and Finish Group – Change, Impact and Restoration;
- **NOTED** the draft Evaluation Report on the Home-based Bridging Care Service;
- **APPROVED** the completion of the Lease for Building 14, St David's Park, Carmarthen for a term of 10 years (with a break clause on the fifth year) at a cost of an estimated £140,000 per annum over the term (to include rent, service charges, rates, utilities, cleaning, waste and maintenance);
- **NOTED** the Lease for Unit 3, Dafen, Llanelli to accommodate Medical Record Scanning for a term of 10 years (with a break clause on the fifth year) at a cost of £90,000 plus VAT per annum;

	<ul style="list-style-type: none"> • NOTED the progress on the new build facility for Regional Pathology (Development of A Regional Collaboration for Health (ARCH) Mid and South West Wales Regional Centre of Excellence Cellular Pathology Laboratory, Regional Diagnostic Immunology Laboratory Facility and Regional Medical Microbiology facility) across both the UHB and Swansea Bay UHB, noting the previous Board approval in March 2019; • SUPPORTED responding to the draft Terms of Reference for the UK COVID-19 Inquiry with specific reference to the UHB's proposed suggested amendment regarding the impact of the UK Government decision to place people seeking asylum in the former army training Camp at Penally during the COVID-19 pandemic. 	
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PM(22)41	REPORT OF THE AUDIT & RISK ASSURANCE COMMITTEE	
	<p>Mr Newman, Audit & Risk Assurance Committee (ARAC) Chair, presented the ARAC update report, highlighting the various key risks, issues and matters of concern identified therein. Noting that the report detailed a number of Internal Audit reports deferred to a future meeting, Mr Newman explained that the reasons behind this were diverse. In some cases, it was due to difficulties in undertaking/completing the audit as a result of operational pressures; in others it was a deliberate decision to defer audits to next year; in some cases, administrative challenges in signing-off audits. Mr Newman advised that he had met with the Head of Internal Audit and had received assurances that the majority of the remaining backlog in this year's Internal Audit programme will be addressed at the next ARAC meeting. The Committee had discussed an Internal Audit Briefing Paper on Records Management, which had identified both progress made and areas of concern remaining. A further update has been requested.</p>	
	<p>The Board NOTED the ARAC update report and ACKNOWLEDGED the key risks, issues and matters of concern, together with actions being taken to address these.</p>	

PM(22)42	REPORT OF THE QUALITY, SAFETY & EXPERIENCE COMMITTEE	
	<p>Ms Anna Lewis, Quality, Safety & Experience Committee (QSEC) Chair, presented the QSEC update report, highlighting detailed discussions around the Health Visiting Service, and specific fragilities in Pembrokeshire and Ceredigion. It is recognised that other areas in Wales are experiencing similar pressures. Colleagues from Carmarthenshire are assisting where possible; however, fragilities remain. The Committee was assured by the clear focus on this area and, whilst not formally escalating the matter to Board at this stage, had requested a further update. QSEC had also discussed Cardiac pathways for HDdUHB patients into Swansea Bay UHB, particularly in relation to Non-ST Elevation Myocardial Infarction (NSTEMI) treatments. Whilst the ongoing work to improve arrangements was noted, a number of infrastructure gaps remain and the Committee was, therefore, only able to take limited assurance. Ms Lewis concluded by touching upon recent media coverage in relation to the Ockenden report, which examined maternity practices at the Shrewsbury and Telford NHS Trust. By way of assurance, Board Members and the public were informed that a review of HDdUHB's maternity services will be considered by QSEC at its June 2022 meeting. This will also include learning from the review of maternity services at Cwm Taf Morgannwg UHB. Ms Lewis suggested</p>	

that, following this, as well as consideration of any learning in terms of clinical practice at QSEC; discussions take place around what learning there might be in terms of governance and/or assurance processes at Board level.

Mrs Rayani advised that she has spoken to the recently-appointed Head of Midwifery, and understands that there will be an All Wales structured template for all Health Board maternity services to complete, which will cross-reference the findings of the various reviews/reports which have identified learning for maternity services. Mrs Rayani did not anticipate that HDdUHB will experience any 'surprises' in terms of the findings of the Ockenden report, with regard to the issues/themes identified therein. QSEC will be discussing maternity services at its meeting in April 2022, and the meeting will include a patient story, which will provide valuable insight in terms of the HDdUHB patient experience. There will also be a brief position statement regarding the issues identified by the Ockenden report. A Quality Panel discussion will take place at the end of April 2022, followed by a detailed report – as mentioned – to the QSEC meeting in June 2022. This will seek to identify any areas requiring improvement. Miss Battle expressed how distressing it was to hear the experiences of those affected, and emphasised that this is very much a 'culture issue'. There needs to be a climate where people feel able to speak up safely and where they will be listened to. HDdUHB is fortunate in that its new Head of Midwifery is extremely experienced.

Mr Moore suggested that, with regard to the Ockenden report, there are three issues of which the UHB will need to be cognisant:

- The pressures on staff and the organisation's ability to fully staff services;
- Not to have an over-focus on performance/targets, as this tends to create a culture where people are reluctant to speak up – the UHB's Improving Together work should assist in this respect;
- Culture – both staff feeling able to speak up and patients and their families feeling able to express their views.

Noting discussions on Cardiac services, which has been an ongoing matter of concern, Miss Battle enquired how it is proposed this be taken forward. Ms Lewis confirmed that QSEC is committed to monitoring this issue and Mrs Rayani assured Members that a significant amount of work is being undertaken with colleagues at Swansea Bay UHB. The issue is being considered through multiple lenses, with steps also being taken ensure commissioning and performance aspects are not neglected. In terms of NSTEMI, Mr Moore wished to express that the organisation can and should be more ambitious as it develops the Outline Business Case for the new hospital. There are more rural locations which deliver these treatments in shorter timescales than the 72 hour target. As the UHB builds its new clinical pathways, it should consider new and innovative approaches and how these might deliver treatment much more quickly. Within the online Chat, it was noted that NSTEMI is also a Corporate Risk the organisation is managing, and is being closely monitored via the Welsh Health Specialised Services Committee (WHSSC) Quality & Patient Safety Committee. Professor Gammon explained that QSEC Members were concerned that HDdUHB

	patients are not disadvantaged in terms of access and waiting times, and felt that further reassurance is required. Still within the online Chat, the robust response on the Ockenden report was welcomed.	
	The Board NOTED the QSEC update report and ACKNOWLEDGED the key risks, issues and matters of concern, together with actions being taken to address these.	

PM(22)43	BOARD ASSURANCE FRAMEWORK	
	<p>Mrs Wilson presented the Board Assurance Framework (BAF) report, which had been updated since the previous Board. Members heard that, as the IMTP is developed, the BAF will evolve in alignment. As outlined in the report, 5 planning objectives have been completed; 1 is ahead of schedule; 32 remain on track; 15 are behind schedule. Planning Objectives are being monitored via the relevant Board level Committees and 'deep dives' forward planned. Mr Moore advised that a closure report regarding the UHB's Recovery Plan for 2021/22 will be presented to Board in May 2022, which will outline progress on all Planning Objectives, including those being carried forward into 2022/23.</p> <p>Referencing Strategic Objective 1 and the new Staff Survey specifically, Mr Maynard Davies observed that, whilst the response rates are fairly low, they are in line with what might be expected. However, there has been a decline in response rates from the first to the second month. Mrs Lisa Gostling acknowledged that response rates are low, although it was noted that they are higher than those for the All Wales Staff Survey. It was suggested that the dip in response rates may be due to the increased pressures during this period. However, Mrs Gostling recognised the need for enhanced communications around the importance of completing the Staff Survey and is working with the OD team in relation to this. Various communication methods are being considered and utilised to link with staff. It is important to emphasise to staff that the organisation wants to hear their views and to evidence that action is taken in response to feedback. Within the online Chat, Mr Huw Thomas suggested that triangulating the data from Strategic Objective 1 surveys with the quality and harm dashboard currently under development will also provide powerful assurance as part of the UHB's response to a number of the Ockenden findings.</p>	LD
	The Board NOTED the Board Assurance Framework report and SOUGHT ASSURANCE on areas giving rise to specific concerns.	

PM(22)44	IMPROVING PATIENT EXPERIENCE REPORT	
	<p>Mrs Rayani introduced the Improving Patient Experience Report, drawing Members' attention particularly to the Patient Story and thanking Mr Lee Mills for sharing this. Lee had expressed gratitude for the services his wife and family had received, whilst also identifying potential improvements. Mrs Rayani emphasised that those delivering End of Life Care only have one opportunity to get this right, making it an extremely important area, which is also discussed under a separate item later on the agenda. The UHB's ability to capture feedback has been impacted by the COVID-19 pandemic, which has also impacted on implementation of the new feedback system. This is, however, being rolled-out across the organisation. The report offers examples of both positive and negative comments/feedback, with Mrs Rayani assuring Members that there is significant analysis behind the figures and data</p>	

therein. 'Deep dives' are undertaken on the basis of information, particularly if it identifies specific 'hot spots'. Staff experience reports, external reports and quality visits also contribute/feed into the report. The new Civica system will assist greatly in procuring and collating feedback. Mrs Rayani highlighted the work of the new Arts in Health Coordinators which, once again, illustrates significant achievements and impact during their short time in post.

Mr Maynard Davies highlighted the table on page 9 which details output from the Friends and Family Test (FFT) system, noting the significant drop in feedback levels within Paediatrics – from 100% in October 2021 to 66% in February 2022. Mrs Rayani advised that she had discussed this issue with the senior nurse in Paediatrics, and it seems that there have been issues with the QR code being used, which was linking into a previous system. Members also heard that the FFT system is not used in isolation in Paediatrics; there are other feedback mechanisms. Finally, it was highlighted that only small numbers can make a significant impact on percentages. Mrs Rayani emphasised, however, that the UHB is working hard to ensure that all feedback is captured. Mrs Hardisty welcomed the excellent report, and echoed comments regarding the achievements of the Arts in Health Coordinators. Referencing inquests, Mrs Hardisty enquired where the findings and any learning from these feed into the Patient Experience system. In response, Members were advised that these are reported via the Listening & Learning Sub-Committee. Whilst they have not been routinely included in the Improving Patient Experience report, Members were assured that learning from inquests is considered, together with how any themes captured can be triangulated.

Highlighting that the report mainly focuses on acute services/sites, Mrs Raynsford enquired regarding plans to include more data from community-based services. In response, Mrs Rayani advised that the team have been and are working on this, assuring Members that a greater focus on community-based services and sites was an aspiration and 'work in progress'. Ms Lewis suggested that, from time to time, feedback may provide information alerting the UHB to a potential significant issue (an example in this report being the sepsis case in a 17 month old) and enquired how this would be followed-up. Mrs Rayani informed Members that the individual who provided this feedback had also left their contact details and that the UHB would be following this up directly with them. It would also be taken up with the relevant service, to ensure that the issue is addressed as promptly as possible. If a specific 'theme' is identified, there will also be a discussion with the service lead. Ms Donna Coleman noted reference to Withybush General Hospital (WGH) PACU and queried whether this should be GGH; Mrs Rayani committed to check, whilst reminding Members that children do still present at WGH on occasion.

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Miss Battle concluded discussions by reiterating the importance, reflected in the report, of presenting to the Board the voices of patients and their families. The Patient Experience team and the Arts in Health Coordinators were thanked for their valued contributions.

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)45

MAKING A DIFFERENCE – CUSTOMER SERVICE PROGRAMME

Mrs Gostling stated that she was delighted to present the Making a Difference – Customer Service Programme report, which reflects the progress made during the past 12 months. HDdUHB had considered best practice from elsewhere, and had concluded that customer service was not concerned with customer care alone. It is not possible for staff to care for others without also caring for themselves; hence the naming of the programme 'Making a Difference'. As indicated in the report, this topic has been discussed by PODCC ahead of its presentation to the Board. The programme will be delivered throughout the year, across the organisation, and has been designed to:

- Be suitable for all staff;
- Provide staff with access to help/support;
- Demonstrate that the organisation wishes to invest time in staff;
- Provide a relaxed setting, to allow sharing of experiences and feelings;
- Give staff an opportunity to reflect;
- Provide a simple framework;
- Make staff aware of how their behaviours impact on others.

Mrs Gostling reported that 123 staff have already booked places on the programme. Securing attendance at training can present challenges; however, it is hoped that the programme will provide sufficient flexibility to accommodate. All staff will be invited to attend and will receive the framework/'tool-kit'. In terms of anticipated outcomes/impact, Mrs Gostling hoped that the programme will lead to a reduction in the negative feedback/comments detailed within the preceding report, particularly around staff attitude. Furthermore, that staff confidence in managing issues will be enhanced and that there will be positive outcomes in terms of PADR's and lifelong learning. Members noted that this will be a continuous process, with follow-ups conducted.

Professor Gammon confirmed that the report on this programme, which addresses Planning Objective 1C, had been scrutinised by PODCC. It had been welcomed, particularly in terms of its aspiration to support staff in communicating and caring for patients and its evidence-based approach to doing so. Concern had been expressed regarding the issue of staff being released to undertake the training and the time commitment involved; however, assurances regarding these concerns had been provided. The report identifies a number of clear next steps, and PODCC will be monitoring progress with regard to these, together with the impact and outcomes of the programme. Mr Moore was keen to emphasise his view that this training should be viewed as part of the UHB's core business rather than additional or supplementary. Whilst it will be important to measure the impact, the priority is to change the 'climate/culture' within the organisation. Ms Lewis requested further clarification regarding how outcomes/impact will be measured, which Mrs Gostling acknowledged would be challenging. In terms of Patient Experience feedback/data, the aim would be for fewer negative

comments around staff attitude, rudeness, compassion, for example. There is also an important element, however, regarding the interaction between staff, which may be measured via analysis of internal grievance processes and staff surveys. Mrs Gostling anticipated that a range of metrics will be involved. Within the online chat, Mrs Rayani suggested that key metrics within the Improving Together measures will assist with this, so as to ensure that the organisation is measuring outcomes and how people felt, rather than focusing on the process. Professor Gammon felt that this work needs to link to the UHB's cultural change programme. Still within the online Chat, Ms Lewis observed that there are a number of confounding variables when understanding the underlying factors around patient experience. This is one of a number of initiatives which, together, should make a difference. Whilst it may not, therefore, be possible for the measure to be precise, steps should be taken to ensure any investment has maximum impact. It was also noted that cultural change is never a 'quick fix' and is never completed.

Referencing page 23 of the report, Mr Newman noted the statement that delivery of the programme will take 2½ years, and queried whether this timescale will allow the organisation to effect the changes it requires. It was suggested that consideration be given to including this training in the induction programme for new staff. Mrs Gostling advised that the programme will form part of the mandatory Corporate Induction. In terms of the timescale, the UHB is employing additional staff in an attempt to roll-out implementation more quickly, and will monitor progress in this regard. Mr Iwan Thomas thanked Mrs Gostling and her team for this report, welcoming the proposals. Noting that the Health & Care Strategy encompasses much greater engagement within communities, Mr Iwan Thomas enquired whether training and support will be extended to smaller community sites as well as main centres, engaging with partner groups and volunteers as well as paid staff across HDdUHB, in order to ensure a 'baseline' in terms of training. Mrs Gostling did not envisage an issue with this suggestion, advising that Ms Amanda Glanville, who prepared the report, is a member of the Regional Workforce Board. Within the online Chat, Mrs Rayani advised that the UHB has recently undertaken joint work around induction with Local Authority colleagues, so has already embarked on the road of understanding and appreciating other colleagues. Ms Raynsford welcomed confirmation that all disciplines/roles will be included in this programme. Highlighting the statement on page 5 of the report around issues with IT systems and resultant frustration, Mr Maynard Davies suggested that such feedback should be communicated to IT providers in order to facilitate improvements. Mrs Gostling explained that the main system involved is the Electronic Staff Record (ESR) and that the NHS is about to enter a procurement process for a new UK-wide system. Members were assured that HDdUHB will be represented in this process to ensure that feedback on its requirements is communicated. Mr Huw Thomas accepted the comments regarding IT systems, noting that there are examples of both good and bad systems within the NHS. Frustrations with IT are a common message from staff, and it can be an impediment rather than an enabler.

Miss Battle, on behalf of the Board, thanked Mrs Gostling and her team for this report, stating that she had recently attended a workshop on

	<p>Compassionate Leadership and emphasising that it is the main responsibility of a Board to set the cultural tone within an organisation. With that in mind, Miss Battle suggested that Board Members should undertake the 'Making a Difference' programme.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> • NOTED the progress that has been made in terms of the development towards the Customer Service Programme Planning Objective 1C, which has been achieved using evidence-based design; • SUPPORTED the implementation of the programme as outlined in the report, extending the scope of the delivery from staff in public and patient facing roles to include all staff, recognising the breadth of the programme and the impact internal customer service has on overall service delivery; • NOTED that a new planning objective will be included as part of the 2022/23 strategic objectives focusing on implementation, delivery and measuring outcomes, with all members of staff to have completed the programme by September 2024. Assurance will also be maintained through regular updates to PODCC; • NOTED that further work will be undertaken in collaboration with the Patient Experience and Staff Experience Teams to embed/extend learning and identify further opportunities for evaluating the success of the programme. 	

<p>PM(22)46</p>	<p>IMPLEMENTING THE HEALTHIER MID AND WEST WALES STRATEGY - PROGRAMME BUSINESS CASE UPDATE</p>	
	<p>Mr Lee Davies introduced the Implementing the A Healthier Mid and West Wales (AHMWW) Strategy - Programme Business Case Update report, reminding Members that the Programme Business Case (PBC) itself had been approved at the previous Board meeting. Comments and feedback from Members had been taken on board, with the amendments made prior to submission to Welsh Government outlined in Appendix 1. Preliminary feedback has been received from Welsh Government, and the UHB is addressing this currently. Members were reminded that 5 sites had been shortlisted in October 2021; a further workshop had taken place in February 2022, with the outcome, due to commercial sensitivities, to be discussed in the first instance at today's In-Committee Board session. The report presented to Board outlines the methodology applied and the UHB's commitment to transparency and engagement with stakeholders and the public. In terms of public representation on the Shortlist Technical Appraisal Group, 63 expressions of interest were received by the deadline of 23rd March 2022. These are being analysed to ensure that membership of the group is representative. Findings will also be subject to consideration of the clinical implications of site, together with workforce and economic impacts. The report's recommendations also seek Board approval of the appointment of consultancies via Direct Award to undertake the technical appraisal work to inform the land selection process, to the value of £0.796m.</p> <p>Mrs Judith Hardisty welcomed this update. Highlighting the statements on page 4 around work in relation to Women & Children's services, Mrs Hardisty requested assurance regarding whether there is a commitment to engage with/involve Primary Care and Community Child Health. In</p>	

response, Mr Lee Davies confirmed that Community Child Health forms part of this work, adding that there are two focused pieces of work required, around:

- The clinical pathways the organisation needs to develop across the whole system – these will include Primary Care, Secondary Care and Community services ‘in the round’. This work will form part of the Outline Business Case and will include consideration of how the ‘shift’ in balance of care to a community/preventative model is achieved;
- Specific issues/requirements in relation to viability of certain Secondary Care services, to understand the implications of the siting of the new hospital.

On the topic of Community Child Health/Paediatrics, Mr Carruthers explained that the CYP Group will be establishing a workstream to review the Community Paediatrics model, with a report back to the Group due in June 2022, which will inform the next iteration of the IMTP. Miss Battle reminded Members that GPs had previously expressed the desire to be part of designing pathways rather than have them imposed upon them. This inclusivity is extremely important. Within the online Chat, Ms Alison Shakeshaft agreed, noting that all pathways will need to pick up the entire pathway, from primary/community care through to secondary care and back to community.

Referencing Appendix 2 and the 209 residents who had expressed an interest in being kept informed, Mr Iwan Thomas commended the team on the transparency of communications throughout the whole process. However, he queried how many of those individuals protesting outside WGH in recent weeks – who are clearly genuinely passionate about the retention of local services – are taking up the opportunities offered to them to actively engage with the UHB. The communication of the wider socio-economic benefits offered by the building of a new hospital was welcomed, although it was suggested that this is unfortunately being slightly overshadowed by political influence, particularly with local elections impending. Mr Iwan Thomas felt that the sustained local benefits in terms of skills utilisation/enhancement, supply chains, workforce and environment should be promoted within local communities and a timetable of events to do so established. Advising that the UHB is in the process of developing an ongoing communications plan, Mr Lee Davies wished to emphasise that the organisation recognises the potential impact of the PBC on local people and communities. It is important to continue to engage with the public and HDdUHB will seek to listen to all voices, and to communicate the broader benefits.

Mr Maynard Davies highlighted that the only specific mention of Young People in Appendix 2 relates to Student Unions, and suggested that engagement needs to be wider than this. Returning to the main report and the section on Clinical Appraisal Workstreams, it was noted that only two clinical areas are named within the scope. Mr Lee Davies explained that a detailed assessment had been undertaken on the basis of the identified zone between St Clears and Narberth, which recognised specific viability concerns/time-sensitive issues in relation to Paediatrics

which required particular consideration. Similar issues had also been subsequently identified in relation to Stroke services. Members were assured, however, that no clinical areas are excluded. Clinicians had been asked to identify any other similar concerns, with none raised to date. Mr Moore advised that the PBC Steering Group had also discussed this issue in terms of services which the UHB does not currently provide but which it may provide in the future. Mr Moore added his assurance that these were not the only pathways being considered in developing the Outline Business Case. Cllr. John echoed the views regarding the number of residents who had submitted expressions of interest. In respect of membership of the Shortlist Appraisal Group, it was suggested that the only potential issue might be whether this includes sufficient/appropriate input from Primary/Community Care. Mr Lee Davies explained that it is intended this area be captured within the general clinical representation; Primary/Secondary/Community Care have not been specified separately.

Welcoming the significant progress made, Mr Michael Hearty observed that, in projects such as this, there is often – quite rightly – a focus on the building involved. It should be recognised, however, that this PBC is much wider, and is concerned with developing services fit for the 21st century. Highlighting the request for consultancy support, Mr Hearty enquired with regards to the relationship between the costs requested and the UHB’s Financial Plan. In response, Mr Huw Thomas explained that these costs are not currently included in the Financial Plan and that a risk management strategy will be required. If approved by the Board, the UHB will work with Welsh Government to develop this. Costs outlined in Section F are non-recurrent and are manageable; those in Section G are recurrent and would require discussion at Executive Team. Mr Winston Weir commended the clear and useful report, which demonstrates the progress made, and confirmed support for this exciting development. Noting the establishment of the Workforce Appraisal Group and Financial/Economic Appraisal Group, Mr Weir enquired whether Welsh Government has offered any additional support (not restricted to financial support); for example, technical expertise/staff resource and, if not, whether the UHB has sought this. Mr Lee Davies confirmed that the UHB is working closely with Welsh Government and has technical support in the form of Shared Services. Whilst no offers of staff secondment, for example, have been made, this could be discussed; although there is currently limited capacity within Welsh Government. Within the online Chat, Ms Raynsford enquired whether all age groups are represented on the group of participants. Mr Lee Davies acknowledged that the representation is skewed by age and that there is work to be done to ensure CYP are fully represented. On behalf of the Board, Miss Battle thanked Mr Lee Davies and his team, reminding Members and the public that this represents a potential investment in west Wales of £1.3bn, and would bring with it significant benefits in terms of local employment opportunities. The UHB remains committed to listening to its clinicians and local population.

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Cllr. Gareth John left the Board meeting.

The Board:

- **NOTED** the minor changes made to the PBC between January 2022 Board approval and submission to WG on 2nd February 2022

	<ul style="list-style-type: none"> • DISCUSSED and ENDORSED the process outlined for the work to establish the membership of the Shortlist Technical Appraisal Group, the work to recommend the evaluation criteria, and the methodology recommended by the Consultation Institute for the scoring of criteria and shortlisted site options • NOTED the current scope and methodology for the clinical evaluation and that this remains subject to more detailed scrutiny and assurance via SDODC • NOTED the establishment of the Workforce and Financial/Economic appraisal workstreams under Executive Director leadership reporting to the AHMWW Programme Group • NOTED the further discussions required with WG to ensure all expected elements of appraisal are conducted and particularly to ensure the financial/economic appraisal expectations are understood • NOTED that Health and Equalities and Socio-Economic impact assessments are integral to the appraisal workstreams • APPROVED the appointment of consultancies via Direct Award to undertake the technical appraisal work to inform the land selection process to the value of £0.796m 	
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PM(22)47	INTEGRATED MEDIUM TERM PLAN (IMTP) UPDATE	
	<p>Mr Lee Davies presented the Integrated Medium Term Plan (IMTP) Update report, reminding Members that Health Boards have a responsibility to produce an IMTP, which HDdUHB has not – to date – been able to do, due to its financial challenges. The requirement to produce an IMTP had been suspended during the COVID-19 pandemic, but has now been reinstated. Whilst HDdUHB is still not currently in a position to submit an IMTP, it has developed a draft Three Year Plan, with the intention of developing this into an IMTP which can be submitted to Welsh Government. The Plan is – intentionally – shorter and more concise than previous iterations, to reflect Welsh Government feedback and to make it more accessible. It does, however, represent a large and complex organisation operating in highly uncertain conditions. The Plan touches on all aspects of the organisation, and Mr Lee Davies was grateful for contributions from colleagues, particularly during this pressurised time. It was hoped that the Plan successfully sets out the organisation’s position and direction of travel.</p> <p>Mr Huw Thomas advised that the current deficit plan requires the submission of an Accountable Officer letter to Welsh Government, outlining the rationale behind the forecast deficit and actions planned. This letter will be submitted today. The financial aspect of the Plan has been developed, in alignment with colleagues, with three cost components – the core plan and two extraordinary elements, as follows:</p> <ul style="list-style-type: none"> • The continued COVID-19 response, which contains two parts <ul style="list-style-type: none"> ○ The UHB’s programme response, including the vaccination programme, PPE and Test, Trace Protect (£16.3m) ○ Transitional costs (£27.8m) • Exceptional pressures, which contains three parts <ul style="list-style-type: none"> ○ Energy costs (£10.7m) ○ National Insurance contributions for the Health & Social Care Levy (£3.1m) ○ Minimum Wage costs (£3m) 	HT

In terms of the core plan, Mr Huw Thomas explained that this has as an assumption a £25m deficit, which is predicated on delivery of £29.3m savings. The latter represents a significant challenge and, since the organisation does not currently have sufficient assurance regarding savings delivery, a £42m deficit is forecast.

The clear presentation of the Plan was welcomed by Members. Highlighting page 50 and the section on energy prices, Mrs Hardisty requested clarification regarding the statement that 'Due to the current volatility of the gas prices, it has not been possible for the sourcing team to procure any gas for April 2022 onwards at this stage.' Mr Huw Thomas explained that the management of energy is a complex process, with a balance between buying energy via 'spot markets' on a daily basis and managing risk via 'forward markets'. The statement reflects the fact that the organisation has not been in a position to buy on the 'forward markets', and therefore manage/cap the risk, due to volatility in the sector. Members were assured, however, that supplies will be maintained. Mr Weir thanked Mr Lee Davies and Mr Huw Thomas and their teams for their work on the Plan in challenging circumstances. Welcoming the categorisation into core, COVID-19 and exceptional, Mr Weir suggested that consideration be given to the inclusion of additional exceptional items, for example demand and recovery. Whilst recognising that these are relevant to the core plan, it was suggested that there are also exceptional aspects to them. Mr Weir also felt that the organisation should be considering finances in the longer term, rather than the immediate term. As suggested, the achievement of £29.3m savings in-year is extremely challenging; however, it may be more realistic over the course of three years. Finally, focusing on the concluding remarks, Mr Weir endorsed the need for service redesign, particularly the Urgent & Emergency Care system, and support for the UHB's workforce. Responding, Mr Huw Thomas explained that the rationale behind exceptional cost pressures was that the supply of these is externally driven. The challenges involved in demand are clearly significant; however, this has not been 'packaged' as exceptional, as it is viewed as the UHB's responsibility to respond to this as part of its target operating model discussions and long term strategy. Anything expressed in financial terms needs to align with the organisation's strategic direction; the operating model will be developed to best serve HDdUHB's communities. As highlighted, the organisation's workforce will be crucial in delivering the model and strategy.

Mr Hearty observed that development of the UHB's Planning Objectives has moved on at pace, and that these are more incisive and cohesive. They reflect the significant energy and engagement rightly focused on the medium to long term; however, there are a large number of Planning Objectives, and Mr Hearty queried whether there is sufficient capacity in the Executive Team and wider organisation to transact these. Mr Moore welcomed this feedback; whilst a few further minor amendments are required, Members heard that Mr Moore has now met with every Executive Director to sign-off their individual Planning Objectives. In terms of the process for Quarter 1, Mr Huw Thomas and the Finance team have identified a significant number of savings opportunities, which are now being translated into service changes and the target operating

	<p>model. This will link with work being undertaken by Mrs Gostling and the Workforce team around the staffing model, which is viewed as an exemplar across Wales. Whilst the UHB is aiming for a deficit of £25m, this must be deliverable. It is hoped that working closely with Welsh Government will allow them to see that the Plan is deliverable and support the organisation's roadmap to financial recovery and IMTP. Mr Moore emphasised, however, the need for the Executive Team to build in time to 'step back' and assess the deliverability of the Plan. Feedback from Welsh Government on HDdUHB's 2021/22 Annual Recovery Plan was that this was ambitious; however, the organisation is on course to deliver the majority of this. Miss Battle agreed that the UHB's achievements during the past two years provide grounds for optimism.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> • NOTED HDdUHB's intention not to submit an IMTP for 2022/25 by 31st March 2022, and its intention to work towards the development of such a Plan for submission in the summer of 2022. • APPROVED the draft Three Year Plan 2022/25, and its onward submission to Welsh Government. • APPROVED the Planning Objectives for 2022/23. 	

<p>PM(22)48</p>	<p>OPERATIONAL UPDATE AND PROGRESS REPORT ON THE HEALTH BOARD'S ANNUAL RECOVERY PLAN FOR 2021/22</p>	
	<p>Introducing the Operational Update and Progress Report on the Health Board's Annual Recovery Plan for 2021/22, Mr Moore drew Members' attention to the passing of an important milestone – two years since the first national lockdown. This period has witnessed incredible efforts, sacrifice and losses and Mr Moore was grateful that the UHB had been able to mark the occasion on 23rd March 2022 with a short ceremony and a minute's silence. Ms Alwena Hughes-Moakes and the Communications team were thanked for organising this event. It was emphasised, however, that COVID-19 has not ended and rates are rising. Mr Moore recognised that many staff are exhausted and that there are long waits for services. The Programme Business Case and IMTP, however, offer a real sense of hope for the future. In terms of COVID-19 rates, the latest figures show an infection rate of 450 per 100,000 population and a positivity rate of 38%. Due to changes in testing/reporting protocols, it is important to note that these are likely to be underestimated and data will become increasingly unreliable going forward. It does appear, however, that rates are beginning to stabilise and perhaps reduce. Mr Moore stated that the unrelenting pressures on services continue, particularly in the previous week, with an incident on 30th March 2022 which had resulted in Bronglais General Hospital (BGH) being raised to Escalation Level 5 (the highest level) for a number of hours. Staff had rallied around exceptionally, which demonstrates their resilience and commitment; however, there would be ongoing impacts. Other hospital sites continue to be within the higher reaches of Escalation Level 4. Infection rates within the UHB's hospitals currently sit at around 128 COVID-19 positive patients; however these infections are generally incidental, not requiring active treatment. Across the whole of Wales, at the peak of the pandemic, 80-90% of hospital patients were requiring active treatment for COVID-19. During the winter period of 2021/22, this reduced to 40% and is now at 12%. Staff sickness rates are increasing again, to 6.4% on 29th March 2022. There are also continuing challenges around patient flow, including discharge</p>	

from hospital. The COVID-19 HDdUHB Vaccination Programme has delivered 865,000 vaccinations. Mr Moore drew Members' attention to the detailed sub-report on Long COVID-19, thanking Ms Alison Shakeshaft and Mr Lance Reed for their work in this area. Moving onto testing, Mr Moore wished to pay testament to the staff from Sodexo and Guardwatch who have provided such valued service in this regard. An event to personally thank as many as were able to attend took place on 25th March 2022 and the UHB has taken individuals' contact details in the hope that potential employment opportunities may arise in the future.

Ms Shakeshaft confirmed that 31st March 2022 is the final day of PCR testing; the general public will be able to order LFD tests from the national portal, however the protocol of routine testing and 'Flow before you Go' also ends today. The UHB will continue to offer testing for health and care staff with COVID-19 symptoms, together with pre-operative and pre-procedure patients. In regards to the published COVID-19 figures, Public Health Wales only includes PCR test results; if positive LFD tests were included, infection rates would likely be more in the region of 1,300 per 100,000 population. As has been indicated, this will make it increasingly difficult to accurately interpret figures. The childhood COVID-19 vaccination programme is underway; whilst uptake is relatively low, this reflects the position across Wales. The programme is premised on an offer rather than promotion. Delivery of the spring booster programme is also underway and the Vaccination team is currently considering plans for the autumn booster programme. Miss Battle enquired whether the childhood vaccination programme is being delivered in child-friendly settings, with Ms Shakeshaft advising that the team is doing the best it can to provide a suitable environment, with videos and Pets as Therapy dogs in attendance. Miss Battle thanked the Vaccination team and added her thanks, on behalf of the Board, for those who have delivered the COVID-19 testing programme to the HDdUHB population in all weathers.

Mr Carruthers wished to thank all staff for their continued efforts in responding to the pandemic and the consequences from it, and to the more general pressures currently being experienced. As had been outlined, BGH had been escalated on 30th March 2022 at 5.30pm to Black Level internally, which represents an extremely rare occurrence. This had been based on the fact that the Emergency Department was full, with no available beds to transfer patients to and ambulances waiting. The response from staff at all levels had been incredible, with additional staff coming into the hospital. By 10.30pm, this had allowed de-escalation to a lower (although still high) level; with space cleared in the Emergency Department, patients admitted and waiting ambulances cleared. This had demonstrated that the escalation processes and measures do work when put into practice. Mr Carruthers expressed his gratitude to the whole team at BGH, with particular thanks to Matthew Willis, Annette Snell, Dawn Jones and David Harrison for their exceptional leadership.

Mr Carruthers described attending, together with Ms Paterson, a recent meeting with clinical staff, at which growing concern was expressed regarding the potential for harm as a result of delays in treatment. This issue is not unique to HDdUHB, and improvements are being made;

	<p>however, demand is continuous, and the wider system pressures are also impacting. Mr Carruthers welcomed earlier discussions around planned work with partners to address challenges in discharging patients, which is both vital and encouraging. Members heard that the UHB has re-commenced elective work on all four acute sites, and the opinion expressed by the clinicians is very much that they wish to 'protect' this as far as possible. Whilst it is important to maintain this work, it will obviously add to the existing pressures. Miss Battle thanked Mr Carruthers for his input, whilst recognising the impact on clinical staff of seeing patients in hospital who need not and should not be there. It is important to ensure that the voices of clinicians are acknowledged and valued, with Miss Battle thanking them for their continued dedication. There is also an urgent need to communicate to the general public the challenges resulting from issues with discharge processes. Ms Paterson echoed Mr Carruthers' comments, stating that the meeting with clinical staff had, at times, been extremely emotional. The need for clinical leadership and opinion and communications to the public and to Welsh Government were also endorsed. Ms Paterson emphasised, however, the further requirement to consider the organisation's Strategy and develop community opportunities, taking a creative approach to the balance between short term and long term solutions. The UHB should take into account learning from elsewhere and work with partners to explore opportunities to extend places/ capacity and 'rightsized' care packages. With regard to communications, Mr Moore stated that staff had welcomed the recent communications which had been issued to the public regarding the challenges being faced, and thanked Ms Hughes-Moakes and her team. Formal thanks would be issued to the four individuals from BGH mentioned by Mr Carruthers. Within the online Chat, Members recognised the exceptional efforts and contribution made by UHB staff in general and those at BGH specifically. Thanks were expressed for their commitment and hard work. Ms Hughes-Moakes advised that the Communications team is working on a clinicians' video, which will be ready for the upcoming workshop with Local Authority partners. Mr Moore advised that this report would change into an Operational Update from the next meeting, based on the work of the group chaired by Mr Carruthers and Ms Paterson.</p> <p>Miss Battle concluded discussions by reiterating the Board's thanks to all staff, together with the commitment to support staff in any way possible.</p> <p>The Board NOTED the update in relation to the Health Board's on-going COVID-19 response.</p>	SM
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PM(22)49	<p>MENTAL HEALTH & LEARNING DISABILITIES PROGRESS UPDATE ON PLANNING OBJECTIVE 5G</p> <p><i>Dr Warren Lloyd, Ms Sara Rees and Ms Kay Issacs joined the Board meeting.</i></p> <p>Mr Carruthers presented the Mental Health & Learning Disabilities Progress Update report, which provides an update on progress against Planning Objective 5G. For the benefit of new Board Members, Mr Carruthers explained that the Transforming Mental Health Services (TMHS) programme focused only on adult Mental Health services. It was acknowledged that the report should have included clearer alignment with the original TMHS recommendations/objectives/actions.</p>	
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Members were assured that the original TMHS Strategy has been implemented, and Mr Carruthers committed to identifying a more explicit linkage to the recommendations. One outstanding action/issue remains – the original PBC included re-provision of certain inpatient facilities; however, the view on this has evolved, not least because the new PBC will deliver a significant element of the inpatient provision. The UHB is working with Welsh Government and the service to consider how the PBC might be reshaped to address the specific estates issues which Mental Health has. The Directorate continues to experience challenges around recruitment, which are particularly impacted by geography. There has, however, been recruitment into key posts which have allowed a strengthening of the waiting list position. The Performance team provided a ‘deep dive’ into the Mental Health position, with benchmarking data from across Wales. It has also been suggested that there be a possible focus on MHLD via the Improving Together programme. There is ongoing work on the Learning Disabilities Strategy, and the potential future service model. A Welsh Government document, ‘Improving Care, Improving Lives’ is expected shortly; Mr Carruthers was reasonably confident that HDdUHB’s strategy already aligns with the contents of this, however, this will be ensured. An update will be provided via the Operational Group chaired by Mr Carruthers and Ms Paterson.

Miss Battle welcomed the representatives from MHLD and opened to questions. Noting the documented adverse effects of the COVID-19 pandemic on CYP, Ms Raynsford requested an update on the school in-reach programme and with regards to steps being taken to address the needs of CYP. Dr Warren Lloyd recognised the importance of CYP and their needs, emphasising the efforts being taken to support resilience, to normalise their experiences and to respond to the difficulties they face. The school in-reach programme has been piloted in Ceredigion and the results appear extremely promising. Welsh Government has now provided funding to expand the programme across the region’s three counties and it is being rolled-out to Pembrokeshire and Carmarthenshire from September 2022, depending on recruitment. Whilst the programme will continue in Ceredigion, there is a need to ensure equity and work with Local Authority partners. Dr Lloyd emphasised that access to Mental Health services is open to all CYP. Professor Gammon welcomed the report, which provides a sense of some of the interventions being put in place such as additional staff in CAMHS and autism and adult ADHD services. Whilst these are welcomed, the report does not provide a sense of when these interventions might result in positive impacts, such as improvements or reductions in waiting times. Mr Carruthers stated that he was mindful of the need to describe when schemes will deliver improvements. However, in Mental Health in particular, clinical interventions and treatments can vary greatly, which presents a completely different level of complexity and impacts on the length of treatments. The Directorate is working through how it can articulate the impact of these measures and is considering those who perform better than HDdUHB to see whether learning can be applied. An update to the monthly business meeting in April 2022 has been requested. Whilst accepting these comments, and the difficulties involved, Professor Gammon reiterated the need to understand how the measures being taken are impacting on patients. The challenges must be common across Health Boards and others are

performing better than HDdUHB. It would have been reasonable to expect this information to be included in the report.

Mrs Hardisty felt that the report sets out the significant amount of work being undertaken across a range of areas. The MHLD Directorate has worked incredibly hard during the past two years. It would, however, be helpful, as suggested, to align the update against the previous recommendations/plans. Mrs Hardisty noted also the need to assess progress in terms of the Learning Disabilities Charter and the associated pledge made to the Learning Disabilities Dream Team. With regard to MHLD estates, there is no indication of a timescale by when improvements in accommodation might be expected. Miss Battle noted that, whilst the report includes a list of the methods used for procuring patient feedback, it does not provide any information in respect of the content of feedback. Ms Sara Rees advised that feedback is passed back to a variety of parties, the most important being the Heads of Service, with thematic work conducted via the Quality Assurance Practice Development team. Compliments are always pleasing to receive, with a common theme being compassion from staff; complaints and concerns tend to focus on communication. Members were assured that the Directorate has developed an overarching improvement plan. Miss Battle suggested that the report would have benefited from the inclusion of patient/carer feedback. Ms Lewis felt that the Board should acknowledge the significant amount of work which has been undertaken. However, there is a concerning 'blind-spot' caused by the absence of any form of an improvement trajectory for treating patients, and the mechanism for addressing this requires consideration. The 'prognosis' for both services and patients needs definition, recognising that the individuals involved are vulnerable. Mr Carruthers welcomed and accepted Members' comments and feedback, emphasising that the MHLD Directorate are working hard on addressing these concerns. The transfer of patient records to WPAS is a significant constraining factor, and consideration is being given to whether additional resource can be allocated to expedite this process. Within the online Chat, Mr Huw Thomas advised that the issue with WPAS relates to the complexity alluded to earlier. The rollout is inherently challenged while that issue is addressed.

Mr Moore wished to stress that the Board is supportive of the Directorate's efforts and recognises the challenges it is operating under; the feedback is not intended to be critical. In terms of practical suggestions:

- A trajectory for the roll-out of WPAS
- TMHS was an extremely ambitious programme – a report detailing progress against the original recommendations and demonstrating delivery of these should be prepared
- Description of the issues and challenges involved in trajectory for improvements
- For the Improving Together process
 - Recognition that there are Welsh Government targets, but that these only represent 'part of the story'
 - Definition of performance targets important to patients
 - Definition of performance targets important to services

	<p>Both Miss Battle and Mrs Rayani emphasised a wish to hear examples of the patient voice, including positives. Miss Battle noted that the Deputy Minister for Mental Health and Wellbeing had expressed that the following should be ensured:</p> <ul style="list-style-type: none"> • That waiting lists are validated • That triage systems are in place, to facilitate effective prioritisation <p>It was agreed that a further update, to include the information requested and suggested by Board Members, would be scheduled for May 2022. Miss Battle recognised that the MHLD Directorate has achieved a huge amount, and emphasised that the Board is seeking to support it.</p> <p>Dr Lloyd thanked Members for their comments, queries and suggestions, acknowledging the importance of providing MHLD services to meet the needs of the local population. The challenges around waiting lists were recognised, with Members assured that the Directorate is working hard to rectify these. The Board was thanked for the opportunity to further crystallise plans, actions and information. The need to ensure that patients are triaged and prioritised based on need was accepted, whilst also recognising that individuals have been waiting for long periods for services. Finally, Dr Lloyd welcomed the suggestion of access to further support in taking forward the Directorate's plans.</p> <p><i>Dr Warren Lloyd, Ms Sara Rees and Ms Kay Issacs left the Board meeting.</i></p>	AC
	<p>The Board:</p> <ul style="list-style-type: none"> • NOTED progress against Planning Objective 5G across MH&LD in 2021/22; • NOTED the risks and mitigations highlighted; • REQUESTED a further update to the next Board meeting. 	
PM(22)50	<p>CORPORATE RISK REGISTER</p> <p>Mrs Wilson introduced the Corporate Risk Register report, drawing Members' attention to 'deep dives' conducted by Committees. Since the Corporate Risk Register had last been presented to Board in November 2021, the following changes have taken place: 10 new risks have been added, bringing the total to 18; 4 have been de-escalated or closed; none have seen an increase in risk score; 2 have seen a reduction in risk score and 8 have seen no change in risk score. A number of these have been mentioned in foregoing discussions and had all been discussed and scrutinised at Board level committees.</p> <p>Miss Battle welcomed the report, emphasising the significant levels of scrutiny undertaken at Committee level.</p> <p>The Board was sufficiently ASSURED that principal risks are being assessed, managed and reviewed appropriately/effectively through the risk management arrangements in place, noting that these have been reviewed by Board level Committees.</p>	
PM(22)51	<p>INTEGRATED PERFORMANCE ASSURANCE REPORT – MONTH 11 2021/22</p> <p>Mr Huw Thomas presented the Integrated Performance Assurance Report (IPAR) for Month 11 of 2021/22, noting that a number of the issues therein have been touched upon already. The organisation</p>	

	<p>remains mindful of the fact that performance metrics represent individual patients. Patient Experience measures are demonstrating improvement, with patients reporting that they are involved in their own care, and feel safe and cared for. Mr Thomas reminded Members that the report itself represents a high-level presentation of data, with a weblink within to the detailed IPAR Dashboard.</p> <p>Mr Moore highlighted links with the earlier discussions around the IMTP, advising that the UHB is working on a set of indicators against which it would envisage seeing improvement during the coming year. As part of this, a Recovery Communications Strategy is also being developed, which will provide the public with information on changes being implemented and anticipated timescales. Whilst noting increased numbers of Consultants and Specialty and Associate Specialty (SAS) doctors with Job Plans, Miss Battle requested that further analysis be undertaken around the quality and method of those Job Plans. Mrs Gostling confirmed that she would follow this up with the Medical Director, Professor Philip Kloer.</p> <p><i>Mr Iwan Thomas left the Board meeting.</i></p>	PK
	<p>The Board CONSIDERED and DISCUSSED issues arising from the IPAR - Month 11 2021/22.</p>	

PM(22)52	<p>FINANCIAL REPORT – MONTH 11 2021/22</p> <p>Mr Huw Thomas introduced the Financial Report for Month 11 of 2021/22, advising that the central ‘message’ of this was consistent with reports to preceding Board meetings. Members were reminded that the UHB had previously found itself in the position of returning recovery funding to Welsh Government, as it had not considered it possible to utilise it effectively in the required timescale. Subsequently and following work by the Operational team, the UHB had been able to request the drawback of £4m to facilitate continued recovery actions, including the outsourcing of services in particular and accelerated scanning of medical records. The latter is relevant in terms of an item noted in the ARAC Update Report presented earlier on the agenda, around the Records Management Briefing Paper. Mr Huw Thomas suggested that it would be of value for an update on the significant work which has been undertaken to be presented at a Committee.</p> <p>Referencing the key financial targets, Mr Maynard Davies requested an update on the Capital target, in view of its rating as Medium. In response, Mr Huw Thomas advised that progress is being maintained and the risk managed. A report to ARAC is being drafted which will detail the measures taken to mitigate this risk. Mr Weir noted that the rate of inflation is rising steadily and enquired whether this will impact on the UHB’s financial forecasts. Also, whether the organisation is considering providing any additional support to staff, particularly the lower paid staff and those caring for patients. With regard to the first query, Mr Huw Thomas explained that increases in inflation are not impacting significantly this financial year; however, the position is likely to change next year. The impact of an increased cost of living will impact on staff and local communities and this is being considered by Mrs Gostling and Dr Joanne McCarthy. Mrs Gostling reported a recent announcement by Welsh Government that the National Living Wage will</p>	AC
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	<p>rise to £9.50 from 1st April 2022. Work had begun in HDdUHB, which was now being considered across Wales, to examine measures to reduce travelling costs. Steps are also being taken to ensure that staff are aware of staff benefits available to them, including access to credit unions, financial advice, etc. Miss Battle advised that a recent meeting of the NHS Confederation had agreed that examples of best practice in this regard would be shared.</p>	
	The Board DISCUSSED and NOTED the financial position for Month 11.	

PM(22)53	STRATEGIC ENABLING GROUP UPDATE	
	The Board RECEIVED for information the Strategic Enabling Group Update report.	

PM(22)54	REPORT OF THE STRATEGIC DEVELOPMENT & OPERATIONAL DELIVERY COMMITTEE	
	<p>Mr Maynard Davies, SDODC Chair, presented the SDODC update report, drawing Members' attention to the three substantive agenda items arising from Committee discussions. Mr Maynard Davies also highlighted concerns around Stroke services, and the need to monitor this area. In response to a query regarding whether there was any update in regards to Hyper Acute Stroke Unit (HASU) plans, Mr Moore advised that no formal announcement had been made to date.</p> <p>Miss Battle thanked SDODC for its scrutiny of the Dementia and Palliative & End of Life Care Strategies.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> • NOTED the SDODC update report; • NOTED the Committee's approval of the West Wales Care Partnership Dementia Strategy and HDdUHB Palliative & End of Life Care Strategy, recognising that these are substantive agenda items; • RATIFIED the Discretionary Capital Programme for 2022/23; • NOTED that the Population Assessment and Market Stability Report has been reviewed in Executive Summary form by the Committee and approved through the Regional Partnership Board on 23rd March 2022, recognising that this is a substantive agenda item; • ACKNOWLEDGED the key risks, issues and matters of concern, together with actions being taken to address these. 	

PM(22)55	WEST WALES CARE PARTNERSHIP DEMENTIA STRATEGY	
	<p><i>Ms Rhian Matthews joined the Board meeting.</i></p> <p>Ms Shakeshaft introduced the West Wales Care Partnership Dementia Strategy report, thanking Ms Rhian Matthews for her work on this challenging Strategy, whilst commending the evidence-based approach which had facilitated its successful passage through SDODC. Ms Matthews accepted that implementation of the Strategy would be challenging, whilst emphasising the need for ambition and welcoming the opportunity to take this forward. The Strategy represents a positive position for HDdUHB and its partners, who are united in a single approach to this issue.</p> <p>Professor Gammon confirmed that the Strategy had been scrutinised at other Committees, and that their comments and feedback had been</p>	

	<p>addressed, which provided assurance that this was an extremely robust Strategy. Mrs Hardisty thanked Ms Matthews and her team for their work, advising Members that the Strategy will be considered by the RPB and that specific funding for Dementia care has been ring-fenced as part of the RIF. Mr Moore added his thanks and suggested that an update on delivery of the Strategy would be welcomed. It was further suggested that there be consideration of how the Strategy can be aligned with the Performance system and BAF. Miss Battle also felt that the Strategy should feed into the proposed discussions with Local Authority partners around health and social care mentioned earlier. Within the online Chat, Ms Matthews' work on this vital Strategy was commended.</p> <p><i>Ms Rhian Matthews left the Board meeting.</i></p>	<p>AS AS/JW AS</p>
	<p>The Board CONSIDERED and APPROVED the draft West Wales Care Partnership Dementia Strategy, prior to presentation of the final approved Regional Dementia Strategy at the West Wales Regional Partnership Board.</p>	

<p>PM(22)56</p>	<p>HDdUHB PALLIATIVE & END OF LIFE CARE STRATEGY</p> <p>Ms Paterson introduced the HDdUHB Palliative & End of Life Care Strategy report, advising that this had also been scrutinised at SDODC. As outlined in the report, the WWCP Palliative & End of Life Care Principles (PEOLC) were agreed in September 2020; however, there was no All Wales or HDdUHB Strategy. The UHB is the first in Wales to develop such a Strategy and will be sharing their work. The organisation is now on track to deliver the associated Business Case, following wide-ranging engagement with partner organisations, patients' families, staff and other stakeholders. Palliative Care services are distributed across the UHB, and teams have come together to ensure a regional approach, with their support and enthusiasm welcomed. There has been some growth within the workforce and work is taking place with educational providers. Further developments will be reported via the relevant Committees; in the meantime, Ms Paterson commended the Strategy to Board for approval.</p> <p>Mr Moore thanked Ms Paterson for her work in this area, noting that members of the UHB's Palliative Care teams had previously felt isolated and Ms Paterson had taken much-needed steps to address this. As a result, staff feel much more connected to each other and the organisation. As with the previous item, it was suggested that an update on implementation of the Strategy would be beneficial, along with a discussion around connecting it to Performance metrics and the BAF. Ms Paterson emphasised the timeliness of this report, in view of the Patient Story presented as part of the Improving Patient Experience report. Members were assured that learning from this Patient Story had been reflected upon within the Palliative Care teams. Mrs Hardisty endorsed the Strategy, noting that the presentational style adopted by Attain, applied to both this and the foregoing document, make them extremely eye-catching and accessible. Whilst this is a HDdUHB Strategy, it should be recognised that it involves other partners. Miss Battle thanked Ms Paterson and her team for leading the way in this work across Wales. Within the online Chat, Mr Huw Thomas advised that the organisation is already working on the 'healthy days at home' measures. The Strategy was commended as a great example of co-</p>	<p>JP JP/JW</p>
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	<p>production and partnership and the ‘through age’ approach was welcomed.</p> <p>Thanks was expressed to both teams for such informative Strategies, which Mr Huw Thomas suggested are key for the organisation in aligning with its AHMWW strategy and sustainability roadmap.</p> <p><i>Ms Donna Coleman left the Board meeting.</i></p>	
	The Board APPROVED the Palliative & End of Life Care Strategy and its implementation.	

PM(22)57	REGIONAL PARTNERSHIP BOARD - POPULATION ASSESSMENT AND MARKET STABILITY REPORT	
	<p>Ms Paterson presented the Regional Partnership Board Population Assessment and Market Stability Report, highlighting the need within the Population Assessment to consider a number of specific groups. This, together with the Market Stability Report, are important in terms of the UHB’s Strategy, the RIF and Primary Care Cluster Plans. Any funding requests will need to align with the Population Assessment and Market Stability Report. The documents require consideration by both the UHB and Local Authorities, and have been subject to scrutiny by SDODC.</p> <p>Referencing the Population Assessment, Mr Newman noted that the number of registered Unpaid Carers has increased significantly in recent times, suggesting that figures within the report may be underestimates. In terms of the services and service provision recorded within the Market Stability Report, Mr Newman observed that there was no reference to respite provision, which is one of the most important services available to Unpaid Carers. Ms Paterson welcomed these comments, agreeing that the COVID-19 pandemic has resulted in a significant increase in Unpaid Carers, which needs to be recognised. The provision of respite care is also an important issue. Ms Paterson committed to feed back these points to the RPB.</p> <p><i>Mr Mark Henwood left the Board meeting.</i></p>	JP
	<p>The Board:</p> <ul style="list-style-type: none"> • NOTED the production of the Population Assessment and Market Stability Report and the executive summaries; • ENDORSED the refreshed Population Assessment, which has been approved through the Regional Partnership Board on 23rd March 2022; • ENDORSED the Market Stability Report, which has been approved through the Regional Partnership Board on 23rd March 2022. 	

PM(22)58	REPORT OF THE PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE	
	Professor Gammon, PODCC Chair, presented the PODCC update report, advising that there are no matters for Board consideration or key risks/issues/matters of concern.	
	The Board NOTED the PODCC update report.	

PM(22)59	REPORT OF THE HEALTH & SAFETY COMMITTEE	
	Mrs Hardisty, Health & Safety Committee (HSC) Chair, presented the HSC update report, highlighting concerns around compliance with Lifting	

	Operations and Lifting Equipment Regulations (LOLER). Members heard that a recent update had demonstrated all issues were being addressed, providing assurance on this matter.	
	The Board NOTED the HSC update report and ACKNOWLEDGED the key risks, issues and matters of concern, together with actions being taken to address these.	
PM(22)60	REPORT OF THE SUSTAINABLE RESOURCES COMMITTEE	
	Mr Weir, SRC Chair, presented the SRC update report, stating that the Committee had received a detailed presentation from NHS Wales Shared Services Partnership (NWSSP), which offered assurance around potential support for foundational economy opportunities; an area the UHB is keen to develop. An encouraging update around decarbonisation initiatives had also been received, and Members looked forward to receiving a formal Strategy in this regard. The Information Governance Sub-Committee (IGSC) update report had highlighted the risk of cyber-attacks.	
	The Board NOTED the SRC update report, and ACKNOWLEDGED the key risks, issues and matters of concern, together with actions being taken to address these.	
PM(22)61	COMMITTEE UPDATE REPORTS: BOARD LEVEL COMMITTEES	
	Mrs Wilson presented the Board Level Committees Update Report, drawing Members' attention to the issues highlighted by the Stakeholder Reference Group (SRG) and the need for a Corporate Trustee session to approve the Charitable Funds Committee requests.	
	Miss Battle acknowledged the issues raised by the SRG and assured Members that these would be taken forward in developing the IMTP.	
	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 will be held directly after the Public Board meeting to consider the charitable funds budget and expenditure.	
PM(22)62	COMMITTEE UPDATE REPORTS: IN-COMMITTEE BOARD	
	The Board RECEIVED the update report of the In-Committee Board meeting.	
PM(22)63	COMMITTEE UPDATE REPORTS: HDdUHB ADVISORY GROUPS	
	The Board RECEIVED the update report in respect of recent Advisory Group meetings.	
PM(22)64	HDdUHB JOINT COMMITTEES & COLLABORATIVES	
	The Board RECEIVED the minutes and updates in respect of recent Welsh Health Specialised Services Committee (WHSSC), Emergency Ambulance Services Committee (EASC), NHS Wales Shared Services Partnership (NWSSP) Committee, Mid Wales Joint Committee for Health and Care (MWJC) and NHS Wales Collaborative Leadership Forum (CLF) meetings.	

PM(22)65	STATUTORY PARTNERSHIPS UPDATE	
	<p>The Board:</p> <ul style="list-style-type: none"> • NOTED the progress which has been made to refresh the PSB Assessments of Local Well-being, the final versions of which will be presented to SDODC in April and be received by Board in May 2022; • NOTED the update on recent activity of the PSBs and RPB; • NOTED the links to the PSB and RPB websites, where the agenda and minutes of recent meetings can be accessed. 	
PM(22)66	BOARD ANNUAL WORKPLAN	
	The Board NOTED the Board Annual Workplan.	
PM(22)67	ANY OTHER BUSINESS	
	There was no other business reported.	
PM(22)68	DATE AND TIME OF NEXT MEETING	
	12.30pm, Thursday 26 th May 2022	