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

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

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

Agenda Item	Item	Action
PM(22)106	**INTRODUCTIONS & APOLOGIES FOR ABSENCE**	
	The Vice-Chair, Mrs Judith Hardisty, welcomed everyone to the meeting, particularly Ms Sian Howys from Ceredigion County Council, attending her first meeting. Also, Mr Paul Williams, deputising for Mr Lee Davies, and representatives from Mental Health and Public Health joining later for specific items. Apologies for absence were received from: • Miss Maria Battle, Chair	

	• Mr Lee Davies, Executive Director of Strategic Development & Operational Planning • Mr Mansell Bennett, Chair, Community Health Council • Dr Barbara Wilson, Vice-Chair, Community Health Council • Dr Mohammed Nazemi, Chair, Healthcare Professionals Forum • Dr Hashim Samir, BAME Advisory Group	

PM(22)107	**DECLARATION OF INTERESTS**	
	Mr Iwan Thomas declared an interest in **PM(22)121**, in relation to the Wales Community Food Distribution Initiative. This is delivered by PLANED, of which he is the Chief Executive Officer.	

PM(22)108	**MINUTES OF THE PUBLIC MEETING HELD ON 26TH MAY 2022**	
	RESOLVED – that the minutes of the meeting held on 26th May 2022 be approved as a correct record.	

PM(22)109	**MINUTES OF THE PUBLIC MEETING HELD ON 9TH JUNE 2022**	
	RESOLVED – that the minutes of the meeting held on 9th June 2022 be approved as a correct record.	

PM(22)110	**MATTERS ARISING & TABLE OF ACTIONS FROM THE MEETING HELD ON 26TH MAY 2022**	
	An update was provided on the table of actions from the Public Board meeting held on 26th May 2022, and confirmation received that all outstanding actions had been progressed. In terms of matters arising: **PM(22)78** – Mrs Hardisty noted that the final two actions on page 2 refer to a Children and Young People's (CYP) Service Review and enquired regarding the timing of the review. Mr Carruthers advised that this work is being overseen by the Children and Young People's Group, which will provide recommendations for the next planning cycle. **PM(22)85** – highlighting the update around Deprivation of Liberty Safeguards (DoLS), Mr Paul Newman noted the statement 'On average (excluding outliers)….' and requested clarification. Ms Jill Paterson explained that 'outliers' in this context referred to a group of individuals who, due to the nature of their clinical needs, are resident in wards/ facilities for a number of months. In this case, the DoLS apply for much longer than usual. **PM(22)86** – with regard to the update attributed to Dr Sion James on page 7, Professor Philip Kloer advised that confirmation regarding this issue was awaited from Welsh Ambulance Services NHS Trust (WAST) and would be shared when available.	**PK**

PM(22)111	**REPORT OF THE CHAIR**	
	Mrs Hardisty presented a report on relevant matters undertaken by the Chair since the previous Board meeting, noting in particular the sad death in service of Alex Ford, who worked as a Healthcare Support Worker in the Community Health Visiting team in Padarn Surgery. The Board's condolences were sent to Alex's family, friends and colleagues. Members' attention was drawn to page 5 of the report, where it was	

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

PM(22)112	**REPORT OF THE CHIEF EXECUTIVE**	
	Mr Steve Moore presented his report on relevant matters undertaken as Chief Executive of HDdUHB since the previous meeting, expressing his regret at the sad passing of Mrs Ros Jervis, HDdUHB's recently-retired Director of Public Health, on 3rd June 2022. It had been gratifying to see so many people at the ceremony to celebrate Ros' life, which had perfectly reflected her personality. Ros' enthusiasm, optimism and passion would be greatly missed; however, her legacy would benefit west Wales for many years to come. Mr Moore reported on a recent decision by the Executive Team to expand Community Care; Members were reminded of the associated Planning Objective introduced around this approved at the May 2022 Public Board. The latter had been agreed by Health Board Chief Executives earlier in the year, and endorsed by Welsh Government. Mr Moore was grateful to colleagues, both local and national, for their work. This area was moving at pace; however, there is	

	still much to do. It has been identified that 52 Intermediate Care Workers will be required, together with 15 jointly appointed Apprentices. The UHB and Local Authorities will split costs 50:50 for these roles. The financial implication for the UHB is approximately £550k this year, rising to £1m next year. In view of the timescales involved in recruitment, the Executive Team had felt that recruitment processes should commence; however, a more long-term commitment would not be made at this stage. Members were advised that the costs, whilst not too significant, are not currently included in the UHB's financial forecast. Mr Moore has written to Welsh Government seeking support for what is a national recommendation; however central funding is not confirmed. Members were requested to approve Chair's Action to take this forward, with further detail to be reported to the September 2022 Board meeting.	**JP**
	Thanking Mr Moore for his report and, with regard to the final item mentioned above, Mr Newman emphasised the need to identify the source of funding. Also, noting similarities to an initiative last year which had not produced the desired numbers in terms of recruitment, Mr Newman requested assurances that lessons had been learned and would be applied. Mr Moore stated that a key difference in this recruitment would be that substantive/permanent contracts could be offered; the employment market has also heightened. Mrs Lisa Gostling added that different recruitment processes would be utilised, with a 'drop-in' style being introduced. Focusing on the request for Members to approve funding to support the Swansea Bay City Deal, Mr Newman suggested that the benefits from this relationship should be defined. In response, Mr Moore stated that one clear benefit is the Pentre Awel development at Llanelli; however agreed that a report outlining the benefits offered by A Regional Collaboration for Health and the Swansea Bay City Deal should be presented to the Strategic Development & Operational Delivery Committee (SDODC).	**PK/LD**
	Noting the differential rates of uplift between counties for Continuing Health Care (CHC) and Funded Nursing Care (FNC) fees, Mr Winston Weir queried whether this is inadvertently creating inequalities. Ms Paterson explained that CHC and FNC are inextricably linked and that at one stage, there had been a single rate for CHC. Fees have always been based on the inflationary uplift from Welsh Government. Health Boards have worked within a model based on a historical position; however had been asked to move from this to an alternative model. It had not been possible to adequately describe this, which had led to a legal challenge several years ago. The COVID-19 pandemic had then begun, necessitating the continuation of the extant model, which continues today. The adoption of a single rate across the three counties has been discussed at the RPB and, whilst this does create some concern among Local Authority colleagues, they are exploring possibilities. A report which will inform next year's position is expected in the coming weeks. FNC rates are based on a national position, being the mid-point of a Band 5 nurse's pay. Ms Paterson emphasised that there is an ambition to develop and implement a more robust model; however, it must be ensured that this can survive any legal challenge. Both Mr Weir and Ms Paterson welcomed recognition of the wage increase in the fee uplift, which more realistically reflects the impact of inflation, etc.	

	The Board: • **ENDORSED** the Register of Sealings since the previous report on 26th May 2022; • **NOTED** the status report for Consultation Documents received/ responded to; • **NOTED** the Continuing Health Care (CHC) and Funded Nursing Care (FNC) fee uplift for 2022/23; • **AGREED** to the continued relationship with Swansea Bay City Deal and **APPROVED** the payment of £50k for 2022/23 to support this partnership; • **APPROVED** Chair's Action in relation to the recruitment of joint UHB/ Local Authority roles in Community Care, with further detail to be provided to the September 2022 Board meeting.	

PM(22)113	**REPORT OF THE AUDIT & RISK ASSURANCE COMMITTEE**	
	Mr Newman, Audit & Risk Assurance Committee (ARAC) Chair, presented the ARAC update reports, advising that these cover two meetings. At its meeting on 9th June 2022, the Committee had expressed concern regarding the absence of any significant independent audit of RPB/Partnership Governance arrangements. Whilst this represents an omission from an assurance perspective, and has been raised as an issue previously, it is not unique to the Hywel Dda region. The 21st June 2022 ARAC meeting had included discussion of the External Validation exercise in relation to waiting lists, which had been conducted at not insignificant cost. Mr Newman emphasised the need to ensure lessons are learned, in the hope that the scope of and need for similar will be reduced in the future. Mr Carruthers agreed that learning is required. Members were informed that the UHB is utilising Recovery Funding to appoint an extremely experienced individual to the Validation team. It should be noted, however, that the team does not currently have the capacity to manage all the required validation processes internally and that Welsh Government is recommending that all Health Boards consider implementing external validation processes. Indeed, Welsh Government are exploring whether validation provision can be secured on a national basis, which would be centrally funded. A meeting on this topic is due to take place imminently, following which, Mr Carruthers would be in a position to update further. Whilst accepting these comments, Mr Newman noted that the external exercise had identified issues in terms of patient/waiting list accuracy, which represents a process issue, rather than a capacity issue.	**AC**
	The Board **NOTED** the ARAC update reports, **ACKNOWLEDGED** the key risks, issues and matters of concern, together with actions being taken to address these and **APPROVED** the revised ARAC Terms of Reference.	

PM(22)114	**REVISED STANDING ORDERS AND STANDING FINANCIAL INSTRUCTIONS**	
	Mrs Joanne Wilson presented for approval the revised HDdUHB Standing Orders and Standing Financial Instructions, including the Scheme of Delegation, all of which had been considered and recommended for approval by ARAC. Members were advised that minor amendments to the Scheme of Delegation under Reference 20.2.2, in relation to Charitable Funds expenditure, were required. Further changes in relation to the Director of Public Health role may also be	

	necessary. These would be approved via Chair's Action and reported to the following Board meeting. Mrs Hardisty thanked Mrs Wilson and her team, recognising the significant work involved.	
	The Board **APPROVED** the Revised Standing Orders and Standing Financial Instructions, subject to the amendments noted.	

PM(22)115	**RISK MANAGEMENT FRAMEWORK**	
	Presenting the Risk Management Framework, Mrs Wilson advised that this had also been scrutinised and recommended for approval by ARAC. It had also been shared with Board Members and had been subject to a consultation process. Mrs Hardisty thanked Mrs Charlotte Beare and her team for their work on this document.	
	The Board **APPROVED** the Risk Management Framework.	

PM(22)116	**REPORT OF THE QUALITY, SAFETY & EXPERIENCE COMMITTEE**	
	Ms Anna Lewis, Quality, Safety & Experience Committee (QSEC) Chair, presented the QSEC update report, highlighting in particular the positive work in relation to Maternity services and escalating risks in relation to Unscheduled Care; and reminding Members that Stroke services represents a strategic issue requiring ongoing and close monitoring. Ms Lewis wished to record her thanks to Professor Gammon for the significant work he had undertaken as QSEAC/QSEC as both former Chair and Member. Members were asked to note two corrections to the report – the date of the next meeting is 9th August 2022, and Mrs Mandy Rayani's title is incorrectly recorded on page 2. Referencing the Maternity Services Action Plan item, Professor Gammon stated that it was reassuring to note that the UHB has developed, in addition to an action plan for maternity services, an action plan specifically in relation to the Ockenden report.	
	The Board **NOTED** the QSEC update report, **ACKNOWLEDGED** the key risks, issues and matters of concern, together with actions being taken to address these and **APPROVED** the QSEC Terms of Reference.	

PM(22)117	**BOARD ASSURANCE FRAMEWORK**	
	Introducing the Board Assurance Framework (BAF) Mr Moore noted that this is being reviewed in light of the new Annual/Three Year Plan. Mrs Wilson reminded Members that the report contains a weblink to the BAF Dashboard. As indicated by Mr Moore, steps are being taken to ensure that the BAF reflects/aligns with the UHB's Annual Plan. Members heard that three Planning Objectives are behind schedule, which are being reviewed in the relevant Committees. With regard to Strategic Objective 1, and the final bullet point under this section, Ms Lewis noted that 74% of staff are reported as 'being happy in their work', and requested clarification of how this figure is arrived at. Mrs Gostling advised that this data is derived from the monthly survey of 1,000 HDdUHB staff.	
	The Board **NOTED** the Board Assurance Framework report and **SOUGHT ASSURANCE** on areas giving rise to specific concerns.	

PM(22)118	IMPROVING PATIENT EXPERIENCE REPORT	
	Mrs Mandy Rayani introduced the Improving Patient Experience Report, advising that the team is taking steps to revise the format and will base further changes on feedback received. The report has been amended to align more closely to the Improving Experience Charter, which has exposed a number of areas requiring an enhanced focus, for example Dignity and Kindness. Whilst in general, feedback is positive, there is more that can be done and it is hoped that future reports will demonstrate an improvement in these areas. Mrs Rayani expressed gratitude for the patients and family members who continue to share their experiences. This month's report includes stories from Sheila, which highlights the issues which can arise when care is transferred between acute, community and primary care; and Zoe, who shared her birth story. The latter emphasises the need to recognise that experiences which might be routine for staff are unique to an individual/ patient and can cause them to feel upset, anxious and frightened. The report also highlights the continued good work of the Arts in Health team; their recent efforts to engage with patients have been warmly received. Finally, Mrs Rayani recognised the distress caused by leaflets circulated recently within local communities which had included a photograph of a deceased individual. Members were assured that the UHB is taking this seriously, has contacted the police, and has also contacted people who might have been affected by this (public and staff), establishing a communications centre for them. Anyone with concerns was urged to make contact. Mr Newman requested assurance that support is being provided for the individual members of staff referenced in these leaflets, and was assured that this was the case. Whilst it is not possible for the UHB to take legal action on their behalf, appropriate advice is being offered. Welcoming the new report format, Mr Newman suggested that consideration be given to a focus on the measures of concern, with areas requiring improvement identified, in addition to those performing better. Both actions being taken and examples of good practice could then be shared. Mrs Hardisty added her thanks to those sharing their patient stories, and enquired whether learning from Zoe's experience has been applied. In response, Mrs Rayani referred to earlier mention of the Maternity services Action Plan, emphasising that the new Civica feedback system allows capture of feedback in real-time. The feedback from this specific patient story had been shared with the relevant service, and actions/ improvements required identified by the Head of Midwifery. The service is also liaising with the local women's group 'Maternity Voices Partnership'. In response to a suggestion that the new colour scheme of the report makes it difficult to read, Mrs Rayani confirmed that the team will be reviewing this from an accessibility perspective. Referencing Sheila's experience, Ms Lewis enquired whether the Charter includes a commitment that the UHB undertakes or coordinates communication between the various multi-disciplinary teams/areas. It was agreed that Mrs Rayani would take this forward, with discussion at QSEC as required.	**MR** **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)119	ANNUAL PLAN SET IN A THREE-YEAR CONTEXT	
	Presenting the Annual Plan Set in a Three-Year Context report on behalf of Mr Lee Davies, Mr Moore reminded Members that an earlier draft had been considered at Public Board in March 2022 and that discussions had taken place at Board Seminar. Whilst the report represented a great deal of work completed, there are certain aspects which still require addressing. Mr Moore wished to highlight the following: • The organisation remains in an exceptionally complex planning environment. There are challenges facing the region and plans involving changes to service delivery • The Target Operating Model will be key in this respect – whilst actions are outlined, it has not yet been possible to adequately translate these into performance/financial benefits • The UHB is aware that this represents a significant concern for Welsh Government and may lead to an increase in the organisation's escalation status In view of the above, Mr Moore proposed the following additional actions for himself and the Executive Team to pursue: • An Accountable Officer letter will be sent to Welsh Government • The UHB will request additional, immediate support from the Welsh Government Financial Delivery Unit (FDU) with the translation of Planning Objectives into impact, working alongside the UHB's Finance team • The UHB will invite the Welsh Government Delivery Unit (DU) and Improvement Cymru to examine/review key Planning Objectives relating to the UHB's Target Operating Model (as summarised on page 12 of the Plan) and the underpinning actions, to provide assurance on their ambition, completeness and clarity. Establishing whether there is anything further the UHB could or should be doing • A monthly meeting between the UHB Executive Team and Welsh Government colleagues will be sought to overview, scrutinise and challenge the UHB's progress on quality and safety, performance and financial impact • The weekly IMs' Briefing with the Chair and Chief Executive introduced during the COVID-19 pandemic will be reinstated Mr Moore was of the opinion that Welsh Government is supportive of the UHB's efforts, and suggested that the additional scrutiny outlined above will be of benefit. It should be noted, however, that this is in addition to, not a replacement for, the scrutiny provided by the UHB's committee structure. A further update would be provided at the next Board meeting. A change to the recommendation, reflecting the above, was proposed. Whilst welcoming the update and additional actions proposed, and acknowledging the challenging and serious position in which the organisation finds itself, Mr Newman felt that it is important to recognise that a further update in September 2022 will not allow a great deal of time to implement further actions. Mr Weir endorsed all of the proposed actions, agreeing that requesting assistance from Welsh Government is sensible, whilst expressing concern regarding the additional commitment involved for the Executive Team and emphasising the need to secure 'ownership' from clinical and operational colleagues also. Mr Moore	

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

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

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

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

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

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

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

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

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

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

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

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

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

	are evidenced in the Risk Registers and Integrated Performance Assurance Report (IPAR). This does not negate a need to take various actions to mitigate these consequences, and the UHB has and needs to ensure a strong clinical 'voice' in developing its plans. Members were assured that the Executive Team is reflecting on this issue. Recognising that this is an extremely complex and challenging area, which will require the Board to make difficult choices, Professor Gammon emphasised the need to ensure that decisions are made through the lens of the patient/public, taking into account impacts on quality, safety and finances. Whilst accepting that no-one wishes to make a decision which affects patient safety and/or which increases pressures on staff, Mr Newman reiterated that the current model is not sustainable. The organisation must move to a sustainable position as soon as possible, by increasing the pace of strategic decisions, whilst ensuring that the potential financial 'gap' is recognised. Dr Joanne McCarthy stated that it would be remiss to neglect the UHB's commitment to a long term strategy from a population health perspective. The region is making significant inroads in this regard – including being the first area to meet smoking cessation targets – which will help to reduce future service use/demand. Mr Weir suggested that the organisation should seek to be more innovative and bold, identifying areas which can be put forward for investment/funding. Outcomes relating to the new hospital, digital strategy and population health need to be defined. Mr Huw Thomas responded that the examples given demonstrate the reason for the 'Use of Resources' terminology: resources include money, people, technology and data. Mr Moore felt that HDdUHB's Planning Objectives are bold, and will provide benefits for both the organisation and the local population. There is a need, however, to be clear as regards the organisation's aims in the short-term; also, those parts of the Plan which will impact in the longer term. The Target Operating Model sets out HDdUHB's journey – this year, next year and the year after. There is a need to begin to express how the organisation can get 'on track' in terms of the Roadmap in time for the PBC to come to fruition. Mrs Hardisty thanked Members for the constructive discussion, and thanked Mr Moore and the Executive Team for their contribution, particularly in recognising not only the financial challenges but also the quality and safety impacts.	
	The Board: • **APPROVED** the planning objectives and supporting actions as set out in the Plan but **REQUESTED** a further update to the September 2022 Public Board meeting regarding the translation of these objectives into the key deliverables of quality, safety, performance and finance. The report should also set out the choices that can be made between these three elements for discussion and agreement. This will be considered through the lens of the patients and public. • **AGREED** that the aforementioned should be subject to full scrutiny at the relevant committees prior to the Public Board meeting. • **AGREED** that the Chief Executive would write a further Accountable Officer letter to Welsh Government in light of today's discussion.	**LD/HT**

	• **AGREED** to ask the FDU for additional, immediate support with the translation of Planning Objectives into impact, to work alongside the Finance team. • **AGREED** to invite the DU and Improvement Cymru to review key related Planning Objectives, to ensure our Target Operating Model and the underpinning actions to provide assurance on their ambition, completeness and clarity. Establishing if there is anything further the UHB could or should be doing. • **AGREED** to request the establishment of a monthly meeting between the UHB Executive Team and Welsh Government colleagues to overview, scrutinise and challenge progress on quality and safety, performance and financial impact. • **AGREED** to re-establish a weekly meeting with the Chief Executive, Chair and IMs. This will be in addition to the existing Board scrutiny arrangements.	

PM(22)120	**FINANCIAL REPORT – MONTH 3 2022/23**	
	Mr Huw Thomas introduced the Financial Report for Month 3 of 2022/23, advising that much of the content had been covered during earlier discussions. Members' attention was drawn to the table on page 2 of the report, with Mr Huw Thomas highlighting that the RAG rating is slightly misleading, being measured as it is against the forecast rather than statutory requirements. The cash position will be challenging if the current trajectory continues, particularly during the final two weeks of the financial year. Updates will continue to be presented to Board via the Sustainable Resources Committee (SRC). Mr Huw Thomas also highlighted data regarding pay on page 9 of the report. Agency usage has been reducing; however, this is probably related more to supply than demand.	**HT**
	The Board **DISCUSSED** and **NOTED** the financial position for Month 3 2022/23, alongside the implications for the Health Board of the challenging outlook.	

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

	Professor Gammon, who enquired whether there has been any evidence of the impact of economic challenges on staff turnover, particularly in lower pay band posts. Whilst no deterioration in retention has been noted to date, Mrs Gostling advised that there has been an impact on recruitment, with travelling costs being a likely factor. Noting the work with partners, Mr Weir enquired how managers are communicating the availability of support to the workforce, and whether links are being formed with the UHB's foundational economy work. In response to the first query, Mrs Gostling indicated that the UHB's Organisational Development Relationship Managers are engaging with line managers. Benefits Roadshows are being held on UHB sites, and a 'Speaking in Confidence' Platform has been established. In terms of the foundational economy, there are links with all plans/actions to support individuals in local communities to secure and remain in meaningful employment. For example, the UHB is supporting individuals to obtain their driving licence. In response to a query around whether consideration has been given to how Charitable Funds could be used to support staff, Mrs Gostling advised that discussions are at an early stage. A report has been drafted around potential support from the Cavell Nurses' Trust. Ms Delyth Raynsford confirmed that discussions around Charitable Funds usage will be pursued, whilst emphasising the need to ensure equity for all staff groups. Members were reminded that a number of staff work within the community and steps need to be taken to ensure that they can access information. Mrs Gostling advised that work is taking place with Local Authority partners and the UHB is part of a Regional Workforce Board with these bodies. The first Joint Apprenticeship programme is very much linked to the foundational economy work previously mentioned. Wellbeing Roadshows will not be restricted to hospital sites, and the 'Making a Difference' programme, which is for every member of staff, includes information on staff benefits. Referencing access to food banks, etc, Mr Iwan Thomas enquired whether there is support for staff who may wish to source food from local suppliers. Declaring an interest, as Chief Executive Officer, Mr Iwan Thomas explained that PLANED has secured Welsh Government funding for a Regional Food Hub project which links local producers with local communities. He suggested that the practicalities of securing access to this for HDdUHB staff should be explored.	**LG**
	The Board: • **NOTED** the steps being taken to support the workforce; • **TOOK ASSURANCE** from the actions taken and in progress; • **NOTED** that the Culture and Workforce Experience Team and wider teams will continue to drive these actions whilst researching any others that may provide support at this difficult time.	

PM(22)122	**IMPLEMENTING THE HEALTHIER MID AND WEST WALES STRATEGY - PROGRAMME BUSINESS CASE UPDATE**	
	Mr Paul Williams joined the Board meeting. Mr Steve Moore presented the Implementing the A Healthier Mid and West Wales (AHMWW) Strategy - Programme Business Case (PBC)	

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

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

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

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

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

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

	'stream' of referrals, which will probably continue. Whilst agreeing, Ms Alison Shakeshaft highlighted that demand may be somewhat delayed, as it is dependent on the patient presenting to their GP and receiving a referral. The UHB needs to consider how this service is developed. Ms Shakeshaft offered to provide detail of referral rates. Members heard that Public Health Wales data is showing a decrease in COVID-19 infections; however, data is dependent on individuals taking tests and reporting their test results.	**AS**
	The Board: • **RECEIVED** the operational update and progress report; • Retrospectively **APPROVED** the emergency application of enhanced pay rates in respect of Unscheduled Care system pressures that occurred in June and July 2022.	

PM(22)125	**COMMUNITY PAEDIATRICS WAITING LIST**	
	Introducing the Community Paediatrics Waiting List report, Mr Carruthers suggested that this was relatively self-explanatory. A 'Deep Dive' discussion on this topic had taken place at QSEC on 22nd June 2022. Key issues to bring to Members' attention were: • The report and actions therein are in response to concerns raised by the clinical team around access to services • A Task & Finish Group has been established, which is progressing a capacity and demand exercise • Whilst this is not a service which is mandated as nationally reportable as part of the Welsh Government performance targets, it will be included as part of the IPAR going forward • The overall number of referrals remains relatively stable; however, the number of patients waiting longer has increased Mr Carruthers emphasised the need to ensure there is effective communication with children and their families while they are waiting for treatment. The UHB is also committed to ensuring patients have an identified point of contact and are signposted to other potential sources of support. Mr Maynard Davies noted that initiatives around Value Based Health Care, for example, appear to be primarily targeted at Secondary Care services, and queried whether potential opportunities in Community Paediatrics had been considered. Mr Carruthers was not aware of any such work; however, stated that this would be explored. Referencing implementation of the demand and capacity tool, Mr Newman enquired whether there are any early indications of results or gaps. Secondly, the commencement date for the Positive Behaviour Interventions and Supports (PBIS) service; and finally, whether the Welsh Patient Administration System WPAS is operating optimally/as envisaged. With regard to the first query, Mr Carruthers advised that the follow-up waiting list was of particular concern for the team and is being worked through. As has been mentioned, longer waiting times are manifesting. Whilst there is scope to increase overall capacity in the service, the mechanism for achieving this will need to be considered. Mr Carruthers requested time to consult with the Community Paediatrics team regarding responses to Mr Newman's other two queries on PBIS and WPAS; committing to provide answers outside the meeting. Mr Newman welcomed the information provided by the service regarding their	**AC** **AC**

	improvement plans and stated that it would be helpful to see a forecast in terms of performance trajectory. Mr Carruthers hoped to be in a position to present a further update to the next Board meeting. Mrs Hardisty requested assurance that effective linkages are being made between Community Paediatrics and the NEST Framework and with Mental Health. Mr Carruthers confirmed that the Task & Finish Group has been requested to examine this area.	
	The Board **TOOK ASSURANCE** that: • Robust plans are in place to reduce waiting times for Children and Young People to see a community Paediatrician; • Plans are being developed to create and implement robust communications with CYP waiting to be seen.	

PM(22)126	**MENTAL HEALTH & LEARNING DISABILITIES UPDATE**	
	Dr Warren Lloyd, Ms Liz Carroll and Ms Sara Rees joined the Board meeting. Mr Carruthers presented the Mental Health & Learning Disabilities (MHLD) Update report, reminding Members that this is a follow-up to the report presented in March 2022. In response to feedback received at that meeting, the report attempts to provide an update on Transforming Mental Health Services (TMH) linked to the original objectives/recommendations. The report includes information presented to the Board Seminar in June 2022. The various actions put in place are already beginning to produce some improvements/positive impacts. Mrs Hardisty reminded Mr Carruthers of the earlier request for feedback on the Mental Health Single Point of Contact(SPOC)/111 service. Ms Liz Carroll indicated that the report context has been provided; it focuses on performance in Integrated Psychological Therapy Service (IPTS), Specialist Child and Adolescent Mental Health Services (SCAMHS) and Autistic Spectrum Disorder (ASD) Services. As outlined in the Operational Update, it is important to note that MHLD services have also been impacted by COVID-19. The Directorate is working with Welsh Government's Delivery Unit to learn from other Health Boards in terms of good practice. There has been evidence of an improvement in performance in SCAMHS and, with new staff recruited, it is hoped that this will become more sustained; however, the position will need to be monitored closely. IPTS is experiencing a number of challenges, with complex presentations and difficulties in demand modelling. The Mental Health SPOC/111 service went live on 20th June 2022, HDdUHB being the first Health Board to implement this service. Currently the service operates from 9.00am to 11.30pm 7 days per week; however, it will operate on a 24 hour basis once additional staff have been recruited. The 111 service will be charged at a local call rate. The service is receiving a number of calls requesting changes to prescriptions/ medications and is working with Primary Care colleagues in this regard. It is also receiving a number of queries relating to Dental access, with callers mishearing 'mental' for 'dental'. Professor Gammon welcomed the report, which evidences a significant amount of work. The MHLD Performance Dashboard provides both useful information and assurance. However, Professor Gammon noted that in many instances, performance improvement is predicated on	

	recruitment of new staff and requested assurance around the likelihood of success in this regard. Ms Carroll reported that the Directorate has seen some recent successful recruitment in SCAMHS in particular. There is a national shortage of Psychologists, leading to challenges in IPTS, although many interventions are provided by other Mental Health professionals, emphasising the importance of 'growing our own'. In certain areas, potentially the only way to manage vacancies is to go out to recruitment 'at risk' and then redeploy staff at a later date. Outsourcing is not viewed as a viable option. Mr Newman expressed concern regarding the current and potential future position in terms of ASD services. Ms Carroll agreed that action on a substantive basis is required, in order to increase the size and capacity of the team. Mrs Hardisty concluded discussions by suggesting that further updates should be provided to Board level committees and/or Board in due course. The MHLD team were thanked for their report and for demonstrating the progress made. *Dr Lloyd, Ms Carroll and Ms Rees left the Board meeting.*	**AC**
	The Board: • **CONSIDERED** progress against the MH&LD performance and trajectory metrics; • **CONSIDERED** progress against the TMH programme and implementation of WPAS; • **NOTED** any risks and mitigations highlighted.	

PM(22)127	**PROVISION OF NHS PRIMARY CARE PERSONAL DENTAL SERVICES, AMMANFORD**	
	Ms Paterson introduced the Provision of NHS Primary Care Personal Dental Services, Ammanford report, welcoming the opportunity to discuss this important issue. The report seeks approval of a procurement process to re-provide dental services, with access to services in this area continuing to present challenges. The annual contract value (AVC) under the tender process is £487k for a period of 10 years, the latter being the norm under Welsh Government contract arrangements. Ms Paterson drew Members' attention to the benefits for the local population, detailed within the report. The existing contract ends in July 2022 and the UHB will be seeking interim cover. Mr Moore noted the ongoing and significant challenges around dental service provision. Members heard that HDdUHB is in the process of scheduling a meeting with the Chief Dental Officer to discuss potential long-term actions/solutions.	
	The Board **APPROVED** the procurement process to re-provide Dental Services in the Amman Gwendraeth Cluster, recognising the overall improvement to access to NHS dental services that this would provide.	

PM(22)128	**COVID-19 VACCINATION AUTUMN BOOSTER CAMPAIGN**	
	Ms Bethan Lewis joined the Board meeting. Ms Shakeshaft and Ms Bethan Lewis presented the COVID-19 Vaccination Autumn Booster Campaign report. Ms Bethan Lewis advised that the Joint Committee for Vaccination and Immunisation (JCVI) has now confirmed the priority groups, which were similar to	

	those outlined in the interim guidance, with some additions. The UHB is also keen to improve the uptake among sufferers of Chronic Obstructive Pulmonary Disease (COPD). All of those eligible for COVID-19 booster vaccinations will be offered these by October 2022; with delivery by the end of December 2022. Influenza (Flu) vaccinations will also be offered until the end of December. With regard to co-administration of vaccines, there will need to be a wider discussion with Primary Care contractors regarding the risks and benefits this offers. Ms Paterson stated that it was unusual for the COVID-19 vaccination programme delivery to be based primarily in Primary Care. Should there be a requirement for separate administration of the COVID-19 and Flu vaccinations, this will require two appointments rather than one. To avoid compromising access to Primary Care services, this would need to be discussed with providers and any gaps covered by other means. Ms Shakeshaft agreed that the co-administration aspect needs to be discussed, and advised that consideration will need to be given to how the Mass Vaccination Centre provision can be maintained should this be required. Mrs Hardisty stated that detailed proposals will need to be presented to SDODC. *Ms Bethan Lewis left the Board meeting.*	**AS/JP** **AS**
	The Board: • **NOTED** the proposed delivery plan and the opportunity to transition the delivery of the COVID-19 vaccination programme with our existing Flu vaccination programme; • **NOTED** the work underway to mitigate the risk to programme delivery of the proposed approach and receive assurance from the control measures in place through recognition of the key enablers; • **NOTED** the proposed plan to respond to a request to surge vaccinate over the autumn / winter period considering the potential impact on existing acute and community services.	

PM(22)129	**INTEGRATED PERFORMANCE ASSURANCE REPORT – MONTH 3 2022/23**	
	Mr Huw Thomas presented the Integrated Performance Assurance Report (IPAR) for Month 3 of 2022/23. Members heard that there had been a recent 'touchpoint' meeting with the team who had introduced HDdUHB to the 'Making Data Count' concept and that they had been extremely impressed with the new IPAR format. They had also been very complimentary regarding the UHB's Board Assurance Framework, which they felt was an exemplar. Mr Huw Thomas highlighted the key improvement measures on pages 2 and 3 of the report, and their associated trajectories, which are the areas requiring most focus. Mr Moore informed Members that the Executive Team reviews these key metrics on a weekly basis at their meeting. Whilst recognising that the organisation's performance is not where it should be, Mr Carruthers highlighted that actions have been put in place. Performance in regards to cancer services has been a particular focus and there has been a reduction in the backlog of patients waiting for diagnosis and treatment. This trajectory is expected to continue.	
	The Board **CONSIDERED** and **DISCUSSED** issues arising from the IPAR - Month 3 2022/2023.	

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

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

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

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

	Members noted that an update on Decarbonisation is scheduled for the September 2022 Public Board meeting.	
	The Board **NOTED** the SRC update report, **ACKNOWLEDGED** the key risks, issues and matters of concern, together with actions being taken to address these and **APPROVED** the revised SRC Terms of Reference.	

PM(22)134	**REPORT OF THE STRATEGIC DEVELOPMENT & OPERATIONAL DELIVERY COMMITTEE**	
	Mr Maynard Davies, SDODC Chair, presented the SDODC update report, stating that he had nothing further to add to the contents.	
	The Board **NOTED** the SDODC update report, **ACKNOWLEDGED** the key risks, issues and matters of concern, together with actions being taken to address these and **APPROVED** the revised SDODC Terms of Reference.	

PM(22)135	**REPORT OF THE PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE**	
	Professor Gammon presented his final PODCC update report as PODCC Chair, stating that this Committee held a particular affinity for him, focusing as it does on the people of HDdUHB. Staff are crucial in ensuring the quality, safety and provision of services for the local population. The report highlights concerns around the provision of safe, secure rest areas for staff; Members heard that this issue is being taken forward by the Director of Workforce & OD as PODCC Lead Executive. Mrs Gostling wished to thank Professor Gammon for his support, challenge and scrutiny during his tenure as PODCC Chair, stating that he had achieved a great deal in the short time since the Committee was established.	
	The Board **NOTED** the PODCC update report, **ACKNOWLEDGED** the key risks, issues and matters of concern, together with actions being taken to address these and **APPROVED** the revised PODCC Terms of Reference.	

PM(22)136	**REPORT OF THE HEALTH & SAFETY COMMITTEE**	
	Mrs Hardisty, Health & Safety Committee (HSC) Chair, presented the HSC update report, reiterating that the UHB is in a much improved position in terms of Health & Safety and that much of this improvement is due to the efforts of the HSC Executive Lead, the Director of Nursing, Quality & Patient Experience.	
	The Board **NOTED** the HSC update report and **APPROVED** the revised HSC Terms of Reference.	

PM(22)137	**HDdUHB MAJOR INCIDENT PLAN 2022/23**	
	The Board **APPROVED** the HDdUHB Major Incident Plan 2022/23.	

PM(22)138	**COMMITTEE UPDATE REPORTS: BOARD LEVEL COMMITTEES**	
	The Board: • **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 outlined above;
	• **APPROVED** the revised Terms of Reference for:
	  ○ Charitable Funds Committee
	  ○ Staff Partnership Forum
	  ○ Healthcare Professionals Forum
	  ○ Stakeholder Reference Group	

PM(22)139	**COMMITTEE UPDATE REPORTS: IN-COMMITTEE BOARD**	
	The Board **RECEIVED** the update report of the In-Committee Board meeting.	

PM(22)140	**COMMITTEE UPDATE REPORTS: HDdUHB ADVISORY GROUPS**	
	The Board **RECEIVED** the update report in respect of recent Advisory Group meetings.	

PM(22)141	**HDdUHB JOINT COMMITTEES & COLLABORATIVES**	
	Mr Moore presented the HDdUHB Joint Committees & Collaboratives report, advising that there is work ongoing around the future of the Mid Wales Joint Committee for Health and Care (MWJC), with various changes proposed. The MWJC had been established due to concerns among the population of mid Wales regarding the ability of the new Health Boards to work together and meet the population's needs. It is now the view of the MWJC patient representative and the Health Boards involved that it would be preferable to 'normalise' arrangements to mirror regional arrangements with other Health Boards, whilst retaining various aspects of the MWJC. Members were advised that further information will be provided when available.	
	The Board **RECEIVED** the minutes and updates in respect of recent Welsh Health Specialised Services Committee (WHSSC), Emergency Ambulance Services Committee (EASC), NHS Wales Shared Services Partnership (NWSSP) Committee, Mid Wales Joint Committee for Health and Care (MWJC) and NHS Wales Collaborative Leadership Forum (CLF) meetings.	

PM(22)142	**STATUTORY PARTNERSHIPS UPDATE**	
	Ms Paterson presented the Statutory Partnerships Update, drawing Members' attention to information regarding Public Services Boards Well-being Assessments. Also highlighted within the report are Accelerated Cluster Development and Partnership Governance, both of which have been mentioned earlier.	
	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)143	**BOARD ANNUAL WORKPLAN**	
	The Board **NOTED** the Board Annual Workplan.	

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

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

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

Date of Meeting:	**9.30PM, THURSDAY 4TH AUGUST 2022**
Venue:	**S4C STUDIO, COLLEGE ROAD, CARMARTHEN**

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) Associate Professor Chantal Patel, Independent Member (University) Miss Ann Murphy, Independent Member (Trade Union) Mr Paul Newman, Independent Member (Community) Ms Delyth Raynsford, Independent Member (Community) Mr Iwan Thomas, Independent Member (Third Sector) Mr Steve Moore, Chief Executive Professor Philip Kloer, Executive Medical Director and Deputy Chief Executive Mr Andrew Carruthers, Executive Director of Operations Mr Lee Davies, Executive Director of Strategic Development and Operational Planning Mrs Lisa Gostling, Executive Director of Workforce and Organisational Development Mrs Mandy Rayani, Executive Director of Nursing, Quality and Patient Experience Mr Huw Thomas, Executive Director of Finance
In Attendance:	Ms Jill Paterson, Director of Primary Care, Community and Long-Term Care Mrs Joanne Wilson, Board Secretary Mr Mansell Bennett, Chair, Hywel Dda Community Health Council Ms Donna Coleman, Chief Officer, Hywel Dda Community Health Council Dr Joanne McCarthy, Deputy Director of Public Health Ms Alwena Hughes-Moakes, Director of Communications Mrs Eldeg Rosser, Head of Capital Planning Ms Sonja Wright, Committee Services (Minutes)

Agenda Item	Item	Action
PM(22)146	**INTRODUCTIONS & APOLOGIES FOR ABSENCE**	
	The Chair, Miss Maria Battle, welcomed everyone and explained that, given the importance of this Public Board meeting, discussions would move directly to Agenda Item 2 (the Land Identification Plan) in order to allow as much time as possible to debate the site choices which were presented. Apologies for absence were received from: • Ms Anna Lewis, Independent Member, Community • Mr Winston Weir, Independent Member, Finance • Ms Sian Howys, Associate Member, Social Services • Dr Mohammed Nazemi, Chair, Health Professionals Forum • Ms Hazel Lloyd-Lubran – Chair Stakeholder Reference Group • Mr Sam Dentten, Hywel Dda Community Health Council	

	• Ms Alison Shakeshaft, Executive Director of Therapies & Health Science • Mr Baba Gana, Chair of Black, Asian and Minority Ethnic (BAME) • Dr Hashim Samir, Vice Chair of Black, Asian and Minority Ethnic (BAME)	

PM(22)147	**DECLARATION OF INTERESTS**	
	No declarations of interest were made. Miss Battle requested that any interests which became apparent during discussions be indicated immediately.	

PM(22)148	**DELIVERING ON OUR PURPOSE – IMPLEMENTING THE HEALTHER MID AND WEST WALES STRATEGY – LAND IDENTIFICATION PLAN**	
	By way of introduction, Mr Steve Moore explained that this meeting represents a further step towards realising the ambition set out in Hywel Dda University Health Board's 2018 strategy- *A Healthier Mid and West Wales – Our Future Generations Living Well* - and should be viewed within the context of all other steps which the Health Board (HB) is taking to achieve this strategy – for example, the Cross Hands Business Case, the community discussions which are being held in Fishguard and Llandovery and the work being undertaken in Aberystwyth to establish the Integrated Care Centre. Mr Moore informed Members that at each stage in implementing its strategy the HB has endeavoured to ensure that it remains fully engaged with the communities it serves and expressed his belief that this engagement has been successfully sustained to date. Members were assured of this continuing commitment as Mr Moore referenced recent meetings held with county councillors and town and community councils and highlighted the particular importance of engaging with those who have concerns in relation to what is in effect a very significant change in the way in which the HB operates. Members were reminded that the provision of a new Urgent and Planned Care hospital represents a once-in-a-lifetime and long overdue opportunity to invest in the people and businesses of West Wales and were advised that today's Public Board meeting is a further step in the long process which Hywel Dda University Health Board (HDdUHB) has been following. For the benefit of members of the public, Mr Moore explained that while a great deal of information was presented in both the Board papers and the presentation slides, Members had already had opportunities to review this information in detail and that the pace with which relevant details would be presented in the meeting would be dictated by the need to meet requirements to evidence information within the public domain and would not therefore reflect the thoroughness of the scrutiny and consideration which had already been applied by the Board to the matters under review. Presenting the slides, Mr Lee Davies introduced Mrs Eldeg Rosser, who was attending the meeting in order to answer any queries in relation to the work which had been undertaken in the land appraisal process, and proceeded to explain to Members that while the 2018 strategy was fundamentally based upon a change in the model of care rather than being limited to the building of the new hospital, the latter nevertheless represented an integral element in the delivery of the strategy, with the	

changes and investment involved having been set out clearly in the Programme Business Case (PBC) which had been presented to the Board in January 2022 and which was subsequently submitted to Welsh Government (WG) in the following month.

Members were advised that each stage of the land appraisal process (including the methodology upon which it was based) had been presented to the Board for endorsement, and that Board Members were therefore cognisant of the 5 sites which had been selected and of the 4 appraisal workstreams which had been established to provide evidence upon which any decisions relating to the elimination of specific sites from the next stages of the work would be based.

Mr Lee Davies explained that the covering 'SBAR' report included with the papers was supported by appraisal workstream reports and appendices containing a significant quantity of information and detail, together with a presentation which was intended to assist Members in navigating the information provided and to focus upon the key points for consideration. Members were reminded that some specific site information had previously been discussed in the Board Seminar meeting held on 13th July 2022, where it had been agreed that the Board, in its meeting today, would be asked to consider 2 issues in particular

- Which sites to take forward for further consideration
- The need to undertake a public consultation

In respect of the proposed public consultation, Mr Lee Davies drew Members' attention to a meeting held with the Hywel Dda Community Health Council (CHC) on 22nd July 2022 and the subsequent CHC recommendation that a consultation be held with members of the public and stakeholders in relation to site selection. Here Mr Lee Davies highlighted the recommendation in the SBAR that the Board approve the CHC recommendation to commence a public consultation process and advised Members that details of the methods to be used to consult would be presented for approval at a future Board meeting.

Members' attention was drawn to the fact that the number of sites retained as options would have a consequence for the HB in terms of the need to invest in further site investigations, and that this would result in implications for the programme timeline and associated costs. Members were assured that the HB would continue to work closely with WG in regard to the next steps, recognising the level of both government and national interest in the programme.

Mr Lee Davies proposed that review and discussion of the evidence presented in this meeting be structured around an examination of the factual information, including the Technical, Clinical, Workforce and Financial and Economic appraisals, pausing at the end of each workstream summary to provide opportunity for questions and comments and, recognising time constraints, moving through these stages relatively quickly in order to allow ample time for discussion and deliberation regarding the next steps to be taken.

Mr Davies proceeded to present slides showing the outcomes and implications of the various appraisal workstreams and highlighted the following key points:

- A summary of the appraisal workstream outputs (noting that the Clinical Appraisal comprised 2 main service strands – Stroke and Neonates, Obstetrics and Paediatrics) presented findings and scorings linked to each of the 5 proposed sites: Site 7 (Narberth), Site 12 (Whitland), Site C (Whitland), Site J (St Clears) and Site 17 (St Clears). The 2 highest scoring sites were Site 12 (Whitland) and Site 17 (St Clears). Members' attention was drawn to the fact that the score for Site J (St Clears) was approximately 10% lower than the scoring for the other sites, which represented a meaningful distinction.

- The differences between the relative scorings for the other sites lay within a margin of around 8 points; Members were advised that while this scoring was in itself not of statistical significance, the underlying information was instructive to the Board, given that each site had scored differently against the various selection criteria applied.

- While the summary of Clinical Appraisal outcomes indicated a significantly stronger view in relation to Neonates, Obstetrics and Paediatrics services than to Stroke services, the Workforce Appraisal was not conclusive. The Technical Risk scores reflected the differences between the different sites, which would be covered in further detail in a later slide.

- In order to verify that an open and transparent process had been undertaken in relation to site identification and appraisal for the proposed new Urgent and Planned Care hospital, the HB had requested that a Quality Assurance assessment be undertaken by the Consultation Institute. Members were assured that the process had accordingly been awarded 'best practice' recognition by the Institute.

- Work undertaken to date to inform the site identification process commenced in Summer 2021, where public site nominations initially produced a list of 11 potential options which were subsequently reduced to 5 through a shortlisting process informed by a desktop study of technical considerations undertaken in October 2021. This shortlist had been finalised and endorsed by the Board in March 2022, at which point work to inform the 4 appraisal workstreams had begun.

- In regard to the Technical Land Appraisal workstream, a 3-stage process had been followed: determination of the criteria by which each site would be assessed, followed by a public process with 52% representation from the public and 48% representation from HB staff, followed by a 'Site Scoring' workshop facilitated by the Consultation Institute. Members were assured that every effort had been made to ensure that public representation at the Technical Appraisal workshops reflected a range of characteristics, ages and geographical areas, recognising however that this represented only a small proportion of the HB's population.

- The outcomes from the 'Criteria Weighting' exercise (which was conducted via a virtual workshop held with members of the public, HB staff, key stakeholders and expert advisors) have been endorsed by the Board and show that transport and accessibility is considered by

participants to be the most important factor in selecting a site, which reflects the public view expressed in wider discussions regarding plans for the new hospital.

- The second, 'Site Scoring' workshop was attended by technical experts and focused upon a detailed review of each site option. Members were informed that this had included an engaging discussion and lively debate and, despite some challenges in achieving the desired levels and degree of representation from each locality, had proved effective in drawing out the key points relating to each site which had in turn informed the scoring which each participant allocated to the options presented.

- The characteristics of each site option were summarised in turn, including key considerations, strengths (including accessibility and scope for site expansion), weaknesses and risks (including the need to divert services and the potential for phosphate pollution).

- Members were advised that the acquisition of County Council-owned land would be considerably more straightforward than that of privately-owned sites, as there is an agreement in place between public sector bodies for the transfer of land which mitigates the requirement for protracted negotiations.

- In regard to the size (acreage) of the sites and the potential for further expansion through acquisition of adjoining land, Members were advised that opportunities existed to use additional land for positive gain – for example, through the development of accommodation for staff and patients and the siting of facilities (eg. a solar farm or wind turbines). Members were further advised of the HB's ambition to utilise whichever site is chosen to support biodiversity and other environmental improvements and to provide a healthy, restful and inspiring environment for both staff and patients.

- Following a detailed review of the attributes and weaknesses of each site, the 'raw' scoring allocated by participants in the Site Scoring workshop to each of the 5 site options was subsequently adjusted by the Consultation Institute to increase the public weighting in order to reflect the relative proportion of public representation of 52%. This changed both the absolute scoring and the relative scoring between the sites.

- The weighted total scores showed that Site J (St Clears) consistently scored low across the various criteria applied, having the lowest total score (334), while other sites' scoring reflected different strengths and weaknesses across the categories. Members were advised that the scores met expectations in terms of showing that all sites involved have some degree of limitation and risk which would need to be fully considered.

- The risk scores show 3 sites scoring lowest (having similar scoring) with the remaining 2 – Site 7 (Narberth) and Site J (St Clears) having higher risk scores (164 and 171 respectively).

Thanking Mr Lee Davies for a very comprehensive summary and for the highly detail information which had been presented to Board Members, Miss Battle opened the meeting to questions.

Mrs Judith Hardisty requested an explanation of the implications for sites which are outside Local Authority (LA) Development Plans, given the impact of this factor upon risk evaluation, and further queried the impact of the 'ransom strip' of land upon the viability of Site 12 (Whitland), recognising that this had been listed as a weakness in the presentation.

In relation to Mrs Hardisty's first query, Mr Lee Davies explained that each LA was required to set out its development plans for different areas (in respect of residential and commercial building etc) and that while this did not in itself preclude development upon sites which sit outside the plans, negotiations with the LA would be required, which would represent a further potential challenge and delay in the process. Furthermore, the fact that a site was not included in the LA Plan could often reflect the fact that due to location and physical characteristics it was intrinsically unsuitable for development and Members were advised that this consideration related particularly to Site J (St Clears).

Responding to Mrs Hardisty's second query, Members were informed that while land acquisition negotiations with public sector partners were relatively straightforward, being based upon a District Valuer's assessment of land value and following prescribed transfer processes, negotiations with private landowners were typically subject to the individual's willingness to sell at a value which is close to the District Valuer's evaluation. Mr Lee Davies pointed out that while this applied particularly to the 'ransom strip' linked to Site 12, it also impacted upon all sites which were in private ownership, and that the issue of individual valuations becomes more complex and potentially challenging in direct proportion to the number of private landowners who are involved in negotiations. Members were informed that while the 'ransom strip' itself currently has limited value in terms of opportunities for development, its potential value would be substantially increased as a result of its proximity to the larger adjoining site, the planned development of which is dependent upon acquisition of the strip.

Referencing the weighting attributed to transport and accessibility in scoring the sites, Mrs Delyth Raynsford noted the inclusion of proximity to railway stations as a factor and argued that a large proportion of the HB's population do not, in fact, travel by train and would be more likely to access the new hospital via car or bus. In light of this, Mrs Raynsford queried the degree to which other modes of transport had been factored into scoring criteria and whether due consideration had been given to the seasonal use of the road network, given the number of visitors to the HB area.

Mr Lee Davies reassured Members that public concerns relating to transport and access were fully recognised, that work had been undertaken with Transport for Wales to understand options for infrastructure improvement and that substantial information relating to the analysis of different modes of transport had been included in Members' information packs. Members were advised that this analysis necessarily

reflected the challenges inherent in the geography of the HB area and was based upon estimations of journey time linked to various means of transport, which – however – did not include factors such as time of day and other variables which might affect travel time.

Noting that there was currently a relatively limited bus service upon the A40 route which represented a concern for both the HB and for members of the public, Mr Lee Davies explained that while transport and accessibility was viewed as a primary consideration by members of the public, the fact that all sites listed as options lie along the same trunk road (the A40) also accounted for the relatively slight scoring differentiation between sites within this category.

In response to a further query from Mrs Raynsford as to whether Members could be confident that the 'quiet' and seldom-heard voices among the HB's population and staff had been actively sought and reflected through consultation, Members were assured that in both the Technical Workshop appraisal and via the Equality and Health Inequalities Impact Assessment (EHIIA), the HB had made substantial efforts to seek a wide range of views. Members were advised that the EHIIA responses (which had been adjusted to reflect a greater focus upon Pembrokeshire) had captured a range of opinions across the HB area and that the key points drawn out through the EHIIA aligned with general public concerns. Mr Lee Davies concluded that Mrs Raynsford's query had a direct bearing upon the CHC recommendation relating to public consultation (as referenced earlier in discussions).

Associate Prof. Chantal Patel requested further explanation of the methodology supporting the derivation of the weighted total scores and the degree to which these reflect HB's priorities. Mr Lee Davies explained that the 6 criteria which were applied had been developed during a dedicated workshop which was followed by a further workshop, attended by staff and public representatives, in which each criterion, together with associated considerations, was explained in detail and was subsequently weighted by and scored by attendees - this scoring subsequently being adjusted to reflect the aspirational 52% public and 48% staff balance.

Members were advised that the 5 site options had all been considered to be viable from a technical perspective, which was reflected in the relatively close scoring, although it was evident that Site J (St Clears) consistently scored lower across the different criteria. Members further noted that there was no statistically significant difference between the other 4 sites, with scorings reflecting the different strengths and weaknesses relating to each option.

Thanking Mr Lee Davies and the Planning Team for the work and extensive consultation which had been undertaken, Mr Iwan Thomas observed that while the scores appeared to be relatively clear and straightforward in terms of ranking, given the scale of the opportunity for West Wales presented by the development of a new hospital, it was incumbent upon the Board to take a wider view and to seek further insights in terms of 'future-proofing' *ie.*to investigate potential additional services and facilities which could be located on whichever site was selected and to explore opportunities to utilise the development to support the local

economy. In this respect Mr Thomas suggested that while Site 12 (Whitland) had been allocated the highest total weighted score and, at 47 acres, had a 20% capacity for expansion, Site C (Whitland), with an acreage of 157, was LA-owned which (as previously explained) would facilitate a relatively straightforward acquisition process and might provide opportunities for the HB to work with a public sector partner who wished to see investment and expansion within the region.

Continuing the theme of future investment, Mr Iwan Thomas queried whether consultation had included the identification of wider opportunities which would be afforded by a larger site among factors for consideration - eg. for business development and affordable housing - or whether the focus of consultation had been exclusively upon the new hospital. As a further example of 'future-proofing', Mr Thomas suggested that a section of the 157-acre site (Site C) could be earmarked and promoted as a space for local enterprise, which might in turn form part of the procurement and supply chain opportunities for the new hospital and serve as a business hub for the wider communities within the Hywel Dda area.

In response, Mr Lee Davies observed that while (size-wise at least) Site C provided a greater degree of physical opportunities and would be easier to acquire (as reflected in the scoring and risk-ratings assigned in the workshop) there would be a requirement to divert 2 high pressure gas mains which cross the site and to acquire additional adjoining land to the north, which would involve negotiations with a private owner. Mr Davies confirmed that potential opportunities for additional use of the site, given its size, were included in workshop discussions and that the advantages of a large area were included among the balanced consideration of strengths and weaknesses which had been applied to all the sites. Members were advised that further information in relation to all the sites was required, particularly in relation to negotiations with the landowners involved.

In regard to Mr Iwan Thomas's point relating to the identification of wider long-term opportunities, Mr Lee Davies agreed that land ownership would enable the HB to realise some of these and informed Members that, having selected a site, it might be possible to explore opportunities to acquire adjoining parcels of land in order to increase overall acreage at a later date.

Members proceeded to review the Clinical Land Appraisal, being advised that as part of the HB's strategy and following consultation, engagement and analysis which had been conducted in 2017/18, an overall zone had been designated for the building of the new hospital, with the default position being that, from a clinical perspective, any site within that zone would be suitable in terms of delivering services.

Members were advised that it had become apparent during this consultation that particular issues were linked to Paediatric, Obstetric and Neonatal service provision and that given changes in Stroke Service models across the UK which include the development of centralised Hyper Acute Stroke Units (HASUs), there had been agreement to undertake further engagement work in relation to the siting of these services.

Members noted that clinical engagement (including 2 workshops) had been included as part of the Land Selection process in order to identify whether there would be an impact from the siting of the new hospital upon the sustainability of wider clinical and support services (apart from those services previously referenced which were to be tested further). Outputs from the 2 workshops had been further tested with wider clinical groups, the Healthcare Professionals Forum and the Stakeholder Reference Group.

Mr Lee Davies explained that while the majority of the responses relating to Stroke Services indicated that the delivery of an effective service depended less upon location than upon the range of services and facilities which would be available in the new hospital and that (therefore) any point within the zone would be suitable, there was a general recognition that a central or east site would be preferable in terms of unit activity and of enabling access to workforce, particularly senior Stroke Clinicians, given proximity to major conurbations such as Swansea.

Members were informed that outcomes from the Paediatric, Obstetric and Neonatal Services workshop were significantly more definitive, reflecting a view that the location within the zone had the potential to present a significant risk to the delivery of these services, depending upon the site chosen, with a location further east representing less of a risk, and a preferred option to site services further east of the proposed zone.

Members' attention was drawn to the data analysis relating to birth numbers within the Hywel Dda area presented in the Clinical Appraisal, which, while recognising that there are a number of unknown factors, provides an indication of the modelling assumptions used in estimating the impact upon birth numbers of the siting of the new hospital. Members were informed that while it can be reasonably be assumed as a starting point that people will travel to their nearest hospital to give birth, evidence shows that, for a variety of reasons, many are willing to travel further (around 10 minutes' travel time) to access a hospital of their choice, which leads to some uncertainty in predicting what people's behaviours might be in these cases.

Members were advised that as Obstetrics services are already centralised in Glangwili General Hospital (GGH), a move further west would be likely to result in a reduction in the number of births within the new hospital, or at least (based upon scenarios involving a willingness to travel further) a sliding scale of births reduction and noted that this represented a key concern of both Obstetricians and Paediatricians involved in the engagement process.

Reflecting upon the importance of Paediatric, Obstetric and Neonatal services, both for the HB's population and for the integrity of the new hospital, Prof Philip Kloer explained that not including these services among those provided by the new site would impact upon the provision of all other services and that it was therefore crucial to ensure that there is certainty when building the new hospital that sustainable Paediatric, Neonatal and Obstetrics services could be provided within it.

Prof Kloer stated if these services were not provided within the new hospital, the nearest Paediatric, Obstetrics and Neonatal Unit would be in Singleton Hospital, which is a significant distance from the Pembrokeshire and Ceredigion populations. Prof Kloer added that, given the significance of implications relating to choice of site to deliver these services, it was very important to listen to the clinical opinions which the HB had sought.

In relation to birth numbers, Members' attention was drawn to the figure of 2,500 which was presented in the Clinical Appraisal appendices. Prof Kloer explained that this number had been taken from a report produced by the Royal College of Obstetricians and Gynaecologists (RCOG) in 2010, in which this number was considered to be the total amount of births required within an organisation to enable it to maintain a training facility, as this amount would provide a sufficient mix of common and rarer cases both to train junior doctors and to allow consultants and midwifes to maintain their skills and the currency of their knowledge. Prof Kloer added that while the documents produced by the RCOG in 2021 and 2022 did not reference this number, the peer-held view remains that birth numbers of less than 2,500 will incrementally threaten the sustainability of an Obstetric and Neonatal Unit.

Members' attention was also drawn to concerns expressed in reports from the Nuffield Trust and the RCOG to health inequalities which arise when these units are situated at considerable distances from local populations.

Prof Kloer reiterated the point made earlier by Mr Lee Davies regarding uncertainties in the modelling which has been undertaken to support decision-making processes relating to Obstetric services – for example in birth numbers, in additional travel time which people are willing to accommodate, and in the future facilities provided by Swansea Bay University HB (SBUHB) and highlighted the need to include birth numbers as a key factor upon which to base decisions regarding the siting of the new hospital, given that the HB is planning to establish a new service which would be in place for at least the next 50 years.

Noting this reference to establishing a service for future generations, Mr Paul Newman queried the extent to which the latest census figures had informed the HB's data modelling (and therefore considerations relating to choice of site), recognising that these figures evidence the changing demographic of the HB's population. Mr Lee Davies explained that the figures used to model activity in relation to travel times, as presented in the Clinical Appraisal summary, did not project forward but are based on a re-working of 2019/21 figures. Members were advised that while there has been a declining birth rate in the HB area over the previous 20 years, forward projections indicate that the rate of this decline will slow over the next 10 years, beyond which point a levelling-out of birth numbers is currently predicted. Members were advised that that the HB could therefore reasonably anticipate a loss of between 200 and 300 births from the total, irrespective of changes in service configuration, although modelling indicates an increasing additional decline in birth numbers the further west the new hospital is placed. For comparative purposes, members were informed that there are currently around 3,100 births within the HB's resident population, 260 of which are delivered in Singleton Hospital.

Mr Newman queried the extent to which demographic data indicating an increase in the HB's elderly population had been factored into modelling relating to likely increases in demand upon Stroke services. In relation to stroke data, Mr Lee Davies explained that while numbers have been relatively consistent over recent years, demographic projections suggest that there is likely to be an increase in the number of strokes among the HB's population, which would hopefully be offset by increased access to preventative medicines and enhanced provision of care in the community.

While agreeing that an increase in the age of the population proportionately increases the likelihood of a rise in the number strokes, Prof Kloer pointed out that the issue for consideration lay in how sufficient capacity could be built into a Stroke Unit within the new hospital rather than in service sustainability *per se*.

Referring to general findings from the Clinical Appraisal indicating that the clinical view is that any area would be considered to be suitable for the siting of Stroke services, subject to the provision of safe and sustainable pathways and good quality care following admission, Miss Battle referred to findings from a face-to-face workshop held with stakeholders, including patient representatives, which showed that in response to the question: *'Will the Western area (Narberth) allow for Safe, Sustainable, Accessible and Kind services for the majority of stroke patients?'*, the response of the majority of participants (6 out of 11 people) was 'no'. Miss Battle added that a ranking poll indicated Narberth (Western area) also ranked the lowest overall among the 3 proposed areas and sought comments to explain this view.

Mr Lee Davies explained that discussions in the workshop had included considerations relating to the size of the new combined Stroke service, which would depend upon its proximity to SBUHB, where a HASU was being developed which would draw in a proportion of HDdUHB residents. Responses had also taken into account the relative balance between service activity and ability to attract resource (staff), which in turn determines the sustainability of the service. Members were informed that the scoring allocated to Narberth (West) reflected the view that a central (Whitland) or East (St Clears) site would have better access to workforce.

Miss Battle further highlighted a common point made in relation to both Stroke and Paediatric, Obstetric and Neonatal services in terms of the degree to which the site choice for the new hospital would impact upon SBUHB's capacity to absorb activity from the Hywel Dda area. Mr Lee Davies agreed that wherever the hospital is sited, there would be a degree of impact upon SBUHB services and confirmed that discussion had been held with that HB. Mr Davies suggested that the interim period between the present and the completion of the new hospital would afford opportunities to mitigate or to absorb this impact.

From a more general perspective, Mr Moore reflected that all services would become less resilient the further west they were sited and that the reduction in critical mass would in turn impact upon clinicians' ability to improve their skills and the HB's ability to attract staff. Mr Lee Davies agreed that there is a clear correlation between activity, workforce and the

range of services which can be provided and observed that while the focus of discussion is those services which are currently provided, there are many further, novel, services and treatments which have yet to be developed which would require a certain level of activity base to enable their effective delivery. Mr Davies added that while these future services are unknown and cannot therefore be assessed, they are nevertheless relevant to considerations regarding the location of the new hospital.

Reiterating the points made by Mr Moore and by Miss Battle, Prof Kloer advised members that a location in the west of the zone would inevitably result in increased patient flow to SBUHB, which would in turn impact upon its system capacity, leading to a flow of resources from HDdUHB to service these additional system requirements which would result in a lower critical mass to build into HDdUHB's services.

Mrs Hardisty queried the extent to which the relationship between women and midwifes had been factored into assumptions regarding where people would choose to go to give birth. Prof Kloer confirmed that midwifes had had a strong voice in discussions, which had included the exploration of potential mitigations which could be put in place to reduce the flow of expectant mothers into SBUHB, such as locating midwifery-led units close to the border between the two health boards. Members were informed that both midwives and medical staff had emphasised the importance of the relationship built between the midwife and mother-to-be and held a common view that establishing strong and effective ante-natal facilities in the Llanelli and Amman Valley areas could constitute a key mitigation against flow from west to east to access maternity services. Responding to a query from Mr Mansell Bennett in relation to SBUHB plans to move Paediatric and Obstetric services from Singleton to Morriston Hospital, which would be easier for the HDdUHB population to access, Prof Kloer explained that these plans had since been revised and confirmed that Obstetric care would be maintained in Singleton Hospital.

Mrs Lisa Gostling provided an overview of the Workforce Appraisal, informing Members that the Workforce Land Appraisal Group had based its considerations upon the impact of zone choice upon the HB's ability to attract and retain a workforce. Members noted that zone rather than site options had been included as a basis for appraisal and that the 3 zones under consideration were Narberth (West), Whitland (Central) and St Clears (East). Members were advised that factors for specific consideration included the availability of local amenities, travel time to work and the impact on those members of the workforce who would be required to relocate to the new Urgent and Planned Care Hospital. Members further noted that staff views had been gathered via an online internal survey and drop-in centres.

Mrs Gostling explained that an appraisal showed that each of the 3 zones had similar amenities and therefore, from a wellbeing perspective, no option could be viewed as being more advantageous than another. In terms of travel analysis, Members were informed that current home-to-work travel times and patterns had been compared with those which would apply to the potential new work base options and noted that the 3 zones have similar accessibility issues which suggest a general increase in travel for many staff members in the event of transfer from Withybush General

Hospital (WGH) and GGH to any of the 3 zones. In this respect, Members again noted that no zone was considered to have an advantage over the others.

Members were advised that analysis of access to work base had been based upon the categorisation of staff resources in terms of general workforce, who could potentially work in a variety of sectors, and Registered Health Care Professionals who, while being more restricted in the type of employment they could seek, are probably more mobile and appear to commute greater distances. Members were informed that, given this consideration, the 12-mile distance between the sites furthest to the east and west was not felt to be too great and would be unlikely to deter travel within the overall zone. Mrs Gostling added that this was supported by responses received to an internal staff questionnaire in which over 50% of respondents confirmed that they would be prepared to travel to work within the zone. Members were further advised that the responses indicated that staff believed wellbeing and access to amenities to be the most important factors in determining the site for the new hospital.

Mrs Gostling highlighted the need for robust workforce planning (irrespective of site choice), utilising the Regeneration Framework to focus upon attraction, retention and development and to mitigate the potential impact upon staff members who would be required to change their work base. Members were informed that planning would also focus upon providing those things which staff felt to be important *ie.* access to training, access to research and innovation, developing links with local universities colleges and schools, accommodation to support trainees and staff on call, a robust plan to support staff travel needs and excellent wellbeing facilities on site to allow staff opportunities to rest. Mrs Gostling assured Members that work and engagement with staff would continue and that the HB would work with schools and colleges to support the workforce of the future.

Members were also advised that, recognising that the existing hospitals would continue to play a significant role in patient care and that this would require a workforce to be maintained on each of the current sites, dialogue would continue with both staff and local population in relation to the workforce which would be required in existing locations as well as in the new hospital and all efforts would be made to allay any concerns that staff might have in relation to potential changes in their work base.

Mrs Gostling concluded that - based upon all criteria utilised in the appraisal - there was no clear differentiation between the 3 zones and that no zone could be assessed as ‘better’ or ‘worse’ in terms of potential impact upon the workforce.

Miss Battle thanked Mrs Gostling for her summary and commented upon the richness of the evidence and detail which had been collated as part of the overall planning process.

Mrs Hardisty queried whether access to affordable housing had been included as a consideration in the Workforce Appraisal process, recognising that access to housing was a key factor in attracting and retaining a workforce and given relatively high house prices in some areas within the HB. Mrs Gostling concurred that housing represented an

essential consideration in attracting and supporting trainees and new recruits and confirmed that there are current affordable housing developments within each of the 3 zones. Miss Battle drew Members' attention to challenges facing overseas recruits in terms of accessing accommodation, which were frequently highlighted in Black and Minority Ethnic Advisory Board meetings.

Mr Iwan Thomas commended the staff engagement which had been undertaken to inform the appraisal and highlighted the opportunities which the new development would afford the future workforce. Mr Thomas also drew Members' attention to the excellent recruitment campaign which had been run by the HB to attract staff and suggested that as the proposal is progressed with WG it might be useful to quantify the opportunities offered by the new hospital for the wider population in terms of employment, training and development in order that parents and children of school age are aware of the educational pathways which they would need to follow in order to realise these opportunities. Mr Thomas further highlighted the need to capitalise upon the socio-economic opportunities offered which would support many elements of the local economy and benefit future generations.

Responding to these recommendations, Mrs Gostling explained that the HB had entered into strategic partnerships with local Secondary Schools and would be proactively working with them in regard to career opportunities within health services. Members were further informed that this years' Primary School leavers would be of an age to join the HB when the new hospital is opened, which highlights the need for the HB to focus upon routes into education and to provide information regarding the range of career opportunities which are available within the HB.

Members were also informed that the HB is working with CYFLE – an organisation associated with Carmarthenshire College which works closely with employers within the construction industry - to develop through the provision of training support a workforce which can support the refurbishment and repurposing the HDdUHB estate. Mrs Gostling added that 62 new apprentices would be joining the HB in September 2022 (with another 40 starting in January 2023) to follow a nursing pathway and informed Members that the HB currently has 70 apprentices who would be qualified as nurses once the new hospital opens.

Mr Moore stated that while the Board's discussions had moved from the consideration of specific site options to the wider opportunities linked to the PBC, there was nevertheless a connection to be recognised in terms of potential delay to the realisation of the benefits discussed which might arise from protracted negotiations and complications relating to land acquisition.

Responding to a query from Mr Maynard Davies as to whether the fact that a significant proportion of the HB's workforce sit within an older demographic had had any bearing upon staff responses relating to commuting preferences, Mrs Gostling confirmed that the analysis undertaken had factored in a number of differentiating categories, which included age, and highlighted the challenges facing respondents in considering what their preferences would be in the future *ie*. at the point of

completion of the new hospital. Mrs Gostling explained that for this reason, continuous dialogue would be maintained with the workforce to identify any support required in the future and confirmed the HB's intention to implement supporting measures and facilities which staff had requested as soon as possible.

Introducing the Finance and Economic Appraisal, Mr Huw Thomas thanked colleagues and the Financial and Economic Appraisal Group, which included a team of external Cost Advisors (Gleeds) who had undertaken work on the HB's behalf in developing the Appraisal.

Members' attention was drawn to the independent assessment of the HB's approach, undertaken at the organisation's request by PWC, which concluded that work had followed a clear approach and that the underlying methodologies were robust and well-explained. Members were advised that this conclusion was reassuring, given that the development of the new hospital was at an early stage and recognising the significant risks which would emerge over time, not least that posed by inflation, which would differentially impact upon components of the various cost drivers which had been identified.

Mr Huw Thomas explained that in terms of approach, the HB had applied a consistent methodology to its appraisal of the options, recognising the importance at this stage of considering cost differentials between the sites, rather than absolute costs in reaching conclusions, based upon the assumption that, aside from land purchase, all other costs would be consistent across each of the shortlisted sites.

Members were informed that 6 key cost components had been assessed in order to show the variation in the capital cost of each of the sites:

- Land Purchase; land Valuation for site development and any purchase of land which would be beneficial to site development: this represents between 20% and 30% of the total cost driver and therefore is not necessarily the most significant component, recognising that site conditions and topography often offset the differential in land purchase cost.

- Site Conditions; site-specific ground conditions, environmental constraints such as site ecology and impact of noise, existing services and cost of diversions and demolition requirements of existing buildings.

- Site Topography; site terracing requirements including bulk earth movement and retaining walls, impact on site development such as external works and impact of overall site area where an oversized site would require additional landscaping works.

- Site Drainage; on-site and off-site foul drainage such as the length of drainage run, treatment of phosphates and surface water drainage.

- Incoming Services; including water and fibre and telecoms supply.

- Off-site Highway Works; site access to include main entrance road and secondary access route, active travel route from train station and works required to existing highways such as improvements and safety measures to adjoining roads and town centre traffic calming.

Members noted that the assessment of Capital Costs showed there was little to distinguish between the 2 least expensive sites (Site 12 and Site 17), and that there was an overall range of £19.9m to £28.2m between the lowest and highest site costs, recognising that as a percentage of the overall estimated build costs this range accounts for less than 2% of the total cost differential.

In terms of revenue costs, Mr Huw Thomas highlighted the conclusions arising from the assessment carried out by the Cost Advisor:

- The revenue costs associated with the ongoing running costs of the hospital were assessed to be the same, regardless of site (there being currently no evidence to suggest that the clinical model delivered from sites would be materially different)

- The potential short-term costs were not identified as being significantly different over the lifespan of the development and were therefore not considered to be a significant driver.

Members' attention was drawn to the Economic Appraisal and the wider impact of the development, which comprised 2 elements:

- The Team did not consider there to be any differential in the economic benefit or cost across any of the sites, as the significance of the zone of influence of the site would offset any considerations linked specifically to individual site location.

- Speculative considerations around potential opportunities linked to specific sites were not included in the assessment but could be considered at a later stage.

Noting at the conclusion of this summary that there were no questions from Members, Miss Battle observed that the evidence and detail which had been presented in Members' packs, being both extensive and thorough, had pre-empted any requirement for further queries or information.

Mr Lee Davies drew Members' attention to the presentation of key considerations relating to the HB's strategic ambition to provide services which are Safe, Sustainable, Accessible and Kind, observing that these provided overall context for the development of the new hospital and largely reiterated and reinforced the points included in the various assessments:

- In regard to accessibility, the vast majority of the HB's population could access any location within the overall zone in under 1 hour, recognising, however, that some areas within the Hywel Dda footprint are more challenged than others in terms of access, particularly locations in North Carmarthenshire and on the North Pembrokeshire coast.

- Analysis reveals that, on average, the additional travel time to the various sites would range from between 6 and 11 minutes (on a sliding scale from east to west), recognising that a large proportion of the HB's population lives in the east of the region. Analysis of the more extreme travel implications (*ie*. an additional travel time requirement of 20 minutes or more) reveals a greater differential, with Whitland (Site 12 and Site C) having the least impact.

- In regard to Safe and Sustainable services, travel time analysis relating to Paediatric, Obstetric and Neonatal services in terms of estimated differential impact on total birth numbers in Hywel Dda showed the area in the east to present the least impact and therefore the least risk in terms of reducing critical mass to support a safe and sustainable service.

- Members were advised that in regard to Stroke services there were no significant conclusions which could be drawn in relation to the 'Safe and Sustainable' criteria.

Miss Battle thanked Mr Lee Davies and all colleagues involved in the Land Appraisal process for the intensive and comprehensive work which had been undertaken to date to enable Board Members to make the best, most reasoned decisions possible in this meeting.

Referencing the request made in the Land Appraisal Summary Report that the Board commence a public consultation process in relation to site selection, which concurs with the CHC recommendation and aligns with the statutory responsibility of the HB to undertake consultation under section 183 of the National Health Services (Wales) Act 2006, Miss Battle advised that the scope of consultation and questions for inclusion would be determined through discussion with the CHC and following Board decisions and requested Members' views in relation to undertaking public consultation at this stage. It was reiterated that the consultation was purely on site location and not on the, already approved, Health and Social Care Strategy.

Mrs Hardisty considered that while the work undertaken by colleagues to date had provided a wealth of detail and evidence to support the decision-making process, given the significance of issues relating to the siting of the new hospital, Members would welcome a wider range of views gathered through various consultation methods to provide further assurance that the final decision would be as fully informed and as fair and equitable as possible.

Prof Kloer concurred with this view and recommended that in deciding which site options should be included in the consultation, Members should consider the risks associated with each of the sites, including those relating to the protraction of timescales, particularly given the impact of delay both upon workforce recruitment and upon current clinical services. Prof Kloer highlighted the concerns expressed by HB clinicians regarding the sustainability of services based upon the current clinical timeline which extends to 2029 and (therefore) the detrimental impact upon services of any further extension to the planned end date, given evidence which

demonstrates the advantages in terms of sustainability conferred by delivering services from one site.

Picking up this point, Miss Battle queried whether there is a clinical consensus regarding potential delays associated with a specific site or sites. Explaining that his view was based more upon the advice of non-clinical colleagues, Prof Kloer responded that, from a more general perspective, risks linked to Site J (St Clears) might present the greatest challenge and risks to the development process.

Mr Moore commented that while an apparently straightforward and conclusive indication of risk had been presented in the scores allocated, there were a number of often complex associated factors requiring consideration, which included the management and sustainability of current systems.

In relation to consulting further with members of the public, Mr Moore concurred with the views expressed by Mrs Hardisty and highlighted the integral part which inclusive and continuous engagement had played, and would continue to play, in the development of the HB's strategy. Mr Moore also emphasised the importance of consulting upon issues and site options which the Board is able to support and confirmed that these would therefore be reviewed and modified if required in line with the outcomes of public consultation.

In relation to the short-term clinical sustainability of services, Mr Moore requested that Mr Lee Davies provide an indication regarding the likely timescales for consultation and explained that while this in itself did not detract from the need to consult, it would be useful for colleagues - particularly clinical colleagues - to be cognisant of the time required to undertake this necessary next step in the overall process.

While expressing his full support for a public consultation in order to gather as wide a range as possible of public and stakeholder views and while highlighting the need for openness and transparency, Mr Lee Davies considered it necessary to bring 3 key points to Members' attention in regard to the consultation process:

- Members should be aware there will be a cost attached, which would need to be approved by the Board.

- The consultation timescales would be subject to discussion with CHC colleagues; however, a period of between 9 to 12 months should be anticipated to fully complete the process, based upon bringing a consultation plan to the Board at the earliest opportunity (*ie.* the Public Board meeting to be held on 29th September 2022). Mr Davies drew Members' attention to the fact that consultation would not necessarily form part of a sequential overall process but could be undertaken in parallel with other elements of planning work and site investigations. Members were, however, reminded of the cost implications involved, being advised that these could not be borne by the HB and would therefore require agreement from WG.

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- The impact of the addition of a further consultation stage upon the timeline for the overall process would increase the risk of losing one or more of the sites, as at this stage there are no binding agreements in place to effectively 'place a hold' on any of the options which had been shortlisted.

Mrs Raynsford highlighted the need to ensure that the views of Primary Care and Community Services colleagues are included in a consultation exercise, particularly the 'seldom heard' voices, given the significant impact which the new development would have upon the way in which all services are accessed, and upon patient throughput and pathways. Miss Jill Patterson endorsed this recommendation and confirmed that sessions had been held with GP leads and other clinicians regarding the development plans. Members were advised that, based upon the experience gained from previous public consultation which had been held in relation to the HB's strategy in 2018, it was important to ensure that the public, while being aware that consultation related to the location of the new hospital, were fully apprised of services which would be available in their localities, both within existing hospital sites and within wider Primary and Community networks, particularly in light of service changes such as the development of integrated care models and GP cluster development, and also given the sustainability challenges currently facing some Primary and Community services.

Commenting upon an earlier point made by Mr Lee Davies, Mr Newman reiterated the importance of recognising that some elements of planning could be undertaken concurrently, observing that while public consultation was undeniably a necessary next step in the overall process, it need not preclude any other background, foundational work from being undertaken, including further investigation of site options and discussions with the relevant landowners. Mr Moore concurred with this point but emphasised the need for Members to be aware of the direct relationship between the number of site options which are progressed and the resultant extension to overall programme timelines.

Reflecting that references to 'commencing' a public consultation were somewhat misleading, given that the HB had effectively maintained public engagement in relation to its overarching strategy, including the development of the new hospital, since 2018, Mr Iwan Thomas reiterated Ms Paterson's comments regarding local service provision and suggested that in addition to consulting on the site options, it was vital that the HB communicate information - including levels of investment - relating to its existing sites and to the new community sites which are being developed in order to raise public awareness of the additional benefits resulting from the wider programme. Miss Battle thanked Mr Thomas for hosting recent meetings which had been held with Town and Community Councillors and members of Third Sector organisations in Pembrokeshire to discuss issues relating to the new development.

In accordance with Miss Battle's request that comments which had been submitted for inclusion within Board deliberations by Ms Anna Lewis (Chair of the Quality, Safety and Experience Committee), who had been unable to attend this meeting, be shared with Members, Mrs Joanne Wilson provided a summary of Ms Lewis's observations:

- Ms Lewis noted that there was no overwhelmingly clear option and thus a determination would necessarily be based upon a judgement, with that judgement being made as rigorously as possible through a unitary process of scrutiny rather than a consensus amongst individual Board Members. The same rigour should also be applied to a decision to move to public consultation, which intuitively feels right and is therefore supported.

- Ms Lewis requested that the record of the meeting show in what respects this decision reaches the threshold for consultation and expressed her belief that any site option which is clearly unfeasible should *not* be included within the scope of the consultation, as in doing this the Board would not be fulfilling its duties.

- Ms Lewis concluded that this meeting must demonstrate a robust and transparent process which the Board could assure and from which decisions regarding sites would naturally flow.

Mrs Wilson further shared comments which had been received from Ms Hazel Lloyd Lubran, Chair of the SRG, who had been unable to attend this meeting:

- Key points which had been raised regarding the new hospital development at the latest SRG meeting related to transport and accessibility and staff accommodation.

- SRG Members had highlighted the importance of stakeholders being engaged as more detail emerges and decisions are made in order that they can serve as advocates for the messaging relating to programme developments and progress. The SRG therefore requested that any questions or issues raised with partner organisations, or any rumours heard, are shared with the HB Director of Communications in order that reassurance could be provided to members of the public.

- The SRG agreed that the 'New Urgent and Planned Care Hospital Project' would be included as an agenda item for update at their meeting in November 2022 and that an additional meeting of the SRG would be arranged should a further briefing be necessary before the November 2022 meeting.

Mr Bennett suggested that at this point it was important to present the views of the CHC and, highlighting the Council's involvement in the programme development process since its inception, expressed his satisfaction with the support evidenced by Board Members for undertaking public consultation, adding that there had been consistent public and stakeholder engagement on the part of the HB throughout the process.

Referring to the consultation exercise which had been undertaken in 2018, Mr Bennett commented upon queries arising during the Technical Appraisal process in relation to plans for Prince Philip Hospital and for Bronglais General Hospital and suggested that the clinical impact of the new development upon these sites should have been communicated by the HB at an earlier stage.

Mr Bennett explained that the CHC had been involved in an observational capacity in the initial shortlisting process which had reduced a list of 12 potential options to the current 5 and recapped upon subsequent progress, including the exercise in which members of the public had been asked to score the 5 sites and a presentation which had been provided by Mr Lee Davies at a recent CHC Executive Council meeting, where there had been a unanimous view, informed by the evidence provided, that public consultation should be undertaken based upon the 5 sites shortlisted. Mr Bennett explained that should a decision be taken to base the consultation upon fewer sites, the CHC's Standing Orders would require it to meet urgently with the HB Executive Team in order that evidence supporting a decision to reduce the shortlisted sites could be provided both to CHC members and to the public.

Miss Battle thanked Mr Bennett for his comments and confirmed that these would be taken into account by Board Members in reaching their decisions.

Prof Kloer requested clarification in relation to a point made by Mr Lee Davies regarding further preparatory work which could be undertaken during the consultation period, querying whether this would apply to all sites included in the consultation and whether (if so), the further cost and potential complexities which would be added to the Outline Business Case (OBC) would have an implication for WG support for the next steps in the programme, which might in turn delay the HB's progress to these next stages. Recognising these concerns, Miss Battle further queried whether, in addition to cost, potential delay and possible impact upon WG support there would also be implications in terms of the HB's capacity to undertake the further preparatory work required.

Responding to these queries Mr Lee Davies listed 2 main points for consideration in terms of the land process itself and the development of the OBC. In respect of the first point, Members were informed that for each site which is taken forward (recognising that the consultation process would require between 9 and 12 months to produce definitive conclusions) potential costs would be incurred relating to 'rate-limiting steps' which were a requirement in the overall planning application process, for example undertaking site ecological studies over a 12- month period. Members were advised that for each process the HB would be required to make a choice as to whether to proceed and to incur the associated costs, which would total multiple hundreds of thousands pounds per site. Mr Davies further explained that the alternative option would be to allow the consultation process to conclude before undertaking further work and thereby delaying application for planning permission.

Given these options, Mr Davies expressed his preference for undertaking as much work as possible while the consultation process was underway in order to support the HB's ability to reach a conclusive decision regarding site preference in 12 months' time, notwithstanding the cost implications described. Members were advised that should the HB wish to secure its position in regard to purchasing any of the sites at a later date, it would need to reach a contractual agreement with the relevant landowner(s) and incur associated costs.

In relation to the OBC, Members were advised that the HB intended to progress pathway analysis work in parallel to the consultation, while remaining cognisant that the siting of the hospital would influence the size of the services which would be delivered from the new site. Members were informed that while to date the OBC had been relatively high-level, significantly more detail would now be required in relation to the specifics relating to the hospital and the services which it would provide, and this could not be provided until the location was established.

Miss Battle thanked Mr Davies for this explanation, which included material points for consideration, and confirmed that feedback from public meetings had highlighted the need to provide detailed information in relation to what services would be provided, both in the new hospital and on existing sites.

On behalf of the CHC, Mrs Donna Coleman observed that while members understood the rational economic imperative upon which considerations relating to the number of site options to be progressed were based, the CHC's view was that 5 viable sites had been identified and the public would therefore need to be fully apprised of reasons for eliminating any of the options at this stage.

While fully concurring with the view that the public must be kept abreast of any decisions and supporting rationale relating to the site recommendations made to them, Mr Iwan Thomas emphasised the duty of the Board to review these recommendations in order to ensure as far as possible that they were viable and robust. Mr Thomas reflected that the consultation process which had already been undertaken - albeit involving smaller groups of public and stakeholder representatives - had produced scorings and risk evaluations for each of the sites presented and it was now incumbent upon the HB to lead and take ownership of the next stage in the decision-making process through eliminating the least viable site (or sites) to enable an informed, robust and meaningful public consultation to be undertaken, based upon a smaller number of options.

Mr Lee Davies clarified points which had been made in relation to the consultation undertaken in 2018, explaining that while this exercise had related to the strategy and had resulted in the identification of the overall zone, it had not included selection of the 5 sites which had subsequently been included in the shortlist.

Observing that it might have been more helpful for the public in scoring the 5 sites identified had a greater degree of qualification been applied prior to shortlisting, which might have pre-empted the selection of some sites on technical grounds at an earlier stage in the process, Mr Bennett reiterated his recommendation that elimination of any of the 5 sites should be accompanied by a clear explanation of the supporting reasons.

Mr Moore recognised the need to maintain transparency and full engagement with the public at all stages and explained that while the discussions held with the CHC related to the Technical Appraisal process, discussions in this meeting had identified a wider range of considerations, such as the clinical perspective, which needed to be taken into account by the Board in making its decisions.

Mr Lee Davies added that during discussions held in the Technical Appraisal workshop, some reservations had been expressed regarding whether one of the site options should be progressed (Site J), and that further material issues had been reflected in the risk score and the public scores allocated to this site.

Mr Bennett concluded that the planned public consultation represented a once-in-a -lifetime opportunity for members of the public to influence the development and the location of the new hospital and that in light of this, it was important to recognise that the relationship between the HB and the public depended upon complete transparency, which – in relation to choice of site – included a full and clear explanation of any decision to eliminate further sites from the options which had been presented.

Miss Battle summarised the discussions and the decisions which had been reached by the Board as follows:

'After many years of listening to and consulting with the people of West Wales the HB's strategy - *A Healthier Mid and West Wales* – was agreed at the end of 2018. Since then, the HB had faced the unprecedented challenge of the global pandemic and the care, dedication, courage and sacrifices of everyone within HDdUHB would never be forgotten. During the pandemic work did, however, continue in planning how the HB would deliver its strategy to secure the best health and care service possible in West Wales.

In January 2022 the Board agreed its PBC, setting out at a high level how the strategy would be delivered, and this has been submitted to WG for its approval. The HB has requested a 1.3 billion pounds investment in West Wales to support this opportunity which will shape and transform care in West Wales for decades to come and, if successful, will represent the greatest investment which West Wales will ever have seen.

It is important to remember, as noted in the discussions in this meeting, that the foundation of the HB's strategy is to bring as much care as possible closer to people's homes through integrated health and wellbeing centres. Centres have been set up successfully in Aberaeron and Cardigan and an ambitious programme is in place for the establishment of further centres in many towns in West Wales. The HB remains committed to delivering these integrated centres, which will be designed with local communities to respond to local need, and its ambition is to have these in place before any changes are made to its acute hospitals.

The HB's strategy includes a new Urgent and Planned Care hospital situated between Narberth and St Clears which will attract and bring together a critical mass of staff to provide more services and better care in West Wales. In this meeting Board Members will decide, based on the detail and the evidence provided, which site or sites the new hospital may be built on.

The concerns and voices of the HB's staff and the population which it serves have been - and will continue to be – heard and the Board will

continue to listen to and take into account all views at every stage in this process.

Whilst recognising the fragility of many of the HB's services and the risk this currently and continually presents, it is important to emphasise that the HB does not intend to make changes at WGH and GGH before the new hospital is built, following which they will continue to provide valuable health services to their local communities.

After a long and comprehensive process (certified as best practice) which has been set out in the Board papers, evidence has been provided in respect of the 5 endorsed potential sites: 2 in St Clears, 2 in Whitland and 1 in Narberth.

Board Members have been advised that four parallel appraisal groups were established:

- Technical, having a majority of public members and considering whether a site is capable of supporting the development of a new hospital;
- Financial and Economic: considering the variation in cost in building a hospital on each of the potential sites;
- Workforce: considering the impact on current and future workforce by each potential site;
- Clinical: considering whether a site can provide Safe, Sustainable, Accessible and Kind services – with a particular focus upon the needs of pregnant women, babies and children`s services and Stroke services.

These appraisals have been conducted with the purpose of providing evidence to the Board which might allow the elimination of a site, or sites, from the next stages of the work. Accordingly, the outcomes of these appraisals have been studied in detail, both in this meeting and throughout this entire process, as they became available.

Members have noted the views of the CHC in respect of wishing that the public consultation include all 5 sites and the Board will take this into account when exercising its duty to consider the evidence which is presented in this meeting to inform its conclusions.

Members will also take into account that the number of sites retained will have significant cost implications for the taxpayer and, as explained in this meeting's debate, may create delay in building the new hospital and in developing the detailed service pathways which are of key importance to the HB's public and to its staff.

The outcomes of the appraisal workshops will be considered in terms of the HB's strategic objectives, which are to provide services which are Safe Sustainable Accessible and Kind.

In regard to the evidence presented:

Technically, the lowest scoring site is Site J at St Clears, where there is a 10% meaningful difference and a higher technical risk score (171). It is noted that the other sites score very closely to each other in the technical appraisal evidence.

- Members were asked whether the Board therefore approved, on the basis of the evidence presented in this meeting, that it is reasonable to eliminate Site J (St Clears) from further consideration.

- The Board unanimously agreed to the elimination of Site J.

Following elimination of Site J, 1 site at St Clears, 2 in Whitland and 1 in Narberth remain as options.

The Clinical Appraisal workstream undertook an objective assessment of the clinical implications of siting the new hospital in the east, west and central locations of the agreed zone. The attendees of the workshop were concerned that the zone would present a clinical risk to the delivery of services due to reduction in birth numbers, neonatal admissions (including days of respiratory care provided) and acute paediatric admissions, with a reduction of the critical mass required to provide a safe and sustainable service.

In relation to time-critical transfers - for example, to cardiac or neonatal intensive care facilities - the evidence shows that these transfers all go east, and a hospital in Narberth would therefore result in longer transfer times.

It was recognised that the service that can be provided would reduce in line with a reduction in the number of service users, and that a Narberth location is likely to lead both to a reduction in patient numbers and to a reduction in the number of births to below 2500, with a fall in birth numbers directly impacting the sustainability of the service. Members were advised that currently live births within Hywel Dda number circa 3000 and the peer-held view is that with a reduction in birth rates below 2500 there is a potential threat to the HB's training status and to its ability to access trainee medical workforce as a result of the reduction in critical mass. Members were advised that training status is also linked to the number of Neonatal respiratory care days (an interdependency of birth numbers). Similar risks exist around the critical mass (reduction in patient numbers and births) from a Nurse and midwifery training perspective.

Members further noted the potential impact of siting a hospital further west in terms of health inequalities for our population.

Of the three geographical areas appraised, Members were informed that the area in the east presented the least clinical risk to services. The attendees of the workshop were of the opinion that a site further east of the proposed zone would be preferable; however, the zone has already been agreed after extensive public consultation and is not part of this process. Members were also advised of the potential impact upon SBUHB capacity should services be sited further west.

In the case of Stroke services (as demonstrated in the detailed evidence provided in the appendices), when questioned whether the western area (Narberth) would allow for the provision of Safe, Sustainable, Accessible and Kind services for the majority of stroke patients, the response of the majority of participants in the face-to-face workshop held on 29th April 2022 was '*no*'. Participants were asked to rank the areas between 1 (the best) and 3 (the worst). Narberth received the lowest score and in the ranking poll was unanimously considered to be the worst, with most participants considering that Narberth could not provide a Safe, Sustainable, Accessible and Kind area for siting a hospital. While there was no clear split in the rankings between the east and central zones, the individual polls showed 100% agreement that the east could provide Safe, Sustainable, Accessible and Kind care. General findings in regard to Stroke services are that while any of the areas would be suitable, with pathways and the treatment of patients beyond their initial assessment being more important than location, a central or east location would be preferable in terms of access to workforce.

These are material considerations for the Board when deciding on the sites and there is no evidence presented which outweighs them in relation to access, workforce, financial /economic or technical elements.

- Members were asked whether the Board approved, on the basis of the evidence presented and taking into account its strategic objectives relating to the delivery of Safe Sustainable Accessible and Kind services, that it is reasonable to eliminate the site furthest west, Site 7 (Narberth)

- The Board unanimously agreed to the elimination of Site 7.

The workforce appraisal provides the Board with evidence based on the assessment of implications for workforce of the geographic locations of the shortlisted sites and the categories of workforce explored. The general findings are that there is very little difference between the identified sites in terms of recruitment and it is inconclusive to say that a site further east in the zone will have a greater impact upon securing a sustainable workforce.

The Board has heard in this meeting the views of its staff regarding what they wish to see improved and put in place to enhance their experience in working within HDdUHB. As with all the evidence presented, there is rich data here to inform improvements which can be made both now and as an ongoing process.

Similarly, the financial and economic evidence shows that there is little to distinguish between the two least costly sites, with the percentage of the overall estimated cost between the least and most costly sitting in a range which is less than 2% of the total cost of the development. Revenue costs have been estimated to be the same regardless of the site and it is not possible to determine whether the economic benefit would be different dependent on site, given the proximity of the costs.

Drawing the meeting to a close, Miss Battle extended thanks to everyone involved in the planning and appraisal process – in particular to Mr Lee Davies and the Planning Team, commending colleagues for the production

	and presentation of a highly professional, detailed, inclusive and transparent piece of work and confirming that the Board was committed to continuing in the same vein in delivering its PBC.	
	In regard to the recommendations presented in the SBAR: The Board **CONSIDERED** the evidence provided through the appraisal workstreams in relation to the five shortlisted sites and, taking into account the opinion of the CHC and the HB's strategic objectives, **DETERMINED** that Site J (St Clears) and Site 7 (Narberth) would be eliminated from the shortlist and that Sites 12 and C at Whitland and Site 17 at St Clears should be taken forward for further consideration. The Board **NOTED** the continuing development of the Equality and Health Impact Assessment and the best practice certification for the land appraisal process awarded by the Consultation Institute. The Board **DISCUSSED** the commencement of a public consultation, with unanimous support expressed by Members for providing the public with a voice in relation to the choice of best site, based upon all the evidence presented. In particular, the Board **RECOGNISED** the need to ensure that the quiet and seldom-heard voices, together with the voices of the HB's staff, and staff within Primary Care are included in this consultation. The Board **AGREED** to meet with the CHC, as requested, following this meeting to discuss in detail the reasons for having chosen these sites and **NOTED** that a copy of the Chair's summary would be provided to CHC members. The Board **NOTED** the risks identified through the appraisals workstreams and the technical risk assessment and **RECOGNISED** the need to work closely with WG colleagues in relation to the land selection and decision-making process. In view of the fragility of services, the Board **ACKNOWLEDGED** requests that work upon the PBC continue in parallel with the public consultation in order to reduce any delay, to provide the best healthcare possible and to meet the ambitious timelines which have been set.	

PM(22)149	**DATE AND TIME OF NEXT MEETING**	
	9.30am, Thursday 29th September 2022	