

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

Date and Time of Meeting:	Thursday, 28th July 2022 3.00 pm
Venue:	Hybrid: Y Stiwdio Fach, Canolfan S4C College Road, Carmarthen, SA31 3EQ Virtual via Teams

Present:	<p>Mrs Judith Hardisty, Vice-Chair, (Chairing the meeting) Mr Maynard Davies, Independent Member Professor John Gammon, Independent Member Ms Anna Lewis, Independent Member Miss Ann Murphy, Independent Member Ms Delyth Raynsford, Independent Member Mr Iwan Thomas, Independent Member Mr Winston Weir, Independent Member Mr Steve Moore, Chief Executive Mr Andrew Carruthers, Executive Director of Operations Mrs Lisa Gostling, Executive Director of Workforce and Organisational Development Professor Philip Kloer, Executive Medical Director and Deputy Chief Executive Mrs Mandy Rayani, Executive Director of Nursing, Quality & Patient Experience Ms Alison Shakeshaft, Executive Director of Therapies and Healthy Science Mr Huw Thomas, Executive Director of Finance</p>
In Attendance:	<p>Ms Jill Paterson, Director of Primary Care, Community and Long Term Care Dr Joanne McCarthy, Deputy Director of Public Health Alwena Hughes-Moakes, Director of Communications Mrs Joanne Wilson, Board Secretary Mr Jonathan Rose, SOSPPAN (Save Our Services Prince Philip Action Network) Ms Clare Moorcroft, Head of Corporate Governance Hazel Lloyd-Lubran, Chief Executive, Ceredigion Association of Voluntary Organisations and Chair, HDdUHB Stakeholder Reference Group (VC) Fiona Hancock, Senior Communications Officer (VC) Paul Harries, Health Play Specialist (VC) David Sheppard, Performance Improvement Analyst (VC) Charlotte Beare (Hywel Dda Health Board - Assistant Director of Assurance and Risk (VC) Katie Jenner, Senior Corporate Information Officer (VC) Yvonne Burson, Assistant Director of Communications (VC) Tom Wilson, Senior Communications Officer (VC) Sally Campbell, PA to Director of Finance (VC) Stephanie Hanham, PALS Officer (VC) Karen Preece, Welsh Health Specialised Services Committee (VC) Ms Karen Richardson, Corporate and Partnership Governance Officer Ms Hannah Gostling, Administration Officer, Corporate Governance Ms Sally Hurman, Committee Services Officer (Minutes)</p>

AGM(22)01	INTRODUCTIONS AND APOLOGIES FOR ABSENCE	ACTION
	<p>Mrs Judith Hardisty, Vice Chair, welcomed everyone to the Hywel Dda University Health Board (HDdUHB) Annual General Meeting and outlined the format of proceedings.</p> <p>Miss Hardisty stated that 2021/22 had been an incredibly challenging year. HDdUHB recognises the challenges ahead and endeavours to deal with the recovery from the COVID-19 pandemic and continues to deliver the best possible services for patients. Miss Hardisty thanked staff and the public for their support and understanding as HDdUHB continues its endeavours to return to pre-COVID-19 levels. This AGM provides the opportunity to look back at achievements and successes in 2021/22 and look ahead to 2022/23.</p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> • Miss Maria Battle, Chair, Hywel Dda University Health Board • Mr Paul Newman, Independent Member • Mr Lee Davies, Executive Director of Strategic Development and Operational Planning • Mr Paul Williams, Assistant Director of Strategic Planning • Ms Sian Howys, Ceredigion County Council • Mr Mansell Bennett, Chair, Hywel Dda Community Health Council 	

AGM(22)02	PRESENTATION OF HYWEL DDA HEALTH CHARITIES REPORT	
	<p>Ms Delyth Raynsford, Chair of the Charitable Funds Committee, thanked the Board for the opportunity to make a presentation on behalf of Hywel Dda Health Charities. She stated that she never ceases to be amazed by the generosity of everyone throughout all local communities and offered sincere thanks as the HDd Health Charities work would not be possible without the generous support of our staff and public. Ms Raynsford introduced the presentation as a snapshot of the work undertaken by Hywel Dda Health Charities and supporters for which she thanked them again. The presentation highlighted:</p> <ul style="list-style-type: none"> • Total of £1.17m raised through donations, legacies, trading, investments and grants. • Total expenditure of £1.66m to enhance care, experience and outcomes for 12,476 staff, 385,000 population, four acute hospitals, five community hospitals and two integrated care centres. • Funding six major projects to support health and wellbeing of staff with a grant of £242,000 from the NHS Charities Together COVID-19 Urgent Appeal. • Purchase of an ECG machine for the Intensive Care Unit at Prince Philip Hospital: £8,000. • Purchase of a new lung function machine for the Cardio-Respiratory Department at Worthybush Hospital: £38,000. 	

	<ul style="list-style-type: none"> Funded cycle training for staff at Cwm Seren Mental Health Unit in Carmarthen to support patients to use bicycles for exercise and leisure. <p>Developments include:</p> <ul style="list-style-type: none"> September 2021: Launch of the HDd Health Charities lottery to support fundraising November 2021: Launch of the Bronglais Chemotherapy Appeal whose aim is to raise £500k to provide a purpose-built chemotherapy day unit for Bronglais General Hospital. <p>Following the presentation Mrs Hardisty offered heartfelt thanks to everyone involved in fund raising for HDd Health Charities and added the presentation was on the Health Board's website.</p>	
--	---	--

AGM(22)03	PRESENTATION OF ANNUAL ACCOUNTS	
	<p>Mr Huw Thomas, Director of Finance, thanked everyone involved in fund raising for their kind donations to the HDd Health Charities emphasising that they do make a significant difference.</p> <p>Mr Thomas was delighted that after two years of online meetings, this AGM was 'in person' as things gradually return to 'normal' after the COVID-19 pandemic. He emphasised that 2021/22 had been another challenging year, as reflected in HDdUHB's accounts which give a true and accurate account of the HDdUHB's financial status. Mr Thomas highlighted the following :</p> <ul style="list-style-type: none"> Expenditure amounted to £1.2b with £1.1b from WG and the remainder from other sources. The annual deficit of £25m was on target and was the same as for 2020/21. <p>With regard to statutory targets, Mr Thomas highlighted the following:</p> <ul style="list-style-type: none"> The Health Board was unable to have an approvable Integrated Medium Term Plan due to the historic financial deficit, however, continues to liaise with Welsh Government in this regard. Although aggregate expenditure exceeded aggregate funding over the period 2019/20 to 2021/22, the overspend is reduced, however, the Health Board remains overspent annually. Net capital spend has been contained within the capital resource limit. <p>In respect of administrative targets:</p> <ul style="list-style-type: none"> 95.2% of non-NHS creditors had been paid within 30 days of receipt of goods/invoice against a target of 95%. The cash balance held did not exceed 5% of the monthly cash draw down from Welsh Government. <p>In summary, £200m was spent on initial services, £250m on other providers and £700m on hospital and community services.</p>	

Mr Thomas also described the capital investments made by the Health Board, highlighting:

- £7.1m on compliance with fire regulations.
- £10.6m on imaging
- £2.5m on Phase 2 of the women and children's development at Glangwili General Hospital.
- £1.8m on decarbonising with improvements across number of locations.
- £18m to provide a surgical day unit at Prince Philip Hospital which will help to address the waiting list issues.

Mr Thomas introduced a video presentation which highlighted the following:

- The Health Board received an additional £75.5m from Welsh Government to deal with additional cost pressures caused by the pandemic.
- £32.2m of this funding was used for additional beds for COVID-19 patients, additional spacing, enhanced cleaning regimes to reduce the spread of infection and additional workforce costs to support increased staff absence.
- £19.1m of Welsh Government secure COVID-19 funds has been spent to support elective care recovery targeted improvements in cancer, ophthalmology and other pathways.
- A very successful COVID-19 vaccination programme was developed and implemented
- Financial support was provided to adult social care providers recognising the important work they do within the sector.
- Dealing with the effects of COVID-19 presents an increasingly difficult financial challenge for 2022/23. However, the Health Board will continue to deliver improvement programmes and will tackle the unprecedented number of patients on waiting lists. There are significant pressures on the health and social care system, including £30m of cost pressures linked to patient flow within acute services, exceptionally difficult resourcing constraints and a very tired workforce. The Executive Team's planning objectives are aligned to respond to meeting these challenges by transforming services to deliver the best care possible for patients.

Mr Thomas stated that the following years will be difficult and the services provided, demands across services do not reduce whilst supply costs, staff costs and general costs are ever increasing. He added that transforming services is an integral part of the Executive Team's objectives, to ensure the Health Board can respond to those requirements. The needs of communities and patients are always put first and align with the work of the Health Board.

Mr Thomas thanked, staff, partners and volunteers for their tireless work to keep patients safe.

Mrs Hardisty thanked Mr Thomas for his presentation.

AGM(23)04 PRESENTATION OF ANNUAL REPORT

Mr Steve Moore, Chief Executive, stated that 2021/22 had been another remarkable year in which the Health Board had faced challenges in service delivery which were met by its amazing staff, to whom he paid tribute for their kindness, persistence, professionalism, creativity and relentlessness.

Mr Moore referred to the six strategic objectives introduced in 2020 which continue to guide and direct the Board's work which taken together help build a kinder, healthier place in West Wales to live and work:

- Putting people at the heart of everything we do;
- Working together to be the best we can be;
- Striving to deliver and develop excellent services;
- The best health and wellbeing for our communities;
- Safe, sustainable, accessible and kind care;
- Sustainable use of resources.

In reviewing the year 2021/22, Mr Moore drew attention to the following:

- The COVID-19 pandemic continues to significantly impact staff and services and has been really challenging, however, the Health Board continues to change and adapt with every new wave of infection which presents a unique set of challenges as the population moves into a new 'normal' which is to live with the virus. He added that it is important staff have time to rest and recover and that the Health Board continues to focus on reducing the significant challenges of waiting across the whole service.
- In 2021/22 the Health Board continued to work in partnership with Welsh Government, local authorities and other agencies to deliver a strong test, trace and protect strategy which has been vital in keeping staff and communities safe.
- The regional response cell continued to provide the infrastructure to operate and local monitoring data on trends informed the response to the changing virus at every stage to reduce the spread of infection.
- The COVID-19 vaccination programme was one of the major success stories for NHS being the biggest mass vaccination campaign in its history. Mr Moore stated that he was very proud of the work the vaccination teams, volunteers and staff had undertaken throughout the pandemic. He was also indebted to the local population for their response in protecting both themselves, their loved ones and the NHS. The pandemic had

precipitated the fastest, large-scale service redesigns across the Health Board which was the first Health Board in Wales to offer the first and second vaccines to its population through its primary care services.

- There has been a shift to digital access to services across the Health Board which has also seen the expansion of community pharmacy and optometry services.
- Community teams also rose to the challenge as services came under strain, supporting people with cancer in partnership with Macmillan Cancer Support, training community pharmacists in mental health first aid; virtual wards and remote monitoring of vulnerable people together with the expansion of community beds to support hospitals at a time of maximum pressure.
- Therapists and diagnostic teams also played a vital role in response to the pandemic with the establishment of a local long-COVID-19 service which continues to work on recovery.
- The epicentre of the pandemic response has been the four acute hospitals which reconfigured services in order to be able to continue to provide safe access to emergency and urgent care.
- As the pandemic becomes more manageable, the Health Board has focused on recovery and capital developments including the opening of the special care baby unit and maternity unit at Glangwili General Hospital, new scanners at Withybush General and Glangwili General Hospitals together with the facility established at Prince Philip Hospital which, when commissioned, will accelerate planned care recovery for those who are waiting for care.
- The programme business case has been developed which will provide the infrastructure and reconfiguration of services for the future of care in west Wales.
- There has also been a range of other developments, including, in particular, the dedicated research facilities at Glangwili General Hospital research. The research work undertaken is remarkable and it is hoped to open a similar research facility at Bronglais General Hospital.
- There are other services to acknowledge for their work during the pandemic: the GP out of hours service, cancer teams, eye care teams and new community cataract services, mental health teams, bowel cancer testing teams, the mental health 111 press 2 service; all staff rose to the challenge during the pandemic and continue to do so. Family liaison officers worked hard during the pandemic to keep patients in contact with loved ones and endeavoured to ensure they stayed connected.

	<ul style="list-style-type: none"> • Engagement has been challenging during the pandemic, helped but not replaced by technology. Many partnerships have been strengthened during this time, particularly local authorities, universities, in particular, the development of the School of Nursing in Aberystwyth and the links now made with the care home system. • Staff have gone above and beyond in the face of unparalleled pressures and challenges and a key priority for the Board is to continue to find new ways to support staff. The relationship managers who are embedded within teams who support colleagues in their development and drive the supportive, caring culture throughout the organisation. A wellbeing campaign has been launched with wellbeing at work webinars, rest and recovery sessions, recovery in nature and ecotherapy workshops and giving staff a retreat for reflection and time to restore themselves. Mr Moore again praised staff for their remarkable achievements over the last two and half years. • The Health Board is developing a long-term workforce plan that other health boards in Wales are looking to adopt, working closely with BAME advisory groups, staff and other partnerships and groups to ensure the organisation is as connected as it possibly can be, pursuing schemes related to decarbonisation, developing green spaces, further developing the apprenticeship academy scheme and, as mentioned at the earlier public board meeting, the establishment of the first joint apprentices between HDdUHB and local authorities in Wales. • The Health Board aims to be a fully bilingual service, not just through language, but also embracing the wider culture of west Wales. <p>In conclusion, Mr Moore stated that he was very proud to be a very small part of a fantastic organisation. HDdUHB is still very much in the midst of a pandemic which has shaped service delivery and will continue to provide challenges. He added that reflecting over the last year, which has been another challenging yet remarkable year, HDdUHB is still on a mission to build a kind and healthy mid and west Wales.</p> <p>Mr Moore introduced a video presentation which highlighted his reflections on the year 2021/22 and he encouraged members of the public to look at the Annual Report that is available on the website.</p>	
--	--	--

AGM(22)05	QUESTION AND ANSWER SESSION	
	Ms Hardisty opened the floor to questions. She stated that members of public had been invited to submit questions remotely for which were taken in the meeting; answers in full will be posted on the HDdUHB's website.	

Question: Why are there no hip and knee operations taking place at Withybush General Hospital?

Mr Andrew Carruthers apologised sincerely for the delays in treatment and gave assurance that the Health Board is working as hard as possible to improve the situation. He added that COVID-19 has had a significant impact on waiting times across the UK over the past two years and it is proving challenging to re-establish the level of service capacity prior to March 2020 due primarily to continuing limitations of nurse staffing resources. The Health Board currently is able to support one elective ward area only at Withybush General Hospital, from Monday-Friday.

The Health Board has been tasked with the difficult decision as to which surgical specialties to prioritise for delivery at each hospital site, taking account of British Association of Orthopaedics' guidance and maximising the use of staffing and theatre availability in order to deliver the greatest volume of activity possible across each of the hospital sites and reduce the number of patients waiting within the quickest timeframe. Therefore, Withybush General Hospital is used to support shorter stay, overnight and day case surgery across a range of specialties, including cancer and orthopaedics. Mr Carruthers gave assurance that the Health Board will continue to review which services can be safely provided on each acute hospital site with the intention of accelerating the delivery in order to achieve pre-COVID-19 levels of service.

Question: Why is the Board so intent on downgrading Withybush General Hospital and leaving Pembrokeshire without a major hospital?

Professor Philip Kloer responded that it is the Health Board's aim for Withybush General Hospital to provide high quality urgent, emergency and planned care and make the best use of its facilities during the time to prepare for the new hospital. He added that even after the opening of the new hospital, Withybush General Hospital will be repurposed to play a key role within the system providing health care and supporting health and wellbeing for the population in Pembrokeshire.

Question: Why is the Health Board closing wards? In particular the children's ward and how are we going to help parents with travel costs?

Mr Carruthers stated that the inpatient children's ward at Withybush General Hospital closed in 2014 and was replaced by a Paediatric Ambulatory Care Unit (PACU). In the interim, it has been used for number of different clinical services. In March 2020, the PACU was relocated to Glangwili General Hospital to enable an additional clinical environment to facilitate the management of infection control issues relating to the COVID-19 pandemic. In September 2021, Welsh Government directed all Health Boards to prepare for an increase in paediatric patient presentations of Respiratory Syncytial Virus (RSV) and as a result the Health Board reinforced the

temporary pathway from Pembrokeshire to Carmarthenshire for which is enacted a detailed communications plan.

With regard to travel costs to assist parents, the children's ward is able to accommodate one parent at the bedside. A designated, local guest house is available for families. The Health Board would facilitate the use of approved taxis where practically possible. To date, there have been no requests for assistance with regard to travel costs.

Question: How many patients in total are being treated in other hospital areas who would have previously been treated at Withybush General Hospital? What is the breakdown of illnesses and treatments now being given elsewhere? Why are you doing this?

Professor Kloer stated that this was a complex question which will be treated as a Freedom of Information request.

Question: What is the Health Board doing to attract medical staff to the area and what training plans are in place?

Mrs Lisa Gostling responded that the Health Board looks not only to attract but also to retain its staff. A warm welcome and good induction programme are provided for anyone joining HDdUHB. The medical induction is being reviewed to include a programme for overseas medical staff. An Aspiring Medical Leaders Forum has been created together with a new Consultants' Development Programme and an SAS Doctors' Forum, all of which offer development opportunities. The Health Board provides training and supports continuing professional development throughout.

Clarification is sought on the development of new community health hubs and why the Health Board spent £646,000 on Fishguard Health Centre instead of Withybush General Hospital and keeping Goodwick Medical Centre open?

Professor Kloer responded that north Pembrokeshire was identified as an area of importance in transforming the delivery of clinical services. The Health Board invested £646,000 on phase 1 of the development which amalgamated Fishguard Health Centre with Goodwick GP practices and district nursing teams, to improve and provide a whole range of community services in the Fishguard area and address issues around the sustainability of local general medical services. The development of phase 2 will provide opportunities to develop new integrated models of care with staff working with colleagues in the local authority and the third sector to progress the implementation of the social model for health and care closer to home.

Question: Has the Health Board considered how the new 20 mph speed limits being introduced will impact the 'golden hour'?

Professor Kloer responded that the Health Board's proposals for the new hospital are mapped to ensure that an emergency response is as close as possible to being within one hour of most populations in the area. The Welsh Ambulance Services Trust (WAST) has been involved in and will continue to be involved in all of the design process. Professor Kloer added that the term 'golden hour' commences when the emergency call is received and continues with arrival of the paramedic who can provide immediate care and support at scene to allow the extra journey time for patients to be treated at the most appropriate hospital. He further added that emergency services provision has been enhanced by the extension of the Wales Air Ambulance to a 24/7 service since July 2020.

Professor Kloer emphasised that by improving staffing and ensuring the safety of specialist services through the new urgent and planned care hospital, there will be quicker access to more senior, specialist doctors and required associated support services.

Question: Why is the Health Board not listening to the people of Pembrokeshire who say they need Withybush General Hospital and why will the Health Board not listen to the people of Pembrokeshire who say they need Withybush General Hospital?

Professor Kloer responded that even after the opening of the new hospital, Withybush General Hospital will play key role in the provision of health care and promoting health and wellbeing to the local population through transforming the clinically-led clinical services process, engagement and consultation, linked closely with all community services in Pembrokeshire. He added that the Health Board cannot effectively staff two accident and emergency departments in Glangwili General Hospital and Withybush General hospital; services are stretched with a small number of consultants spread across both sites. Much higher quality services will be provided in the new hospital.

Question: Will the Health Board be able to guarantee that there will be no deaths or serious illness caused by the additional travelling time to the new hospital?

Professor Kloer stated that the Health Board's aim is to improve health and reduce harm. The Health Board will work with its partners to deliver healthcare services and minimise any risk to the population.

Question: Can we have a vote of no confidence in Hywel Dda?

Mr Steve Moore responded that there is no formal framework or process to enable this to happen. He added that the Board is clear with regard to its duty to take account of the views of individuals and

ensure those views are considered in any decision making. The Board is keen to work with communities and individuals and take account of representations as part of their deliberations.

Please split the 900 vacancies as advised by Miss Battle between the main hospitals.

Mrs Lisa Gostling responded that as at 30 June 2022, total Health Board vacancies amounted to 816.90 whole time equivalent (WTE) of which, 153.98 were in the approval stage. The total number of acute vacancies is 444.92 WTE with 36.86 in approval stage. To break down further:

Bronglais General Hospital	86.92 WTE
Prince Philip Hospital	56.85 WTE
Withybush General Hospital:	95.08 WTE
Glangwili General Hospital:	169.21 WTE
Total	408.06 WTE

All Health Boards in Wales are required to advertise vacancies in Welsh and in English unless the vacancy is deemed 'Welsh not required'. The Health Board advertises in English only if it undertakes recruitment campaigns outside of Wales.

A workforce appraisal group was created to enable a better understanding of the impact on staff of the new site; the response rate was low, however, engagement will staff will continue.

Question: Why does the proposed new hospital have 90 less beds than the existing combined total of Withybush/Glangwili?

Professor Kloer responded that the new urgent and planned care hospital will provide design separation between planned and emergency care enabling a reduction in waiting times and the ability to better respond to unscheduled care. Glangwili General Hospital and Withybush General Hospital will operate as local community hospitals, with beds being therapy and nurse-led, focusing on rehabilitation and less acute needs which will strengthen the ability to deliver same-day emergency care for ambulatory sensitive conditions, including GP-led services for minor injuries and illness, as well as beds for those requiring additional support in a non-acute hospital setting. Currently at both Glangwili General Hospital and Withybush General Hospital there is a mixed economy of 594 beds; modelling undertaken for the programme business case suggests that 504 acute beds on the new site will be required with therapy and nurse-led community beds in Glangwili General Hospital and Withybush General Hospital totalling 120, a total of 624 beds across three sites.

Question: What is the projected staff increase to allow Withybush General Hospital/Glangwili General Hospital to operate up to transfer and also staff new hospital to allow for its workup?

Mrs Gostling responded that if the question is workforce related to the level of vacancies, the workforce plan will address the challenges that are faced to attract, develop and retain a stable workforce in both hospitals and communities. Also, replacing the acute services over two sites with a single acute service in the new urgent and planned care hospital will enable the Health Board to reduce duplication, align specialist staff and deliver economies of scale in a single location. This is likely to be more attractive for the recruitment and retention of staff. The new urgent and planned care hospital will form part of the solution to safe and sustainable rotas and provide the ability to attract doctors, as the rotas will be less demanding on individuals. Another benefit is allowing specialist staff the opportunity to see a sufficient number of patients to maintain and build their expertise in specialist areas and to network with colleagues.

Professor Kloer responded that if the question is about the commissioning of the new site, the detail on the WTE required through commissioning and service transfer is unknown but will be included in the programme business case process at an appropriate time.

Question: Given the extra miles that ambulances will need to travel out of Pembrokeshire/Ceredigion, what increase is proposed for emergency vehicles? Withybush/Glangwili are currently near large police stations - how will this affect policing when the new hospital, wherever located, will be less close?

Professor Kloer responded that there are a whole range of key stakeholders, including the police, local authorities and other third sector organisations that are involved in the implementation of the health and care strategy and HDdUHB will work closely with them all in order to understand the provision that will be needed in the new hospital facility which will be part of the programme business case development process. With regard to ambulance services, HDdUHB has worked with the Welsh Ambulance Services Trust (WAST) and will continue to work with them in every health pathway. Further work is required to be able to include the detail for the new hospital within the programme business case.

Question: Given the collapse of NHS dentists in Hywel Dda area what happens to unspent money? Is this ring fenced and returned to Welsh Government or does it go into Hywel Dda's funds?

Ms Jill Paterson responded that the Health Board budget for primary care dental services is fully committed to the provision of NHS dental services. Primary care dental services are working in a period of recovery following the pandemic and dental practices are following Welsh Government guidance prioritising patients with the greatest need which does mean that routine access to NHS dentistry is currently difficult due to the high levels of demand for

urgent dental care which has been generated by reduced access to services due to the pandemic. The Health Board works closely with dental practices to ensure there is a sustainable increase in access to services, however, recruitment and retention issues and compliance with infection control procedures are impacting on the service's ability to recover to the pre-COVID-19 access levels. The Health Board recognises the challenges faced in terms of recruitment and urgent access and actively takes steps to reinvest any existing budget, however, not necessarily in the same financial year they become available.

Question: What is the HB doing to ensure safe staffing across all clinical teams especially those without coverage within section 25b of the Wales Staffing Levels Act?

Mrs Mandy Rayani responded that the Health Board has a duty under the Nurse Staffing Levels (Wales) Act to ensure there are robust workforce plans, recruitment strategies, structures and processes in place. Section 25A has been incorporated within section 25B. Nurse staffing levels are reviewed throughout the year to ensure they meet patient care needs. Staffing levels are risk assessed on a shift-by-shift basis taking into account patients' acuity needs. Temporary staff are deployed whenever necessary. Staff are fully supported to undertake continued professional development in education and competencies to be able to meet the needs of patients in their care.

Question: What contingencies are there to re-prioritise services should another COVID-19 wave be experienced and what plans are there around the vaccination programme for the autumn?

Ms Paterson responded that the Health Board will reinstate its COVID-19 plan and prioritise services in a proportionate way in the event of a further COVID-19 wave.

With regard to the vaccination programme Ms Paterson stated that the Health Board had previously delivered a robust programme and that plans are underway, following Joint Committee on Vaccination and Immunisation (JCVI) and Welsh Government guidance. There is interest and commitment from primary care contractors to deliver the COVID-19 vaccination alongside the existing flu vaccination programme in the autumn, however, it is anticipated that this may not be possible across all primary care sites.

Question: How are staff welfare and wellbeing being supported as they continue to see exceptional demand on services whilst supporting the recovery plan?

Mrs Gostling responded that staff welfare and wellbeing are paramount. There is a dedicated, confidential staff psychological wellbeing service providing a range of services for staff to help sustain and improve mental health and wellbeing with access to guidance, support and resources relating to mental health and

wellbeing at work and team resilience with an ongoing programme around rest and recovery. Staff also have access to one-to-one psychological support from an in-house team of professionally trained practitioners with 'phone support access 24/7 via Care First, the employee assistance provider, together with access to evidence-based programmes and courses that support mental wellbeing and the provision of an innovative new recovery in nature ecotherapy programme for staff experiencing work related stress or signs of burnout. There are many other ways in which the Health Board supports its staff, for example, the internal HAPI app for all staff benefits and wellbeing support pathways, wellbeing roadshows, the implementation of Work In Confidence, where staff can raise any issues or ideas, specific action plans around financial wellbeing to support staff through the current cost of living crisis, general financial webinars to support staff in managing finances, a programme of work to create and enhance staff rest areas to support recuperation and recovery. Grant funding was approved by NHS Charities with the overall aim to deliver a range of projects that improve the health and wellbeing of staff. Projects identified for support complement our existing in-house offering of staff psychological wellbeing services and occupational health provision. Staff can also access £100 per person to enable them to learn a new skill/craft/hobby, which does not have to be work related.

Question: What support will be given to staff experiencing long COVID-19 symptoms?

Mrs Gostling responded that from March 2020 until June 2022 changes were made to terms and conditions for everyone who develops long covid to support them to return to work and help with any financial implications. Long covid support is available following referral by GPs and the Occupational Health Service to the Long Covid Service which provides support from multi-professional rehabilitation professionals to individuals who experience long covid symptoms of fatigue with flexible working arrangements and bespoke phased return to work plans. The workforce team links with managers and staff with long covid to check-in, advise and update the employee and the manager on any updated provisions and support available to them; a number of staff are being supported by the long covid service.

Question: Why is the Health Board looking to move medical services, particularly A&E, more than an hour away from some Pembrokeshire residents?

This is similar to previous questions and Professor Kloer responded that the Health Board is working with local authorities and other key stakeholders as part of the planning process for the proposed new hospital. With reference to medical services, he stated that each year it becomes hard and harder to maintain and deliver safe care; sustainability continues to be a challenge and the way facilities and workforce are spread across the various sites create difficulties. By moving services, the Health Board is able to provide improved ways of working for doctors to allow enhanced peer support and therefore,

an enhanced education experience enabling better recruitment opportunities, in turn there is a higher quality of excellent care provided and patients can be seen more quickly.

The Health Board's proposals for the new hospital were mapped to ensure emergency service provision; any pathway put in place, including safe transfer to an appropriate hospital, is as close as possible to being within an hour of most populations in the area. The programme of transformation has been clinically led, specifically to ensure the safety of patients.

By separating planned and emergency care at the new hospital, the risk of emergency activity negatively impacting on planned care, through cancelled operations will be avoided.

Mr Winston Weir left the meeting

Question: With the cost of living crisis and deprivation already a major issue in many areas of Llanelli, what is Hywel Dda University Health Board doing to ensure the poorest can access healthcare services free of charge?

Dr Jo McCarthy responded that this is worrying and challenging. There is a clear risk to both physical and mental health, due to the additional stresses caused; ie, the reduction of disposable income for healthy food and issues heating homes and travelling. As part of the Health Board's strategy, it is looking to provide as much care as close to home as possible, for example, the COVID-19 and flu vaccinations will be delivered together this autumn, reducing the need for multiple appointments and for people to travel to mass vaccination centres. The Health Board is working with schools' and pre-schools' health teams to identify and address issues affecting children and is putting in mitigation measures and support where particular issues are highlighted. The Health Board is also working on longer-term solutions to try to ensure that the impact of the cost of living crisis on the health and wellbeing of our population is reduced as far as possible.

Question: What progress has been made in the development of a midwife led maternity unit for Llanelli?

Mr Carruthers responded that the development of a midwifery-led maternity unit was not part of the Healthy Mid and West Wales Strategy that was approved in 2018; locations in that strategy have been repurposed. Should the new hospital development be approved, new pathways for maternity services will be developed in discussion with clinical teams and a midwifery-led unit in Llanelli will be part of those discussions.

AGM(22)06	CLOSING REMARKS	
	Mrs Hardisty informed Members full responses to all the questions raised would be issued to all those who had raised questions noting these would also be available on the Health Board's website.	

As there were no further questions, Mrs Hardisty thanked everyone who participated in the Annual General Meeting. She thanked the Executive Directors and colleagues for responding to questions and for presentations on the annual report and annual accounts. She particularly thanked the Board Secretary and her team for ensuring the AGM could go ahead as a hybrid meeting; virtually and partially in person.

Mrs Hardisty closed the Annual General Meeting.