

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

Date of Meeting:	9.30AM, THURSDAY 27TH JANUARY 2022
Venue:	VIRTUAL, VIA TEAMS

Present:	<p>Miss Maria Battle, Chair, Hywel Dda University Health Board Mrs Judith Hardisty, Vice-Chair, Hywel Dda University Health Board (VC) Mr Maynard Davies, Independent Member (Information Technology) (VC) Professor John Gammon, Independent Member (University) (VC) Cllr. Gareth John, Independent Member (Local Government) (VC) Ms Anna Lewis, Independent Member (Community) (VC) Miss Ann Murphy, Independent Member (Trade Union) (VC) Mr Paul Newman, Independent Member (Community) (VC) Ms Delyth Raynsford, Independent Member (Community) (VC) Mr Iwan Thomas, Independent Member (Third Sector) (VC) Mr Winston Weir, Independent Member (Finance) (VC) Mr Steve Moore, Chief Executive Professor Philip Kloer, Executive Medical Director and Deputy Chief Executive (VC) Mr Andrew Carruthers, Executive Director of Operations (VC) Mr Lee Davies, Executive Director of Strategic Development & Operational Planning (VC) Mrs Lisa Gostling, Executive Director of Workforce and Organisational Development (VC) Dr Joanne McCarthy, Consultant in Public Health, deputising for Mrs Ros Jervis, Executive Director of Public Health (VC) Mrs Mandy Rayani, Executive Director of Nursing, Quality & Patient Experience (VC) Ms Alison Shakeshaft, Executive Director of Therapies & Health Science (VC) Mr Huw Thomas, Executive Director of Finance (VC)</p>
In Attendance:	<p>Ms Jill Paterson, Director of Primary Care, Community & Long Term Care (VC) Mrs Joanne Wilson, Board Secretary Mr Michael Hearty, Strategic Advisor (VC) Mr Paul Williams, Assistant Director Of Strategic Planning (VC) (part) Mr Jonathan Griffiths, Pembrokeshire County Council Director of Social Services, Local Authority Representative (VC) Ms Hazel Lloyd Lubran, Chair, Stakeholder Reference Group (VC) Mr Mansell Bennett, Chair, Hywel Dda Community Health Council (VC) Ms Donna Coleman, Chief Officer, Hywel Dda Community Health Council (VC) Ms Anne Beegan, Audit Wales (VC) (part) Ms Clare James, Audit Wales (VC) (part) Ms Clare Moorcroft, Committee Services Officer (Minutes) (VC)</p>

Agenda Item	Item	Action
PM(22)01	INTRODUCTIONS & APOLOGIES FOR ABSENCE	
	The Chair, Miss Maria Battle, welcomed everyone to the meeting and invited attendees to remember that 27 th January is designated Holocaust Memorial Day, which marks the liberation of Auschwitz-Birkenau, the largest Nazi death camp in occupied Poland. It is the day for everyone to	

	<p>remember the six million Jewish people murdered in the Holocaust, and the millions of people killed under Nazi persecution, and in genocides which followed, in Cambodia, Rwanda, Bosnia, and Darfur. Holocaust Memorial Day is an opportunity for us to reflect on those whose lives were changed beyond recognition, and to challenge prejudice, discrimination and hatred in our own society today. Holocaust Memorial Day reminds us that we all have a role to play in ensuring that we learn the lessons of the past, to create a safer, better future.</p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> • Mrs Ros Jervis, Executive Director of Public Health • Dr Hashim Samir, Vice Chair of Black, Asian and Minority Ethnic (BAME) Board Advisory Group 	
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PM(22)02	DECLARATION OF INTERESTS	
	No declarations of interest were made.	

PM(22)03	MINUTES OF THE PUBLIC MEETING HELD ON 25TH NOVEMBER 2021	
	RESOLVED – that the minutes of the meeting held on 25 th November 2021 be approved as a correct record.	

PM(22)04	MATTERS ARISING & TABLE OF ACTIONS FROM THE MEETING HELD ON 25TH NOVEMBER 2021	
	<p>An update was provided on the table of actions from the Public Board meeting held on 25th November 2021, and confirmation received that all outstanding actions had been progressed. In terms of matters arising:</p> <p>PM(21)191 - MATTERS ARISING & TABLE OF ACTIONS FROM THE MEETING HELD ON 30TH SEPTEMBER 2021: PM(21)153 – Mrs Lisa Gostling reported that she had met with representatives from Health Education and Improvement Wales (HEIW) on 26th January 2022 and that a follow-up meeting is scheduled for 4th February 2022. An update would, therefore, be provided as planned to the People, Organisational Development & Culture Committee (PODCC) meeting on 15th February 2022.</p> <p>PM(21)191 - MATTERS ARISING & TABLE OF ACTIONS FROM THE MEETING HELD ON 30TH SEPTEMBER 2021: PM(21)160 – Miss Battle requested an update on plans to schedule a workshop on Social Care. Mr Steve Moore advised that a planning meeting has been arranged on 10th February 2022 between himself, the Director of Primary Care, Community & Long Term Care and other stakeholders. Due to the commitments of those likely to be involved, it is anticipated that the workshop itself will not be scheduled until the end of March or beginning of April 2022.</p> <p>PM(21)200 – Miss Battle requested updates on the two actions under this reference: engagement with traditionally ‘hard to reach’ groups and provision of detail regarding composition of the public panels. Mr Lee Davies stated that draft plans around engagement with ‘hard to reach’ groups are being developed, which will be presented to the next Board meeting. In regards to the public panels, this had been discussed at the</p>	LD

	<p>Executive Team meeting on 26th January 2022 and the outcome will also be presented at a future Board, the March 2022 meeting if possible.</p> <p>PM(21)211 – in response to a request for an update on Endoscopy provision, Mr Andrew Carruthers advised that a possible regional approach to this issue had been discussed with Swansea Bay UHB (SBUHB) earlier in the month. A workshop to further explore this is planned for February/March 2022, with the support of the ARCH (A Regional Collaboration for Health) team. It is hoped that proposals will emanate from this workshop. It was agreed that consideration should be given to the most appropriate forum for discussion of proposals in relation to Endoscopy provision.</p>	<p>LD</p> <p>JW/AC</p>
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<p>PM(22)05</p>	<p>REPORT OF THE CHAIR</p> <p>Miss Battle presented her report on relevant matters undertaken as Chair since the previous Board meeting, adding that she and the Chief Executive had visited the new Special Care Baby Unit (SCBU) at Glangwili General Hospital, which had officially opened on 25th January 2022. Whilst the care provided in the previous SCBU had been wonderful, the environment itself had not been fit for purpose. Development of this new facility emphasises the importance of progressing the Programme Business Case for the Health & Care Strategy being discussed later on the agenda, with its associated ambition to bring all HDdUHB sites up to standard. Returning to her report, Miss Battle highlighted in particular the UHB's quest to obtain the views of children and young people on the care they have received. Also, the ongoing work around culture, which is so crucial. Referencing the successes outlined within the report, Miss Battle drew Members' attention to the Nutrition and Dietetics team from Pembrokeshire, named top screener in Wales by the British Association for Parenteral and Enteral Nutrition. Members also heard that the Frailty Unit (Ward 12) at Withybush General Hospital has won a silver award in the category of Most Innovative use of Reminiscence Interactive Therapy Activities (RITA) at the inaugural RITA Awards 2021. In addition to these, a wide range of individuals and teams have been nominated for the Employee or Team of the Month award. Finally, Miss Battle was delighted to confirm that Mr Maynard Davies, Miss Ann Murphy and Ms Anna Lewis have been reappointed as Independent Board Members.</p> <p>Ms Delyth Raynsford requested clarification regarding the request for feedback from children and young people, noting reference to 'other services' and enquiring whether this includes Primary Care, community services such as Community Paediatrics, and Mental Health. Mr Carruthers explained that this exercise had originally targeted inpatient ward areas and had since been expanded to Accident & Emergency (A&E) and Paediatric Ambulatory Care. The service areas mentioned by Ms Raynsford have not been specifically targeted; however feedback from all services is welcomed, and this can be addressed. It was agreed that Mr Carruthers would liaise with Ms Raynsford regarding collection of feedback from children and young people using these service areas. Professor John Gammon wished to acknowledge in particular the work in relation to cultural change and the ambition of the UHB in this regard and requested an overview. Mrs Gostling advised that part of this work was the introduction of Relationship Managers, who are engaging with</p>	<p>AC</p>
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	<p>and supporting Directorates, in addition to introducing ‘People and Culture’ Plans. A comprehensive suite of leadership programmes is also in place and a monthly staff survey has been introduced, which aspires to offer every member of staff the opportunity to feed back their views. Miss Battle welcomed this work, suggesting that ‘innovative’ was an inadequate description of the excellent plans being put in place.</p>	
	<p>The Board SUPPORTED the work engaged in by the Chair since the previous meeting and NOTED the topical areas of interest.</p>	

<p>PM(22)06</p>	<p>REPORT OF THE CHIEF EXECUTIVE</p> <p>Mr Moore added his congratulations to the Independent Board Members who had been reappointed, and presented his report on relevant matters undertaken as Chief Executive of HDdUHB since the previous meeting. The Joint Executive Team meeting on 1st December 2021 had offered a valuable opportunity to update Welsh Government representatives on HDdUHB’s position and plans; and it was recognised that HDdUHB consistently seeks to apply innovative and novel approaches to the challenges being faced. Welsh Government had expressed a particular interest in HDdUHB’s work in relation to the Single Point of Contact and Bridging Service, and the Social Model for Health. Mr Moore drew Members’ attention to the Regional Clinical Services narrative developed by HDdUHB, SBUHB and Swansea University (as part of ARCH). This sets out a joint ambition and set of principles to underpin collaborative work going forward, and will be included in the UHB’s Integrated Medium Term Plan (IMTP). Mr Moore felt that links between the UHB and other partners are stronger than ever. Members were advised that, subsequent to submission of Mr Moore’s report, a report had been published regarding a Healthcare Inspectorate Wales (HIW) Quality Check of one of the UHB’s Learning Disability facilities. A number of concerns had been raised within this report and an action plan is in the process of being agreed with HIW. Associated actions will form part of wider leadership-based work within Mental Health & Learning Disabilities (MHL), with a plan to be presented to the 2nd February 2022 meeting of the Executive Team. In view of this, Mr Moore suggested that a progress report around Planning Objective 5G be added to the Board agenda for March 2022.</p> <p>Providing additional context regarding Mr Moore’s report, Mrs Mandy Rayani advised that, whilst the HIW report had identified a number of areas requiring improvement, it should be noted that the relevant unit is currently closed. The patients being cared for in the unit at the time of the check already had ‘move on’ plans in place, with two since discharged and one under the care of another unit in HDdUHB. Estates work is already underway and the UHB’s improvement plan will be sent to HIW next week. The organisation will be considering in detail the systemic issues and the Corporate Quality Assurance team has undertaken unannounced visits to the UHB’s other two LD units. These had found the staff there to be caring, kind, compassionate and well-trained. Where there are training needs, there are plans for the requisite training to be undertaken. Most importantly, there were clear schedules of activities for patients which were being actively pursued. Whilst appreciating that the specifics within HIW’s report will have caused concern for anyone with relatives in any of the UHB’s LD units, Mrs Rayani emphasised that the organisation has rapidly implemented</p>	
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actions to address its findings. Miss Battle and other Members welcomed both the preparation of an action plan and the suggestion of a wider review.

Referencing the ARCH Delivery and Leadership Group narrative, Mr Maynard Davies reminded Members that the Strategic Development & Operational Delivery Committee (SDODC) receives regular reports from ARCH. He suggested, however, that there should be mention within the document of timeliness/equity of care. Mr Moore acknowledged that this commitment was not explicit within the narrative and that this suggestion should be fed back; with Mr Lee Davies agreeing (within the online Chat) that this could be addressed, in discussion with partners. Returning to the topic of MHL, Mr Carruthers wished to add that good progress has been made since the autumn on development of the MHL Strategy, including outreach service models. Mr Carruthers would welcome the opportunity to update on this at the next Board meeting. A review of activities undertaken as part of Transforming Mental Health (TMH) is underway, with a meeting scheduled for 1st February 2022 and a workshop on 15th March 2022, and Mr Carruthers anticipated the re-establishment of the TMH Programme Board. Mrs Judith Hardisty, Chair of the Mental Health Legislation Committee (MHLC) observed that the HIW report refers to compliance with the Mental Health Act. Members were assured that this aspect of the report would be discussed at the next MHLC meeting on 1st March 2022.

SM/LD

AC

Cllr. Gareth John enquired whether the proposed MHL report will include information around the work undertaken by Local Authority partners in social care. Mr Moore stated that he can discuss this with Mr Carruthers; however, was envisioning a report focused on UHB actions. It was agreed that the report would include input around partnership working in this area. Whilst welcoming the additional context and follow-up provided by Mrs Rayani, Mr Paul Newman requested that the wider MHL report to the next Board include an explanation of how the situation highlighted in the HIW report had arisen and had not been previously identified by the UHB's internal governance and quality assurance mechanisms. Mr Moore committed, with Mrs Rayani, to follow this up. In the interim, Mrs Rayani advised Members that she and Mr Carruthers are reviewing the operational governance arrangements across the organisation, emphasising that the organisation should not experience 'surprises' such as this from external inspectorate bodies. Members noted that both the action plan relating to the HIW report and a report around the wider operational governance arrangements would be considered by QSEC.

SM/AC

SM/MR

Mr Iwan Thomas noted and welcomed earlier comments with regard to strategic partnerships. Whilst recognising that the Capital Estates and IM&T Sub-Committee will consider capital schemes in detail, Mr Iwan Thomas requested that the procurement of buildings for flagship projects such as the Carmarthen Hwb be discussed at a future meeting, particularly in terms of liaison with Local Authority partners. Mr Iwan Thomas described concerns among local voluntary sector organisations around indicated timescales to repurpose the proposed Carmarthen Hwb building in particular, and encouraged the parties involved to explore means by which these might be fast-tracked. Mr Moore agreed

	that it would be helpful to put into the public domain a high-level document around timescales. With regard to the specific building mentioned, Mr Moore understood that there was a significant amount of work required to bring it up to the required standard.	LD
	<p>The Board:</p> <ul style="list-style-type: none"> • ENDORSED the Register of Sealings since the previous report on 25th November 2021; • NOTED the status report for Consultation Documents received/ responded to; • NOTED the update from the Joint Executive Team meeting held on 1st December 2021; and • AGREED to the Regional Clinical Services narrative developed by the UHB, Swansea Bay UHB and Swansea University (as part of ARCH). 	

PM(22)07	REPORT OF THE AUDIT & RISK ASSURANCE COMMITTEE	
	Mr Newman, Audit & Risk Assurance Committee (ARAC) Chair, presented the ARAC update report, highlighting the various key risks, issues and matters of concern identified therein. Mr Newman explained that, with regard to the latter, the Committee's only concern was around gaining assurance that governance arrangements in the (relatively new) Therapies Directorate were appropriately embedded.	
	The Board NOTED the ARAC update report and ACKNOWLEDGED the key risks, issues and matters of concern, together with actions being taken to address these.	

PM(22)08	AUDIT WALES ANNUAL AUDIT REPORT 2021 AND STRUCTURED ASSESSMENT 2021	
	<p><i>Ms Clare James and Ms Anne Beegan joined the Board meeting.</i></p> <p>Miss Battle welcomed Ms Clare James and Ms Anne Beegan from Audit Wales, noting that technical difficulties were preventing Ms Beegan from presenting. Ms Clare James introduced the Audit Wales Annual Audit Report and Structured Assessment 2021 reports; the first of which summarises Audit Wales' work within HDdUHB during the year. As Members will know, this focuses on the reporting and auditing of the UHB's financial statements and efficient use of resources. Audit Wales has continued to apply a flexible approach, to reflect the constraints caused by the COVID-19 pandemic, whilst maintaining necessary levels of scrutiny. In terms of financial audit, the UHB has fairly and truthfully set out its finances, with Audit Wales identifying no significant concerns or material weaknesses in the UHB's internal controls. It had been necessary to qualify the UHB's regularity expenditure because the organisation breached its expenditure limit for the year; however, in terms of financial stewardship, Audit Wales' findings are positive. Performance audit work focuses on use of resources, and this had increasingly centred on the UHB's and the wider NHS response to COVID-19, together with local governance arrangements. The Structured Assessment had produced positive messages, with a recognition of the innovative work being undertaken within HDdUHB, whilst continuing to flag the UHB's financial challenges. Ms James ended by thanking teams in the UHB for their cooperation.</p>	

Mr Moore thanked Audit Wales for their constructive approach during the past two years and welcomed the extremely positive working relationship between the UHB and Audit Wales, which provides a vital source of assurance. Mr Moore suggested that the key issues are set out within the covering SBAR, noting the need to take forward learning from the COVID-19 pandemic and progress the UHB's Health & Care Strategy. The significant challenges ahead, not least the organisation's financial recovery, were recognised. Mr Maynard Davies noted the statement within the Annual Audit Report around the need to improve the UHB's system to collect year-end annual leave balances and calculate the year-end provision, and enquired whether this had been addressed. Mrs Gostling confirmed that it had, explaining that by 1st April 2022, all directorates would be recording staff absence (including annual leave) on the Electronic Staff Record (ESR) system. This would facilitate more robust reporting and allow the organisation to identify potential issues around annual leave balances.

Mr Winston Weir thanked Audit Wales for a complimentary and fair report and highlighted in particular the comments around the UHB's efforts to maintain financial controls and manage and scrutinise its financial position. Mr Weir enquired whether there is anything additional, in the view of Audit Wales, which the organisation could or should be doing in terms of its finances. Ms James reiterated that the UHB has demonstrated sound financial stewardship. The difficulty is around long-term financial sustainability and delivering sustainable services in what is a rural area, with the region's demographics. The UHB's Health & Care Strategy aligns with and is an attempt to address these challenges. When pressed regarding whether there is more the organisation should do, Ms James suggested that this is a difficult question to answer and emphasised that the UHB has taken a positive approach towards addressing the challenges it faces. Mr Moore welcomed this query, noting that issues around delivery of services provides a fitting segue into later consideration of the Health & Care Strategy Programme Business Case. It was pleasing to note that the UHB meets requirements in terms of financial controls/stewardship; it is hoped that the equivalent need for a robust Plan can also be met. Mr Huw Thomas thanked the Audit Wales team for their ongoing support and critical challenge. In addition to the formal activity which takes place during ARAC and Board, there are equally valuable discussions outside these fora, and Mr Huw Thomas looked forward to ongoing dialogue and debate with Audit Wales around service delivery. Miss Battle agreed, adding her thanks to Audit Wales, including Ms Beegan, for providing assurance that HDdUHB is on the correct course. Audit Wales' role as a trusted and respected critical friend was welcomed.

Ms James and Ms Beegan left the Board meeting.

The Board:

- **SUPPORTED** the content of the Annual Audit Report 2021 and Phase 2 Structured Assessment 2021 Report; and
- **TOOK ASSURANCE** that the Structured Assessment report presents a fair and balanced view of the organisation, recognising both the positive aspects identified and those areas where further progress is required.

PM(22)09	<p>REPORT OF THE QUALITY, SAFETY & EXPERIENCE COMMITTEE</p>	
	<p>Ms Anna Lewis, Quality, Safety & Experience Committee (QSEC) Chair, presented the QSEC update report, noting that there has been an exceptionally pressurised period since the meeting detailed in this report.</p> <p>Commending the report, Mr Michael Hearty noted reference on page 4 to the Strategic Safeguarding Working Group update and requested further clarification around the 22 incidences of non-compliance with child safeguarding procedures. Mrs Rayani advised that this specifically involves capacity/activity within A&E; the incidences centre on staff not completing the Multi Agency Referral Form (MARF), which could potentially lead to a delay in referral. The Corporate Safeguarding team is working with the relevant clinical teams to ensure that MARFs are completed and are exploring other mechanisms which might be put in place. Mrs Rayani stated that this issue illustrates and is a symptom of the pressures frontline staff are under. Miss Battle requested assurance that no child had suffered harm or a delay in referral as a result of failure to complete forms, and that this was simply a process issue. In response, Mrs Rayani advised that there is nothing to suggest any adverse consequences, it appears to be a process issue only; however, the team has been requested to investigate this. A 'deep dive' report on this topic will be presented to QSEC.</p> <p>Mr Weir welcomed the clear report, highlighting the significant demand being experienced by Radiology and associated risk. Noting that there are both capacity issues and recruitment challenges, Mr Weir enquired as to potential assurances regarding future improvement. Ms Lewis agreed that the discussions around Radiology had included challenging messages; however, the Committee had taken assurance from information provided by the new Head of Service, who appears to have grasped the issues involved extremely quickly. In terms of the recruitment position, Mrs Gostling advised that the UHB has made four offers of appointment to locum radiographers. This represents a significant improvement on previous reports. Mr Carruthers agreed that the recently appointed Head of Service had offered a fresh approach and potential new way forward. The UHB will continue to explore alternative workforce models as appropriate. Mr Moore, who is national Imaging Lead, reminded Members of the establishment of the Imaging Academy Wales, which is soon due to produce its first graduates. Whilst this should result in an improvement, there is a national/UK/global shortage of radiologists.</p> <p>Referencing the significant rise in safeguarding activity since the COVID-19 pandemic noted in the report, Mrs Raynsford enquired whether a similar picture is being seen in other Health Boards. Mrs Rayani confirmed that this was the case, and indeed across the UK. Whilst there are specific capacity issues within Hywel Dda, in terms of Health Visiting, the Corporate Safeguarding team and within Local Authority partners, which are exacerbating this situation, all areas are seeing an increase in demand.</p>	<p>MR</p>
	<p>The Board NOTED the QSEAC update report and ACKNOWLEDGED the key risks, issues and matters of concern, together with actions being taken to address these.</p>	

<p>PM(22)10</p>	<p>WOMEN & CHILDREN'S PHASE II PROJECT AND CAPITAL GOVERNANCE REVIEW UPDATE</p> <p>Mr Lee Davies introduced the Women & Children's Phase II Project and Capital Governance Review Update report, indicating that Members will be familiar with this project and the challenges experienced. It is a large and complex project, upon which the COVID-19 pandemic has impacted; however, there have also been contractor performance issues. Mr Lee Davies was pleased to report that Section 2 of the project has been completed, with patients and service users now benefitting. The project in its entirety is due to complete in 2023 and progress towards this will be closely monitored. The report presented reflects the learning gained from this project, including audit processes, lessons learned review and the wider Capital Governance Review exercise – the findings/recommendations from which were presented to ARAC and will be monitored by SDODC going forward.</p> <p>Whilst recognising the positive work undertaken, Professor Gammon noted that both the costs and timelines associated with this project had deteriorated, and requested assurances that these will not be further extended. Also, assurances regarding the UHB's capacity and capability to manage future schemes associated with the Health & Care Strategy Programme Business Case being considered later on the agenda. Mr Lee Davies responded that, due to the nature of the project and the ongoing impact of the COVID-19 pandemic, it is not possible to offer an absolute guarantee; however, the UHB is taking all possible steps to avoid further disruption. Whilst there have been significant time delays, Members were advised that the financial implications were less significant than they might be, with the organisation aware of the majority of the overspend at the start of the scheme. There have been additional costs associated with COVID-19; the total being £600k on a £3m scheme. In terms of the Programme Business Case and the various different projects associated with this, Mr Lee Davies emphasised that there will need to be a 'step-change' in terms of resource. Members' attention was drawn to the list of capital projects in Appendix 1, with Mr Lee Davies suggesting that the UHB's track record in delivering schemes on time and within budget is strong, and that the Women & Children's project represents an anomaly. Professor Gammon welcomed this comprehensive response to his concerns.</p> <p>Miss Battle enquired whether the environment and age of the Glangwili site had created some of the issues resulting in delays with the Women & Children's Phase II Project. This was confirmed, whilst it was emphasised that there were also other issues which the contractor should have identified at the beginning of the project. Mr Mansell Bennett, on behalf of the Community Health Council (CHC), requested assurances that the delays incurred had not altered the specification of the project, for example inclusion of a bereavement room. In response, Mr Lee Davies advised that he was not aware of any changes to the project specification. Miss Battle confirmed that she and Mr Moore had visited the quiet room/bereavement room in the SCBU and that this was a wonderful facility which had been subject to a great deal of input from the public and service users. Mr Carruthers and Mr Moore reported that the organisation have received positive feedback from both staff and</p>	
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	patients regarding the new facilities, and that the video detailing progress with the project issued on social media platforms has attracted a positive response.	
	The Board TOOK ASSURANCE from the governance arrangements in place to manage the Women and Children Phase II Project to completion, the work undertaken on the mid-project Lessons Learnt Review and the Capital Governance Review to maximise learning and embed that learning, both in this Project and in the wider UHB capital programme.	

PM(22)11	<p>BOARD ASSURANCE FRAMEWORK</p> <p>Mrs Joanne Wilson presented the Board Assurance Framework (BAF) report, which had been updated since the previous Board. Members heard that Board level Committees had received updates on their allocated Planning Objectives, with progress on a number of these reflecting current operational pressures. This month, the BAF Dashboard is showing that 4 planning objectives have been completed. 32 planning objectives are on track, with another 2 ahead of schedule, and 15 are currently behind schedule. Whilst this represents a deteriorating position, there are valid reasons for the decline. Positive progress has been made, however, in terms of outcome measures, which will become increasingly integrated into the BAF going forward.</p> <p>With regard to the 15 planning objectives currently behind schedule, Mr Hearty enquired whether there is a management strategy in place should these not be concluded by the end of the year. Mr Moore explained that they would be carried over to next year in some form, and suggested that it would be helpful to reflect this intended process in the next report. Referencing Strategic Objective 6 (Sustainable Use of Resources) in particular, Mr Weir highlighted the potential positive impact of utilising local suppliers and businesses. Mr Huw Thomas reiterated his personal commitment to increasing the UHB's local spend, whilst highlighting that there are a number of drivers currently restricting and reducing this. These include the reduction in Field Hospitals, which have provided local investment, and the need to venture outside the region to secure outsourcing opportunities. More proactively, a 'pipeline' of procurement activity is being shared on a monthly basis with Local Authority partners and Business Wales. The UHB is also working with the Centre for Local Economic Studies (CLES) and NHS Wales Shared Services Partnership (NWSSP) procurement to identify new opportunities for local supply chain spend. The local procurement of certain supplies is not feasible, such as drugs/medication.</p> <p>Mr Weir queried whether there are additional opportunities which could be explored in terms of catering, buildings, facilities. Members were reminded that the UHB has established a strong relationship with local suppliers. Professor Philip Kloer advised that one of the planning objectives allocated to him (4N) includes the aim to 'identify opportunities to optimise the food system as a key determinant of wellbeing'. Members heard that the UHB has tendered for support for a feasibility study to examine the entire food system and identify failures and disconnects therein. It is anticipated that the report will emerge in late spring 2022 and that it will include specific identified actions together with wider action around food literacy within the population. It is</p>	JW
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	<p>hoped that the UHB can engage on this topic with the local Public Services Boards (PSBs) and Regional Partnership Board (RPB). Mr Moore added that the report and its findings will be considered by the Transformation Steering Group, along with work around the Social Model for Health. The intention is for their discussions to be reported to Board, with potential new planning objectives for consideration. Within the online Chat, Ms Raynsford indicated that SBUHB have begun work to establish a farm on land it owns, to produce food. Miss Battle was reassured by information regarding the work both underway and planned, and reiterated the UHB's commitment to work with local suppliers.</p>	
	<p>The Board NOTED the Board Assurance Framework report and SOUGHT ASSURANCE on areas giving rise to specific concerns.</p>	

<p>PM(22)12</p>	<p>IMPROVING PATIENT EXPERIENCE REPORT</p> <p>Mrs Rayani introduced the Improving Patient Experience Report, highlighting the increase in numbers of concerns received by the patient support contact centre. This had translated into 219 formal complaints, indicating that the majority of concerns had been managed quickly through internal processes. The topics for concerns are mainly around waiting times, access to A&E, staff attitude, environment/challenges in relation to estate. Whilst reports of poor staff attitude are concerning, it should be noted that the vast majority of patient feedback suggests that HDdUHB staff are kind, caring and compassionate. The featured Patient Story, focusing on the journey of a cancer patient, helps the organisation to consider clinical pathways and how patients can best be supported within these. Mrs Rayani wished to clarify that the infection prevention and control narrative within the story does not refer to an HDdUHB clinical environment. The children of Glyncollen Primary School were thanked for the messages and pictures sent to the UHB, which had given staff a significant and much-needed boost. Highlighting pages 20 to 23 of the report, Mrs Rayani was delighted to present a summary of the incredible work achieved by the Arts in Health Coordinators during only their first two months with the organisation, and despite certain activities being prevented by the emergence of Omicron.</p> <p>Within the online Chat, Members commended the evidence around the impact of Arts on patient and staff experience and suggested that the Arts in Health Coordinators should be congratulated on how they have embarked on this work. In considering the more holistic approaches to wellbeing, Ms Lewis wondered whether there are opportunities for the Arts in Health Coordinators to connect with 'green health' colleagues including Dr Suzanne Tarrant so that a critical mass of experts can be built to influence developments. Mrs Rayani confirmed that these connections have been made. Mrs Hardisty echoed Mrs Rayani's comments around the Arts in Health achievements and looked forward to further developments. Noting reference to the Friends and Family Test (FFT), Mrs Hardisty enquired regarding the anticipated timescale for wider roll-out of this system, particularly in Mental Health. Mrs Rayani responded that there have been delays in implementation of the Civica (All Wales) system, until the end of March 2022. Members were advised, however, that the Assistant Director of Patient Experience is exploring how increased and improved feedback can be obtained within MHL D services. Further information will be provided to either the March or May</p>	
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	<p>2022 Board meeting. The Patient Experience team is also considering how best to increase opportunities for feedback in Paediatrics and provide support to Primary Care in terms of feedback. The focus on obtaining feedback from Paediatric service users was welcomed, within the online Chat, by Ms Raynsford. Mr Moore suggested that, given the planned focus on Mental Health at the March 2022 Board, it would be helpful to include information around implementation of the FFT in MHL in the report being prepared for that item. Mr Maynard Davies noted the introduction of data from Same Day Emergency Care (SDEC) and enquired whether in the case of new services such as this, there is additional monitoring to ensure/assure the quality of the service from the outset. Mrs Rayani explained that, whilst enhanced monitoring of new services has not been routine, and there is a need to systematise this in the future, enhanced monitoring has been requested in this case. The majority of feedback for SDEC has been extremely positive and it is intended to include this service in routine feedback going forward.</p> <p>Mr Moore indicated that it was sobering to see the impact on both patient and staff experience of the current pressures. The Executive Team meeting on 26th January 2022 had received an extremely positive report from Mrs Gostling on developments in 'customer care' and it had been agreed that this would be presented to a future Board meeting. Mrs Gostling advised that the Workforce & OD team had undertaken a reflection on how the pandemic had affected them, and created a book on this topic, which included pictures sent to the UHB by members of the local community. The team had wanted to recognise the children who had contributed and had issued to all of them a printed replica of the George Cross awarded to the NHS, to reward their courage in supporting others. Miss Battle thanked the team for doing this, suggesting that it demonstrates the values of HDdUHB as an organisation. Mrs Rayani was asked to pass on the Board's thanks and congratulations to the Arts in Health Coordinators. Miss Battle concluded by explaining that there are limitations on Members' ability to participate in visits currently, that this report was extremely important in hearing the patient's voice and wished to express the Board's thanks to all staff and teams throughout the UHB.</p>	<p>MR</p> <p>MR</p> <p>LG</p> <p>MR</p>
	<p>The Board RECEIVED and NOTED the Improving Patient Experience report, which highlights to patients and to the public the main themes arising from patient feedback.</p>	

<p>PM(22)13</p>	<p>INTEGRATED MEDIUM TERM PLAN (IMTP) UPDATE</p> <p>Presenting the Integrated Medium Term Plan (IMTP) report, which provides an update on progress with the IMTP, Mr Lee Davies drew Members' attention to the NHS Planning Framework weblink contained therein. Members were reminded that the deadline for submission of an IMTP is 31st March 2022. Should a Health Board be unable to submit a Board approved and financially balanced plan, they must inform Welsh Government by 28th February 2022. As indicated in the report, the UHB has received notice of its financial allocation/settlement for 2022/23 and the financial outlook is extremely challenging. The implications of this will be considered at the February 2022 Board Seminar. Mr Lee Davies reported that HDdUHB's Discretionary Capital Programme allocation has been reduced by almost £1.8m, which will impact severely on capital plans.</p>	
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Mrs Hardisty expressed concern regarding the reduction in Discretionary Capital funding. Focusing on Strategic Objective 4, and the proposed new planning objective around evaluation of the Transformation Fund projects, Mrs Hardisty noted that this will be required for the RPB and yet the planning objective as it stands does not encompass the fact that UHB partners will need to be engaged in this evaluation/review. It was suggested that this should be made explicit. Ms Jill Paterson explained that this is a revision of the original planning objective. Since entering into the Transformation Fund system 5 years ago, the UHB has had concerns regarding 'legacy costs'. Whilst the necessary assurance processes have been put in place, it is correct to note that this is a regional funding arrangement which is agreed via discussions within the regional Integrated Executive Group (IEG). Ms Paterson assured Members that she is liaising regularly with the IEG. The new Programme Director is establishing a working group and will look to evaluate all Transformation Fund plans, together with Integrated Care Fund (ICF) arrangements. The most recent allocation is almost the same as previous amounts; however, it should not be assumed that all projects will continue as before.

Ms Paterson suggested that the wording reflects the fact that the UHB is not able to hold the RPB or IEG to account through this planning objective. It is anticipated, however, that the UHB will participate in the review of these funding arrangements and will act as host organisation for this fund. Members were assured that arrangements are firmly in place and discussions are taking place on a weekly basis. Mrs Hardisty noted that this topic is also covered as part of the Statutory Partnerships Update report, whilst suggesting that – due to the potential financial impact on the UHB – it may require further discussion at the Sustainable Resources Committee (SRC). Ms Paterson agreed that the UHB should ensure the required level of scrutiny via its own processes; however, emphasised that outcomes are as important as resource and that the UHB should ensure these arrangements deliver the desired outcomes for its local population, in line with UHB strategy. Within the online Chat, Mr Huw Thomas highlighted that the new Integration Fund will be slightly smaller (c£0.4m) than the current available combination of ICF and Transformation Fund. That said, the placing of this regional funding onto a new, sustainable long-term basis is welcomed. Mr Huw Thomas added that the host organisation issue is important for the UHB to consider in due course; and the appropriate audit, governance and scrutiny arrangements will need to be put in place.

In terms of the new and revised planning objectives, Professor Gammon suggested that the Workforce & OD team should be applauded for their ambition, whilst expressing concern around the challenges involved in delivering inter-professional and multi-professional education. Escalation of the UHB's integrated apprenticeships is also mentioned, with a number of organisations having attempted to introduce these unsuccessfully. Professor Gammon requested assurance that the organisation is clear in terms of inter-professional education plans and what these entail. Also, with a proposed escalation of both integrated apprenticeship and commissioned student numbers, that appropriate placement capacity plans are in place, with sufficient placements

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identified within both the UHB and partner organisations. Mrs Gostling agreed that the objectives are ambitious, whilst emphasising that they have been discussed at length within the Workforce & OD team and that there is a commitment and appetite to achieve them. It should be noted that delivery of certain elements is outside the gift of the UHB; the organisation is, however, working closely with bodies such as HEIW.

Mrs Gostling emphasised that both education and research are key in terms of workforce. In terms of capacity plans, it will be necessary to 'look outside' where the UHB has current placements. There is a Regional Board meeting later today regarding progress on a joint approach; Mrs Gostling was confident that the UHB and Local Authority partners will be in a position to offer suitable placements. Whilst welcoming this information, Professor Gammon enquired whether there is confidence around the existence of a sustainable financial model to support these plans. Mrs Gostling acknowledged that details will need to be worked through and reported to Executive Team and the Board; however, the discussions to date with HEIW have been positive. Within the online Chat, there was a great deal of support for the proposals around workforce; Professor Gammon suggested that the best way to effectively deliver these planning objectives is to recognise and invest in UHB staff and their development.

Mr Huw Thomas noted the need to recognise long-term workforce challenges and the need to consider how the UHB prioritises investment in staff development as part of its internal strategy. Mr Huw Thomas was, however, able to offer some assurance in terms of the global financial settlement from Welsh Government, in that this includes a continuation of the uplift into HEIW (the third year of growth in allocation). This reflects a national recognition around the need for a sustainable model for training and developing the future health and care workforce. Mr Hearty suggested that, regarding those planning objectives which involve others, it would be helpful to receive assurances that the relevant partners/stakeholders are aware of and 'signed up' to the objectives. Mr Moore assured Members that the UHB's statutory partners are fully informed. Clear arrangements exist with statutory partners – for example the IEG mentioned earlier – which will need to be utilised going forward for 'business as usual'. A Regional Recovery Group is also in place. Mr Moore suggested that the establishment of clear planning objectives puts the organisation in a strong position for discussions with partners, whilst accepting the need to engage constructively with them.

Mr Weir emphasised the importance of recognising that not all planning objectives require additional resource. Some will help to make economies/efficiencies or offer other benefits, such as those associated with digital innovation, the local economy and carbon management. It was suggested that discussions at Board Seminar should focus on those which perhaps should be accelerated in particular. Mr Moore reminded Members that there will be significant challenges associated with next year's funding settlement, whilst agreeing that certain objectives are cost-neutral and/or create benefits. It should also be recognised that securing the necessary staff to deliver objectives may be more of a limiting factor than cost. Returning to an earlier topic, Mr Moore

	<p>suggested that it is difficult to judge how to ‘pitch’ ambition. The UHB had achieved much more than, perhaps, might have been expected during the COVID-19 pandemic and, in view of this, it feels correct to retain and increase momentum. The organisation also needs to consider how it learns and re-evaluates on a continuous basis. Mr Moore advised that he will be meeting individually with each Executive Director between now and the end of February 2022 to examine all of their planning objectives in detail. Miss Battle thanked those involved in developing the IMTP and Planning Objectives for the clarity, discipline and ambition this provides.</p>	
	<p>The Board APPROVED the Planning Objectives for 2022/23, and NOTED the ongoing process in regards to the development of an IMTP for 2022/25.</p>	

<p>PM(22)14</p>	<p>IMPLEMENTING THE HEALTHIER MID AND WEST WALES STRATEGY - PROGRAMME BUSINESS CASE</p>	
	<p><i>Mr Paul Williams joined the Board meeting.</i></p> <p>Mr Lee Davies introduced the Implementing the Healthier Mid and West Wales Strategy - Programme Business Case report, which represents a critical milestone in HDdUHB’s strategic journey. The report seeks Board approval for submission of the Programme Business Case (PBC) to Welsh Government. Mr Lee Davies welcomed Mr Paul Williams, Programme Director, and thanked him and his team for their commitment, professionalism and expertise in preparing the PBC for consideration by the Board. In addition to the information provided for Members to digest and examine, the following key points were highlighted:</p> <ul style="list-style-type: none"> • The PBC remains aligned to the Health & Care Strategy agreed in 2018, including the principles and design assumptions; and the configuration of services described is consistent with that strategy • The case for change sets out the challenges and opportunities which led the organisation to develop the Strategy. These included: <ul style="list-style-type: none"> ○ limitations of the current service configuration ○ fragility of services ○ the UHB’s aging buildings and estate ○ opportunities to make greater use of technology ○ opportunities to decarbonise activities ○ aspiration to provide services closer to home • The UHB’s experience during the COVID-19 pandemic has reinforced these principles and indeed accelerated certain changes • The PBC sets out a number of alternative implementation plans; within these, the organisation aspires to deliver the new and improved facilities at the earliest opportunity possible. The intention is, therefore, to deliver the new Urgent & Planned Care Hospital, the Community Hubs and the repurposed Glangwili and Worthybush General Hospitals concurrently • It should be noted that this plan does involve additional risks and is more resource-intensive and is, as such, subject to discussion with Welsh Government • In terms of affordability of the programme and alignment to the UHB’s financial ‘roadmap’, it is recognised that any new, larger facility will inevitably incur additional costs, although these will be 	

offset against savings/efficiencies generated by consolidation of services

- In the first instance, a high-level assessment has been conducted; as the PBC process progresses, it will be possible to test the detail further by means of service-level planning
- Projecting 10 years into the future is, obviously, challenging and external assurance around this has been sought
- The report also presents an update on the land identification process, the impact of transport considerations and the commitment to continued public engagement
- Letters of support have been requested from partner organisations across the region, with a number already received
- The PBC has been presented to a number of groups, including the CHC, and comments from stakeholders will be incorporated into the final version submitted to Welsh Government.

Mr Moore was delighted to receive this report and the associated PBC, reiterating that it represents a significant milestone. The PBC reflects the journey taken by the organisation to invest in its staff and leadership, engage with the public around services, and conduct an open consultation following a robust process to examine how the issues of healthcare delivery in west Wales might be resolved. Given the experience of the last two years in particular, the PBC offers hope to those staff who have been working in unacceptable accommodation and conditions; and to the population that (acknowledging the concerns which exist) services will be provided locally where possible and there will be quick access to urgent care when required. Members heard that an informal meeting had taken place with Welsh Government on 26th January 2022; whilst a number of challenges had been raised, it had been extremely positive. Welsh Government had expressed that the UHB's Strategy represents the clearest and most competent solution to the healthcare delivery issues which have existed in west Wales for decades. Mr Moore was of the opinion that west Wales is deserving of this type of investment. Whilst it is vital to set ambitious deadlines to aim for, there are various unknowns that the organisation will need to work through and there will, no doubt, be unforeseeable issues which may impact on timescales. Miss Battle wished to commend Mr Moore and the former Chair, Mrs Bernardine Rees, for laying the foundations of the PBC by developing the Health & Care Strategy.

Mrs Hardisty shared the view that west Wales deserves this level of investment and thanked Mr Lee Davies and his team for their efforts. Whilst recognising that the proposals are not universally accepted, it should be recognised that the proposals and their rationale are clearly stated. Mrs Hardisty recalled the convincing address Board had received in 2018 from a wide range of clinicians, all presenting the case for change, which had demonstrated the level of engagement among staff. It was suggested that, if possible, the commitment and passion expressed during this presentation should be communicated in the submission to Welsh Government. Mrs Hardisty emphasised that UHB staff have been through a great deal in the intervening period, and it would be appropriate to make clear that their views have not been forgotten. The stated commitment to engage with public and stakeholders was welcomed; and the importance of this should not be

underestimated. Members heard that, in other regions, changes to/new services may not be as well communicated to the public, and Mrs Hardisty welcomed HDdUHB's open and transparent approach. Within the online Chat, other Members echoed Mrs Hardisty's comments, agreeing that the address in 2018 had been a strong, clinically-led presentation and that the clinicians' passion and commitment had been evident. Ms Shakeshaft recalled how impressed she had been when she joined the organisation, in relation to both the level of clinical support and the amount of public engagement.

Professor Kloer also thanked and congratulated the Planning team, expressed his delight at reaching this stage in the process and looked forward to further engagement with staff and the general public. Whilst agreeing that the timescales are challenging, Members were reminded that the drivers for change behind the Health & Care Strategy still exist, and are perhaps even more amplified. In view of this, some might suggest that the timelines are not challenging enough. Professor Kloer felt that there is a need to profile the UHB's ambition around research innovation and health education more robustly within the PBC, recognising the impact of this on quality of care and ability to recruit and retain staff. This comment was supported by Professor Gammon, within the online Chat. Adding her thanks, and echoing statements around the need for this type of investment in west Wales, Ms Raynsford focused on the issue of public engagement. Assurance was requested that there will be adequate engagement with the future population. Mr Lee Davies emphasised that this was a plan for the next 30-50 years, meaning that those with the 'biggest stake' in it are the young people of today. As such, the UHB needs to ensure that it is engaging with this group as much as possible and will be seeking to do so. It is also important for the organisation to reflect on how it listens to generations not born yet – in terms of considering its impact on the environment, planet and green health, etc. The Strategy and PBC is for both current and future generations.

Cllr. John commended this comprehensive and impressive piece of work and welcomed the open and honest approach. It is clear that the current healthcare delivery model is not sustainable; the clinical case for change is overwhelmingly proved; as is the need to address HDdUHB's aged estate; as is the need to concentrate the scarce clinical resource and expertise in a new 'state of the art' hospital. Until now, understandably, the modelling has focused on hospital activities. The design assumptions, or 'ambitious targets' such as hospital discharges, reductions in A&E attendance and shift to community provision will require a significant investment in community services. Cllr. John suggested that an increased public awareness around this aspect of the Strategy will assist. Whilst agreeing that the suggested timelines are ambitious, these were welcomed. Mr Iwan Thomas echoed the views of other Members and thanked Mr Lee Davies, Mr Paul Williams and their team. The PBC represents a huge opportunity for the Hywel Dda region, with obvious benefits for both patients and staff. However, Mr Iwan Thomas also welcomed its implications in terms of the local economy, environment and education. The UHB's partners, including further education and higher education partners, will be crucial. There is a need for sustainable, well-paid employment for local people, and the Strategy/

PBC offers a potentially significant positive impact for the region in this regard.

Mrs Gostling described two areas of focus in relation to workforce. Whilst the PBC includes high-level indications rather than a detailed workforce plan, consideration is being given to the UHB's future workforce, both hospital and community based. Future labour markets are also being examined and discussions are ongoing with local education providers. The organisation is also considering potential predictions in terms of its current workforce. Secondly, conversations are taking place with the UHB's Estates and Engineering departments, linking with local colleges, to explore employing apprentices in the trades, how the necessary support might be put in place to achieve this, and how local businesses might also participate. More generally, the organisation is considering how it works in partnership with local businesses to retain human resources in the local area. Within the online Chat, Ms Raynsford described these initiatives as extremely encouraging, especially in terms of offering young people potential opportunities to remain, live and work in the Hywel Dda region.

Ms Paterson added her thanks to all of those involved in preparing the PBC. Members were reminded that, whilst the public engagement had focused predominantly on acute services, much had been heard around Primary Care and Community services. This demonstrates the importance of local services within communities and the relationship between these. In terms of opportunities, Ms Paterson advised that a Population Needs Assessment is currently being undertaken by the RPB. Also, as part of the national strategic work around Primary Care, there are plans in terms of integrated localities, acceleration of Cluster development and pan-Cluster groups. The latter will bring together various parties, including members of the public, to discuss how the needs of the local population can be met. During the COVID-19 pandemic, people have had to access services differently and Ms Paterson felt that it is important to learn from the experience of the last two years and take opportunities to engage with the local population. Miss Battle welcomed this focus on provision of services closer to home.

Mr Huw Thomas emphasised that the PBC involves a significant capital project and has significant financial implications, suggesting that it is only right to consider whether this is the best use of public funds. Members were assured that the financial element of the PBC has been scrutinised internally by the Finance team and has undergone external scrutiny by PricewaterhouseCoopers (PwC), who concurred with the internal assessment. As mentioned previously, the PBC represents an investment in the delivery of healthcare in west Wales; however, it was emphasised that it also represents a significant investment in the economy of west Wales. It offers an opportunity to consider various factors and, overall, a valuable transformational opportunity. Within the online Chat, Mr Maynard Davies suggested that the PBC clearly sets out the UHB's ambitions to deliver the vision of 'A Healthier Mid and West Wales'. The people of mid and west Wales deserve nothing less, and Mr Maynard Davies expressed his full support for the PBC.

	<p>Miss Battle summarised by indicating that the PBC:</p> <ul style="list-style-type: none"> • Offers a ‘once in a generation’ opportunity • Is transformational • Gives hope, particularly after the struggles and suffering of the last two years • Addresses the issue of estate unfit for purpose • Is timely and deserved • Is a high-level business case, with the commitment to continue engagement with clinicians, staff and the local population <p>Members were reminded that the request is for approval of the high-level business case. Miss Battle assured Members and the public that plans will be communicated in an accessible manner and that additional information in regards to the local economy/supply chain, local employment opportunities, research innovation and health education would be incorporated into the final submission. Miss Battle concluded by thanking everyone involved in progressing the Strategy and PBC to this point; including the former Chair, Mrs Bernadine Rees, Mr Moore, Mr Lee Davies, Mr Paul Williams and his team, the Executive Team, clinicians and other staff and the public. All were assured that the organisation will do all that is possible to secure the investment mid and west Wales deserves.</p> <p><i>Mr Williams left the Board meeting.</i></p>	
	<p>Subject to the minor amendments mentioned, the Board APPROVED the Implementing the Healthier Mid and West Wales Strategy Programme Business Case for submission to Welsh Government.</p>	
<p>PM(22)15</p>	<p>ORGAN DONATION ANNUAL REPORT 2020/21</p>	
	<p>Mr Carruthers presented the Organ Donation Annual Report 2020/21, suggesting that this is relatively self-explanatory. The report provides an overview of the UHB’s performance against the priorities identified last year. There had generally been good progress, with challenges in relation to planned work in ICU and events resulting from the COVID-19 pandemic. HDdUHB has made a valuable contribution to the All Wales work and group, and Mr Carruthers thanked Ms Rea John and her colleagues for their continued efforts.</p> <p>Mrs Hardisty stated that she was pleased to Chair the Organ Donation Group and emphasised that Ms John, Specialist Nurse Organ Donation, has been an excellent asset to the UHB, without whom the organisation would not have made the progress it has. Ms John is moving to a new role within HDdUHB and Mrs Hardisty felt that the Board should formally record its thanks to her for her work in relation to organ donation.</p>	
	<p>The Board DISCUSSED and NOTED the Health Board’s performance against the priorities set for 2020/21 and the action plan for 2021/22 to address shortfalls in performance.</p>	
<p>PM(22)16</p>	<p>OPERATIONAL UPDATE AND PROGRESS REPORT ON THE HEALTH BOARD’S ANNUAL RECOVERY PLAN FOR 2020/21</p>	
	<p>Introducing the Operational Update and Progress Report on the Health Board’s Annual Recovery Plan for 2020/21, Mr Moore stated that the position has changed since this report was prepared two weeks ago.</p>	

The past month has probably been the most dynamic since the advent of COVID-19. Two months ago, the Omicron variant was unknown. The infection rates detailed within the report are alarmingly high, reaching almost 2,000 per 100,000 population, which demonstrates the impact of Omicron. Hospitalisation rates peaked at approximately 150/160, similar levels to those seen in October 2021 and around half of that seen during last winter. Mr Moore suggested that the latter reflects the positive impact of the vaccination programme. In line with modelling, a rapid decline in infection rates has been seen, with the latest figures showing an infection rate of 460 per 100,000 population and a positivity rate of 31%, compared to 47% detailed in the report. The position in HDdUHB now appears to be stabilising and returning to levels seen before Omicron, with hospitalisation rates down to 110/120 and no COVID-19 patients in ICU for the first time since August 2021. Staff sickness rates remain of concern and are currently at 8.9%; whilst higher than a normal winter, this is reduced from peak levels. The Workforce team is collecting data on staff absence rates four times per day. The UHB had been required to make a number of recent decisions based on concerns regarding the impact of Omicron on staffing in particular. It had utilised the existing Welsh Government Choices Framework to stand down certain services and these are detailed within the report. It had always been hoped that these measures would be short-lived and Mr Moore was pleased to advise that this appeared to be the case. Mr Moore concluded his report by drawing Members' attention to the Gold Command Group decisions requiring ratification.

Describing the latest position, Mr Carruthers explained that in response to the forecast pressures and anticipated staff absence rates, certain elective services had been stood down to manage the demand being seen and gaps in staffing elsewhere. During the week commencing 17th January 2022, the decision had been made to reinstate all Outpatient clinics, which had run as normal this week. Mr Carruthers apologised to all the patients who had been affected and advised that patients who have had appointments deferred will have these re-booked by 7/8th February 2022. The Endoscopy service has been particularly challenged; however, the staffing position has significantly improved and patient appointments have been re-booked. The UHB is in the process of re-establishing the surgical pathway for cancer patients at Bronglais General Hospital, which should be operational by 4th February 2022. There is now a focus on reinstating other services, for example re-establishing the Orthopaedic Inpatient Operating capacity at Prince Philip Hospital, by the end of February 2022. This also coincides with capital works at Withybush General Hospital to reinstate surgical activity there by the same timescale. Whilst agreeing that the position of no COVID-19 patients in ICU represented a significant milestone, Mr Carruthers cautioned that the very nature of the virus means that this will not remain the case and that other patients will require intensive care. It should be noted, however, that fewer patients on the Respiratory wards are requiring high-flow oxygen.

Miss Battle added her apologies to all patients who have been affected, and enquired how information regarding the reinstatement of services is being communicated to the public, emphasising the importance of demonstrating recovery. Mr Carruthers agreed that a more targeted

	<p>approach to communicating this information could be considered. It was noted, however, that there needs to be a 'balance', due to the potential risk of change to the improving position. Mr Moore advised that the UHB has appointed a new Communications Director and that he would be discussing forward plans with her imminently. Within the online Chat, Professor Gammon noted that the waiting times in the Integrated Performance Assurance Report are extremely concerning, and suggested that the public need to be made aware of the UHB's strategy for addressing this issue. To add clarity around COVID-19 infection/prevalence rates, Ms Shakeshaft explained that the figures quoted comprise only positive cases identified by PCR (Polymerase Chain Reaction) test. Members were reminded that there has been a recent change in Welsh Government policy, whereby a PCR test is no longer required following a positive LFD (Lateral Flow Device) test. This has led to a rapid drop in reported cases and thence prevalence rates; local intelligence suggests that figures are likely to be double those reported. Rates are still lower than those prior to Christmas, although there have been a few increases in recent days. Within the online Chat, Ms Raynsford suggested that increases in the community may well be seen in Hywel Dda's tourist areas at half term or subsequently.</p>	AC
	<p>The Board:</p> <ul style="list-style-type: none"> • RATIFIED the Gold Command Group decisions set out within the report; • NOTED the wider update in relation to our Annual Recovery Plan 2021/22 and on-going COVID-19 response. 	

PM(22)17	<p>THREE YEAR DRAFT PLAN FOR CHILDREN'S SERVICES – PROGRESS REPORT</p>	
	<p>Mr Carruthers presented the Three Year Draft Plan for Children's Services – Progress Report, which is intended to provide an update on the work of the Children and Young People (CYP) Working Group. This Group has been operating for in excess of a year and includes strong representation from relevant services across the UHB. There is a commitment and enthusiasm among these to make improvements to CYP services. In response to the associated planning objective (5I) a 'Plan on a Page' had been developed, although COVID-19 had impacted somewhat on the Group's ability to progress this at pace. A significant number of individuals were involved in preparations for the anticipated Respiratory Syncytial Virus (RSV) surge and others were redeployed as part of the wider COVID-19 response. Milestones and timescales have, therefore, slipped. It was emphasised that the intention of arriving at an agreed set of priorities which will form part of the IMTP remains; and Members heard that the next meeting to consider these in detail is scheduled for 28th January 2022.</p> <p>Mr Carruthers stated that he would not wish the slippage mentioned to suggest that no progress had been made. There has been good engagement across services, with an energy and enthusiasm for change as previously described. The key priorities for the IMTP probably would not have been identified without the CYP Working Group; for example the Attention Deficit Hyperactivity Disorder (ADHD) waiting list issue. The Group has also commissioned a review of Child Psychology services, supported by Swansea University, which is due to report in February 2022. Mr Carruthers indicated that, as the UHB leaves the current Omicron wave, he intends to re-engage with the Clinical Lead in</p>	

Community Paediatrics to discuss undertaking a similar review of Community Paediatric services. Strong links are being developed with other stakeholder groups, including the CYP Voice Group, with a number containing leadership and/or membership from the CYP Working Group. The four key priorities outlined in the report will need to be considered as part of the IMTP and by the Board in terms of the UHB's wider priorities and potential allocation of resources. In summary, Mr Carruthers stated that progress has been made, and was optimistic that it will be possible to present further progress in March 2022 around ambitions for the next three years in terms of service developments.

Ms Raynsford thanked Mr Carruthers for his report, suggesting that her only concern is around pace. Whilst recognising and understanding the reasons for recent slippage, assurances were requested that leadership arrangements are fit for purpose to drive forward the CYP 'agenda'. Ms Raynsford also requested assurance that the actual voice of children and young people will be heard, in addition to that of adults and professionals. In response to the first request, Mr Carruthers emphasised that bringing together all of the relevant services is novel for all of those involved. Informal feedback suggests that this has been welcomed as a positive move. The next stage is to set clear priorities and workstreams, and identify appropriate leads. Mr Carruthers was reluctant to focus too heavily on the organisational structure, which might distract from development of priorities, and hoped that this will emerge organically as work progresses. With regard to Ms Raynsford's second concern, it was suggested that as the perceived list of priorities materialises, these must be 'tested' with children and young people to verify that they are, indeed, the correct priorities.

Mr Moore reported that he and the Service Delivery Manager for Community Paediatrics had attended the Canolfan Plant Sir Gâr Apel Bandi/Carmarthenshire Children's Centre Bandi Appeal AGM on 24th January 2022. The significant amount of money raised was welcomed and Mr Moore committed to ensure it is used to provide the best service for the children of Carmarthenshire. Mrs Hardisty reminded Members that she had recently participated in a national virtual event facilitated by the Children's Commissioner, which had included a panel of children and young people. The key messages had been that children and young people want simplicity of access to services. The report presented today demonstrates the complexity of service provision; Mrs Hardisty emphasised that, whilst it may be necessary for this complexity to exist in the background, access must be straightforward for service users. Miss Battle noted that Waiting times for Looked After Children has been raised as a particular challenge by members of the CYP Working Group and requested further clarification. In response, Mr Carruthers assured Members that teams are working with the Safeguarding team to identify all children who fall into this category and are exploring opportunities to expedite any appointments or treatments which may be required. Miss Battle thanked Mr Carruthers and members of the CYP Working Group for their contribution.

The Board:

- **CONSIDERED** the update on the issues identified to date and **ACKNOWLEDGED** the actions already being implemented;

- **TOOK ASSURANCE** that the Children's and Young People Working Group is working as per the 'Plan on a Page' previously submitted to the Board.

PM(22)18

INTEGRATED PERFORMANCE ASSURANCE REPORT – MONTH 9 2021/22

Mr Huw Thomas presented the Integrated Performance Assurance Report (IPAR) for Month 9 of 2021/22, noting that various aspects of this have already been discussed. The impact of performance issues on people within Hywel Dda was not underestimated or discounted. Members' attention was drawn to the new data on page 2 of the report, which focuses on the following five key challenges/risks:

- Staff shortages
- Timely discharge
- Increase in demand
- Patient acuity
- Space to treat

Within the online Chat, Mr Huw Thomas recognised that there were two metrics, the presentation of which he had previously been requested to change, around neurodevelopment assessments and psychological therapy waits. The Performance team had explored whether these could be changed; however, as they are part of the national delivery framework and in order to maintain consistency with Welsh Government reporting, the core measure will remain. Mr Huw Thomas has requested that the accompanying narrative reflects the presentation style previously requested.

Ms Lewis welcomed the new information on the five performance drivers as a valuable addition to the report. Professor Gammon thanked Mr Huw Thomas for his report and welcomed the recognition and reiteration of the impact on patients. The report is uncomfortable reading, and it is important to remember that behind the figures are individuals in pain, waiting for services. Professor Gammon suggested that the main concerns for these people will be when they are going to be seen and what the Board is doing to expedite matters. All Health Boards and Trusts are facing similar challenges; however, this information should be communicated to patients, with timescales. Mr Moore explained that the UHB is maintaining contact with individual patients via the waiting list support service work, which is being implemented at pace. In terms of the more widespread reinstatement of services, this will align with the financial settlement from Welsh Government and how it is utilised to support recovery plans going forward. Mr Moore will discuss with the Communications Director how best to communicate this information to the general public. Professor Gammon's concerns were both accepted and shared by Mr Moore.

Building on the earlier apology to those impacted by decisions made in response to the latest Omicron variant, Mr Carruthers wished also to extend this apology to those experiencing extended waits for services, and to those accessing urgent and unscheduled care services. The UHB recognises that waits for ambulance handovers and in A&E departments are unprecedented, and is extremely sorry for the resulting experience.

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	<p>The organisation is not where it would want or would hope to be and hopes that the situation will settle and improve soon. Members heard that there has been improvement work undertaken in a number of clinical environments. Mr Carruthers expressed his gratitude for the patience being shown by the local population. Also, to the UHB's staff, who are doing their best in extremely difficult circumstances, and with sub-optimal staffing levels, particularly during the past few weeks. Within the online Chat, Professor Gammon applauded the commitment and hard work of UHB staff in dealing with this situation. Miss Battle and Mr Moore echoed these views, apologising to patients and recognising the challenges being faced by staff, who are finding it difficult to provide the care they would want to patients. It was suggested that it may be appropriate to focus on a few key areas where it may be possible to make rapid improvements. The IMTP will focus on the organisation's recovery and how this is achieved.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> • CONSIDERED and DISCUSSED issues arising from the IPAR - Month 9 2021/22; • REVIEWED the proposed interim targets for the new patient experience measures, with no changes required. 	

PM(22)19	<p>FINANCIAL REPORT – MONTH 9 2021/22</p>	
	<p>Mr Huw Thomas introduced the Financial Report for Month 9 of 2021/22, advising that the organisation remains on course to deliver its forecast deficit of £25m. The significant amount of recovery work, however, poses a potential risk to the financial outturn, as does the annual leave accrual/liability. Members' attention was drawn to Appendices 3 and 4, which relate to the UHB's request and approval of Strategic Cash Assistance. As mentioned previously, the UHB has received information regarding its financial settlement. In any normal year, the amount allocated would be regarded as a 'healthy uplift'; however, factors such as increased utility costs; non-delivery of savings during the past two years; and expenditure incurred as part of the COVID-19 response becoming seen as 'embedded', making extrication challenging, will all impact on the organisation's finances.</p> <p>Mr Weir thanked Mr Huw Thomas and his team for the report and for their work. Their reports on the financial position and the assurance these offer are both excellent and consistent; and Mr Weir suggested that the forecast deficit of £25m probably does not reflect the efforts being made in the face of the operational challenges being encountered. The request to Welsh Government for Strategic Cash Assistance was supported by the SRC and is appropriate, as are the proposed changes to the Financial Scheme of Delegation, which were considered and approved by ARAC. In terms of the UHB's ability to make recurrent savings, Mr Weir suggested that it will be vital to consider potential areas of focus and actions required. Mr Huw Thomas agreed that this will present a significant challenge, that choices will need to be made and that the organisation will need to pursue any available savings opportunities. Members were assured that this issue is being discussed by the Executive Team. Consideration will also need to be given to the increase in Social Care funding and whether this will impact positively on performance in, for example, delayed discharge. Ms Paterson highlighted two presentational issues: the Savings section on page 2 of</p>	

	<p>the report mentions a 'lack of access to Primary Care manifesting in A&E attendances', with Members reminded that Primary Care has been available throughout the pandemic. The Revenue Summary on page 6 includes the statement 'Costs associated with the COVID-19 Mass vaccination programme offset by slippage in Dental contract performance', with Ms Paterson reminding Members that the UHB has had to pay Dental contractors at 90% of their contract value, regardless of the fact that they have only achieved 40% of their contract performance. The remaining 10% has been invested in urgent dental access. Ms Paterson would seek clarity around these two issues outside the meeting.</p>	JP
	<p>The Board:</p> <ul style="list-style-type: none"> • DISCUSSED and NOTED the financial position for Month 9; • RATIFIED the changes to the scheme of delegation approved by the Audit & Risk Assurance Committee on 14th December 2021; • RATIFIED the Strategic Cash Request approved by the Sustainable Resources Committee on 21st December 2021. 	

PM(22)20	<p>USE OF CONSULTANCIES TO SUPPORT THE HEALTH BOARD</p> <p>Introducing the Use of Consultancies to Support the Health Board report, Mr Huw Thomas advised that this brings together a number of proposals to seek external support, to drive forward at pace certain of the organisation's objectives. It is a new departure for the Board to receive these proposals for approval, which rectifies an issue identified by Internal Audit. Mr Huw Thomas outlined the consultancy proposals included in the report, highlighting that – whilst the second and third are significant sums – these are financed via Welsh Government Digital funding.</p> <p>Referencing Appendix 4, Mrs Hardisty noted that there is no reference to links with Local Authority partners or work at an All Wales level around Continuing Health Care. Also, to confirm that this includes all MHLD placement charges. Whilst recognising the issue involved, Mrs Hardisty requested clarification regarding why this was being approached by the UHB in isolation. Mr Huw Thomas explained that this had originally been envisaged as a joint venture with Local Authorities. Ceredigion County Council has joined with the UHB in the review, and the other two Local Authorities are considering whether they will join. Ms Paterson advised that this is very much within the national strategy framework. The issue of continuing care and fee modelling has been within the local plan for some time. For various reasons, each Local Authority has an individual model, and there have been ongoing discussions around the need for a consistent framework. Proposals have been presented to the IEG; whilst Pembrokeshire and Carmarthenshire County Councils regard their own models as sufficiently robust, they remain engaged and are considering the single framework option. Cllr. John requested assurance that the proposal outlined in Appendix 2 is in partnership with Primary Care, Social Care and would align with other digital platforms already in existence, such as Delta Wellbeing. Mr Huw Thomas confirmed that this proposal represents a joint approach, and that Delta is involved. Recognising that Primary Care is made up of independent contractors, there are potential opportunities to include input from this sector. Mr Huw Thomas envisaged that the project will be both incremental and developmental over the period involved. It was noted that Cllr. John</p>	
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	<p>would need to declare an interest in this project, due to his role in Carmarthenshire County Council, which owns Delta Wellbeing.</p> <p>In terms of governance processes, Mrs Wilson suggested that future individual consultancy proposals be scrutinised within the committee structure; likely Sustainable Use of Resources with assurance on the process through ARAC, with onwards ratification by Board in public . This approach was agreed.</p> <p>The Board APPROVED the proposals in the report.</p>	
PM(22)21	<p>STRATEGIC ENABLING GROUP UPDATE</p> <p>Mr Huw Thomas presented an update on the activities of the Strategic Enabling Group (SEG) and was pleased to present, as part of this, information around the Digital Inclusion Programme. There is a need to support those who are most vulnerable and least able to utilise digital platforms. Mr Moore reported that he and Miss Battle had recently met with Age Cymru Dyfed and had heard about the actions of this organisation around digital inclusion. It was suggested that links be established to facilitate information sharing. Within the online Chat, Mr Huw Thomas agreed that there are a number of partners with which the UHB will need to work, and that the Third Sector will be fundamental.</p> <p>The Board:</p> <ul style="list-style-type: none"> • NOTED the SEG report for information; • SUPPORTED the development of a Digital Inclusion Programme as outlined within the report; • NOTED the Charter requirements detailed within the report, which will form part of a wider workplan for introduction into the Health Board; • SUPPORTED sign up to the Digital Inclusion Charter, once reviewed. 	HT
PM(22)22	<p>REPORT OF THE STRATEGIC DEVELOPMENT & OPERATIONAL DELIVERY COMMITTEE</p> <p>Mr Maynard Davies, SDODC Chair, presented the SDODC update report, stating that he had nothing further to add to its contents.</p> <p>Miss Battle requested an update on plans with regard to the Bridging Service beyond March 2022. In response, Ms Paterson advised that a review is underway, which will report to the IEG on 14th February 2022. Consideration is being given to a home-based model of care, with discussions bringing together all of the current activities being undertaken. The Bridging Service will also be considered as part of the planned workshop on Social Care.</p> <p>The Board NOTED the SDODC update report and ACKNOWLEDGED the key risks, issues and matters of concern, together with actions being taken to address these.</p>	
PM(22)23	<p>REPORT OF THE PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE</p> <p>Professor Gammon, PODCC Chair, presented the PODCC update report, highlighting that there are no matters for Board consideration and one risk/issue of concern, which is being addressed.</p>	

	The Board NOTED the PODCC update report and ACKNOWLEDGED the key risks, issues and matters of concern, together with actions being taken to address these.	
PM(22)24	REPORT OF THE HEALTH & SAFETY COMMITTEE	
	Mrs Hardisty, Health & Safety Committee (HSC) Chair, presented the HSC update report, drawing Members' attention to the two risks, which HSC continues to explore and monitor. Due to the leadership of Mrs Rayani, the Health & Safety team is now able to engage more proactively and address risks before they become serious issues or the subject of enforcement notices.	
	The Board NOTED the HSC update report and ACKNOWLEDGED the key risks, issues and matters of concern, together with actions being taken to address these.	
PM(22)25	REPORT OF THE SUSTAINABLE RESOURCES COMMITTEE	
	Mr Weir, SRC Chair, presented the SRC update report, noting that this demonstrates the Committee's emphasis on savings and the financial settlement from Welsh Government. Members heard that an additional session involving SRC members had taken place to consider various topics. Mr Weir concluded by stating that the report reflects the professionalism of Mr Huw Thomas and the Finance team.	
	The Board NOTED the SRC update report, and ACKNOWLEDGED the key risks, issues and matters of concern, together with actions being taken to address these, noting that the request for Strategic Cash Support had been ratified during consideration of the Financial Report.	
PM(22)26	COMMITTEE UPDATE REPORTS: BOARD LEVEL COMMITTEES	
	Mrs Wilson presented the Board Level Committees Update Report, drawing Members' attention to the need for a Corporate Trustee session to approve the three Charitable Funds Committee requests.	
	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 approved Hywel Dda Health Charities Final Annual Report and Accounts 2020/2021 and charitable funds expenditure.	
PM(22)27	COMMITTEE UPDATE REPORTS: IN-COMMITTEE BOARD	
	The Board RECEIVED the update report of the In-Committee Board meeting.	
PM(22)28	COMMITTEE UPDATE REPORTS: HDdUHB ADVISORY GROUPS	
	The Board RECEIVED the update report in respect of recent Advisory Group meetings.	
PM(22)29	HDdUHB JOINT COMMITTEES & COLLABORATIVES	
	The Board RECEIVED the minutes and updates in respect of recent Welsh Health Specialised Services Committee (WHSSC), Emergency Ambulance Services Committee (EASC), NHS Wales Shared Services Partnership (NWSSP) Committee, Mid Wales Joint Committee for	

	Health and Care (MWJC) and NHS Wales Collaborative Leadership Forum (CLF) meetings.	
PM(22)30	STATUTORY PARTNERSHIPS UPDATE	
	<p>The Board:</p> <ul style="list-style-type: none"> • NOTED the collaborative work which is underway to support the development of the Well-being Assessments and Population Needs Assessment and their proposed timelines for presentation to the Health Board for approval; • NOTED the update on recent activity of the RPB and the briefing on the new Welsh Government Regional Investment Fund; • NOTED the links to the PSB and RPB websites, where the agenda and minutes of recent meetings can be accessed. 	
PM(22)31	BOARD ANNUAL WORKPLAN	
	The Board NOTED the Board Annual Workplan.	
PM(22)32	ANY OTHER BUSINESS	
	There was no other business reported.	
PM(22)33	DATE AND TIME OF NEXT MEETING	
	9.30am, Thursday 31 st March 2022	