

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

Date of Meeting:	9.30AM, THURSDAY 27 JULY 2023
Venue:	CANOLFAN S4C YR EGIN, COLLEGE ROAD, CARMARTHEN SA31 3EQ AND VIA ZOOM

Present:	<p>Miss Maria Battle, Chair, Hywel Dda University Health Board Mrs Judith Hardisty, Vice-Chair, Hywel Dda University Health Board Mr Maynard Davies, Independent Member (Information Technology) Cllr. Rhodri Evans, Independent Member (Local Authority) Ms Anna Lewis, Independent Member (Community) Ms Ann Murphy, Independent Member (Trade Union) Mr Winston Weir, Independent Member (Finance) Mrs Chantal Patel, Independent Member (University) Ms Delyth Raynsford, Independent Member (Community) Mr Iwan Thomas, Independent Member (Third Sector) Mr Steve Moore, Chief Executive Professor Philip Kloer, Executive Medical Director and Deputy Chief Executive Mr Andrew Carruthers, Executive Director of Operations Mr Lee Davies, Executive Director of Strategy and Planning Dr Ardiana Gjini, Executive Director of Public Health Mrs Lisa Gostling, Executive Director of Workforce & Organisational Development Mrs Mandy Rayani, Executive Director of Nursing, Quality & Patient Experience Ms Alison Shakeshaft, Executive Director of Therapies & Health Science Mr Huw Thomas, Executive Director of Finance</p>
In Attendance:	<p>Ms Jill Paterson, Director of Primary Care, Community & Long-Term Care Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary Ms Alwena Hughes-Moakes, Communications and Engagement Director Mr Mansell Bennett, Llais (part) Ms Helen Williams, Llais, deputising for Ms Donna Coleman, Llais (part) Ms Eldeg Rosser, Head of Capital Planning (part) Ms Kathryn Lambert, Arts in Health Coordinator (part) Ms Louise O'Connor, Assistant Director (Legal and Patient Support) (part) Ms Rhian Matthews, Integrated System Director (part) Mr Anthony Veale, Engagement Director & Audit Director (Financial Audit), Audit Wales (part) Ms Clare Moorcroft, Committee Services Officer (Minutes)</p>

Agenda Item	Item	Action
PM(23)118	INTRODUCTIONS & APOLOGIES FOR ABSENCE	
	<p>The Chair, Miss Maria Battle, welcomed everyone to the meeting. Apologies for absence were received from:</p> <ul style="list-style-type: none"> Ms Donna Coleman, Llais 	

PM(23)119	<p>DECLARATION OF INTERESTS</p> <p>The following declarations of interest were made:</p> <ul style="list-style-type: none"> • Ms Ann Murphy – discussions relating to Industrial Action • Cllr. Rhodri Evans – discussions relating to Cylch Caron • Mrs Judith Hardisty – discussions relating to the West Wales Regional Partnership Board (RPB) • Mrs Chantal Patel – discussions relating to Welsh Health Specialised Services Committee (WHSSC) 	
PM(23)120	<p>MINUTES OF THE PUBLIC MEETING HELD ON 25 MAY 2023</p> <p>RESOLVED – that the minutes of the meeting held on 25 May 2023 be approved as a correct record.</p>	
PM(23)121	<p>MINUTES OF THE PUBLIC MEETING HELD ON 31 MAY 2023</p> <p>RESOLVED – that the minutes of the meeting held on 31 May 2023 be approved as a correct record.</p>	
PM(23)122	<p>MATTERS ARISING & TABLE OF ACTIONS FROM THE MEETINGS HELD ON 25 AND 31 MAY 2023</p> <p>An update was provided on the table of actions from the Public Board meetings held on 25 and 31 May 2023, and confirmation received that all outstanding actions had been progressed. In terms of matters arising:</p> <p>PM(23)83 (PM(23)65) – Miss Battle enquired regarding a date for the Board Seminar discussion on Primary Care. Mrs Joanne Wilson advised that this is included on the list of topics for discussion; however, a meeting with the Chair and Chief Executive is required to prioritise this list in terms of date.</p> <p>PM(23)86 – expanding on the response to the third action in this section, Professor Philip Kloer advised that, whilst a discussion between himself, Mrs Chantal Patel and Ms Helen Williams had taken place, a further discussion with the Chief Executive is required.</p> <p>PM(23)91 – in regards to a query around whether the Health Board had received a response to their letter to Welsh Government, both Mr Steve Moore and Mr Lee Davies advised not. Miss Battle requested that a follow-up/reminder be issued.</p> <p>PM(23)92 – Miss Battle enquired whether there are dates set for consideration of Outpatients and Mental Health & Learning Disabilities (MHL) feedback issues. In response, Mrs Mandy Rayani stated that, whilst she was aiming to include these on the October 2023 Quality Safety & Experience Committee (QSEC) agenda, she would first wish to consider the MHL feedback issue at a Quality Panel.</p>	<p>JW</p> <p>PK</p> <p>LD</p>
PM(23)123	<p>REPORT OF THE CHAIR</p> <p>Miss Battle presented her report on relevant matters undertaken by the Chair since the previous Board meeting. The Board was deeply saddened by the tragic death of Mabli Cariad Hall as a result of a traffic incident at Wthybush Hospital (WGH) and condolences were sent to her</p>	

	<p>family and all of those affected. Staff and partners were thanked for the efforts they had made.</p> <p>Miss Battle welcomed the opportunity, through her report, to highlight the incredible work being undertaken, including initiatives such as the Children and Young Person’s Sanctuary, Outpatient Physiotherapy Services, nursing degrees at Aberystwyth University, the Solar Farm, work in relation to Unpaid Carers and the Armed Forces community. In terms of success/awards, it was particularly pleasing to see the Health Board’s Director of Primary Care, Community & Long Term Care, Ms Jill Paterson, receiving a well-deserved Lifetime Achievement Award, in recognition of her outstanding contribution to nursing. Finally, Board Members were reminded that this was Ms Alison Shakeshaft’s final Board meeting as Executive Director of Therapies & Health Science prior to her retirement; Miss Battle wished to officially record her thanks to Ms Shakeshaft for all she has done, for both Hywel Dda UHB and for other NHS organisations.</p> <p>Adding her good wishes to Ms Shakeshaft, Ms Delyth Raynsford echoed comments around nurse education at Aberystwyth University, particularly in respect of Welsh Language provision, noting that this offers a significant potential benefit for the Health Board in attracting local and Welsh-speaking nursing staff to the organisation. Speaking from a University perspective, Mrs Chantal Patel emphasised the importance of ensuring, when programmes are recommissioned, that ‘transactional’ Welsh Language is a key requirement. Mrs Judith Hardisty wished to highlight in particular the Carers Wales awards received by Ms Pennie Muir, Regional Project Support Manager for Carers, and Mr Colin Hopcroft, Senior Nurse Manager.</p> <p>The Board SUPPORTED the work engaged in by the Chair since the previous meeting and NOTED the topical areas of interest.</p>	
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<p>PM(23)124</p>	<p>REPORT OF THE CHIEF EXECUTIVE</p> <p>Introducing his Chief Executive’s report, Mr Moore indicated that, whilst shorter than usual, this brevity should not be taken as a reflection of the amount of work being undertaken. The report includes an update on Joint Executive Team (JET) and Targeted Intervention meetings with Welsh Government. Whilst positive feedback has been received, there is a focus on the significant challenges faced. In terms of the UK COVID-19 Inquiry Module 4, Hywel Dda UHB has taken the decision not to apply for core participant status however, is currently participating in Modules 2 and 5 at the request of the Inquiry. Mr Moore stated that the Health Board is keen to involve members of the local community in developing the Health Improvement and Wellbeing Centre, Llanelli. Members were also advised that a great deal of work is ongoing around the Annual Plan. Mr Moore wished to add his personal thanks to Ms Shakeshaft, suggesting that the Health Board has been extremely fortunate to have had the services of an individual with her knowledge, experience and positive attitude. Mr Moore would miss Ms Shakeshaft’s wisdom and demeanour; however, she should enter retirement very proud of her achievements.</p>	
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	<p>In regards to the Regional Integration Fund (RIF) Memorandum of Understanding (MOU), Mr Maynard Davies enquired regarding the anticipated timescale for Local Authority partners in terms of legal advice, and whether there are any associated risks for the Health Board. Mr Moore suggested that risks would likely depend on the legal advice received. Ms Jill Paterson indicated that a maturing relationship has developed with partners via the RPB, which needs to build further. It is vital to ensure that sufficiently robust governance arrangements are in place; both partnership and individual accountability needs to be clear. Members were assured that this is an area which continues to be monitored via the Audit & Risk Assurance Committee (ARAC). Ms Paterson was satisfied that the MOU is relatively near sign-off. Highlighting the statement on page 2 of the report that ‘... the Regional Partnership Board (RPB) must match fund schemes ...’, Mrs Hardisty emphasised that the RPB is not an entity in and of itself. Match funding requirements would, therefore, fall to the Health Board and Local Authority partners. Members were informed that the original deadline for agreeing the MOU discussed at ARAC was July 2023; Mrs Wilson hoped that it would be possible to present this to September 2023 Public Board, with a similar timescale for partners. Miss Battle requested that any delay to this timescale be highlighted.</p> <p>Referencing the five Welsh Government priorities identified during the JET meeting, Mr Winston Weir observed that there is no mention of MHLD, in which people continue to experience waits, Primary Care or Public Health. Mr Moore explained that JET is a retrospective process, whilst emphasising that these issues had been discussed in detail, together with the Health Board’s Annual Plan. It will be necessary to ensure that the organisation’s capacity is focused on the previously stated Ministerial Priorities; however, a balance in addressing needs is also required. Members were informed that all letters between Welsh Government and the Health Board have been shared via ARAC. With regard to the UK COVID-19 Inquiry, Ms Paterson noted that a great deal of work is being undertaken by Mrs Wilson, Mrs Sian-Marie James and their team, which should be recognised. Agreeing, and emphasising the importance of this Inquiry, Miss Battle was pleased to report that the Health Board had taken steps such that all relevant information had been retained. It is vital in such instances to ensure that records are both accessible and accurate.</p> <p>The Board:</p> <ul style="list-style-type: none"> • ENDORSED the Register of Sealings since the previous report on 25 May 2023 • NOTED the status report for Consultation Documents received/ responded to 	HT
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PM(23)125	<p>REPORT OF THE AUDIT & RISK ASSURANCE COMMITTEE</p> <p>Cllr. Rhodri Evans, ARAC Chair, presented the ARAC update reports from its meetings held on 11 May and 20 June 2023, highlighting the key items discussed, key risks, issues and matters of concern. In terms of the meeting on 11 May 2023, Members heard that the new accounting standard IFRS 16 had impacted significantly on preparation of the Health Board’s accounts. The items for Board noting and approval, being the ARAC Annual Report, End of Year documentation and Draft</p>	
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Head of Internal Audit Opinion & Annual Report, were highlighted in particular.

Referencing the findings of the Internal Audit into Job Planning, Mrs Patel noted that delivery of the target lies with operational staff and enquired whether measures have been put in place to progress this matter. Building on this, Miss Battle recalled recent discussions around the need to consider which work might need to be prioritised and which might need to be paused, and whether this might fall into the latter category. In response, Professor Kloer felt that, whilst there may come a point at which work in relation to Job Planning needs to be paused, it should be maintained for the time being. It is important to understand as an organisation the activities of and demands upon the medical workforce. This topic is being considered across Wales, with all Health Boards being requested to provide information; Professor Kloer is working with Mr Andrew Carruthers and Mrs Lisa Gostling in this regard. The consultant body has been split into quarters for a phased approach, and informed when their Job Planning process is due to take place. Cllr. Evans added that, due to the Limited Assurance rating for this audit, a follow-up audit will take place in 2023/24.

Moving onto the report from the meeting held on 20 June 2023, Cllr. Evans thanked Mr Moore for his regular attendance to provide updates around Escalation Status. The two items for Board consideration from this meeting related to the revised HDdUHB Standing Orders and Standing Financial Instructions and the breach of Standing Orders in regards to the Execution of the Contract for the Construction of the Day Surgery Unit, Prince Philip Hospital (PPH).

Mrs Patel noted discussions around the Single Tender Action for service provision and enquired regarding the number of patients who would potentially be affected by delays. In response, Mr Huw Thomas assured Members that consideration of Single Tender Action applications would always take into account the needs of patients; service provision of this type would not be put at risk. Referencing the Agency & Rostering Internal Audit report discussion, Mr Maynard Davies recalled the stated intention to remove all non-framework agency use by the end of July 2023. Mrs Wilson advised that it is hoped that the review work around this topic will be ready to present to the August ARAC meeting.

Miss Battle enquired whether the process around Theatre Loan Trays has been altered to address the concerns identified during the Internal Audit into Theatre Loan Trays & Consumables. Assurance was also requested that lessons had been learned from the PPH Day Surgery Unit issue. In response to the first query, Mr Andrew Carruthers stated that there were a couple of outstanding actions in relation to the loan recording process and would provide a full update outside the meeting. As with the previously mentioned Limited Assurance audit, this area would be subject to a follow-up audit during the upcoming year. With regard to the second query, Mrs Wilson reiterated that there is a robust process in place for the signing and sealing of contracts, which had unfortunately not been followed in this instance. As a result, Standing Orders had been breached; hence the full discussion at ARAC. It has

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	<p>been agreed that Internal Audit will review current processes to ensure that nothing further is required. Miss Battle welcomed this clarification, noting that there is a recognised process, which had not been followed in this case due to human error.</p> <p>Miss Battle thanked Cllr. Evans for agreeing to take on the role of ARAC Chair on a permanent basis.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> • NOTED the ARAC update reports and ACKNOWLEDGED the key risks, issues and matters of concern, together with actions being taken to address these • NOTED the Committee’s review of year-end documentation, including the NHS Non-Statutory Instruments (Ministerial Directions) compliance report, Welsh Health Circulars compliance report, Draft ARAC Annual Report, Draft Head of Internal Audit Opinion & Annual Report, Assurance Report on Board Effectiveness, Draft Response to Audit Enquiries to those Charged with Governance and Management, Draft Accountability Report, Draft Performance Overview and Draft Annual Accounts • NOTED the Draft Head of Internal Audit Opinion & Annual Report 2022/23, and the Reasonable Assurance rating • APPROVED, in regards to the Execution of the Contract for the Construction of the Day Surgery Unit, Prince Philip Hospital, the Health Board’s decision to mitigate the breach of Standing Orders by proceeding with the JCT Design and Build Contract 2016 dated 23 December 2021 between the Health Board and Vanguard for the construction of the Day Surgery Unit in Prince Philip Hospital, as a simple contract, with a limitation period of six (6) years from the date the cause of action accrued 	
<p>PM(23)126</p>	<p>REVISED STANDING ORDERS AND STANDING FINANCIAL INSTRUCTIONS</p> <p>Cllr. Evans highlighted the proposed changes on pages 32 and 33, which relate to the disbanding of Local Community Health Councils (CHCs).</p> <p>The Board APPROVED the revised HDdUHB Standing Orders and Standing Financial Instructions</p>	
<p>PM(23)127</p>	<p>REPORT OF THE QUALITY, SAFETY & EXPERIENCE COMMITTEE</p> <p>Presenting the QSEC update report from 13 June 2023, Ms Anna Lewis, QSEC Chair, highlighted a common ‘theme’ running through agenda items presented to the Committee: workforce capacity. A number of quality and safety issues are arising from the continuing demands placed on an already overstretched workforce. This represents an ongoing concern. The Patient Story presented to this meeting had highlighted a lack of effective communication. Whilst suggesting that detailed discussion be deferred until later on the agenda, Ms Lewis indicated that she wished to increase scrutiny of this area at QSEC as it is a consistent issue. The Committee had discussed in general the ambitious nature of timescale for improvement and whether this is realistic, given the reality of what services are facing on a day-to-day basis. A concern regarding the ongoing unfilled Specialist Community Public Health Senior Nurse vacancies, in each of the counties but</p>	

especially in Ceredigion, was noted by the Committee. Finally, the revised Terms of Reference require Board approval.

Mrs Rayani wished to provide information and assurance regarding the issue of pressure damage, stating that a 'deep dive' will be conducted via a Quality Panel. There are monthly scrutiny meetings; certain of the issues are as a result of incorrect coding. Not all of the cases are inpatients; some are individuals who have had no contact with the Health Board's services until they present at the 'front door'. Miss Battle enquired whether there has been consideration of providing education for the general public on how to avoid pressure damage. In response, Mrs Rayani advised that the Manual Handling team is working with staff in Social Care to explore how they can support individuals in the home, particularly in relation to manual handling and use of different pieces of equipment. Mrs Rayani would be discussing with Ms Raynsford potential opportunities for use of Charitable Funds to fund equipment in clinical areas which would assist with both manual handling and pressure damage. There is also work ongoing with colleagues in Therapies to explore a range of measures which might be taken forward. Building on this, Ms Raynsford emphasised that the importance of nutrition and hydration is a vital component of the wider issue of care. Referencing page 2 and mention of the Multi-Disciplinary Team Infection Prevention & Control (IPC) Quality Panels; whilst recognising the pressures on clinical colleagues, Mrs Raynsford was disappointed to note that only one medic had attended. Mrs Rayani explained that Professor Kloer has written to his medical colleagues to encourage engagement and attendance at key meetings and IPC training. The one medic who did attend is extremely committed and is actively engaging with her colleagues. Professor Kloer confirmed that this individual has a leadership role in this regard, whilst emphasising that he would wish to see improved attendance.

Highlighting the Liberty Protection Safeguards Update and the statement that 'the number of referrals coming through the system are not manageable within the capacity of the team' Ms Paterson clarified that the backlog of referrals remains; however, a process has been put in place to ensure it is manageable going forward. Members were assured that there is daily oversight of referrals and recruitment is underway for additional medical capacity to address the backlog. In respect of the unfilled Specialist Community Public Health Senior Nurse vacancies, Miss Battle enquired around the actions being taken to address this issue. In response, Mrs Rayani advised that structural changes have been made, with this service now moved to the Women & Children's Directorate, which has increased the support available. Reconfiguration of roles has been considered, together with skill mix. These staff play a key role in safeguarding; however, no concerns have arisen to date as a result of the recruitment challenges, which remain. There will be a more detailed review in August 2023. Ms Lewis added that this topic has featured on the QSEC agenda for a number of months now.

In considering the QSEC Terms of Reference, Members noted that it had been agreed to remove the 'sub-title' for the Assistant Director of Therapies and Health Science - Professional Practice, Quality and

	Safety in the membership list, so that this would read simply Assistant Director of Therapies and Health.	
	<p>The Board:</p> <ul style="list-style-type: none"> • NOTED the QSEC update report and ACKNOWLEDGED the key risks, issues and matters of concern, together with actions being taken to address these. • Subject to the amendment mentioned above, APPROVED the revised QSEC Terms of Reference. 	

PM(23)128	UPDATE ON ANNUAL PLAN 2023/24	
	<p>Mr Lee Davies introduced a report updating on the Annual Plan 2023/24, which outlines progress around delivery of the Planning Objectives and provides an update on Targeted Intervention work with Welsh Government. The Health Board is intending to review and revise its approach to the Planning Cycle. It has now received the output report from the recent Peer Review which had been helpful, and which has been considered and discussed during TI meetings with Welsh Government. The organisation is in the process of compiling a complete response to this report, which will be taken through the relevant Committee and will influence the development of next year's Plan.</p> <p>Mr Huw Thomas reminded Members that there have been a number of discussions as a Board regarding the original forecast deficit of £112.9m, noting that this position is regarded as unsupportable and unapproved by Welsh Government. There has been an £8.3m variance against this, as a result of various drivers, including agency nursing and medical agency spends. Also, an unforeseen variance of £3m for the year in Oncology along with unforeseen estates/facilities maintenance costs. The table on page 6 provides a forecast risk summary and outlines the new projected deficit of £145.4m, together with reduced totals if savings plans deliver in full. The choice/opportunities presented to the Board at its meeting on 31 May 2023 are outlined on page 7. Members heard that a Core Delivery Group and Communications Cell have been established, with meetings outlined on page 8. Discussions have focused largely on agency/workforce expenditure. Page 9 onwards details how the organisation intends to strengthen its response/approach to reflect the challenging financial situation. There have been two meetings with the senior management team, who have been tasked with developing plans for further savings by 10 August 2023. Concerted action from all staff is requested. A 'touchpoint' meeting with Welsh Government is due to take place on 28 July 2023.</p> <p>Ms Ann Murphy enquired whether the uplift for the pay award had been budgeted for, or whether this forms part of the overspend. Mr Huw Thomas explained that the pay award is funded by Welsh Government. Whilst noting the information around plans, actions and outcomes, Mrs Patel suggested that the impact of these is not detailed. Members were advised that the current priority is to develop additional savings plans by 10 August 2023. Miss Battle explained that proposals presented on this date will be costed and impact considered. Mr Carruthers agreed that it will be key to understand the impact of proposals on service delivery, activity, performance, quality and safety. Ms Helen Williams emphasised</p>	

the importance of recognising the impact on patients and requested that information/narrative around this be included in future reports.

Mrs Hardisty expressed concern that, given the stated focus on Cancer, Oncology demand/costs had been underestimated so early in the financial year. In response, Mr Carruthers indicated that the demand and action plan in relation to Cancer had been clear. The issue probably reflected a weakness in triangulating the requirements of meeting the trajectory in terms of translation into costs. Mr Huw Thomas added that the implications of multiplier impact in an inflationary environment should also not be underestimated. Mr Moore advised that this topic has been discussed at a national level and that all Health Boards are experiencing an increase in volume, which is not regarded as purely a result of the COVID-19 Pandemic. There has probably been a more widespread underestimate of the level of demand. Mr Huw Thomas reminded Members that the Health Board's original forecast deficit was regarded as unsupportable by Welsh Government, with insufficient assurance around the cash to support the Plan. This effectively means that debate around whether the annual budget was as precise as possible is somewhat 'moot'. There is a real issue, however, around the cash affordability of expenditure on an ongoing basis. The actions being taken by the Health Board need to:

- Be significant in value
- Be variable in nature
- Relate to cash

These are the three principles the organisation is having to adopt in-year to recover the financial position.

Referencing section 7.1, Cllr. Evans queried whether bi-monthly meetings of the Sustainable Resources Committee (SRC) are sufficient, given the financial position and need to monitor savings delivery. Whilst acknowledging this viewpoint, Mr Winston Weir advised that he and the Director of Finance have 'touchpoint' meetings in the intervening months between SRC meetings. There is also a need to strike a balance between monitoring delivery and allowing staff to deliver savings and perform their day-to-day roles. Focusing on the table on page 8, Mr Weir emphasised the need to maintain pace; medical agency and Transforming Urgent Emergency Care (TUEC) present significant risks and he was concerned that meetings had not yet taken place. Mr Huw Thomas explained that this information was correct at the time the report had been prepared. As mentioned earlier, meetings with the senior leadership team had taken place on 12 and 26 July 2023. In addition, there are other fora, including Directorate Improving Together sessions, County meetings around TUEC and Programme Groups. Mr Moore shared Mr Weir's view around the need for balance between monitoring and delivery. With regard to SRC, Mr Maynard Davies reminded Members that – as well as its role in finances – it is also responsible for scrutinising the Health Board's development of its Digital capability. Whilst this may offer an area for potential savings, there is also a risk of detrimental impact by losing momentum.

Expressing concern around operational capacity, Ms Lewis noted that staff are being expected to deliver day-to-day service and develop forward plans. With the system pressures and, in view of the financial challenges, Ms Lewis queried whether these expectations were still reasonable. Members were reminded that, during the COVID-19 Pandemic, an approach of 'just do it' was introduced, which empowered operational staff to make decisions to improve service delivery. There had been a stated aim to retain this approach; however, Ms Lewis was concerned that there is a risk of losing sight of it. Members were assured by Mr Moore that there has been a focus on rapid decision-making; however, there is a need to ensure that this is tracked, and Mr Huw Thomas has been asked to develop a dashboard to do so. As well as pressure on operational staff, there is pressure on corporate teams; however, the energy and desire to develop solutions among the senior leadership staff seen at recent meetings is palpable. This is the most significant financial challenge the NHS in Wales has faced to date. Mr Carruthers agreed that there are pressures and demands across all teams, and that priorities will need to be carefully considered. In terms of Urgent & Emergency Care, various actions are being taken to improve systems, access, quality and user experience, all of which will help in a wider sense. However, the opportunity to be proactive is diminished with time, and working at pace is vital. The Health Board is trying to focus on those areas where the greatest impact can be made and – as stated – teams are engaging positively. Whilst assured in terms of approach, capacity remains at question.

Referencing the Accountability Letter of Delegations and Financial Delivery for 2023/24 issued to Executive Directors, Ms Lewis requested assurance around whether consideration is given, in signing these, to quality and safety issues. Mr Moore advised that quality and safety is considered in all decision-making processes, whilst accepting that more detailed discussions will be required once the proposals mentioned above have been developed. Most of the current savings plans are around waste reduction, which generally naturally lead to improvements in quality. Mr Maynard Davies requested clarification around the extent to which productivity gains might generate cash gains. Members were informed that, whilst there is a concerted effort to understand productivity gains and their potential impact, translation of these into cash is challenging. Productivity gains are also occasionally counteracted by other pressures. This will be an area of focus for the next planning round. Mrs Rayani wished to assure Members that discussions around savings are being conducted through a quality and safety 'lens' and that every savings scheme is assessed in these terms. When quality impact assessments are undertaken, it often becomes apparent that there are indications of improvements being delivered.

Whilst agreeing that better quality equals better value for money and lower cost, Ms Lewis reiterated her concerns around the reality for operational staff in services being asked to consider what they can do differently 'here and now' to deliver savings. This level is where the potential risk lies; these staff are vital monitors 'on the ground', there is only so much capacity they have, and the organisation must be careful not to overwhelm them. Whilst emphasising that the Safety Dashboard

also identifies potential issues; Mr Moore suggested that consideration be given to issuing communication to these staff. Mrs Rayani stated that staff at every level of the organisation are clear about the challenges ahead. There is, however, an emphasis on the need to escalate concerns and the need to balance financial recovery with taking the correct decision. Mr Iwan Thomas suggested that consideration be given to the community lens. The local population is aware of the pressures being experienced by the NHS; however, does not necessarily fully understand how this translates to their care. Clarifying this would provide them the opportunity to engage with and support the Health Board. Members were assured that the Communications Cell is exploring how local communities can be activated and that they were very much regarded as part of the solution.

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Miss Battle was aware of discussions around potentially ‘pausing’ some of the current Planning Objectives to provide additional capacity to take forward more immediate priorities, and requested an update in this regard. In response, Mr Moore advised that, there had been discussion of this issue at the Executive Team meeting on 19 July 2023. The meeting had considered whether delaying Planning Objective delivery would release capacity and the possible impact on operational teams. Mrs Wilson highlighted that pausing Planning Objectives would also impact on Committee Workplans, potentially reducing the commitment of operational teams in preparing reports/attending meetings. A formal update on the status of Planning Objectives would be presented to the 28 September 2023 Public Board meeting. Miss Battle summarised discussions as follows:

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- The Health Board’s primary concern must be the care of patients
- Finances are important, however, changes must be made with a measured approach
- The organisation needs to support its staff and ensure the care of patients
- Certain Planning Objectives may be ‘paused’ and Committee business may be streamlined
- Staff should refrain from presenting Business Cases or requests for funding to Committees/Board
- There is a need to focus on day-to-day service delivery rather than increasing meetings, etc

All staff were thanked for their ongoing efforts.

The Board **SUPPORTED** the actions that are being taken to recover the position and:

- **NOTED** the assessment of the issues which led to this year’s financial position.
- **NOTED** the weaknesses in our processes which contributed to the challenges faced by the Health Board.
- **NOTED** the progress made by the Core Delivery Group and process in relation to the Communications Cell.
- **NOTED** the savings plans which have already been recognised.
- **DISCUSSED** the quantum of the financial risks noted for the year and consider the further actions which are now required to translate opportunities into deliverable savings schemes.

PM(23)129	FINANCIAL REPORT	
	<p>Introducing the Financial Report for Month 3 2023/24, Mr Huw Thomas advised that the format of this report has changed and will continue to evolve over the coming months.</p> <p>It was suggested that the information around Capital on page 2 does not provide an understanding of the impact of the spend. In response, Mr Lee Davies highlighted that the detail concerned had been discussed at Executive Team, Capital Sub-Committee and Strategic Development & Operational Delivery Committee (SDODC). The Health Board has been having to underwrite the cost of Fire Safety works in anticipation of a decision around the availability of Welsh Government funding. To ensure there was not an overspend, certain other Capital schemes had to be 'paused'. There have now been positive discussions with Welsh Government, who have indicated that they will provide support for the Fire Safety works. This will allow the organisation to progress the schemes which have been temporarily paused. Other Capital issues, such as the costs involved in Reinforced Autoclaved Aerated Concrete (RAAC) works, are currently unknown, and were previously unknown to Welsh Government also.</p> <p>Other aspects of the report had been discussed as part of the previous agenda item.</p>	
	<p>The Board DISCUSSED the report and NOTED that:</p> <ul style="list-style-type: none"> • Insufficient assurance can be provided at this stage that the savings requirement of £19.5m can be delivered because of a gap in identified savings schemes of £9.5m and a risk of undelivered schemes contributing a risk of a further £3.9m. • Operational cost pressures of £19.1m are contributing to further financial risk for the Health Board. • The unmitigated financial projection at this stage is £145.4m. However, actions have been agreed by the Executive Team and Health Board senior managers more broadly. These are being assessed, but would need to deliver £32.5m of further improvements in this financial year in order to deliver the planned deficit of £112.9m. • The financial forecasts at this stage mean that there would be a significant cash shortfall in Q4 and for which, as yet, there is no assurance of coverage. 	

PM(23)130	INTEGRATED PERFORMANCE ASSURANCE REPORT	
	<p>Mr Huw Thomas presented the Integrated Performance Assurance Report (IPAR) for Month 3 of 2023/24, highlighting the addition of an appendix, the IPAR Overview. In Planned Care, the Health Board is continuing to make good progress in terms of Ministerial Priorities. There had been a 'deep dive' into Therapies at the most recent SDODC meeting; whilst breaches are rising, there have been improvements elsewhere. Diagnostics performance shows a varying picture. As has been reported at previous meetings, achieving a reduction in the Cancer backlog unfortunately results in a deterioration in the central performance measure. In patient experience, the organisation has exceeded the 90% target overall, which is a reflection of the hard work</p>	

undertaken. However, only 76% of patients feel that they are involved in their care. There has been an improvement in terms of the number of C.difficile cases, which should be recognised. In Urgent & Emergency Care, ambulance handover performance has shown an improvement. Performance in Mental Health around primary and secondary Child and Adolescent Mental Health Services (CAMHS) continues to improve, with the target achieved this month. However, Neurodevelopmental services performance continues to show a concerning trend.

On page 5 of the main report, Mr Maynard Davies welcomed news of the successful recruitment to the Clinical Endoscopist trainee programme and enquired whether this will assist in the short-term. Mr Carruthers agreed that this was pleasing to note. Members heard that the Health Board is already exceeding pre-Pandemic Radiology levels; whilst this recruitment will assist in the short-term, the challenge will be around how regional working can provide a more resilient/sustainable solution. Mr Mansell Bennett noted, on page 4, reference to a new digital process for Pathology and requested further information. Assurance was also requested that regular communication is taking place with patients waiting for treatment. In response to the first query, Mr Huw Thomas explained that this was part of the ongoing digitalisation process and is a system to transfer images and results between HDdUHB and Swansea Bay UHB (SBUHB). With regard to the second query, Mr Carruthers reminded Members that the Health Board's Waiting List Support Service (WLSS) continues to operate and advised that every patient on the Stage 4 Waiting List has been contacted. Mrs Rayani added that the Health Board has, following analysis of waiting lists, been able to expedite appointments for certain patients. It is absolutely recognised that this is an extremely worrying time for patients and further consideration needs to be given to how waiting times can be addressed. Members were reminded that the WLSS had been established following discussions with the CHC and that HDdUHB is the only Health Board in Wales to offer such a service. Despite the financial challenges, it has been decided that the WLSS will be maintained and funded. Whilst agreeing that the WLSS is beneficial, Ms Williams highlighted that not everyone is aware of its existence and suggested that improved communications around this be considered. Mrs Rayani committed to take this forward.

MR

Mrs Hardisty wished to recognise the improvements in Mental Health performance, which represents a significant achievement. In terms of Neurodevelopmental services, it was suggested that there is a need to understand and accept the level of performance which is realistically achievable, given the constraints. Mr Carruthers indicated that he would welcome the opportunity to set more reasonable expectations/targets. It was noted, however, that a national Welsh Government Delivery Unit review into Neurodevelopmental services is underway, with HDdUHB having been the first Health Board to be visited, and the output from this review is expected in September 2023. Mr Weir suggested that performance in Mental Health shows a mixed picture, highlighting the statement on page 7 of the main report around the percentage of Mental Health assessments undertaken within 28 days, the lowest performance reported since March 2020. There is no stated improvement trajectory

for this area, which is of concern as it provides no forward assurance regarding performance. Mr Carruthers agreed with this analysis.

Focusing on Cancer performance, Miss Battle requested an overview and comparison with other Health Boards. In response, Mr Carruthers stated that HDdUHB's performance in relation to the Single Cancer Pathway (SCP) had been 42% in May 2023, the worst in Wales. As previously mentioned, achieving a reduction in the Cancer diagnosis backlog impacts negatively on SCP performance. Welsh Government recognises this and is, nevertheless, keen that Health Boards reduce their diagnosis backlog. The organisation is still in the process of validating June's SCP figures; however, Mr Carruthers would anticipate an improvement and significant progress in reducing the diagnosis backlog. A continued improvement in both is expected; however, should this be the case, there needs to be an understanding of how this is being achieved when it has not been the case previously. Returning to discussions around the WLSS, Mr Carruthers advised that the Minister for Health and Social Services has expressed an interest in visiting the Health Board to learn more about this service, which will be welcome.

In terms of Planned Care recovery, Members were informed that the trajectory for 52 weeks has been achieved and the year-end trajectory for 104 weeks exceeded. There has been innovative work by members of the Podiatry service team, who are examining the Vascular waiting list backlog. Of the 50 patients scrutinised so far, it has been determined that 25 could be reviewed by the Podiatry service instead. Mr Carruthers reminded Members that, at the previous Board meeting, the Health Board was awaiting the outcome of its bid for Planned Care recovery funding (of the £50m total available). Disappointingly, HDdUHB had only been allocated £6.6m; with allocation determined not on a 'fair share' basis but on the basis of where the most significant improvements were required. It seems likely, therefore, that HDdUHB's performance improvements have resulted in it having been awarded less funding. This despite the Health Board having been given a number of delivery expectations which do not align with its submission or with the allocation made. As has been mentioned, there has been good progress on ambulance handover delays; however, the system remains extremely challenging both locally and across Wales. The RAAC issue is a significant concern in terms of its general impact and potential impact on performance. Mr Carruthers suggested that this be discussed in more detail later on the agenda.

Miss Battle requested an update on Delayed Transfer of Care (DTC) numbers and for clarification of how much the Health Board had originally bid for in terms of recovery funding. Noting also that, last year the organisation had set local Planned Care targets which were lower than those set by Welsh Government, and had achieved and/or surpassed these, Miss Battle enquired whether the same approach is planned this year, setting targets which are viewed as achievable. Mr Carruthers acknowledged that the organisation's focus will need to be revised in the context of the actual allocation versus the original bid for £15.5m. He has requested that the Planned Care team undertake a review to consider what is now deliverable. The Health Board would

	<p>have been in a better position to take forward plans had it received in the region of £9-10m. Whilst DTOC numbers are showing an overall improvement, this varies across the month, with numbers as high as 300+ on occasion. The appendix to the Operational Update provides a more detailed breakdown.</p> <p>On the topic of Cancer care, Ms Williams requested assurance that each patient on the waiting list is allocated a dedicated nurse and that Tertiary providers are prioritising patients by clinical need. Clarification was also requested around the conversations which are taking place with SBUHB. Mr Carruthers confirmed that nurses are allocated to Cancer patients, adding that they are also given access to a 24/7 Cancer Helpline. This is a well-used service, which has received positive feedback. It was also confirmed that patients are treated in order of clinical priority and time waited; this is closely monitored by Welsh Government and HDdUHB compares well with other Health Boards. SBUHB staff visit to provide clinics; however, the numbers are relatively small and, as a result, can be disproportionately impacted by annual leave and Bank Holidays. Members were assured that HDdUHB is working with SBUHB to secure additional capacity. Mrs Hardisty expressed disappointment and concern around the recovery funding allocation, particularly in view of the extremely detailed and robust bid submitted. Whilst understanding the reasoning that there is a need for more equity nationally around waiting times, Mr Moore shared this concern. The disappointment was primarily on behalf of the operational teams in Planned Care, as they are closely involved with patients who are waiting for treatment. There is a need to analyse how the funding which has been allocated can be best utilised and how the reduced allocation may impact. It may be that improvements can still be made but at a slower rate than had been hoped; Mr Moore was, however, concerned about the potential for a deterioration in waiting times. More modelling work in this area is required.</p> <p>It was agreed that the response/allocation letter from Welsh Government would be shared with Board Members and that – following the analysis mentioned above – a letter would be sent to the Minister outlining the potential impact of the Health Board’s allocation on its plans and performance. Mr Maynard Davies suggested that an update be provided to SDODC’s August 2023 meeting if this was feasible for those involved. Miss Battle suggested that there also be a communication issued to members of the Planned Care team to recognise and thank them for their efforts.</p>	<p>JW</p> <p>AC</p> <p>MB/SM</p>
	<p>The Board TOOK ASSURANCE from the IPAR - Month 3 2023/2024.</p>	

<p>PM(23)131</p>	<p>OPERATIONAL UPDATE</p> <p>Presenting the Operational Update report, Mr Carruthers highlighted that much of its content had already been discussed. One exception was the Gwili Railway Car Park. Carmarthenshire County Council has confirmed that planning consent had been granted for shared use. It had been hoped at the time of writing the report that enablement works would have been underway; however, it is now anticipated that completion will be by late August 2023, with the car park opening in the first week of September 2023. As there is historically an increase in demand for</p>	
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parking at the end of school holidays, this additional capacity will be welcome. Additional parking has also been made available opposite the Emergency Department at Glangwili Hospital (GGH). There has already been discussion in relation to RAAC planks, which were a building technology commonly used for floors and ceilings from the 1960s onwards. This has become the topic of increasing national concern, particularly regarding the material's fragility when exposed to water. Within HDdUHB, this issue is affecting WGH and Bronglais Hospital (BGH) – the latter only in relation to a Plant Room, so with low impact on patient areas. The use of RAAC planks is more widespread within WGH. It has been necessary to close Wards 9 and 12 and two bays of Ward 7, due to the need for surveying work. Thousands of planks have been inspected so far. The remedial work required for Ward 9 has been defined and costed; this process is still underway for Ward 12. Members were reminded that the Health Board currently has no funding for this work. There is a need to ensure that the organisation is appropriately managing the risk involved, although it is impossible to assess the risk until the relevant areas are subjected to a visual inspection. A systematic/phased approach is being taken. Due to the existence of affected planks, a 10 week programme of visual inspections is underway; this will facilitate a clear assessment of the risk involved. The potential risk to patients and staff presented by RAAC needs to be balanced against the impact of closing clinical and non-clinical areas of the estate. Short-term remedial work includes the use of structural props; however, use of these has consequences in terms of Fire Safety and access. Legal advice around the implications of the existence of RAAC within the Health Board's estate has been sought, and the Health Board is in the process of examining this in more detail. Overall, this issue represents a major operational challenge and involves significant risk in terms of capital requirement.

Miss Battle requested an update on the Welsh Government response to the RAAC issue and the associated capital expenditure risk; also, its potential to impact on accelerating the proposed new hospital build. In response, Mr Lee Davies explained that there are 3/4 phases involved in the RAAC work:

- Visual inspection
- Plank by plank inspection
- Remedial works
- Potential wholesale removal of RAAC

In Wards 9 and 12 WGH, single figure numbers of planks have been identified as 'very high risk'; however, large numbers have been categorised as 'high risk'. These are the issues the Health Board will need to respond to. It was emphasised that remedial work does not include removal of RAAC; this would be a long-term approach. To date, the Health Board has committed circa £500k Discretionary Capital Programme (DCP) funding for survey work, which is scheduled to take 9-12 months, with circa £500k spent on remedial work in Ward 9. Whilst the figure for remedial work on Ward 12 is not yet known, it is likely to be similar. Completing these works will be challenging without support from Welsh Government. It has been agreed with Welsh Government that the

Health Board will provide an estimate of its costs. The financial implications will be significant; further impact on the DCP and resultant delays to other Capital schemes would be unfortunate, and should be avoided if possible. In terms of the wider Strategy, this further emphasises the need to address the challenges of the existing ageing estate and consider the level to which it is appropriate to invest in this. In response to a query around Welsh Government's awareness of the risk, Members were assured that the Health Board has been explicit around the issue and Welsh Government is, therefore, aware of the risk. The legal advice and how it is articulated needs to be considered, and it was suggested that this be discussed during the In-Committee session in the first instance. Mrs Hardisty reminded Members that the Health & Safety Committee is monitoring this matter closely. It should be borne in mind that surveys of community, clinic and Primary Care premises have not yet taken place. The Health & Safety Executive (HSE) has indicated that it does not intend to develop a national strategy and is content for organisations to take a local approach.

Referencing page 7 of the report, Mrs Hardisty wished to highlight the '111 Option 2' service. HDdUHB had been the first Health Board to introduce this service, the first to offer 24/7 provision and the first to provide an equivalent professional phone line for GPs/ambulance staff/police. Mrs Hardisty also wished to commend the Specialist Child & Adolescent Mental Health (SCAMHS) work outlined within the report and the service this provides for children.

Professor Kloer advised that the work required in relation to RAAC had resulted in some loss of bed capacity, at a time when the Health Board is experiencing significant pressures. There had been impressive work undertaken by operational teams to maximise community capacity to mitigate this issue. It should be noted, however, that there is a limit to the scope of such provision. Ms Paterson agreed that the provision secured within South Pembrokeshire Hospital had been invaluable; whilst it had required staff to work differently, this had also enabled evaluation of working practices. Members' attention was drawn to the statements around the Neyland and Johnston Health Board Managed Practice, whereby there will be a formal procurement process later in the year with the aim of seeking to award either a General Medical Services (GMS) or Alternative Primary Medical Services (APMS) contract. Ms Paterson also highlighted information around the GMS Access Commitment, which defines various standards for Practices, including those around access to appointments.

On page 2 of the report, Mr Weir noted reference to 'two critical workstreams established in order to support and drive improvement' of the TUEC programme, and requested further information. Mr Carruthers explained that these would be covered in more detail under the Further, Faster, Together agenda item; however, they were as follows:

- Integrated Home First Group (IHFG) – to explore how capacity within the community can be increased, in order to ensure that individuals remain at home whenever possible and are discharged from hospital promptly and with appropriate packages of care

	<ul style="list-style-type: none"> • Management of Conversion and Complexity Group (MCCG) – to significantly reduce Length of Stay, with a particular focus on frail patients. This has already seen good progress, with an almost 50% reduction <p>There is also a focus on reducing the need for social care to support discharge. Mrs Patel enquired regarding the organisation’s ‘Admit to Discharge’ policy. Whilst acknowledging that the principle of setting an estimated date of discharge on admittance is a central tenet of good discharge planning, Members heard that achievement of this has become more difficult due to social care provision challenges within the community. There are internal processes which can be improved, perhaps with opportunities offered by digitalisation and Artificial Intelligence; however, a number of the issues involved are outside the Health Board’s control. Professor Kloer emphasised that all of this work is central to the Health Board’s ‘A Healthier Mid and West Wales’ Strategy. Members were informed that the Nuffield Trust is currently reviewing the Clinical Strategy as per Welsh Government Capital funding requirements.</p>	
<p>The Board RECEIVED the Operational Update and Progress Report.</p>		

<p>PM(23)132</p>	<p>CLINICAL SERVICES PLAN</p> <p>Mr Lee Davies introduced the Clinical Services Plan report, stating that this provides an update on the position. The organisation now has a better sense of the timelines for development of the issues paper, which will be presented to the January 2024 Board meeting. A position has also been reached with regard to resources, which will feature in the Accountable Officer letter being sent to Welsh Government. In the meantime, there will be reprioritisation of work, recognising that additional resource is not currently available. The report provides updates on each of the service areas, including on the Paediatrics consultation, which has just passed the half-way point; and an update on Stroke, including regional work around the potential Stroke Centre and analysis of requirements to meet the Stroke Standards. The latter was discussed at the June 2023 SDODC meeting. Mr Lee Davies highlighted the positive news around allocation of recurrent funding of £640k which will be used, in part, to implement Early Supported Discharge (ESD) across all three counties. It has been decided to incorporate information on Outpatients into the relevant service work, rather than treat this separately. Endoscopy will be incorporated within Diagnostics.</p> <p>Noting the recruitment of additional staff to Emergency General Surgery, Ms Williams enquired whether this service will now return to normal. Mr Carruthers explained that the issue was somewhat more complex; whilst the locum staff recruited will provide more resilience in the daytime rota, they will not contribute to the on-call rota and it is, therefore, not possible to restore this at present. In regards to Stroke, Mr Bennett enquired whether the additional funding will offset the funding withdrawn by Carmarthenshire County Council for the Stroke Recovery Service, delivered by the Stroke Association. Ms Alison Shakeshaft highlighted developments around Comprehensive Regional Stroke Centres (CRSCs), formerly known as Hyper Acute Stroke Units (HASUs). A business case for a local CRSC has been developed in collaboration</p>	
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	<p>between SBUHB and HDdUHB. Due to the potential location and timeframes for Stroke interventions, only residents of Carmarthenshire would be in a position to access this facility. A Factual Assessment of the impact on the Stroke Pathway in Carmarthenshire has been undertaken, focusing on the staffing and associated funding required to fulfil the national expected standards of acute and rehabilitation phases of Stroke care. Similar assessments for Ceredigion and Pembrokeshire will now be undertaken. A 'stepped'/ phased approach is recommended, with work on and investment in the entire Stroke pathway required before the proposed CRSC can be supported. In response to Mr Bennett's specific query, whilst the additional funding will not entirely meet requirements, it will meet approximately 75%. As indicated, this will support ESD across all three counties. Ms Shakeshaft felt that improvements will begin to be seen, so long as the Health Board can recruit to posts. There will, however, need to be a review of Inpatient infrastructure. The specific withdrawal of Local Authority funding has been considered; however, it is not viewed as the highest priority in view of the wider improvements required to the entire Stroke pathway. This issue has been discussed at length by the Executive Team and the current financial situation means that it is challenging to justify the required investment. Members were assured, however, that work in relation to Stroke care is being progressed.</p> <p>Mr Moore confirmed that this topic has been discussed and debated extensively at various fora. The approach with regard to funding has been carefully considered and discussions have taken place with SBUHB around plans for a regional CRSC. As stated by Ms Shakeshaft, whilst it is difficult to commit to investing in this currently, the importance of it is recognised.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> • NOTED the progress with the Clinical Services Plan programme. • NOTED the assessment of resource requirements and the re-prioritisation of existing resources to deliver the programme. • NOTED the updated timeline for delivery of the Clinical Services Plan programme and risk to timeline associated with resource requirements and recruitment timescales. • NOTED the intention to utilise Welsh Government funding to implement Early Supported Discharge for Stroke and the work undertaken to assess the requirements to meet national standards for Stroke care, which will now be incorporated into the scope of the Stroke project within the Clinical Services Plan. 	
<p>PM(23)133</p>	<p>BOARD ASSURANCE FRAMEWORK</p> <p>Mrs Wilson introduced the Board Assurance Framework (BAF) Report, highlighting work undertaken by the Executive Team and the updates on progress against each of the Health Board's Strategic Objectives beginning on page 4 of the report. Should there be changes to the Planning Objectives, the BAF will also need to change accordingly.</p> <p>Recognising that, with all of the current pressures, it is sometimes challenging to retain a strategic focus, Mr Moore thanked Mrs Wilson and her team for enabling this via the report. Ms Lewis enquired as to the level of confidence in oversight of interdependencies between risks.</p>	

	In response, Members heard that Professor Kloer had raised this issue at the most recent Risk Session, and it was being taken into account.	
	The Board NOTED the Board Assurance Framework report and TOOK ASSURANCE on any areas giving rise to specific concerns.	

PM(23)134	<p>IMPLEMENTING THE ‘A HEALTHIER MID AND WEST WALES’ STRATEGY</p> <p><i>Ms Eldeg Rosser joined the Board meeting.</i></p> <p>Mr Lee Davies presented the regular update on the Implementing the ‘A Healthier Mid and West Wales’ Strategy, adding that an update on the Cylch Caron Project requested at the previous meeting was also provided. Members were reminded of the key areas of work being progressed:</p> <ul style="list-style-type: none"> • Clinical Strategy Review – there had been a delay to this process; however, it was now underway, with the Nuffield Trust having been commissioned. There has been a great deal of activity and the output report is expected by the end of August 2023 • Strategic Outline Case – this remains on track; it will be subject to revision depending on the findings of the Clinical Strategy Review, resulting in a challenging timescale for completion • Land Consultation – there has been good engagement from both staff and public. Processes have offered valuable opportunities to re-engage with stakeholders. Reports are currently be compiled, which will be provided to the Board ahead of the September meeting <p>The report also contains an update on Community Schemes.</p> <p>Noting that only 842 responses had been received to the Land Consultation, Ms Raynsford enquired whether Opinion Research Services (ORS) is content with this response rate and whether it is a typical number for such consultation processes. There was concern that this was being viewed as reflective of people’s views when it might not be entirely representative. Mr Lee Davies advised that it was a reasonable response rate in consultations of this nature, suggesting that there is probably a greater interest in the overall Strategy than in specific sites. It should be noted that 842 relates to the number of questionnaires received only; there has been wider engagement via other means, facilitating a ‘richer’ range of views. Analysis will also take into account geography and demographics; in total this should allow a good sense of public opinion. Ms Alwena Hughes-Moakes wished to highlight in particular the work of the Community Outreach teams, who had engaged with a broad range of groups. As an observation, Cllr. Evans noted that only 26 Welsh online questionnaires had been submitted. Ms Hughes-Moakes suggested that this might be more to do with individuals’ confidence levels in using Welsh to complete documents than anything else. Members were reminded that stakeholders would have submitted formal written responses rather than questionnaires.</p> <p>Members heard that Llais has been contacted by members of the public concerned that Transport for Wales’ strategy does not include a train station at St Clears and the potential impact on accessibility for the new</p>	
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	<p>hospital. Mr Lee Davies advised that HDdUHB has an ongoing dialogue with Transport for Wales; they are a member of the programme group and are very much involved in discussions. This valid concern was acknowledged, however. Whilst welcoming the update on Community Schemes, Miss Battle enquired whether these were at risk as a result of Capital funding availability. In response, Members were informed that some funding has been secured which has enabled progression of Business Cases/plans. However, the full Capital requirements form part of the £1.3m figure contained within the overall Programme Business Case, which will be challenging to secure.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> • NOTED the update on the Clinical Strategy Review • NOTED the progress being made on the Strategic Outline Case (SOC) • NOTED the continuing technical work and commercial discussions in support of the land selection process • NOTED the public consultation has closed and the preparation of conscientious consideration is taking place • NOTED the update on the Community Schemes 	
<p>PM(23)135</p>	<p>CYLCH CARON PROJECT – UPDATE REPORT</p>	
	<p>Members were reminded that the Cylch Caron Project was developed in conjunction with Ceredigion County Council and Mid Wales Housing Association. It had been suspended in 2020 due to the withdrawal from the project of the Housing Association partner.</p> <p>In response to a query around the ‘appetite’ from potential new partners, Ms Eldeg Rosser indicated that there are 3 or 4 interested parties; however, it is difficult to be sure whether this interest will translate into formal tenders/bids.</p>	
	<p>The Board NOTED the Cylch Caron Project Update Report.</p>	
<p>PM(23)136</p>	<p>SEXUAL ASSAULT REFERRAL CENTRE (SARC) PROJECT BUSINESS JUSTIFICATION CASE</p>	
	<p>Miss Battle advised Members that this Business Justification Case had been subject to both national and local scrutiny, including via SDODC. Members heard that Board approval is being sought for submission to Welsh Government of what is an extremely important infrastructure development.</p> <p>Cllr. Evans enquired whether the stated delivery date of March 2025 is achievable. Whilst recognising that this timescale is challenging, Mr Lee Davies explained that it is required for accreditation purposes. Ms Rosser added that it also factors in time for Welsh Government review. In response to a query around the appropriateness of requesting approval of professional/consultancy services in the current financial climate, Members were informed that this relates to capital rather than revenue funding and will form part of the DCP; it had been paused due to the Fire Safety works mentioned earlier, and can now be reinstated following confirmation of Welsh Government funding for the latter.</p> <p><i>Ms Eldeg Rosser left the Board meeting.</i></p>	

	<p>The Board:</p> <ul style="list-style-type: none"> • NOTED the development of the BJC for SARC services • APPROVED the submission of the BJC to Welsh Government (WG) for further scrutiny • APPROVED the use of professional services/consultancy as appropriate to deliver the project • NOTED that the capital costs included in this version of the BJC are based on budget costs and the development of fully tendered costs will be undertaken following the receipt of WG scrutiny comments. Once the costs are obtained, they will be submitted to Welsh Government (WG) for review and approval 	
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<p>PM(23)137</p>	<p>IMPROVING SERVICE USER EXPERIENCE REPORT</p> <p><i>Ms Kathryn Lambert and Ms Louise O'Connor joined the Board meeting.</i></p> <p>Mrs Rayani introduced Ms Kathryn Lambert, Arts in Health Coordinator, who forms part of the 1 WTE in this role. An administrator has also recently been appointed. Ms Lambert drew Members' attention to a presentation which outlines examples of the work undertaken as part of the Arts in Health programme within Hywel Dda. Her fellow Coordinator is Dr Catherine Jenkins, a practising GP based at the Morfa Lane Surgery, Carmarthen. The team is part of the Patient Experience team and was established to engage with and promote the use of Arts in Health. An example of artwork commissioned to honour the efforts of HDdUHB and Health Care staff throughout the COVID-19 Pandemic has been made available for Board Members to view, and would be touring the Health Board. Ms Lambert outlined her 20 years' experience of working in the arts sector, including as Director of Span Arts in Pembrokeshire. She had seen at first hand the powerful role of arts in improving the health of individuals and communities. The role of Arts in Health Coordinator is a new one and the team is at an early stage of its journey; however, it has received valuable support from the Health Board and Patient Experience team. The team has been overwhelmed by the need for and interest in their work, and the welcome received, only strengthening the sense that arts has an important role to play.</p> <p>In a healthcare setting, people are dealing with life and death; arts can help them when they are at their most vulnerable. It is genuinely centred on the individual. The team has been provided with an opportunity to work with a huge group of dedicated staff and individuals and Ms Lambert gave examples of some of the projects undertaken. Consideration is being given to how healthcare environments can be improved to aid recovery and enhance patient experience. There has been engagement with both staff and patients, and it is hoped that learning will be transferred to development of the new hospital, with the team involved with the organisation's biophilic vision. The team has been able to pilot a programme of activities around staff wellbeing, which has provided some powerful moments of respite and renewal. There has been work with both local and national arts providers. The team has secured approximately £300k funding and is working on bids for more. An Arts in Health Charter is being developed, with HDdUHB being the first Health Board to do so. This is an attempt to put creativity at the heart of healthcare.</p>	
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Miss Battle thanked Ms Lambert for her report, stating that it is uplifting, during what is such a challenging time, for the Board to hear and see the work which is taking place. Noting the link to the Social Model for Health and Wellbeing, Professor Kloer highlighted in particular work with dementia patients, which was potentially more impactful than any medical intervention which could be provided for these individuals. The team has also supported the 'Preseli Cares' project with work in the community. Whilst accepting that it is not necessarily easy to obtain evidence of outcomes/benefits, Professor Kloer looked forward to seeing the team's work develop. Welcoming the inspiring presentation, Cllr. Evans enquired whether the team is speaking to other Health Boards regarding projects they may be undertaking. Ms Lambert confirmed that Arts in Health staff do come together to share experiences and learning, and that there is a Welsh Government cross-party group in which they participate. Mrs Hardisty congratulated the team on securing the funding they have, and welcomed the input from Dr Jenkins as a GP. Whilst not undertaken by the team, an example of arts improving the environment was the Young Persons' Sanctuary, particularly the significant input from a local graffiti artist. Endorsing from a personal level the value of the activities offered by the Arts in Health team, Ms Shakeshaft emphasised that the impact of these should not be underestimated. They offer valuable opportunities to connect with other staff, for example. The Health Board contains a relatively small number of individuals who had been trying to take this forward previously; the organisation is now benefiting from a formal, coordinated approach. In terms of evidence, Dr Ardiana Gjini explained that this was beginning to emerge and that there is experience within Wales of evaluating this, which could be shared. Whilst agreeing, Ms Lambert suggested that more could be done in this respect.

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Thanking the team and bringing discussions to a conclusion, Miss Battle enquired what the team's 'one wish' would be. Ms Lambert indicated that the scale of need and potential is significant, and it would be good to find a way to respond to the opportunities via investment. Mrs Rayani suggested that Ms Lambert has understated her expertise and contribution to the Arts in Health team and programme. Dr Catherine Jenkins will be ending her contract in the team due to clinical pressures; however, Ms Lambert has agreed to take on additional hours. Members were informed that there will be discussions within the Charitable Funds Committee around how it might be possible to support the team's activities financially.

Presenting the main Improving Service User Experience report, Mrs Rayani highlighted feedback from the Friends and Family system, with 95.1% of 5,402 responders leaving a positive recommendation, which is an increase. Members were assured, however, that Mrs Rayani wishes to address the 5% who did not have a positive experience. The response rate also needs to improve, and the Patient Experience team is working with operational teams in this regard. Communications remains an area of concern, with further work required to address concerns around appointments and waiting times. However, work already undertaken is making a difference, with a consistent

improvement in responses around communications. Whilst the 'Making a Difference' workshop has contributed significantly, there are other actions which should also be pursued. The Civica system is being rolled out across the Health Board and is being actively embraced by teams, who are using the feedback to improve services and, in some cases, displaying this publicly. The general 'improvement culture' of the organisation is developing.

One area Mrs Rayani is not completely satisfied with is hydration within A&E departments; she has been concerned by ongoing reports of patients not being offered drinks/water during their time there. The vending machines installed in these areas are also being evaluated, as several are cash only, which is not necessarily the most practical option. The Patient Story focuses on nutrition and demonstrates that this is not an issue for hospital/care settings in isolation. There needs to be consideration of how the population can be assisted to eat well, particularly in these financially challenging times. Mrs Rayani apologised for weblinks within the report not being functional, stating that she was working with the Communications team to address this matter. Members were advised of ongoing work in the area of Pain Management and around Duty of Candour. In regards to the latter, this is a new duty enacted on 1 April 2023. A significant amount of training has been undertaken.

Mrs Patel advised that she has recently taken over as Chair of the Listening & Learning Sub-Committee and has been pleased to see the open and positive approach to candour and learning taken by the Health Board's operational teams. This is not necessarily routinely reported at Board. Focusing on the Patient Story, Ms Shakeshaft stated that she had been keen for this to come to Board, whilst noting that 'words on a slide' cannot possibly convey the significance of malnutrition as an issue – within the community as well as healthcare settings. As a dietician by background, Ms Shakeshaft had never seen an adult who weighed less than 4 stone; however, the gentleman in this Patient Story did. Without the intervention provided, Ms Shakeshaft was of the opinion that the outcome would have been terminal. Suggesting that there is a need to recognise potential bias in patient feedback, Ms Lewis observed that certain individuals may be unhappy with their experience; however, are too busy/occupied with other tasks to feed this back. There is a need, therefore, to avoid 'reading too much' into the 95% figure.

On the topic of Unpaid Carers, Ms Lewis suggested that these individuals can often be the 'invisible' members of the Multi-Disciplinary Team (MDT). Other members of the MDT would not, however, accept the poor communications Carers often experience; for example, not being able to obtain an update on the condition of the person for whom they care. Ms Lewis also highlighted the issue of poor mobile phone reception, particularly within GGH. On this last point, Mrs Rayani acknowledged that there are mobile phone 'blackspots', which she has discussed with the Digital Director. With regard to Carers, Members heard that work has been taking place within MHLD around how the organisation contacts and engages with the Carers of patients without

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	<p>the 'barrier' of patient confidentiality. There should be consideration of how this might be transferred to the wider acute healthcare setting.</p> <p>Mrs Raynsford expressed concern regarding the almost 73% of patients reporting that there were not able to communicate in Welsh if they needed to, and requested further clarification. Mrs Rayani explained that this figure related to patients who had responded 'Not applicable', which suggested that they did not require access to a Welsh-speaking member of staff. The ability for patients to communicate in Welsh is not generally an issue in Carmarthenshire, it is more applicable in Ceredigion and Pembrokeshire. However, Members were assured that the Health Board does make an effort to promote the availability of Welsh speakers. Miss Battle requested assurance that there has been learning from the experience of a pregnant patient on page 23 of the report. Members were informed that this feedback had been anonymous; however, the team is trying to identify the case in question to explore what learning might be obtained. The clinical pathway is being changed to transfer the management of pregnancies in excess of 16 weeks to Maternity (from Gynaecology).</p> <p><i>Ms Kathryn Lambert and Ms Louise O'Connor left the Board meeting.</i></p>	
	<p>The Board NOTED the Improving Service User Experience report, which highlights to patients and to the public the main themes arising from patient/service user feedback.</p>	

<p>PM(23)138</p>	<p>FURTHER, FASTER, TOGETHER – LOCAL INITIATIVES</p> <p><i>Ms Rhian Matthews joined the Board meeting.</i></p> <p>Mr Carruthers presented the Further, Faster, Together report, which focuses on Developing a Health and Care System for Older People. Members were reminded that the TUEC programme had been introduced a year ago, with the sub-title of 'Frailty Matters'. The work which has been and is being undertaken within HDdUHB has significantly influenced the national focus and statement of intent issued around 'Further, Faster, Together'. The latter aligns with the approach HDdUHB is taking as a Health Board, with the need for collaborative working with Local Authorities having already been agreed. Members were assured that the metrics involved will be tracked. As indicated within the report, an Integrated Home First Group (IHFG) has been established, to provide oversight of plans and impact. Mr Carruthers wished to end by thanking Ms Rhian Matthews for her leadership in this area, which has been recognised nationally, resulting in her being offered a national role. Her contribution at a local level will be missed.</p> <p>Miss Battle thanked Mr Carruthers and Ms Matthews for the report, reminding Members that this topic had been discussed in detail at a recent Board Seminar. Referencing the role of Trusted Assessor, Mrs Hardisty noted a 'reluctance' in acceptance of others undertaking assessments and enquired whether this is delaying processes. Ms Matthews advised that if this is, in fact, contributing to delays, it is fundamentally contradicting the purpose of the Trusted Assessor role, which forms part of the Social Services and Well-being Act. Assessment</p>	
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should be proportionate to the needs of the individual at that point in time, focusing on 'what matters to them'. It must be conducted by the person who knows them best in terms of their care and who has access to the relevant information. HDdUHB is working towards a single, standardised form across the three counties which is not overly demanding to complete. Ms Raynsford welcomed the work, particularly its west Wales focus. Members were advised that Quality Standards have to underpin processes, to ensure consistency across Wales. Whilst there may be local differences, standards must be applied consistently.

Commending the work undertaken, Ms Lewis highlighted Slide 5 in particular for the clarity with which it presents the issues faced. Noting the statement on this slide that 20-30% admissions could have been prevented, Professor Kloer enquired where the Health Board sits in terms of reducing this percentage. Ms Matthews responded that it is widely accepted there are a number of patients in hospital who do not need to be there. This percentage has, therefore, not been entirely removed; however, progress is being made. The aim is for admissions in general to be planned. Mr Maynard Davies echoed earlier comments commending the work, whilst suggesting that there is a need to define 'what good looks like'. Members were also reminded that a number of older people do not have access to technology, of which there must be cognisance. Ms Matthews assured Members that there is awareness of this issue and that opportunities to utilise alternatives will be offered. Adding her congratulations on the work presented, Dr Gjini enquired regarding information on falls, particularly following discharge, which account for 15% of unplanned hospital admissions, and details of preventative work in this area. Members were reminded that this area is the subject of significant work, being led by Mrs Rayani. Ms Matthews explained that the information presented is a high-level outcomes framework, with data on areas such as falls feeding into this.

In considering the recommendations, Miss Battle requested that the final of these be amended to include reference to the involvement of the Director of Corporate Governance to ensure robust governance. On behalf of the Board, Miss Battle wished Ms Matthews the best in her new role and stated that she would be welcomed back to the Health Board in the future.

Ms Rhian Matthews, Mr Mansell Bennett and Ms Helen Williams left the Board meeting.

The Board:

- **ACKNOWLEDGED** the national expectation in relation to 'Further, Faster, Together'
- **ACKNOWLEDGED** the current position locally in developing and implementing an 'outstanding place based system of health and care' for older people and people living with frailty in West Wales
- **APPROVED** the exploration of formal integration of health and social care with Local Authority partners, subject to the involvement of the Director of Corporate Governance to ensure robust governance

	<p>Mr Lee Davies presented the Property Asset Strategic Intent report, advising that this has already been considered at SDODC and In-Committee Board. It summarises work to consider the Health Board's property assets and sets out the broad strategic intent going forward. This had been developed in conjunction with service leads and others and is intended to provide a strategic framework which can offer various benefits, including financial, to the organisation.</p> <p>Miss Battle welcomed the document and the clarity it provides.</p> <p>The Board ENDORSED the current version of the Property Asset Strategic Plan and NOTED the ongoing development and targeted outputs to support and align to the Health Board's transformation plans and business operations.</p>	
PM(23)140	<p>WEST WALES CARERS DEVELOPMENT GROUP ANNUAL REPORT</p> <p>Mrs Lisa Gostling introduced the West Wales Carers Development Group Annual Report 2022/23, indicating that this has been considered by three fora. Its presentation of the positive work being undertaken to support Carers is welcome.</p> <p>Miss Battle agreed, and thanked the team involved.</p> <p>The Board NOTED the West Wales Carers Development Group Annual Report 2022/23, prior to publication on the HDdUHB website.</p>	
PM(23)141	<p>REPORT OF THE SUSTAINABLE RESOURCES COMMITTEE</p> <p>Mr Weir, SRC Chair, presented the SRC Update Report from the meeting held on 27 June 2023, highlighting in particular the positive assurance provided by discussions around Decarbonisation. There had also been discussion of the in-year financial position and associated challenges, and of the Annual Plan. The Committee had deemed that there was currently insufficient assurance regarding delivery of the latter. Targeted Intervention had also been considered and it was felt that more work around risks of a financial nature was required. The Terms of Reference had been reviewed and are presented for Board approval.</p> <p>The Board:</p> <ul style="list-style-type: none"> • NOTED the SRC update report and ACKNOWLEDGED the key risks, issues and matters of concern, together with actions being taken to address these. • APPROVED the revised SRC Terms of Reference. 	
PM(23)142	<p>REPORT OF THE STRATEGIC DEVELOPMENT & OPERATIONAL DELIVERY COMMITTEE</p> <p>Mrs Patel, SDODC Vice-Chair, presented the SDODC Update Report from the meeting held on 26 June 2023, where there had been detailed discussion and scrutiny of various issues, a number of which have already been discussed today. The SDODC Terms of Reference are presented for Board approval.</p> <p>The Board:</p> <ul style="list-style-type: none"> • NOTED the SDODC update report and ACKNOWLEDGED the key risks, issues and matters of concern, together with actions being taken to address these. • APPROVED the revised SDODC Terms of Reference. 	

PM(23)143	REPORT OF THE PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE	
	Mrs Patel, PODCC Chair, presented the PODCC Update Report from the meeting held on 19 June 2023, highlighting that the Staff Story is a standing item at this Committee, and that it is always beneficial to hear the experience of staff. The Terms of Reference had been reviewed and are presented for Board approval.	
	The Board: <ul style="list-style-type: none"> • NOTED the PODCC update report and ACKNOWLEDGED the key risks, issues and matters of concern, together with actions being taken to address these. • APPROVED the revised PODCC Terms of Reference. 	
PM(23)144	REPORT OF THE HEALTH & SAFETY COMMITTEE	
	Mrs Hardisty, Health & Safety Committee (HSC) Chair, presented the HSC Update Report from the meeting held on 10 July 2023, drawing Members' attention to the areas of risk identified. These include training areas and security/CCTV. With regard to the latter, Mrs Rayani advised that a bid had been submitted at the end of last year for Discretionary Capital funding. Goods had been purchased, however, delays in installing the cameras had led to delays in connectivity; the Health Board is looking to expedite this matter as part of an upgraded system. Mrs Rayani was requested to provide dates for CCTV installation. The HSC Terms of Reference are presented for Board approval, along with the Health Board's Major Incident Plan.	MR
	The Board: <ul style="list-style-type: none"> • NOTED the HSC update report and ACKNOWLEDGED the key risks, issues and matters of concern, together with actions being taken to address these. • APPROVED the revised HSC Terms of Reference. 	
PM(23)145	MAJOR INCIDENT PLAN	
	In considering the Major Incident Plan, Miss Battle enquired whether this includes procedures for responding to pandemics. This was confirmed to be the case, whilst recognising that information may need to be further reviewed/revised following the outcome of the COVID-19 Public Inquiry. Local learning from the COVID-19 Pandemic has been applied already, however. Members were informed that the Major Incident Action Cards have been updated following the traffic incident at WGH.	
	The Board RATIFIED the Major Incident Plan	
PM(23)146	COMMITTEE UPDATE REPORTS	
	Mrs Wilson presented the Committee Update Reports, detailing the Committees to which this refers. Members' attention was drawn to the requests for Board approval of the revised Terms of Reference for the Remuneration & Terms of Service Committee (RTSC), Charitable Funds Committee (CFC), Mental Health Legislation Committee (MHLC) and Staff Partnership Forum (SPF).	

	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> ○ RATIFIED the revised RTSC Terms of Reference ○ RATIFIED the revised CFC Terms of Reference ○ RATIFIED the revised MHLC Terms of Reference • RECEIVED the update report in respect of the In-Committee Board meeting • RECEIVED the update reports in respect of recent Advisory Group meetings <ul style="list-style-type: none"> ○ RATIFIED the revised SPF Terms of Reference 	
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PM(23)147	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(23)148	WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) COCHLEAR AND BONE CONDUCTION HEARING IMPLANT (BCHI) ENGAGEMENT & NEXT STEPS	
	<p>The Board:</p> <ul style="list-style-type: none"> • NOTED the report • RECEIVED the outcome of the engagement process, • NOTED the process that has been enabled both in respect of a) the temporary urgent service change for Cochlear services and b) the requirements against the guidance for changes to NHS services in Wales • NOTED and CONSIDERED the feedback received from patients, staff and stakeholders with respect commissioning intent • SUPPORTED the next steps specifically the undertaking of a designated provider process; followed by a period of formal consultation • NOTED the process that has been enabled to seek patient and stakeholder views in line with the requirements against the guidance for changes to NHS services in Wales • NOTED that the WHSSC Joint Committee meeting on 16 May 2023 agreed the preferred commissioning model of a single implantable device hub for both children and adults with an outreach support model. 	

PM(23)149	STATUTORY PARTNERSHIPS UPDATE	
	The Board NOTED the update on recent activity of the PSBs and RPB.	

PM(23)150	COMMITTEE ANNUAL REPORTS: AUDIT & RISK ASSURANCE COMMITTEE	
	<i>Mr Anthony Veale joined the Board meeting.</i>	

	<p>Miss Battle introduced this section of the agenda by thanking the Chairs of all Board level Committees for their contribution and scrutiny.</p> <p>Cllr. Evans presented the ARAC Annual Report 2022/23, recording his thanks to Mrs Wilson and the Corporate Governance team for their support, and to the Chief Executive for his attendance to present various reports. Referencing paragraph 7.2, Cllr. Evans highlighted that ARAC has received findings from 36 Internal Audit reviews and that the Board can take Reasonable Assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Members' attention was drawn to the conclusions outlined within the report and paragraph 17.8 in particular.</p> <p>Miss Battle welcomed the assurance provided by the Committee and its Annual Report.</p> <p>The Board ENDORSED the Audit & Risk Assurance Committee Annual Report 2022/23.</p>	
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PM(23)151	COMMITTEE ANNUAL REPORTS: CHARITABLE FUNDS COMMITTEE	
	<p>Ms Raynsford introduced the CFC Annual Report 2022/23, stating that this reflects the breadth and depth of fundraising work undertaken by Hywel Dda staff and residents. The Committee welcomes updates on the improvements to both patient and staff experience which funding facilitates.</p> <p>The development of the CFC and the Health Charities was welcomed.</p>	
	The Board ENDORSED the Charitable Funds Committee Annual Report 2022/23.	

PM(23)152	COMMITTEE ANNUAL REPORTS: HEALTH & SAFETY COMMITTEE	
	<p>Mrs Hardisty presented the HSC Annual Report 2022/23, which provides the Board with a sense of the range of issues addressed during the year. The team was commended for their attendance and contribution.</p>	
	The Board ENDORSED the Health & Safety Committee Annual Report 2022/23.	

PM(23)153	COMMITTEE ANNUAL REPORTS: MENTAL HEALTH LEGISLATION COMMITTEE	
	<p>Mrs Hardisty introduced the MHLC Annual Report 2022/23, which details the activities of this specialised Committee in providing assurance around compliance with Mental Health Legislation.</p>	
	The Board ENDORSED the Mental Health Legislation Committee Annual Report 2022/23.	

PM(23)154	COMMITTEE ANNUAL REPORTS: PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE	
	<p>Mrs Patel presented the PODCC Annual Report 2022/23, which outlines the work of this relatively newly established Committee. A significant</p>	

	amount of work has been undertaken by Mrs Gostling and her team, and the Committee has received extremely detailed and informative reports.	
	The Board ENDORSED the People, Organisational Development & Culture Committee Annual Report 2022/23.	
PM(23)155	COMMITTEE ANNUAL REPORTS: QUALITY, SAFETY & EXPERIENCE COMMITTEE	
	Ms Lewis introduced the QSEC Annual Report 2022/23, which summarises matters considered during the year. Thanks were expressed to Mrs Wilson and her team for their contribution.	
	The Board ENDORSED the Quality, Safety & Experience Committee Annual Report 2022/23.	
PM(23)156	COMMITTEE ANNUAL REPORTS: STRATEGIC DEVELOPMENT & OPERATIONAL DELIVERY COMMITTEE	
	Mr Maynard Davies presented the SDODC Annual Report 2022/23, which details the range of topics discussed. Executive Directors and Independent Members were thanked for their contribution and scrutiny.	
	The Board ENDORSED the Strategic Development & Operational Delivery Committee Annual Report 2022/23.	
PM(23)157	COMMITTEE ANNUAL REPORTS: SUSTAINABLE RESOURCES COMMITTEE	
	Mr Weir introduced the SRC Annual Report 2022/23, highlighting the value and range of discussions. Mr Huw Thomas and his Executive Director colleagues were thanked, together with Mrs Wilson and Ms Sarah Bevan.	
	The Board ENDORSED the Sustainable Resources Committee Annual Report 2022/23.	
PM(23)158	ANNUAL ASSESSMENT OF BOARD EFFECTIVENESS 2022/23	
	Members were informed that the Annual Assessment of Board Effectiveness had been discussed in detail at the Board Seminar on 20 April 2023 and by ARAC on 11 May 2023.	
	The Board TOOK ASSURANCE from the process that has been undertaken this year to review the Board's effectiveness; recognising that this has been discussed by the Board at the Board Seminar held on 20 April 2023 and was also presented to the Audit and Risk Assurance Committee on 11 May 2023 as part of its review of year-end processes.	
PM(23)159	HEAD OF INTERNAL AUDIT OPINION & ANNUAL REPORT 2022/23	
	Mrs Wilson presented the Head of Internal Audit Opinion and Annual Report 2022/23, which was both for the Board to note and to record in the public domain. The overall audit opinion was one of Reasonable Assurance and Members were informed that those areas receiving a Limited Assurance rating will be subject to a follow-up audit in the 2023/24 programme. Colleagues in Internal Audit were thanked for their work and the support provided to the Health Board.	

	Miss Battle reminded Members that this document has been discussed and scrutinised in detail by ARAC.	
	The Board TOOK ASSURANCE from the Head of Internal Audit Opinion & Annual Report 2022/23.	

PM(23)160	HDdUHB ANNUAL REPORT & FINAL ACCOUNTS FOR 2022/23	
	<p>Mrs Wilson introduced the HDdUHB Annual Report and Final Accounts for 2022/23, stating that this document had been reviewed in detail by ARAC on numerous occasions, with ARAC recommending approval by the Board. The Performance Report component had also been reviewed by the Chairs of SDODC and QSEC. Thanks were recorded to the Communications, Performance and Corporate Governance teams for their contributions. In regards to the Accountability Report component, three additional changes have been noted, as follows:</p> <p>Page 192 – updated to reflect Mr Maynard Davies’ membership of and attendance at Remuneration & Terms of Service Committee</p> <p>Page 276 – addition of page numbers to the Statement of Directors on pages 181 and 182</p> <p>Page 285 (page 5 of the Annual Accounts) – hashed areas have been updated to show figures of £1,154,992 and £1,152,733</p> <p>All of these would be reflected in the final version.</p> <p>Mr Huw Thomas advised that the Accounts had been subject to two rounds of scrutiny by ARAC, together with an extensive audit by Audit Wales. Members’ attention was drawn to the presentation appended to the Accounts, in which it had been highlighted that:</p> <ul style="list-style-type: none"> • The target for Revenue Resource Performance (Statutory) had not been achieved, with a year-end overspend position of £59,044 • The target for Capital Resource Performance (Statutory) had been achieved • The target for Creditor Payment had been achieved/exceeded <p>There had been a small number of changes since the draft accounts were presented to the Committee:</p> <ul style="list-style-type: none"> • Welsh Risk Pool – the Health Board had not been notified of a settlement which had been agreed. There was no impact on the bottom line; however, debtor and liability were increased • Continuing Health Care (CHC) – the Health Board had been following a given process for a number of years; the classification has changed. This does not affect the overall liability position or bottom line. In future, the approach taken will be adjusted accordingly • An error in the Remuneration/Pensions report had been due to erroneous information provided by the Pensions Agency 	

	<ul style="list-style-type: none"> • Other errors had been identified and corrected during the course of the audit; none had been of significance or concern, however, they will be reflected upon and learned from <p>All of the above were detailed on Slides 8 and 9 of the Accounts Presentation.</p> <p>The Accounts have been qualified from a regularity opinion, due to the Health Board’s expenditure being in excess of the revenue resource allocated and failure to meet the financial duty to have an approved three-year integrated medium term plan. An unqualified true and fair opinion has been given, with accounts prepared in accordance with the guidance. The audit process had been longer than usual, in part due to additional complexities created by IFRS 16 and the new risk-based audit standard for Audit Wales. Mr Huw Thomas ended by thanking his team and the Corporate Governance team, and colleagues from external and internal audit. Mr Moore recorded his thanks to all teams who had contributed to the report and to Mrs Wilson and her team for their work. Before the HDdUHB Annual Report 2022/23 was formally approved, Mr Moore handed over to Mr Anthony Veale from Audit Wales for presentation of the Audit Wales ISA 260 and Letter of Representation.</p>	
	<p>The Board APPROVED the following – which together comprise the HDdUHB Annual Report 2022/23 – for submission to Welsh Government by 31 July 2023 and presentation at the Annual General Meeting on 28 September 2023, recognising that these have been reviewed and agreed by the relevant Board Committees:</p> <ul style="list-style-type: none"> • Performance Report for 2022/23; • Accountability Report for 2022/23; • Annual Accounts for 2022/23 (following the presentation of the Audit Wales ISA 260 and Letter of Representation to the Board). 	
<p>PM(23)161</p>	<p>AUDIT WALES ISA 260 AND LETTER OF REPRESENTATION</p> <p>Introducing the Audit of Accounts Report for HDdUHB 2022/23, Mr Anthony Veale stated that he was conscious this had been reviewed in detail at the ARAC meeting on 26 July 2023. On behalf of Audit Wales, Mr Veale thanked Mr Huw Thomas, Mrs Wilson and their teams. Given the late start and finish to the audit process, Mr Veale particularly welcomed the Health Board’s flexible and collaborative approach. It is hoped that the timetable will be shorter next year.</p> <p>As has been mentioned, from a true and fair perspective, an unqualified opinion has been given, with the accounts materially accurate. The regularity opinion is qualified, and this is explained in more detail in Appendix 2 of the report. A number of corrected misstatements are outlined in Appendix 3; however, it is important to note that none of these impact on the bottom line. There are no matters outstanding; however, a couple of recommendations have been made which are detailed in Appendix 4. The Letter of Representation will need to be completed by the Health Board.</p>	

	<p>Cllr. Evans thanked Mr Huw Thomas and his team and the Audit Wales team, particularly Mr Veale for his attendance today. Also, the Internal Audit team for their contribution during the year. Cllr. Evans stated that, for assurance to the Board, he could confirm that all elements of the annual report and accounts (the performance report, the accountability report and the accounts) have been reviewed in detail by ARAC in the draft format in early May 2023 and the final draft stage yesterday. He was content that all required changes requested by Audit Wales and Welsh Government have been made and a robust audit trail retained. Following presentation to ARAC of the individual elements as described above and review of the ISA 260 with Audit Wales, Cllr. Evans could confirm, as Chair of ARAC, that the Committee approved the Annual Report and Accounts, and recommends these for onward ratification by the Board.</p> <p>In respect of the recommendations mentioned above, Mrs Gostling wished to assure Members that the Annual Leave accrual issue has been addressed and will be reported via PODCC. Members were also assured that the Finance team will be considering how the system closure timing issue around CHC can be resolved. Mrs Wilson advised it had been agreed that these recommendations would be added to the Health Board's Audit Tracker and monitored by ARAC.</p>	
	<p>The Board NOTED the Audit Wales ISA 260 and Letter of Representation.</p>	
<p>PM(23)162</p>	<p>BOARD ANNUAL WORKPLAN</p>	
	<p>The Board NOTED the Board Annual Workplan, which would be updated in line with foregoing discussions.</p>	
<p>PM(23)163</p>	<p>ANY OTHER BUSINESS</p>	
	<p>Mr Moore wished to formally welcome Dr Ardiana Gjini, the new Executive Director of Public Health, who had joined the Health Board in early July 2023.</p>	
<p>PM(23)164</p>	<p>DATE AND TIME OF NEXT MEETINGS</p>	
	<p>9.30am, Thursday 14 September 2023 (Extraordinary meeting) 9.30am, Thursday 28 September 2023</p>	