

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

Date of Meeting:	9.30AM, THURSDAY 28 SEPTEMBER 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) Mr Michael Imperato, Independent Member (Legal) 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) (VC) Professor Philip Kloer, Executive Medical Director and Deputy Chief Executive, deputising for Mr Steve Moore, Chief Executive Mr Keith Jones, Director of Secondary Care, deputising for 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 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 Ms Donna Coleman, Llais Ms Clare Moorcroft, Committee Services Officer (Minutes)</p>

Agenda Item	Item	Action
PM(23)170	<p>INTRODUCTIONS & APOLOGIES FOR ABSENCE</p> <p>The Chair, Miss Maria Battle, welcomed everyone to the meeting, particularly those representing the Shadows Depression Support Group. Miss Battle also welcomed Mr Michael Imperato, the new Independent Board Member (Legal), who is an experienced Board Member and advocate for patients. Members noted that two letters containing questions for the Board had been received, from the Stroke Association Cymru and the Shadows Depression Support Group. Responses had been prepared and would be issued today; these have been shared with Board Members and would also be published on the website. Apologies for absence were received from:</p> <ul style="list-style-type: none"> • Mr Steve Moore, Chief Executive • Mr Andrew Carruthers, Executive Director of Operations 	

PM(23)171	<p>DECLARATION OF INTERESTS</p> <p>The following declarations of interest were made:</p> <ul style="list-style-type: none"> • Mrs Chantal Patel – discussions relating to Welsh Health Specialised Services Committee (WHSSC) 	
PM(23)172	<p>MINUTES OF THE PUBLIC MEETING HELD ON 27 JULY 2023</p> <p>RESOLVED – that the minutes of the meeting held on 27 July 2023 be approved as a correct record.</p>	
PM(23)173	<p>MATTERS ARISING & TABLE OF ACTIONS FROM THE MEETING HELD ON 27 JULY 2023</p> <p>An update was provided on the table of actions from the Public Board meetings held on 27 July 2023, and confirmation received that all outstanding actions had been progressed. In terms of matters arising:</p> <p>PM(23)122 (PM(23)86) – noting the information around ethical input and advice for the Board, Ms Anna Lewis suggested that a further update be provided in terms of ongoing progress. Miss Battle agreed, indicating that she had recommended Ms Lewis be involved in the work in relation to ethics. By way of an interim update, Mrs Chantal Patel advised that a further meeting will be taking place with the Chief Executive in mid-October and that the Ethics Panel is developing Case Studies for consideration at a future Board Seminar. Mrs Patel will liaise with Ms Lewis.</p> <p>PM(23)124 – Miss Battle noted that the delay in agreeing the Regional Partnership Board (RPB) Memorandum of Understanding (MOU) which relates to the Regional Integrated Fund (RIF) has been escalated to the new Programme Manager of the Regional Partnership Board (RPB) and enquired whether the MOU had now been agreed. Mr Huw Thomas explained that it had not, with parties awaiting legal input from one of the Local Authorities. Ms Jill Paterson advised that this issue had been discussed at the RPB Integrated Executive Group (IEG) meeting, where concerns regarding the timescale had been expressed. It was understood that the matters outstanding are minor and that the process will be completed imminently. Miss Battle requested that this matter be resolved in time for the November 2023 Public Board meeting.</p> <p>PM(23)125 – referencing the statement that ‘The inventory management system “Scan for Safety” has been launched in Bronglais Hospital, with roll-outs across other acute sites scheduled for completion by December 2024’, Mrs Judith Hardisty queried the somewhat prolonged implementation date. Mr Keith Jones responded that this was consistent with his understanding; however, committed to review and confirm.</p> <p>PM(23)144 – Cllr. Rhodri Evans noted the information provided around CCTV installation and requested a further update. In response, Mrs Mandy Rayani advised that the Digital Director had furnished the Health and Safety Committee (HSC) with an update and given assurances that the new cameras would be installed over a 6-8 week period. The Digital</p>	<p>CP</p> <p>HT</p> <p>KJ</p> <p>MR</p>

Director had been requested to provide a further update to HSC. It was agreed that this would be retained as an action on the Table of Actions.

PM(23)174 REPORT OF THE CHAIR

Miss Battle presented her report on relevant matters undertaken by the Chair since the previous Board meeting. On behalf of the Board, Miss Battle thanked all of the staff at Withybush Hospital (WGH) and South Pembrokeshire Hospital (SPH) for their significant efforts in facilitating the transfer of patients between the two sites. The issues which necessitated this only serve to highlight the need for a new hospital in the region, with Welsh Government expending funds on short-term repairs at WGH, and with the ongoing disruption to patients, staff and visitors and risk. These funds could and should be redirected towards development of a new hospital. Members' attention was directed to the many and wide ranging awards won by and achievements of Health Board staff outlined within the report. There is also mention of this within the Operational Update report. Such recognition demonstrates the incredible innovation and commitment of staff. Today's meeting marks Miss Battle's final Public Board meeting as Chair of the Health Board before her retirement in October 2023. Miss Battle thanked all of the Board Members for their support and the staff she has worked with during her tenure, stating that it has been an immense privilege to serve as Chair within her 'home' region.

Mrs Hardisty placed on record her formal thanks to Miss Battle for her contribution as Chair of the Health Board; it had been an honour to work with her. Members were advised that Mrs Hardisty would be taking over as Chair on an interim basis until a substantive appointment was made, and that the process of appointing a Vice-Chair is underway. Cllr. Evans added his thanks to Miss Battle for her valuable work during her tenure. Members were asked to join with Cllr. Evans in congratulating the Glangwili Hospital (GGH) League of Friends on the occasion of their 75th anniversary. The League of Friends has raised almost £2m in funds and the Health Board is fortunate to have such dedicated supporters. Mr Maynard Davies echoed comments regarding the contribution made by Miss Battle. He noted the section of the report around 'Protecting Young Children Against Flu' and – in his role as Older Person's Champion – emphasised the importance of vaccinating children, as they are often looked after by older relatives, who are also vulnerable to contracting Influenza.

Mrs Rayani wished to highlight a recent award not mentioned within the report, involving the HDdUHB maternity services team (midwives, obstetricians, anaesthetists and others) who had been awarded the 'Developing a Positive Safety Culture' Award in the Health Service Journal (HSJ) Patient Safety Awards 2023. There were more than 500 applicants/submissions for the Patient Safety Awards and 24 winners, with the HDdUHB team being the only representatives from Wales to receive an award. Mrs Rayani emphasised that this award is in a particularly important area of cultural change and one which Miss Battle and other Board Members have championed. Miss Battle welcomed this award, agreeing that it represents an incredible achievement in a crucially important area.

	<p>The Board SUPPORTED the work engaged in by the Chair since the previous meeting and NOTED the topical areas of interest.</p>	
<p>PM(23)175</p>	<p>REPORT OF THE CHIEF EXECUTIVE</p> <p>Professor Philip Kloer introduced the Chief Executive’s report, which he was presenting on behalf of Mr Steve Moore. Members’ attention was drawn to the section around Escalation Status; with the Health Board having been advised that, following the tripartite meeting between Welsh Government, Audit Wales and Healthcare Inspectorate Wales, there will be no change in the organisation’s escalation status. The most recent Targeted Intervention (TI) meeting with Welsh Government had taken place on 19 September 2023, at which it had been identified that the Health Board had made good progress against the key deliverables of TI and Enhanced Monitoring; however, further work is required around delivery of outcomes. Inclusion of the amended Ethics Panel Terms of Reference for approval was highlighted. Finally, Professor Kloer wished to focus on Mr Moore’s comments in relation to Miss Battle and her tenure as Chair. Of particular note was the statement around her having led the organisation with ‘a quiet strength, tenacity and above all with kindness’. Miss Battle has achieved much during her time as Chair and has been persistent in her ambition to make staff feel safe in speaking up and ensuring that individuals feel listened to. Professor Kloer thanked Miss Battle for all she has done during the past 4 years for both the organisation and local communities.</p> <p>The Board:</p> <ul style="list-style-type: none"> • ENDORSED the Register of Sealings since the previous report on 27 July 2023 • NOTED the status report for Consultation Documents received/ responded to • APPROVED the amended Ethics Panel Terms of Reference 	
<p>PM(23)176</p>	<p>PROJECT PLAN TO DEVELOP PRIMARY CARE STRATEGY FOR HDDUHB</p> <p>Ms Paterson introduced the Project Plan to Develop a Primary Care Strategy for HDdUHB report. Members were reminded that Miss Battle, as Chair, had been a strong advocate for a Primary Care Strategy. The need to develop robust and resilient Primary and Community services, and the need to engage effectively with communities was recognised. In respect of the latter, Ms Paterson wished to assure the Shadows Depression Support Group representatives in particular that the Health Board is listening to their concerns. It is apparent that contractor services are intricately and intrinsically involved with communities, meaning that a focus on contractor services alone is inappropriate and necessitating engagement with the wider population. The Primary Care team has tried to present a Strategy which includes this wider community vision. Ms Paterson described the Accelerated Cluster Development (ACD) Programme as one of the ‘building blocks’ for development of Primary Care services, with there being 64 Primary Care Clusters across Wales and 7 within the Hywel Dda region. Services must be directed towards the needs of the population within a Cluster and resources must also be directed towards the needs of communities.</p>	

It is acknowledged that the Health Board has much to do in the way of listening and engaging with the population. Hence, whilst it had been hoped to present a developed Strategy to the January 2024 Public Board meeting, there is a need for further discussions with staff, professionals, services and local communities before this is possible. Collaboration with all of these parties will provide input to the design of the Strategy. Consideration will be given to, not only access to services, including General Practice and Dental services but also how communities can be involved in shaping the delivery of local services. Ms Paterson drew Members' attention to the diagram on page 7, which outlines the proposed process by which the Strategy will be developed. It is important to recognise that Primary Care, in common with other services, is subject to challenges in terms of sustainability, for example with regard to workforce recruitment and retention. The report sets out the Primary Care team's plans and includes the Strategy scope and vision. It also gives an indication of the issues which will need to be addressed in developing the Strategy. As detailed within the diagram mentioned, the expectation for January 2024 Public Board is for an Issues Paper.

With regard to the specific issues raised by the Shadows Depression Support Group, Ms Paterson explained that the Clusters are subject to a great deal of competing priorities and have finite funding. This funding needs to be spent appropriately and in-year, with due consideration given to priorities. There is no guarantee of long-term funding and the Shadows Group has been provided with details of compliance with the contract requirements, potential alternative sources of funding and future opportunities. Members heard that the Health Board is attempting to schedule a meeting with the Group during October 2023, with four dates having been offered for consideration, and looks forward to discussing their concerns.

Mr Maynard Davies welcomed the report, representing as this does a much-needed piece of work. The figures on page 3 of the report were noted with interest, specifically those which highlight that there are more locum GPs than Full Time Equivalent (FTE). The ongoing issues in regards to Dental Services were also of concern. In response to a query around the proposed timeline for developing/presenting the Strategy, Ms Paterson directed Members to the diagram on page 7, explaining that consideration needs to be given to the models involved before timings can be confirmed. It was emphasised that there have been significant changes, such as an increase in the number of Managed Practices, and that the Primary Care team needs to undertake discussions with stakeholders and public.

Mrs Hardisty thanked Ms Paterson and her team for the report and for the additional context regarding the widening scope of the Strategy, which was welcome. It was suggested that consideration also needs to be given to services which might currently sit within Secondary Care, but which could potentially be delivered within Primary or Community Care, including Mental Health and Learning Disabilities (MHLD). The interface with these services requires consideration, as engagement would be needed with staff who currently work within Secondary Care. In

response, Ms Paterson advised that a number of Clusters engage very effectively with their Secondary Care colleagues. By way of interest, Ms Paterson reported that she and Mr Jones had attended a meeting this week which was to consider a whole Pembrokeshire system model. This meeting had involved representatives from across the whole system to discuss development of services for the future. One development which has occurred, mentioned earlier, partly as a consequence of the Reinforced Autoclaved Aerated Concrete (RAAC) issue and partly as a result of the Transforming Urgent and Emergency Care (TUEC) work, is the need to think differently about services. Whilst Primary Care colleagues welcome the opportunity to engage, there is always a concern that the capacity may not be available/exist to take on more. However, it will be necessary to take a whole system approach, and consider how colleagues may need to work differently to deliver services. It was emphasised that a number of pathways have already been developed, including for example Independent Prescribing Optometrists, enhanced services offered by Community Pharmacies and urgent access to Dental Services. Ms Paterson looked forward to discussing this matter further at the next Board Seminar.

Building on the issue raised by Mrs Hardisty, Ms Lewis wished to focus on the potential for innovation in developing the Primary Care Strategy. The distinct contractual environment within which Primary Care operates, which may make the process more transactional, was accepted. However, Ms Lewis wondered how the Health Board can incentivise collaboration and innovation across independent contractors, to ensure a community based approach and make this part of the contractual expectation. Ms Lewis also queried how the Nuffield Clinical Strategy Review report feeds into this process. Ms Paterson welcomed these important comments. In terms of collaborative working, Ms Paterson highlighted that all of the Contractor professions are now mandated through their contract to work as Clusters and come together with communities to discuss delivery of services. These discussions will also include representatives from other bodies such as therapies, nursing, social care and may focus on common disease pathways, for example diabetes. Plans may be, for example, age-group based (children, older people). There is a concerted effort to encourage innovative thinking and ways of working to meet the needs of communities, not restricted to traditional service models. It will be vital to use input from others and, whilst ensuring the relevant quality and safety and governance, embrace new ways of delivering services. This may mean that specific services are not delivered by registered practitioners, but by specially trained staff.

The Nuffield Review expressed an enthusiasm for development of a Strategy and service model going forward. The review had been able to identify the potential future direction and welcomed the Health Board's commitment to working with communities to ensure that the needs of the local population were met. It was recognised that Primary Care has not always been able to recruit the workforce resource it would want and that a different approach is required. Ms Paterson emphasised that the Primary Care Strategy is not solely for the present, it is for the future,

Board Members, stakeholders and communities will be key in making sure that it is the correct approach.

With regard to the need for an innovative and alternative model for delivering Primary Care, Mrs Patel suggested that there is a need for clarity around extent of scope of practice. Engagement with the Third Sector will also be important. Mrs Patel had not seen within the report reference to the relationship between this alternative model of care and education and training, and enquired whether there are plans to align the Health Board's approach with the way in which the model would be implemented in the community. In response, Ms Paterson advised that reference is made to the Primary Care Academy and placing education at training at the forefront of Strategy development. However, it is quite correct to identify the need for this to be underpinned by education and training, along with robust governance and scope of practice. In terms of the latter, this has developed significantly over time. When the role of Healthcare Assistants was introduced, they did not administer injections, which they do now. The need to work with other stakeholders, including education providers, is recognised.

Mr Michael Imperato commended the report and work undertaken, and welcomed the Health Board's commitment to developing this Strategy. He would be pleased to assist with advice around engagement. Returning to the timeline, Mr Imperato requested clarity around proposed timings for outcomes. In response, Ms Paterson explained that the final timeline has not yet been determined, although it was hoped that the final Strategy would be available in either May or July 2024. The reason for the extended timeline is the desire to fully and formally engage with stakeholders and communities; this process will also require resource. Adding to this, Mr Lee Davies suggested that the scope in developing a Primary Care Strategy could be extremely narrow or extremely broad. There was a need for the Board to agree the scope, before embarking upon engagement processes.

Members were reminded by Cllr. Evans that, according to figures, only 10% of the population experience acute services; 90% of healthcare contacts are within Primary Care. In regards to agreeing the scope of the Strategy, Cllr. Evans noted that this could become overly extensive and requested assurance that the parameters are clear. In response, Ms Paterson indicated that this will probably be geographically based, focusing on the communities within those geographies. Work will take place with the County teams and Clusters. The need to ensure that the scope does not become too broad was recognised; along with the fact that certain responsibilities sit with partners such as Local Authorities, rather than the Health Board. Whilst the scope should not be too narrow, care must also be taken to ensure that it does not extend beyond that which is manageable and deliverable. It is possible that engagement may bring to the forefront a variety of issues which are outside the Health Board's remit. Whilst the Board will, no doubt, wish to see a single framework across the region, there will be differences to meet the needs of individual communities. Ms Paterson hoped to 'hone' the scope within the report to the January 2024 Public Board. In response to a query around whether input is being sought from the Public Health team,

	<p>Ms Paterson confirmed that this is viewed as key. Dr Ardiana Gjini is keen to build relationships with the Clusters. Dr Gjini confirmed that Public Health is very much committed to providing input, for example around preventative strategies.</p> <p>Miss Battle brought discussions to a conclusion, thanking Ms Paterson and her team for their work and suggesting that development of a Primary Care Strategy offers a significant opportunity. Plans to present further updates and refinements of the Strategy were welcomed. Cllr. Evan's comment around the proportion of contacts which take place in Primary and Community Care was reiterated, highlighting the importance of this work.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> • AGREED the scope, as set out in this report, for the Primary and Community Services Strategy • NOTED the timeline for development of the Strategy • NOTE the requirement for adequate resources to support the development of a Primary and Community Services Strategy which follows the Transforming Clinical Services methodology, to ensure that the proposed timeline is achieved. 	

<p>PM(23)177</p>	<p>REPORT OF THE AUDIT & RISK ASSURANCE COMMITTEE</p> <p>Cllr. Evans, ARAC Chair, presented the ARAC update reports from its meetings held on 26 July and 15 August 2023, highlighting the key items discussed, key risks, issues and matters of concern. The meeting on 26 July had focused mainly on year-end documentation, which was recommended for approval by the Board at its meeting on 27 July 2023. The matters discussed at the meeting on 15 August 2023 were detailed within the report and included revisions to the Scheme of Delegation, which was appended for Board approval. Concerns included the findings of the Strategic Governance Update & Savings Governance Review, potential overclaiming of benefits by the Health Board in its role as 'appointee' for certain patients in MHL D, and processes around contracts awarded and procurement; actions to address these had been agreed and were outlined. Cllr. Evans assured Members that all of these issues are considered in detail by the Committee.</p> <p>Miss Battle thanked the Committee for raising these concerns and for the assurance that they will continue to be scrutinised. With regard to the benefits issue, Mrs Patel queried whether this had resulted in a positive or negative impact for the patients in question. Mrs Rayani advised that she and the Director of Operations have discussed this matter in detail and legal input has been obtained. It was emphasised that the number of patients involved is extremely small. The MHL D team has been considering the situation to ensure that the manner in which patients are able to claim benefits is properly scrutinised. Further work will be required. Mrs Rayani felt that this is probably more of a financial governance issue than one for consideration by the Quality, Safety and Experience Committee (QSEC). Members were advised that investigations had identified that no patients had been negatively impacted and were assured that the matter would be brought back to ARAC for further discussion.</p> <p>The Board:</p>	
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	<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 • APPROVED the changes to the Scheme of Delegation. 	
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PM(23)178	REPORT OF THE QUALITY, SAFETY & EXPERIENCE COMMITTEE	
	<p>Presenting the QSEC update report from 8 August 2023, Ms Lewis, QSEC Chair, highlighted in particular discussions around the Enabling Quality Improvement in Practice (EQliP) Programme, which has been operating for five years. This programme has undertaken a great deal of innovative work, which was commended by the Committee. Those in charge of the programme had been challenged to develop it further, however, and to align it with the quality and safety priorities of the organisation. Updates on this would be provided. All of the key risks and concerns outlined within the report are being monitored. With specific reference to the risk around ability to deliver ultrasound services, Ms Lewis emphasised that – whilst it is important to recognise and consider service risks – it is also vital to be cognisant of the clinical consequences for patients of these. Members were assured that this matter will continue to be monitored by QSEC. Miss Battle’s support for QSEC was recognised, and Ms Lewis thanked her for this on behalf of the Committee.</p> <p>Mrs Patel, Chair of the Listening and Learning Sub-Committee which reports to QSEC, wished to acknowledge the cases presented to this forum, and the honesty and innovative approach by Health Board staff which these demonstrate.</p>	
	The Board NOTED the QSEC update report and ACKNOWLEDGED the key risks, issues and matters of concern, together with actions being taken to address these.	

PM(23)179	UPDATE ON ANNUAL PLAN 2023/24	
	<p>Mr Lee Davies introduced the Annual Plan 2023/24 Update report, noting that some of the language used is not as clear as it might be, and apologising for this. It was reported that an Executive-led Core Delivery Group (CDG), chaired by the Director of Workforce and Organisational Development, has been established. Support is provided by the Recovery team and – as outlined at previous Board meetings – a series of Workshops has taken place. Members were assured that a significant amount of work is being undertaken and were reminded that discussions have been held at Board Seminars. All Health Board vacancies are being scrutinised, particularly administrative and clerical, together with other costs such as conferences, courses and study leave. Avoiding any cost saving measures which impact on quality and safety, clearly reduces the organisation’s options. Drawing Member’s attention to the Revenue Deficit Trajectory graph on page 5 of the Financial Performance Report (next agenda item) it was highlighted that costs increased up to June 2023. Whilst there has been an improving trajectory since July 2023, and in projected savings, this is unfortunately not at the level needed to deliver the savings required by Welsh Government. Mr Lee Davies advised that he had attended a meeting of the Ethics Panel, to discuss the impact of savings decisions. In terms of the Planning Objectives, the table on page 5 of the Annual Plan Update</p>	

report provides an indication of which would need to be prioritised, slowed and paused. Even with those falling into the latter category, there will be aspects which will continue to be delivered; however, others will need to be delayed. Further detail will be provided via the Board level Committee structure. Board support for the proposed changes to Planning Objective prioritisation was sought; however, approval of the actions to deliver the £1.5m run rate reductions is no longer being requested, due to a change in position in this regard.

Mrs Chantal Patel indicated that members of the Ethics Panel had welcomed Mr Lee Davies' attendance and his candour with regard to the challenges being faced. This had allowed the Panel to consider how to provide appropriate support. Mr Winston Weir wished to add his thanks to Miss Battle on the occasion of her final Public Board meeting, highlighting in particular her compassion for both patients and staff. Whilst welcoming the format and content of the report, Mr Weir expressed concern that the Health Board is not achieving sufficient progress to meet Welsh Government requirements. Noting the nine areas representing further opportunities outlined on page 4, it was suggested that the organisation should consider other, wider opportunities for savings. These need to include longer term solutions, rather than be restricted to the current year. Mr Weir also requested an update around the £1.5m run rate reductions.

Mr Huw Thomas agreed with the above comments and the challenges they represent. Members were reminded of the main cost drivers of the current financial position:

- Medical and nurse agency use
- Inflation
- Continuing Health Care (CHC)

Of these, the only real area of sufficient variability, flexibility and magnitude to which the organisation can apply pressure is agency costs. This has been the focus of CDG. Of the £26.6m savings presented to the In-Committee Board in August 2023, £2m is now more assured; however, further work is required to reach an entirely robust position and to achieve this will be challenging. Mrs Lisa Gostling reminded Members that the Health Board's largest cost is staffing. In a recent Audit Wales review, however, it had been established that of all the Health Boards, HDdUHB has the lowest staff turnover, the second lowest absence rate and the lowest pay costs. Whilst this is pleasing, and demonstrates the significant progress already made, it does mean that opportunities for improvement and cost reduction are fewer. One area of slippage which is being addressed is recruitment delays, and new workforce programmes are being developed. Mr Weir reiterated the need to consider longer term savings solutions and opportunities, whilst acknowledging the impact of inflation, etc. Miss Battle suggested that it is necessary to manage the reality of this year's situation, whilst seeking assurance that targets will continue to be met on an ongoing basis.

Whilst welcoming the report's commitment to continued improvement, which should be the ambition, Mrs Hardisty felt that the format and

language of the report had made it difficult to read. Returning to the Planning Objectives table on page 5, Mrs Hardisty requested clarification around the proposal that the following be slowed or paused: 'Engage with and listen to our people' and 'Continuous engagement'.

Mrs Hardisty also highlighted the statement on page 6 that 'in July 2023, 17.5% of children and young people waited under 26 weeks for an Autism Spectrum Disorder assessment', observing that this means that over 80% are waiting longer and suggesting that consideration be given to the way in which this information is presented. Whilst noting that the statement is part of a paragraph which indicates mixed results, Mr Lee Davies acknowledged this feedback. With regard to the Planning Objectives mentioned, Members were advised that the organisation intends to focus on those areas which are necessary to deliver the financial recovery required by Welsh Government. This does not, however, preclude progress on other areas. The proposals in the table refer to the specific generic Planning Objective; there will be prioritisation of other related or component elements of these. Ms Alwena Hughes-Moakes agreed, highlighting that the Communications and Engagement teams will still be focusing on specific areas and tasks relating to the overarching Planning Objectives.

Remaining on the table on page 5, Mr Maynard Davies enquired whether there has been any assessment of the potential financial impact on this year's deficit position of slowing/pausing the Planning Objectives as proposed. It was also noted that certain of the Planning Objectives were aligned to the Ministerial Priorities previously set by Welsh Government, and it was further queried whether the impact on this had been assessed. Mr Maynard Davies also requested clarity on what slowing and pausing objectives actually meant and was also concerned that slowing specific Planning Objectives might negatively impact on priorities in relation to transforming care, for example Digitalisation. Mr Lee Davies explained that all Planning Objectives had been developed out of necessity and with the best of intentions. However, there is now a need to debate and balance short-term and long-term priorities and actions. Some slowing is probably inevitable and reflects discussions with Welsh Government. It was acknowledged that detailed impact assessments had not yet been undertaken; however, would need to be. The specific concern around Digital transformation, again probably reflects reality; whilst still a priority, a number of target dates have already been missed. This will require meaningful discussion at Committee level in terms of the choices which may need to be made.

Ms Lewis suggested that the report focuses predominantly on progress made, as opposed to the gap which still remains, noting that the next agenda item will likely consider the latter in more detail. Of the savings which the organisation has been able to identify via the CDG, Ms Lewis enquired what actions the Health Board is progressing now, that it had previously been unable to, and whether it is taking greater risks in order to do so. In response, Mrs Gostling highlighted the reduction in agency workers, the targeted approach to recruitment plans, schemes around how the workforce is deployed, reducing vacancies and matching staff skill mix to patient need. In terms of risks, these will be created, should

the need for agency staff arise. There is a need to encourage agency workers to become Health Board employees, and this is beginning to occur. Mrs Rayani assured Members that all decisions are subject to Quality Impact Assessments. It must be recognised that all of the choices being proposed in order to make the savings required by Welsh Government involve inherent risks and impacts. The Board will need to consider and clarify the level of risk it is prepared to accept. The Quality Impact Assessments simply enable the Board to be transparent about these risks and impacts. It must also be acknowledged that choices will impact on patient experience, and that patient complaints may rise. Staff may also be unhappy with the changes made.

In considering the Planning Objectives, certain of them need to remain priorities – for example Infection Prevention and Control – not only for the health and wellbeing of the population and staff, but also due to their impact on the consumption of healthcare and services. Others have had to be slowed due to the need to divert staff time away from their substantive tasks to create a resource to enable the identification of savings. In terms of why these actions had not been undertaken before, Mrs Rayani felt that this stemmed from the organisation's ambitions in terms of standards and values, and how reprioritisation of objectives can be achieved whilst maintaining these. This will necessitate an honest conversation and debate at Board level. Ms Lewis agreed that this is exactly the kind of conversation which is required, suggesting that the environment in which the Health Board finds itself is driving risks and choices. Whilst these risks are not uncalculated, the organisation's risk appetite is having to change, due to the financial environment. Ms Lewis would encourage continued conversations of this nature. Mrs Patel also felt that this should be a focus of discussion for the Ethics Panel.

Cllr. Evans agreed that the Health Board is in the position of having to find savings whilst trying to maintain services and quality, and enquired whether the list which forms the table on page 5 will increase. He also queried the entry of 'TBC' in relation to Welsh Language and Culture. In response to the latter, Mr Lee Davies explained that this Planning Objective had not yet been discussed; however, consideration will need to be given to capacity in this area. As the table covers all current Planning Objectives, the list will not increase. Returning to the question of why the Health Board has not made these changes previously, Mr Huw Thomas explained that, in simple terms, to do so was extremely challenging. Members were informed of a presentation at CDG around work by the Value Based Health Care team on heart failure, which had utilised an investment of approximately £600k in identifying and stabilising patients in the community, to avoid demand in Secondary Care and save £1.7-£1.8m. Unfortunately, this benefit cannot be 'cashed out', as the demand is replaced elsewhere. The organisation is constrained by dealing with the consequences of its fundamental issue: patient flow. Approximately 250 patients are in the Health Board's hospitals waiting for something; of these, approximately 150 are waiting for care packages in the community. This remains a fundamental driver of costs; addressing this issue would significantly assist in addressing the demand for agency staff.

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	<p>Miss Battle reminded Members that changes to the Planning Objectives will impact on Committee workplans, with clarity required on what slowing and pausing of Planning Objectives actually means in terms of the Committee work programmes. In these extremely challenging times, Miss Battle welcomed statements around the findings of the Audit Wales workforce review. The need to continue to communicate with staff to explain and reinforce the reason for choices and reprioritisation was emphasised.</p>	LD
	<p>The Board:</p> <ul style="list-style-type: none"> • NOTED the actions to deliver the £1.5m run rate reductions • APPROVED the changes to the Planning Objectives for 2023/24 	

PM(23)180	FINANCIAL REPORT	
	<p>Before introducing his report, Mr Huw Thomas echoed the comments of others, thanking Miss Battle for her wisdom, support and challenge during her time as Chair, which had been a particularly challenging period, containing as it had the COVID-19 Pandemic. Moving onto the Financial Report for Month 5 2023/24, Mr Huw Thomas acknowledged that the financial position was not as the organisation would want it to be. The format of the report had been restructured, and it was hoped that this makes it clearer and easier to navigate. Members were reminded of the original plan and forecast deficit of £112.9m, followed by the clear expectation from Welsh Government that this not only be achieved, but that Health Boards should go further to make savings. The current forecast deficit sits at £137.5m, based on £7.2m savings, which is significantly disparate from the original figure. It should be noted that the Planned Care recovery funding received from Welsh Government has not yet been deployed; this is being held in reserve pending clarity around the cash consequences of delivering the required deficit. Members heard that the forecast deficit has improved from £143m in Month 4, with various operational and clinical changes made in response to the challenges in Pembrokeshire. Planned Care activity has also reduced for this reason, producing a financial benefit, and energy price reductions have contributed.</p> <p>There has been an improvement in savings delivery due to the financial controls and vacancy holds implemented by the CDG. However, as illustrated on page 5, the Health Board remains significantly adrift from the trajectory required to achieve a deficit of £112.9m. Being candid, Mr Huw Thomas could not see how it would be possible to achieve this, and could not see how the organisation can regain an in-month position to do so. It was recognised, however, that there are six months remaining of the year and potential opportunities which might need to be considered. Still on page 5, and referencing the Cash Deficit Trajectory, Members were reminded that the Health Board is not empowered to become overdrawn or borrow cash funds; discussion would be required with Welsh Government. In terms of savings, the reason that only £2m has translated into deliverable schemes is largely due to concerns around impacts on quality and safety. Mr Huw Thomas reiterated that the Health Board's fundamental issue and challenge is patient flow. However, there are also particular concerns around prescribing, which is showing a worrying trend. In terms of focus, the CDG, Financial Control Group and Directorate Improving Together sessions are at the centre of</p>	

this; however, the challenge remains incredibly significant. The priority for the Board will be to provide clarity around the expected financial trajectory until year-end, to enable open discussions with Welsh Government around the challenges being faced. This matter has already been raised as a risk with Welsh Government; however, Mr Huw Thomas felt that it was now beginning to crystallise into more of a certainty.

Miss Battle welcomed the new report format, which was a significant improvement, and requested assurance around continued improvement in financial performance. In response, Mr Huw Thomas suggested that there are choices which remain open. The indicated trajectory is developed in collaboration with operational Business Partner leads. Operational issues such as winter pressures and any further changes to ward plans, for example, will impact on the trajectory and achievement of this. Miss Battle enquired whether the financial benefits from changes made in response to RAAC will continue until year-end. Members heard that this would be the case, and that these savings are factored into the financial trajectory; however, the position would change, should additional capacity need to be introduced, to manage winter pressures, for example. Miss Battle recommended that there be close engagement with the Ethics Panel regarding further options for savings; this measure had been introduced during the COVID-19 Pandemic and had been extremely valuable in considering the complex issues involved. Mrs Patel indicated that she would be happy to work with Mr Huw Thomas to take this forward.

Referencing the Planned Care recovery funding, Miss Battle suggested that decisions around using or not using this have potentially significant impact on patients. There needs to be an appropriate balance between the responsibility to return an acceptable financial position and the responsibility to patients. Miss Battle also requested that consideration be given to clarity around governance and decision-making; whether decisions on choices will be made at operational or Board level. With regard to the Planned Care recovery funding, Members were reminded that this is non-recurrent. The organisation needs to focus on recurrent opportunities in order to achieve a position of financial sustainability.

Welcoming the discussion, which is closely interrelated to the previous item, Mr Imperato echoed the need for governance to underpin this process. Clarity is required around operational and strategic decision making, and whether choices involve service change. In terms of the mechanics of identifying savings opportunities, Mr Imperato enquired whether there is any intelligence around the actions being taken by other Health Boards and whether the organisation is seeking ideas from elsewhere. In response, Mr Huw Thomas indicated that there is a national group which considers and generates ideas, such as Interventions Not Normally Undertaken (INNUs) and Biosimilars. However, it was suggested that the Health Board understands its business and challenges best, and that it is incumbent upon the organisation to identify opportunities internally. The Planned Care activity which has been reduced is likely to be replaced by other demand, meaning that savings may not result. The region, and HDdUHB

SM/JW

do have unique challenges compared with other Health Boards. Agreeing, Miss Battle emphasised that the situation would be easier with a new hospital rather than 'front doors' at four sites. In terms of exchange of information, Members were informed that Health Board Chairs have shared with the NHS Confederation all of the options being considered.

Mr Weir also commended the new report format, particularly the information presented on pages 5 and 6. In terms of the ethical considerations, it was suggested that – if Directorates are truly managing their budgets – they will be needing to make tactical decisions around whether they invest in safety, or performance, or overspend. Consideration needs to be given to how this is captured and fed into Ethics Panel discussions. The report clearly sets out the Health Board's position, and areas of improvement were noted and welcomed. However, Mr Weir wished to highlight two areas in particular:

- Run rates – the emphasis on month to month position is important
- Savings – £11.4m has been identified, with £7.2 projected delivery. What actions would be required to increase the £7.2m figure, and what might be done to identify more than the £11.4m

Mr Weir emphasised the need to balance local ownership of savings with national benchmarking. Whilst recognising that budget managers have responsibility for and ownership of their budgets, and that there are certain matters which can be addressed within their remit, Mr Huw Thomas suggested that the current challenges are outside their scope. Members were assured that operational engagement, which had been impacted by COVID-19 and COVID-19 recovery, is rapidly improving; particularly as a result of the series of workshops mentioned earlier. Further development work is, however, still required. In terms of run rate, to achieve the required trajectory would involve a £4m improvement each month; this is not being seen and would require a significant step-change. Mathematically, this would be possible based on the submission made to Welsh Government in August 2023; however, the delivery of this would be challenging. Savings scheme slippage is a major issue, with planned bed savings not materialising due to the system pressures being experienced and patient flow issues.

In terms of an All Wales approach to efficiency opportunities, Mrs Hardisty highlighted that this depends on each organisation's 'starting point'. Referencing the workforce data mentioned earlier, Mrs Hardisty enquired whether similar comparative data exists for other areas. Also, whether comparative data between different Local Authorities in relation to patient flow is available. It was emphasised that this is not to place blame, rather to understand specific local challenges. Benchmarking data of this type will allow the Health Board to demonstrate improvement and identify scope for improvement. Mr Huw Thomas explained that the organisation utilises a number of sources of data; in certain of these the Health Board is an outlier due to its configuration (number of acute sites). A piece of work is planned around comparative data and configuration. Local CHC costs have increased less than the rest of Wales. However, the run rate remains high, with continued spending.

Local Authorities have undertaken comparative work around expenditure on social care, which does need to be refreshed. There has also been assessment of local council tax rates. There is more which could and should be considered regionally.

Returning to the issue of prescribing, Ms Delyth Raynsford highlighted that the winter period has not yet begun and queried whether there are issues around local trends in prescribing which need to be addressed, or Public Health strategies to keep the population well which should be considered. In response, Members heard that the Primary Care prescribing system is robust, with measures in place to ensure that generic drugs are prescribed rather than branded, for example. Systems within Secondary Care, however, do require examining. Ms Paterson agreed that there are open conversations within Primary Care around prescribing costs and rationale. Prescribing 'peaks and troughs' are considered. It was emphasised, however, that there are different risks if patients are not treated and maintained correctly on medications, which may lead to impacts elsewhere in the system, including hospital admission. Mrs Rayani assured Members that consideration is being given to examining clinical variability in prescribing within Secondary Care. In terms of other decisions, legal advice has already been sought around the impact of choices on the Nurse Staffing Levels (Wales) Act, which has necessitated the reworking of plans by operational services. This will impact on savings. In terms of performance, in respect of patient flow and demand, there has been a continued improvement in 2 and 4 hour waits. There needs to be consideration of alternative care options, with 200+ people in hospital who do not require the level of nursing care they are receiving, and in SPH, the organisation is rapidly implementing a new model of patient care. Mrs Rayani assured Members that all savings opportunities will be given due consideration. Echoing comments around the improved report format, Cllr. Evans enquired with regard to confidence on delivery of the Green rated savings schemes. Mr Huw Thomas confirmed that this represents the assured position at this time. There are, however, certain issues around the timing of delivery of savings.

Summarising discussions, Professor Kloer highlighted the positive feedback around the new report format. The 'rounded' nature of the Board's discussion was welcomed; this was important in communicating the organisation's challenges and ambitions with staff and public. As has been indicated, the Ethics Panel is open to contributing to these challenges and consideration will need to be given to how issues are referred to this forum. However, Board decision will need to be made, and robust governance around these will be crucial. There is a national group which produces benchmarking information, and the Health Board is open to opportunities which might arise from this. Whilst the improvement within the organisation's run rate is welcome, this is not at the level or pace which would be desired. Professor Kloer emphasised that the Board is always mindful of the impact/potential impact of choices on the local population. It was suggested that the Chief Executive would likely focus on the 6 month assessment plan, and it was important to recognise that Welsh Government expects the Health Board to go further in its savings. There is 6 months remaining of the

	<p>current year; actions will influence next year and onwards also. Continued improvement is vital in maintaining the confidence of Welsh Government. In considering the Recommendations, Professor Kloer suggested that an addition be made, around seeking advice from the Director of Corporate Governance/Board Secretary and the Chief Executive Officer.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> • NOTED and DISCUSSED the financial position as at Month 5; and • NOTED that the Month 6 financial outlook is an important juncture for the organisation to ensure clarity is provided to Welsh Government, and further formal communication might be required should sufficiently assured trajectories not be in place to achieve the Planned Deficit of £112.9m • AGREED to seek the advice of the Chief/Executive and Director of Corporate Governance in relation to governance around decision making 	

<p>PM(23)181</p>	<p>IMPROVING SERVICE USER EXPERIENCE</p> <p>Mrs Rayani introduced The Improving Service User Experience report, noting that, whilst communication remains an issue and priority, with 6% of complaints relating to this topic, this has reduced from 23% last year. Highlighting the Patient Story, Members were informed that some of the language used by staff reported by the patient and her husband was clearly unacceptable. Those using this type of language had failed to appreciate the level of impact it would have on the patient and their family. The incident itself occurred approximately 18 months ago, and a great deal of work has been undertaken since. Mrs Rayani has met with the patient and her husband. The story presented today is from the husband's viewpoint; another is being prepared from the patient's viewpoint and there will also be a Staff Story. The patient involved has been extremely supportive in the Health Board's actions to improve patient care and experience in this area. Mrs Rayani concluded by commending the Arts in Health team, which continues to develop and make a significant difference with very little resource.</p> <p>Members heard that the issue of communications would be considered in more detail by QSEC. Referencing page 11 of the report, Ms Lewis was disappointed to note continued feedback around a lack of food and drink for patients waiting in A&E and requested assurance that this issue is being addressed. In response, Mrs Rayani confirmed that patients who are waiting for long periods in A&E do receive meals and drinks. However, the assurances which had been made around installation of vending machines had not been fulfilled. Members were advised that the Procurement team is taking this matter forward. The contents of vending machines needs to be considered, to ensure that it is of sufficient quality. As indicated within the report, a dedicated Health Care Support Worker has been recruited in GGH to assist with supporting patients, including provision of drinks. This is an area which Mrs Rayani is prioritising, and she will be visiting A&E departments to check on progress. It was agreed that there should be specific scrutiny of this matter at QSEC. Mrs Patel suggested that there were elements of patient feedback which need to be addressed via staff training and which should be taken forward by the People, Organisational</p>	<p>MR</p>
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	<p>Development and Culture Committee (PODCC). An example was mental capacity, with some doctors directing information and questions towards families rather than patients. Mrs Gostling confirmed that specific training needs identified via feedback are addressed; however, it was agreed that PODCC would take this forward formally.</p> <p>Miss Battle welcomed the improved statistics around communications. She felt, however, that the 'We Did' response on page 26 of the report, in regards to the transition between Children's and Adult Mental Health Services, was somewhat nebulous, and enquired where this might be scrutinised in more detail. Mrs Rayani understood that this matter was being considered by the Children and Young People (CYP) Group, which is Chaired by the Director of Operations. It will also form part of the Welsh Government Neurodevelopmental Review exercise. Mrs Joanne Wilson noted the need to clarify with the Director of Operations where the CYP Group reports into the Committee structure.</p>	<p>LG</p> <p>JW</p>
	<p>The Board RECEIVED the Improving Patient Experience report, which highlights to patients and to the public the main themes arising from patient feedback.</p>	

<p>PM(23)182</p>	<p>OMBUDSMAN ANNUAL LETTER 2022/23</p>	
	<p>Mrs Rayani introduced the Ombudsman Annual Letter report, which did not reflect the position she would wish, and which indicated further work is required. Members heard that 4% of the complaints received by the Health Board are referred to the Public Services Ombudsman Wales. Mrs Rayani is discussing with the Ombudsman Relationship Officer the high intervention rate which is identified as being of concern in the letter, as she is keen to understand the reasons for this.</p> <p>In respect of the specific recommendation to 'consider whether the option to provide staff investigating complaints with independent medical advice, is considered on a case by case basis' Mrs Rayani assured Members that the Health Board does already look to source independent medical advice if appropriate, at an early stage, before cases are referred to the Ombudsman. It was also confirmed that the Health Board will ensure that the required response is provided, by the stated deadline. Mrs Rayani was disappointed that, as suggested by the title 'Groundhog Day 2' many of the issues identified within the Ombudsman's recently issued report are recurrent. It was suggested that there needs to be discussions with educational providers around the benefit of earlier, honest communication and engagement with patients and their families. Whilst this is raised regularly, Mrs Rayani committed to broach it again in discussions.</p> <p>Mr Maynard Davies felt that it should be highlighted that HDdUHB has the lowest level of complaints of all Health Boards with the exception of Powys THB.</p>	
	<p>The Board RECEIVED the Ombudsman Annual Letter 2022/23 report, and AGREED to the proposed process for responding to the findings and recommendations.</p>	

Mr Huw Thomas presented the Integrated Performance Assurance Report (IPAR) for Month 5 of 2023/24, emphasising that he is conscious that the statistics therein represent patients and families. Whilst work continues to improve performance in Planned Care, there have been breaches. The organisation is seeking to be both transparent and consistent between the IPAR and Financial Report. In terms of specific service areas, there is a concerning trend around Ambulance Handover performance and significant challenges in respect of certain Cancers. A pilot has been established, via Cancer Research UK funding, for Prostate Cancer testing. There are continuing challenges in MHLD and Therapies. Whilst there has been a generally improving trajectory in Health Care Acquired Infections, there has been some slippage in performance during August 2023.

In response to a request for an update regarding Ophthalmology performance, Mr Jones advised that a closure report is due to be presented to the next Regional Recovery meeting. This will propose a new, refocused strategy and approach, given the challenges in this area (including workforce and recruitment). The new approach will take account of national work in Ophthalmology, together with the recommendations made in the recent 'Getting It Right First Time' (GIRFT) report. As a result, HDdUHB may need to consider a new direction as an organisation and possible reconfiguration of services. Miss Battle enquired where such proposals would be presented and was advised that this would be considered by the Strategic Development and Operational Delivery Committee (SDODC), probably in the New Year. Referencing the statement on page 3 regarding Same Day Emergency Care (SDEC) and circa 90% of patients being discharged rather than admitted, Mrs Patel enquired whether any work is planned with WAST to assess whether these patients should have been conveyed. Also, whose responsibility it is to care for patients while they are waiting in ambulances. Mrs Rayani took the view that, once a patient has arrived and been clerked in, they become the Health Board's responsibility. As a result, staff regularly attend patients in ambulances to triage and treat them. Mr Jones added that patients are managed, on a practical basis, jointly between ambulance and Health Board staff. Whilst acknowledging that there has been a fall in ambulance handover performance, the trend in recent months has been an improving one. It is particularly noteworthy that the handover delays last week at GGH had been the lowest for two years. Members heard that patients are referred directly into SDEC and discharged from there; there has been an increase in direct referrals. Whether there was another approach suitable for the patients mentioned above needs consideration as part of the Health Board's wider work in this area.

Mr Imperato enquired regarding the potential for a Primary Care Dashboard to provide a sense of the performance and issues therein. In response, Ms Paterson explained that access data is provided to SDODC and that discussions begin imminently with Welsh Government around Integrated Quality, Planning and Delivery (IQPD) metrics for Primary Care. Whilst this is not likely to be straightforward, it represents the start of development work. Mr Huw Thomas indicated that one of the

	<p>positive consequences of an increase in the number of Managed Practices is an increase in the level of business intelligence available. The Health Board can explore how this might be developed and evolved. Ms Paterson confirmed that HDdUHB is leading the way in this area, whilst highlighting that Welsh Government is leading on IQPD. It was emphasised that Primary Care providers have contracts in place and there must be agreement around the acceptability of performance measures. Miss Battle welcomed the statement around ambulance handover waits being the lowest in two years and emphasised the need to celebrate achievements and where measures are impacting positively. Mr Jones confirmed that this information would be included in the next IPAR. In considering the Recommendation, Miss Battle suggested that it would be more appropriate to record that the Board takes assurance from the data within the IPAR, rather than the performance outlined therein.</p>	AC/HT
	<p>The Board TOOK ASSURANCE from data within the IPAR - Month 5 2023/2024.</p>	

PM(23)184	<p>OPERATIONAL UPDATE</p> <p>Presenting the Operational Update report, Ms Paterson highlighted in particular the COVID-19 Vaccination Programme, advising that Health Board had been requested to accelerate their plans due to concerns around the new variant. As a result, 43 GP Practices and 12 Community Pharmacies are participating, and more than 5,500 individuals have been vaccinated to date. In line with national guidance, priority is currently being given to Care Home residents and those who are over 75 years of age. Mr Jones reminded Members that this is the first routine Public Board meeting since a Major Incident at WGH was declared in relation to RAAC. Members' attention was drawn to the associated Command Structure and Terms of Reference. It was emphasised that this is a constantly evolving situation and that the update provided represents a 'point in time'. Members were assured that the position with regard to RAAC and the impact of measures put in place are being closely monitored. The next stage will be the return of the first wards where remedial work has been completed, which is anticipated to be in early to mid October 2023. Ward 9 will be designated a medical ward area to mitigate service pressures, whilst other repair work continues.</p> <p>Whilst expressing thanks to all of those involved in managing the situation at WGH, Miss Battle conveyed some feedback from patients about the negative impact on their experience and dignity because of the poor physical state of the hospital. Professor Kloer welcomed the funding provided by Welsh Government, whilst emphasising that the remedial work being undertaken is addressing the 'Red' rated RAAC planks only. The other, less immediate issues will require ongoing work, and the programme of work already extends to 2025. Professor Kloer thanked staff for their dedication and the public for their patience. The situation remains serious, however, hence the need for an ongoing Command structure at the current time.</p> <p>Miss Battle welcomed the clear and comprehensive report, whilst voicing one concern, around the lack of detail about the Trusted Assessor role. This role has the potential to impact significantly on the number of</p>	
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	<p>individuals in hospital who do require hospital care, and Miss Battle requested that the process be scrutinised by either QSEC or PODCC. Mrs Hardisty echoed these comments, querying why three different approaches are required, when a single national definition of the role exists. It was agreed that this matter would be considered in detail by QSEC. Returning to the issue of RAAC, Mrs Hardisty added her thanks to staff who are working extremely hard in challenging circumstances. It was noted, however, that this situation has the potential to create ongoing pressures on staff, which – whilst are not necessarily avoidable – should be captured to contribute to the justification for improved facilities in west Wales.</p> <p>Mr Maynard Davies noted and commended the significant improvement around Outpatient appointments as a result of See on Symptom (SoS) and Patient Initiated Follow Up (PIFU) initiatives and queried whether there is any clinical feedback in this regard. Mr Jones advised that there is increasing clinical support, with 26 specialties now involved. The initiatives are offering tangible benefits and there are a number of clinicians ‘championing’ PIFU and SoS both within their specialty and in others. In parallel with these initiatives, the Health Board has been able to improve clinical decision-making, to enable discharge of patients earlier in the clinical process. As a result of these clinical approaches, HDdUHB follows-up a lower proportion of the population than any other Health Board.</p>	MR
	<p>The Board:</p> <ul style="list-style-type: none"> • RECEIVED the Operational Update and Progress Report • RATIFIED the following decisions made by Gold Command Group: <ul style="list-style-type: none"> ○ Terms of reference for Gold, Silver and Bronze approved at the meeting on 6 September 2023 ○ The decision taken by the Chief Executive Officer and Executive Director of Finance to approve the temporary kitchen purchase order on 1 September 2023 for Withybush General Hospital • AGREED that the Trusted Assessor role be considered at QSEC 	
PM(23)185	<p>CLINICAL SERVICES PLAN</p> <p>Mr Lee Davies introduced the Clinical Services Plan report, stating that this provides an update on the current position, particularly preparation of the Issues Paper. Whilst all projects have been established, RAAC and the financial position have disrupted progress and may impact on timescales. Members were informed that the findings of the Urgent and Emergency Children and Young People’s Services (Paediatrics) Consultation will be presented to the Public Board in November 2023. Mr Lee Davies also reported that the Consultation Institute has confirmed that it is satisfied with the process conducted to date.</p> <p>Ms Lewis felt that it is important to recognise that the Clinical Services Plan process is the responsible approach to take to address the organisation’s fragile services. It is not, and should not be regarded as a substitute for the Health Board’s long-term strategy. Agreeing, Professor Kloer explained that any options which evolve from this process will be as a result of the Strategy work undertaken in 2018. It is also vital to be cognisant of the interrelation between services and not to focus on one or two individually.</p>	

	<p>The Board:</p> <ul style="list-style-type: none"> • NOTED the progress of the Clinical Services Plan programme. • NOTED that the programme timeline for Primary Care, Planned Care, Diagnostics, Stroke and Critical Care and Medical Emergencies may be impacted as a result of the RAAC WGH issues and in-year recovery planning for production of the Issues Paper. 	
PM(23)186	<p>CORPORATE RISK REGISTER</p> <p>Mrs Wilson introduced the Corporate Risk Register report, which provides an overview on progress since the previous report in May 2023. Three risks cannot, due to their sensitive nature, be discussed in public and will be considered during the In-Committee Board session. Members were reminded that all Corporate Risks are discussed in detail by Board level Committees and the Executive Risk Group.</p> <p>The Board CONSIDERED whether it has sufficient assurance that corporate risks are being assessed, managed and reviewed appropriately/effectively through the risk management arrangements in place, noting that these have been reviewed by Board level Committees</p>	
PM(23)187	<p>LABORATORY INFORMATION NETWORK CYMRU (LINC) UPDATE</p> <p>Mr Huw Thomas presented the Laboratory Information Network Cymru (LINC) Update report, which had been the subject of discussion at In-Committee Board previously. Members heard that Digital Health and Care Wales (DHCW) colleagues are attempting to manage this legacy arrangement. As outlined within the report, DHCW is liaising with the existing provider regarding ongoing system provision and HDdUHB has now been moved from last to first in the list for implementation.</p> <p>The Board RECEIVED for information the LINC (now LIMS 2.0) update and progress.</p>	
PM(23)188	<p>RADIOLOGY INFORMATICS SYSTEM PROCUREMENT (RISP) UPDATE</p> <p>Mr Huw Thomas presented the Radiology Informatics System Procurement (RISP) Update report, which had been the subject of discussion at In-Committee Board previously. Pages 2 and 3 demonstrate the complexity of the situation. As outlined within the report, the changes are likely to result in additional costs to the Health Board of approximately £780k excluding VAT.</p> <p>The Board RECEIVED for assurance and information the RISP update report.</p>	
PM(23)189	<p>PROVISION OF NHS PRIMARY CARE PERSONAL DENTAL SERVICES, TYWI/TAF, NORTH PEMBROKE AND CEREDIGION</p> <p>Ms Paterson introduced the Provision of NHS Primary Care Personal Dental Services, Tywi/Taf, North Pembroke and Ceredigion report. Members heard that there have been discussions regarding this matter at both Executive Team and CDG. Consideration had been given to non-provision of these services as part of the Welsh Government requested 30% savings; however, should this be the case, approximately 13,000 residents would no longer have routine access to NHS Dental Services. Ms Paterson indicated that, even if the above contract is approved, three other Dental providers have indicated their</p>	

	<p>intention to terminate their contracts. The Health Board has requested Expressions of Interest, and believes that it would be able to identify a provider, should commencement of the procurement process be agreed. If there is subsequently a change to the Board's position, for example in response to the need for further savings, the process can be halted at a later date; although the impact on providers preparing for procurement and on the public would need to be recognised.</p> <p>Mr Huw Thomas confirmed that robust discussions have taken place and that it is sensible to continue to market at this stage. By the time a procurement process is underway, there may be more clarity nationally around the financial position and requirements. Noting Ms Paterson's statement around contract terminations, Mrs Hardisty enquired whether there is intelligence to suggest that these are as a result of the new contract, and whether there is a different situation locally than elsewhere in Wales. In response, Ms Paterson emphasised that the new contract is intended to target those people in the greatest need. The challenge, however, is managing new and historic patients and recruiting the necessary workforce. The situation in HDdUHB is not significantly different from the rest of Wales. Mrs Hardisty suggested that she raise this in Vice-Chairs' Group discussions. Members also heard that a briefing had been prepared for the Minister for Health and Social Services.</p>	JH
	<p>The Board APPROVED the procurement process to re-provide Dental Services in Tywi Taf, North Pembroke and South Ceredigion Cluster, recognising the overall improvement to access to NHS dental services that this may provide.</p>	
PM(23)190	STRATEGIC EQUALITY PLAN ANNUAL REPORT 2022/23	
	<p>Mrs Gostling introduced the Strategic Equality Plan Annual Report 2022/23, advising that this had already been considered by the Black, Asian and Minority Ethnic (BAME) Advisory Group, Staff Partnership Forum and PODCC. The team is working towards incorporating staff stories into next year's report.</p>	
	<p>The Board RECEIVED the SEP Annual Report 2022-2023, noting that this is a consolidated report bringing together all reporting requirements established under the Equality Act 2010 and, as endorsed by the People, Organisational Development and Culture Committee and APPROVED it for publication.</p>	
PM(23)191	REPORT OF THE SUSTAINABLE RESOURCES COMMITTEE	
	<p>Mr Weir, SRC Chair, presented the SRC Update Report from the meeting held on 29 August 2023, highlighting in particular that there is insufficient assurance on the delivery of £112.9m deficit. The Committee felt that more evidence was required around clinical engagement in the financial delivery and savings plans across the organisation. The positive work of the Value Based Healthcare team was recognised. Finally, the Committee noted the challenges arising from increasing urgent care admissions.</p>	
	<p>The Board NOTED the SRC update report and ACKNOWLEDGED the key risks, issues and matters of concern, together with actions being taken to address these.</p>	

PM(23)192	REPORT OF THE STRATEGIC DEVELOPMENT & OPERATIONAL DELIVERY COMMITTEE	
	Mr Maynard Davies, SDODC Chair, presented the SDODC Update Report from the meeting held on 31 August 2023, noting that a great many of the items discussed and highlighted have already been discussed by the Board. Nothing further, therefore, needs to be added.	
	The Board NOTED the SDODC update report and ACKNOWLEDGED the key risks, issues and matters of concern, together with actions being taken to address these.	
PM(23)193	REPORT OF THE PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE	
	Mrs Patel, PODCC Chair, presented the PODCC Update Report from the meeting held on 17 August 2023, highlighting the new risk added in relation to pre-employment checks. Mrs Wilson advised that this risk had not gone through due process and that further discussion is required.	
	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. • NOTED the progress on the Strategic Equality Plan Annual Report. 	
PM(23)194	REPORT OF THE HEALTH & SAFETY COMMITTEE	
	Mrs Hardisty, Health and Safety Committee (HSC) Chair, presented the HSC Update Report from the meeting held on 11 September 2023, noting the Health and Safety implications of RAAC, which the Committee will continue to monitor. HSC will also continue to scrutinise concerns in relation to security.	
	The Board NOTED the HSC update report and ACKNOWLEDGED the key risks, issues and matters of concern, together with actions being taken to address these.	
PM(23)195	COMMITTEE UPDATE REPORTS	
	The Board: <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 • RECEIVED the update report in respect of the In-Committee Board meeting and RATIFIED: <ul style="list-style-type: none"> ○ Extension of the legacy Laboratory Information Management System (LIMS) agreement ○ Extension of the relevant Radiology system contract ○ Proposals regarding the Choices Framework in relation to savings requested by Welsh Government • RECEIVED the update reports in respect of recent Advisory Group meetings 	

PM(23)196	HDdUHB JOINT COMMITTEES & COLLABORATIVES	
	<p>The Board:</p> <ul style="list-style-type: none"> • 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. • APPROVED the revised EASC Model Standing Orders • NOTED the WHSSC Governance and Accountability Framework report <ul style="list-style-type: none"> ○ APPROVED the proposed changes to the WHSSC Standing Orders (SOs), and include as schedule 4.1 within the respective HB SOs ○ APPROVED the proposed changes to the WHSSC Standing Financial Instructions (SFIs) and include as schedule 4.1 Annex 2.1 within the respective HB SOs ○ NOTED that there are no changes to the Memorandum of Agreement (MoA) ○ APPROVED the requested changes to the financial limits for Individual Patient Funding Request (IPFR) approvals ○ NOTED that an update report on the changes will be presented to the CTMUHB Audit & Risk Committee for Hosted bodies in October 2023 for assurance 	
PM(23)197	STATUTORY PARTNERSHIPS UPDATE	
	The Board NOTED the update on recent activity of the PSBs and RPB.	
PM(23)198	BOARD ANNUAL WORKPLAN	
	The Board NOTED the Board Annual Workplan, which would be updated in line with foregoing discussions.	
PM(23)199	ANY OTHER BUSINESS	
	There was no other business reported.	
PM(23)200	DATE AND TIME OF NEXT MEETING	
	9.30am, Thursday 30 November 2023	