

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

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| Date of Meeting: | <b>9.30AM, THURSDAY 30 MARCH 2023</b>                                       |
| Venue:           | <b>CANOLFAN S4C YR EGIN, COLLEGE ROAD, CARMARTHEN SA31 3EQ AND VIA ZOOM</b> |

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| Present:       | <p>Miss Maria Battle, Chair, Hywel Dda University Health Board<br/> Mrs Judith Hardisty, Vice-Chair, Hywel Dda University Health Board<br/> Mr Maynard Davies, Independent Member (Information Technology)<br/> Cllr. Rhodri Evans, Independent Member (Local Authority)<br/> Ms Anna Lewis, Independent Member (Community)<br/> Ms Ann Murphy, Independent Member (Trade Union)<br/> Mr Paul Newman, Independent Member (Community)<br/> Mrs Chantal Patel, Independent Member (University) (part)<br/> Ms Delyth Raynsford, Independent Member (Community)<br/> Mr Iwan Thomas, Independent Member (Third Sector) (VC) (part)<br/> Mr Steve Moore, Chief Executive<br/> Professor Philip Kloer, Executive Medical Director and Deputy Chief Executive<br/> Mr Andrew Carruthers, Executive Director of Operations<br/> Mr Lee Davies, Executive Director of Strategy and Planning<br/> Mrs Lisa Gostling, Executive Director of Workforce &amp; Organisational Development<br/> Dr Joanne McCarthy, Deputy Director of Public Health<br/> Mrs Mandy Rayani, Executive Director of Nursing, Quality &amp; Patient Experience<br/> Ms Alison Shakeshaft, Executive Director of Therapies &amp; Health Science<br/> Mr Huw Thomas, Executive Director of Finance</p> |
| In Attendance: | <p>Ms Jill Paterson, Director of Primary Care, Community &amp; Long-Term Care<br/> Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary<br/> Ms Alwena Hughes-Moakes, Communications and Engagement Director<br/> Ms Donna Coleman, Chief Officer, Hywel Dda Community Health Council (part)<br/> Mr Mansell Bennett, Chair, Hywel Dda Community Health Council (part)<br/> Ms Clare Moorcroft, Committee Services Officer (Minutes)</p>   |

| Agenda Item | Item  | Action |
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| PM(23)46    | <b>INTRODUCTIONS &amp; APOLOGIES FOR ABSENCE</b>  |        |
|             | <p>The Chair, Miss Maria Battle, welcomed everyone to the meeting and thanked Executive Directors and their teams for the clarity and timely submission of Board reports. Apologies for absence were received from:</p> <ul style="list-style-type: none"> <li>Mr Winston Weir, Independent Member (Finance)</li> </ul> |        |
| PM(23)47    | <b>DECLARATION OF INTERESTS</b>   |        |
|             | <ul style="list-style-type: none"> <li>Mrs Chantal Patel declared an interest in the WHSCC item.</li> <li>Ms Ann Murphy declared an interest in discussions relating to Industrial Action due to her Trade Union role, and would not participate in these discussions.</li> </ul>                                       |        |

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|   | <ul style="list-style-type: none"> <li>Mrs Mandy Rayani declared an interest in discussions relating to Industrial Action; however, would be eligible to participate in discussions by virtue of her professional capacity.</li> </ul>   |    |
| PM(23)48  | <b>MINUTES OF THE PUBLIC MEETING HELD ON 26 JANUARY 2023</b>   |    |
|   | <b>RESOLVED</b> – that the minutes of the meeting held on 26 January 2023 be approved as a correct record.   |    |
| PM(23)49  | <b>MINUTES OF THE EXTRAORDINARY PUBLIC MEETING HELD ON 23 FEBRUARY 2023</b>  |    |
|   | <b>RESOLVED</b> – that the minutes of the meeting held on 23 February 2023 be approved as a correct record.  |    |
| PM(23)50  | <b>MATTERS ARISING &amp; TABLE OF ACTIONS FROM THE MEETINGS HELD ON 26 JANUARY 2023 AND 23 FEBRUARY 2023</b>   |    |
|   | An update was provided on the table of actions from the Public Board meetings held on 26 January and 23 February 2023, and confirmation received that all outstanding actions had been progressed. In terms of matters arising:  |    |
|   | <b>PM(23)44</b> – Mrs Judith Hardisty noted reference in the minutes from 23 February 2023 to additional human resource identified as beneficial for the Primary Care team, and requested an update. Ms Jill Paterson advised that this issue had been discussed by the Executive Team, and that the three posts identified would be progressed. Members heard that there would be further discussions relating to the Primary Care Strategy at both Executive Team and Board level. It was requested that a progress update be included within the Table of Actions for the May 2023 Board meeting.   | JP |
|   | <b>PM(23)13</b> – noting the commitment to include triangulated data, Mr Paul Newman observed that this did not appear to be included in the Patient Experience report. Mrs Mandy Rayani explained that triangulation of data currently still relies on manual processes. The Performance and Patient Experience teams are planning to meet to discuss how this can be enhanced/streamlined. The report to May 2023 Board will represent the first attempt; however, this aspect of the Patient Experience report will evolve further over time. It was requested that a progress update be included within the Table of Actions for the May 2023 Board meeting. | MR |
|   | <b>PM(23)04 (PM(22)205)</b> – Miss Battle enquired with regard to the date cancer service audit findings will be reported to the Quality, Safety & Experience Committee (QSEC). In response, Mrs Rayani advised that the June 2023 meeting date was being worked towards, and that the Chair of QSEC would be kept informed in this regard.  | MR |
| <b>PM(23)16</b> – again, the timescale for reporting to QSEC progress on the Llwynhendy TB Outbreak Review findings was requested. Professor Philip Kloer responded that there are two action plans, one of which relates to Public Health Wales actions. Progress and updates on this will be shared with the Health Board and QSEC. It is anticipated that the next update to QSEC will be provided at the June 2023 meeting. | PK   |    |

**PM(23)25** – Miss Battle enquired when the Community Nursing Annual Report would be presented to the People, Organisational Development & Culture Committee (PODCC) and Ms Paterson advised that it is on the agenda for the meeting on 3 April 2023.

**PM(23)51**

**REPORT OF THE CHAIR**

Miss Battle presented her report on relevant matters undertaken by the Chair since the previous Board meeting. Whilst concerned by the Auditor General's findings at Betsi Cadwaladr University Health Board (BCUHB), Miss Battle emphasised that Audit Wales has recorded that the Board at Hywel Dda University Health Board (UHB) is cohesive and unified, with good working relationships between Members. Reports such as this, however, always offer opportunities for learning and will be considered carefully by the Board. Referencing the recent Healthcare Inspectorate Wales (HIW) visit to Glangwili Hospital (GGH) A&E, Miss Battle wished to offer apologies to members of the public and staff for the challenging conditions experienced. Whilst not an excuse, these reflect the impact of increased demand, staff shortages and difficulties in discharging patients. Miss Battle thanked all of those taking all possible steps to improve patient experience and care. Members' attention was drawn to recent deaths in service of two Health Board employees, Alison Terry and Reverend Roger Hart, and condolences were expressed on behalf of the Board to their families, friends and colleagues. Miss Battle highlighted the successes of Health Board teams and recognition of their achievements; these included the Nutrition and Dietetics Service, the Procurement team and the Apprenticeship Scheme. With regard to the latter, the Health Board is currently recruiting Apprentices and applications to the scheme were encouraged. Miss Battle noted with regret the departure on 31 March 2023 of Mr Paul Newman as an Independent Member of the Board. As Chair of the Audit & Risk Assurance Committee (ARAC), Mr Newman had significantly strengthened the assurance processes within the Health Board. The Board thanked Mr Newman for his service. Members were also advised that Miss Battle would be retiring from the role of Health Board Chair in October 2023; interested parties were encouraged to apply for both positions. Finally, Miss Battle thanked Mr Mansell Bennett for his service as Hywel Dda Community Health Council (CHC) Chair, thanked those involved with the CHC for their input over the years, and wished the new Citizen Voice Body, Llais (CVB), which replaces the CHC, the very best.

Returning to the HIW report, Mrs Rayani reminded Members that the Health Board receives various unannounced visits. Mrs Rayani wished to emphasise that many of the issues identified were not a surprise to the Health Board and that it was aware of the challenging conditions. Members were assured that a detailed improvement action plan is in place, not only for A&E, but across the organisation. There are also various quality mechanisms in place, including walk-arounds, assurance visits and unannounced internal visits. A follow-up Quality Panel will be taking place to ensure that actions are being progressed, and active engagement is taking place with the services involved. Welcoming the new Diabetes Prevention Programme, Mr Newman enquired whether this targets the Learning Disabilities population, who are particularly

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|  | <p>susceptible to developing Type 2 diabetes. In response, Ms Paterson confirmed that she would absolutely expect that any registered patient identified as at risk of developing Type 2 diabetes would be included, and that appropriate communication and support would be provided; however committed to feed this specific comment back to the team.</p> <p>Ms Delyth Raynsford stated that she had been privileged to present a number of Long Service Awards, and had been impressed by the commitment to and affection for the Health Board expressed by staff. Ms Raynsford queried how the knowledge and experience of these long-serving individuals can be captured, to assist both in succession planning and potentially in recruitment. In response, Mr Steve Moore suggested that capturing this information is challenging, and that there are also variances across the Health Board. It should be noted, however, that HDdUHB is the only Health Board which independently surveys all of its staff on a regular basis, and that the data from this exercise is beginning to build up. The Health Board also produces Staff Experience reports and has in place Organisational Development (OD) Relationship Managers. All of these processes are coalescing to produce valuable information. Mrs Lisa Gostling added that PODCC receives a Performance Report, and that work is taking place around asking staff to consider how their roles might evolve. The 'Retire and Return' scheme provides opportunities to retain valuable staff experience and knowledge. There is also ongoing work in relation to coaching, support and mentoring to contribute to the development of the Health Board as an organisation. Miss Battle noted that Board Members visit staff and departments and provide feedback to the Director of Corporate Governance/Board Secretary, with this information captured and shared with the Chair and the Executive Director of Nursing, Quality and Patient Experience. It was suggested that the Communications and Engagement Director explore the potential for publicising examples of long service externally, via local media. It was further agreed that a report on the various processes/initiatives be presented to PODCC.</p> | <p>JP</p> <p>AHM</p> <p>LG</p> |
|  | <p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>SUPPORTED</b> the work engaged in by the Chair since the previous meeting and note the topical areas of interest;</li> <li>• <b>RATIFIED</b> the action undertaken by the Chair on behalf of the Board, relating to the approval of the proposed approach to Energy procurement governance arrangements in Wales.</li> </ul>  |                                |

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| <p>PM(23)52</p> | <p><b>REPORT OF THE CHIEF EXECUTIVE</b></p> <p>Mr Moore presented his report on relevant matters undertaken as Chief Executive since the previous meeting, highlighting in particular ongoing work in relation to Health and Social Care integration and the Welsh Government 'Further, Faster, Together' discussion document. Members heard that the Health Board has largely already commenced work in those areas which present the most significant challenges. Mr Moore had recently met with the Chief Executive from Carmarthenshire County Council and agreed a co-sponsored plan, the logistics of which are being worked through by the various teams involved. It is intended to enact various initiatives prior to winter 2023/24; Members were assured that progress will be regularly reported to the Board. A workshop with representatives from Pembrokeshire County Council is scheduled for</p> |  |
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April 2023, with the intention being to explore how the 'Home First' model might be applied outside Carmarthenshire. Discussions will then take place with representatives from Ceredigion County Council. As detailed in the UK COVID-19 Public Inquiry section of the report, the Health Board has been appointed a Joint Core Participant for Module 3 of the Public Inquiry. Mr Moore drew Members' attention to the two items for which he was seeking Board approval: the South Wales Spinal Network (SWSN) Memorandum of Understanding, and extension to the Hosting Agreement for the National Imaging Academy for Wales. Mr Moore also wished to acknowledge the passing of the CHCs, noting that he had been pleased that CHCs had been retained by Wales after they had been abolished in England. Hywel Dda CHC's relationship with the Health Board had been both critical and supportive, and had placed the organisation in a better position as a result. Mr Moore looked forward to a continued positive working relationship with the new CVB. Echoing the Chair's comments, Mr Moore thanked Mr Newman for his significant contribution to the Health Board, particularly his steadying and insightful input, which will be greatly missed.

With regard to the SWSN Memorandum of Understanding, Mr Newman highlighted the second bullet point relating to elements of service provision on page 4 of the report:

- Spinal Partner Hospitals - These hospitals may have Spinal Consultants offering 'nonspecialised' +/- 'specialised' spinal surgery and may offer an emergency service without a 24/7 emergency on-call.

Mr Newman requested clarification regarding the repeated use of 'may' and the potential implications for the Hywel Dda population. Both Mr Moore and Mr Andrew Carruthers were of the opinion that this is likely to translate to 'will'. Mr Carruthers explained that the wording probably reflects the current position, with certain details still to be worked through; however, committed to check.

Noting the work ongoing with Carmarthenshire County Council, and plans to meet with representatives from Pembrokeshire and Ceredigion County Councils, Ms Raynsford enquired whether colleagues in Powys and Betsi Cadwaladr should also be involved, as patient discharges from HDdUHB can also be impacted by systems/delays in these regions. In response, Mr Moore assured Members that meetings with colleagues from these regions do take place. The Health Board's Annual Plan recognises that this issue involves mid Wales as well as west Wales. In regards to the COVID-19 Public Inquiry, Mrs Rayani highlighted the recently published National Nosocomial COVID-19 Programme Interim National Learning Report. The report includes learning to date, with Mrs Rayani assuring Members that this has been applied within the Health Board. In addition, however, it was emphasised that the Health Board has shared learning across the organisation from every COVID-19 outbreak which has occurred. The report is the first of a number, and Mrs Rayani would encourage Members to read it, with Mrs Joanne Wilson agreeing to circulate a copy.

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|  | <p>Referencing ‘Further, Faster, Together’, Mrs Hardisty noted that responsibility for implementation of this report’s requirements has been assigned to the Regional Partnership Boards (RPBs). Whilst outcomes are expected to be consistent across regions, mechanisms for delivery may differ. Mr Moore agreed that the intended implementation route is via RPBs; however, all the constituent organisations must be sighted on the process. Miss Battle suggested that this would be an opportune time to consider/revisit the governance of statutory bodies, the RPB and the Integrated Executive Group (IEG). This is complex and requires detailed consideration. Mr Carruthers highlighted that additional detail on ‘Further, Faster, Together’ was contained within the Operational Update report later on the agenda. With regard to Mrs Hardisty’s comments regarding responsibility for implementation, Mr Carruthers would view development as a key part of the IEG’s work. Miss Battle stated that it was pleasing to see Welsh Government guidance reflecting the Health Board’s existing ambitions/plans.</p> <p>Mr Mansell Bennett thanked the Chair and Chief Executive for their kind words, stating that it had been a privilege to be Chair of Hywel Dda CHC. The Health Board had taken the CHC’s feedback into account and it should be noted that not all CHCs are allocated ‘speaking rights’ at the Public Board meetings of their Health Boards. Whilst the CHC and Health Board had not always agreed, the outcome of discussions had always been constructive and both were put in place to benefit the public and patients of Hywel Dda. Mr Bennett wished to thank those Health Board Executive Directors who have attended past CHC meetings, and recognise Mr Newman for his contribution. It was also hoped that the new Health Board Chair will continue the positive relationship with the CVB which Miss Battle has maintained with the CHC.</p> |  |
|  | <p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>ENDORSED</b> the Register of Sealings since the previous report on 26 January 2023</li> <li>• <b>NOTED</b> the status report for Consultation Documents received/ responded to</li> <li>• <b>NOTED</b> and <b>APPROVED</b> the South Wales Spinal Network Memorandum of Understanding, for execution by the Chief Executive</li> <li>• <b>NOTED</b> and <b>APPROVED</b> the extension to the Hosting Agreement for the National Imaging Academy for Wales until 31 March 2026, for execution by the Chief Executive</li> </ul>   |  |

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| <p>PM(23)53</p> | <p><b>REPORT OF THE AUDIT &amp; RISK ASSURANCE COMMITTEE</b></p> <p>Mr Newman, ARAC Chair, presented the ARAC update report from its meeting held on 21 February 2023, highlighting the key items, key risks, issues and matters of concern. These were a lack of clarity around the criteria for de-escalation from Targeted Intervention; receipt of the Bluestone Governance Review report and the learning emanating from this; and delays to the Financial Audit timescales resulting from issues experienced by Audit Wales. Mr Newman wished to record his thanks to Mrs Joanne Wilson, Miss Charlotte Wilmshurst and Ms Clare Moorcroft for their support during his tenure as ARAC Chair.</p> <p>In respect of the first matter of concern – financial de-escalation, Mr Moore advised that discussions continue with the Welsh Government</p> |  |
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|  | <p>and their Financial Delivery Unit. Mr Huw Thomas confirmed that the Health Board had been placed into Targeted Intervention due to its increased financial deficit; however, no additional detail had been provided regarding the specific criteria for de-escalation. It is possible that Welsh Government are themselves awaiting more detail with regard to the rate of recovery within Health Boards. Referencing the Bluestone Governance Review, Ms Anna Lewis enquired whether this contained any learning which may hint at potential learning from the COVID-19 Public Inquiry. Mrs Wilson noted that the issue of Field Hospitals will be considered as part of the COVID-19 Public Inquiry and the potential for transferable information could be explored.</p> <p>In response to a query around the Risk Assurance discussions, Mrs Wilson advised that the Committee had identified a need for a greater focus on Risk. Work will be undertaken during the summer to examine the Health Board's risk tolerance and appetite, with the intention of Board level discussions on this matter. Members heard that Welsh Government had not yet agreed to issue a temporary variation order, which would be required due to delays in Audit Wales financial audit timescales, although it is hoped this will take place shortly. As it stands, in the absence of the above, the Health Board will be in breach of its Standing Orders, as it will be unable to hold an Annual General Meeting by 31 July 2023.</p> | <p style="text-align: center;"><b>JW</b></p> |
|  | <p>The Board <b>NOTED</b> the ARAC update report and <b>ACKNOWLEDGED</b> the key risks, issues and matters of concern, together with actions being taken to address these.</p>   |  |

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| <p><b>PM(23)54</b></p> | <p><b>REPORT OF THE QUALITY, SAFETY &amp; EXPERIENCE COMMITTEE</b></p>   |  |
|                        | <p>Presenting the QSEC update report from 14 February 2023, Ms Lewis, QSEC Chair, suggested that it was particularly gratifying to note the evolution of the Quality Improvement Framework. This was a credit to those involved with its development, including Mrs Mandy Rayani and Mr Huw Thomas. In regards to Epilepsy and Neurology in the Learning Disabilities Service, it was pleasing to see that the Clinical Services Plan is a later agenda item. The HIW report on GGH A&amp;E had already been discussed under the Chair's Report.</p> <p>With regard to fragile services, and the risks the Health Board is managing as an organisation, Mrs Rayani advised that it had been agreed that a report on this topic and the mitigations being put in place would be presented to the next QSEC meeting. This aligns with comments around the need for more discussion around risk; Members were thus assured that, whilst risk is considered on a continuous basis, there will be a particular focus. Referencing concerns around the commissioned Neurology and Tertiary Pathway and the closure of the service due to the retirement of a member of staff, there was a request for an update. Mr Carruthers committed to provide this via the Table of Actions. Mrs Hardisty welcomed the report on the Community Paediatrics service, which evidences the significant work undertaken in this area. The efforts of the senior manager in bringing people together has transformed the service and should be commended. Mrs Patel enquired whether the Duty of Quality is part of QSEC's remit and whether it will alter the way in which the Quality Improvement</p> | <p style="text-align: center;"><b>AC</b></p> |

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|  | <p>Framework will be implemented. In response, Mrs Rayani explained that an internal implementation group to consider the Duty of Quality and the Duty of Candour has been in place for 9 months. Both have been built into the Quality Improvement Framework and Quality Management System, which appear later on the agenda. It was emphasised that this is a far-reaching requirement, which will involve all services and staff. There will be a forward programme of work. Ms Lewis welcomed the Duty of Quality, indicating that she was particularly committed and ambitious in this regard, and that it presents valuable opportunities for cross-committee collaboration.</p> |  |
|  | <p>The Board <b>NOTED</b> the QSEC update report, <b>ACKNOWLEDGED</b> the key risks, issues and matters of concern, together with actions being taken to address these.</p>  |  |

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| <p><b>PM(23)55</b></p> | <p><b>BOARD ASSURANCE FRAMEWORK</b></p> <p>Presenting the Board Assurance Framework (BAF), Mr Moore advised that the Executive Team has in place a work programme for the coming year. This considers the following:</p> <ul style="list-style-type: none"> <li>• Measures – how the organisation is progressing against its Strategic Objectives</li> <li>• The principal risks which underpin these</li> <li>• Review of progress on Planning Objectives</li> </ul> <p>The above will feed into a report to the May 2023 Board, which will provide detail on the replacement for the Transformation Steering Group and how the organisation can progress. The report which appears next on today’s agenda is primarily focused on the 2023/24 Annual Plan; a closure report on the 2022/23 Annual Plan will be presented to the May 2023 Board meeting, to complete the audit trail. Members were assured that the Executive Team is utilising the BAF on a regular basis. Miss Battle commended the document, which has evolved greatly during her time at the Health Board. Mrs Wilson advised that all Planning Objectives had been considered by the Committees to which they are aligned; full details are provided within the report.</p> <p>Mr Maynard Davies referenced page 3 of the report, and the statement around whether staff felt that their Personal Appraisal Development Review (PADR) had supported their development and provided them with clear objectives aligned to team and organisation goals. Noting that 60-70% of staff had agreed, it was queried how the organisation intends to address the remaining 30-40%. Mr Maynard Davies also advised that, with regard to Planning Objective 5O around the Stroke Strategy, a Business Case on this topic is scheduled for consideration by the Strategic Development &amp; Operational Delivery Committee (SDODC) in April 2023. In response to the query regarding PADRs, Mrs Gostling explained that a training programme is being rolled out which focuses on the benefits of PADRs, rather than the process/logistics involved. A presentation is scheduled for PODCC from a manager and member of staff, which evidences these benefits and the value of the new training. This is just one in a series of interventions to highlight the benefit of PADRs, with a focus on prioritising quality over quantity. Nevertheless,</p> |  |
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|  | Members heard that there has been an increase in the number of PADR's undertaken.  |  |
|  | The Board <b>NOTED</b> the Board Assurance Framework report and <b>TOOK ASSURANCE</b> on any areas giving rise to specific concerns. |  |

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| PM(23)56 | <b>UPDATE ON ANNUAL PLAN 2023/24</b>   |  |
|          | <p>Mr Lee Davies introduced a report updating on the Annual Plan 2023/24, emphasising that Members will be familiar with the progress in developing this. Members were reminded that the Health Board is in Targeted Intervention for Finance and Planning, and that the organisation continues to experience fragile services. It had been agreed that the Health Board is not in a position to submit an Integrated Medium Term Plan (IMTP) for 2023/24 and, accordingly, it had submitted an Accountable Officer letter to Welsh Government. The report describes the structure and development of the Plan, together with a narrative around the reduced number of Planning Objectives. Members heard that the approach continues to evolve, and is aligned to the Targeted Intervention process. Mr Lee Davies stated that the Board is being asked to approve the revised set of Planning Objectives and the overall Annual Plan for 2023/24, for submission to Welsh Government, recognising the risks and limitations involved. Mr Huw Thomas reminded Members that the Health Board's forecast deficit was £112.9m, which whilst clearly unacceptable, represents the current expenditure rate. The organisation is working through delivery of £19.5m savings; this may be dependent on non-recurrent opportunities, which is recognised as not being ideal. As mentioned by Mr Lee Davies, an Accountable Officer letter had been submitted to Welsh Government, and the response received was as would be expected. The Health Board's forecast deficit is significant and involves cash implications, whereby the organisation may not have sufficient reserves to pay its liabilities for the final two months of the year. The Health Board is working with Welsh Government in this regard. Highlighting page 2 of Appendix 1, Mr Huw Thomas explained that the Executive Lead for Planning Objective 5c should be the Director of Finance rather than the Director of Operations.</p> <p>Noting that the Health Board has struggled to achieve savings targets in previous years, Mr Maynard Davies enquired regarding the Executive Team's confidence in delivering the overall Plan, savings and Planning Objectives. In response, Mr Lee Davies emphasised the benefits of 'narrowing the focus' in terms of Planning Objectives. Whilst the organisation is not yet able to provide absolute assurance around delivery of the Plan, it does understand its position and 'line of sight', together with the steps which need to be taken in order to deliver the Planning Objectives. There is, however, a need for balance between ambition and realism and a recognition of the inherent risks involved. Mr Moore echoed the need for balance, and emphasised that the Health Board's description of its intended actions will be key to Welsh Government in terms of Escalated Status. There is always a degree of risk involved with savings, in terms of ensuring that what is proposed is deliverable. Members heard that the organisation has been considering governance, the leadership team, etc as opposed to focusing on the savings themselves. As such, Mr Moore had requested the Director of Governance to consider specifically the governance of how these</p> |  |

schemes are operating. Mr Huw Thomas agreed that delivery of 'cashable' savings has presented challenges previously. The organisation is, however, producing savings and gains by way of various initiatives, such as Patient Initiated Follow-up schemes, the Enabling Quality Improvement In Practice (EQIIP) Programme, Value Based Health Care and Organisational Development work. In respect of the Targeted Intervention measures, the timescale for the Peer Review currently being undertaken was queried, and Mr Lee Davies responded that the findings should be with Welsh Government shortly and would be reported to SDODC and the next Board meeting. Mr Davies added the response did not provide assurance that the £19.5 million of savings would be delivered recognising this as a significant risk for the Health Board.

Mrs Hardisty enquired how the organisation plans to achieve synergy across Planning Objectives, for example those involving delivery of more services within the community. Acknowledging that this is an area which the Health Board has found challenging, due to Planning Objectives being progressed individually, Mr Lee Davies emphasised that the organisation needs to maximise opportunities for integrated working. This issue is being explored by the Executive Team, which is developing a programme to do so. The Health Board will look to undertake dedicated discussions on specific topics, such as the example given, and Members were assured that these would involve multi-disciplinary groups, including representatives from both Primary and Secondary Care, to ensure that all views are considered. Mrs Hardisty welcomed these plans. Cllr. Rhodri Evans stated that the report presents an honest reflection of progress with and development of the Annual Plan, and that the risks are clearly stated. In response to a query around how more stability can be achieved within the workforce, and the resulting impact on finances, Mr Lee Davies explained that the Plan acknowledges the difficult choices involved and that it had been based on existing resources. There had been no assumptions made regarding additional workforce resources. The only exception is in regard to the nursing workforce stabilisation work, which does involve a financial impact.

Providing additional context, Mrs Gostling advised that the organisation had changed its approach this year, focusing all of its nursing workforce efforts on one site. It had set a year-end recruitment target of 100 nurses from overseas and had achieved 117 nurses in post. A reduction in vacancies at GGH from more than 100 to 38 had been achieved, which indicated that this was the correct approach, and feedback echoes this finding. The next cohort of nurse recruitment will be allocated to Pembrokeshire, where accommodation had been sourced. Members heard that the Health Board will be introducing a ban on one of the premium cost staffing agencies. Welcoming this information, Cllr. Evans stated that the steps taken and results were positive to note. Mr Moore added that there were also significant savings as a result, which had been incorporated into the organisation's savings plans. Ms Lewis enquired to what extent the Health Board had 'tested' the Plan with its stakeholders, to ensure that the priorities identified therein would make a difference for them/match their priorities. In response, Mrs Gostling advised that the workforce stabilisation work had been owned and led by

the services involved. There are meetings with the General Manager and Lead Nurse on site each week, and the approach is designed to respond to the needs of the service. Ward Sisters meet regularly with the General Manager and also with the Rostering team. As the new workforce approach moves to different Health Board sites, a maintenance plan will also be put in place. Whilst acknowledging that the Planning Objectives are various, focusing on areas as diverse as Transforming Urgent & Emergency Care (TUEC), Workforce, Decarbonisation and Waiting Lists, Mr Moore emphasised that all are developed by the teams involved in their delivery. In terms of engagement, areas such as the Digital Plan are at an earlier stage and, as such, require more engagement.

Returning to an earlier comment, Mr Moore suggested that the organisation is learning from the BAF and Planning Objectives that, for example, time is required to consider progress on 'groups' of Planning Objectives. Whilst a process for this is in place, it is iterative/evolving. Dr Joanne McCarthy confirmed that there is collaborative work around the Planning Objectives, emphasising the strengths of having these clearly defined. This is already delivering benefits in driving forward work in specific areas, and provides a 'tool' which challenges the organisation to consider where collaboration and integrated working can take place. As an observation, and for assurance, Mr Newman wished to highlight that today's meeting is not the first time Board Members have seen the Plan presented. It had been discussed in great detail and on numerous occasions, and Mr Newman felt that these discussions had been the most inclusive and discursive of recent times, which should be recognised as a positive. It was emphasised, however, that – with a Plan in place – the Health Board needs to 'do what it says it will do'. In this respect, Mr Newman expressed concern that the savings plan as presented anticipates delivery of more savings in one month than the organisation has previously been able to deliver in one year, and queried how the position had changed to enable this. Also, to what extent is this Plan reflecting a return to pre COVID-19 levels of activity. Finally, clarification was sought that the wording of the second bullet point in the recommendation was appropriate, in terms of the Board's ability to approve the Plan subject to caveats.

In respect of the savings plan, Mr Moore advised that there are already a number of measures being put in place, for example around the high agency staffing spend, which should begin to deliver increased savings. The TUEC work is a significant exercise, in which the Health Board is beginning to see 'bed-equivalent' savings. There are also a number of other savings opportunities for which the organisation has clear plans in place; however, a clear 'line of sight' for delivery needs to be ensured. Mr Carruthers reported that, for Outpatients, the Health Board has more or less returned to pre COVID-19 activity levels. Significant transformation work has taken place around reducing Follow-up appointments, with in excess of £5m capacity put back into the system to reduce waiting times. In terms of Elective activity, the organisation is probably at 70-80% of pre COVID-19 capacity, although plans are in place to increase this figure and there is evidence of improved productivity. Whilst Diagnostics is experiencing challenges around

waiting times, it is seeing the same level of activity as pre COVID-19. The Health Board is treating more people for cancer than it was pre Pandemic. In terms of Urgent & Emergency Care, Mr Carruthers suggested that the organisation now has a different level of granularity in its planning processes, which allows analysis of both improvement made and improvement needed, at a site level, and allows modelling of potential outcomes. In response to the query around the recommendation, Mrs Wilson advised that this had been carefully worded and has been agreed by both the Director of Strategy and Planning and Director of Finance. The delegation of budgets must be approved, to enable the Health Board to operate as an organisation. It must be recognised that the Health Board is breaching its statutory duties in relation to both planning and finance with these being extremely significant in terms of Board and organisational governance. This is the rationale why the Board is being asked to approve an Annual Plan, acknowledging the significant risks. It should be noted that Welsh Government may not accept the Plan and may require the Health Board to undertake further work; however, subject to Welsh Government approval, it provides a remit within which the organisation can operate.

Returning to the issue of savings and how the position had changed, Mr Huw Thomas reminded Members that last year's budget was £25m; there had been a 'step change' since then, with a new baseline, recognising the level of expenditure. Everything to improve this position would be defined as a saving. Mr Moore wished to highlight that much of the Urgent & Emergency Care plan work is predicated on no further deterioration in domiciliary care provision. Whilst it had been necessary to base plans on this assumption, the situation would continue to be monitored closely. With the organisation being in Targeted Intervention on the basis of Finances and Planning, Miss Battle noted that, for Planning Objective 8c relating to the financial roadmap for recovery, no timescale for presenting this to Board is indicated, and suggested that this should be rectified. In respect of savings plans, Miss Battle requested assurance that teams responsible for delivering these have access to trajectories/plans, granularity and that the governance is in place to identify issues and ensure their delivery. Mr Huw Thomas agreed that the financial roadmap for recovery needs to be considered by the Board prior to the next planning round. For programmes of change, such as TUEC and the nursing workforce stabilisation work, the organisation has taken steps to ensure that the associated governance is robust. Whilst there is a need to consider further the alignment of support for programmes of change, Mr Huw Thomas was more assured regarding this than previously. Members were also reminded that the Improving Together sessions are now in their second iteration. It was agreed that the process of Board consideration of the financial roadmap for recovery should begin at the June 2023 Board Seminar, with this presented to Public Board in September 2023. Furthermore, assurance on the governance and delivery of the savings scheme would be sought from the Director of Finance and scheme leads at the May Board meeting, to ensure the £19.5 million savings target would be achieved.

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Miss Battle thanked Members for their contributions and summarised discussions as follows:

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|  | <ul style="list-style-type: none"> <li>• The Health Board needs to deliver on its commitments</li> <li>• The reduced and more focused Planning Objectives are welcomed</li> <li>• Board Members have debated the Annual Plan at length and in detail</li> <li>• The intended focus on Risk is welcomed</li> <li>• The approach to nursing workforce stabilisation is commended</li> <li>• Assurance on the governance and delivery of the savings scheme would be sought at the May 2023 Board meeting to ensure the £19.5m savings target would be achieved</li> <li>• The financial road map to be brought to the September 2023 Board meeting</li> </ul>  |           |
|  | <p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>APPROVED</b> the revised set of Planning Objectives for 2023/24.</li> <li>• <b>APPROVED</b> the Annual Plan for the period 2023/24, acknowledging the risks highlighted above and recognising the forecast financial outturn remains unacceptable and further work will be required during 2023/24 to improve the position.</li> <li>• <b>NOTED</b> that our plan does not achieve financial balance which can be interpreted as a novel or contentious action per our Standing Orders and will require the Chief Executive to write an Accountable Officer letter to Welsh Government to explain our position and actions</li> <li>• <b>NOTED</b> that without further support, at this stage, HDdUHB will require further cash-backed support from Welsh Government as the extent of our cash allocation will be insufficient to continue to service our liabilities as they fall due after early February 2024</li> <li>• <b>APPROVED</b> the delegation of budgets to the organisation's budget managers in line with our scheme of delegation to enable the organisation to continue to commit expenditure and service our liabilities as they fall due from 1 April 2023.</li> </ul> | <b>SM</b> |

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| <b>PM(23)57</b> | <p><b>IMPLEMENTING THE 'A HEALTHIER MID AND WEST WALES' STRATEGY</b></p> <p>Mr Lee Davies presented the regular update on the Implementing the 'A Healthier Mid and West Wales' Strategy. Members heard that a draft of the Strategic Outline Case was scheduled for the end of June 2023. Welsh Government is procuring providers for a Clinical Strategy Review; however, no bids had been submitted by the deadline and discussions of the consequences involved and potential impact on timescales are ongoing. Consultation around the land selection is underway; positive engagement has taken place, with nearly 600 members of public and staff having attended events during the first six weeks and more than 200 questionnaires completed. The mid-point review took place on 27 March 2023. Mr Lee Davies thanked Board Members and Health Board teams for their willingness to attend engagement events.</p> <p>Cllr. Evans stated that he had attended a number of consultation events and commended these. Noting that the mid-point review had been reached, Cllr. Evans enquired regarding learning. In response, Members heard that ORS is supporting the Health Board with analysis of engagement information and is analysing the feedback submitted and attendance at events. Analysis will consider geography and demography, including age group, ethnicity, gender and whether</p> |  |
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|          | <p>respondents are staff. This will allow development of a plan/approach for the second six weeks to ensure appropriate stakeholder representation. Professor Kloer expressed disappointment that no tenders had been received for the Clinical Strategy Review, and the resulting risk of delay to timescales. This would potentially exacerbate existing concerns around the length of the process. Professor Kloer would urge the Board to support Mr Lee Davies in discussions with Welsh Government to progress this matter. Miss Battle agreed, noting that with the fragility being described in a number of services, it would be unfortunate for this process to be excessively extended. It was agreed that this would be added to the recommendation and that a letter be issued to Welsh Government to discuss next steps and implications for timeline. It was agreed this would be shared with all Board members, with an update to be provided to the May 2023 Board meeting.</p> <p>Describing the consultation events he had attended, Mr Iwan Thomas commended the pan-organisation support/attendance. It was, however, then disheartening for staff to see unfair and unjustified comments made online. There had been criticism that events had been held without advance notice or promotion. On the contrary, the Health Board had publicised events extensively, with coverage on ITV news, in the Western Telegraph, Carmarthen Journal and Wales Online. Mr Iwan Thomas thanked all of those involved in organising and publicising events and those who had met with members of the public. Ms Alwena Hughes-Moakes welcomed the opportunity offered by consultation events to meet members of the public and share views. Members were informed that the Health Board will be taking steps to publicise events again, for the second six week consultation period. In response to a query, Members were assured that all comments, which were varied, were being captured. Ms Ann Murphy enquired whether engagement was taking place with colleges and universities, noting that current students are the Health Board's potential future users and staff. Ms Hughes-Moakes confirmed that a number of stakeholder groups had been identified. A visit to Pembrokeshire College had taken place prior to the formal consultation period, and a visit to Carmarthenshire College is planned. Miss Battle concluded discussions by thanking all of those involved with the consultation, which is allowing the voice of stakeholders to be heard.</p> | LD |
|          | <p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the update on the Clinical Strategy Review and <b>SUPPORTED</b> discussions with Welsh Government to progress this matter</li> <li>• <b>NOTED</b> the progress made on the Strategic Outline Case (SOC)</li> <li>• <b>NOTED</b> the progress made in land selection process and consultation planning</li> </ul>   |    |
| PM(23)58 | <p><b>IMPROVING PATIENT EXPERIENCE REPORT</b></p> <p>Mrs Rayani introduced the Improving Patient Experience report, which presents a summary of patient experience feedback and activity for the months of December 2022 and January 2023. Members heard that in excess of 20,000 service users had been surveyed, with responses from 3,097. Mrs Rayani thanked those who had taken the time to submit their valuable feedback. 94.8% of responders provided a positive rating,</p>   |    |

which was a testament to the Health Board's staff. The 'themes' highlighted within positive responses were similar to those relating to complaints/concerns. 23% of concerns relate to communication or staff attitude and behaviour. Whilst this is an area where there will always be a degree of natural variation due to human involvement, it is being worked upon across the organisation. The Health Board had received six Grade 5 complaints, which represent significant harm. Mrs Rayani advised that these are being reviewed robustly and engagement is taking place with patients and their families; it is important to highlight that the organisation does examine such incidents. The patient story in the report focuses on acute stroke, and the treatment by thrombectomy of an 89 year old, who has recovered well and is experiencing no long-term symptoms. The story also incorporates feedback from the staff involved in this case. Members were reminded of the need to think FAST (Face, Arm, Speech, Time) when a stroke is suspected. Included on page 20 are 'soundbites' from service users in various locations. Mrs Rayani reported that a pilot is currently being conducted with regards to patient feedback in Primary Care. The organisation will be transitioning to use of the Civica system in this area, which will add great value to the overall feedback picture. Consideration is also being given to increased use of volunteers to assist in capturing feedback. Members noted that feedback relating to Mental Health & Learning Disabilities (MHL) is appearing in the report for the first time. The Health Board will be utilising a range of mechanisms for capturing feedback from users, before this service also migrates to the Civica feedback system. Mrs Rayani drew Members' attention to page 38 of the report, which outlines the services provided by Admiral Nurses and feedback from those who have experienced these extremely important and beneficial services. Finally, Mrs Rayani highlighted the Arts in Health section of the report and plans to develop an Arts & Health Charter for Hywel Dda. The impact on staff and population wellbeing of a team which is equivalent to only one full time member of staff has been both significant and pleasing to see.

Ms Alison Shakeshaft welcomed the patient story around Stroke which highlights that, when all of the patient treatment elements work correctly, positive outcomes can result. Plans relating to a Comprehensive Regional Stroke Centre are due to be considered by SDODC, and there will also be a focus on the remainder of the pathway; the Health Board is committed to maintain Stroke services. In response to a query around whether thrombectomy is still available in Cardiff, or limited to Bristol, Ms Shakeshaft advised that this procedure is only available in Bristol currently. Ms Raynsford wished to communicate concerns raised to her that relatives of those in hospital find it challenging to make contact with departments, wards, etc. Also, to enquire what steps the Health Board is taking to address parking pressures on its sites, to improve patient experience. In response to the first query, Mrs Rayani acknowledged the stress and concern caused by calls going unanswered, advising that work is taking place around the modernisation of switchboard systems. Consideration has been given to establishing reception/administrative staff on wards, to ensure that nurses are prioritising clinical care. In terms of parking, GGH is undertaking work to secure additional parking. Providing further context regarding the switchboard modernisation, Mr

Huw Thomas explained that these are currently managed on each site; the system is to be digitised/virtualised and will automatically transfer calls if they are unanswered. Whilst this does not address the issue once calls are transferred to their destination, where staff are under considerable pressure with other tasks, it will allow capture of call data, which will help in dealing with the issue more proactively. Miss Battle noted that this concern is outlined in the 'You Said, We Did' section on page 10 of the report, although there are no timescales defined for implementation of the new system. Mr Huw Thomas replied that the virtualisation/ digitisation aspect is underway and thus progress would be expected in Quarter 1; however, would provide additional detail.

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In relation to cases referred to the Public Services Ombudsman Wales (PSOW), Mr Maynard Davies enquired whether investigations which are not upheld are also considered, in order to improve practice. Mrs Rayani advised that reports are received by the Listening & Learning Sub-Committee on a regular basis. The Health Board Ombudsman Case Manager works proactively with service teams. Mrs Rayani was committed to ensuring that the organisation learns from both positive as well as negative experiences, and is considering how best to facilitate the sharing of good practice/learning. Referencing the graphs on pages 15 and 16, in respect of people being involved in and understanding decisions around their care and feeling listened to, Mr Maynard Davies highlighted that figures of around 10% for the 'never' option equates to 1 in 10 people. Whilst appreciating that this represents a sample, concern was expressed at the thought of patients not feeling they are being listened to. Mrs Rayani acknowledged these concerns, and emphasised the need for staff to be provided with the 'tools' to enable the most effective conversations with patients and their families regarding their care. An example was provided around conversations at end of life around 'Do Not Resuscitate' orders, to ensure shared decision-making, best practice and consistent application of this. Professor Kloer agreed that this was an extremely important aspect of patient care, whilst highlighting that it is a constant 'work in progress' for clinicians. What begins as a key part of medical training is maintained throughout a clinician's career, with the need to continuously reflect on your communication skills, including listening. The report demonstrates the importance of feedback 'in the moment' being communicated back to individuals, and for them to reflect on both the positive and negative, which forms part of the appraisal process.

Noting earlier mention of the Admiral Nurse service, Mr Maynard Davies enquired regarding the extent and availability of this service across the Health Board. Mrs Rayani committed to provide further detail in this regard. Referencing the 'You Said, We Did' section on page 10 of the report and specifically the comment around mental capacity, Mrs Patel enquired how the Mental Capacity Legislation is being implemented and how staff are trained in respect of this; for example, whether an 'aide memoire' tool could be developed. In response, Mrs Rayani agreed to discuss this further with the team. Mrs Patel was concerned by the experience reported whereby a patient was discharged without clean clothes/in her nightdress. Whilst sharing this concern, Mrs Rayani explained that the rapidity with which the Health Board is having to move

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patients through services sometimes necessitates discharging them Out of Hours (OOH) and at weekends. This means that, on occasion, it has not been possible to obtain clean clothes from relatives/next of kin. The priority must be to discharge patients safely and, if they do not have suitable clothes, to ensure that their dignity is protected.

Mr Bennett observed that parking is an issue about which the CHC receives a high volume of communications. Noting the comment around the additional parking at GGH, Mr Bennett enquired whether this facility would be managed, and whether it is intended for staff or patients. Members heard that the Council is withdrawing the Park and Ride provision from Pembrokeshire, which would inevitably result in increased car usage. Mr Carruthers explained that the intention is to encourage staff to park in the extra car park, to free up spaces for patients to park on the GGH site. In terms of the level of management, Mr Carruthers would clarify further. Noting the six Grade 5 complaints, and specific reference to clinical treatment of sepsis being a theme, Miss Battle enquired whether this indicated more than one case and, if so, whether it was site-specific. Miss Battle welcomed the numbers of concerns being responded to within 30 days, which represents a significant improvement and thanked the Patient Experience team for their work in this regard. In response to a query around whether the all Wales decision to remove the 'partially upheld' criteria for complaints will apply to Ombudsman investigations also, Mrs Rayani advised that this was her understanding. Highlighting the comments on page 11 regarding A&E, Miss Battle outlined feedback from cleaning staff at Withybush Hospital (WGH) regarding the Red Cross service and enquired whether there are any plans to reintroduce this to WGH A&E. Page 17 of the report mentions development of a 'maternity passport' and the implementation date for this was queried. Finally, Miss Battle requested further information around work to improve communications.

With regard to sepsis, Mrs Rayani advised that there is national work ongoing, for which the Health Board had collated and submitted evidence. Mrs Rayani had also requested the new Head of Patient Deterioration review compliance in respect of sepsis and sepsis bundles. Good progress had been made prior to COVID-19; however, further work is necessary and is underway to re-attain this position. There is a particular focus needed on access to guides for medical staff. Whilst the Health Board performs reasonably well in this area overall, there are opportunities for further improvement. In response to the query around the Red Cross, Mr Carruthers explained that both the commissioning contracts and the feedback in relation to this service vary. This means that decisions are not straightforward. The Red Cross provision had been withdrawn from WGH following implementation of the Family Liaison Officer (FLO) service. Feedback from WGH had suggested that they would have rather maintained the FLOs as part of their substantive workforce. Mr Carruthers offered to establish whether there are any further developments in this regard. Responding to the query around the 'maternity passport', Mrs Rayani understood that this was already in place; however would check. In regards to Miss Battle's query around communications, Mrs Gostling suggested that this links with the action emanating from the Chair's Report item around a report

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|  | to PODCC. Consideration is being given to triangulating education in communications across the Health Board workforce; details of the work involved will form part of this report. Mrs Rayani concluded discussions by advising that the next patient story would be on the topic of Palliative Care. |  |
|  | The Board <b>RECEIVED</b> the Improving Patient Experience report, which highlights to patients and to the public the main themes arising from patient feedback.  |  |

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| <b>PM(23)59</b> | <b>QUALITY IMPROVEMENT AND THE QUALITY MANAGEMENT SYSTEM</b>  |  |
|                 | <p>Mrs Rayani presented the Quality Improvement and Quality Management System report, stating that she was proud of the work undertaken to reach this point. It was emphasised that quality improvement is not restricted to Mrs Rayani's remit, or that of the other Executive Directors; it impacts on every portfolio/area of work and will become ever more important. Members heard that, since 2019, more than 500 Health Board staff have participated in the Enabling Quality Improvement In Practice (EQliP) Programme. Whilst the COVID-19 pandemic had limited this programme, it is now being re-established fully. 55 Improvement Coaches have been appointed, who are integral to supporting quality improvement and are making a real difference. All EQliP programmes are multi-professional, and have also involved patient and Local Authority participation. The Health Board has connected with the national Safe Care Collaborative and was asked to present its work to them. Mrs Rayani highlighted the development and impact of the Waiting List Support Service (WLSS), which is operationally managed under the leadership of the Quality Improvement and Service Transformation (QIST) senior team. Members' attention was drawn to the updated Quality Improvement Strategic Framework and the Quality Management Strategic Framework, appended to the report, which have both been considered in detail at QSEC. These outline the various elements in place to ensure that quality is embedded in all Health Board activities.</p> <p>Ms Lewis agreed that presentation of this item should be recognised as a source of pride. Whilst there is more to do, significant work has already been undertaken and has been well received. On behalf of the Board, Miss Battle thanked those involved.</p> |  |
|                 | <p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>ACKNOWLEDGED</b> the outcomes and impact of the Health Board's investment in, and approach to build capacity and capability for Quality improvement</li> <li>• <b>NOTED</b> the Quality, Safety and Experience Committee recommend approval to the Board</li> <li>• <b>APPROVED</b> the Quality Improvement Strategic Framework 2023/2026</li> <li>• <b>APPROVED</b> the Quality Management Strategic Framework</li> </ul>  |  |

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| <b>PM(23)60</b> | <b>FINANCIAL REPORT</b>   |  |
|                 | Introducing the Financial Report for Month 11 of 2022/23, Mr Huw Thomas explained that the Health Board is still forecasting a £59m |  |

deficit. The organisation is on track to deliver its cash position. In terms of the balance sheet position, the outcome of NHS pay negotiations will be accounted for, with the implications being worked through currently. Annual leave accrual will see a significant reduction, due to the change in policy. Whilst a more robust process would have been desirable, the Health Board is not yet in a position whereby all annual leave is recorded on the Electronic Staff Record (ESR) system. The situation with this year's financial audit being delayed by Audit Wales is disappointing, and will create additional pressures for Health Board staff. Members heard, however, that a useful session with Audit Wales had taken place on 24 March 2023, at which the risks and implications of the delays had been examined. It is now ISA 315 which audit regularity work is conducted within; this is more risk-focused. Members' attention was drawn to the various requests for Board approval, outlined within the report and its recommendations. With regard to Arcus Consultancy, Mr Huw Thomas advised that the Health Board is in discussion with Welsh Government regarding the arrangements for ongoing funding. The MHLD tenders represent an extremely complex exercise/process and are presented for approval. Attention was drawn to an error on page 6 of Appendix 2, where the headings should read Out of 90 and 10 rather than Out of 80 and 20. There had also been transposition of information; this would be corrected and the reports reissued. With regard to Lightfoot, Members were reminded that it had been intended to develop an exit strategy; however, the scope and use of Lightfoot has altered and they contribute to a fundamental part of TUEC delivery. It was emphasised, however, that only a six month extension is requested and that an exit strategy will be considered during this time.

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Mrs Hardisty echoed comments regarding the complexity of the MHLD tenders and felt that the work by the teams involved should be recognised. Certain providers had expressed concerns during the process which had required careful management. The support provided by the Procurement team had been extremely helpful. Referencing page 4 of Appendix 2 and the table therein, Mr Newman noted that two of the providers recommended for award of contracts scored only 24.9 and 41.5 out of 100, and queried whether this should be considered sufficient. Due to the commercial sensitivities involved, Mr Huw Thomas offered to provide an explanation during the In-Committee Board session. With regard to the Hybrid Print and Post proposals, Mr Bennett emphasised the need to ensure that those who are unable to access digital platforms receive communication via other means, such as by letter. The CHC would have appreciated the opportunity to work with the Health Board on developing proposals, and Mr Bennett suggested that this should be taken forward by the CVB. In response, Mr Huw Thomas explained that – unlike most other Health Boards – Hywel Dda UHB is planning an 'opt in' rather than 'opt out' approach. There are also differing levels of 'opt in'. In respect of the request for an extension to the Lightfoot contract, Miss Battle emphasised that the real-time data which this contract has facilitated is the 'life blood' of change, transformation and improvement within the organisation. Assurance was requested that any replacement system will provide similar levels of user experience. Mr Huw Thomas confirmed that this would be the case, committing that any replacement will be user-centred.

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The Board:

- **NOTED** and **DISCUSSED** the financial position as at Month 11 2022/23, alongside the implications for the Health Board of the challenging outlook
- **APPROVED** the four requests for procurement of the following contracts/tenders/consultants, as detailed within the appendices and below:
  - The awarding of a contract to the preferred supplier for a Hybrid Print and Post Solution
  - Arcus Consultancy to the value of £55,000
  - Mental Health tender contracts
    - The award of contracts for Day Opportunities to the Providers listed above to provide services from 1 July 2023 to 30 June 2027, for onwards submission to Welsh Government for approval
    - The award of contracts for Community Well-being to Providers listed above to provide services from 1 July 2023 to 30 June 2027, for onwards submission to Welsh Government for approval
    - The award of contracts for Sanctuary Services to Providers listed above to provide services from 1 July 2023 to 30 June 2027, for onwards submission to Welsh Government for approval
  - Lightfoot Contract Extension to the value of £93,027

PM(23)61

**INTEGRATED PERFORMANCE ASSURANCE REPORT**

Mr Huw Thomas presented the Integrated Performance Assurance Report (IPAR) for Month 11 of 2022/23, advising that this is of the usual format. The Health Board is on track to achieve its trajectories/targets in terms of waits over 52 weeks by the end of March 2023. Whilst there are some signs of improvement, Urgent & Emergency Care performance remains challenging, as does performance in Neurodevelopmental Assessments. There has been a small reduction in the backlog for Cancer services. Performance in relation to C.difficile targets continues to present challenges. There has been significant and positive work in relation to Workforce and it is hoped that this will result in improvements. Due to a change in the way data on 'ready to leave' patients is captured and calculation methodology, this figure is showing an increase.

Reminding Members that the IPAR is also scrutinised by SDODC at each meeting, Miss Battle welcomed the clear presentation format of the report. Mr Carruthers acknowledged that there are a number of areas in which the Health Board is not performing as it would wish, and that there are also areas under increased focus as part of Enhanced Monitoring. In Planned Care, the organisation is on track to deliver its trajectories and it is hoped that improvement will continue beyond year end. If this is the case, the Health Board will achieve the Ministerial Outpatient Milestone by the end of June 2023. As mentioned, there has been some progress with regard to Cancer backlog reduction during February 2023, although this has impacted on the overall Cancer performance, which was lower than anticipated at 38%. Whilst figures are yet to be confirmed, it is hoped that the position against the single cancer pathway will be somewhat improved to 51% for March 2023. It is expected that the

backlog reduction will be recovered to a more sustainable level during Quarter 1. Urgent & Emergency Care continues to present a challenge; whilst there has been an improvement for the third successive month, a 'step change' is required. Welsh Government appears reasonably positive regarding the organisation's progress.

Mr Carruthers stated that March 2023 has been particularly difficult, especially in relation to Infection Prevention & Control pressures, with more than 60 COVID-19 patients in the Health Board's hospitals, and outbreaks of norovirus. Pressures have been similar to those seen in December and January. The organisation is also experiencing fragilities in service delivery and resilience and is undertaking work in this area. Whilst there is some improvement, Mr Carruthers was conscious of feedback – for example from the engagement events – suggesting that the experience of patients and access to services is not of the level the Health Board would wish. There is a commitment within operational teams to address this. With specific reference to Neurodevelopmental Assessments, Members heard that discussions have taken place with Welsh Government around potential support via the Escalation Status process to review the Health Board's approach and pathway. Expert advice and input is being explored. This aligns with Welsh Government interest in this area and assessing how their new Neurodiversity Policy can be translated operationally by an organisation. Ms Shakeshaft wished to clarify a statement on page 12 of the report regarding the increase in Physiotherapy waits, which should state 'a sharp increase to 761 patients'. Members heard that this increase was largely due to the one day of Industrial Action which was planned but subsequently stood down. 570 appointments were lost on that one day alone; anything of this nature can result in a significant impact on trajectories and plans.

Welcoming the clear report, Cllr. Evans requested further information around the Health Board's staff sickness rate. In response, Mrs Gostling advised that this is the lowest of all the larger Health Boards. Hywel Dda UHB is also one of the highest performing Health Boards in terms of PADRs, Core Skills and Mandatory Training. It also has the lowest staff turnover. It was agreed that the Workforce metrics report which is presented to PODCC would be shared with the Board. Cllr. Evans felt that such statistics reflect well on the organisation and that this information should be promoted more widely. Ms Lewis thanked Mr Huw Thomas and Mr Carruthers for their overview. Noting that performance in relation to Neurodevelopmental Assessments has been a matter of concern to the Board for some time, plans for an alternative approach were welcomed. However, should it become apparent that no significant improvement is likely in the immediate future, Ms Lewis enquired whether the Health Board is taking all possible steps to support children and their families to cope with the consequences of undiagnosed Neurodevelopmental needs. Mr Carruthers assured Members that a number of actions have been taken to support those on the waiting list, including access to counselling and advice. Consideration is being given, however, to other options. Additional capacity has been put in place which is assisting.

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With regard to community-acquired infections, Ms Raynsford enquired whether use of antimicrobials is increasing, and how the organisation is working with colleagues in Community and Primary Care to address this issue. Mrs Rayani reminded Members that the Health Board is in Enhanced Monitoring for C.difficile and other infections. Liaison with colleagues in Primary Care and Public Health is taking place, and the support being provided by Primary Care and Pharmacy colleagues is excellent, exceeding expectations. However, the majority of the infections are still community-based. In terms of antibiotic usage, there are positive signs within Community and Primary Care. In Secondary Care, an additional audit is being introduced and guidance around antibiotic choice is being strengthened. Regular quality panels with directorates also take place. Dr McCarthy stated that the Health Board is fortunate to have an extremely motivated Microbiology team, which has worked with General Practitioners (GPs) on this topic, and that this education has been well-received. The Health Board also has in place a narrative reporting system for results, which – as well as identifying the organism – provides advice that if the patient is asymptomatic, there is no need to prescribe. This system has been driven by Hywel Dda UHB and rolled out across Wales.

Noting reference on page 7 to introduction of a rapid diagnosis clinic for suspected cancer patients in Llanelli, Miss Battle enquired regarding the uptake and plans to roll out this model elsewhere if it is successful and can be staffed. In response, Mr Carruthers reported that the uptake has been excellent, and that feedback has been extremely positive. The intention was always to review progress and potentially roll out the model across the region. One issue is that the demand suggests that additional clinic capacity may not be required. Feedback is also suggesting that the current location of the clinic is not a significant issue in terms of travelling. However, Mr Carruthers assured Members that this would continue to be monitored and that consideration would be given to potentially rotating the venue of the clinic if necessary. In response to a query regarding the statement that the Same Day Emergency Care (SDEC) model may need to change, Mr Carruthers advised that Welsh Government has requested an update from the Health Board on plans regarding SDEC for the forthcoming year. The organisation is also undertaking a peer review of SDEC services across the Health Board. One finding of this is a lack of resilience, for example difficulties in staffing the Prince Philip Hospital (PPH) service. It may prove beneficial to merge SDEC services in Carmarthenshire and create a single SDEC; however, this is still being evaluated. The level of duplication, due to the number and configuration of sites, is one of the challenges involved.

Referencing the 'Home First' initiative in Carmarthenshire, Miss Battle enquired with regard to the analysis mentioned in the report and potential timescale for considering models in the other two counties. Mr Carruthers explained that there is currently a debate with Ceredigion and Pembrokeshire around whether 'Home First' is a service or an approach. Their view is that a number of aspects of this initiative are already in place within their counties. A more consistent approach would be desirable, and discussions are ongoing. Mr Carruthers would like to

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|  | <p>move this forward at pace during Quarter 1, to ensure that measures are put in place by autumn 2023, ready for the winter period. Ms Paterson indicated that it is possible Welsh Government may take a view on this matter that a core set of elements is required, even if there is some local variation. The recent visit to Carmarthenshire had demonstrated that there is a need for a willingness to work differently, innovation, enthusiasm and passion, all of which had been evident. On the topic of SDEC services, Mrs Patel reported that she had visited PPH with Professor Kloer the previous day. Concerns were expressed during the visit around suggestions that the PPH SDEC service may be removed.</p> |  |
|  | <p>The Board <b>NOTED</b> and <b>TOOK ASSURANCE</b> from the IPAR – Month 11 2022/2023.</p>  |  |

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| <p><b>PM(23)62</b></p> | <p><b>OPERATIONAL UPDATE</b></p>   |                  |
|                        | <p>Introducing the Operational Update report, Mr Carruthers noted that a number of the issues therein have already been touched upon. In terms of Urgent &amp; Emergency Care, Members were reminded that the TUEC programme has three main aims:</p> <ul style="list-style-type: none"> <li>• To reduce conveyance</li> <li>• To reduce conversion</li> <li>• To reduce complexity</li> </ul> <p>There are signs of improvement in this regard; enough to suggest that the approach is having an impact. With regard to the ongoing issue around the Adastra system, it was reported that, whilst the system is now back online, there is an outstanding backlog in the uploading of patient notes. Mr Carruthers was pleased to note that the '111 Option 2' service had won two awards in the Heddlu Dyfed-Powys Police 2022/23 Annual Awards, in the categories of partnership working and innovation and problem-solving. This was welcomed by Miss Battle and the Board.</p> <p>Ms Shakeshaft provided an update around Industrial Action, noting that the action planned for 20 March 2023 had been stood down and that no further action is currently planned. It was felt, however, that – should further Industrial Action be scheduled – this is likely to be more extensive, with greater impact. Referencing the table on page 2 of the report, Cllr. Evans suggested that it would be helpful for this to include a percentage column, so that readers are able to discern how many beds the data refers to. Mr Carruthers advised that the total percentage was generally approximately 30% across all sites; however, committed to provide this information. Welcoming the update around Industrial Action, and noting the planned action by junior doctors in England, Mrs Hardisty enquired whether there is any indication that this will be replicated in Wales. Ms Shakeshaft replied that there was currently no such indication. Ms Raynsford noted the information around 'Operation Nightingale' in Pembrokeshire and additional dedicated social worker hours for WGH, enquiring whether similar issues are being experienced elsewhere and, if so, what is planned. In response, Mr Moore explained that this was a short-term intervention on the part of Pembrokeshire County Council, which has become unsustainable due to the diversion of social workers from the community. More sustainable models are being explored as part of the local 'Further, Faster, Together' work</p> | <p><b>AC</b></p> |

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|  | <p>mentioned earlier. The situation is different in Carmarthenshire, where the 'Home First' initiative exists. The challenge in the co-sponsored work between the Health Board and County Council is to ensure that the community response matches the needs of those being discharged. Currently, capacity does not meet demand.</p> <p>Ms Paterson wished to bring to the Board's attention plans in relation to the COVID-19 spring booster programme. 37 General Practices and 10 Community Pharmacies will be participating and offering booster vaccinations. Individuals who are not able to access boosters via these means will be provided for via the Mass Vaccination Centres. Also on the topic of COVID-19, Ms Shakeshaft reported that the four UK Chief Medical Officers have recently agreed to suspend the COVID-19 alert level system. Returning to the issue of Industrial Action and junior doctor strikes, Professor Kloer agreed that there was no indication of planned action in Wales. However, it should be noted that the BMA proposals regarding pay include the aspect of OOH working arrangements, which presents a potential risk to service sustainability and finances.</p> <p>The Board <b>RECEIVED</b> the Operational Update and Progress Report.</p> |  |
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| <p><b>PM(23)63</b></p> | <p><b>CLINICAL SERVICES PLAN</b></p> <p>Mr Lee Davies presented the Clinical Services Plan report, noting the significance of this item. As has already been discussed, service fragility remains, and the COVID-19 pandemic has exposed additional issues in this respect. Six service areas have been identified (outlined in the table on page 2) in which it is proposed that a programme is established to develop a set of plans for the provision of key services over the medium-term. The services identified include those with known fragilities and those where there is a need to increase activity to reduce waiting times. There is a need to be clear regarding the scope of this work, and it should be noted that there is a parallel exercise/programme planned to consider Primary Care sustainability, which is also recognised as a risk. The latter will begin from a slightly different position, with more work needed to progress. Members were assured that a multi-professional approach will be applied to both programmes.</p> <p>Miss Battle felt that it would send a strong message if information on development of the Primary Care Strategy was incorporated into future reports on this topic. Welcoming the report, Ms Lewis stated that the case is clear for this proposal, with a number of instances of services requiring operational interventions due to their fragility. It was noted, however, that any changes to services will be viewed with caution and linked to a misaligned view to centralise services in Carmarthenshire. As such, Ms Lewis emphasised the need to maximise transparency in this process and suggested that CVB may have a role in this regard. Miss Battle agreed that there is potential for distrust and that the process must be open, transparent and honest, with the opinion of clinicians central.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>TOOK ASSURANCE</b> from the current actions being undertaken to address the Critical Care issues within Prince Philip Hospital</li> <li>• <b>APPROVED</b> the establishment of a programme to develop a Clinical Services Plan, with the scope of services as set out within the paper</li> </ul> | <p><b>JP</b></p> |
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- **AGREED** a progress report be presented to the May 2023 Board meeting.

**PM(23)64**

**EMERGENCY GENERAL SURGERY**

Introducing the Emergency General Surgery report, Mr Carruthers noted that this is a service which has rapidly escalated into a status of fragility. Mr Carruthers apologised to the CHC as, due to timing issues, it had not been possible to take the proposed changes through their Executive Board processes; although discussions with CHC representatives had taken place. Context was provided with regard to the situation around the consultant rota at WGH, which will see two consultants covering a 24/7 rota. Key issues are long-term sickness, an impending retirement and an inability to recruit to posts, although there had been a positive response to the recent advertisement for an interim locum. Even with the latter, the rota would comprise a high number of locum/agency cover, which the clinical team views as a risk. In response to this, the General Surgical teams across sites have been meeting to discuss how this risk might be mitigated, and Mr Carruthers outlined the proposals, as detailed within the report. All the relevant Emergency Surgery guidance suggests that operating OOH should be minimised as much as possible. If a case requires OOH input, the proposal is that it would be transferred to GGH. The number of such cases/patients is estimated at 1-2 per week; however, when changes were made to Critical Care protocols, the number of patients affected was much lower than anticipated, and it is possible that the same may apply here. As mentioned, the consultant teams have been discussing this issue and there has been good engagement among the surgical team and with Primary Care colleagues around referral routes. There is a commitment from the surgical team to identifying and maintaining a sustainable solution. Mr Carruthers alerted Members to a potential risk in terms of viability of surgical training at WGH, which would need to be discussed with the Wales Deanery. There may also be an impact on Emergency services; whilst not currently an issue, it may become one.

Mrs Hardisty thanked Mr Carruthers for the report and the additional clarification provided. Noting statements around the potential impact on future recruitment and retention, Mrs Hardisty enquired as to the likely timescale for clarity around these. Also, whether in the longer-term, and recognising issues in terms of distance, there will be consideration of the possibility of a single surgical rota across the two sites. Mr Carruthers stated that, whilst as part of the Clinical Services Plan, all options will need to be evaluated, the starting point is to maintain/re-establish the existing model. Emphasising the need for communication, Miss Battle enquired whether further reports are planned as the situation evolves. In response, Mr Carruthers drew attention to the recommendation that an update be provided to the May 2023 Public Board meeting. Members were advised that the Clinical Services Plan will provide an additional level of assurance via its governance structure. There will also be continued engagement with the Medical Staff Committee at WGH and Miss Battle thanked all of the clinical teams involved for their input. Mr Carruthers would discuss the Communications approach with Ms Hughes-Moakes.

**AC**

Ms Donna Coleman expressed concern regarding communications with the local population in Pembrokeshire, the repatriation of patients to Pembrokeshire and the likely duration of these arrangements. All of these concerns were acknowledged by Mr Carruthers. With regard to the second, there is a need to ensure sufficient capacity in terms of beds is ring-fenced to enable effective transfer of patients. Mr Carruthers was keen to implement a process whereby robust plans around repatriation are in place within 48 hours of it being established that patients can be transferred, in line with other repatriation pathways. On the topic of transparency, and noting that this issue has appeared on the Risk Register since 2018, Mr Bennett queried the sudden need for a 'temporary, urgent' service change. Mr Carruthers replied that there are a significant number of risks on the Risk Register – approximately 300 – which flag service fragility or sustainability. In services where rotas are small, it only takes one vacancy, one retirement, one instance of long-term sickness, or one sudden change to cause issues. A 1:5 rota being covered by three consultants is unsustainable in terms of workload and safety. Mr Carruthers did, however, suggest that this raises a consideration for operational teams, in terms of how far – with the risks as identified – the organisation can begin to articulate and enact Business Continuity plans around workforce. Miss Battle felt that one of the messages which the Health Board should be sharing with its population is around the fragility and 'unattractiveness' of such rota systems. It was noted that there is no dedicated team for contingency planning, with Mr Moore explaining that this was undertaken by operational teams in addition to their 'day job'. Mr Moore commended the attitude of clinical and managerial teams in identifying solutions, suggesting that there are few Health Boards having to deal with the levels of fragility being managed by teams within Hywel Dda UHB. This only serves to underline the importance of progressing the 'A Healthier Mid and West Wales' Strategy and Programme Business Case.

Concluding discussions, Miss Battle requested that the update to the next Board include details of:

- Communications
- Repatriation arrangements
- Accommodation/support for families
- Patient experience
- Governance

The Board:

- **APPROVED** the implementation of the proposed contingency model from April 2023, in order to:
  - Ensure the safety of patients admitted via an emergency surgical pathway at WGH; and
  - Support the continued sustainability of the 24/7 emergency surgical pathway at the Hospital
- **REQUESTED** that an update be presented to the 25 May 2023 Public Board meeting.

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| PM(23)65 | <b>MANAGED PRACTICE STRATEGY</b>  |  |
|          | Ms Paterson presented the report on Managed Practice Strategy, emphasising the importance of highlighting this to the Board. The report |  |

indicates a strategic view for each of the Health Board's Managed Practices; it is challenging to develop a generic strategy for Managed Practices, because each is individual and unplanned. Members heard that Managed Practices are likely to continue to feature in Primary Care service provision and have provided useful opportunities for piloting services, etc. Ms Paterson felt that there are more challenges to come, whilst committing to share learning from Managed Practices with other Practices. This information will also need to feed into the wider Primary Care Strategy under development.

Mr Maynard Davies noted that a number of the rents for Managed Practice premises appear high and enquired whether alternatives were being considered. Also, in terms of the remedial works required, it was assumed that these will need to be funded via the Discretionary Capital Programme, which is already under considerable pressure. Ms Paterson explained that the NHS Wales Shared Services Partnership (NWSSP) Specialist Estates Services team is undertaking a review of Managed Practice premises. At the point at which the Health Board acquires a Managed Practice, various teams are required to review the property to assess specific aspects. Should remedial work be required, certain of the costs would fall to the owners of the building, others to the Health Board. Members were assured that there are regular reviews of leases and their costs.

Thanking Ms Paterson for the report, and accepting that this contributes to the overall strategy, Mrs Hardisty noted that one of the practices has been a Managed Practice since 2015 and reiterated the expectation that Managed Practices will form part of a mixed model for General Medical Services (GMS) provision going forward. Assurance was, therefore, requested that due consideration would be given to such a model. It was also highlighted that there are approximately 90 GP trainees within Hywel Dda and that – as the future Primary Care workforce – their views on service provision should be captured. Finally, Mrs Hardisty queried whether the Vacant Practice Panel process is entirely fit for purpose and whether representations should be made to Welsh Government around this. Ms Paterson agreed that there is a need to 'test the market' in terms of potential to return Managed Practices to independent contractor control, and advised that there have been some changes to procurement rules which may facilitate this. Ms Paterson was of the opinion, however, that there is a need to consider the benefits of Managed Practices alongside the disadvantages. For example, the Practice teams express that they feel benefits from being part of the Health Board. Recognising the ongoing fragility in Primary Care, Ms Paterson agreed that a mixed model for GMS provision was likely. This forms part of a more extensive discussion which is required, including at a national level. Members were reminded that there are statutory responsibilities to the population which Health Boards must fulfil. In response to the query around trainee input, Members heard that all GP trainees will be invited to engage with the Health Board and give their views. The Vacant Practice Panel is a contractual requirement, which the Health Board is not itself able to change; however, discussions are taking place. Whilst the process may change, there will still be a need for a formal process in this regard.

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|                        | <p>Miss Battle requested that a session to consider risks and fragilities in Primary Care be incorporated into the Board Seminar forward plan. Mr Moore suggested that an approach similar to that applied during the Transforming Clinical Services programme be utilised; to gather data on the experience of patients/service users and providers. Ms Paterson recognised that this will be a significant exercise and emphasised that she did not want it to be restricted to Primary Care alone. With Primary Care being just one part of the wider healthcare system, the involvement of and input from other clinicians and services will be both necessary and beneficial.</p> <p><i>Mrs Chantal Patel, Mr Iwan Thomas, Mr Mansell Bennett and Ms Donna Coleman left the Board meeting.</i></p>   | <p><b>JW/JP</b></p> |
|                        | <p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the progress that has been made in following the Primary Care Model for Wales in modernising the workforce structure across the Managed Practices and recognise the ambition to continue to increase and develop the potential for a variety of clinical roles in General Practice.</li> <li>• <b>SUPPORTED</b> further work to test the potential for a single Practice entity to deliver General Medical Services across Meddygfa Minafon and Meddygfa'r Sarn, noting that the Practice would remain as a Health Board Managed Practice by Autumn 2023.</li> <li>• <b>SUPPORTED</b> further work to scope the potential for a new model to be considered for Tenby Surgery and the Walk In Centre, whilst retaining it as a Health Board Managed Practice, by Autumn 2023.</li> <li>• <b>AGREED</b> that Ash Grove remains a Health Board Managed Practice and that work is progressed to develop a plan for training status by Spring 2024.</li> <li>• <b>NOTED</b> the proposed plan and timescale for Neyland and Johnston, in light of the former Board decision.</li> <li>• <b>SUPPORTED</b> the recommendation that any new Health Board Managed Practices are maintained for an initial period of 12 months to allow for stabilisation and service development, before future options are considered for the ongoing delivery of General Medical Services either through GMS or APMS.</li> </ul> |                     |
| <p><b>PM(23)66</b></p> | <p><b>CARE HOME CAPACITY AND FRAGILITY REPORT</b></p> <p>Introducing the Care Home Capacity and Fragility Report, Ms Paterson emphasised the importance of understanding the issues and challenges in this area. The independent sector forms a vital part of the healthcare system and is subject to significant fragility. This fragility has been highlighted in the Market Stability Report (MSR), particularly around the sufficiency of nursing beds with an Elderly, Mentally Infirm (EMI) focus. The Health Board is working on a regular basis with the Institute of Public Care, and a report is expected following a meeting of the commissioning group on 31 March 2023. The proposals outlined within the report will require resources, will require providers and will require the Health Board to utilise a different approach. Members heard that the Health Board is working with Local Authorities around care facility provision. This topic has also been raised at a national level, and Ms Paterson emphasised the need for an All Wales discussion around the</p>   |                     |

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|                 | <p>future of the Care Home/independent sector. A level of fragility not seen before is being experienced, and there is no easy or quick solution. In addition, it will be important to work with Care Home providers to offer support and training.</p> <p>Welcoming the report, Miss Battle highlighted the importance of this information being in the public domain. Commending the useful report, Mr Maynard Davies enquired with regard to future plans, noting the projected population and dementia-related demand. Agreeing that future demand needs to be considered, Ms Paterson responded that modelling of this type has not yet been undertaken. There is a need to consider potential models for service provision; these may not necessarily be the traditional Care Home model. This aligns with the need for a wider discussion at national level. Miss Battle agreed, suggesting that this be added to the report's recommendations. With regard to these, Miss Battle felt that the final recommendation, to present priorities to the IEG and RPB was too narrow, and reiterated earlier comments around the need for a review of the governance of these bodies, the findings of which would be presented to the July 2023 Board meeting. Referencing Table 7 of the report, Mr Moore advised that the Digital Transformation Plan is due to be considered at the May 2023 Board meeting. The projected numbers of working age versus older people, even in the next 10 years, only serve to emphasise the challenges this will present to the Health Board going forward.</p> | <b>JP/AC/JW</b> |
|                 | <p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the information provided and <b>RECOGNISED</b> the current challenges within the Sector, and the resulting impact on the overall Care system and the population projections, which will require increased capacity in future years.</li> <li>• <b>NOTED</b> the areas identified as future opportunities and <b>RECOGNISED</b> the support required locally, regionally and nationally to address these, in order to achieve the aspired level and type of service provision for our population, in the short-, medium- and long-term.</li> <li>• <b>SUPPORTED</b> the need for discussions at an All Wales level on the issues, challenges, demand modelling and potential solutions.</li> <li>• <b>NOTED</b> that further work will be required following the joint workshop on 31 March 2023 to agree priorities across all areas of the Market Stability Report, including that of the Care Sector. These priorities will be presented to IEG and thereafter, the RPB as a part of the future work plan for the region subject to approved business cases which will need to confirm the scale of the financial and work requirements.</li> <li>• <b>REQUESTED</b> that a report around the findings of a governance review be presented to the 27 July 2023 Public Board meeting.</li> </ul>   |                 |
| <b>PM(23)67</b> | <p><b>BGH PROGRAMME BUSINESS CASE - FIRE PRECAUTION WORKS</b></p> <p>Mr Carruthers introduced the Bronglais Hospital (BGH) Programme Business Case - Fire Precaution Works report, suggesting that this is relatively self-explanatory. The report presents the case for the next and final stage of BGH Fire Precaution Works, which requires capital funding.</p>   |                 |

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|  | <p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the position of this Programme Business Case within the overall HDdUHB Fire Investment Programme</li> <li>• <b>NOTED</b> that the Programme Business Case, within the overall HDdUHB Fire Investment Programme, has been reviewed by the Strategic Development and Operational Delivery Committee</li> <li>• <b>APPROVED</b> the submission of the attached Programme Business Case for onward transmission to Welsh Government for endorsement</li> </ul> |  |
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| <p>PM(23)68</p> | <p><b>ELECTRONIC PATIENT FLOW AND ELECTRONIC OBSERVATIONS OUTLINE BUSINESS CASE</b></p> <p>Mr Huw Thomas presented the Electronic Patient Flow and Electronic Observations Outline Business Case, explaining that significant investment is required; both capital and non-recurrent. The proposed electronic system would automate and operationalise what are currently paper-based systems. Whilst there are a number of potential suppliers, application has generally been limited to acute settings. The Health Board has ambitions to utilise electronic systems in pre-admission settings also, and would expect suppliers to explore this option. Members heard that proposals cover two disparate systems, around patient flow and e-observations. The Health Board already has in place much of the necessary technology to interface with such systems. Whilst it is challenging to identify/define financial benefits at this point, the Board is being requested to approve an approach of ‘testing the market’, with Members being assured that a further update, to include clarity on benefits to the organisation, will be provided prior to the award of any contract.</p> <p>Ms Raynsford emphasised the importance of stakeholder involvement, particularly staff, around e-observations especially. It is not possible for an electronic system to replace clinicians and ‘their eyes and ears’ and Ms Raynsford was concerned about the potential loss of human interaction. Mr Huw Thomas assured Members that this was not the intention, whilst explaining that electronic systems would provide oversight of patients and potential patients and identify risks. They would allow the Health Board to be more proactive. It was agreed, however, that stakeholder engagement would be required at an early stage. Mrs Rayani stated that it was absolutely fundamental to put in place systems to support patient flow; their implementation, however, requires further thought. For example, there are no staff resources currently available to monitor data produced by such systems. Mrs Rayani also agreed that further engagement with clinicians is required. Mr Huw Thomas assured Members that the approach would be ‘people, process, technology’. Patient flow systems usually include ‘hand-in’ and ‘hand-out’ stages; to meet the Health Board’s ambitions and requirements, this would need to recognise the full continuum of care of home to hospital to home/another care setting.</p> <p>Noting that a recurrent theme of concerns/complaints is around poor handover or communication, Mr Newman enquired whether automated systems would improve this area. Mr Huw Thomas responded that there are several elements which any system would need to incorporate.</p> | <p>HT</p> |
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|  | <p>Building on input from clinicians, ‘checklists’ would be required in order to request tests, input from other specialties, etc. Systems would automate certain requirements which form part of a patient’s journey. They will also enable/facilitate communication between clinicians in as much that they will form a repository for data/information.</p>   |  |
|  | <p>Subject to the comments outlined above, the Board:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> that the Outline Business Case has been scrutinised by the Agile Digital Business Case Group and the Sustainable Resources Committee in December 2022</li> <li>• <b>AGREED</b> to proceed to a Full Business Case, with the identification of a preferred supplier</li> <li>• <b>AGREED</b> that <b>no commitment</b> to a specific supplier will be made until a further review to confirm that the recommended investment decision is appropriate is conducted; before the contract is placed with a supplier or partner (or a work order placed with an existing supplier or other delivery partner) and <b>AGREED</b> due to the financial investment required this will need to be brought back to the Board for final approval,</li> </ul> |  |

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| <p>PM(23)69</p> | <p><b>NEW VELINDRE CANCER CENTRE FULL BUSINESS CASE APPROVAL</b></p>  |  |
|                 | <p>Mr Lee Davies introduced the New Velindre Cancer Centre Full Business Case Approval report, advising Members that the report being considered is consistent in format across all Health Boards. The increase in cost to Hywel Dda UHB between the Outline Business Case (OBC) and Full Business Case (FBC) is £16k. As the majority of Hywel Dda patients access care in Swansea, there is a relatively marginal impact for the organisation. For clarity, Mr Lee Davies explained that the FBC requires a contribution of £139k versus £123k, resulting in the £16k figure mentioned above. The Health Board already has £62k within its baseline contract, resulting in a £77k uplift requirement. Mrs Wilson highlighted that, due to the commercial sensitivity of certain Business Case documents, these are to be considered separately during the In-Committee Board session.</p>   |  |
|                 | <p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> that the process to develop the FBC from the previously agreed OBC has followed Treasury Green Book Guidance;</li> <li>• <b>NOTED</b> the updates made from OBC to FBC and the assurance provided by the Collective Commissioning Group (CCG);</li> <li>• <b>NOTED</b> the movement in recurring revenue funding, from the uplifted OBC approved sum, for the Health Board is £0.016m, <b>NOTING</b> that this figure is annual commitment set at 2022/23 price base;</li> <li>• <b>APPROVED</b> the investment requested of £0.077m from the Health Board by Velindre University NHS Trust, <b>NOTING</b> that this figure is annual commitment set at 2022/23 price base;</li> <li>• <b>APPROVED</b> the Full Business Case, excluding the Commercial Case.</li> </ul> <p>This approval would be subject to the finalisation of the Commercial Case, which is a matter of consideration between Velindre University NHS Trust and Welsh Government, not the Health Board. However, if there are any changes in the Commercial Case which would have an impact on the ‘Approved’ status of the other four cases from a</p> |  |

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|          | commissioner's perspective, these cases would be brought back to the Board for consideration.   |  |
| PM(23)70 | <b>REPORT OF THE SUSTAINABLE RESOURCES COMMITTEE</b>  |  |
|          | In Mr Winston Weir's absence, Mr Maynard Davies, Sustainable Resources Committee (SRC) Vice-Chair, presented the SRC Update Report from 28 February 2023. Members' attention was drawn to the limited assurance regarding the processes implemented for delivery of the strategic programmes of change. Mrs Wilson highlighted that an Internal Audit was being conducted in this area, which would assist with ensuring robust governance processes going forward.   |  |
|          | The Board <b>NOTED</b> the SRC update report and <b>ACKNOWLEDGED</b> the key risks, issues and matters of concern, together with actions being taken to address these.  |  |
| PM(23)71 | <b>REPORT OF THE STRATEGIC DEVELOPMENT &amp; OPERATIONAL DELIVERY COMMITTEE</b>   |  |
|          | Mr Maynard Davies, SDODC Chair, presented the SDODC Update Report from the meeting held on 23 February 2023, noting that, whilst the BGH Strategy is reported as being behind schedule, progress is being made. A number of items are presented for Board approval, with the Integrated Executive Group Advocacy Strategy, Discretionary Capital Programme and Improving Together Framework appended to the report. The PBC for fire improvements at Bronglais Hospital and Public Services Board (PSB) Well-being Plans each form separate agenda items. |  |
|          | The Board <b>NOTED</b> the SDODC update report, <b>APPROVED</b> the Integrated Executive Group Advocacy Strategy, Discretionary Capital Programme and Improving Together Framework and <b>ACKNOWLEDGED</b> the key risks, issues and matters of concern, together with actions being taken to address these.  |  |
| PM(23)72 | <b>REPORT OF THE PEOPLE, ORGANISATIONAL DEVELOPMENT &amp; CULTURE COMMITTEE</b>   |  |
|          | In Mrs Patel's absence, Mrs Hardisty, PODCC Vice-Chair, presented the PODCC Update Report from the meeting on 15 February 2023, which outlines a number of Workforce policies considered/approved by the Committee. PODCC had also been pleased to note several recent consultant appointments.   |  |
|          | The Board <b>NOTED</b> the PODCC update report and <b>ACKNOWLEDGED</b> the key risks, issues and matters of concern, together with actions being taken to address these.  |  |
| PM(23)73 | <b>REPORT OF THE HEALTH &amp; SAFETY COMMITTEE</b>  |  |
|          | Mrs Hardisty, Health & Safety Committee (HSC) Chair, presented the HSC Update Report from the meeting held on 6 March 2023. A number of policies had been presented and approved by the Committee. Referencing the matters of concern, Mrs Hardisty assured Members that these were being followed-up. A verbal update had been received on the BGH Fire Precautions, which will continue to be reported via the HSC.   |  |



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|          | The Board <b>NOTED</b> the HSC update reports and <b>ACKNOWLEDGED</b> the key risks, issues and matters of concern, together with actions being taken to address these.   |  |
| PM(23)74 | <b>COMMITTEE UPDATE REPORTS</b>   |  |
|          | <p>Mrs Wilson presented the Committee Update Reports, outlining the Committees to which this refers. Members' attention was drawn to matters requiring Board level consideration or approval, specifically two items from the Charitable Funds Committee (CFC) requiring Corporate Trustee ratification and a request for early involvement of the Stakeholder Reference Group in Health Board consultations. In terms of risk/matters of concern identified in the individual reports, the CFC had highlighted proposals to rationalise the number of charitable funds.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>ENDORSED</b> the updates, recognising any matters requiring Board level consideration or approval and the key risks and issues/matters of concern identified, in respect of work undertaken on behalf of the Board at recent Committee meetings; noting that a Corporate Trustee session will be held directly after the Public Board meeting to consider the charitable funds items outlined above;</li> <li>• <b>RECEIVED</b> the update report in respect of the In-Committee Board meeting;</li> <li>• <b>RECEIVED</b> the update reports in respect of recent Advisory Group meetings.</li> </ul> |  |
| PM(23)75 | <b>HDdUHB JOINT COMMITTEES &amp; COLLABORATIVES</b>   |  |
|          | The Board <b>RECEIVED</b> 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)76 | <b>STATUTORY PARTNERSHIPS UPDATE</b>  |  |
|          | <p>Ms Paterson introduced the Statutory Partnerships Update report, highlighting in particular the recommendation to approve the PSB Well-being Plans, which represent a significant body of work.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the update on recent activity of the PSBs and RPB</li> <li>• <b>APPROVED</b> PSB Local Well-being plans 2023-28, following the 2022 Well-being assessments</li> </ul>  |  |
| PM(23)77 | <b>PUBLIC SERVICES BOARDS WELL-BEING PLANS</b>  |  |
|          | <p>Dr McCarthy presented the Carmarthenshire, Ceredigion and Pembrokeshire PSB Well-being Plans, explaining that, whilst each is separate, all contain consideration of four key elements:</p> <ul style="list-style-type: none"> <li>• Economy and employment</li> <li>• Reducing health inequalities and tackling poverty</li> <li>• Climate/environmental well-being</li> <li>• Diverse communities and cultural well-being</li> </ul>   |  |

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|  | The PSBs have produced mature Well-being Plans based on these. |  |
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| PM(23)78 | <b>BOARD ANNUAL WORKPLAN</b>   |  |
|          | The Board <b>NOTED</b> the Board Annual Workplan, which would be updated in line with foregoing discussions. |  |

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| PM(23)79 | <b>DATE AND TIME OF NEXT MEETING</b> |  |
|          | 9.30am, Thursday 25 May 2023         |  |