

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

Date of Meeting:	<b>9.30AM, THURSDAY 24<sup>TH</sup> NOVEMBER 2022</b>
Venue:	<b>THE COUNCIL CHAMBERS, NATIONAL LIBRARY OF WALES, PENGLAIS ROAD, ABERYSTWYTH, ST23 3BU AND VIA ZOOM</b>

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

Agenda Item	Item	Action
PM(22)192	<b>INTRODUCTIONS &amp; APOLOGIES FOR ABSENCE</b>	
	<p>The Chair, Miss Maria Battle, welcomed everyone and thanked the National Library of Wales for hosting today's meeting. A particular welcome was extended to Cllr. Rhodri Evans, attending his first meeting as the new Local Authority Independent Board Member.</p> <p>Members were advised that today's meeting, which falls on Carers' Rights Day, would begin with two videos highlighting the work of unpaid</p>	

	<p>carers. Miss Battle was pleased that the Health Board has a Carers Policy and Carers Passport which can be used by employees and line managers, and we also support our staff through a Peer support group. Today there are numerous stalls across the Health Board providing information and reaching out to staff who are also carers. The 2011 census identified that there were approximately 47,000 unpaid carers in the Hywel Dda health board area and we anticipate that the 2021 census data once available will see this figure increase.</p> <p>Carers UK and British Gas produced a short video to draw attention to the fact that unpaid carers don't always recognise themselves as such.  <a href="https://www.youtube.com/watch?v=gHQ6hQ3SQUM">https://www.youtube.com/watch?v=gHQ6hQ3SQUM</a></p> <p>This year the Health Board has created a short video to share Larry's story to highlight the support that we are providing to unpaid carers when the person they care for is in hospital and prior to discharge back home. The Carers Discharge Support Service is a Health Board led project, delivered in conjunction with the third sector and funded via the West Wales Regional Partnership Board (RPB) utilising the Regional Integration Fund. It has already directly supported over 200 unpaid Carers in the first 6 months of this financial year.  <a href="https://www.youtube.com/watch?v=8BrVHCIB0AI">https://www.youtube.com/watch?v=8BrVHCIB0AI</a></p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> <li>• Dr Mohammed Nazemi, Chair, Healthcare Professionals Forum</li> <li>• Ms Hazel Lloyd Lubran, Chair, Stakeholder Reference Group</li> </ul>	
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<b>PM(22)193</b>	<b>DECLARATION OF INTERESTS</b>	
	<ul style="list-style-type: none"> <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> <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>	

<b>PM(22)194</b>	<b>MINUTES OF THE PUBLIC MEETING HELD ON 29<sup>TH</sup> SEPTEMBER 2022</b>	
	<b>RESOLVED</b> – that the minutes of the meeting held on 29 <sup>th</sup> September 2022 be approved as a correct record.	

<b>PM(22)195</b>	<b>MATTERS ARISING &amp; TABLE OF ACTIONS FROM THE MEETING HELD ON 29<sup>TH</sup> SEPTEMBER 2022</b>	
	<p>An update was provided on the table of actions from the Public Board meeting held on 29<sup>th</sup> September 2022 and confirmation received that all outstanding actions had been progressed. In terms of matters arising:</p> <p><b>PM(22)118</b> – Mrs Mandy Rayani advised that the date in the update should read April 2023.</p> <p><b>PM(22)154</b> – whilst noting that a discussion was due to take place, Mr Paul Newman observed that 2,600 patients had been removed from the</p>	

	<p>Health Board’s waiting list following validation. The report presented to ARAC in June 2022 had indicated that the Health Board had not necessarily been applying systems correctly, and Mr Newman requested assurance that the organisation has learnt and is now applying these lessons. Mr Andrew Carruthers stated that validation should now be regarded as an inherent part of the ongoing waiting list management process. A new appointment had been made, as Head of the Validation team; Mr Carruthers hoped that having this individual in place, the work already undertaken (including the Welsh Government commissioned exercise) would enable waiting lists to be maintained in a much more consistent and representative manner. Mr Newman felt that steps should also be taken to provide assurance that external exercises, which would involve financial cost to the Health Board, be avoided. It was agreed that this action could now be regarded as complete, with no further discussion required at this stage.</p> <p><b>PM(22)157</b> – Ms Jill Paterson wished to reiterate the distinction between the short-term payment opportunities available during the COVID-19 pandemic and the Direct Payment mechanism, which is routinely considered every time an individual is discharged from hospital. Members will note the numbers provided in the Table of Actions for Ceredigion and Carmarthenshire; Ms Paterson advised that numbers for Pembrokeshire are 435 receiving Direct Payment, with 66 pending recruitment of a Personal Assistant (PA). As indicated in the Table of Actions update, a number of individuals are awaiting the appointment of a PA, which presents a challenge.</p> <p>Miss Battle noted that, in England, there was an expedited mechanism for accessing Direct Payments during the pandemic. As of today’s date, there are currently 305 individuals in the Health Board’s hospitals who could be discharged. Various options may be appropriate, including the Alternative Care Unit being established. There is a need to develop more radical approaches to this issue. Miss Battle requested more detail about direct payments and discharge; including how long individuals were waiting and what was causing delays. Ms Paterson welcomed this focus and request, advising that the issue of patient flow and discharge is discussed in detail at the Integrated Executive Group (IEG). It was agreed that a report providing the detail requested would be prepared for a future Board meeting.</p>	<b>AC/JP</b>
<b>PM(22)196</b>	<p><b>MINUTES OF THE CORPORATE TRUSTEE MEETING HELD ON 29<sup>TH</sup> SEPTEMBER 2022</b></p> <p><b>RESOLVED</b> – that the minutes of the Corporate Trustee meeting held on 29<sup>th</sup> September 2022 be approved as a correct record.</p>	
<b>PM(22)197</b>	<p><b>REPORT OF THE CHAIR</b></p> <p>Miss Battle presented a report on relevant matters undertaken by the Chair since the previous Board meeting, expressing the Board’s condolences at the passing of Dr Matthew Sargeant, a highly respected member of staff. Miss Battle also wished to highlight the number of awards won by Health Board staff, which was especially inspiring and noteworthy in view of the extreme pressures currently being experienced within services.</p>	

Professor Philip Kloer was extremely sad to note the passing of Dr Sargeant, who possessed a phenomenal intellect and had a passion for teaching, consistently receiving the highest teaching rating among medical students. As a result, Dr Sargeant had been awarded the outstanding achievement award for clinical teaching during his employment with the Health Board.

The Board **SUPPORTED** the work engaged in by the Chair since the previous meeting and **NOTED** the topical areas of interest.

PM(22)198

#### REPORT OF THE CHIEF EXECUTIVE

Mr Steve Moore welcomed the opportunity to meet in the National Library of Wales, and to meet again in person as a Board. Mr Moore presented his report on relevant matters undertaken as Chief Executive since the previous meeting, highlighting in particular the change in the Health Board's escalation status. This has been raised to Targeted Intervention (TI) for planning and finance, but will remain at Enhanced Monitoring for quality issues related to performance (long waiting times and poor patient experience: urgent and emergency care; cancer; Part 1 CAMHS; C-Difficile rates; ITU Prince Philip Hospital; and Maternity Services). Members' attention was drawn to the Terms of Reference for the Escalation Steering Group, the Targeted Intervention Working Group and the Enhanced Monitoring Working Group, which were all established and operating. Documents and evidence collated in response to Targeted Intervention/Enhanced Monitoring requirements will be considered via the relevant Board level Committees and by Board. Mr Moore advised that the Enhanced Monitoring Action Plan was submitted to Welsh Government on 11<sup>th</sup> November 2022 and is both referenced in, and appended to, the Operational Update.

Mrs Judith Hardisty requested assurance that the Targeted Intervention status and associated requirements are not placing undue/additional pressure on the Executive Team and their teams in turn. Whilst not questioning Welsh Government's decision, Mrs Hardisty expressed concern that the requirements involved are somewhat bureaucratic, at a time when teams are operating under a number of other pressures. Mr Moore agreed that this was worthy of reflection. The Action Plan contains 68 separate actions and the inception process had resulted in a significant workload. It should be noted, however, that the Targeted Intervention process is much more structured than previously. Once through inception, Mr Moore was hopeful that it would be easier to manage. It was also emphasised that the requirements placed on the Health Board by Welsh Government are largely already 'in train'; the challenge is around identifying and providing evidence. Referencing the Swansea Bay City Deal (SBCD) and the request to sign the letter of commitment and authorise the final payment, Mr Maynard Davies requested clarification as regards the key benefits of this scheme. In response, Mr Moore focused in particular on the Pentre Awel development, which will be extremely significant for the Llanelli area. Otherwise, the wider benefit associated with the SBCD is around maintaining a presence 'at the table'.

Mr Maynard Davies also noted statements in the report around potential industrial action and requested an update. Ms Alison Shakeshaft

advised that the Health Board has established an Industrial Action Planning Group, which is currently meeting on a twice weekly basis. The Group is exploring the potential impact of industrial action, and considering what should be viewed as critical service areas. Ms Shakeshaft emphasised that a great deal of planning is ongoing. Mr Moore indicated that industrial action would probably impact on Planned Care service provision. Members were reminded that the Health Board is waiting for a number of union ballots to close; this necessitates planning for the entire workforce, not solely nursing staff. It was agreed that updates could be provided to Board Members between meetings. Mrs Chantal Patel enquired whether the Health Board has any sense of the percentage of staff who will strike, how it will manage the services it intends to maintain and the potential impact on other work, including that around Targeted Intervention. Members were advised that, whilst numbers of staff intending to take industrial action are not yet known, this information will be available shortly. Once confirmed, a further focused exercise will be required. In terms of the impact, Mr Moore indicated that this is challenging to assess; however, it is likely the Health Board will need to operate a similar model to that used on Christmas Day/Boxing Day. The measures taken recently when a Bank Holiday was announced for HM the Queen's funeral, with approximately 800 outpatients appointments cancelled, may need to be replicated. Members were reminded that industrial action would also impact on Primary Care service provision, with Ms Shakeshaft confirming that Primary Care is represented on the Planning Group. Ms Delyth Raynsford suggested that a key focus and consideration should be communication with the public, noting that many people have already been waiting significant periods for appointments/ treatment. Clarification was sought on the organisation's communication strategy in this regard. Members were informed that Ms Alwena Hughes-Moakes is a member of the Group and were also assured that communications with both public and staff were being considered. Ms Hughes-Moakes advised that the lessons learned from arrangements in relation to the Queen's death and funeral will be applied in planning for industrial action.

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Mr Winston Weir felt that it was important to note/reiterate that a number of the actions outlined in the Enhanced Monitoring Action Plan have already been completed and/or are embedded in the Health Board's 'business as usual'. Miss Battle stated that the consensus among Independent Board Members is that Targeted Intervention should be viewed as a supportive measure for the Executive Team and their teams, and should not distract from delivery of services and the strategy. As has been stated, the Health Board is already undertaking a number of the required actions; the issue is to evidence this.

The Board:

- **ENDORSED** the Register of Sealings since the previous report on 29<sup>th</sup> September 2022;
- **NOTED** the status report for Consultation Documents received/ responded to;
- **AGREED** to the letter of commitment for the UHB's co-opted member status at the Swansea Bay City Deal Joint Committee and the UHB's financial commitment up to 2022/23;



	<ul style="list-style-type: none"> <li>• <b>NOTED</b> the changes to the UHB's Joint Escalation and Intervention status; raised to Targeted Intervention (TI) for planning and finance, but will remain at Enhanced Monitoring for quality issues related to performance;</li> <li>• <b>APPROVED</b> the Terms of Reference for the Escalation Steering Group; the Targeted Intervention Working Group; and the Enhanced Monitoring Working Group.</li> </ul>	
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PM(22)199	<b>REPORT OF THE AUDIT &amp; RISK ASSURANCE COMMITTEE</b>	
	<p>Mr Newman, Audit &amp; Risk Assurance Committee (ARAC) Chair, presented the ARAC update report from its meeting held on 18<sup>th</sup> October 2022 highlighting the items requiring Board attention/approval, including the Financial Scheme of Delegation, and key risks, issues and matters of concern.</p> <p>Miss Battle noted the audit on the Welsh Community Care Information System (WCCIS) and decision not to roll out this system locally, based on user experience. Members were reminded of the national drive to adopt WCCIS. Mr Newman explained that the audit was conducted by Audit Wales, and had identified that the project was behind target, beyond budget and was not delivering the intended objectives. Essentially, WCCIS was not going in a positive direction. Mr Huw Thomas agreed that reflection is required and lessons need to be learned from the WCCIS project. Whilst its ambitions were noble, it had struggled during implementation. The system had been co-developed, rather than been based on successful/robust operation elsewhere. This had resulted in challenges around reliability and usability. The system had not been 'mobile' and had required double data entry, making it inefficient. These issues had been consistently reported by multiple teams/users. It is, therefore, proposed that WCCIS is not rolled out; a replacement will need to be identified. Miss Battle committed to raise this with the Minister for Health and Social Services and to invite the Minister to join meetings planned with users, who could share their experience.</p>	<b>MB</b>
	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.	

PM(22)200	<b>REPORT OF THE QUALITY, SAFETY &amp; EXPERIENCE COMMITTEE</b>	
	<p>Ms Anna Lewis, Quality, Safety and Experience Committee (QSEC) Chair, presented the QSEC update report from its meeting held on 11<sup>th</sup> October 2022. Members were assured that each of the issues raised by Welsh Government in terms of Targeted Intervention have been scrutinised previously by QSEC. In addition, representatives from Healthcare Inspectorate Wales (HIW) are welcome to attend QSEC meetings. Ms Lewis advised that that it had been agreed that the December QSEC meeting would revisit each of the Targeted Intervention topics and would be extended, to facilitate meaningful discussion of each. It was suggested that a more detailed Update Report be prepared for the January 2023 Board meeting to reflect this. Members also heard that the bi-monthly 'touchpoint' meetings between Ms Lewis and Mrs Rayani which had previously taken place during the COVID-19 pandemic would be reintroduced to discuss Targeted Intervention issues. Noting that quality and financial performance are</p>	<b>MR</b>

	<p>intrinsically linked, Ms Lewis suggested that it would be sensible for she, Mrs Rayani and their fellow Chairs and Executive Leads from the Sustainable Resources Committee (SRC) and Strategic Development &amp; Operational Delivery Committee (SDODC) to meet to consider whether any issues/actions are being overlooked. Ms Lewis emphasised that risk remain high, that QSEC is not operating under any illusion otherwise and is cognisant of this fact in conducting its business. Miss Battle welcomed and was reassured by these comments.</p> <p>Members heard that Mrs Rayani and other Health Board representatives were due to meet with Ms Rebecca Jewell from HIW later today to discuss their requirements. The Chair and Chief Executive will be meeting with HIW on 28<sup>th</sup> November 2022.</p>	<p><b>AL/MR WW/HT MD/LD</b></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>	

<p><b>PM(22)201</b></p>	<p><b>BOARD ASSURANCE FRAMEWORK</b></p> <p>Introducing the Update on the Board Assurance Framework (BAF), Mrs Joanne Wilson advised that:</p> <ul style="list-style-type: none"> <li>• All Committees have received a progress report on delivery of the Planning Objectives (PO) aligned to them.</li> <li>• Work is continuing to develop the Planning Objectives, especially recognising the need to clearly articulate the outputs.</li> <li>• A review of the outcome measures was undertaken by Executive Team in October 2022.</li> <li>• Meetings have taken place with the majority of principal risk owners to review their risks. The following principal risk has not been reviewed in time for Board: 1188 (Effective leveraging within partnerships), however a meeting is scheduled to review this risk.</li> <li>• 7 Planning Objectives (4G; 4Q; 5C; 5F; 5O; 5P and 5S) are behind schedule.</li> </ul> <p>With regard to the latter, Mrs Wilson noted that statements in the SBAR are not aligned with information contained in the appendix and apologised for this oversight.</p> <p>Mr Maynard Davies enquired whether any of the Planning Objectives behind schedule were of particular concern to members of the Executive Team. In response, Mr Moore stated that, whilst the aim would always be to remain 'on track', the common challenge shared with regard to these Planning Objectives is around capacity. Certain of them had taken longer than intended to gain traction. The fundamental issue is around ambition versus realism. In respect of Planning Objective 4G (Healthy Weight: Healthy Wales) Dr Jo McCarthy advised that, whilst the work relating to this objective is on track, a Clinical Lead has until now been absent. Dr McCarthy was pleased to advise that this post had now been appointed and that it is anticipated that 4G will be on schedule by the time of the next report to Board.</p> <p>Referencing the Appendix 1 entry for Planning Objective 5K (Clinical effectiveness self-assessment process), Mr Newman noted that the proposed changes for 2022/23 are stated as 'To be determined'.</p>	
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	<p>Professor Kloer indicated that this was also due to a gap in staffing; however, work on this Planning Objective is now advancing well and is being reported via QSEC. Whilst it had been delayed, Professor Kloer did not have concerns regarding progress. It was agreed that an update on this Planning Objective would be provided. In respect of Planning Objective 3G (Research and Innovation), Mr Weir suggested that, with advancements such as the TriTech Institute, this objective is progressing well. Professor Kloer indicated that the report represents a 'moment in time' at which those updating may have been overly self-critical in respect of progress. A recent meeting of the Research &amp; Innovation Sub-Committee had been assured in this regard. Referencing Planning Objective 1E (Waiting list initiative), Mrs Patel enquired whether the Health Board employs a systematic approach to measure harm to those on its waiting lists. Mrs Rayani advised that the Improving Patient Experience Report includes details of the impact being made by the Waiting List Support Service (WLSS). This is further demonstrated by the Patient Story included in the report. Mrs Rayani was reasonably confident that the system facilitates the capturing of instances of harm being experienced by individuals, whilst recognising that there is more which could be done. Members heard that the WLSS and Command Centre are to be combined, which will provide additional capacity.</p> <p>Miss Battle, referencing the ambition to increase community capacity, noted differences between figures in this regard, particularly in comparison with the initial aspiration and requested clarification. Mr Moore explained that HDdUHB's original 'share' of Welsh Government's stated ambition of 1,000 additional bed equivalent was 140. The Health Board's plan was for 117; this has reduced to 84 following recruitment processes. Welsh Government has been reporting against a figure of 220 – which includes Same Day Emergency Care (SDEC) and 'front of house' – rather than 140, which makes the Health Board figure look lower than it is. Mr Moore emphasised that the numbers achieved were no reflection on the effort expended. Members noted that the ambition to create additional bed capacity across Wales had been subject to significant challenges in recruitment, resulting in 400 additional beds from an initial target of 1,000. Ms Paterson advised that progress in this regard is reported to Welsh Government on a weekly basis through the RPB. Bed capacity has also been lost within Hywel Dda through Care Home closures, with three closing recently. Ms Paterson emphasised the need for a concerted effort and creative and novel approaches not previously applied. These include HDdUHB potentially becoming a Domiciliary Care Provider; whilst there are no objections to this, a registration procedure would need to be undertaken.</p> <p>Miss Battle concluded discussions by welcoming the presentation and development of the BAF, which 'brings to life' and facilitates scrutiny of the Health Board's progress.</p> <p>The Board <b>TOOK ASSURANCE</b> on areas giving rise to specific concerns.</p>	<p>PK</p>
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<p>PM(22)202</p>	<p><b>UPDATE ON ANNUAL PLAN 2022/2023</b></p> <p>Mr Lee Davies presented an update on the Annual Plan 2022/23, reminding Members that iterations of the Plan and updates have been presented to previous Board meetings in March, July and September</p>	
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2022. The Plan has been somewhat superseded by the change in the Health Board's escalation status. The report highlights various aspects of the Plan, including the loss in bed capacity discussed above by Miss Battle, Mr Moore and Ms Paterson.

Referencing pages 2 and 3 of the report, Cllr. Rhodri Evans noted the statement that 'It is anticipated that Glangwili will remove up-to 75% of nurse agency utilisation by the end of 2022/23....' and enquired whether this was feasible/achievable with winter pressures. Mrs Lisa Gostling advised that this relates to recruitment to the funded nursing establishment, and does not take into account winter pressures. The Health Board has in place a centralised recruitment plan, including the use of overseas nurses, healthcare apprenticeship and 'Grow Your Own' programmes. Between these, Mrs Gostling was confident that processes were in place to recruit to vacancies. Mr Huw Thomas explained that it is not anticipated that the financial benefits from these actions will be seen this year; as they will be balanced by agency usage elsewhere. There will, however, be potential to include these in the planning framework next year. Mr Carruthers felt that it was important to emphasise that, whilst the financial impact of these actions is not yet being seen, there is a positive system impact. Members heard that this topic had been considered in detail by the SRC, with Mr Weir acknowledging the positive progress in these areas. However, it was noted that where progress is made, demand simply fills capacity. Whilst the actions represent a strong start, the complexity of the system and need for acute services to work with the community care sector is recognised.

Mr Newman stated that pages 5 and 6 of the report highlight the challenges around discharging patients from hospital. He suggested that it would be helpful for the Board to receive information on the 'net position'; ie the Health Board's position having taken into account the challenges and the efforts to address these. This would assist in fully understanding the scale of the issue. Mr Moore suggested that it would probably be necessary to widen the scope in order to provide numbers around this, and to recognise that certain of the data is 'not perfect'. Miss Battle agreed that this data should be drawn together, and should also include projections around the fragilities in the Care Home sector and potential impact on the organisation and, more importantly, the local population. Mrs Hardisty expressed concern that the Health Board is constantly 'running to catch up' in this area; whilst there is a RAG rating for Care Home fragility, there are also other forces which are completely unpredictable. All of these need to be brought together for consideration. Agreeing, Ms Paterson advised that Local Authorities have requested that the Health Board absorbs provision of packages of care, which presents an additional pressure. Members also heard that National Safeguarding Week had taken place 14<sup>th</sup>-18<sup>th</sup> November 2022, and had included a seminar with reflections from Operation Jasmine. The Public Inquiry relating to this had concluded recently; however, the issue of accountability continues to be raised. Ms Paterson emphasised the potential for current issues around the cost of living, increasing fuel costs, etc to impact even further on the challenges already being experienced within the community care sector. There is a potential for these to compromise the quality of care within Care Homes, and result

	<p>in a risk to individuals, with the associated consequences. Members were reminded that these individuals are extremely vulnerable.</p> <p>Professor Kloer echoed concerns around the sense of ‘running to stand still’, and apologised to local citizens who – despite the efforts being made in this area – continue to experience issues; and to staff, who remain under considerable additional pressure, without discernible improvements. Whilst it was important to emphasise to the public that all possible efforts are being made, certain issues are out with the Health Board’s control. As mentioned earlier, more radical approaches to this challenging area are required. Noting that it is an annual requirement for the Health Board to endorse a Market Stability Report (MSR) via the RPB, Mr Newman suggested that the contents of the most recent MSR should be consulted/compared. Mr Huw Thomas reported that the Health Board is seeing a reduction in conveyance to hospital, and an increase in numbers of patients turned around quickly. However, the cohort of long stay patients continues to increase, and this links with requirements for packages of care mentioned earlier. Mr Thomas agreed that there is an ‘overarching story’ around this area, which needs to be prescribed more clearly. Furthermore, Mr Thomas expressed concern around the potential financial risks developing in this sector, particularly the level of indebtedness in a number of providers and the impact on this of increasing interest rates. This produces a significant potential credit risk, sector-wide, not for specific providers, which will need to be carefully monitored. Mrs Rayani wished to assure both Board Members and the general public that work is ongoing on a national basis around improved monitoring/safeguarding in the Care Home and Nursing Home sectors. The Health Board will take steps to ensure that recommendations/ outcomes are fully implemented locally.</p> <p>Miss Battle thanked staff and executives for their efforts in this area, recognising that these efforts have not necessarily been reflected in improvement to the desired extent. Members were reminded that discussions around Care Homes are planned for the Board Seminar in February 2023; it was agreed that the above request for further detail would be addressed at that forum, with Mr Moore requesting that the following be provided:</p> <ul style="list-style-type: none"> <li>• Description of the system, challenges, changes made and resulting ‘net position’</li> <li>• Care Home fragilities and safeguarding considerations</li> <li>• QSEC opinion</li> </ul> <p>This would facilitate a ‘deep dive’ into this topic as a Board. Mr Moore echoed Miss Battle’s comments that the limited progress in this area is no reflection on the efforts of Health Board staff or partners. It was suggested that members of the IEG/Local Authority Directors of Social Services be invited for this item.</p>	<p style="text-align: center;">JP</p> <p style="text-align: center;">AC/JP</p> <p style="text-align: center;">JW</p>
	<p>The Board <b>DISCUSSED</b> and <b>NOTED</b> the progress with developing and implementing the Target Operating Model in Urgent and Emergency Care (5J), Expanding Community Capacity (4Q) and Mental Health and Learning Disabilities (Continuing Health Care) (5G)</p>	

<b>PM(22)203</b>	<b>ANNUAL PLAN 2023/2024</b>	
	<p>Mr Lee Davies presented an update on development of the Annual Plan 2023/24, which provides an overview of the approach being taken. Members were reminded that the 2022/23 Annual Plan had been structured around the Strategic Objectives and Planning Objectives. Whilst the approach to next year's Plan is similar, it will reflect on feedback received from Welsh Government and other factors. The Health Board has not yet received guidance from Welsh Government around requirements. Mr Lee Davies did not anticipate that the organisation would be in a position to prepare an Integrated Medium Term Plan, and would again be submitting an Annual Plan for 2023/24. There is a need to consider where Planning Objectives overlap and complement each other; this will form part of discussions at Board Seminar in December 2022, prior to the January 2023 Board report.</p>	
	<p>The Board <b>NOTED</b> the ongoing process in the development of a Plan for 2023/26</p>	

<b>PM(22)204</b>	<b>IMPLEMENTING THE 'A HEALTHIER MID AND WEST WALES' STRATEGY - LAND IDENTIFICATION PLAN</b>	
	<p>Mr Lee Davies introduced the A Healthier Mid and West Wales Strategy - Land Identification Plan report, which provides an update on progress. Key matters to note include:</p> <ul style="list-style-type: none"> <li>• Progress on the Land Selection process</li> <li>• The need to progress a Strategic Outline Case (SOC), which is in line with the standard process across Wales – work already undertaken on the Programme Business Case (PBC) places the Health Board in a good position</li> <li>• The Clinical Strategy Review, which again forms part of the standard procedure for capital schemes across Wales. The review will be independent, commissioned jointly by Welsh Government and HDdUHB, and this further review is welcomed</li> </ul> <p>Mr Maynard Davies enquired whether the additional work involved in preparing an SOC will impact on the proposed timeline. In response, it was recognised that the original timeline had already slipped from the optimistic assumption that WG would approve the PBC within three months. Whilst the two additional Welsh Government requirements will impact, Mr Lee Davies advised that the SOC, clinical review and land consultation could progress in parallel reducing the impact on programme timelines. The intention is for the SOC to be completed by summer 2023, to coincide with outcomes from the Land Consultation and Clinical Strategy Review. Highlighting recent cases around phosphate pollution and their impact on planning developments, Cllr. Evans queried whether this had presented an issue. Mr Lee Davies replied that there had been issues in this regard in the original longlist of sites; however, none of the sites in the shortlist currently have phosphate pollution issues. Whilst it was acknowledged that this position could change, timelines have been designed to allow resolution should this be required.</p> <p>Referencing the Clinical Strategy Review, Miss Battle enquired whether this will include both the services the Health Board anticipates providing via the new and repurposed hospitals, and those service changes which</p>	

	<p>will be made during strategy implementation. Mr Lee Davies indicated that it has been emphasised to Welsh Government that the Health Board's strategy is just that – a whole – and is not restricted to the new hospital. Aspects such as Digital and Workforce will also need to be included. Whilst the steps/changes required as part of implementation will be considered in terms of progress towards the strategy, the review will principally be concerned with whether the strategy represents the 'right direction'. In response to a query around whether the review will also consider service fragilities, Professor Kloer reminded Members that one of the key drivers to the Transforming Clinical Services (TCS) programme in 2018 was sustainability of services. Also, in progressing a social model for health, the need to recognise that health and wellbeing are not solely about clinical care, and that clinical care involves secondary care, primary care and community care. Professor Kloer would anticipate that all of these issues would be carefully considered as part of the Clinical Strategy Review.</p> <p>Mr Moore advised that HDdUHB is one of the first Health Boards to be undertaking these exercises at this early stage of the process. Conversations – including those with the public – will be crucial. Mrs Patel enquired whether the review will take into account collaboration across the region with other Health Boards. It was confirmed that the need to consider regional partnership with other Health Boards and stakeholders is included within the review terms of reference. Referring again to TCS, Mr Newman emphasised that this process had been very much clinically-led, and it was important not to lose sight of this fact. Miss Battle and others agreed. Noting the request for additional resource relating to this item, Members heard that this had been discussed in detail at SRC. A proportion will need to be funded in the current year, and Mr Newman enquired whether there is likely to be any support available. In response, Mr Lee Davies advised that the Health Board is in discussion with Welsh Government regarding resource requirements, with the response thus far positive. Further information will be provided to Board when available.</p>	<b>LD</b>
	<p>The Board <b>NOTED</b>:</p> <ul style="list-style-type: none"> <li>• The requirement to undertake a jointly commissioned review of the clinical model</li> <li>• The requirement to produce a Strategic Outline Case (SOC)</li> <li>• The resource requirements as reported in the update by the Sustainable Resources Committee (SRC)</li> <li>• The work being undertaken to develop a forward programme to be presented to Board in January 2023</li> </ul>	

<b>PM(22)205</b>	<p><b>IMPROVING PATIENT EXPERIENCE REPORT</b></p> <p>Mrs Rayani introduced the Improving Patient Experience Report, highlighting in particular the compliments and 'thank yous' received by staff, which are sometimes overlooked in the (understandable) focus on concerns and complaints. The Health Board has analysed approximately 12,000 pieces of feedback; Members' attention was drawn to the 93.6% positive responses to the friends and family patient experience survey. There has been an increase in the number of enquiries to the Patient Experience team. Key common feedback themes continue – kindness and caring as positive themes, and concerns around communication, attitude and behaviours, where the team continue to undertake work.</p>	
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Further work is also required around dignity, which links with the areas of concern outlined above. Mrs Rayani welcomed the opportunity to present a patient story relating to the WLSS; the Health Board has already engaged with 10,000 patients, with 4,500 utilising online resources. It is recognised, however, that other media/approaches are required, in order to provide access to all. Mrs Rayani was pleased to report an increase in levels of feedback on Paediatrics; a range of feedback mechanisms is available and the team continues to progress this area. Finally, Mrs Rayani was delighted to present the Arts in Health Annual Report, emphasising the importance of recognising the breadth of work undertaken, both with patients and to support staff wellbeing.

Highlighting page 12 of the report, 'Communication Concerns', Mr Newman queried how issues/concerns are categorised. Noting the statement that '46 concerns were received about communication', it was suggested that the example given was not necessarily in the main around communication – it was concerning a patient's treatment and avoidable fall. Mr Newman was concerned that other issues may be being 'masked' by categorisation as a communication issue. Mrs Rayani confirmed that concerns are categorised into themes; however, individual feedback is provided to clinicians/clinical teams which covers the breadth of the concern/issue, not solely the 'headline' theme. It was suggested that a deep dive into communications be undertaken at the Listening & Learning Sub-Committee. Mr Maynard Davies requested further clarification around the statement on page 5 of the report that '2 Grade 5 (serious harm) complaints were received during this period'. In response, Members were advised that 1 of these had been downgraded to Grade 1 following investigation; the other is under investigation/discussion with the family and may also be downgraded. Mrs Rayani assured Members that complaints are also upgraded following investigation if deemed appropriate.

Mr Huw Thomas acknowledged that, whilst healthcare is moving increasingly towards digital engagement, with the NHS App being tested currently, not everyone is able or willing to take this route. The need to ensure that no one is 'left behind' and the increasing challenges in this regard have been recognised by HDdUHB, which has been the first Health Board in Wales to appoint a Digital Inclusion Officer.

Ms Lewis wished to highlight in particular the Arts in Health programme, stating that this reflects the need to sometimes 'be brave' to reap rewards. Ms Lewis went on to say that the Improving Patient Experience report often demonstrates that, once a patient is in a position to receive care from a healthcare professional, they generally provide positive feedback. The issues, however, around delays in accessing treatment, whether this be through waiting lists, or patients waiting in A&E or outpatients, are of concern. In A&E particularly, there are issues around patient nutrition, hydration, comfort and frequency of health checks/observations. In response, Mrs Rayani advised that – in terms of A&E environment – a working group has been established. Basic/small changes can make a significant difference. Funding has been received, and new seating has been ordered. Footstools would assist with comfort for some patients; however, this needs to be balanced against the concern that these could be used in a dangerous manner against staff or

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other individuals. Vending machines (both hot and cold) are being installed, with user feedback having been taken into account in selecting these, and bottled water will be made available. Blankets, including thermal blankets will be provided. Consideration is being given to increasing the numbers of Family Liaison Officers (FLOs) as it has been clear that these staff are of great benefit and are positively received. Mrs Rayani emphasised, however, that it is a priority for the Health Board to examine patient flow to reduce time spent in waiting areas.

Echoing the final comment, Mr Carruthers confirmed that this issue is being explored. The Health Board has made progress in re-establishing the Surgical Assessment Unit, which – whilst there is still more to do – appears to be showing positive results already. Steps are also being taken to re-establish the Medical Assessment Unit (MAU), which would provide a better environment for patients to undergo monitoring, etc. Consideration is required with regard to how capacity can be increased. The Health Board is also exploring how it can expedite patient discharge processes. Members heard that weekly meetings are taking place to consider urgent pressures and potential actions. In response to a query regarding the location of the MAU, Mr Carruthers advised that this will be a bay within the Clinical Decision Unit. The Health Board is also (in conjunction with Welsh Ambulance Service NHS Trust (WAST)) exploring the potential for a unit to facilitate the handover and care of patients from ambulances, which would alleviate pressures on the ambulance service and reduce waits. Miss Battle said that she would visit A&E departments to assess the situation and discuss concerns with staff and service users. Referencing page 13 of the report, whilst welcoming the allocation of a named nurse for cancer patients at Bronglais General Hospital (BGH), Miss Battle was under the impression that this should be the case for all cancer patients. Mrs Rayani committed to check.

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Cllr. Evans, who was seeing this report for the first time as a Board Member, stated that it offers sobering reading, including the negative experiences of staff, which were unacceptable. Whilst recognising that there are issues around patient experience and communication, Cllr. Evans suggested that Health Board initiatives such as increased social media presence and attendance at the Eisteddfod represent an improved communications strategy. Miss Battle welcomed these positive comments and a fresh view of the report. Agreeing that the Health Board's attendance at the Eisteddfod had provided the opportunity to reach a new audience, Ms Raynsford noted in particular that this applied to younger people. With regard to A&Es, Ms Raynsford highlighted specific comments around patients waiting without communications, particularly regarding the potential wait. Also, that alternative options should be offered/signposted. With regard to patients deteriorating, this can be prevented by robust triage processes. Ms Raynsford emphasised the need to acknowledge and take action on feedback from patients/service users. Agreeing, Mrs Rayani reported that the 'Smiley Face' feedback machines are being reinstated, following their removal during the COVID-19 pandemic. 'Ticker Tape' signs which advise of waiting times are not working as they should; Mrs Rayani is committed to installing improved electronic screens which will provide information on waiting times and signposting people to alternative sources of support

	<p>and treatment. It was acknowledged that more could and should be done; for example an enhanced FLO presence within A&amp;E departments can only be of benefit.</p> <p>Miss Battle concluded discussions, thanking all of those involved in the report, particularly the Arts in Health team.</p>	
	<p>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, together with the HDdUHB Arts in Health Programme Annual Report 2021/22.</p>	

<p><b>PM(22)206</b></p>	<p><b>ANNUAL PRESENTATION OF NURSE STAFFING LEVELS FOR WARDS COVERED UNDER SECTION 25B OF THE NURSE STAFFING LEVELS (WALES) ACT</b></p>	
	<p><i>Ms Louise Ellis joined the Board meeting.</i></p> <p>Ms Louise Ellis welcomed the opportunity to attend Board, to present details of the Band 4 Nursing Assistant Practitioner role. Members heard why this role was required and the considerations around implementation. The former centred around challenges recruiting to Registered Nurse vacancies on Ward 9 at Prince Philip Hospital (PPH). The Health Board had considered both Stroke Standards and the requirements of the Nurse Staffing Levels (Wales) Act under existing arrangements. Whilst these were safe, they were not necessarily appropriate. The ward's Health Care Support Workers (HCSWs) had extensive knowledge of the requirements of stroke patients. On making further enquiries, it was clear that other clinical areas were experiencing similar issues, and the potential for a Band 4 role and whether this would fulfil the necessary requirements was explored. Ms Ellis outlined how the organisation had gone about implementing this role, with stroke-specific competencies being added to a generic job description. The Nursing Assistant Practitioner role had the added benefit of creating career development opportunities for HCSWs. Staff were able to achieve progression and development within the unit, with job satisfaction. The roles are viewed by staff as exciting opportunities and are received enthusiastically when available. Ms Ellis presented Members with a quote from one of the Nursing Assistant Practitioners which sums up the personal and professional benefits this role offers. In terms of the way forward, this experience has encouraged the Health Board to consider developing further similar roles on other wards/in other specialties.</p> <p>Miss Battle thanked Ms Ellis for her presentation, reporting that she had met one of the Nursing Assistant Practitioners on a visit and was able to see in person the difference this role had made. In response to a query around expanding into other specialties, Mrs Rayani stated that plans are being discussed in relation to a number of areas. Members were assured that this initiative is not about replacing Registered Nurses; it is about considering the needs of the patient. The Health Board has taken a pragmatic approach and considered various roles in this regard. Whilst there are nationally-defined competencies, these have been supplemented locally. Specialties being considered include Surgery and, at BGH, a technical role in the Cardiac Unit previously performed by a Registered Nurse has been converted. The latter is showing a significant impact and improving outcomes for patients. Whilst it is not possible to</p>	

create these roles particularly rapidly, Mrs Rayani assured Members that they are being considered. Members heard that the Chief Nursing Officer is examining the success of Nursing Associate roles in England, with a view to potentially introducing them in Wales. Should this happen, the impact for Nursing Assistant Practitioner roles would need to be evaluated. Whilst the two roles are on the same banding, they have different registration requirements.

Mrs Patel requested further clarification around what the training for these roles looks like and how consistent it will be across other areas. Ms Ellis explained that a number of the Nursing Assistant Practitioners are experienced HCSWs; the two in stroke each have more than 10 years' experience. Supervisors/assessors are appointed to assess their competency. Mrs Rayani highlighted the 'Grow Your Own' workforce approach mentioned earlier, which links in with different levels of education and provides opportunities to move into different roles. Ms Shakeshaft advised that there is a great deal of work being undertaken around Band 4 training for Therapies Practitioners. HDdUHB is the first Health Board in Wales to undertake this, and Ms Shakeshaft would be happy to share information with those involved in Nursing Assistant Practitioner development. Having clarified the start date for these role, Mr Mansell Bennett reported that he had been admitted to Ward 9 at PPH in March 2022 and had personal experience of the excellent communication and care offered by these staff. This was a great innovation, which Mr Bennett hoped would be rolled out more widely.

Welcoming the presentation, Mrs Gostling stated that it was wonderful to see this scheme coming to fruition. Members were informed that the Health Board's 2019 Healthcare Apprentices – the first cohort – are now starting their Assistant Practitioner training. Mrs Rayani advised that consideration is being given to placements for these trainees and assured Members that an integrated and coherent approach is being taken in this regard. The ongoing work with Mr Jonathan Griffiths at Pembrokeshire County Council is also inter-related and Members were reminded that there is an integrated workforce in Ceredigion. It was agreed that a detailed presentation/report on all of these initiatives and schemes, together with additional actions which might be taken, would be provided to a future Board Seminar. Ms Raynsford queried how the Health Board communicates with young people regarding careers in the NHS, to retain a local workforce wherever possible. In response, Mrs Gostling indicated that the Health Board employs an individual who engages with local schools and that this will form part of the careers programme. Members heard that the Health Board has just recently appointed another cohort of Healthcare Apprentices, and is in discussion with local colleges. A session had recently been delivered locally, which the Health Board had been asked to repeat for students unable to attend.

Ms Shakeshaft reminded Members that a significant number of individuals have been working for the Health Board as part of the vaccination programme. Steps are being taken to support those who may wish to remain in the Health Board's employ. Professor Kloer noted that opportunities are also being explored around work experience for school pupils who are considering applying for medical school. Noting

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	<p>that it is not always possible to fill commissioned vacancies, Mrs Patel enquired whether it is possible to rethink this approach in conjunction with Health Education and Improvement Wales (HEIW). Mrs Gostling assured Members that HEIW had been fully sighted on the Health Board's workforce plans, including Apprenticeships. There have been discussions with HEIW around how commissioning might change; the Health Board would appreciate the flexibility to fill vacancies through other means, such as Apprentices and 'Grow Your Own' approaches. It was agreed that Mrs Patel and Mrs Gostling would discuss this issue further outside the meeting.</p> <p>Mrs Rayani introduced the Nurse Staffing Levels (Wales) Act: Annual Presentation of Nurse Staffing Levels report. There were no changes for 11 wards and 1 Paediatric ward. Certain changes have reduced overall expenditure. There are details on pages 13 and 14 of service changes which have been required, for example, in response to the COVID-19 pandemic. Patients being moved to enhanced care areas has impacts, including a financial impact equating to approximately £1.5m. Calculations reflect a more static position, although there is a degree of flexibility. Mrs Rayani emphasised that the cost of delivering the service today may change during the next six months. Whilst the overseas nurses mentioned earlier are assisting in addressing certain of the 'gaps', these staff are already included in the calculations. Mr Huw Thomas drew Members' attention to Table 1 in the main report, which presents the overall financial breakdown. It was noted that the run rate benefit in the Health Board spend associated with the Registered Nurse reduction will be greater, although the full implications will need to be worked through. Mr Newman wished to highlight that the Internal Audit report into the Health Board's compliance with the requirements of the Nurse Staffing Levels (Wales) Act had returned a rating of Reasonable Assurance.</p> <p><i>Ms Ellis left the Board meeting.</i></p>	<p><b>LG</b></p>
	<p>The Board <b>TOOK ASSURANCE</b> in relation to the following:</p> <ul style="list-style-type: none"> <li>• Hywel Dda University Health Board (HDdUHB) is meeting its statutory 'duty to calculate' responsibility in respect of the nurse staffing level in all wards that fall under the inclusion criteria of Section 25B of the Nurse Staffing Levels (Wales) Act 2016.</li> <li>• HDdUHB is meeting its statutory duty to provide an annual presentation to the Board of the detail of the nurse staffing levels.</li> <li>• That the actions identified within the attached templates will be progressed and monitored through the Quality, Safety and Experience Committee (QSEC).</li> </ul>	

<p><b>PM(22)207</b></p>	<p><b>PAEDIATRICS REVIEW - OUTPUT REPORT</b></p>	
	<p><i>Mr Iwan Thomas left the Board meeting.</i></p> <p>Professor Kloer presented the Paediatrics Review Output Report, recognising that this represents a significant undertaking, which still requires further work. The public, staff and Community Health Council (CHC) were thanked for their engagement and Mr Lee Davies' team were thanked for their contribution. Members were reminded that an Issues Paper had been submitted previously, which had recommended that outputs of the option appraisal process be presented to the</p>	

November 2022 Board meeting. All three of the options have individual strengths and weaknesses. Professor Kloer advised that his personal involvement in the detail of the process has been kept to a minimum, to avoid conflicts of interest with his role as Medical Director. As outlined in the report, it is recommended that consultation be undertaken on the options, recognising the associated cost implications. The CHC will also wish to contribute to discussions.

Echoing Professor Kloer's thanks, Mrs Hardisty noted that – whilst there had been relatively large numbers of questionnaires issued/responses received – numbers of service user representatives attending events were low. Concern was expressed that the event arrangements were potentially limiting involvement/engagement, particularly if they were whole-day commitments. Mrs Hardisty also expressed concern around the Health Board's ability to commit to the consultation costs requested. In response, Professor Kloer explained that the process had involved a given amount of detail requiring discussion, including criteria setting and option development. The Health Board is committed to ensuring that processes are followed correctly, and thus the commitment required – on the part of both staff and public – is significant and challenging. The report contains information around the efforts made in terms of engagement. Professor Kloer recognised the need to consider expenditure on consultation during these challenging times, whilst noting that this has been an issue for a number of years. Again, there is a need to ensure that consultation processes are conducted correctly. There is potential to consider building an internal team to undertake such work; however, much of the cost involved is in engaging with independent individuals to obtain an independent view.

Mrs Hardisty queried whether there is a risk that the Consultation Institute's processes are not sufficiently flexible to engage with those who are using the Health Board's services. In response, Members were reminded that this forms only part of the required process; the Health Board also has statutory duties it must meet in terms of engagement. Mr Lee Davies endorsed this comment, advising that 8,000 surveys had been issued and 600 responses received. In addition, there has been engagement on wards with patients/service users/parents to the greatest extent possible. In terms of attendance at events, 150 people had expressed an interest in being involved/given the opportunity to participate. 14 were invited to the first session, with 2 attending; 22 were invited to the second session, with 5 attending; 30 were invited to the third session, with only 1 attending. Lessons had been learned regarding start and end times, particularly for those with childcare responsibilities. Whilst these numbers were low, the influence and value of input provided was emphasised. The effort made by services should also be recognised. Members were assured that survey and public responses will have influence. In terms of costs, Mr Lee Davies stated that the Health Board, recognising the public interest in this area, had tried to expedite processes and is providing an upfront idea of costs, albeit a 'worst case scenario'. As the Health Board is also undertaking a Land Selection consultation, consideration is being given to aligning/combining these to reduce costs.



Mr Bennett stated that the CHC believed that the process undertaken by the Health Board has been excellent; with full stakeholder involvement. It is felt that the process will offer benefits going forward and that residents in Hywel Dda and Pembrokeshire in particular have been very much involved. The CHC recommends that the three options should go out for consultation. Revisiting the 2018 TCS exercise, Ms Lewis reminded Members of the principle for 'Safe, Sustainable, Accessible and Kind' care. Taking 'Kind' as a given, and focusing on the others, the issue of 'population critical mass' for certain clinical services was highlighted. If this premise is agreed, and recognising that the Hywel Dda geography does not facilitate the critical mass of a metropolitan area, Ms Lewis queried how best the Health Board enters into conversations with its population around their very reasonable concerns and seeks to mitigate these. Professor Kloer suggested that these issues are made clear in the table on page 3 of the report, where certain options score higher for specific aspects. It was acknowledged that, should the Health Board go out to consultation over the options, thought will be required around how these are discussed with the public. Whilst there is a need to understand the public's views, consideration also needs to be given to the thinking around mitigations. Mr Moore emphasised the importance of absolute transparency with the general public. Safe, Sustainable and Accessible care are all inter-related, with the potential for all to be compromised, should incorrect decisions be made. Humility and open-mindedness is also required.

Echoing previous sentiments, Miss Battle added her thanks to the team. It was clear from the feedback already received that thought in terms of the current model is needed. Miss Battle had personally heard of experiences of young mothers who had taken their children to Withybush General Hospital (WGH) instead of Glangwili General Hospital (GGH), not knowing any about the alternative arrangements. This suggests a need to revisit communications. There is also the issue of the cost of living crisis, with increases in travelling costs and accommodation, which would impact on affected service users. It was suggested that consideration be given to a separate Paediatrics entrance/waiting area in A&E. Miss Battle emphasised the need to take into account people's 'lived experience' as part of this process. Whilst recognising the costs associated with delivery of the consultation against a background of financial difficulty, Miss Battle reiterated the need to ensure this process was undertaken correctly and comprehensively.

The Board:

- **NOTED** the output report and engagement review;
- **CONSIDERED** the options developed and appraised by the appraisal group to determine which option(s) should be taken forward for further consideration;
- **APPROVED** the recommendation within this paper to formally consult on the option(s);
- **APPROVED** The indicative consultancy costs required for the delivery of the consultation project.

PM(22)208

**COST OF LIVING CRISIS: SUPPORTING OUR STAFF AND COMMUNITIES**

Mrs Gostling presented the Cost of Living Crisis: Supporting our Staff and Communities report, which attempted to outline the steps being

taken to support Hywel Dda's staff and public. An increase is being seen in the number of staff reporting cost of living impacts on their work, particularly during Exit Interviews; Members were reminded that these interviews are conducted for both staff leaving the Health Board's employ, and staff moving to new roles. There has also been an increase in uptake of the Hapi App. Mrs Gostling outlined the 'Too Good to Waste' initiative, with food which would previously have been disposed of by canteens being offered to the workforce. The 'Pennies from Heaven' initiative is being postponed for the time being. The Health Board have introduced a flexible pay App. This App offers staff the opportunity to access a proportion of their pay in advance, in confidence, without the need to ask line managers. Trade Union colleagues had been extremely supportive in discussions around this system at the Staff Partnership Forum. Staff utilising this function would continue to receive a normal payslip, together with a separate statement. Other benefits of the App include the ability to enter information in order to establish whether an individual qualifies for benefits, budgeting tools and the ability to create a savings account. The App will be launched in HDdUHB on 1<sup>st</sup> December 2022.

Dr McCarthy advised that, in considering actions to assist the public, she had joined forces with the group focusing on Health Board staff. Actions identified fell into three categories:

1. Those requiring assistance from Welsh Government
  - Accessing ring-fenced funds in schools to better support families
  - Free school meals
  - Work with Local Authorities
2. Those the Health Board can progress
  - Free meals for children attending healthcare appointments who would otherwise qualify for free school meals (including during school holidays)
  - Food literacy education in schools
  - Building a cost of living approach into all information around health inequalities
3. Those requiring collaboration with partners
  - Work with Third Sector, who already have well-established groups/contacts

Dr McCarthy and a colleague had recently presented their work and plans to the Stakeholder Reference Group; feedback suggested that no additional mapping was required and that a workshop should be scheduled. Members heard that a Registrar in Public Health is leading on this work and is learning from elsewhere in Wales.

Miss Battle thanked Mrs Gostling and Dr McCarthy for their update. Commending the well-written report, Mr Weir highlighted that cost of living increases are on the basics people need. Drawing Members' attention to page 12 of the report, Mr Weir observed that it is clear no organisation can tackle poverty in isolation. In order for people to access help, bureaucracy must be reduced and there must be recognition of the needs of groups such as the elderly and of the impact of rurality. Miss

	<p>Battle agreed, emphasising the need to remove any stigma or shame associated with applying for support. Whilst expressing regret that such an approach is required, Mrs Hardisty stressed that this is no reflection on the efforts being made. It was noted that there are reports of GPs 'prescribing' payment of heating bills for individuals with life-limiting medical conditions, and Mrs Hardisty enquired whether this is occurring locally. Ms Paterson was not aware of this taking place; however, would raise it at the national meeting being held next week. Mrs Patel outlined recent discussions with staff in Dietetics who have reported patients presenting with malnutrition and scurvy. In addition to the negative impact on individuals' health, such cases also impact on staff.</p> <p>Welcoming the suggested collaboration with Local Authorities, Cllr. Evans highlighted the information available around sources of support on the Ceredigion County Council website. It was suggested that similar should be obtained from Carmarthenshire and Pembrokeshire County Councils and publicised by the Health Board, for both service users and staff. Ms Hughes-Moakes confirmed that the Health Board has been in contact with the Local Authorities to ensure that information and signposting to support is provided, whilst also avoiding duplication. Whilst recognising that this work is born out of a crisis, Mr Huw Thomas commended the inspiring approach being taken and suggested that thought be given to how this is embedded on a long-term basis. Steps should be taken to align it with the Health Board's other wellbeing work.</p>	JP
	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the steps being taken to support the workforce and members of the HDdUHB community;</li> <li>• <b>TOOK ASSURANCE</b> from the actions taken and in progress;</li> <li>• <b>NOTED</b> that the Financial Well Being Task and Finish Group will continue to drive these actions, whilst continuing to benchmark and research any others that may provide support at this difficult time.</li> </ul>	

PM(22)209	<p><b>FINANCIAL REPORT</b></p> <p>Mr Huw Thomas presented the Financial Report, drawing attention to the revised forecast deficit of £59m, down from £62m. Members heard that from the position of £62m, there had been further upward operational financial pressures amounting to £5m, resulting in an initial position of £67, before this was offset by £8m of non-recurrent gains. Mr Huw Thomas highlighted the cost pressures relating to Medicines Management outlined on pages 11 and 12 of the report. Whilst cost per item has increased 'across the board', HDdUHB also appears to be an outlier in this area. The non-recurrent benefit of £8m mentioned above relates to annual leave accrual arrangements. Mr Huw Thomas emphasised that risks – for example, around Care Homes – clearly remain, particularly as the Health Board enters the winter period. Members were reminded of discussions in relation to inefficiency activity drivers, details of which are included at Appendix 1 of the report. Challenges associated with the Health Board's financial cash management are being monitored on a weekly basis at Executive Team. There are ongoing discussions with Welsh Government around how much they may be willing to fund; Members' attention was drawn to the requirement outlined in the report recommendation for the Chief Executive to submit an Accountable Officer letter. Mr Huw Thomas advised that the Health Board will receive its financial allocation letter on</p>	
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16<sup>th</sup> December 2022, which will outline funding for next year. Finally, approval was sought on two items: changes to the financial scheme of delegation and consultancy costs in relation to VAT services.

Referencing the non-recurrent accountancy gain of £8m relating to annual leave accrual, Mr Maynard Davies enquired as to the level of confidence in delivering this. Mr Huw Thomas explained that the policy around carrying over annual leave has now changed and stated that he was reasonably assured regarding delivery of this benefit. In response to a further query around the potential financial implications of industrial action, Mr Huw Thomas advised that – whilst there would be a financial impact – details are not yet known. There would be both financial gains and financial losses involved. Mr Newman noted that cost pressures relating to COVID-19 are in the region of £27m and, together with the £25m overspend position, this constitutes £42m of the Health Board's deficit. Mr Newman enquired as to the Welsh Government Financial Delivery Unit's view of HDdUHB's approach as compared to others. Also, for further information around the scale of requirements as part of Targeted Intervention. Mr Huw Thomas advised that there had been variability in approach across Wales, and hoped that as organisations enter next year, there will be additional clarity. Members were informed that further COVID-19 funding should not be assumed, aside from specific defined areas. This is helpful in that it ensures consistency between organisations. Mr Moore cautioned that there are worrying signs around next year's financial settlements for all Health Boards. Whilst categorising exceptional costs differently – by taking them into the organisation's core business – will offer certain benefits, it will also place the Health Board in a challenging financial situation. Mr Moore emphasised the need for a clear 'line of sight' in terms of delivery of deficit/finances/performance against the organisation's Annual Plan.

Following up on this, Mrs Patel enquired how the Health Board is factoring in the rising cost of living when assessing its ability to deliver. Mr Huw Thomas acknowledged that cost such as utilities continue to rise, although there has been Welsh Government funding to assist in this regard. The organisation is committed to work in relation to Decarbonisation, which will mitigate certain of the costs. Examples include the solar farm on the Hafan Derwen site, which is nearing completion. It was noted that the most significant challenge currently is the increasing cost of medicines, due to supply chain issues. Assuring Members that the Health Board's financial position is regularly scrutinised at SRC, Mr Weir was pleased that this had improved. The need to make savings plans recurrent was reiterated, together with the need to understand what is preventing this. Mr Weir would welcome other's views on how changes can be made going forward. It was emphasised to Members by Mr Huw Thomas that there is an expectation in this regard on the part of Welsh Government. Appendix 1, as previously mentioned, outlines the levels of cost being borne within the system and aligns the various elements. The organisation is driving a strategic programme of change to support managers and clinicians in identifying savings opportunities. Mr Moore echoed these comments, observing that the most significant challenges probably lie in discharge blockages; the strategy Programme Business Case/current site configuration; staffing fragilities and long term care.

	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> and <b>DISCUSSED</b> the financial position as at Month 7 2022/23, alongside the implications for the Health Board of the challenging outlook.</li> <li>• <b>NOTED</b> that we have developed a cash management strategy, the detail of which will follow once further clarity has been provided by Welsh Government on available resources.</li> <li>• <b>NOTED</b> that the Chief Executive will be required to submit an Accountable Officer letter relating to our cash requirement and deteriorating underlying deficit.</li> <li>• <b>APPROVED</b> the changes to the scheme of delegation as recommended by the Audit &amp; Risk Assurance Committee following their meeting on 18<sup>th</sup> October 2022.</li> <li>• <b>APPROVED</b> the Consultancy request for VAT services.</li> </ul>	
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PM(22)210	<b>FUNDED NURSING CARE</b>	
	<p>Ms Paterson presented the Funded Nursing Care report, stating that Members will be familiar with the background to this item. In summary, the report is requesting that the existing Funded Nursing Care methodology be extended for a further period. Ms Paterson explained that, whilst there is a national approach to this area, it requires agreement by each Health Board on an individual basis. Members were provided with details of the increase involved and the resulting cost implications for the Health Board.</p> <p>Mr Weir expressed concern that the assumption with regard to inflation is too low and that this will result in a shortfall for Care Homes/carers. It was noted that the inflationary uplift is determined on an annual basis; however, it is recognised that there will be continuing challenges for Care Homes in terms of the cost of living, and these will be considered separately. Mr Huw Thomas highlighted that inflation is currently extremely volatile and suggested that the position will likely stabilise over time. Members were assured that discussions are ongoing at a national level. In considering the recommendation, it was agreed that the second bullet point should be amended to make it more specific, with a review after 3 years suggested.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the <b>UPDATED</b> provided in this paper.</li> <li>• <b>NOTED</b> and <b>SUPPORTED</b> the recommendation of HB Chief Executives that the Inflationary Uplift Mechanism (IUM) be extended to 2022/23, and beyond (with a review after 3 years), thus providing the opportunity to respond to requirements in future financial years in a timely manner using a tried and tested methodology. This would allow time for WG to formulate revised FNC Policy Guidance that may impact on the way the FNC rate is calculated in future; a review of the mechanism to set the rate that complies with any future policy requirement would then be necessary.</li> <li>• <b>NOTED</b> and <b>SUPPORTED</b> the proposal that, should the anticipated updated policy guidance not be forthcoming, the IUM will be reviewed after three years to ensure it remains an appropriate mechanism to set the FNC rate.</li> <li>• <b>APPROVED</b> the recommended uplift to the HB component of the weekly FNC rate to £193.88, backdated to 1<sup>st</sup> April 2022.</li> </ul>	



<b>PM(22)211</b>	<b>OPERATIONAL UPDATE</b>	
	<p>Mr Carruthers introduced the Operational Update report, recognising and apologising for the challenges being experienced by patients around access to services. Mr Carruthers also recognised the continued efforts being made by staff, and thanked them for their dedication. Key issues to highlight were as follows:</p> <ul style="list-style-type: none"> <li>• Escalation/Enhanced Monitoring around a number of performance areas. The Health Board's Enhanced Monitoring Action Plan is appended and is currently under review by Welsh Government. Early feedback has been generally positive; however, Welsh Government is requesting information around the Health Board's intended next steps on Planned Care. The performance trajectory was based on the baseline from July, and there is already an improved position</li> <li>• Ms Rhian Matthews has been appointed to the role of Transforming Urgent &amp; Emergency Care Programme Director; the team looks forward to working with her</li> <li>• Consideration is being given to issues specific to Ceredigion, including the BGH Strategy</li> <li>• The Mental Health 111 Service has been extended and has seen a clear uplift in demand</li> </ul> <p>Ms Paterson advised that work relating to the Managed Practices is progressing well and that no issues or concerns had been raised by patients.</p> <p>Miss Battle commended the excellent report, which complements the Integrated Performance Assurance Report, and thanked all of the teams involved in contributing. Welcoming the inclusion of Mental Health content, Mrs Hardisty emphasised the importance of representing the full range of services. Highlighting the table on page 10 and the 2% of callers to the Mental Health 111 Service who are referred to A&amp;E/MIU, Mrs Hardisty suggested that this warrants recognition. The service is clearly offering advice and not simply call handling. The Deputy Minister for Health &amp; Social Services had been extremely impressed by the service. In a similar vein, Miss Battle reported that she had recently taken three members of the 'Save Worthybush' campaign group to visit SDEC facility at Cardigan and that they had been impressed by the team there.</p>	
	The Board <b>RECEIVED</b> the operational update and progress report.	

<b>PM(22)212</b>	<b>INTEGRATED PERFORMANCE ASSURANCE REPORT</b>	
	<p>Presenting the Integrated Performance Assurance Report – Month 7 2022/23, Mr Huw Thomas reiterated the acknowledgement that, behind every metric are individuals. The report presents a summary of both areas in escalation and of concern. Mr Huw Thomas wished to clarify that the language used within the report is agreed with experts. Terms such as 'failed' do not represent the efforts of Health Board colleagues/staff. Miss Battle agreed that such language can seem 'stark' and encouraged Members and the public to consult the accompanying narrative to obtain the relevant context.</p>	

	<p>Mr Carruthers felt that positive progress is being made against Planned Care objectives. It is possible that the Health Board will exceed its trajectories, although performance may be impacted by industrial action. There has also been strong performance in Cancer care, with the backlog having been halved. Progress is required in Urgent &amp; Emergency Care. Permission has been sought from Welsh Government to prioritise reducing the backlog in this area which would have the unfortunate consequence of negatively impacting on performance. In response to a query around how HDdUHB compares with other Health Boards in Wales in Planned Care and Cancer care, Mr Carruthers stated that feedback suggests it would be in a reasonable position.</p>	
	<p>The Board <b>CONSIDERED</b> and <b>DISCUSSED</b> issues arising from the IPAR - Month 7 2022/2023.</p>	

<p><b>PM(22)213</b></p>	<p><b>APPROVAL OF AUTISM SPECTRUM DISORDER DIAGNOSTIC ASSESSMENT TENDER</b></p>	
	<p>Mr Carruthers presented the Approval of Autism Spectrum Disorder Diagnostic Assessment Tender report, reminding Members that there have been ongoing capacity challenges in this area. The service has tested the market via tender to assess the feasibility of securing a provider to assist with these challenges.</p> <p>Noting that the report focuses on diagnostic assessments rather than treatments, Mr Newman enquired as to the extent this proposal is based on demand, finance or the market's ability to deliver. The figures suggest that, even with additional service provision, the backlog would continue to increase. Mr Newman queried the driver behind this issue and how the gap might be filled. In response, Mr Carruthers advised that the constraint is the market's ability to meet capacity. This is not an issue unique to HDdUHB; there is a national exercise being conducted. Members noted that a new neurodiversity policy is being developed and that different types of interventional approach can be taken in this specialty. The service has identified the additional capacity it can secure and will continue to seek to grow its own workforce; however, it is possible that a gap may still remain. In response to a query regarding where implementation of the proposal should be scrutinised, it was agreed that this should take place at QSEC. Ms Lewis enquired with regard to the number of individuals who – having been through an assessment – then require treatment/follow-up; noting the need to ensure that the proposals do not simply move the 'bottleneck' elsewhere. Mr Carruthers responded that this analysis forms part of the demand/capacity work, to which Mr Newman highlighted that this work was being undertaken in 2018 and has still not produced an outcome. Mrs Hardisty added that the review in this area had taken at least a year longer than planned; there was such variability in approach that consensus on best practice could not be reached. Mr Huw Thomas wished to highlight that the proposal being considered is just part of a suite of complex procurement work being undertaken in Mental Health &amp; Learning Disabilities. There are 10 projects, totalling £9.5m, and the Health Board is being supported by Procurement. Members were assured that other projects and funding requests would be submitted to Board for approval, should their value deem this be required.</p>	<p><b>MR/AC</b></p>

The Board **APPROVED** the award of contracts to Provider 1 & Provider 2 to provide services from 1<sup>st</sup> January 2023 to 31<sup>st</sup> March 2025, for onwards submission to Welsh Government for approval.

**PM(22)214 SOUTH WEST WALES REGIONAL PATHOLOGY SERVICES**

Mr Carruthers presented the South West Wales Regional Pathology Services report, explaining that this focuses on a plan to centralise services to a location in Swansea. As part of the process, consideration needs to be given to the issue of how management of services would be provided to Health Boards. This has been more complex than expected, and has resulted in the need to seek legal advice. Three models have been used by NHS Wales historically. Following consideration, it had been agreed that an Operational Delivery Network management model would be the most appropriate in this instance, of the type used by the Major Trauma Network. This was deemed to provide the best fit. Members noted that the report reflects the fact that it is also being considered by the Swansea Bay UHB (SBUHB) Board. In terms of next steps, Mr Carruthers advised that the Task & Finish Group would be reconvened, to agree a timeline; taking into account workforce and finance aspects. The potential timeline is not yet clear; whilst an interim arrangement is not favoured, and there is a desire to progress plans as soon as possible, proper evaluation of the detail is required. Mr Carruthers thanked Mrs Wilson and Mrs Sian-Marie James for their assistance.

Mr Moore highlighted that there is also a need to be cognisant of the staff involved and time needed to consult with them. Agreeing, Miss Battle stated that there are also regulatory requirements requiring attention. In considering the recommendation, it was agreed that the caveat be added that the proposal be progressed at a pace which protects the workforce, quality and safety. In response to a query from Miss Battle around other regional services, Mr Carruthers advised that in early December 2022, SBUHB plans to reconfigure its emergency take arrangements. These will move from Singleton Hospital to Morriston Hospital. HDdUHB has met with SBUHB representatives to seek clarification around plans and were assured that a phased approach is intended. The changes in December will involve 999 services, with GP referrals to change in January 2022. These changes will potentially impact on the Morriston site and on HDdUHB access to services such as tertiary services. Also, there is a potential impact on the inpatient tertiary vascular service, with SBUHB deciding to use a ward in this specialty for orthopaedic patients. Mr Carruthers acknowledged the need for continued monitoring and dialogue with SBUHB. Professor Kloer agreed that this raises concerns around access for the HDdUHB population to specialist beds in SBUHB, and around Unscheduled Care flow into HDdUHB hospitals. Even large hospitals can be impacted by small service changes. Professor Kloer emphasised the need for clear and firm operational assurance regarding the mitigations to be put in place. It was noted that, aside from informal discussions, there has been no formal approach from SBUHB. It was agreed that SBUHB representatives should be invited to attend a meeting of SDODC to formally present their plans and that there should be an open invitation to HDdUHB Board Members to attend.

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	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>CONSIDERED and APPROVED</b> this proposal to take forward development of an Operational Delivery Network management model to manage a regional pathology service;</li> <li>• <b>AGREED</b> to create a South West Wales Pathology Network Board to establish the Operational Delivery Network. This will be reviewed at implementation (consisting of planning and delivery phases) and before the Network is operational by Q4 2022/2023 (indicative);</li> <li>• <b>AGREED</b> SBUHB future responsibilities based on the ODN by Q1/Q2 2023/4 (indicative);</li> <li>• <b>AGREED</b> to work with SBUHB to develop the future arrangements for Blood Sciences Management by Q2/Q3 2023/4 (indicative);</li> <li>• <b>AGREED</b> to develop an implementation plan that sets-out the process that will be undertaken to achieve the regional model along with the indicative timeline at a pace which protects the workforce, quality and safety;</li> <li>• <b>REQUESTED</b> that SBUHB representatives attend a future meeting of SDODC to present and discuss plans around regional services.</li> </ul>	
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<b>PM(22)215</b>	<b>STRATEGIC ENABLING GROUP UPDATE</b>	
	Mr Huw Thomas presented the Strategic Enabling Group (SEG) Update, thanking Members for their contribution and drawing Members attention to the decision to pause activity for the time being.	
	The Board <b>RECEIVED</b> and <b>NOTED</b> the SEG Update report.	

<b>PM(22)216</b>	<b>COMMUNITY HEALTH COUNCIL (CHC) ANNUAL REPORT 2021/22</b>	
	<p>Mr Sam Dentten welcomed the opportunity to present the Hywel Dda Community Health Council (CHC) Annual Report, noting that this is the final report from the CHC, with the introduction of Citizen Voice Bodies in April 2023. The approach developed by the CHC had enabled them to hear from more people than ever. Feedback includes continued positive stories regarding patient experience, highlighting the care and commitment of staff. Also, however, concerns, especially around Emergency Departments, isolation from care and extended waits. Mr Dentten cautioned that there was a risk of underplaying the impact of patient stories/experience, which can be extremely harrowing.</p> <p>Referencing pages 11 and 12 of the report, Mr Newman noted that these highlight changes in the NHS and changes to CHC ways of working. Mr Newman requested further information regarding which were viewed as positive and negative and specifically whether there was any feedback around local maternity services. In respect of the first query, Mr Dentten advised that improved/increased use of technology offered benefits to certain groups and drawbacks to others. Whilst the Health Board's commitment to improved communication, including the WLSS, was welcomed, not all needs had been met to date. With regard to maternity services, the CHC has maintained a close interest in this area. Mothers and families generally report positive experiences. A survey had been conducted in 2021 and focus groups had been held. Findings would be published soon, with an overall picture of improvement, particularly in terms of environment. Less positive feedback had been around breastfeeding support, COVID-19 staff shortages and visiting restrictions. Miss Battle thanked the CHC for their</p>	

	report, adding that the maternity review findings would be considered at a future meeting of QSEC.	<b>MR</b>
	The Board <b>RECEIVED</b> and <b>NOTED</b> the Hywel Dda CHC Annual Report 2021/22.	

<b>PM(22)217</b>	<b>REPORT OF THE SUSTAINABLE RESOURCES COMMITTEE</b>	
	Mr Weir, SRC Chair, presented the SRC Update Report, highlighting the Committee's recommendation to approve various items.	
	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <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;</li> <li>• <b>APPROVED</b> additional resource requirements and use of external consultants for the 'A Healthier Mid and West Wales' Public Consultation and further technical work around land acquisition, <b>NOTING</b> SRC's recognition that investment is needed to facilitate service change for future financial sustainability, although mindful of the financial position of the Health Board and the need to exercise careful judgement in appointing consultants.</li> <li>• <b>APPROVED</b> the revised SRC Terms of Reference, reflecting inclusion of the Decarbonisation Task Force Group as a reporting group of the Committee.</li> <li>• <b>APPROVED</b> the awarding of the Ammanford General Dental Services Contract to Dental Practice 1, following the completion of the prescribed tender process, at a contract value of £4.87m over 10 years.</li> <li>• <b>APPROVED</b> the tender to appoint VAT consultants for a period of 3 years, at the indicative value of £200,000, which is an estimate based on the provider receiving a percentage of the VAT reclaim received by the Health Board in line with current contract values, with an option to extend for a further 2 years.</li> </ul>	

<b>PM(22)218</b>	<b>AWARDING OF AMMANFORD GENERAL DENTAL SERVICES CONTRACT</b>	
	The Board <b>APPROVED</b> the award of a NHS Dental Contract to Provider 1 for the Ammanford area, in accordance with recommendation of the Sustainable Resources Committee and their assurance of Health Board compliance with procurement regulations and process.	

<b>PM(22)219</b>	<b>REPORT OF THE STRATEGIC DEVELOPMENT &amp; OPERATIONAL DELIVERY COMMITTEE</b>	
	The Board <b>NOTED</b> the SDODC update report and <b>ACKNOWLEDGED</b> the key risks, issues and matters of concern, together with actions being taken to address these.	

<b>PM(22)220</b>	<b>REPORT OF THE PEOPLE, ORGANISATIONAL DEVELOPMENT &amp; CULTURE COMMITTEE</b>	
	Mrs Patel, People, Organisational Development & Culture Committee (PODCC) Chair, presented the PODCC Update Report. Whilst she had nothing further to add to the content of the report, Mrs Patel advised that this had been her first meeting as Chair and she wished to commend the team on the quality of reports. The Committee had been able to accomplish healthy discussion of all items.	



	Mr Newman enquired how the issue of resources required for Research & Innovation at BGH might be resolved. It was agreed that Mr Huw Thomas and Professor Kloer would consider this matter further, recognising the budget need to be found from within the directorate due to the ongoing financial challenges.	<b>HT/PK</b>
	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.	
<b>PM(22)221</b>	<b>COMMITTEE UPDATE REPORTS</b>	
	<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;</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> <li>• <b>APPROVED</b> the revised Terms of Reference for: <ul style="list-style-type: none"> <li>○ Mental Health Legislation Committee.</li> </ul> </li> </ul>	
<b>PM(22)222</b>	<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.	
<b>PM(22)223</b>	<b>STATUTORY PARTNERSHIPS UPDATE</b>	
	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the progress on development of PSB Local Well-being plans following Well-being assessments;</li> <li>• <b>NOTED</b> the update on recent activity of the PSBs and RPB.</li> </ul>	
<b>PM(22)224</b>	<b>BOARD ANNUAL WORKPLAN</b>	
	The Board <b>NOTED</b> the Board Annual Workplan.	
<b>PM(22)225</b>	<b>DATE AND TIME OF NEXT MEETING</b>	
	9.30am, Thursday 26 <sup>th</sup> January 2023	