

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

Date of Meeting:	9.30AM, THURSDAY 25 MAY 2023
Venue:	CANOLFAN S4C YR EGIN, COLLEGE ROAD, CARMARTHEN SA31 3EQ AND VIA ZOOM

Present:	<p>Miss Maria Battle, Chair, Hywel Dda University Health Board Mrs Judith Hardisty, Vice-Chair, Hywel Dda University Health Board Mr Maynard Davies, Independent Member (Information Technology) Cllr. Rhodri Evans, Independent Member (Local Authority) Ms Anna Lewis, Independent Member (Community) Ms Ann Murphy, Independent Member (Trade Union) Mr Winston Weir, Independent Member (Finance) (part) Mrs Chantal Patel, Independent Member (University) Ms Delyth Raynsford, Independent Member (Community) Mr Iwan Thomas, Independent Member (Third Sector) Mr Steve Moore, Chief Executive Professor Philip Kloer, Executive Medical Director and Deputy Chief Executive Mr Andrew Carruthers, Executive Director of Operations Mr Lee Davies, Executive Director of Strategy and Planning Mrs Lisa Gostling, Executive Director of Workforce & Organisational Development Dr Joanne McCarthy, Deputy Director of Public Health Mrs Mandy Rayani, Executive Director of Nursing, Quality & Patient Experience Ms Alison Shakeshaft, Executive Director of Therapies & Health Science Mr Huw Thomas, Executive Director of Finance</p>
In Attendance:	<p>Ms Jill Paterson, Director of Primary Care, Community & Long-Term Care Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary Ms Alwena Hughes-Moakes, Communications and Engagement Director Ms Donna Coleman, Regional Director, Llais/Citizen Voice Body (VC) Ms Liz Carroll, Director of Mental Health & Learning Disabilities (part) Ms Kay Isaacs, Assistant Director of Mental Health & Learning Disabilities (part) Ms Lisa Bassett-Gravelle, Head of Adult Mental Health Inpatient Wards and Learning Disabilities Service (part) Ms Clare Moorcroft, Committee Services Officer (Minutes)</p>

Agenda Item	Item	Action
PM(23)80	INTRODUCTIONS & APOLOGIES FOR ABSENCE	
	<p>The Chair, Miss Maria Battle, welcomed everyone to the meeting. Apologies for absence were received from:</p> <ul style="list-style-type: none"> • Dr Mohammed Nazemi, Chair, Healthcare Professionals Forum • Dr Hashim Samir, Chair BAME Advisory Group • Mr Mansell Bennett, Llais/Citizen Voice Body 	

PM(23)81	<p>DECLARATION OF INTERESTS</p> <p>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.</p>	
PM(23)82	<p>MINUTES OF THE PUBLIC MEETING HELD ON 30 MARCH 2023</p> <p>RESOLVED – that the minutes of the meeting held on 30 March 2023 be approved as a correct record.</p>	
PM(23)83	<p>MATTERS ARISING & TABLE OF ACTIONS FROM THE MEETINGS HELD ON 30 MARCH 2023</p> <p>An update was provided on the table of actions from the Public Board meeting held on 30 March 2023, and confirmation received that all outstanding actions had been progressed. In terms of matters arising:</p> <p>PM(23)57 – Reminding Members that the Clinical Strategy Review commissioned by Welsh Government has been delayed, and that a letter had been sent by the Health Board, Miss Battle requested an update. Mr Lee Davies advised that he had written to and met with Welsh Government. There had been positive discussions around the commencement of the Review; whilst the Health Board had not yet received formal notification of the commencement date, this was expected to be within the next few weeks, with conclusion during August 2023. Delays to the original timelines would still occur; however, these would be more manageable than previously anticipated. It was noted that the delayed start date would impact on the Health Board’s plan to hold an Extraordinary Public Board meeting on 24 August 2023; this would potentially move to 14 September 2023 and the date (when finalised) would be publicised on the Health Board website.</p> <p>PM(23)58 – Referring to the update on the switchboard modernisation, Mr Maynard Davies noted the planned Interactive Voice Response (IVR) approach. A common criticism is that it can take a long time to secure a response on a poorly designed IVR system. Mr Huw Thomas assured Members that the Health Board is engaging on a solution which will be fit for purpose.</p> <p>An update around Mental Capacity Legislation training was requested. Mrs Mandy Rayani advised that she had spoken to the team, who had already been in the process of developing posters which should be available shortly. Mrs Rayani would follow-up on this matter. Members were assured that the UK Government’s decision to defer introduction of the Liberty Protection Safeguards (LPS) will not alter the Health Board’s commitment to provide training for staff to enhance their skills in this area.</p> <p>Mr Andrew Carruthers provided an update with regard to the Gwili Railway car park, stating that there had been a positive meeting with representatives from the Gwili Railway this week. The two parties are still awaiting planning approval from the Local Authority; once this has been obtained, the 5 weeks of works required can begin. Miss Battle</p>	MR

	<p>welcomed the update, suggesting that this will make a significant difference in terms of patient experience.</p> <p>PM(23)65 – Miss Battle enquired whether a date had been set for a Board Seminar session to consider risks and fragilities in Primary Care. In response, Ms Jill Paterson advised that she was happy to contribute to such a session, reminding Members that there had been a commitment to provide an interim update on the Primary Care Strategy to the September 2023 Board meeting. Members heard that the Primary Care team was beginning to implement the plans relating to Managed Practices presented to the previous Board meeting, and that information in relation to Primary Care is also provided within the Operational Update report. The Board Seminar date at which Primary Care is to be discussed would be circulated when agreed.</p>	JP/JW
PM(23)84	<p>MINUTES OF & TABLE OF ACTIONS FROM THE CORPORATE TRUSTEE MEETING HELD ON 30 MARCH 2023</p> <p>RESOLVED – that the minutes of the meeting held on 30 March 2023 be approved as a correct record.</p> <p>An update was provided on the table of actions from the Corporate Trustee meeting held on 30 March 2023, and confirmation received that all outstanding actions had been progressed. In terms of matters arising:</p> <p>CT(23)03 – Members heard that the legal advice regarding potential changes to charitable funds had been considered and this was now a clear objective within the workplan for the year. Mrs Rayani emphasised the importance of engaging with staff and stakeholders as part of the remodelling/restructuring of funds and the need to ensure that the original objectives of funds/bequests are still met.</p>	
PM(23)85	<p>REPORT OF THE CHAIR</p> <p>Miss Battle presented her report on relevant matters undertaken by the Chair since the previous Board meeting. The establishment of a new Cancer Clinic, based in the Pembrokeshire Haematology & Oncology Day Unit at Withybush Hospital (WGH) was welcomed as an extremely positive development. Miss Battle thanked all of those involved in securing the Platinum Level of the Corporate Health Standard, with the Assessor recording that they were impressed by the Health Board's continued commitment to health and well-being and its commitment to the local community. Finally, Miss Battle wished to express her thanks to the Communications team and those nurses appearing in the BBC series 'Rookie Nurses', stating that it was wonderful to see the compassion and quality of care offered by Hywel Dda UHB staff.</p> <p>The Board SUPPORTED the work engaged in by the Chair since the previous meeting and note the topical areas of interest.</p>	
PM(23)86	<p>REPORT OF THE CHIEF EXECUTIVE</p> <p>Introducing his Chief Executive's report, Mr Moore highlighted in particular the work undertaken following submission of the Health Board's Annual Plan. A scrutiny session with Welsh Government had taken place on 3 May 2023 and a presentation providing further detail</p>	

would be shared later on the agenda. A great deal of work is still ongoing and significant challenges remain in balancing the needs of patients with the pressures faced by the organisation. Mr Moore drew Members' attention to the escalation status update, with a meeting having taken place on 17 March 2023 and another planned for June 2023. Targeted Intervention work is being taken forward by the relevant Working Groups, including the Escalation Steering Group. The findings of the independent Peer Review of Integrated Planning had not yet been received from Welsh Government. Board approval is being sought for changes to the Ethics Panel Terms of Reference; this group had been established during the COVID-19 Pandemic and represents a positive development which should be maintained. Finally, Mr Moore was pleased to report that Dr Ardiana Gjini will be joining the Health Board as its new Director of Public Health in July 2023, and will be attending the Executive Team Residential in June 2023.

Referencing page 2 of the report, Mr Winston Weir noted the commitment to 'De-risk the Annual Plan' and requested clarification of what is meant by this requirement. Mr Moore stated that Welsh Government's request was twofold, with Health Boards required to ensure that all savings plans are as robust as possible and also for all Health Boards to consider whether they can 'go further' in terms of savings. Members were assured that the Executive Team has discussed this matter in detail. Mr Weir welcomed the explanation, as the meaning of this term was not clear. With regard to the Ethics Panel Terms of Reference, Mr Maynard Davies indicated that he would like to see inclusion of a statement around the ethical use of technology. For example, whilst developments in Artificial Intelligence (AI) may provide benefits, they also need to be monitored carefully. Mrs Chantal Patel, Chair of the Ethics Panel, stated that she would be happy to add this to the Terms of Reference. Highlighting the challenging financial circumstances under which the organisation is operating, Ms Anna Lewis enquired whether it is envisaged that there will be an increase in ethical dilemmas the Board will need to consider. Ms Lewis also requested assurance that the approach to ethics will remain 'live'. Whilst acknowledging that there has been and will continue to be an increase in the number and complexity of ethical challenges due to competing issues and demands, Mr Moore indicated that the way in which the Health Board's Annual Plan had been constructed takes this into consideration. It is anticipated, however, that issues will become ever more 'pointed' and it is hoped that the Ethics Panel will be able to guide the organisation's approach.

Professor Philip Kloer acknowledged that the current Ethics Panel Terms of Reference are somewhat limited, explaining that when the Panel was established during the COVID-19 Pandemic, it was intended as a resource for the Board. Miss Battle recalled that when the Panel was first established, communications regarding its purpose and use were circulated to key personnel and suggested that a similar exercise be conducted. Professor Kloer confirmed that issuing of communications was envisaged, advising that Mrs Patel has already undertaken a presentation to medical leaders and that there were also plans to present to medical staff as part of Grand Rounds. The presentation to

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	<p>medical leaders had produced interest and ideas of potential medical dilemmas which might be considered. Whilst welcoming these initiatives, Miss Battle felt that communications should be broadened to include management staff. Recognising that the proposed Ethics Panel membership includes a Patient Support Services Representative, Ms Delyth Raynsford enquired how the voice of the patient will be heard. Mrs Patel explained that whenever a question/case is referred to the Ethics Panel which involves clinical engagement with a patient, the patient must be informed and is offered the opportunity to contribute.</p> <p>Whilst suggesting that it may be more appropriate to continue detailed discussion outside the Board meeting, Ms Lewis was keen to see the Ethics Panel as a means of strengthening the way in which the organisation was supported in its decision-making. If decisions are being made at a more strategic level around which populations and diseases receive assistance and which do not, support needs to be provided to the Board. Mr Moore agreed that a discussion around this is required, in terms of whether an Ethical Framework should be developed and/or whether the Ethics Panel should be involved in development of the organisation's Annual Plan. Members heard that Mrs Patel is a leading expert in this field and that the Health Board is fortunate to have her counsel and expertise.</p> <p>Mr Moore wanted to recognise that this is Dr Jo McCarthy's final Board meeting deputising for the Director of Public Health and thank her for her significant contribution. Dr McCarthy will shortly be embarking on a secondment and Mr Moore wished her well in this, looking forward to her return to Hywel Dda. Echoing these sentiments, Mrs Hardisty thanked Dr McCarthy for her work with the Regional Partnership Board (RPB) and Miss Battle recognised the challenging circumstances under which Public Health had been operating during Dr McCarthy's tenure.</p> <p>The Board:</p> <ul style="list-style-type: none"> • ENDORSED the Register of Sealings since the previous report on 30 March 2023 • NOTED the status report for Consultation Documents received/ responded to • Subject to the amendments mentioned above, APPROVED the Ethics Panel Terms of Reference 	<p>PK</p> <p>CP/SM/ PK</p>
<p>PM(23)87</p>	<p>REPORT OF THE AUDIT & RISK ASSURANCE COMMITTEE</p> <p>Mr Rhodri Evans, Interim Audit & Risk Assurance Committee (ARAC) Chair, presented the ARAC update report from its meeting held on 18 April 2023, highlighting the key items discussed, key risks, issues and matters of concern. These included the request for Board approval of the revised ARAC Terms of Reference, the amended Scheme of Delegation and the proposed change to the date for the Health Board's Annual General Meeting. The Committee had also received Audit Wales' proposed Audit Plan and assurance from Audit Wales that it was content with the management response to its Review of Operational Governance Arrangements in Mental Health & Learning Disabilities. There had been a 'Deep Dive' report into Ophthalmology, a service which had been experiencing challenges for a number of years. Despite the progress made, it had been deemed that assurance could not</p>	

currently be taken, and that additional work was required. There had been a significant increase in the number of open recommendations on the Health Board Audit Tracker and it had been agreed that a review would be undertaken.

Referencing discussions around Royal College of Physicians (RCP) Medical Record Keeping Standards, Mrs Rayani reported that the Head of Effective Clinical Practice & Quality Improvement had led a piece of work to develop an overarching policy. This was not restricted to standards for any one healthcare profession or group, it was all-encompassing, and Hywel Dda will be the first Health Board to put in place such a policy. Miss Battle welcomed the format in which matters for the Board’s consideration are presented, stating that for all Board level Committee reports there needs to be clarity around the actions being taken or requested of the Board.

The Board:

- **NOTED** the ARAC update report and **ACKNOWLEDGED** the key risks, issues and matters of concern, together with actions being taken to address these.
- **APPROVED** the revised ARAC Terms of Reference.
- **APPROVED** the changes to the Scheme of Delegation.
- Following Welsh Government confirmation of a variation order, **AGREED** that Hywel Dda UHB’s Annual General Meeting should take place no later than 28 September 2023, replacing the previously scheduled date of 27 July 2023.

PM(23)88

REPORT OF THE QUALITY, SAFETY & EXPERIENCE COMMITTEE

Presenting the Quality, Safety & Experience Committee (QSEC) update report from 11 April 2023, Ms Lewis, QSEC Chair, highlighted receipt of a Staff Story from a senior nurse at Glangwili Hospital, recounting their experience of the recent Healthcare Inspectorate Wales (HIW) visit. Whilst the Board has, quite rightly, been rigorous in considering HIW’s findings, this had been an opportunity to hear – first hand – a staff experience perspective. The Committee had been struck and humbled by the account and by the leadership provided and had welcomed this presentation. Progress around implementation of requirements relating to the Health and Social Care Quality and Engagement (Wales) Act was positive, and Mrs Rayani and her team were commended for their work. Ms Lewis emphasised that the ‘agenda’ in respect of this Act is, however, significant and there is a need to embed it as much in ‘spirit/culture’ as much as technically. The Committee had also discussed the Health Visiting staffing position; despite efforts by the Workforce team, there are significant shortfalls in staffing, particularly in Ceredigion and Pembrokeshire. The Committee is keen to see what strategic options can be offered going forward to address staffing fragilities in this service.

Mrs Rayani wished to emphasise that the Health Board is participating in a joint safeguarding review with HIW and Care Inspectorate Wales (CIW). There has been positive news around the position in Ceredigion, with recruitment to the Health Visiting programme. However, this scope of work is significant, involving as it does the safety of families, children and patients and the whole healthcare team, including Primary Care, has a role to play. Mrs Rayani wished to assure Members that action is

	<p>being taken, whilst recognising the importance of the Workforce Plan. Ms Alison Shakeshaft confirmed that there had been successful recruitment into the Health Visiting programme and that steps are being taken to ensure there are students from all three counties. There is strong senior nurse leadership, additional Band 4 and 5 staff are being introduced, together with targeted training. The service, however, remains fragile and will take time to stabilise. Ms Paterson agreed that there is an important interface/relationship with Primary Care, adding that there needs to be consideration of how the teams work together and provide cross-cover. Robust communication is required in order to strengthen the important role of Health Visitors. Members heard that a Primary Care workforce event with HIW is taking place next week. In response to a suggestion that this topic needs to be monitored, Ms Lewis advised that it has been tracked by QSEC for approximately 12 months and will be maintained on the forward Workplan. Ms Raynsford enquired whether the RPBs undertake work on this topic and was informed that RPBs are charged with delivering the NEST framework, which covers Maternity Services, Health Visiting, School Nursing and other services for Children & Young People. It was suggested that it would be helpful to include this RPB element in QSEC discussions.</p>	MR
	<p>The Board NOTED the QSEC update report, ACKNOWLEDGED the key risks, issues and matters of concern, together with actions being taken to address these.</p>	

PM(23)89	<p>ANNUAL PLAN 2022/23 CLOSURE REPORT</p> <p>Mr Lee Davies introduced the Annual Plan 2022/23 Closure Report, stating that Board Members will be familiar with the organisation's stated Strategic Objectives and Planning Objectives. The report is intended to provide an overarching summary of progress against these and includes:</p> <ul style="list-style-type: none"> • Categorisation of Planning Objectives into those completed, ahead of schedule, on track, etc • A brief overview from Executive Directors regarding progress on their allocated Planning Objectives • Recognising that the number of Planning Objectives has been reduced significantly, details of 2022/23 Planning Objectives mapped to 2023/24 Planning Objectives to provide assurance <p>Miss Battle welcomed the comprehensive summary provided.</p> <p>The Board TOOK ASSURANCE on progress of the 2022/23 Planning Objectives as detailed within the Closure Report.</p>	
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PM(23)90	<p>UPDATE ON ANNUAL PLAN 2023/24</p> <p>Mr Lee Davies introduced a report updating on the Annual Plan 2023/24, which was submitted to Welsh Government on 31 March 2023. A letter had subsequently been received, in which Welsh Government indicated that the Plan was neither supportable nor acceptable, which was not entirely unexpected. As mentioned earlier, a meeting with Welsh Government had taken place on 3 May 2023, which had been followed by a further letter on 15 May 2023. Welsh Government does not require a resubmission of the Plan but supplementary documentation and Ministerial templates must be submitted.</p>	
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Members received a presentation outlining progress since the supplementary requirements were clarified, noting the following:

- The premise of the Health Board's Plan remains unchanged
- Further clarification has been sought regarding the additional detail requested and meetings have taken place with Welsh Government representatives
- There will be a summary of Welsh Government feedback and how the Health Board has gone about trying to address this
- There has been an additional submission regarding the Health Board's plans around Planned Care
- Financial position – whilst templates have been reviewed and updated, it is only a matter of a few weeks since the original Plan was submitted, so there will be no significant change to the position
- There has been a broad reminder of the Health Board's approach, cost pressures, analysis of opportunities and the fact that these are being embedded within the approach adopted within the organisation
- The Health Board has undertaken the process of delegating budgets, which was required in order to continue operating from April 2023 despite the Plan not being supported by Welsh Government. Budget delegation letters have been issued
- Work around savings is ongoing
- The Month 1 position is approximately £2.3m adrift from Plan, £1m undelivered savings and £1.3m operational costs in Unscheduled Care, some of which are new cost pressures not previously seen
- There is a risk of approximately £20m against Plan; whilst it is not possible to fully 'de-risk' at this stage, work is ongoing
- The Executive Team is actively working through the requirements

The final slide outlines proposed actions to approve the supplementary submission required by Welsh Government. A draft of all Ministerial templates was shared with Executive Directors on 24 May 2023 and further information will be shared on 26 May 2023. A Chair's Action meeting will be held during the week commencing 29 May 2023 to approve the submission, which will be reported to the next Public Board meeting in July 2023.

Referencing the topic of financial 'de-risking', Mr Moore explained that the Executive Team is undertaking 'Deep Dives' on a weekly basis around specific challenging savings areas, for example Workforce Stabilisation and Changes to the Urgent & Emergency Care system. There has been a significant reduction in agency nursing spend as a result of the former, and the latter is on track in terms of numbers of bed equivalents removed whilst maintaining performance, due to the work on conveyance, complexity and discharge. The organisation is, however, working in extremely challenging circumstances, with situations changing in one area as work takes place in another, all while teams try to ensure system resilience. Members were informed that a Review of Governance Arrangements will be undertaken, with detail agreed by the Executive Team. Findings will be reported to a Board level Committee prior to the July 2023 Public Board. Whilst the potential position of £20m adrift from Plan is extremely concerning, it is reassuring that it has been

identified early in the year. The requirement to deliver £19.5m savings target is crucial.

Miss Battle welcomed the report and additional context provided by the presentation and appreciated the timescales within which the organisation is operating. Concern was expressed regarding repeated messaging that the Health Board is not addressing the Ministerial Priorities, when it seems that these are at the core of the organisation's focus upon reading the Integrated Performance Assurance Report, Operational Update Report and Annual Plan documents. Miss Battle enquired how this can be more effectively communicated, as it does not currently seem to be appreciated. Also, there has been feedback regarding the Board having approved a Plan without financial balance, and Miss Battle requested assurance that this had been the only/correct route. Finally, it was suggested that the work being undertaken by the Executive Team and as part of the Governance Review be reported to the Sustainable Resources Committee (SRC) prior to the next Board meeting. With regard to the final query, Mr Moore confirmed that this was the intention. In respect of the Ministerial Priorities issue, Members were reminded that there is clarity in terms of how the organisation's Planning Objectives align with Ministerial Priorities, and were informed that this had been discussed at the scrutiny session with Welsh Government. The Health Board had been able to provide assurance that, even if the alignment is not obvious in the short-term, it is in the long-term and that the organisation has not used additional funding in this respect. Discussions will continue; however, Mr Moore was confident that a plan is in place which supports the Ministerial Priorities. With regard to the matter of Board having approved the Plan, Mrs Joanne Wilson drew Members' attention to the relevant section of the minutes from the previous meeting on 30 March 2023. The Director of Corporate Governance and Director of Finance had, within the Board report presented, considered extremely carefully the issue of Board approval of the Plan. There had been a duty/need to approve the Plan, as without this it would not have been possible to delegate budgets to budget holders to enable the organisation to operate. In respect of how the Plan was approved, there were significant caveats, including a recognition that the financial outturn remained unacceptable and required further work, and that the organisation was not compliant with requirements in relation to Planning and Finance. It was reiterated that careful consideration had been given to this matter prior to its presentation to Board. Mr Huw Thomas added that it was important also to note explicit reference to the need for cash-backed support from Welsh Government, should further support be unavailable.

With regard to communications with the general public, Mrs Hardisty queried the use of the term 'de-risk' and how widely understood this would be. Consideration would need to be given to how it is explained/described. On slide 3 of the presentation, which focuses on the 15 May 2023 letter from Welsh Government, Mrs Hardisty noted reference to 'local and national choices'. It was queried how single Health Boards can make national choices and clarification was requested. On slide 11, Mrs Hardisty highlighted the £19.5m savings target and enquired whether Health Board teams have 'signed up' to deliver the savings

SM/JW

required to deliver this figure. If so, it was suggested that plans should be in place to do so; and if the savings target is not deemed to be deliverable, this needs to be stated and a corporate discussion needs to take place. In respect of the 'de-risk' terminology, Mr Huw Thomas stated that this has entered the Annual Plan vocabulary fairly recently. In Welsh Government's view, there is a need for greater certainty around the forecast challenges Health Boards are facing. Different Health Boards take different approaches; a consistency and clarity is required. The significant deficit positions across Wales present a major budgetary challenge to Welsh Government. In response to the query around local and national choices, Mr Huw Thomas explained that this is a request to identify actions which Health Boards can take on a local basis and those which would require a national approach (either Health Boards working collaboratively or a national policy change). It is intended that this provides a helpful and shared understanding.

Members were advised that savings plans, whilst challenging, have been broadly agreed across the organisation. In terms of governance processes, Mr Huw Thomas proposed that the savings delivery report presented to SRC be changed, which should address such queries and concerns. Mr Moore emphasised that the Health Board has a number of extremely strong and detailed savings plans; however delivery of some of these is being impacted by the other pressures being experienced. It is not so much about individual non-delivery, rather the system changes and pressures. Agreeing, Mr Huw Thomas explained that there are various complexities now associated with savings delivery, including unanticipated consequences. Mr Weir welcomed the presentation and additional context provided. Whilst acknowledging the extremely challenging situation being faced, Mr Weir suggested that it is not possible to manage an organisation of this size and assume that it can be 'de-risked' to nothing. Not least because of external pressures outside the Health Board's control, such as the cost of living crisis. Mr Weir was of the opinion that the approach being taken by the Executive Team was absolutely correct. In terms of budgets, there has to be a balance between strategic intent and operational need. It was suggested that it would be beneficial to understand the organisation's risks from the perspective of those 'on the front line'. Whilst finding the presentation reassuring, stating as it does that the Health Board is not abandoning its existing Plan, Mr Weir highlighted that the organisation will remain in financial deficit, and cannot rectify this position to the extent that Welsh Government will find its Plan supportable. Given that the Health Board's Annual Plan was only a month 'old', Mr Moore agreed that abandoning it would have been ill-advised. Focusing on the issue of 'de-risking', Mr Moore reported that an update to Welsh Government is required by the end of May 2023. The Health Board needs to describe in more detail the work that it is undertaking on savings, including the Executive Team 'Deep Dives'; the governance review and proposed changes to governance processes. It also needs to be clear on what it can deliver, what may be ambitious and what the anticipated 'end position' will be. This will form part of an ongoing dialogue with Welsh Government.

Returning to the issue of Ministerial Priorities, Ms Lewis enquired with regard to the proportion of Health Board services which are not covered

by these; and how concerned patients accessing services which are not covered by Ministerial Priorities should be. In response, Mr Moore suggested that there are two discussions with Welsh Government. One of which is regarding the effort and investment being put into the additional initiatives being undertaken this year, which are intended to address and focus upon the Ministerial Priorities. This pre-supposes that everything the Health Board currently undertakes continues, whilst also assuming that the situation does not worsen. The Executive Team has undertaken theoretical discussions around those services which do not sit within the Ministerial Priorities; however it is not felt that there is any 'appetite' at a national level to disinvest in these, as a number of them are also important service areas. It is understood, rather, that the debate is around additional/further investment. Mr Moore did not, therefore, feel that patients should be concerned about existing services being lost or reduced due to the additional focus on Ministerial Priorities. Whilst accepting that this responds to her query, Ms Lewis remained concerned around how the organisation can be expected to manage these competing priorities. Mr Lee Davies suggested that this serves to demonstrate the challenges being faced by the Health Board. The Ministerial Priorities cover Primary Care, Mental Health & Learning Disabilities, Planned Care, Cancer Care and Urgent & Emergency Care. Areas where there might be potential for reducing investment could include Population Health, work on the Strategy, Workforce and Organisational Development. Whilst reducing investment in these would offer only a relatively modest financial return, it would have long-term implications. All of the trajectories identified by the Health Board are improvement trajectories; whilst they may not achieve the targets being set, they would represent an improvement.

Ms Lewis queried the definition of 'priorities', if the intention is to cover everything. It was suggested that those people/patients not mentioned within the Ministerial Priorities are the groups which disproportionately tend to experience health inequality. As a Board, however, addressing health inequalities has been a stated aim. Mr Moore acknowledged the need for the Health Board to 'keep testing itself', to ensure that it makes the correct decisions for its local population. The organisation's Strategic Objectives should be its priority and, where progress is not being achieved on these, Board discussion will be required. Mr Huw Thomas felt that the issue centred on how broadly the Ministerial Priorities are defined, suggesting that it was difficult to see how most clinical services would be excluded. It may be argued that support services do not fall into the Ministerial Priorities; however, it would be challenging to reduce these, due to the difficulties in redeploying staff who would not generally have the skill set required for operational or clinical services. There are, however, potential opportunities for efficiencies within the services covered by the Ministerial Priorities. Reflecting on the discussions and the challenges being faced by the organisation in relation to savings, Mrs Patel wondered whether it would be helpful for the Board to hear from those individuals being asked to make savings regarding the potential impact savings plans will make on patients, particularly in terms of health inequalities. Mr Moore explained that the manner in which savings plans had been constructed has focused on opportunities to reduce waste and increase efficiency, such as reducing numbers of

agency staff and reducing the number of patients in the 'wrong' part of the healthcare system. The traditional/historic approach of identifying a percentage reduction across budgets has not been applied.

Mr Weir highlighted that the Health Board's financial deficit has increased during the past three years, from £25m, to £59m, to a forecast £120m. This worsening position needs to be acknowledged, and the organisation needs to consider identifying how the additional deficit has been created and demonstrate how this has improved performance where possible. It was also suggested that the Health Board needs to work more effectively with partners rather than as a single organisation. With regard to the deteriorating deficit position, Miss Battle reminded Members that the COVID-19 Pandemic had resulted in significant financial impact during the past three years. Returning to an earlier comment, Dr Jo McCarthy acknowledged that the Ministerial Priorities focus largely on acute pressures/issues rather than illness prevention. The Board has, however, recognised the need for action in this area, to ensure that the current position does not persist or worsen in 10/20/30 years' time, and to reduce the demand on the system and improve services. However, the Public Health Directorate has a responsibility to respond to the situation in which the Health Board is working, and to work closely with colleagues in Value Based Health Care and Finance, moving towards a position which supports teams in the Waiting List Support Service and Prehabilitation, and responds to the organisation's short term needs, as well as being cognisant of the long term aspects of community and population health. In terms of concerns around health inequalities, Dr McCarthy felt that, if the above can be achieved well, the organisation will be taking steps to reduce health inequalities. There has been a clear commitment to this as a Board, demonstrated by discussions at the April 2023 Board Seminar, whilst the need to focus on 'doing more with less' is recognised.

Mr Moore welcomed the helpful and constructive discussions, highlighting the organisation's need for the wisdom and scrutiny of all Board Members in taking forward the work required. There will need to be ongoing Board discussions and conversations with the public. Miss Battle summarised discussion as follows:

- The Board agrees that Ministerial Priorities must be 'front and centre' in the Health Board's Annual Plan
- Improvements are being seen – the organisation set out targets at the beginning of the year and has in some cases exceeded these
- The Health Board must continue to deliver on its Strategic Objectives
- If it is felt that there is a need to consider reducing services, this must be considered by the Board and Ethics Panel
- The assurance, clarity and support around the Public Health agenda was welcomed
- 'De-risking' involves clarity of risk within the Financial Plan, definition of intended mitigations and consequential impact of the Financial Plan elsewhere
- There is a need for clarity and scrutiny at SRC of the Financial Plan, the Governance Review, recommendations and implementation of recommendations

	<p>In considering the recommendations, Members were asked to confirm their agreement to the proposed process for taking forward approval and submission of the Health Board's Annual Plan, via Chair's Action.</p>	
	<p>The Board NOTED the update on the Annual Plan for 2023/24 and AGREED the next steps detailed.</p>	

PM(23)91	<p>IMPLEMENTING THE 'A HEALTHIER MID AND WEST WALES' STRATEGY</p> <p>Mr Lee Davies presented the regular update on the Implementing the 'A Healthier Mid and West Wales' Strategy, reminding Members that there are four key areas of work being progressed:</p> <ul style="list-style-type: none"> • Clinical Strategy Review – this has already been mentioned • Strategic Outline Case – remains on track • Technical Work in support of Land Selection Process – ongoing. Members were reminded that the Health Board does not own or have any agreement with the landowners of the sites identified, which creates a level of risk, with the potential for one or more site becoming unavailable. Discussions are taking place with Welsh Government around how to manage this risk and it is intended to send a letter to the Minister for Health and Social Services and the Director General of the NHS on this topic. Updates will be provided • Land Consultation – this has now concluded, having seen excellent engagement from the public/local communities <p>Members heard that the Health Board had undertaken 11 staff sessions, 13 public drop ins, 4 online sessions, 3 town and community council sessions, 3 local authority sessions, plus additional sessions as requested. 628 online responses had been received, plus other paper responses. The events had been well attended and those who had attended had engaged well. Certain concerns had been expressed in relation to the Health Board's plans, particularly in relation to transport. The events had provided the opportunity to reiterate proposals around the wider Strategy and allowed the organisation to provide reassurance regarding the commitment to care closer to home and the importance of existing sites to its future plans.</p> <p>Mr Iwan Thomas welcomed the update. Having attended a number of the events mentioned, he emphasised the scrutiny under which the Health Board is operating and commended the transparency with which it is conducting this process. The engagement had allowed face to face, constructive, discussion around the wider opportunities afforded by the Health Board's proposals – such as skills development, procurement opportunities, employment prospects; all of which contribute to the long term security of the local population in mid and west Wales. Mr Iwan Thomas suggested that the provision of 'in person' events had been welcomed, was invaluable in breaking down barriers in communication and should be continued. He thanked all of those involved. Cllr. Evans echoed these sentiments, having also been present at a number of events which had been well attended. There had been queries around issues other than the land consultation, and those attending had appreciated the opportunity to discuss these in person. Recognising that</p>	
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	<p>the Health Board had visited schools and colleges in the past, Cllr. Evans enquired whether there had been any engagement with children and young people. Ms Alwena Hughes-Moakes advised that this had not been possible for the Land Consultation exercise; however documentation had been shared with schools and colleges and wider engagement will continue in the future. As the Youth Consultation documentation was printed, it is not yet known how many of these were returned as part of the paper responses. Members of the Outreach teams did engage with various groups, and verbal feedback from children and young people was also captured during sessions. Cllr. Evans wished to place on record his thanks and congratulations to those members of staff who organised and attended the consultation sessions. Mr Moore stated that the opportunity to engage with the general public again had been welcome. Feedback had been both useful and, in some cases, surprising. Ms Hughes-Moakes' contribution to the many events, in particular, was commended. In response, Ms Hughes-Moakes advised that all of the events were attended by members of the Communications and Engagement team and that she would pass on the Board's thanks to them.</p> <p>Noting the importance of delivering the new hospital and wider Strategy for the reasons outlined above and the future of the local population, Miss Battle indicated that she would be happy to contribute to the letter to Welsh Government mentioned above.</p>	<p>AHM</p> <p>MB</p>
	<p>The Board:</p> <ul style="list-style-type: none"> • NOTED the update on the Clinical Strategy Review • NOTED the progress made on the Strategic Outline Case (SOC) • NOTED the progress in relation to the technical work and public consultation relating to identifying a site for the new Urgent and Planned Care Hospital • AGREED to send a letter to Welsh Government regarding the Land Selection Process 	

<p>PM(23)92</p>	<p>IMPROVING PATIENT EXPERIENCE REPORT</p> <p>Mrs Rayani introduced the Improving Patient Experience report, apologising for a minor error on the covering SBAR, which states 54 'Big Thank You' nominations were received, rather than the correct number of 56. Members heard that there has been an increase in the number of complaints. 67% of the cases received were responded to within 30 working days, however, Mrs Rayani was committed to improving this figure. Training was being rolled out which should positively impact. Three new cases had been referred to the Ombudsman and will follow the recognised process. The number of concerns linked to communications has reduced to 17%; this is positive and reflects the significant work undertaken in this area. Mrs Rayani has been in discussion with all Heads of Nurses and Ward Sisters around the steps required to improve communications. It was recognised, however, that nurses are only one group involved, and that all members of staff have a responsibility in this regard. Mrs Rayani had hoped that the Patient Story could have been delivered 'in person' from this Board; however, it had not proved possible. It was intended to reintroduce this from the July 2023 meeting. Members were assured that significant work had been undertaken since this Patient Story had been received, an improvement</p>	
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plan had been put in place and progress had been made. It was vital to remind staff of the importance of advance care planning, particularly in relation to End of Life Care. Mrs Rayani was deeply sorry that the individual involved had undergone the experience they had. Finally, Mrs Rayani reiterated the positive impact on both patients and staff of the Arts in Health team, which comprises only 1 WTE member of staff. A recent Charitable Funds Committee meeting had heard about the benefits provided by this team.

Noting that a number of Board Members are receiving individual approaches regarding concerns/complaints, Mrs Patel queried whether this indicates a potential issue with the way in which concerns are being dealt with. In response, Mrs Rayani advised that, whilst individuals sometimes choose to contact Board Members personally, there is a clearly defined process in place. The Patient Experience team works hard to ensure that this process is followed and that those raising concerns are communicated with effectively and kept up to date. There are, however, individuals who are unhappy with the Health Board's response and the team is also proactive in suggesting that they refer their case to the Ombudsman if they feel this is necessary. Mrs Rayani requested that Board Members keep in mind that there is a formal process in place and refer any individuals who contact them to this process. This will ensure that they are responded to in a timely and correct manner. The team is, however, happy to consider suggestions to improve the process. Referencing advance care planning and Do Not Attempt Resuscitation (DNAR) orders, Mrs Patel indicated that this was a complex area and enquired whether additional training is required. Mrs Rayani responded that discussions are taking place this week on this topic. There has been a national review; whilst the Health Board has its own policy, this is currently at variance with the national review. The policy will, therefore, need to be updated; however, a 6 month extension has been agreed in the interim. A training programme is ongoing and will be monitored. Members noted that the National Nosocomial COVID-19 Programme Interim National Learning Report had identified this as an area of good practice.

Focusing on the Arts in Health Programme video on page 2 of the SBAR, Professor Kloer drew attention to the fact that Hywel Dda UHB staff were being highlighted at a national level. Their work around social prescribing, for instance, was having a significant impact. Professor Kloer felt that this initiative aligns totally with the Health Board's priorities and indirectly supports the Ministerial Priorities discussed earlier. Ms Paterson wished to emphasise the work of the Palliative Care team outlined within the Patient Story, particularly post COVID-19 Pandemic, when the service had made a significant contribution. Whilst acknowledging that there are issues, Ms Paterson wanted to recognise the service's contribution. The Palliative Care nurses had recently gained Bevan Exemplar recognition. This is a relatively small team, in need of investment and leadership. Concerns around communications are being addressed, together with the specific issues raised in the Patient Story. Miss Battle echoed these comments, stating that she had met with members of the Palliative Care service on a number of

	<p>occasions during the COVID-19 Pandemic. Thanks were recorded to the Palliative Care and wider teams.</p> <p>Returning to the matter of contact being made with individual Board Members, Miss Battle enquired how the Patient Experience team might feed back progress on cases to Members. Mrs Rayani agreed to speak to the team regarding this. The inclusion of 'You Said, We Did' information under separate headings was welcomed. Miss Battle queried the reason for the negative feedback in relation to outpatients. Mrs Rayani acknowledged that this was an area requiring further work, and committed to discuss with Mr Carruthers, with a view to taking a report to QSEC. In response to a query around whether there will, in future reports, be more explanation/narrative in relation to Mental Health & Learning Disabilities feedback, Mrs Rayani confirmed that she had discussed this with the Patient Experience team. There is a need to consider how to ensure feedback from this service is included more effectively; the situation should be improved by the roll-out of the Civica feedback system. Mrs Rayani would take this forward with both the service and the Patient Experience team.</p> <p>The Board RECEIVED the Improving Patient Experience report, which highlights to patients and to the public the main themes arising from patient feedback.</p>	<p>MR</p> <p>MR</p> <p>MR</p>
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<p>PM(23)93</p>	<p>TRANSFORMATION STEERING GROUP UPDATE/REPLACEMENT</p> <p>Mr Moore stated that, whilst it would be all too easy to focus on the 'here and now' and current challenges, the organisation also needs to consider how it can transform and learn from others. The format of this work has evolved, from the Recovery Learning & Innovation Group, to the Transformation Steering Group, and the way forward now needs to be determined. The Board Assurance Framework provides a good example of the type of focus required. The organisation has made progress on defining and refining its Strategic Objectives, Planning Objectives and Risks. Mr Moore hoped that the proposals presented represent a way forward for driving the transformation agenda. It is proposed that the process be utilised through the year to focus on areas in which there has been less progress and determine how this will be addressed. There will need to be further updates, following discussion with the Director of Corporate Governance; however, Mr Moore was seeking the Board's support in principle for the proposals.</p> <p>Expressing full support for the proposals, Mr Iwan Thomas welcomed the 'open call' to consider expertise from outside the health sector. Members were reminded that there are significant examples of innovation within local communities, some arising from the COVID-19 Pandemic, others from the cost of living crisis. It was suggested that those operating such initiatives might be invited to attend a future Board Seminar, to discuss potential transferable models. Ms Paterson agreed, noting that Healthier Carmarthenshire, Pembrokeshire and Ceredigion initiatives offer 'ready-made' groups for providing input. Mr Moore welcomed this suggestion, which aligned with the proposals' premise.</p> <p>The Board CONSIDERED the report and SUPPORTED further discussions to develop the governance and processes to establish this new approach to transformation, with a further update in September</p>	<p>JW</p>
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	2023 to formally launch our new approach to transformation and additional discussion at a future Board Seminar.	
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PM(23)94	FINANCIAL REPORT M12 2023/23 and M1 2023/24	
	<p>Introducing the Financial Report for Month 12 of 2022/23 and Month 1 2023/24, Mr Huw Thomas highlighted that the Month 12 position is presented for the record and is subject to audit. The challenges in relation to Month 1 have already been rehearsed/discussed.</p> <p>With regard to the Month 12 report, Mr Maynard Davies noted the figure on page 2 of £15.9m for savings non delivery. In the table on page 1, however, there is reference to £21.4m (versus a target of £21.9m) and clarification was requested regarding the reconciling of these figures. Mr Huw Thomas explained that this was due to the different treatment of accountancy gains received during the year, a technical impact in accountancy reporting. Recognising the importance of clarity in reporting, Mr Huw Thomas reminded Members of an earlier commitment to change the way in which savings are reported to SRC.</p>	
	The Board NOTED and DISCUSSED the financial position as at Month 12 of 2022/23 and Month 1 of 2023/24.	

PM(23)95	INTEGRATED PERFORMANCE ASSURANCE REPORT	
	<p>Mr Huw Thomas presented the Integrated Performance Assurance Report (IPAR) for Month 12 of 2022/23 and Month 1 of 2023/24, with Members reminded that the Month 12 report had already undergone scrutiny by the Strategic Development & Operational Delivery Committee (SDODC). Recognising the challenges being faced in terms of Urgent & Emergency Care, it was not lost on the organisation that every figure within the report represents individuals and their families. Despite these challenges, there are notable improvements in performance, including ambulance red call responses, ambulance handovers over 1 and 4 hours and lost ambulance handover hours, and the number of patients spending more than 12 hours in A&E has decreased. Cancer Care performance has, however, declined and waits in Mental Health show an increase, although this is expected to improve once outsourcing measures in relation to Neurodevelopmental Assessments begin to deliver in earnest. Whilst there is a steady improvement in Psychological Therapy performance, demand continues to increase. Levels of C.difficile infections have been above the monthly target for an extended period and this is a particular area of concern, as is the number of patients waiting over 14 weeks for Therapies. There has been a positive improvement in nursing and midwifery staff recruitment, which is above its performance trajectory. The IPAR contains one new piece of analysis at the request of Board, around the number of local Care Home beds available.</p> <p>In respect of Urgent & Emergency Care, Mr Carruthers reported that there has been an improvement in performance across the previous 3-4 months, and during April 2023 in particular. There are examples of significant improvement, including WGH, where the handover position has improved by approximately 70% during the previous couple of months. It is recognised, however, that delays remain in other areas. The Health Board has also seen a recovering position in terms of</p>	

escalation, and its resilience feels more robust, although Mr Carruthers would still wish to make further improvements. As has been mentioned, the Single Cancer Pathway performance has deteriorated, although the Health Board is treating increased numbers of patients and addressing the backlog. It is anticipated that the April 2023 position will demonstrate an improvement. Mr Carruthers emphasised that the organisation is treating more patients surgically for cancer than previously and is providing more Chemotherapy and Radiotherapy treatment. Planned Care recovery remains on track, and it is expected that there will be an improvement of 1,000 in each category (outpatient and inpatient) by the end of June 2023. Members heard that the May 2023 performance is likely to be similar to that seen in April 2023, due to the number of Bank Holidays during the month and their impact on activity.

Referencing page 12 of the Month 1 report, and statements around Endoscopy, Cllr. Evans noted that recovery funding has been secured until the end of June 2023. In view of the fact that this is only a month away, Cllr. Evans queried whether performance is likely to decline after this date. Mr Carruthers indicated that performance will improve then deteriorate, unless further additional funding is secured. A bid has been submitted to Welsh Government for £15m, offering a range of options within this figure, and the outcome of this bid is awaited. Miss Battle stated that she had received a letter from the Minister for Health and Social Services regarding achievement of targets and suggested that information around such bids would be helpful in formulating and contextualising a response. It was agreed that Mr Carruthers would share details of the bid with Members.

AC

Mrs Hardisty indicated that the performance figures in relation to Neurodevelopmental Assessments remain a significant concern. It was noted that a number of the issues highlighted – for example the need to secure additional estates capacity – have been ongoing for more than 12 months. Clarification was sought around when it is envisaged there will be facilities available to undertake appointments. Mrs Hardisty also drew attention to the use of the term ‘Hit and miss’ within the report, suggesting that this might be regarded as insensitive to those impacted and that an explanation of the terminology should be provided. Mr Huw Thomas committed to include a clear definition of this terminology. Returning to the topic of Neurodevelopmental Assessments, Mr Carruthers acknowledged that this has been an issue for some time. The upcoming relocation of the Health Board’s Command Centre will make available space previously occupied by Mental Health & Learning Disabilities, who are considering how it might be reutilised. Demand for this service is growing exponentially and, despite the Health Board seeking to put in place additional capacity, it is not possible to keep pace with this demand. Whilst this is a challenge across the UK and not unique to Hywel Dda, this makes it no less significant or important to those affected.

HT

On the issue of Therapies waits, Ms Shakeshaft reminded Members that performance in this area had varied according to the availability and allocation of additional funding. Other Health Boards had utilised recovery funding in this area more recently, facilitating improved

performance. Numbers waiting in Hywel Dda UHB have now plateaued; the primary reason for the deterioration in one particular service outlined in the report being recent industrial action which had resulted in the loss of a significant number of appointments. The Clinical Director for Therapies has been requested to assess what measures would be required to reduce the waits to zero and maintain this level. Mrs Rayani stated that, whilst the Health Board has been undertaking work in relation to Infection Prevention & Control for the past 6 years, the COVID-19 Pandemic had impacted significantly. There was, however, an extremely detailed improvement plan in place, including an internal review around the management of C.difficile. There is a clear need to escalate leadership and ownership in this area. Primary Care colleagues are making great strides in terms of antibiotic prescribing, and the same level of scrutiny is being implemented in acute settings. On a much wider basis, the Infection Prevention & Control and Microbiology teams can only take certain actions; the organisation's estate is a contributory factor. Cleaning scores are not consistently maintained. Whilst the Health Board had been fortunate that it had been able to invest in new cleaning technology during the Pandemic, this requires the use of single rooms, which are limited in number. Members were assured that doctors, nurses, therapy staff and other healthcare professionals are being reminded of their responsibilities with regard to Infection Prevention & Control. Public Health, Microbiology and Pharmacy colleagues are all well engaged. Consideration is also being given to potential engagement with the general public.

Noting that the numbers of Delayed Transfers of Care (DTOCs) remain consistent, and that this has been the subject of discussion with the Integrated Executive Group (IEG) and Local Authorities, Miss Battle queried when a more positive position is anticipated, with fewer people in hospital beds unnecessarily. Mr Carruthers explained that there has been work undertaken during the past 12 months around Transforming Urgent & Emergency Care. The complexity of patients' conditions can often present significant challenges. Whilst there has been an improvement, the levels reported are worse than pre COVID-19. The Urgency & Emergency Care programme and 'Home First' approach are fundamental to addressing this issue. A great deal of work is ongoing, around 'front door', admissions avoidance and conveyance avoidance, which will continue. As a result of the work with Carmarthenshire County Council, the social care sector is also seeing benefits in terms of a reduction in the number of people awaiting a package of care, which has allowed them to accommodate those who are waiting. Ms Paterson agreed that there had been an improvement, with 217 medically fit in hospital versus 274. Work is taking place around earlier identification of needs and the Health Board is commissioning significant numbers of hours of domiciliary care. It does appear that it is those individuals with more residential needs which will require more support, with the help of Local Authority colleagues. A meeting is taking place on 26 May 2023 with representatives from Pembrokeshire County Council to discuss outstanding cases.

There has been agreement from all three Local Authorities that a joint Senior Leadership Integrated Care Group be established. This will

	<p>consider all of the relevant issues, including DTOCs, ‘Further, Faster Together’ and ‘Home First’. The first meeting of this Group is to be held on 5 June 2023 and it will report to the constituent statutory bodies, including the Health Board. A report can also be provided to the appropriate Board level Committee should this be deemed necessary. Ms Paterson felt that the Care Home ‘threshold’ has changed in terms of accepting individuals with more complex needs. Work is planned with Care Home colleagues on various fronts. Miss Battle noted that the IEG had considered the plan, which would also be scrutinised by the Senior Leadership Group, as well as the Boards of the Health Board and Local Authorities. Ms Paterson confirmed that this was the case, with scrutiny by all the statutory bodies/organisations. There has been a commitment by the Chief Executives of all three Local Authorities to take forward this issue and Ms Paterson felt that the Health Board should also signal its commitment to work on this, in partnership with them.</p> <p>Mr Moore agreed that the joint working with Local Authorities represents a positive step. This is a subset, but important subset, of the Transforming Urgent & Emergency Care workstream, and Mr Moore suggested that a report reflecting progress could be presented to the September 2023 Board. This would be useful in assessing delivered and potential benefits. Whilst agreeing, Miss Battle requested that this also include information on governance, including the structure/membership of all the relevant Groups, where and when they report, their targets/trajectories and whether these are achieved. It was noted that current domiciliary care statistics had not been available for a Board report. Members were reminded that a governance review is planned, with Ms Paterson adding that the meeting scheduled for 5 June 2023 will set out proposed governance arrangements. Assurances were provided that domiciliary/census data is available to the Health Board on a ‘live’ basis. Mrs Hardisty reiterated that, whilst RPBs are charged with overseeing this area, it is for statutory bodies to deliver the services. Members heard that extremely positive feedback has been reported with regard to the Delta Wellbeing project, with project staff visiting wards to establish how they can assist. Following further discussion, it was agreed that the outcome of the 5 June 2023 meeting would be incorporated into a wider report on progress (as proposed above) which would be considered by SDODC in August 2023 and Board in September 2023.</p> <p>Miss Battle concluded discussions by highlighting that there are areas identified within the report in which the Health Board is exceeding its stated targets, despite the challenges it is facing.</p>	AC/JP
	<p>The Board CONSIDERED whether an assurance, or otherwise, can be taken from the IPAR – Month 12 final 2022/2023 and Month 1 2023/2024.</p>	

PM(23)96	<p>CORPORATE RISK REGISTER</p> <p>Mrs Wilson introduced the Corporate Risk Report, noting that this has been discussed by the various Board level Committees and highlights several areas of discussion on the agenda today. A number of the risks have materialised and, given that the most recent Risk Workshop had been cancelled due to a clash with a Welsh Government meeting, consideration needs to be given to this. The report also requests</p>	
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	<p>approval of a change to the tolerance score for risk 1642. Members were assured that this does not detract from the Annual Plan work described earlier; rather reflects the financial risk for the organisation.</p> <p>Mr Huw Thomas explained that a number of events had occurred since the risk was initially determined, not least clarity that there will be no funding resetting for the year and around the Month 1 position. These had resulted in a significant risk to achieving break-even. The score will be reflected upon and changed, with ongoing review via SRC. However, as indicated above, this will not impact on the commitment to take the stated actions in relation to the Annual Plan.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> • CONSIDERED whether it has sufficient assurance that corporate risks are being assessed, managed and reviewed appropriately/effectively through the risk management arrangements in place, noting that these have been reviewed by Board level Committees; • APPROVED a revised tolerance risk score of 12 for risk 1642 - Risk of the Health Board not being able to meet the statutory requirement of breaking even 2023/24. 	

PM(23)97	OPERATIONAL UPDATE	
	<p><i>Mr Winston Weir left the Board meeting.</i></p> <p>Presenting the Operational Update report, Mr Carruthers highlighted that when this was being collated, the Health Board was moving from one year to the next. One of the key areas in which the organisation is making progress is the overall model for Urgent & Emergency Care, with work in relation to the Clinical Streaming Hubs, Same Day Emergency Care (SDEC), GP Out of Hours/Urgent Primary Care, and work with the Welsh Ambulance Services NHS Trust (WAST), all of which is growing in momentum. There has been a peer review of SDEC services, the key outcome being that the model developed in WGH/Pembrokeshire is the most effective in terms of impact and value. There is agreement within the clinical and operational teams that this will be replicated across the Health Board. Mr Carruthers had met with the Clinical Lead for Acute Medicine within the Urgent & Emergency Care Programme and had discussed with the Director of Corporate Governance the possibility of a Board Seminar session on this work. Also contributing to the service is a rotation as part of Advanced Paramedic training, which will provide this group with exposure to acute practice. In terms of Planned Care recovery, £12.1m funding has been received, which has made a significant impact on the availability and resilience of the Radiology service. The Learning Disabilities engagement process is the topic of a separate agenda item. The Sonography service presents a particular risk and challenge in terms of delivery, which may justify a more detailed report to QSEC. A weekly Control Group has been established and a number of actions are being progressed. Support has been requested from neighbouring Health Boards, with responses awaited. It was highlighted to Members by Ms Paterson that the transitional year for Accelerated Cluster Development has ended, and that Clusters are the 'building blocks' of future Primary and Community Care services. Ms Paterson wished to thank those involved with the transfer of Solva</p>	AC/MR

Surgery to a Health Board Managed Practice following the Public Board meeting on 23 February 2023, particularly the Workforce team. Whilst the situation is currently stable, there is more to be done, and Members were assured that further engagement will be undertaken with the community. The position with regard to Dental services is outlined within the report, with the Health Board having been able to improve levels of access to services.

Ms Shakeshaft provided an update around industrial action, noting that unions had recently balloted their members. All had accepted the pay offer, with the exception of the Royal College of Nursing (RCN) and Society of Radiographers. The RCN has subsequently announced planned industrial action on 6 and 7 June 2023. Planning is underway within the Health Board in response. As requested at a previous Board meeting, a 'Lessons Learned' report in relation to industrial action will be presented to the People, Organisational Development & Culture Committee (PODCC) in June 2023. Commending the team on the SDEC work, Mrs Hardisty emphasised that the model being utilised in WGH/Pembrokeshire was extremely impressive and welcomed the news that it was being taken forward. Feedback suggested that there was a waiting list of GP Registrars who wished to join the service and Mrs Hardisty highlighted the need to consider how this can be facilitated, in order to improve retention. Whilst also welcoming the Cluster Plan, Mrs Hardisty noted the use of 'ongoing' and requested clarification around timescales. Members noted that Audit Wales is currently completing a review of Primary Care, the findings of which are likely to be presented to ARAC in August 2023.

In response to a query around when the Health Board is likely to hear the outcome of its bid for recovery funding, Mr Carruthers advised that there had been an initial contact this week to clarify elements of the bid; however, no timescale for decision had been indicated. Referencing the Systemic Anti-Cancer Therapy treatment, where it is stated that demand exceeds the level seen pre COVID, Mr Maynard Davies enquired whether capacity is also increasing, or whether a developing backlog is anticipated. Mr Carruthers indicated that, as stated earlier, the Health Board is delivering higher levels of activity in this area than ever before. Indeed, some of the drug costs involved in delivering this care are contributing to the financial drivers for the Month 1 position. However, it was considered that the Health Board is in a good position to maintain these levels of activity, reduce the current backlog and begin to deliver improved performance elsewhere, including the clinical pathways into Swansea Bay UHB (SBUHB).

As his final comment, Mr Maynard Davies welcomed the inclusion of the Cluster Development submission, which provided significant assurance. It flagged a number of the Ministerial Priorities, with several already being delivered. Mr Maynard Davies enquired whether any have been identified as likely to be challenging to deliver. In response, Ms Paterson stated that most were on track, the main exception being Dental, which involves national work around the contractor position. This will, however, be progressed as soon as possible. Mr Moore suggested that it would be beneficial to arrange a meeting between Board Members and Cluster

	<p>Leads. Agreeing, Ms Paterson assured Members that extensive discussions are being undertaken with Cluster Leads around various topics, including succession planning and identification of wider support.</p> <p>Concluding discussions, Miss Battle commended the report and suggested that, as they are complementary, the IPAR and Operational Update be presented consecutively on future Board agendas.</p>	JP/JW
	<p>The Board RECEIVED the Operational Update and Progress Report.</p>	

PM(23)98	<p>LEARNING DISABILITIES ENGAGEMENT</p> <p><i>Ms Liz Carroll, Ms Kay Isaacs and Ms Lisa Bassett-Gravelle joined the meeting.</i></p> <p>Mr Carruthers introduced the Learning Disabilities Engagement report, reminding Members that the Board had received a previous report on Mental Health & Learning Disabilities in January 2023. It had originally been intended to provide a further update to the March 2023 Board; however, discussions with patients and stakeholders had suggested the need to extend the Learning Disabilities engagement period. Overall, responses had been in support of the option being put forward for Board consideration, Option 2; however, the need to engage further was recognised. A letter of support had been received from Llais. Ms Liz Carroll echoed all of Mr Carruthers' comments, adding that the Directorate had been supported during the engagement by the Public Health Wales 1000 Lives team. The report presents the outcome of engagement activity; the team had been pleased with the level of engagement and range of engagement options used, expressing thanks to colleagues in Communications for their assistance. As mentioned, the consensus had been for Option 2. The engagement process had also offered a valuable opportunity to capture feedback around concerns and potential gaps in service, and consideration will need to be given to how these are addressed. Ms Carroll highlighted that the letter from Llais also outlines recommendations which they would expect the Health Board to implement, such as gathering and publishing patient experience feedback following introduction of the service.</p> <p>Focusing on this last comment, Miss Battle enquired whether – should the new model be implemented – patient experience feedback will be presented via the Improving Patient Experience Board report and after what interval. Ms Carroll confirmed that this is the intention, with a report planned after 3 months initially, then during Quarter 3 or 4. Referencing Table 3 on page 7, Ms Ann Murphy queried why the majority of staff respondents had not supported Option 2. In response, Members heard that there are 164 WTE staff, with 42 having responded in writing. There had, however, been additional engagement, including facilitated staff engagement sessions. Ms Carroll was of the opinion that staff tend to be more resistant to service change; the fact that numbers are relatively small suggests that resistance is lower in this case, possibly due to the work which has taken place with staff for a number of years.</p> <p>Ms Lewis welcomed the positive engagement process which had been conducted, noting that the option presented is the pragmatic response. Whilst recognising that the anticipated volume and frequency of patient</p>	
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need is low, when the need does arise, there needs to be confidence in provision of a bespoke care plan with specialist expertise. Ms Lewis enquired whether the expertise enhanced through training described in the report will be sufficient, or whether access to more specialist Learning Disabilities input is required. Also, whether there is assurance that admissions can be limited to 'short term' as defined by Welsh Government. Ms Carroll stated that there is an expectation that staff from the Learning Disabilities services are involved in the Learning Disabilities patient pathway; it is recognised, however, that additional training will be required. In terms of numbers, the Directorate can evidence that it has been able to accommodate more than one inpatient at a time since the closure of Ty Bryn, and has been able to consider the location of individuals as far as possible. Admissions, in general, have been shorter than when the Learning Disabilities Assessment Unit was operating. Ms Lewis enquired whether Welsh Government has offered any clarification around what 'short term' denotes, ie weeks rather than months. Ms Lisa Bassett-Gravelle advised that there has been only one admission since the closure of Ty Bryn which has exceeded weeks. In terms of specialist Learning Disabilities input, there are close links with Community Teams for Learning Disabilities (CTLTD) staff, who have the best knowledge of their patients and who are involved in developing and driving their care plans. This has resulted in an increased awareness and knowledge of Learning Disabilities across the Mental Health staff group. Given the quality and safety implications involved, Ms Lewis suggested that – should Board agree the proposals – QSEC has oversight of implementation.

MR

Mrs Hardisty commended the proposals as a major step forward in the provision of services for people in the community with Learning Disabilities. Concern was expressed, however, regarding the low number of responses from partner organisations. When considering the gaps identified by service users and their families, a number relate to services provided by Local Authorities rather than the Health Board. Mrs Hardisty queried the level of engagement with Local Authority partners, noting that – in common with other issues already discussed – if support and service provision is missing within the community, people will eventually present to acute care settings. In response, Ms Carroll advised that discussions have been taking place with Local Authority partners over a number of years and through various fora, including the Local Mental Health Partnership Board. A number of services were reduced or discontinued during the COVID-19 Pandemic; however, contact has been made with Local Authorities and positive responses received regarding the re-provision of these services. Option 2 offers the opportunity to strengthen community-based models of care. Ms Paterson emphasised that it is crucial to ensure that the transition between services is correct for young people, by working with families and individuals. The Health Board works closely with Local Authorities in providing services up to the age of 24. Mr Carruthers suggested that he discuss with Ms Paterson and Professor Kloer the potential role of IEG in taking forward partnership working, and that the outcome feeds into QSEC reporting.

AC

	<p>Miss Battle thanked, on behalf of the Board, all staff involved in the Learning Disabilities engagement for their contribution, and particularly those who attended today to present proposals and respond to queries.</p> <p><i>Ms Liz Carroll, Ms Kay Isaacs and Ms Lisa Bassett-Gravelle left the meeting.</i></p>	
	<p>The Board CONSIDERED the responses, themes and proposals for the future model of care for Learning Disability Services and:</p> <ul style="list-style-type: none"> • APPROVED Option 2 which is to integrate Learning Disability Inpatient Services with Adult Mental Health Inpatient Services • APPROVED the 3-month coproduction period to enable robust operational processes and procedures to be developed for Community and Inpatient services • APPROVED the OCP to consult with staff and Trade Union colleagues on the service changes 	

<p>PM(23)99</p>	<p>CLINICAL SERVICES PLAN</p> <p>Mr Lee Davies introduced the Clinical Services Plan report, noting that this is also the subject of a regular report to SDODC. There are three components to the report:</p> <ul style="list-style-type: none"> • A progress update on the programme and governance proposals, which includes a request for Board support to extend consultancy use in relation to work examining the issues in each service • An update on the Urgent & Emergency Paediatrics work, with a consultation commencing tomorrow, details of which have been shared with Members • An update on Emergency General Surgery, describing the position following changes agreed at the March 2023 Board meeting <p>With regard to the third of these, Mr Carruthers reminded Members that changes to the Surgical Consultant on call rota had been implemented from 1 May 2023. Since their introduction on that date, one patient has been transferred. A review of this transfer is being undertaken, to assess whether any it provides any learning which can be applied in the future. Consideration is also being given to mechanisms for capturing patient experience. Mrs Wilson advised that, due to an administrative error, the Paediatrics Consultation documents had not been shared with Members until today, and apologised for this oversight. The documents would be published on the Health Board’s website on 26 May 2023.</p> <p>Reflecting on earlier discussions around transformation and Third Sector involvement, Ms Lewis enquired whether the Clinical Services Plan Programme is restricting itself to considering issues from an NHS perspective, or whether other input might be sought. Also, how the interface between different elements is being considered – for example the clinical pathways which sometimes interact with each other; whether the Programme Steering Group will be considering this, or is solely concerned with programme management. In response to the first query, Mr Lee Davies stated that this would need to be reflected upon further. At present, the focus is mainly on health service and patient input; however, the input of others should probably be considered. With regard to the second query, the Programme Steering Group is not simply</p>	<p>LD</p>
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	<p>concerned with managing the programme; it will also be considering the interface mentioned. However, other fora will also be utilised for this task, for example multi-professional workshops. Miss Battle requested that this matter be taken into account as part of the Terms of Reference which will be considered by SDO DC.</p> <p>In respect of Urgent & Emergency Paediatrics, and specifically the issue of transport and communications with the general public, Ms Raynsford highlighted that the region is entering the holiday season. There is currently one Dedicated Ambulance Vehicle (DAV). Ms Raynsford enquired whether the infrastructure exists to cope with a number of incidents. Mr Lee Davies highlighted the key commitment within the plan to continue provision of the DAV, which has been running for a couple of years. WAST have been involved with this workstream and the Health Board continues to engage with them. There is always a consideration around WAST's capacity, and this was a common topic raised during the Land Consultation. Professor Kloer wished to clarify that the one patient transfer mentioned earlier was an acute surgical patient, not a paediatric patient. The number of children transferred is constantly monitored and a recent discussion with A&E staff had indicated that they felt the ability to transfer paediatric patients to GGH had improved. Ongoing discussions with the public, however, are needed. In response to a query around why Primary Care was not included in the consultation, Mr Lee Davies explained that this is intended and will replicate the process being applied.</p>	LD
	<p>The Board:</p> <ul style="list-style-type: none"> • TOOK ASSURANCE that the Clinical Services Plan Programme is being established • NOTED the progress and planned approach to deliver the Clinical Services Plan Programme • APPROVED the indicative consultancy costs required for the development of the issues papers as part of the Clinical Services Plan Programme • NOTED the launch date and timeline for the Consultation on Urgent and Emergency Children and Young People's Services (Paediatrics) at Withybush and Glangwili Hospitals 	
PM(23)100	<p>LONG-TERM AGREEMENT (LTA) VALUES AND PROCESS FOR 2023/24</p> <p>Mr Huw Thomas introduced a report outlining the Long-Term Agreement (LTA) Values and Process for 2023/24. This is fundamentally an administrative requirement; however, for context, the process by which Health Boards are undertaking LTA approval this year has been agreed by the Directors of Finance across Wales. Whilst there is no desire to destabilise providers, this needs to be balanced against incentivising recovery. There has thus been a reduction in underperformance tolerance from 10% – 5%, which will provide commissioners with a financial benefit, should providers underperform. Also, an uplift to costs has been limited to 1.5%.</p> <p>Members noted that this information has also been scrutinised by SRC. In response to a query around whether 1.5% was considered sufficient, Mr Huw Thomas explained that it was sufficient to manage the Health</p>	

	Board's risks in terms of costs this year; however, would need to be reviewed in due course.	
	The Board APPROVED the contract values ahead of signature by the Chief Executive Officer before the end of June 2023.	

PM(23)101	RADIOLOGY INFORMATICS SYSTEM PROCUREMENT PROGRAMME (RISP) FULL BUSINESS CASE	
	<p>Mr Huw Thomas presented the Radiology Informatics System Programme (RISP) Full Business Case (FBC), highlighting that this has been scrutinised by SRC. The proposed system would replace a number of older systems currently being utilised. Mr Huw Thomas outlined the various benefits, including increased robustness, offered by this system. The documents presented within Public Board do not include the full financial and economic details, due to commercial sensitivities – these have been provided as part of the In-Committee Board session. Members were informed that there is a capital requirement of £25-26m, which is subject to decision by Welsh Government. As outlined within the report, one-off revenue funding of £4.3m is required, which includes £2.1m requested from Welsh Government and £2.2m Health Board contribution during 2023/24 to 2025/26. The timetable for progressing this Business Case is challenging, with a number of issues requiring resolution. Certain equipment will need to be replaced, including at community sites. There is a specific issue regarding the mammography system for Hywel Dda UHB, which will also require consideration. It was emphasised that there is a tangible need for upgrading of the system; the challenge is around affordability.</p> <p>Mr Moore reminded Members that he is the NHS Wales Chief Executive Officer Lead for Imaging. The clinical support for this Business Case across Wales is significant. Whilst the new system offers various improvements and benefits, Mr Moore did feel that even more could be created in terms of benefit realisation. All Health Boards are considering the Business Case this week. In considering the recommendation, Mr Moore suggested that this be amended to reflect approval on the basis of Welsh Government capital funding being made available.</p>	
	The Board RECEIVED ASSURANCE from the report and AGREED to progress the RISP replacement in HDdUHB, subject to the availability of Welsh Government capital funding, and whilst NOTING the matters brought to the attention of the Board.	

PM(23)102	NURSE STAFFING LEVELS (WALES) ACT ANNUAL REPORT 2022/23	
	<p>Mrs Rayani introduced the Nurse Staffing Levels (Wales) Act (NSLWA) Annual Report for 2022/23, reminding Members that this constitutes an annual statutory requirement. Members were also reminded that the report relates only to those areas covered by Section 25B; adult acute medical and surgical wards and paediatric in-patient wards. The report does not identify any incidents of harm as a consequence of staffing levels; however, this does not mean that the required staffing levels were always met, rather than staff have taken mitigating actions in those situations. As always, it has been challenging to undertake these reviews and Mrs Rayani has not always been comfortable in agreeing staffing levels, hence a number of early reviews. Members were assured</p>	

	<p>that the discussions around this topic are extremely detailed. There are several reasons for the number of early reviews, and the variation in position reported this year, not least the significant proportion of staff changing their patterns of work since the beginning of the COVID-19 Pandemic. Whilst important in terms of ensuring staff wellbeing, this does impact on staffing levels.</p> <p>Mrs Hardisty commended the excellent report, and enquired whether it is known what action Welsh Government takes in terms of reports submitted by Health Boards; for example, whether best practice guidance will be issued. Mrs Rayani advised that she had discussed with a colleague at Welsh Government providing feedback to the Chief Nursing Officer's office around the NSLWA itself and next steps. There is also a post-legislation scrutiny discussion of the Act timetabled for the Senedd and Mrs Rayani was sure that information from Health Boards will be considered as part of this. Members heard that Mrs Rayani had offered to be involved in the post-legislation scrutiny process. Miss Battle thanked those responsible for preparing the report, recognising the significant work involved.</p>	
	<p>The Board RECEIVED the Annual Assurance report for 2022/23 as a source of assurance that the necessary processes and reviews have been enacted to enable the HDdUHB to remain compliant with its duties under the Nurse Staffing Levels (Wales) Act 2016.</p>	

<p>PM(23)103</p>	<p>DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2022/23</p> <p>Dr McCarthy introduced the Director of Public Health Annual Report 2022/23, which this year focuses on key partnerships. Dr McCarthy wished to highlight in particular the new project in response to the cost of living crisis and the regional approach, in conjunction with SBUHB, to the 'healthy weight' work. Also, the work of the Community Development Outreach Team, work in relation to substance abuse and collaboration with Dyfed Powys Police. Hard copies of the report are available, should these be required. In conclusion, Dr McCarthy wished to thank the Board for its support with the Public Health agenda while the organisation has been without a Director of Public Health, and to thank the Chair, Vice-Chair and Chief Executive for their kind words earlier. Tribute was paid to Mrs Ros Jervis for her efforts as Director of Public Health, which had contributed to this year's work and report.</p> <p>Referencing page 6 of the report, Professor Kloer noted rates of overweight or obese people in the local population, which sits at 68% in Carmarthenshire, for example. This has an impact both on healthcare services and on people's response to treatment. Within discussions on investment and Ministerial Priorities, there is a need to recognise the importance of this topic. Agreeing, and highlighting ongoing national prevalence of disease work, Mr Moore noted in particular diabetes rates forecasts. Dr McCarthy indicated that it has been recognised during the past couple of years that obesity is an extremely complex issue and that it is not appropriate to keep trying to address it in the same way. As a regional approach, there are plans to meet with local communities to assess what is already taking place, what is important to local people and what would make a difference to them. Whilst the cost is significant, not only financially, but to individuals and their health, it can also be</p>	
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	<p>costly for people to eat well. Professor Kloer felt that there is a potential role for the Health Board's staff, who number in excess of 12,000, and that the organisation needs to consider how it can help them to live more healthily. Cllr. Evans echoed concerns in this respect, noting the figures for adults and children and differences between counties, suggesting that it would be useful to indicate numbers and demographics as well as percentages. It would be sensible for the Board to consider this in more detail, perhaps also taking into account the work mentioned by Mr Moore. Cllr. Evans was aware of funding being provided to Local Authorities to support increased activity among children. Miss Battle requested that this suggestion be communicated to the new Director of Public Health, and concluded by thanking Dr McCarthy for her report.</p>	JMcC
	<p>The Board CONSIDERED and ACCEPTED the information within the Hywel Dda UHB Director of Public Health Annual Report.</p>	
PM(23)104	REPORT OF THE SUSTAINABLE RESOURCES COMMITTEE	
	<p>In Mr Weir's absence, Mr Maynard Davies, SRC Vice-Chair, presented the SRC Update Report from the meeting held on 25 April 2023, highlighting in particular discussions around savings plans and delivery, and positive assurance around Clinical Coding. The latter has achieved significant improvement in terms of performance.</p>	
	<p>The Board NOTED the SRC update report, ACKNOWLEDGED the key risks, issues and matters of concern, together with actions being taken to address these, and NOTED that the SRC Annual Report 2022/23 would be considered at the July 2023 Public Board meeting.</p>	
PM(23)105	REPORT OF THE STRATEGIC DEVELOPMENT & OPERATIONAL DELIVERY COMMITTEE	
	<p>Mr Maynard Davies, SDODC Chair, presented the SDODC Update Report from the meeting held on 27 April 2023, highlighting in particular discussions around Reinforced Autoclave Aerated Concrete (RAAC) Planks, which present an ongoing issue. Mr Maynard Davies wished to add his thanks to Dr Jo McCarthy for her past contribution to SDODC reports and meetings.</p>	
	<p>The Board NOTED the SDODC update report, ACKNOWLEDGED the key risks, issues and matters of concern, together with actions being taken to address these, and NOTED that the SDODC Annual Report 2022/23 would be considered at the July 2023 Public Board meeting.</p>	
PM(23)106	REPORT OF THE PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE	
	<p>Mrs Patel, PODCC Chair, presented the PODCC Update Report from the meeting held on 3 April 2023, drawing Members' attention to the request for approval of the revised Terms of Reference.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> • NOTED the PODCC update report and ACKNOWLEDGED the key risks, issues and matters of concern, together with actions being taken to address these. • APPROVED the revised PODCC Terms of Reference. • NOTED that the PODCC Annual Report 2022/23 would be considered at the July 2023 Public Board meeting. 	

PM(23)107	REPORT OF THE HEALTH & SAFETY COMMITTEE	
	Mrs Hardisty, Health & Safety Committee (HSC) Chair, presented the HSC Update Report from the meeting held on 9 May 2023, advising that a new risk has been assigned in relation to RAAC, which will be monitored. Members' attention was drawn to two actions outlined on page 5 of the report, around violence and aggression towards staff and improving public messaging to reduce this, and a report in relation to storage areas in Tregaron.	
	The Board NOTED the HSC update reports and ACKNOWLEDGED the key risks, issues and matters of concern, together with actions being taken to address these.	
PM(23)108	COMMITTEE UPDATE REPORTS	
	Mrs Wilson presented the Committee Update Reports, detailing the Committees to which this refers. Members' attention was drawn to the request for Board ratification of the revised Stakeholder Reference Group Terms of Reference.	
	The Board: <ul style="list-style-type: none"> • ENDORSED the updates, recognising any matters requiring Board level consideration or approval and the key risks and issues/matters of concern identified, in respect of work undertaken on behalf of the Board at recent Committee meetings; • RECEIVED the update report in respect of the In-Committee Board meeting; • RECEIVED the update reports in respect of recent Advisory Group meetings. • RATIFIED the Stakeholder Reference Group Terms of Reference. 	
PM(23)109	HDdUHB JOINT COMMITTEES & COLLABORATIVES	
	The Board RECEIVED the minutes and updates in respect of recent Welsh Health Specialised Services Committee (WHSSC), Emergency Ambulance Services Committee (EASC), NHS Wales Shared Services Partnership (NWSSP) Committee, Mid Wales Joint Committee for Health and Care (MWJC) and NHS Wales Collaborative Leadership Forum (CLF) meetings.	
PM(23)110	WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) STANDING ORDERS & STANDING FINANCIAL INSTRUCTIONS	
	The Board received the revised Welsh Health Specialised Services Committee (WHSSC) Standing orders and Financial Instructions for consideration. Highlighting paragraph 3.6 on page 8 of Appendix 2, Professor Kloer noted that this mentions exclusion of particular organisation's Chief Executive officers when a conflict of interest is perceived. With WHSSC being a mixture of providers and commissioners of services, and with most Health Board members being in the role of commissioners, Professor Kloer suggested that this could create challenges in terms of governance and enquired whether this situation arises often. Mr Moore replied that it had not occurred during his tenure, although it is a	

	dynamic requiring careful management. This is generally dealt with well; however, needs consideration by the Chair. Whilst not proposing any changes to the Memorandum of Agreement as presented, Professor Kloer emphasised the need for the Health Board to view discussions from a commissioner perspective to the greatest extent possible.	
	<p>The Board:</p> <ul style="list-style-type: none"> • NOTED the report; • APPROVED the proposed changes to the Standing Orders (SOs) and include as schedule 4.1 within the respective HB SO's; • APPROVED the proposed changes of the Memorandum of Agreement (MoA) and Hosting Agreement in place with CTMUHB, and include as schedule 4.1 within the respective HB SO's; • APPROVED the proposed changes to the financial scheme of delegation and financial authorisation matrix updating the Standing Financial Instructions (SFIs). 	
PM(23)111	STATUTORY PARTNERSHIPS UPDATE	
	Ms Paterson introduced the Statutory Partnerships Update report, highlighting in particular details of work around Public Services Boards (PSB) Wellbeing Plans, and RPB work in relation to capital funding and discussion of the Fishguard and Carmarthen Hub Projects. Dr McCarthy apologised if the report appeared slightly repetitive compared to the March 2023 report, noting that this reflects the significant amount of work around the PSB Wellbeing Plans, which will soon come to fruition.	
	The Board NOTED the update on recent activity of the PSBs and RPB.	
PM(23)112	BOARD ANNUAL WORKPLAN	
	The Board NOTED the Board Annual Workplan, which would be updated in line with foregoing discussions.	
PM(23)113	DATE AND TIME OF NEXT MEETINGS	
	9.30am, Thursday 27 July 2023	
	9.30am, Thursday 24 August 2023 (Extraordinary meeting)	