

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

Date of Meeting:	9.30AM, THURSDAY 26 JANUARY 2023
Venue:	Y STIWDIO FACH, 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 Cllr. Rhodri Evans, Independent Member (Local Authority) Ms Anna Lewis, Independent Member (Community) Mr Paul Newman, Independent Member (Community) (VC) Mrs Chantal Patel, Independent Member (University) Ms Delyth Raynsford, Independent Member (Community) Mr Iwan Thomas, Independent Member (Third Sector) (part) Mr Winston Weir, Independent Member (Finance) Ms Ann Murphy, Independent Member (Trade Union) Mr Steve Moore, Chief Executive Professor Philip Kloer, Executive Medical Director and Deputy Chief Executive Mr Andrew Carruthers, Executive Director of Operations Mr Lee Davies, Executive Director of 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 Mr Sam Dentten, Deputy Chief Officer, Hywel Dda Community Health Council (part) Ms Anne Beegan, Audit Wales (VC) (part) Ms Liz Carroll, Director of Mental Health and Learning Disabilities (part) Ms Kay Issacs, Interim Assistant Director of Nursing Mental Health and Learning Disabilities (part) Ms Clare Moorcroft, Committee Services Officer (Minutes)</p>

Agenda Item	Item	Action
PM(23)01	INTRODUCTIONS & APOLOGIES FOR ABSENCE	
	<p>The Chair, Miss Maria Battle, welcomed everyone to the meeting. Members were invited to observe a minute's contemplation in recognition of Holocaust Memorial Day on 27 January 2023, remembering those who have suffered and are still suffering persecution around the world. Apologies for absence were received from:</p> <ul style="list-style-type: none"> • Mr Maynard Davies, Independent Member (Information Technology) • Dr Mohammed Nazemi, Chair, Healthcare Professionals Forum • Mr Mansell Bennett, Chair, Hywel Dda Community Health Council • Ms Donna Coleman, Chief Executive of Community Health Council • Ms Hazel Lloyd Lubran, Chair, Stakeholder Reference Group 	

PM(23)02	<p>DECLARATION OF INTERESTS</p> <ul style="list-style-type: none"> • Mrs Chantal Patel declared an interest in the WHSCC item. • 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. • Mrs Mandy Rayani declared an interest in discussions relating to Industrial Action; however, would be eligible to participate in discussions by virtue of her professional capacity. 	
PM(23)03	<p>MINUTES OF THE PUBLIC MEETING HELD ON 24 NOVEMBER 2022</p> <p>RESOLVED – that the minutes of the meeting held on 24 November 2022 be approved as a correct record.</p>	
PM(23)04	<p>MATTERS ARISING & TABLE OF ACTIONS FROM THE MEETING HELD ON 24 NOVEMBER 2022</p> <p>An update was provided on the table of actions from the Public Board meeting held on 24 November 2022 and confirmation received that all outstanding actions had been progressed. In terms of matters arising:</p> <p>PM(22)195 – Miss Battle suggested that consideration be given to preparing a dedicated report to Board or one of its committees outlining the scale of the issue in terms of timely discharge, all initiatives relating to discharge and their impact. Mr Andrew Carruthers advised that further information in this regard was provided within the Operational Update; however, committed to work with Ms Jill Paterson to prepare a more detailed report to be brought back to the May 2023 Public Board meeting.</p> <p>PM(22)200 – Ms Anna Lewis confirmed that an initial meeting of the Chairs and Executive Leads from the Quality Safety and Experience Committee (QSEC), Sustainable Resources Committee (SRC) and Strategic, Development and Operational Delivery Committee (SDODC) had taken place. There had been constructive discussions around topics including Duty of Quality & Candour and the Planning Maturity Matrix. It is intended that a more detailed report would be provided in due course.</p> <p>PM(22)205 – referencing the action around cancer patients and named nurses, Miss Battle requested clarification regarding the scale of the issue. In response, Mrs Mandy Rayani reiterated the ambition that every cancer patient be provided with a Cancer Key Worker upon diagnosis. Whilst Mrs Rayani had been somewhat assured by the response, a further complaint had been received this week, which she would be following up. A number of questions remained regarding consistency, to which Mrs Rayani would be seeking answers. A further update would be provided by the table of actions to the March 2023 Public Board meeting.</p>	<p>AC/JP</p> <p>MR</p>
PM(23)05	<p>REPORT OF THE CHAIR</p> <p>Miss Battle presented a report on relevant matters undertaken by the Chair since the previous Board meeting. The Health Board continues to experience unprecedented pressures and both Members and the public were assured that staff are doing everything possible to manage the</p>	

	<p>challenges faced. Staff were thanked for their dedication and service in these difficult times. Miss Battle wished to highlight the positive achievements detailed within her report, including the awards bestowed on Health Board staff. These included a British Empire Medal (BEM) for Revd Euryl Howells, Senior Chaplain, and Honorary Professorships from Aberystwyth University for Dr Helen Munro, Consultant in Community Sexual & Reproductive Healthcare; Dr Leighton Phillips, Director of Research, Innovation & University Partnerships, and Mr Huw Thomas, Director of Finance.</p> <p>Whilst agreeing that the Health Board is facing extremely challenging times, Mr Iwan Thomas also wished to highlight staff achievements. Advising that he had recently presented, on behalf of the Chair, several Long Service Awards to staff in Audiology, Radiography and Physiotherapy at Glangwili Hospital, who had provided 42, 44 and 45 years of service to the NHS. Mr Iwan Thomas emphasised the importance of recognising staff, stating that the experience had been both positive and inspirational.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> • SUPPORTED the work engaged in by the Chair since the previous meeting; • NOTED the topical areas of interest; • RATIFIED the action undertaken by the Chair on behalf of the Board which relates to the approval of a request for Strategic Cash Assistance issued to the Director General Health and Social Services on 8 December 2022. 	

<p>PM(23)06</p>	<p>REPORT OF THE CHIEF EXECUTIVE</p> <p>Introducing his report, Mr Steve Moore advised that a number of key meetings in relation to Targeted Intervention have taken place since the previous Board meeting. The report includes details of discussions with Welsh Government, and their recognition of the actions taken and progress made by the Health Board. The Joint Executive Team (JET) meeting held in December 2022 had been positive, with Welsh Government understanding the challenges being faced and acknowledging the positive work being undertaken around workforce, governance and value based healthcare. Members' attention was drawn to the Health Board's receipt of Gold Revalidation for the Corporate Health Standard. Finally, Mr Moore noted the challenges arising as a result of recent industrial action, and wished to express his pride in the staff response to ensure the wellbeing of both patients and other staff.</p> <p>In reference to the latter, Mrs Judith Hardisty noted the request to ratify the Executive Team's decision around cancelling services on 15 and 20 December 2022 and enquired whether it is intended to replicate such steps in the event of future industrial action. Whilst recognising that this is the likely course of action, Mr Moore advised that each situation will be considered on an individual basis, with the approach which is best suited taken. Members were assured that any decision made will be submitted to Board for ratification. Observing that there are already delays in treatment as a result of the COVID-19 pandemic, Mrs Chantal Patel enquired whether the industrial action is further impacting on waiting lists. Mr Moore explained that impact is limited as far as is possible, recognising the right of staff members to strike. Providing</p>	
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additional detail, Mr Carruthers indicated that the first two days of industrial action by the Royal College of Nursing had precluded delivery of approximately 1,000 Outpatients appointments. Since then, industrial action had mainly involved staff in the ambulance service, with priority given to redeploying staff/services to maintain patient flow. This had resulted in minimal impact on patients. On 6 and 7 February 2023, a number of unions are planning concerted industrial action; it is likely that the Health Board's services on those dates will need to resemble a 'Christmas/Bank Holiday' model, which will impact to a greater extent on patient experience.

Industrial action has delayed progress and improvements to services, although it had not hindered the Health Board in achieving Outpatients targets for December 2022. It is, however, likely to have an impact going forward, of which the organisation is cognisant and which is being monitored closely. Members heard that the Health Board remains on track in terms of planned activity. In response to a query around those patients whose appointments had been affected, Mr Carruthers advised that all patients had been contacted regarding the re-arrangement of their appointment, generally by telephone, with this followed-up via post or other means if necessary. Mrs Rayani added that communications are being issued through various media/platforms. Whilst recognising that industrial action has impacted on services, Mrs Rayani emphasised that teams had also put in place mitigations and 'make-safes' in the lead up to strike days. Members were assured that steps had been taken to capture incidents of potential patient harm, with it noted that there were none to report currently. Ms Alison Shakeshaft wished to offer further assurance, stating that the Health Board has an extremely active Industrial Action Planning Group, which is meeting at present on a daily basis. This reflects the 'fluid' nature of the situation, as does the fact that the Corporate Risk Report entry in relation to Industrial Action is already out of date.

Returning to the topic of Targeted Intervention, Mr Paul Newman advised that he attends meetings of the Targeted Intervention Working Group and it is clear that significant work is being undertaken by the Executive Team. There is a clear action log and audit trail to validate actions taken and the closure of these. Miss Battle, who had attended related meetings, agreed and thanked Mr Newman for this assurance. However, there was concern around the potential for over-reporting/excessive meeting requirements, particularly when in addition to routine and other operational meetings, and Miss Battle hoped that Targeted Intervention requirements will be streamlined going forward.

The Board:

- **ENDORSED** the Register of Sealings since the previous report on 24 November 2022;
- **NOTED** the status report for Consultation Documents received/ responded to;
- **RATIFIED** the decision made by the Executive Team to cancel only those services that it was essential to do so during the period of industrial action on 15 and 20 December 2022.

PM(23)07	REPORT OF THE AUDIT & RISK ASSURANCE COMMITTEE	
	Mr Newman, Audit & Risk Assurance Committee (ARAC) Chair, presented the ARAC update report from its meeting held on 13 December 2022, highlighting the key items, key risks, issues and matters of concern. With regard to the latter, Mr Newman noted the request for Board approval of the Risk Management Strategy and changes to the Scheme of Delegation, which are both covered in separate agenda items. Members were reminded that the management response to the Audit Wales Structured Assessment would usually have been considered by ARAC prior to the report's submission to Board; this is being presented to the February 2023 meeting of ARAC.	
	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.	
PM(23)08	RISK MANAGEMENT STRATEGY	
	Mrs Joanne Wilson introduced the revised Risk Management Strategy, as referenced in the above item. Members noted that this had been out to full consultation within both the Board and wider organisation.	
	The Board APPROVED the Risk Management Strategy	
PM(23)09	AUDIT WALES ANNUAL AUDIT REPORT 2022/AUDIT WALES STRUCTURED ASSESSMENT 2022	
	<i>Ms Anne Beegan joined the Board meeting.</i>	
	<p>Presenting the Audit Wales Annual Audit Report 2022 and Structured Assessment 2022, Ms Anne Beegan thanked the Board for dedicating time to discussion of these two documents. Beginning with the Structured Assessment report, Ms Beegan highlighted that this has returned to its core (pre COVID-19 pandemic) format; which considers the Health Board's strategic planning, corporate governance and financial management arrangements, including use of resources. There is a need to reflect the challenges being faced by Hywel Dda UHB, particularly in terms of its finances. The report contains various recommendations, relating to finances, planning, organisational structure and performance management.</p> <p>Mrs Wilson assured Members that the report had been reviewed in detail prior to its presentation to Board; by the Health Board's Chair, Audit Committee Chair, Chief Executive, Director of Planning, Director of Finance and Board Secretary, in addition to ARAC. Mrs Wilson thanked Audit Wales for their approach to producing this report, which accurately reflects the current position of the organisation. Echoing this view, Mr Huw Thomas highlighted the breadth and depth of services provided by Audit Wales. Noting that Ms Clare James is moving to another post within Audit Wales, Mr Huw Thomas wished to recognise the valuable assistance she has offered to the Health Board, particularly around work to reduce the risk of management override. The Committee also received the Annual Audit Report 2022, which sets out the key findings from the work undertaken at the Health Board by Audit Wales during 2022. For assurance, Mrs Wilson advised that this report had also been considered in detail prior to its presentation to Board. There were no comments or queries regarding the content of this report.</p>	

	<p>Miss Battle endorsed the comments made by Mrs Wilson and Mr Huw Thomas, thanking Audit Wales for their reports. In return, Ms Beegan welcomed the support received from Health Board staff.</p> <p><i>Ms Anne Beegan left the Board meeting.</i></p>	
	<p>The Board:</p> <ul style="list-style-type: none"> • SUPPORTED the content of the Annual Audit Report 2022 and Structured Assessment 2022 Report; • TOOK ASSURANCE that the Structured Assessment report presents a fair and balanced view of the organisation, recognising both the positive aspects identified and those areas where further progress is required; • REQUESTED that a management response be developed and presented to the Audit and Risk Assurance Committee (ARAC) at its meeting scheduled to be held on 21 February 2023; • DELEGATED authority to ARAC to oversee implementation of the management response. 	
PM(23)10	<p>REPORT OF THE QUALITY, SAFETY & EXPERIENCE COMMITTEE</p> <p>Ms Lewis, QSEC Chair, presented the QSEC update report from its meeting held on 16 December 2022. Members heard that the five issues raised by Welsh Government for Enhanced Monitoring had been discussed and were detailed in the report. QSEC is, however, attempting to ‘strike a balance’ between these and other equally important items requiring consideration.</p> <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)11	<p>ANNUAL PLAN 2023/24</p> <p>Introducing the Update on Annual Plan 2023/24 report, Mr Lee Davies stated that Members will be familiar with the requirement for Health Boards to produce an Integrated Medium Term Plan (IMTP). HDdUHB does not have an IMTP covering this year, and has been escalated into Targeted Intervention, mainly as a result of the deteriorating financial position, which is largely due to the COVID-19 pandemic and the absence of an approvable plan. Since the previous Board meeting, the Health Board has received from Welsh Government the most recent funding allocation letter, and Welsh Government has also issued its Planning Framework, which is appended to the report. Members noted that a revised set of Planning Objectives has been prepared, which will form the basis for discussion at a Board Seminar session next week. The Executive Team has agreed that the Health Board will not be in a position to submit a financially balanced plan over the three years of the current IMTP cycle and, as such, an annual plan within a three-year context will be submitted instead. The inability to submit an IMTP will require the organisation to submit an accountable officer letter to Welsh Government, approval for which is being sought from the Board. Mr Huw Thomas stated that the financial allocation for 2023/24 is probably the most challenging since devolution began. The current financial issues being faced by the Health Board centre on two ‘step changes’:</p>	HT

- Demand on services, incorporating issues around patient flow through services and challenges in recruiting staff – resulting in an increase in the underlying financial deficit from £25m to £80m
- Economic impacts of Brexit, the war in Ukraine and inflationary increases

There have been schemes put in place previously, for example, around energy costs; however, there is no equivalent certainty around schemes for this year or going forward. All of these external challenges being faced by the Health Board represent key drivers in the deteriorating financial position. This is not unique to HDdUHB; all Health Boards are in a similar situation. In terms of mitigations, the organisation is considering identification and delivery of savings and waste avoidance opportunities. Although the Health Board is currently in a modelling phase, Mr Huw Thomas emphasised that the position is changing on a daily basis due to figures changing and the volatility of inflation. The organisation is entering an extremely challenging period, with a high level of risk.

Miss Battle welcomed this clear summary of the position that HDdUHB and the rest of the NHS in Wales is facing. Concern was expressed, having experienced three years of COVID-19 pressures, around the feasibility of asking staff to make £77m savings. Whilst recognising that the Director of Finance is not personally responsible for delivery, and emphasising the need to aim as high as possible, Miss Battle enquired as to confidence in the organisation's ability to deliver this figure. In response, Mr Huw Thomas indicated that the Health Board is facing a deficit well in excess of the Welsh Government allocation which can be made, and well in excess of the figure which would breach a regularity opinion. The situation is extremely serious. In terms of the £77m figure, there is current expenditure which offers opportunities for savings – such as agency premium costs and spending related to hospital bed utilisation by individuals better cared for elsewhere. It should be recognised, however, that the organisation has only ever achieved savings of £10-12m in the pre-pandemic era, and there is currently no trajectory to suggest that the figure of £77m is achievable. Whilst it is acknowledged that work will need to take place locally at a Directorate, Health Board and Regional level; other pressures are externally imposed (for example inflation) and will require national consideration and support.

Noting that SRC has an extensive programme of work/agenda, Miss Battle queried whether more time should be dedicated to the issue of finances at a Board level, be it Board Seminar or Public Board. This would also provide assurance around due consideration to the Board, public and Welsh Government. Mr Moore emphasised that the situation being faced is significantly challenging and one never experienced within the NHS before. In terms of the planned approach, by and large the organisation will try to avoid the simple percentage cost improvement programmes utilised in the past. The Health Board's Opportunities Framework will be crucial and is being worked through at an Executive level. Mr Moore agreed that there will need to be discussions at Board Seminar and Public Board level, as there will be difficult choices ahead. If the Health Board is able to reconfigure the

Urgent & Emergency Care system as imagined, it will create choices. For example, around whether the organisation 'cashes out' the benefit or takes steps to stop sub-optimal services, such as ambulances waiting at A&E and patients cohorting at A&E. This will necessitate a conscious Board level decision. Other work will require a more service led approach, such as the focus on avoidance of waste and duplication. Steps were taken last year to establish principles to be applied in the event that cuts may be required, although it should be emphasised that this may not involve a reduction in services. Any proposals in this regard would need to be discussed publically. In order to maximise opportunities, the organisation must establish firm foundations for financial recovery, including a financial 'roadmap' for recovery.

Mr Huw Thomas confirmed that the Health Board will be exploring opportunities around productivity and cost improvement plans, which may involve making different choices. However, he was acutely aware that there are people behind each of these – patients, service users and staff. Staff cannot be asked to work harder than they are already; actions will be concerned with providing tools to teams and systems to enable them to work more efficiently. This could include digital provision and scaling up existing workstreams. An alignment of approaches will be required, and these will need to be based on the organisation's values. Miss Battle requested that there be a discussion at Board Seminar around the best way to ensure Board level discussion. Ms Delyth Raynsford emphasised the need for plain language in interactions with patients, staff and communities to facilitate understanding. Referencing earlier mention of the need for national discussions, Mrs Raynsford enquired whether this would relate to the NHS only, or include local authority and educational partners. Mr Huw Thomas confirmed that regular discussions are taking place with these parties, recognising that all are facing similar challenges. The Health Board's value based healthcare work has enabled it as an organisation to take a wider view and avoid an isolated or insular position. Agreeing that there is a need to ensure that language is engaging as opposed to disempowering, Mr Huw Thomas advised that discussions in this regard have already begun with the Communications & Engagement Director.

Cllr. Rhodri Evans reminded Members that HDdUHB covers a vast geographical area, which should be recognised. The importance of aligning plans with the organisation's values was endorsed, and the need for long-term plans rather than short-term measures emphasised. Patients and staff should be considered first and foremost, and Cllr. Evans would welcome the proposed further discussion at Board level. Mr Newman agreed with others that the scale of the task/ask is immense and suggested that there are two competing challenges:

- What is achievable, in view of the other challenges being faced and ensuring that the organisation does not breach/compromise its values
- What is acceptable – particularly to Welsh Government

Without definition of these, Mr Newman felt that the organisation will be in a difficult position in terms of developing plans and enquired as to the likely timescale for receiving the above. In response, Mr Huw Thomas

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explained that 'what is achievable' is an ongoing focus at meetings of the Executive Team. As mentioned, the Opportunities Framework and Directorate based 'bottom-up' work around waste avoidance will be key in developing an achievable plan for consideration by Board. In terms of 'what is acceptable', the Targeted Intervention Framework is already exploring this at a Welsh Government level. Additional focus is being placed on understanding how best to manage the Health Board's cash allocation and ensure robust cash forecasting. Whilst recognising the challenges involved, Mr Newman explained that his query had been primarily around gaining an understanding of the potential timescale. Mr Moore responded that there will be a discussion at Board Seminar next week on findings to date, whilst emphasising that this is an iterative process, particularly the Welsh Government aspect. The Health Board is in the midst of a complex and challenging situation and needs to remain focused on what it is confident in delivering. This will begin to emerge in February and March 2023, continuing into the new financial year.

Referencing the letter from the Minister for Health and Social Services which introduces the Planning Framework, Mrs Hardisty noted that – whilst various aspects of this aligns with the Health Board's ambitions and aspirations – it presents a challenging timescale. It matches the 'shift' which HDdUHB has been prioritising in its strategy; however, is the first time this has been articulated by a Health Minister. In presenting this to staff, it should be emphasised that this is not 'new', but represents part of the organisation's existing strategy. Mrs Patel suggested that the Ethics Committee might have a role/contribution in terms of exploring what is achievable and acceptable, including the impact of proposals on patients and staff. Professor Philip Kloer and Miss Battle agreed and Ms Lewis suggested that the ethics around an organisation carrying a deficit of this size may also need to be discussed. Professor Kloer committed to consider the potential role of the Ethics Committee in this respect. Ms Lewis felt that there was a further condition which should perhaps be described along with what is achievable and acceptable 'what are the assumptions'.

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Summarising discussions/decisions, Miss Battle listed the following:

- Clear language
- Governance/transparency/public decision-making
- Definition of what is achievable/acceptable/assumptions
- Definition of timescales
- Values and ethics

Members were reminded that a Board Seminar is scheduled for 2 February 2023; depending on the outcome of discussions on that date, it may be necessary to schedule a further Board Seminar prior to the March 2023 Public Board meeting.

The Board:

- **NOTED** the ongoing process in the development of a Plan for 2023/26.
- **APPROVED** the submission of an accountability letter to Welsh Government to confirm that a financially balanced plan will not be submitted to Welsh Government.

PM(23)12

IMPLEMENTING THE 'A HEALTHIER MID AND WEST WALES' STRATEGY

Mr Lee Davies presented an update on the Implementing the 'A Healthier Mid and West Wales' Strategy. Members were reminded of the various current workstreams, as follows:

- Clinical Strategy Review – independent Welsh Government review, for which the Terms of Reference (TORs) have now been agreed
- Strategic Outline Case – as per Welsh Government requirements. A resource schedule has been submitted to Welsh Government
- Land Selection – discussions are ongoing with landowners
- Land Consultation – planning is at an advanced stage. The consultation will open on 24 February 2023, which is later than anticipated

An extraordinary Public Board meeting will be held at the end of August 2023 to discuss progress of these various workstreams.

Mr Lee Davies was pleased to report that the Health Board has received approval from Welsh Government to proceed to Full Business Case for the Cross Hands Health and Wellbeing Centre project. In terms of timescale, the Full Business Case is likely to be developed towards the end of 2023/beginning of 2024, with ultimate construction in 2025.

Mr Sam Dentten thanked the Health Board for working with the Community Health Council (CHC) and looked forward to the public consultation process. Mr Dentten noted that the environment is quite different now to when the original Transforming Clinical Services (TCS) consultation was undertaken in 2018, with people even more unsettled around fragilities in emergency and primary care, for example; and enquired whether the Health Board was confident the Clinical Services Review will consider this. Mr Lee Davies emphasised that the Health Board is committed to ensuring the correct approach for its communities. Population and preventative medicine and the current acute pressures and resultant challenges only serve to reemphasise the drivers for the original TCS strategy. Whilst confident in terms of this being the correct 'direction of travel' Mr Lee Davies acknowledged that there are challenges in terms of delivery within the planned timescales. Professor Kloer assured Members that whoever is commissioned to undertake the Clinical Services Review will be cognisant of the impact of COVID-19, will have knowledge, experience and learning from the last five years and will take this into account.

Mr Newman submitted a number of queries; firstly, whether the stated timescale of April 2023 for completion of the Clinical Services Review is realistic. Secondly, to what extent the Review may impact upon the wider public Land Selection Consultation and whether it is, therefore, appropriate to operate them in parallel. Finally, in respect of the Clinical Services Review TORs, whether the Health Board should be recording all documents provided to the review team. In response to the first query, whilst Mr Lee Davies was hopeful that the Clinical Services Review team would be in place soon, he acknowledged that the timescale would be delayed, though could not confirm to what extent.

	<p>This would influence and may impact upon the Strategic Outline Case, and would be an aspect requiring further reflection. With regard to the second query, it was felt that the Clinical Services Review would have less bearing on the Land Selection Consultation, which is more concerned with which of the three sites is most suitable. In terms of the final query, documentation will largely be Board papers, which are in the public domain; however Mr Lee Davies agreed to ensure that a record was retained and published. Members were advised that the extraordinary Public Board meeting mentioned above has been scheduled for 24 August 2023; this date has been published on the Health Board website. In response to a query around funding for the various requirements, Mr Lee Davies advised that the Clinical Services Review is being funded entirely by Welsh Government; for the Strategic Outline Case, a resource schedule has been submitted for Welsh Government consideration.</p> <p>Mrs Hardisty welcomed the decision to proceed to Full Business Case for the Cross Hands Health and Wellbeing Centre project, requesting assurance that the Health Board will utilise learning from the Cardigan Integrated Care Centre project.</p>	LD
	<p>The Board:</p> <ul style="list-style-type: none"> • NOTED the progress made with the Clinical Strategy Review • NOTED the progress made on the Strategic Outline Case (SOC) • NOTED the progress made in land selection process and consultation planning • RECEIVED ASSURANCE from the Consultation Institute’s Quality Assurance Process • NOTED the delay in consultation launch date 	
PM(23)13	IMPROVING PATIENT EXPERIENCE REPORT	
	<p>Mrs Rayani introduced the Improving Patient Experience report, which presents a summary of patient experience feedback and activity for the months of October and November 2022; highlighting that the number of compliments had increased. More than 4,000 of the 33,281 patients surveyed on the Friends and Family system left valuable feedback, with 93.1% responders leaving a positive recommendation. It was acknowledged, however, that this means that approximately 7% of those responding had a poor experience or had concerns regarding the Health Board’s services. Mrs Rayani highlighted the figures around complaints and concerns, which showed an increase on the previous reporting period; common themes remained. The patient story featured in the report had initially been presented to QSEC, and had been considered so impactful that it should be heard at Board. Mrs Rayani expressed her continued gratitude to patients and family members for their support in improving services, and disappointment that the patient and his wife in this case had been required to repeat information to staff on numerous occasions. This was not acceptable and reflected insufficient/ineffective clinical handover and hand-off processes. Another issue had been a lack of privacy and dignity. Mrs Rayani reported that this is also a common theme in feedback, noting that the Health Board’s environments of care do not necessarily lend themselves to good patient experience in this regard. This is particularly evident in Front of House settings, such as A&E departments, and also certain inpatient areas. Mrs Rayani would investigate further concerns around the Outpatients</p>	MR

department at Glangwili Hospital, to better understand the issues involved. Members were advised that, in terms of the report going forward, the Patient Experience team is exploring:

- Providing a 'rounder' picture, including regular patient experience information/input from Mental Health & Learning Disabilities (MHL), Primary Care and Community Care
- Including trend data
- Including a section on how the available information (patient/family feedback, Quality and Safety Dashboard data, staff feedback, etc), is triangulated

Cllr. Evans commended the report, emphasising that most people utilising the Health Board's services are clearly content and that it is human nature to complain more routinely than offer praise. Referencing page 11 of the main report, Cllr. Evans highlighted the statement that '30% of concerns linked to communication in this period are due to insufficient or incorrect information being given to patients or families' and requested further clarification. Members heard that Mrs Rayani has met with a number of patients/complainants; their concerns centre around a lack of timely information to enable informed decisions. Mrs Rayani suggested that the Health Board does not necessarily manage patient expectation well. For example, communications state that 'it is hoped that the diagnostic report will be available next week' when experience/performance suggests it will be longer. This is an area requiring improvement, as is communications in terms of signposting patients/families to sources of further information and support.

Welcoming the stated ambition to include trend data in future reports, Ms Lewis suggested that the Health Board should also consider making patients part of the 'communication solution'. A matter of more concern to Ms Lewis was the statistic on page 17 that more than 4 in 10 patients do not always feel safe and well cared for; and the difficulty in reconciling this with 93.1% of responders to the friends and family patient experience survey providing a positive rating/recommendation. Additional clarification around this data would be appreciated. In response, Mrs Rayani suggested that people often do not feel safe if they do not have the information they need. Whilst not convinced that HDdUHB patients are reporting they feel unsafe due to the actions of others around them, which has been the case elsewhere, Mrs Rayani noted that the Health Board does have a high number of patients with cognitive impairment, which can be intimidating to other patients.

Mr Newman thanked Mrs Rayani and her team for the report and for committing to the improvements to this outlined above. Highlighting learning around palliative and end of life care on page 12, Mr Newman outlined discussion of this at the most recent meeting of the Listening and Learning Sub-Committee, which he Chairs. It was clear from this that – in addition to the impact on patients – this is having an impact on staff in terms of the pressures and stresses involved, with the discussion proving extremely powerful. Mr Newman enquired how staff are being supported in this regard. Mrs Rayani agreed in terms of the impactful and powerful nature of this discussion, noting that a great deal of feedback had been received from senior managers who had attended.

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The Workforce & OD team is instrumental in providing sources of support for staff, and the Staff Wellbeing Service is available to all staff. In palliative care specifically, there are opportunities in terms of clinical supervision and psychological support.

Emphasising the importance of staff and psychological wellbeing support, Ms Jill Paterson reminded Members that many of the staff involved in palliative and end of life care are based within the community, which can result in feelings of isolation. There have been high levels of sickness and – despite limited resources – staff have been supporting each other across county boundaries. Ms Paterson was pleased to report that an improvement in this respect was being seen, together with increased recruitment. Consideration is being given to recognising palliative and end of life care as a clinical directorate in its own right, and a Clinical Lead Nurse and Clinical Lead Director are being appointed. This area is one involving an extremely heightened emotional connection, of which Ms Paterson could not emphasise the importance enough. It was refreshing and encouraging to hear Board Members reflect on the significance and affecting nature of discussions around this topic and Ms Paterson suggested that it may form a suitable subject for a patient and/or staff story to Board. Miss Battle agreed that this is an area which would warrant more direct communication from those involved, via either Board or one of its committees.

JP

Mrs Patel queried whether the Improving Patient Experience report should be routinely considered at the People, Organisational Development and Culture Committee (PODCC), noting that it identifies significant challenges which would require specific staff training and engagement. Mrs Rayani advised that quality and patient experience sits within the remit of QSEC; however, suggested that she and Mrs Lisa Gostling liaise to ensure that any staff/training aspects identified via the report are communicated to PODCC. Referencing earlier figures relating to the friends and family patient experience survey, Ms Raynsford observed that of over 33,000 surveyed, only 4,407 had responded. Whilst noting that this is in line with national response rates, Ms Raynsford queried whether it represented the most efficient way to obtain patient experience feedback, and whether there is national consideration of this issue. Mrs Rayani explained that the system used for this survey, Civica, is the national system and the approach is a national one. It was recognised, however, that everyone is subject to ‘survey fatigue’ and that – as suggested previously – people tend to respond more readily when they have concerns or issues. The Health Board utilises text message, email and telephone for surveys, and Mrs Rayani would welcome suggestions of other mechanisms which might improve response rates. Members were reminded that the Patient Advice and Liaison Service (PALS) team also regularly collect patient feedback.

MR/LG

Thanking Mrs Rayani and her team for the report, Miss Battle summarised discussions/decisions as follows:

- To consider reinstating the showing/playing of Patient and/or Staff Stories (including one in relation to palliative and end of life care) at future Board meetings

JW/MB

	<ul style="list-style-type: none"> • Plans to expand the Patient Experience Report to include MHL, Primary Care and Community Care were welcomed • Plans to include trend data were welcomed • Information on triangulation of data and deeper investigation into specific areas, such as Rheumatology feedback, would be appreciated • Staff engagement and training issues identified during collation of the report to be referred to PODCC 	MR
	<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>	

PM(23)14	<p>HEALTH & CARE STANDARDS FUNDAMENTALS OF CARE AUDIT</p> <p>Mrs Rayani presented the Health & Care Standards Fundamentals of Care Audit report for the period up to 1 November 2022, advising that this had been considered and scrutinised by QSEC. Members noted that previous reports had been based on the Health Care Monitoring System, which is no longer in use. This system had been burdensome in terms of the data input required. A new mechanism, via the digital Wales Nursing Care Record (WNCR) is now being utilised to inform this audit. The WNCR imports a certain proportion of data automatically, whilst also requiring some degree of observation of practice, which is important in an audit of this nature. Mrs Rayani advised that in April 2023, the Duty of Quality will become legislation in Wales; the Health and Care Standards will be withdrawn and replaced with the 6 domains of quality. The report findings have been modelled around these domains, in an attempt to make early progress against the incoming legislative requirements. Patient experience is not currently included, although the Health Board will be taking steps to consider doing so, as the relevant tools come on-stream. Following analysis of the findings, together with feedback from services, Mrs Rayani had identified the following as specific areas requiring attention:</p> <ul style="list-style-type: none"> • Mouth Care – an extended programme of work had been undertaken prior to the COVID-19 pandemic. The score is, therefore, somewhat disappointing • Nutrition and Hydration – there is a need for staff to observe ‘the person in front of them’, rather than rely solely on test results, etc. Nutrition and hydration risk assessments need to be updated in a timely fashion • Continence Care – further work is required. The Catheter Passport is not being consistently/routinely used. Specific and focused actions will be identified, including developing the relevant intranet page • Discharge Planning – there is a need for a focus on timely, effective and safe discharge. Meetings with nurses across the organisation are taking place and it is hoped that these will inform further work • Communications – whilst not explicitly ‘called out’ within the report, it is woven throughout the findings <p>Members heard that the organisation’s ‘Making a Difference’ programme is beginning to impact positively. Mrs Rayani emphasised that the report findings represent a ‘snapshot’ in time; the WNCR will offer the opportunity to monitor in real-time.</p>	
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In response to a query around where findings will be scrutinised, Mrs Rayani advised that there will be reports to the Operational Quality, Safety & Experience Sub Committee and QSEC, and committed to discuss this with Ms Lewis. Mrs Patel enquired whether it is possible to 'drill down' data to ward level in order to ensure that changes are made where required. Mrs Rayani confirmed that every individual service/team/area receives individual feedback, with the expectation that the senior nurse takes the lead in actioning this. Organisational input is available via the Improvement Board and training sessions. Noting that there is a lack of compliance apparent across all indicators, Mrs Hardisty queried whether there is any correlation with the next agenda item, in terms of issues with the same services/teams. Members were advised that this is a 'high level' report, although it was reiterated that it is possible to 'drill down' by site/ward and that the Quality Improvement team does undertake such analysis. Mrs Rayani stated that the Health Board is beginning to use a Quality & Safety Dashboard and its set of metrics, which will allow identification of potential 'hotspots'. The forthcoming Improving Together sessions with operational teams will allow a greater focus on areas requiring improvement. Mrs Gostling added that the Organisational Development (OD) Relationship Managers will also be tasked with taking forward information; and the Learning & Development team will be cross-referencing data, to inform targeted invitations to attend the 'Making a Difference' programme.

Referencing the skill set on the ward establishment, and that Health Care Support Workers (HCSWs) perform a number of tasks; Ms Raynsford enquired whether data is input by qualified staff, and/or whether the Health Board should ensure that it is completed by staff trained to the same standard. Mrs Rayani advised that a wide variety of staff are able to make entries to the WNCR. Its implementation within HDdUHB has driven other professional groups to recognise the value in access to a single patient medical record. Whilst HCSWs can make entries onto the WNCR, the Registered Nurse remains responsible for the care provided. In response to a query from Miss Battle, Mrs Rayani confirmed that HDdUHB was the first Health Board to introduce the WNCR, in Ward 11 of Withybush Hospital. It was then rolled-out across the entire Health Board during the COVID-19 pandemic, which represents a significant achievement.

Mr Winston Weir welcomed Mrs Rayani's presentation of the report, which had brought the data 'to life'. For context, and noting the scores for Safeguarding (both adult and child), Mr Weir highlighted that the compliance scores for Patient Centred Care are actually lower than Safeguarding; however are not specifically 'called out' within the report. Mrs Rayani advised that there is already a great deal of work being undertaken around Safeguarding, with degree of vulnerability or risk requirements being included in safeguarding processes. In terms of assessments and referrals made, the team is extremely proactive. For example, specific work has been undertaken in A&E departments, with an improvement in referral rates. Mr Weir explained that his concern was that an area with lower compliance (Patient Centred Care), as detailed on page 9 of the report, has not been highlighted as requiring action, and whether this requires review. In response, Mrs Rayani

	<p>explained that the areas she had highlighted were the ones being most frequently raised as of concern. It was emphasised that this did not preclude the scrutiny of other areas, or that those areas with high scores would forego scrutiny. In addition, other work, such as that associated with the Nurse Staffing Levels (Wales) Act, prompts discussion at all levels around many other aspects of care.</p> <p>Noting data in relation to cleaning schedule compliance, Miss Battle reported on a meeting with members of the Housekeeping team, who had raised concerns around the equipment available to them. Miss Battle was due to meet with them again and requested an update on this matter. Members heard that there have been extensive discussions at the Use of Resources Group around Cleaning Standards, including clarification of whose role it is to clean specific areas/surfaces/items. Mrs Rayani has discussed the equipment issue with the Heads of Housekeeping and requested that they visit and satisfy themselves that teams' equipment is sufficient. The specialist machines available for certain cleaning tasks have also been considered, although these present specific and more complex challenges. Members were assured that there is active oversight of this area. Miss Battle requested that feedback from Heads of Housekeeping visits be provided to her prior to her follow-up meeting with Housekeeping staff.</p> <p>Discussions were concluded, with Miss Battle thanking Mrs Rayani and her team for their work.</p>	MR
	<p>The Board NOTED:</p> <ul style="list-style-type: none"> • NOTED and TOOK ASSURANCE from the Nursing and Midwifery Quality Assurance Report that standards of care are being monitored, that targeted areas for improvements are identified and that improvement activities are implemented; • NOTED that QSEC is scheduled to receive the full end of year report for 2022/2023, with triangulated data, in June 2023. 	

PM(23)15	<p>DEVELOPING OUR CULTURE OF LISTENING AND LEARNING</p> <p>Mrs Gostling introduced the Developing Our Culture of Listening and Learning report, which includes sections focusing on staff experience, patient experience and systemic patterns. The report had been compiled by the Workforce & OD and Patient Experience teams. Mrs Gostling began with the section intended to demonstrate how the organisation is listening to and providing support for its staff. Four significant surveys had been conducted:</p> <ul style="list-style-type: none"> • Staff Discovery Report, with a follow-up currently under development • Your Wellbeing Matters Survey (nursing and midwifery staff) • All Wales NHS Staff Survey • Medical Engagement Scale (doctors) <p>In addition to the above, there is a monthly 'temperature check' survey of 1,000 HDdUHB staff, which allows the organisation to survey its whole workforce across the course of one year. Recent industrial action within the NHS has impacted hugely on staff as well as on patients, it is a very difficult decision for individuals around whether to strike or not. The Health Board produced an information guide for staff in relation to industrial action. The Working in Confidence platform allows staff to</p>	
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raise issues anonymously, whether they wish to enter into dialogue around the issue, and choose who they discuss the issue with. Since introduction, 35 issues have been raised via this platform and 26 resolved. A number of individuals raising issues have reported that these are concerns they have held for several years. It was agreed that a report would be taken through PODCC

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The Health Board conducts Exit Interviews for staff who are leaving or changing role, and has recently introduced a 'Thinking of Leaving' survey. Other mechanisms for listening include the Respect and Resolution Policy, launched in 2021, intended to promote earlier and informal resolution of issues. Also, the Black, Asian & Minority Ethnic (BAME) Advisory Group, Specialist, Associate Specialist and Specialty (SAS) Doctors Forum, Bullying and Harassment Task & Finish Group, meetings with Trade Union representatives and County Forums. Pages 4 and 5 of the report include a list of actions taken and groups engaged with. In terms of the Staff Discovery Report follow-up, consideration needs to be given to how the organisation reaches those individuals who have not previously engaged. Finally, Mrs Gostling drew Members' attention to initiatives such as the OD & Culture Plan which is under further development, and the Leadership Development Pathway, which includes the 'Aspiring Future Leaders' programme.

Mrs Rayani emphasised that the work described above is integral to ensuring effective patient care. The diagram on page 7 of the report outlines the various methods utilised to capture feedback from service users. These are in addition to the face-to-face opportunities which always exist. Mrs Rayani wished to highlight in particular the achievements of the Community Outreach Team, which has focused on vulnerable and difficult to reach groups. The 'Speak up Safely' work and Champions and a culture of 'see something; say something' are encouraging staff to speak up about patient care concerns. There is a great deal of work being undertaken, which is not solely restricted to the hospital environment, including work to understand patterns, trends and themes. Platforms for sharing learning include the Listening & Learning Sub-Committee, Learning from Events and Engagement and Experience Groups. The 'Our Performance' Dashboard and 'Our Safety' Dashboard will both provide intelligence, and the Improving Together programme mentioned earlier will drive forward quality, safety and learning with the operational teams.

Ms Lewis welcomed the report outlining the many actions and initiatives being put in place, which demonstrate a 'step change' and proactive approach within the organisation. Suggesting that individuals often 'leave their boss' as opposed to 'leave their job', and noting the multiple pressures and demands on middle management, Ms Lewis enquired whether the Health Board is doing enough to support this group. In response, Mrs Gostling advised that the organisation is reaching out to middle management, whilst acknowledging that it is always possible to make further improvements. The new LEAP Programme is concerned with supporting leadership qualities; personal development programmes, management development programmes and resilience programmes are planned. The 'Making a Difference' programme also highlights the need for individuals to look after themselves. Commending the 'Thinking of

Leaving' survey, Mrs Hardisty observed that – whilst initial numbers participating are low – if any staff can be encouraged to stay, it is worthwhile. However, the figure of almost one-third of staff thinking of leaving expressing concerns around bullying, harassment or discrimination was worrying. Mrs Hardisty also reported anecdotal feedback from staff that they are not banded correctly, with the same role attracting a higher pay banding elsewhere.

In response to the comment around bullying and harassment, Mrs Gostling agreed that this is a recurrent theme. The OD Relationship Managers have been asked to explore this further with those surveyed, as the situation is not always as perceived. There is feedback to suggest that staff sometimes feel bullied by colleagues rather than managers, for example if there is felt to be a 'clique' among a team. The Culture team is exploring the issue of team-working in more detail. In regards to the feedback around banding, this is reported, and is also heard in reverse, with claims that HDdUHB is paying more than elsewhere. Comments around changing employer for higher pay are likely to become more frequent in the current financial climate, with many staff considering leaving for financial reasons. In terms of the feedback itself, there is an All Wales process which is designed to ensure consistency across roles; however, the detail which determines job evaluation outcome sits within job descriptions.

Mrs Patel enquired with regard to levels of uptake/engagement for individual initiatives, events and training. Members were also informed that the Health Education & Improvement Wales (HEIW) Learning Portal hosts various educational resources including around difficult conversations, resilience and compassionate leadership. Mrs Gostling confirmed that HDdUHB staff can access HEIW resources via the Learning & Development team and through development programmes. In response to Mrs Patel's first query, it was noted that – by close of play on Monday of the first week for applications to the new LEAP leadership programme – 3 applications had already been received. Mrs Gostling committed to prepare a report detailing uptake for educational initiatives, for presentation to PODCC. Observing that the initiatives described could make HDdUHB more attractive to potential employees, Mrs Raynsford enquired whether they are communicated to prospective staff. Mrs Gostling advised that they are certainly communicated to the medical workforce; this issue had been discussed at PODCC and there are plans to include information as part of the Health Board's recruitment process. Mr Moore was pleased to report that HDdUHB's retention rates have significantly improved and are now the best in Wales. This represents a major achievement.

Mrs Battle thanked all of those involved with this report, emphasising the importance of this area and noting that it is said that 'Culture eats strategy'. Miss Battle was extremely proud of how this area of work had developed during her time at the Health Board, stating that it represents the most comprehensive, compassionate, innovative and responsive programme of change she had seen.

The Board:

- **NOTED** the steps being taken to support the workforce to listen to our staff and our patient experiences.

LG

- **TOOK ASSURANCE** from the actions taken and in progress

PM(23)16

LLWYNHENDY TB OUTBREAK REVIEW

Professor Kloer presented the External Review of the Llwynhendy Tuberculosis (TB) Outbreak report. Providing further context, Professor Kloer explained that the Llwynhendy TB outbreak had begun in 2010 and is not yet closed. An external review had been jointly commissioned between HDdUHB and Public Health Wales (PHW), and PHW's Board are also discussing the review outcome report today. Professor Kloer wished to offer his sympathies to all of those affected and impacted by both the outbreak and review. Members heard that the review report does identify certain shortcomings. Significant improvements are also recognised, particularly in local respiratory services. HDdUHB and Public Health Wales have written to all individuals affected by latent or active TB, providing various information and sources of support. The PHW website also includes a 'Frequently Asked Questions' section. Professor Kloer would encourage anyone who has symptoms of TB to seek medical advice promptly; symptoms include a new cough which has lasted 3 weeks or longer, weight loss and fever. Letters are being issued to people who may have had contact, inviting them to screening and Professor Kloer would urge those receiving invitations to come forward. Screening processes are simple; blood tests and chest x-rays.

In terms of the report itself, Professor Kloer wished to express his thanks to the external review team. The review had commenced prior to the first COVID-19 lockdown, at which time it had to be postponed. However, the majority of the review team had remained in place, and Professor Kloer was grateful for their work. Colleagues in Public Health Wales and the local Public Health team and response team were also thanked for their efforts. In considering the recommendation, Professor Kloer suggested that this be amended to go further, with the Board accepting the report's recommendations in full, supporting the outline action plan and requesting that a detailed action plan be submitted to and monitored by QSEC.

Referencing the final point, Miss Battle enquired whether monitoring would relate to only HDdUHB actions, or include PHW and Welsh Government recommendations/actions also. Professor Kloer responded that QSEC would certainly monitor progress on HDdUHB actions, whilst also committing to include updates on all other recommendations. Mr Dentten welcomed the report, which the CHC are not seeking to critique. However, the level of upset within the affected communities should be acknowledged, and the CHC looks forward to being involved in scrutinising implementation of the action plan. Dr Joanne McCarthy echoed Professor Kloer's thanks to the local Public Health team, who had responded both to the Llwynhendy TB outbreak, and to the needs of recently-arrived individuals seeking sanctuary from the war in Ukraine. These tasks had involved a significant amount of work. Members heard that the Public Health team currently includes an excellent Registrar in Public Health who will be contributing to the detailed action plan mentioned by Professor Kloer. Mrs Hardisty noted that a number of the PHW and Welsh Government actions do not have defined completion dates. Members were informed that the Chief Medical Officer for Wales has recently written to all Health Boards/health organisations regarding

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	<p>the management of TB, especially in relation to refugees. Guidance to be issued will include an indicative route-map around how TB is managed going forward. A meeting is due to take place before the end of the month which will include discussion of timescales; Professor Kloer would provide further information to QSEC when this was available. Members were assured that the Health Board would be seeking additional clarification.</p> <p>Miss Battle, on behalf of the Board, offered sympathies to those affected by the Llwynhendy TB outbreak and reiterated the request for detailed timelines for actions.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> • RECEIVED and NOTED the completed external review report and the findings and recommendations made, together with the outline action plan in response. • ACCEPTED in full the report's recommendations. • SUPPORTED the outline action plan. • NOTED that progress against the action plan will be monitored and reviewed by the Quality, Safety & Experience Committees of both PHW and HDdUHB on a 6 monthly basis. • REQUESTED that a detailed HDdUHB action plan be submitted to and monitored by QSEC. 	

<p>PM(23)17</p>	<p>TRANSFORMATION STEERING GROUP UPDATE</p> <p>Mr Moore introduced the Transformation Steering Group (TSG) Update report, conscious that it had been some time since a formal update had been provided. The work of the TSG had slowed down for various reasons during the past year; however, there had been three key areas in which progress had been made:</p> <p>Digital Plans in this area – which are ambitious, inspirational and positive – will be published soon.</p> <p>Social Model for Health & Wellbeing The Health Board's ambitions, set upon this model, had been described in 2018. However, there had been a certain lack of clarity around what the model meant in practice. A Planning Objective had been developed around ensuring a process was in place; which Professor Kloer had been taking forward, supported by Baroness Rennie Fritchie, a Strategic Advisor to the Health Board. Related work had included a thematic analysis of conversations with a purpose, and a systematic review of literature, outlined within the report. It is proposed that a Board Seminar be utilised to explore this topic in more detail, together with the associated Planning Objective on Health Inequalities.</p> <p>Your Health Matters Mr Moore had been progressing this project with Strategic Advisor Ms Angela Burns, engaging with working age people. Due to timing, with COVID-19 restrictions still being in place, it had been challenging to access organisations. However, it had been possible to conduct a pilot involving staff from Bluestone National Park Resort, who had provided an interesting and valuable insight into the experience of service users. Bluestone staff were appreciative of the opportunity to speak directly to</p>	
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the Health Board. A common theme from all was the need for effective Mental Health services, and opportunities are being pursued by the HDdUHB MHL D team. These include meetings and discussions with the Haverfordwest based community mental health support initiative 'Get the Boys A Lift', which offers informal counselling services.

Whilst good progress has been made, there are further opportunities to consider how the Health Board's approach could be refreshed. Mr Moore recognised that it is too easy to succumb to 'group think', which was the reason for introducing alternative sources of expertise, be that Health Board staff, the local population or recognised 'thought leaders'. Mr Moore was now of the opinion that the Board should be driving this work to a greater extent, perhaps via the Board Assurance Framework (BAF). The BAF details the Health Board's Strategic Objectives and allows the Board to measure its success in achieving these, together with the organisation's principal risks and how these might impact upon or prevent achievement of objectives. As outlined in the report, Mr Moore was suggesting that a more detailed and formal proposal for the future be presented to the March 2023 Public Board meeting.

SM

Revisiting earlier discussions, Mrs Patel enquired whether the proposed £77m savings opportunities feature as part of the Health Board's transformational work. Members were informed that the digital strategy will certainly describe how savings may be delivered. Additionally, the Social Model for Health and Wellbeing will offer opportunities in terms of ensuring that communities are able to stay well and resilient. In response to a query around whether it is intended that the appendices to this report form part of the documents submitted to the Clinical Services Review, Mr Moore confirmed that they would. Whilst welcoming the engagement already undertaken with communities, Mr Iwan Thomas suggested that there are other, 'ready-made' opportunities for engaging with the local population, such as the 'Keep Warm, Keep Well' hubs across Pembrokeshire; with similar initiatives existing in the other counties. There were other small community organisations which, whilst not necessarily high-profile, have an impact locally. Mr Iwan Thomas was happy to work with the Health Board and Ms Hughes-Moakes specifically in identifying suitable opportunities.

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Professor Kloer noted that Hywel Dda has an extremely 'medical' model for health. If healthcare is 'medicalised', by its very nature it is financially costly. A social model for health builds in community resilience, and promotion of health and wellbeing. The 'medical' model is embedded into society's psyche, almost to the point of indoctrination, which makes change challenging. In terms of connection to communities, Ms Paterson explained that there are already various mechanisms which offer opportunities in this regard; including Primary Care Clusters, Population Needs Assessments, and statutory partnerships such as Public Services Boards with their Wellbeing Assessments. Processes relating to specific issues, such as the Solva Surgery Vacant Practice Panel Process outlined later on the agenda, also offer opportunities for engagement, information exchange and identification of community needs. Ms Ann Murphy echoed comments by Mr Iwan Thomas and Ms Paterson, suggesting that it is vital for the Health Board to take the

	<p>initiative to engage with communities rather than asking them to approach the organisation with feedback.</p> <p>Mr Huw Thomas reiterated the financial challenges being faced by the Health Board. There are frameworks already in place, for example in respect of value based healthcare. Mr Huw Thomas cautioned against the risk for 'scope creep'; there is a need to consider what the organisation can feasibly provide within its overall resource constraints. The Health Board will need to be clear with its partners around the fact that availability of resources and ongoing investment will be dependent on evaluation of initiatives and projects. Whilst acknowledging that this is generally the case, Mr Moore emphasised that there is also a need to guard against 'over-evaluation', which has the potential to crush small projects otherwise worthy of support. It is possible to utilise assessments of values and ethos, rather than strict evaluation processes, and thereby maintain a balance. Miss Battle further noted that investment in projects need not always be financial. Agreeing, Professor Kloer highlighted that the key is sharing resources, and enabling communities to be more resilient. The model does not belong to the NHS; it belongs to the local communities. Miss Battle concluded by welcoming proposals for more detailed discussion of the Social Model for Health at a Board Seminar.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> • NOTED the updates from the activities of Transformation Steering Group members and the actions taken as a result; • PROVIDED VIEWS on the proposal to guide the development of a revised approach to transformation and innovation to be presented at the March 2023 Public Board meeting; • APPROVED the proposal to formally stand down the Transformation Steering Group 	

<p>PM(23)18</p>	<p>FINANCIAL REPORT</p> <p>Mr Huw Thomas presented the Financial Report for Month 9 of 2022/23, highlighting to Members that Welsh Government has agreed to provide a maximum of £52.3m strategic cash support. The Health Board welcomes this support and Welsh Government's recognition of the challenges it faces. Members heard that the risks being seen in systems are, unfortunately, not diminishing. Despite recent successes in recruitment, the organisation is still driven to significant agency usage. Other financial challenges include pressures in Urgent & Emergency Care, Primary Care prescribing costs, particularly in relation to Category M drugs and No Cheaper Source Obtainable (NCSO) drugs. There is also the issue of annual leave accrual; although there is now a clear policy in place, staff are working exceptionally hard, which is impacting on their ability to take leave. The Health Board welcomes the mature dialogue taking place with Welsh Government around Targeted Intervention. There is recognition that the organisation's challenges are a financial issue, not a finance department issue. Welsh Government has expressed expectations around:</p> <ul style="list-style-type: none"> • An increased/improved understanding of the Health Board's underlying deficit • Ensuring that the Opportunities Framework is embedded • Ensuring that the Delivery Framework is embedded • Financial management arrangements 	
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Members were assured that none of the above is unforeseen on the part of the Health Board; it is in line with what has been recognised as areas requiring focus. Mr Huw Thomas emphasised that – whilst SRC meets on a bi-monthly basis – a more regular dialogue is maintained by a ‘touchpoint’ meeting between himself and Mr Weir as SRC Chair during the intervening months. Finally, Members were advised that the proposed changes to the Scheme of Delegation had been reviewed, scrutinised and approved by SRC.

Mr Weir commended the clear and consistent report. In response to a query around the potential impact of industrial action on the end of year forecast, and associated risks, Mr Huw Thomas advised that there is a positive monetary impact in terms of pay, as those who take industrial action are not entitled to pay. The other impact, however, is on systems, such as delivery of Planned Care. The end of year forecast at a macro Health Board level is reasonably consistent; the risk is at a more detailed level. It is hoped that the Improving Together meetings with operational teams will provide further clarity in this regard.

The Board:

- **NOTED** and **DISCUSSED** the financial position as at Month 9 2022/23, alongside the implications for the Health Board of the challenging outlook.
- **NOTED** the request for additional strategic cash support.
- **APPROVED** the Scheme of Delegation changes in respect of Continuing Health Care.

PM(23)19

INTEGRATED PERFORMANCE ASSURANCE REPORT

Mr Huw Thomas presented the Integrated Performance Assurance Report (IPAR) for Month 9 of 2022/23, advising that areas presenting significant challenges are highlighted within the report. Pressures affecting the Urgent & Emergency Care system remain, and continue to impact both patients and staff. The following are areas where an increased focus has improved performance:

- Planned Care Recovery
- Mental Health assessments undertaken within 28 days
- Workforce

However, there are challenges in terms of Cancer Care and achieving a reduction in backlog. A plan is in place to address this. Challenges also exist around Endoscopy and Cardiology waiting times.

Mr Carruthers wished to acknowledge that when performance is being discussed, this equates to patients and their access to services. Mr Carruthers apologised to patients and their families for the difficulties being experienced and emphasised that the Health Board is doing all it can to improve the situation. As mentioned, Urgent & Emergency Care is under significant pressure and has experienced periods of escalation. The position in January 2023 has slightly improved and it is hoped that this will translate into improved performance in terms of ambulance handovers and waits over 12 hours. Members heard that demand has lessened and the transformation work is impacting, with a 10-15% reduction in bed days occupied over 28 days. With regard to ambulance

handover times, Mr Carruthers was mindful of the fact that delays result in patients waiting for ambulances to attend in the community, and waits for handover at hospital. The Health Board is aiming to focus particularly on this area and staff have visited Cardiff & Vale UHB (C&VUHB) to investigate the actions being taken there, which have resulted in a significant performance improvement.

In terms of Cancer Care, Mr Carruthers recognised that the backlog had increased during December 2022, due to a number of factors. These included capacity which the Health Board believed it had secured not being delivered, and the impact of industrial action, both NHS and non-NHS; for example postal strikes impacting on the delivery and return of FIT (Bowel Cancer) tests. Mr Carruthers was pleased to report that he was confident of a significant improvement by the end of January 2023 and that the Health Board will be back on trajectory in this area. For Planned Care, and specifically the Ministerial Milestone due for delivery by end December 2022, the organisation exceeded its improvement trajectory. Patients waiting over 52 weeks for a new Outpatients appointment had been reduced from more than 31,000 to 5,452. Patients waiting over 104 weeks for a new Outpatients appointment had been reduced from more than 4,000 to 511. The Health Board remains ahead of plan for inpatient treatment. This improved performance had provided confidence and assurance in the plans put in place, and Mr Carruthers recognised the significant amount of work undertaken by the Planned Care team to achieve this.

Miss Battle added her thanks to the Planned Care team for delivering and exceeding improvement trajectories, and to Mr Carruthers for providing additional context. Referencing the visit to C&VUHB, Cllr. Evans enquired whether a dramatically different approach is being used there and whether Mr Carruthers is confident that ambulance handover performance can be improved. Members were informed that the Health Board is exploring how the actions used can be translated into the Hywel Dda environment. The improvement seen at C&VUHB is as much around culture as anything else; engagement of the whole organisation in owning and solving the issue rather than it being regarded as an A&E problem. Whilst there are already 'pockets' of good practice in HDdUHB, more can be done, such as introduction of protocols around the sharing of this issue. Whilst the University Hospital of Wales and its A&E occupy a large site, it has no more 'majors' space than Glangwili Hospital, for example. It does, however, have a larger total 'footprint' and more alternative spaces to utilise. The Health Board recognises that process changes are required and will consider what learning might be applied locally. One matter Mr Carruthers wished to highlight is the need to recognise that these are ambulance 'handovers' not 'offloads'. There is a subtle but important difference in meaning between the two.

In response to a request for assurance around recognition of the need to share responsibility for this issue across the whole system, Mr Carruthers confirmed that this is the aim. However, it must be recognised that staff and services are already stretched and fragile, and experiencing a great deal of pressure and strain. As part of the process to make improvements in this area, there must be more effective risk assessment of patients in the community awaiting ambulances, as well

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as those in and at hospitals. Ms Raynsford observed that C&VUHB has a single, centralised A&E, whereas HDdUHB has a significant land mass and three separate A&E departments. HDdUHB also potentially has more complex cases with greater acuity, including farming accidents and road traffic collisions, within longer conveyance to hospital. Ms Raynsford queried whether a system-wide approach, to (as far as possible) manage and predict admissions might be required. Mr Carruthers highlighted the transformation work around the Six Goals of Emergency Care and agreed that HDdUHB needs to examine systems in other similar settings across the world.

Whilst recognising that a focus on Urgent & Emergency Care is required, Ms Lewis noted that there is another service area with similar challenges around performance; Child Neurodevelopment Assessments, which could – arguably – be viewed as an Outpatient waiting list. Ms Lewis requested clarification around the core issue(s) which are consistently preventing improvement. In response, Mr Carruthers explained that there are difficulties in relation to the demand and capacity model; even with a number of actions taken, it is not possible to close the gap between demand and capacity. The Health Board has requested additional assistance from the Welsh Government Delivery Unit; although it should be noted that Neurodevelopmental services are experiencing similar issues across Wales. The Delivery Unit is planning to visit HDdUHB and Mr Carruthers hoped that there would be further clarity at the next Board meeting.

Miss Battle wished to focus on the numbers of individuals in the Health Board's hospitals ready to leave, and medically able to leave but not able to leave. Discussions have taken place with Pembrokeshire County Council around 'Operation Nightingale' and Miss Battle enquired with regard to the impact. Members heard that, although there had been notable changes, this initiative was in its infancy. There is increased engagement and joint working with Local Authority partners and social working allocation has seen an increase, which is positive, as this assists in terms of patients waiting for social worker assessments. It may be, however, that this results in other less positive impacts, if social workers identify the need for care packages which cannot be provided. The other counties also continue to work with the Health Board on shared challenges; some reduction in waits for packages of care has been seen. Mr Carruthers advised that the Health Board still has the same number of medically-fit individuals as reported at the previous Board, although the number ready to leave is slightly lower. It was observed by Miss Battle that around one-third of the organisation's beds are occupied by people who do not need to be in hospital; this is neither beneficial for them nor the Health Board.

Mr Moore was encouraged by the Local Authorities' responses and reported that the Chief Executive of Pembrokeshire County Council has been invited to visit Withybush Hospital to witness the improvement. The issue of domiciliary care, however, is more challenging. In terms of staffing, there has been an overseas recruitment drive, with the Health Board's Workforce & OD team offering support to Local Authority partners. Members heard that a similar exercise has taken place in relation to Carmarthenshire County Council and Glangwili Hospital,

	<p>which has – interestingly – identified different challenges. There are positive developments in terms of the ‘Home First’ initiative. In some cases, the very nature of community care provision does not meet the needs of patients in hospital. It is intended that a set of proposals be developed by March 2023, for implementation over the winter of 2023/24. Mrs Hardisty advised that Regional Partnership Boards (RPBs) have been tasked by the Minister for Health & Social Services with taking this issue forward; consequently it has been discussed extensively by the local RPB, the West Wales Care Partnership. It should be noted that, of the 916 individuals discharged in Carmarthenshire, 65% had no statutory care or support needs. Mrs Hardisty wondered whether there is an element of ‘over-assessing’ people. Further, there are initiatives in place which are already working; rather than reinventing, or replacing these with schemes from elsewhere, which can be challenging to implement, it may be more appropriate for existing initiatives to remain. Mrs Rayani emphasised the value of visits to sites, as this allows self-reflection in terms of culture, assessment and understanding what an individual needs. There can be over prescribing or over risk assessing in relation to needs, which leads to unnecessary delays in discharge.</p>	
	<p>The Board CONSIDERED and ADVISED issues arising from the IPAR - Month 9 2022/2023.</p>	

<p>PM(23)20</p>	<p>CORPORATE RISK REGISTER</p> <p>Mrs Wilson introduced the Corporate Risk Register (CRR) report, which provides an update on changes since the CRR was previously presented to the Board in September 2022. Members heard that the Corporate Risks have been scrutinised at Board Committees and noted that 2, rather than 3 risks had been reduced in score. A number of the issues highlighted are covered elsewhere on the agenda/in discussions. The Corporate Risk relating to finance is highly dynamic and has changed due to the impact of industrial action and Welsh Government cash assistance.</p> <p>The Board CONSIDERED whether it has sufficient assurance that corporate risks are being assessed, managed and reviewed appropriately/effectively through the risk management arrangements in place, noting that these have been reviewed by Board level Committees.</p>	
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<p>PM(23)21</p>	<p>REAL TIME DEMAND & CAPACITY (RTDC) ROLL OUT PLAN</p> <p>Mrs Rayani presented the Real Time Demand & Capacity (RTDC) Roll Out Plan report, explaining that this relates to an Enhanced Monitoring action intended to support patient flow and improve patient experience. The RTDC process is just one of the tools being utilised by the organisation to drive improvement. There have been a number of improvements as a consequence, for example in terms of discharge, which are multifactorial. The Board is asked to note that a full implementation plan is in place.</p> <p>In response to a query around whether the process will continue to be rolled-out and utilised, Mrs Rayani confirmed that it will. A report outlining the various improvement actions being undertaken will be presented to the March 2023 Public Board meeting. Members were assured that actions will be evaluated to identify those which are not proving successful also.</p>	
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The Board **TOOK ASSURANCE** that a plan is in place to implement the Real Time Demand and Capacity (RTDC) process.

PM(23)22

MENTAL HEALTH & LEARNING DISABILITIES UPDATE

Ms Liz Carroll and Ms Kay Issacs joined the Board meeting.

Mr Carruthers introduced the Transforming Learning Disability Services report, noting that conversations around transforming and improving plans in relation to Learning Disabilities had begun prior to COVID-19. The pandemic had delayed progress on the related Planning Objective, 5G. An updated plan is now presented to the Board and Mr Carruthers wished to record his thanks to the team involved and to stakeholders, including the Regional Improving Lives Partnership, the Learning Disability Dream Team and the CHC. Ms Liz Carroll agreed that the plans had been a long time in development, and focus on inpatient facilities, residential units and Learning Disabilities provision and liaison. Proposals outline various engagement opportunities and the Health Board has worked with the Learning Disability Dream Team and PHW in developing the plans and options. Plans were, therefore, well-informed in terms of input and led by both the Health Board's Strategy and by Welsh Government's 'Improving Care, Improving Lives'. A meeting with CHC colleagues had taken place, providing additional helpful feedback, which had been incorporated. Following a Healthcare Inspectorate Wales (HIW) inspection, it is proposed that the pathway from Ty Bryn Assessment & Treatment Unit be discontinued, and alternatives delivered. These comprise less restricted packages of care, which constitute an improvement. It is felt that the preferred option presented will strengthen access, reduce fragilities, support early discharge, strengthen district hospital liaison and enable development of staff roles. It should also improve recruitment, which is being seen already at consultant level.

Mrs Patel indicated that her concerns centre around caring for Learning Disabilities patients on Adult Mental Health wards. There are patients with Learning Disabilities rather than Mental Health issues per se, whilst recognising that there are also patients with both. Ms Carroll stated that numbers of patients solely with Learning Disabilities is extremely low. A one-bedded unit could be retained; however, Ms Carroll suggested that this would give the impression of 'segregation' which would be a backwards step. The units being used are smaller – with nine beds. Ms Kay Issacs explained that there had always been a designated bed on Morlais Ward and assured Members that the needs of patients with Learning Disabilities have been met. There is a need for additional training in the district hospitals, and it would be desirable to improve the clinical environment; however, the Health Board has limited resources to fund such changes. In response to a suggestion from Miss Battle, Ms Issacs agreed that Charitable Funding options could be explored, should proposals be approved.

Noting the stated need 'for admissions to be short term in nature' and – elsewhere – mention of a stay of 6 months; Ms Lewis queried whether 6 months is viewed/classified as short term. Ms Lewis was also concerned about the potential for Learning Disabilities to be subsumed within wider Mental Health and requested assurance that this is not the intended

direction of travel. In response, Ms Carroll advised Members that such merging had not occurred during the Transforming Mental Health Services programme. The process undertaken which informs this report presented an opportunity for a specific focus on Learning Disabilities. There will be a need to review the training needs of the workforce. With the preferred option, staff would need to be trained to meet community provision requirements. A different workforce will be required going forward. It is vital to maintain a Learning Disabilities 'oversight'. Advanced Nurse Practitioners (ANP) roles will be crucial. Returning to Ms Lewis' first query, Members heard that Section 3 of the Mental Health Act covers stays of up to 6 months. However, the Health Board would always endeavour to discharge patients sooner if possible/ appropriate. The key is making reasonable adjustments and bespoke care plans.

Mr Newman suggested that it is far from clear what engagement and/or discussion there has been in designing the proposals. The second paragraph on page 4 of the report seems to indicate that discussions have been primarily or wholly with healthcare professionals. In addition, whilst the report appears to put forward two options, Mr Newman felt that Option 1 does not really represent a viable option. The report also infers that the HIW inspection was the main catalyst for closure of the unit. Finally, the proposals do not make clear the size of the population and/or level of demand behind the design of this facility. Disability Living Allowance (DLA) and Personal Independence Payments (PIP) are the only 'indicators' referenced in the report. There is a significant demand for Neurodevelopmental assessments, and GPs would also be a source of data on the likely levels of demand.

Ms Carroll explained that the closure of the unit had been prompted by HIW concerns and had facilitated the discharge of the remaining patients. However, the Health Board had made a decision to close it to new admissions in the September prior and had communicated this decision to Local Authorities at that time. In terms of engagement, there is a Regional Improving Lives programme; thinking has changed as the proposals have been developed, with a move towards Option 2. Ms Carroll reiterated concerns around segregation of Learning Disabilities patients and the desire for integration into mainstream services. With regard to population/demand, the Hywel Dda 'footprint' had been examined, and data such as the West Wales Population Needs Assessment had been utilised, along with benchmarking data provided at a national level. Members were reminded that these proposals relate to adult provision only. The Health Action Team is currently centrally-located; the ambition is to disperse team members into the community to enable engagement during healthcare checks. In response to a further query, Ms Carroll confirmed that the data reflects demand as best as possible. Miss Battle thanked Ms Carroll and Ms Issacs for their attendance and for providing further information/context.

Ms Liz Carroll, Ms Kay Issacs, Mr Iwan Thomas and Mr Sam Dentten left the Board meeting.

The Board:

- **CONSIDERED** the proposals for the future model of care for Learning Disability Services

	<ul style="list-style-type: none"> • APPROVED the Communication & Engagement Plan on the proposal to restructure the Service in line with the proposed service model, specifically: <ul style="list-style-type: none"> ➤ Option 2 - integrate Learning Disability inpatient services with Adult Mental Health inpatient services ➤ Review Community Teams Learning Disability core business functions, eligibility criteria and staffing establishments ➤ Reconfigure the Health Action Team in order to develop a 7 day a week Well-being and Early Intervention Team 	
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PM(23)23	PAEDIATRICS SERVICE UPDATE	
	<p>Professor Kloer presented the Consultation Project Plan for Urgent and Emergency Paediatric Services report, reminding Members of the actions agreed at the previous Board meeting. The report represents a significant amount of work; whilst the proposed timescale is challenging, the Health Board is reasonably confident regarding delivery. The Plan includes both broad/general and targeted approaches, with an opportunity at the mid-point to review and add other approaches if this is deemed necessary. Professor Kloer thanked the CHC for their role as 'critical friend' and Mr Lee Davies and his team for their work.</p> <p>Miss Battle highlighted a concern that the proposed timeframe is linked to the new hospital build, which has not yet received Welsh Government approval. It was suggested that wording be amended accordingly to 'establishment of the new hospital network or 2030'. Mr Newman clarified that the concern is around making a decision which includes an unknown quantity, suggesting that the addition of a date would provide more precision. Professor Kloer emphasised that significant engagement and consultation had been undertaken in 2018, with it determined that the new hospital network would provide the highest quality, safest, most sustainable and most accessible care. If the current model is perpetuated, it will lead to inferior care. However, Professor Kloer felt that it would be reasonable to acknowledge that establishment of the new hospital network is not entirely within the Health Board's control. Mr Moore explained that the concern being expressed is around making a decision 'in perpetuity', should the new hospital not be built. It was suggested that a caveat be added that, if at any point development of the new hospital network stalls, the Board will revisit its decision.</p> <p>Ms Raynsford welcomed the intended consultation with children and young people, whilst emphasising the need to consider how the Health Board engages with this group. Educational establishments and youth groups potentially offer opportunities to access a 'captive audience'. Ms Hughes-Moakes advised that a comprehensive stakeholder mapping exercise will be conducted, to ensure a meaningful consultation process.</p> <p>The Board:</p> <ul style="list-style-type: none"> • APPROVED the Consultation Project Plan, including the consultation scope and mandate and timescale for delivery • APPROVED the commencement of the detailed consultation planning (pre-consultation period) 	LD

PM(23)24	CRITICAL CARE PLAN	
	Mr Carruthers presented a report outlining Temporary changes to Critical and High Dependency Care provision across Carmarthenshire.	

	<p>Members were reminded of the commitment to present an update to the Board following approval of temporary changes in September 2022. The report provides an update in terms of recruitment and the consultant rota. Consideration is also required around whether the changes remain temporary, or whether they are reviewed in terms of becoming more permanent. Members were advised that no harm has been caused to patients as a result of the interim arrangements and numbers of patients affected had been lower than anticipated. Mr Carruthers hoped that this provided assurance. In terms of recruitment, there had been various rounds, with limited interest. This is not unique to HDdUHB, as Critical Care is an extremely competitive specialty. In order to put in place a sustainable plan, Mr Carruthers suggested the need to consider scoping the potential models and engaging with stakeholders, with the intention of presenting options to Board in March 2023. It may also be appropriate to consider – as part of Annual Plan/IMTP discussions – whether there is scope for a wider engagement process around Planned Care, which would incorporate Critical Care. This would reflect the associated interdependencies.</p> <p>Ms Lewis advised that QSEC has been observing and monitoring this situation as it has unfolded. Members were assured that QSEC had been convinced by the rationale and safety mitigations presented, and has been satisfied that interim arrangements would cause no deterioration in service provision or standards of care. Miss Battle welcomed this additional assurance, which was important to recognise.</p> <p>In considering the recommendations, it was agreed that the proposed formal engagement process be expanded to include a wider scope/ approach as described above.</p> <p><i>Cllr. Rhodri Evans and Professor Philip Kloer left the Board meeting.</i></p>	AC
	<p>The Board:</p> <ul style="list-style-type: none"> • CONSIDERED the latest position in relation to the critical care service at Prince Philip Hospital (PPH). • TOOK ASSURANCE that the current arrangements in place to support transfer of patients requiring enhanced levels of care are both safe and effective. • AGREED a continuation of the current amended admission protocols to the unit at PPH in the absence of sufficient consultant resource to support a dual-site rota. • CONSIDERED and AGREED presentation of a proposal in March 2023 for a more formal engagement process with stakeholders. • AGREED that, whilst the scope of this engagement would be widened to consider Planned Care, it would incorporate Critical Care, to support the development of a sustainable longer-term service and staffing model in this specialty. 	
PM(23)25	<p>OPERATIONAL UPDATE</p> <p>Mr Carruthers introduced the Operational Update report, explaining that this includes a focus on the areas escalated to Enhanced Monitoring by Welsh Government. As indicated in the report, the first Enhanced Monitoring meeting has taken place. This had not necessarily covered in detail the areas both parties would have wished; a further meeting is due to take place on 27 January 2023. As has been mentioned earlier,</p>	

the Health Board's systems are experiencing significant pressures and challenges. Since before Christmas, at least one site has been escalated to the highest escalation measure, due to volume of patients awaiting assessment and/or treatment. Fortunately, the response in each case had allowed de-escalation within 24 hours, which was pleasing to note. Mr Carruthers emphasised, however, that the organisation needs to consider how it can embed more measures to assist in such circumstances. The report also requests retrospective approval of enhanced pay rates during the Christmas/Bank Holiday period. It was acknowledged that this is always an issue for debate; Mr Carruthers assured Members that enhanced pay is only requested when services are under extreme pressure. The report contains various other information, including positive progress in relation to the Urgent & Emergency Care programme. Industrial action has resulted in concerns regarding patient experience at PPH, with an associated risk added to the Risk Register. Visits have taken place and various actions have been implemented. Ms Paterson wished to draw Members' attention to the Community Nursing Services Annual Report 2021/2022, appended to the report, which demonstrates the level of work being undertaken and the challenges being faced. Miss Battle suggested that consideration be given to where best the Community Nursing Annual Report can be presented by representatives from that service and discussed in more detail.

JP/JW

Ms Shakeshaft provided information regarding planned industrial action by the various unions and staff groups, including those outside the Health Board which potentially cause impact, such as the Welsh Ambulance Services NHS Trust (WAST). The Health Board also needs to consider the potential impact upon staff of other industrial action, such as that by teachers, who have announced strike dates in February and March 2023. Returning to the topic of enhanced pay, Ms Lewis queried whether it would be worth considering Board granting a mandate to take the same approach if such a situation arose again, so that approval does not need to be sought each time. Mr Carruthers welcomed this suggestion, whilst emphasising that the view is usually taken that each instance should be considered on an individual basis. There is national work taking place around the possibility of a standardised Bank rate or framework. Miss Battle enquired regarding uptake of enhanced pay rates, lessons learned and where actions are assessed. In response, Members heard that there is higher uptake in certain areas. Mr Carruthers felt that it would be unfair to incentivise further, as this could potentially result in other areas being left short-staffed. Mrs Gostling advised that a full evaluation would be conducted following the February 2023 pay run, with this to be presented at PODCC. All Wales discussions are taking place around how staff can be attracted to register with the Bank; also around facilitating earlier arrangements, so that these are less 'last minute'.

LG

Mrs Hardisty enquired whether the Adastra system outage, described on page 16 of the report, had been resolved. Mr Carruthers advised that this matter was ongoing, with the same issue being at the centre, ie C&VUHB's version of Adastra not having been upgraded. Whilst services are managing without the Adastra system, the amount of additional work involved should not be underestimated. Mrs Hardisty

	<p>enquired whether there is any data on patients presenting at A&E as a result of this system being offline. Members were informed that there have been occasions when the 111 service has reported it is unable to meet demand. Whilst it is likely that individuals have presented at A&E as a result, it is challenging to triangulate the data involved. With regard to the Community Nursing Report, Mrs Hardisty queried how many other staff groups produce an Annual Report and why the Board does not see these. In response, Ms Paterson advised that a number of services probably produce reports; the issue is potentially more to do with ensuring regular discussions around individual service demands and challenges, etc. There are increasing numbers of people being cared for in the community with higher acuity, and this specifically is an area requiring further discussion. Miss Battle reiterated her earlier comment that such reports deserve more visibility at committee or Board level.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> • RECEIVED the operational update and progress report. • Retrospectively APPROVED the provision of enhanced pay rates that were applied over the Christmas period and RECOMMENDED consideration of the ongoing governance processes around enhanced pay following presentation of a report to PODCC. 	

<p>PM(23)26</p>	<p>VACANT PRACTICE PANEL PROCESS, SOLVA SURGERY, NORTH PEMBROKESHIRE CLUSTER</p>	
	<p>Ms Paterson presented the Vacant Practice Panel Process, Solva Surgery report, which sets out the process being undertaken. Ms Paterson acknowledged the importance to the local population of the service provided by Solva Surgery. The current GP has continued to provide services single-handed; however, this arrangement is fragile, without the required strategic/succession planning in place, and therefore requires management by the Health Board, with whom the statutory responsibility rests. Ms Paterson advised that it is necessary to follow a strict process in this regard. As noted in the report, services will cease to be provided on 31 March 2023, and the three month timescale to secure successor arrangements is challenging. A Vacant Practice Panel was held early in January 2023 and a public engagement plan has been devised with the CHC, with an engagement period until 4 February 2023. There had been significant attendance at a drop-in event in Solva Village Hall on 24 January 2023 and a constructive discussion had taken place. One of the key concerns/issues is that Solva Surgery is a dispensing practice, with the dispensing rights held by the current Contractor terminating with their resignation. There is no other pharmacy provision in Solva.</p> <p>A second Vacant Practice Panel will be held at the end of the engagement period to consider feedback from patients and stakeholders. A letter has been sent to every patient in the practice, and Ms Paterson encouraged members of the practice population to feed back their opinions. An Extraordinary Public Board meeting has been scheduled for 23 February 2023 to consider the recommendation of the Vacant Practice Panel. Ms Paterson added that there are specific issues around the sustainability of General Medical Services per se and that she has been requesting discussion of this matter at a national level. Various models are possible; the challenge is around the requirement for a Health Board response within three months, which limits the level</p>	

of 'creativity' that can be applied in developing a new model. The development of Primary/Community Care services is a critical issue requiring national discussion; however, there must also be a local focus. Members were assured that the Primary Care team will be working closely with the local community. Ms Paterson wished to record her thanks to all of those Health Board teams who assisted with the engagement process. Also, to recognise the stress being experienced by the staff employed at Solva Surgery. Finally, in presenting the recommendations for Board consideration, Ms Paterson suggested that 'decision' in the final bullet point be changed to 'recommendation', as it is the Board which makes the decision in this instance.

Miss Battle thanked the Primary Care team for their empathetic and responsive engagement. It was agreed that, whilst this had been brought into focus locally by Solva Surgery, there are wider, national issues involved. This may be more of an issue within west Wales, perhaps as a result of the number of managed practices. The cohort entering General Practice now have very different priorities from their predecessors. Miss Battle suggested that the Health Board needs to consider strategically the possibility of offering increased flexibility, and explore other models such as those utilised in Scotland. It was felt by Mrs Hardisty that use of a Welsh Health Circular (WHC) from 2006 to govern this process was inappropriate. Building on the comment above, Mrs Hardisty suggested that it would be helpful to engage with local GP Trainees; this group will have views and ideas on possible models and are the Health Board's potential future workforce. Members heard that concerns around the guidance within the WHC have been raised on a number of occasions, and that this is currently being updated; from October 2023, the timescale for notice will be extended from three months to six months.

Mr Moore noted that, whilst this process is often enacted in 'moments of crisis', there are positive signs emerging and opportunities for different models of Primary Care service delivery. Planning Objective 4U aligns well with this:

By December 2022 develop a proposal for place-based action in at least 1 community in each county with key local partners and support from the WCVA which includes an initial phase of development for community leaders, which includes asset mapping and identification of priority areas of activity that would have the most likely and rapid effect on health and well-being of that community, and would be owned by the local community. As part of this work, identify sources of funding and a funding mechanism that facilitates community ownership and is for at least 3 years.

This Planning Objective had been developed recognising that not all communities have the established community support systems which Solva does, enabling them to respond in the way that Solva is able to. Solva is effectively already an example of Planning Objective 4U. Miss Battle agreed that safeguards are required for communities without such strong social movements as Solva; although this situation will still offer learning opportunities and must generate the required specific focus. As

	<p>well as the change already mentioned above, Miss Battle suggested that an additional recommendation be added; that Executive Directors take forward development of a strategic vision regarding Primary Care, with an initial report to be presented to the Board in March 2023.</p>	JP
	<p>The Board:</p> <ul style="list-style-type: none"> • NOTED the process as set out in WHC 2006 063 and through the Vacant Practice Panel; • RATIFIED the revised Terms of Reference for the Vacant Practice Panel as approved by the Chair (January 2023); • NOTED the patient engagement period and the reporting of all patient and stakeholder feedback; • NOTED the challenging timescales and the urgency of completing the process as far ahead of 1 April 2023 as possible, in order to allow for the necessary planning for the implementation of the Board decision and for successful transition; • AGREED that an Extraordinary meeting of the Public Board be called on 23 February 2023 to discuss the recommendation of the second Vacant Practice Panel on the future commissioning of General Medical Services for the current registered population of Solva Surgery; • REQUESTED the development of a strategic vision regarding Primary Care, with an initial report to be presented to the Board in March 2023. 	

PM(23)27	HDdUHB LONG COVID-19 SERVICE	
	<p>Ms Shakeshaft introduced the Long COVID-19 Syndrome Service report, which had been prepared in response to a request at a previous Board meeting. Table 2 on page 3 of the report outlines GP referrals by Cluster Group, demonstrating a fairly even spread across the region; although there are 6 practices which have referred no patients, 4 of these in North Ceredigion. A decision had been made to delay further communications due to uncertainty around funding. The Health Board has now received an informal indication that funding will continue and is awaiting formal confirmation to this effect. Communications will be refreshed following receipt of this confirmation.</p> <p>Miss Battle thanked Ms Shakeshaft and her team for the comprehensive report and requested that Board be kept updated on progress.</p>	
	<p>The Board RECEIVED for information the Long COVID-19 Syndrome Service report.</p>	

PM(23)28	ASEPTIC PROJECT - BUSINESS JUSTIFICATION CASE	
	<p>Ms Paterson presented the Aseptic Business Justification Case, noting that this had already been scrutinised at SDODC.</p>	
	<p>The Board APPROVED the:</p> <ul style="list-style-type: none"> • Onward submission of the Aseptic Project BJC to Welsh Government in January 2023 for further scrutiny and approval of funding availability. • Use of professional services/consultancy as appropriate to deliver the project. 	

PM(23)29	RENAL SERVICE - DIALYSIS TENDERING PROCESS	
	Mr Carruthers introduced the Renal Service - Dialysis Tendering Process report, advising that this process is being led by Swansea Bay UHB. It has, however, involved the HDdUHB commissioning team and Hywel Dda patients. The report is presented for information around the process being undertaken. Mr Carruthers emphasised that the outcome of the tendering process will be positive, allowing upgrades to equipment for example.	
	The Board: <ul style="list-style-type: none"> • RECEIVED FOR INFORMATION the Renal Service – Dialysis Tendering Process report; • NOTED that a further update regarding final outcome will be provided at a later stage. 	
PM(23)30	STRATEGIC EQUALITY PLAN ANNUAL REPORT 2021/22	
	Mrs Gostling introduced the Strategic Equality Plan Annual Report 2021/22 and supporting information around disability, ethnicity and gender and the Pay Gap Report. Members noted that these documents had been scrutinised at PODDC. Mrs Gostling advised that the Health Board intends to change its approach in this area in the future, and evaluate information through a different lens. Miss Battle welcomed the report and thanked Mrs Gostling and her team for their efforts in preparing it.	
	The Board: <ul style="list-style-type: none"> • RECEIVED the Strategic Equality Plan Annual Report 2021-2022 and Disability, Ethnicity and Gender Pay Gap report 2022 • TOOK ASSURANCE on the work which has been undertaken to meet the Public Sector Equality Duty (PSED) and Strategic Equality Plan (SEP) Objectives • APPROVED both reports for publication 	
PM(23)31	ORGAN DONATION ANNUAL REPORT 2021/22	
	Mr Carruthers presented the Organ Donation Annual Report 2021/22, suggesting that this is relatively self-explanatory. The report provides an overview of the UHB's performance against the priorities identified last year. It was important to note that numbers of patients being relatively small can affect percentages.	
	The Board: <ul style="list-style-type: none"> • DISCUSSED and APPROVED the annual report • NOTED the Health Board's performance against the priorities set for 2021/2022 and action plan for 2022/2023 	
PM(23)32	REPORT OF THE SUSTAINABLE RESOURCES COMMITTEE	
	Mr Weir, SRC Chair, presented the SRC Update Report indicating that he had nothing substantial to add, except to note that the Health Board's financial position has moved on. Members heard that a Business Case relating to Patient Flow and E-Observation had been considered and was being recommended for Board approval in March 2023. Assurance had been received regarding Planning Objectives allocated to the SRC.	

	The Board NOTED the SRC update report and ACKNOWLEDGED the key risks, issues and matters of concern, together with actions being taken to address these.	
PM(23)33	REPORT OF THE STRATEGIC DEVELOPMENT & OPERATIONAL DELIVERY COMMITTEE	
	In Mr Maynard Davies absence, Mrs Wilson presented the SDODC Update Report, highlighting four items which are being brought to the Board's attention. Two of these, the Health Improvement & Wellbeing Centre and Health Inequalities, will be considered in March 2023.	
	The Board NOTED the SDODC update report and ACKNOWLEDGED the key risks, issues and matters of concern, together with actions being taken to address these.	
PM(23)34	SOUTH WEST WALES CANCER CENTRE STRATEGIC PROGRAMME CASE	
	The Board APPROVED the South West Wales Cancer Centre Strategic Programme Case for onward submission to Welsh Government - subject to equivalent approval by Swansea Bay University Health Board on 26 January 2023.	
PM(23)35	REPORT OF THE PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE	
	Mrs Patel, PODCC Chair, presented the PODCC Update Report, commending Mrs Gostling's team on the quality of reports to this Committee. The issue of items which potentially cross Committee 'boundaries' has arisen again at today's Board meeting, and Mrs Patel felt that this should be considered to ensure that they are discussed by the appropriate forum.	
	The Board NOTED the PODCC update report and ACKNOWLEDGED the key risks, issues and matters of concern, together with actions being taken to address these.	
PM(23)36	REPORT OF THE HEALTH & SAFETY COMMITTEE	
	Mrs Hardisty, Health & Safety Committee (HSC) Chair, presented the HSC Update Reports from meetings in November 2022 and January 2023. Members heard that a detailed discussion on Violence & Aggression had taken place at the January 2023 meeting, due to concerns that the position in this regard is not improving. It had been agreed that a further 'deep dive' into Mental Health violence and aggression incidents would be conducted.	
	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)37	COMMITTEE UPDATE REPORTS	
	Mrs Wilson presented the Committee Update Reports, drawing Members' attention to the areas of risk/matters of concern identified in the individual reports.	
	The Board: <ul style="list-style-type: none"> • ENDORSED the updates, recognising any matters requiring Board level consideration or approval and the key risks and issues/matters 	

	<p>of concern identified, in respect of work undertaken on behalf of the Board at recent Committee meetings;</p> <ul style="list-style-type: none"> • RECEIVED the update report in respect of the In-Committee Board meeting; • RECEIVED the update reports in respect of recent Advisory Group meetings. 	
PM(23)38	<p>HDdUHB JOINT COMMITTEES & COLLABORATIVES</p> <p>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.</p>	
PM(23)39	<p>STATUTORY PARTNERSHIPS UPDATE</p> <p>Ms Paterson introduced the Statutory Partnerships Update report, highlighting the RPB's first Award Ceremony on 6 December 2022 and the requirement to develop a 10 Year Integrated Capital Strategy.</p> <p>The Board:</p> <ul style="list-style-type: none"> • NOTED the progress on development of PSB Local Well-being plans following Well-being assessments; • NOTED the update on recent activity of the PSBs and RPB he progress on development of PSB Local Well-being plans following Well-being assessments; • NOTED the update on recent activity of the PSBs and RPB. 	
PM(23)40	<p>BOARD ANNUAL WORKPLAN</p> <p>The Board NOTED the Board Annual Workplan.</p>	
PM(23)41	<p>DATE AND TIME OF NEXT MEETING</p> <p>2.00pm, Thursday 23 February 2023 (Extraordinary meeting) 9.30am, Thursday 30 March 2023</p>	