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

Date of Meeting:	**9.30AM, THURSDAY 25 JANUARY 2024**
Venue:	**CEREDIGION COUNTY COUNCIL CHAMBERS, PENMORFA, ABERAERON, CEREDIGION**

Present:	Mrs Judith Hardisty, Interim Chair, Hywel Dda University Health Board Cllr. Rhodri Evans, Interim Vice Chair, Hywel Dda University Health Board Mr Maynard Davies, Independent Member (Information Technology) Mr Michael Imperato, Independent Member (Legal) Ms Anna Lewis, Independent Member (Community) Ms Ann Murphy, Independent Member (Trade Union) Mr Winston Weir, Independent Member (Finance) (part) Mrs Chantal Patel, Independent Member (University) Ms Delyth Raynsford, Independent Member (Community) Mr Iwan Thomas, Independent Member (Third Sector) Mr Steve Moore, Chief Executive Professor Philip Kloer, Executive Medical Director and Deputy Chief Executive Mr Andrew Carruthers, Executive Director of Operations Ms Sharon Daniel, Interim Executive Director of Nursing, Quality and Patient Experience Mr Lee Davies, Executive Director of Strategy and Planning Dr Ardiana Gjini, Executive Director of Public Health Mrs Lisa Gostling, Executive Director of Workforce and Organisational Development Mr James Severs, Executive Director of Therapies and Health Science Mr Huw Thomas, Executive Director of Finance
In Attendance:	Ms Jill Paterson, Director of Primary Care, Community and Long-Term Care Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary Ms Alwena Hughes Moakes, Communications and Engagement Director Mr Sam Dentten, Deputy Regional Director, Llais (deputising for Ms Donna Coleman, Regional Director, Llais) Mr Mark Henwood, Deputy Medical Director Ms Anne Beegan, Audit Wales (part) Ms Kathryn Lambert, Arts in Health Co-ordinator (part) Ms Clare Moorcroft, Committee Services Officer (Minutes)

Agenda Item	Item	Action
PM(24)01	**INTRODUCTIONS AND APOLOGIES FOR ABSENCE**	
	The Interim Chair, Mrs Judith Hardisty, welcomed everyone to the meeting, and thanked Ceredigion County Council for the use of their council chamber. Those attending the meeting for specific items were welcomed, together with Ms Sharon Daniel and Mr Mark Henwood. Members were reminded that this was Mr Steve Moore's final Board meeting as Chief Executive. Apologies for absence were received from: • Donna Coleman, Regional Director, Llais	

PM(24)02	**DECLARATION OF INTERESTS**	
	The following declarations of interest were made: • Mrs Chantal Patel – discussions relating to Welsh Health Specialised Services Committee (WHSSC) • Ms Ann Murphy – discussions relating to Industrial Action • Mrs Judith Hardisty – discussions relating to the West Wales Regional Partnership Board (RPB) • Cllr. Rhodri Evans – discussions relating to the West Wales Regional Partnership Board (RPB)	

PM(24)03	**MINUTES OF THE PUBLIC MEETING HELD ON 30 NOVEMBER 2023**	
	RESOLVED – that the minutes of the meeting held on 30 November 2023 be approved as a correct record.	

PM(24)04	**MINUTES OF THE CORPORATE TRUSTEE MEETING HELD ON 30 NOVEMBER 2023**	
	RESOLVED – that the minutes of the meeting held on 30 November 2023 be approved as a correct record.	

PM(24)05	**MINUTES OF THE EXTRAORDINARY PUBLIC MEETING HELD ON 14 DECEMBER 2023**	
	RESOLVED – that the minutes of the meeting held on 14 December 2023 be approved as a correct record.	

PM(24)06	**MATTERS ARISING AND TABLE OF ACTIONS FROM THE MEETINGS HELD ON 30 NOVEMBER AND 14 DECEMBER 2023**	
	An update was provided on the table of actions from the Public Board meetings held on 30 November and 14 December 2023, and confirmation received that all outstanding actions had been progressed. In terms of matters arising: **PM(23)219** – Mr Maynard Davies welcomed the information provided. Noting the statement around Stage 2 and 3: 'Diagnostic tests are all clear and consultants have written letters to patients, however they have not been taken off the waiting list', clarification was requested around the actions being taken to address this gap between consultant discharge and removal from the waiting list. Mr Andrew Carruthers explained that it is often the case that, following issue of discharge letters from consultants, the system takes time to 'catch up', which results in a delay in removing patients from the waiting list. The vast majority of removals are for similar, administrative reasons – duplications, errors, etc. The complexity and nature of managing Referral to Treatment (RTT) does not facilitate the effective operation of administrative processes. However, Mr Carruthers felt that the current validation processes are the most robust they have ever been and was confident in these. Noting recent publicity around waiting lists, and to provide further assurance, Mrs Hardisty suggested that additional information on this topic be supplied to the Strategic Development and Operational Delivery Committee (SDODC), either via the Integrated Performance Assurance Report (IPAR) or a separate report.	**AC**

	PM(23)206 – referencing the need to locate the Bronglais General Hospital (BGH) vending machine away from the Emergency Department (ED) waiting area, Ms Delyth Raynsford enquired whether this is likely to cause undue hardship for patients, families and carers, and whether there is sufficient signage informing people of the location. Ms Sharon Daniel suggested that the Health Board needs to monitor and evaluate feedback on this topic to assess impact, and indicated that notification of the vending machine location can be placed on information screens in BGH ED.	**SD**

PM(24)07	**REPORT OF THE CHAIR**	
	Mrs Hardisty reported the disappointing news that the whole Health Board has been placed into Targeted Intervention (TI). The Chair wished to emphasise that this does not reflect on the quality of services or the efforts of staff. TI provides the organisation with increased levels of Welsh Government support, and it is vital that this is utilised. The Chief Executive would provide further detail during his report; however, this should be regarded as an opportunity to improve and progress. Mrs Hardisty indicated that the offer for Welsh Government to present their escalation framework to the Health Board should be taken up. Mrs Hardisty presented her report on relevant matters undertaken by the Chair since the previous Board meeting, reiterating that this was Mr Moore's final Board meeting. The organisation was extremely sorry to be losing him as Chief Executive; whilst very fortunate to have Professor Philip Kloer to take on the role of Interim Chief Executive, and Mrs Lisa Gostling to take on the role of Interim Deputy Chief Executive. Members were also advised that Ms Daniel has been appointed to the role of Interim Director of Nursing, Quality and Patient Experience, and Mr Mark Henwood to the role of Interim Medical Director. Mr Moore has been an excellent leader and has impacted significantly and positively on the Health Board, particularly with regard to its staff. On behalf of the Board, Mrs Hardisty wished him the very best in his new role in Devon. Highlighting the awards to staff, which in many cases result from nominations by colleagues, Mrs Hardisty stated that this aligns with earlier comments around the efforts and commitment of the Health Board's staff. Page 5 of the report details two HDdUHB employees recognised in the King's New Year Honours. Members heard that Eleanor Marks has been appointed as Vice Chair of the Health Board and will commence in post on 1 February 2024; Mrs Hardisty thanked Cllr. Rhodri Evans for acting as Interim Vice Chair. Mr Sam Dentten on behalf of Llais, which represents the general public, wished to reflect on Mr Moore's departure and thank him for his contribution. One of the most significant challenges for stakeholders such as Llais/Community Health Councils, is establishing links with senior management in large organisations. Mr Moore had facilitated an effective working relationship since he commenced in post, which Llais were confident would continue. Mr Dentten wished Mr Moore good luck and thanked him for his commitment to openness during his tenure.	**PK**
	The Board **SUPPORTED** the work engaged in by the Chair since the previous meeting and **NOTED** the topical areas of interest.	

PM(24)08	REPORT OF THE CHIEF EXECUTIVE	
	Introducing his Chief Executive's report, Mr Steve Moore added his thanks to Ceredigion County Council for the use of their facilities. As mentioned above, there has been a change in the Health Board's escalation status since the report had been prepared, with the organisation having received correspondence from Welsh Government on this matter, highlighting concerns around the lack of sustained progress on integrated planning, finance and delivery. This was clearly disappointing, given the efforts made and improvements seen. However, it is recognised that the challenges faced are significant, and the support being offered is appreciated. The Health Board does not yet have full details of Welsh Government's considerations in reaching this decision; however, Professor Kloer would be working with the NHS Executive and Civil Servants in this regard. Mr Moore echoed earlier comments that this should be taken as no reflection of the significant work, commitment and creativity of Health Board staff in maintaining services during extremely challenging circumstances. The TI process should be embraced as an opportunity. Pressures being experienced within Primary Care are reflected within the report, and updates provided on Laugharne Surgery and Neyland and Johnston Surgery. Mr Moore emphasised that the concerns of local people are recognised, with these matters being progressed by the Primary Care team, under the leadership of Ms Jill Paterson. Members' attention was drawn to the Gold Command decision to de-escalate the Internal Major Incident relating to Reinforced Autoclaved Aerated Concrete (RAAC) at Withybush General Hospital (WGH), with the Board requested to ratify this decision. Mr Moore wished to thank the local community for their understanding and support during the ongoing disruption. Also thanked were staff, for their constructive approach during the recent industrial action, which has recently ended. The Health Board was grateful for their efforts to continue to deliver services during this time. Members heard that 1,725 appointments and 68 procedures were cancelled due to industrial action; however, delivery of Cancer and Urgent Care had been protected. The report also includes an update on the COVID-19 Public Inquiry and the All-Wales Individual Patient Funding Requests (IPFR) Policy. Reflecting on his upcoming departure from the Health Board, Mr Moore stated that it has been an immense pleasure to be part of Hywel Dda for the past nine years. During this time, he had been blessed with a strong and committed Board, who have been willing to support what is part of an extremely important institution. Partners, including Local Authorities, Llais and local communities had also contributed significantly and positively. The progress made was a testament to all Board Members and Health Board staff. Mr Moore expressed his gratitude to Professor Kloer for agreeing to take on the role of Interim Chief Executive; he would be leaving the organisation in extremely safe and capable hands. He also welcomed Mrs Gostling's appointment to the role of Interim Deputy Chief Executive, which he felt officially recognised the significant contribution she had made for many years.	

	Mr Maynard Davies began by stating that it had been a pleasure to work with Mr Moore for the past four years. Referencing Appendix B, he queried the reason for no response being submitted to Consultations 556 and 557. Mrs Joanne Wilson advised that a response had been submitted to Consultation 557 (Specialised Paediatric Neurology service specification); this error on the report would be corrected. It had not been possible to submit a response to Consultation 556 (Creating a smokefree generation and tackling youth vaping) due to acute staffing pressures within Public Health at the time of request. Ms Raynsford wished to thank Mr Moore for being a positive example of a Chief Executive, particularly in terms of visibility within and outside the organisation; also thanking him on behalf of Hywel Dda's communities. Focusing on the section relating to Primary Care, Ms Raynsford enquired whether or not this is more of an issue in west Wales than the rest of Wales. Mr Moore suggested that there is a mixed picture within west Wales, with certain areas more adversely affected than others. There are, however, continued workforce pressures across Primary Care. The Health Board's ambition to establish a Primary Care Strategy alongside the Clinical Services Plan, reflects the position that the NHS is built on a strong base of Primary and Community Care. Welcoming this important question, Ms Jill Paterson indicated that HDdUHB is in a relatively unique position, perhaps along with Betsi Cadwaladr UHB, due to its rurality. Primary Care has, however, embraced the principle of the multi-professional team, with a number of Associate and Advanced Practitioner posts being utilised, and has taken steps to collaborate with university partners. Schemes to attract trainees are available; flexibility has also been applied to meet Accessibility Standards and there has been a return to more face to face appointments. There are, however, opportunities to consider how services should be delivered going forward, and to engage further with public and stakeholders. It is likely that a mixture of all of the above will be required. Members were reminded that there is not yet in place an agreed medical contract for the delivery of General Medical Services (GMS), which presents various challenges. Ms Paterson hoped that continued engagement with GPs will allow the Health Board to work through this process in a positive manner. On the topic of workforce and recruitment, particularly future workforce, Mr Iwan Thomas reported on a recent visit to Pembrokeshire College by Eluned Morgan and Vaughan Gething. The visit had included a question and answer session with Health Board apprentices; this had been an extremely honest and open discussion. It should be viewed as a credit to the organisation and its educational partners that the apprentices all felt they had a future within west Wales and that the Health Minister had recognised the value of the programme. In considering the report's recommendations, it was noted that the request should be for the Board to approve the IPFR Policy.	**JW**
	The Board: • **ENDORSED** the Register of Sealings since the previous report on 30 November 2023; • **NOTED** the status report for Consultation Documents received/ responded to;	

	• **APPROVED** the Health Board's updated All-Wales Individual Patient Funding Requests (IPFR) Policy • **RATIFIED** the Gold Command decision to stand down the Internal Major Incident at Withybush General Hospital.	

PM(24)09	**REPORT OF THE AUDIT AND RISK ASSURANCE COMMITTEE**	
	Cllr. Rhodri Evans, ARAC Chair, presented the ARAC update report from its meeting held on 12 December 2023, highlighting the key items discussed, key risks, issues and matters of concern. The latter included the findings of the Estates Condition (Limited Assurance) Internal Audit, where HDdUHB is an outlier in terms of reporting no high risk backlog. Members were informed that this is being followed up. Cllr. Evans enquired how recent Getting It Right First Time (GIRFT) reports will be scrutinised and progress on meeting recommendations monitored. In response, Mr Carruthers advised that these reports are received by the operational teams and the Chief Executive. Their recommendations are added to the central Audit Tracker and progress is monitored via the Quality, Safety and Experience Committee (QSEC). Mrs Wilson recognised the need to strengthen the scrutiny process for GIRFT reports. The Ophthalmology Operational Management Group specifically is not clearly sited within the reporting structure, and is being taken forward as an issue. There are quality and safety considerations, which would be most appropriately addressed via QSEC; however, there are also wider issues around the clinical pathway, which would be best considered at SDODC. There is a need for work around the tracking, monitoring and scrutiny of reports and their recommendations. Mrs Chantal Patel enquired whether the process for selecting external providers when outsourcing services, for example for Ophthalmology, is being examined. Specifically, whether the views of clinicians on external providers are taken into account. Mr Carruthers indicated that all outsourcing is subject to a set of specific quality and safety metrics, in addition to the fundamental activity element. The Health Board ensures that it monitors delivery on a continuous basis. It was recognised that there are ongoing challenges involved in issuing contracts. The specific issue of clinical opinion should form part of the procurement process; however, this would be checked.	**AC/HT**
	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(24)10	**AUDIT WALES ANNUAL AUDIT REPORT 2023 AND AUDIT WALES STRUCTURED ASSESSMENT 2023**	
	Ms Anne Beegan introduced the Audit Wales Structured Assessment 2023 report, the findings of which were positive. Of particular note in this vein were the Health Board's governance arrangements, especially in terms of transparency. The report notes that the Board is undergoing changes in membership; however, has a solid base for managing this. It is suggested that there is scope for the organisation to increase scrutiny around performance, particularly the Directorate Improving Together sessions. In terms of the approach to planning, whilst the Health Board has a positive focus on its long-term vision, and development and	

	delivery of the Annual Plan is supported by appropriate oversight, the report does identify a couple of areas which would benefit from attention. For finances, systems of control, management and assurance are all effective; however, there are significant financial challenges facing the organisation. All of the above are reflective of the TI concerns of Welsh Government. Mrs Wilson thanked Ms Beegan and the Audit Wales team, with whom the Health Board has a very positive working relationship. Members were informed that a management response has been drafted and authority for approving and implementing this would be delegated to ARAC, should the Board be in agreement. As noted in the SBAR the report had been discussed in various forums before being presented to the Board including as at the last ARAC meeting. Moving on to the Annual Audit Report 2023, Ms Beegan explained that the report outlines all of the audit work undertaken at HDdUHB by Audit Wales during the past 12 months. This includes the Structured Assessment work, audit of annual accounts, and other work such as focused reviews in specific areas.	
	The Board: • **SUPPORTED** the content of the Annual Audit Report 2023 and Structured Assessment 2023 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 20 February 2024 and **DELEGATED** authority to ARAC to oversee the implementation of the management response.	

PM(24)11	**REPORT OF THE QUALITY, SAFETY AND EXPERIENCE COMMITTEE**	
	Presenting the QSEC update report from 7 December 2023, Ms Anna Lewis, QSEC Chair, highlighted in particular that both matters of concern relate to children and young people. Both constitute work in progress and the Committee will be receiving updates on the work underway to address these issues at its meetings in February and April 2024. The Board will be updated accordingly on these matters, which are of significant concern. In more positive news, the Arts and Health Charter had been presented to the Committee and had formed the basis of an extremely encouraging and uplifting discussion. The Charter was felt to be very much a symbol of the Health Board's commitment to this area, and QSEC commends it to Board for approval. Mr James Severs noted statements around limited progress in meeting the statutory duties of the Additional Learning Needs and Educational Tribunal (Wales) Act 2018 (ALN Act). In response, he advised that recent industrial action had forced the cancellation of planned workshops to discuss compliance with this Act; however, these had been rescheduled for mid-February 2024. On the same topic, Mr	

	Michael Imperato highlighted that compliance with the ALN Act is a joint responsibility of Health Boards and Local Authorities, and queried whether concerns related to aspects within the remit of the Health Board alone, or a wider regional situation. Mr Severs replied that there is a recognition of the need to strengthen governance in this area across the organisation. Additional work is also required around improving metrics to identify individuals at risk and compliance levels. He had met with the designated ALN Act lead, and understood that updated metrics would be issued in April 2024. Whilst this context was helpful, Mr Imperato reiterated that ALN provision is a collective process involving other partners including Local Authorities and educational providers, and queried whether regular discussions are taking place with these parties. Members heard that this has not been the case to date; however, the planned workshops do involve Local Authority colleagues. An update would be provided to the next QSEC meeting and thence to Board.	**JS**
	The Board **NOTED** the QSEC update report and **ACKNOWLEDGED** the key risks, issues and matters of concern, together with actions being taken to address these.	

PM(24)12	**ARTS AND HEALTH CHARTER**	
	Mrs Hardisty welcomed presentation of the Arts and Health Charter, indicating that this represents and recognises the amazing progress made in this area. The Board looked forward to receiving reports on its implementation and Ms Kathryn Lambert was thanked for her ongoing contribution.	
	The Board **APPROVED** the Arts and Health Charter for implementation.	

PM(24)13	**UPDATE ON ANNUAL PLAN**	
	Introducing the Annual Plan Update, Mr Lee Davies suggested that Board Members would be familiar with the Plan and the challenges involved. Planning processes for 2024/25 are well underway, with guidance received from Welsh Government. Also included within the report is information around the Health Board's financial allocation and its implications. The documents provided by Welsh Government have been utilised in developing the direction of next year's Annual Plan, which includes a significant expectation in terms of financial savings. Mr Lee Davies was conscious that the realities of the savings involved will present stark challenges for the organisation. The Planning Framework and Ministerial Priorities had also been used to develop the Planning Objectives for next year, with the list being much reduced. Work is underway to set clear key deliverables for each Planning Objective. The next stage will be to discuss all of this in more detail at the Board Seminar in February 2024. Members were advised that the Health Board does not anticipate that it will be able to produce a financially balanced plan, and is therefore seeking Board approval to produce an Annual Plan, which requires the submission of an Accountable Officer letter by 16 February 2024. Referencing page 2 of the report, and statements around the letters highlighting 'population health, prevention and health inequity, in particular how these elements impact children and young people…' as the Board's nominated Older Persons Champion, Mr Maynard Davies	

requested that due consideration be given to ensuring that addressing inequity in one group does not create it in another. In other queries:

- What is the definition of core and non-core services
- In terms of workforce and the associated challenges in recruitment, is there likely to be an impact on the apprenticeship programme
- How will the Planning Objectives be monitored
- The first letter, on page 1, mentions a review and refresh of the actions in 'A Healthier Wales'; what is the timescale for completion
- What are the likely impacts for HDdUHB of the 'Once for Wales' arrangements mentioned on page 3
- On page 1 of the second letter, there is a statement that 'Officials are working up more detailed expectations for some NHS organisations'. What is the timescale for receipt
- The statement on page 2 of this letter around the rollout of digital solutions needing to be achieved within available resources infers that no additional funding will be available, which has significant implications for HDdUHB

In response, Mr Lee Davies advised that there has been no articulation of core services beyond the Essential Services Framework provided previously during the COVID-19 pandemic. This focused predominantly on preserving frontline clinical services; there must also, however, be recognition of the importance of support services. In terms of monitoring Planning Objectives, the Board Assurance Framework is regularly presented to Board meetings. There will be other activities, including mapping of existing Planning Objectives to new, and evaluation of any gaps and areas not being progressed. A summary report will be provided to the May 2024 Public Board on progress with current Planning Objectives. Welsh Government has provided no indication of timescale for the review of 'A Healthier Wales' and this is not anticipated before finalisation of Health Board Plans. Should the review have any material impact, amendments can be made to the submission; however, these should only be minor. In terms of more detailed expectations for NHS organisations, the NHS Wales Planning Framework remains the primary document for Health Boards preparing their Plans; Mr Lee Davies understood that this statement referred more to other organisations assisting NHS organisations to deliver services.

With regard to workforce and recruitment, Mrs Lisa Gostling advised that frontline vacancies will still be advertised. Members were assured that the Health Board's apprenticeship programme will be open this year, with even more opportunities offered. The Health Board currently has 151 apprentices, with the first cohort who joined in 2019 becoming registrants in two years' time. 252 staff are undertaking higher awards and 447 are undertaking advanced practice and extended role training, with other development programmes available to staff. Members heard that the Health Board is also examining its workforce commissioning plans and is working with Health Education and Improvement Wales (HEIW). A great deal of work is taking place both externally and internally to the organisation. Nursing vacancies have reduced by almost half from 500 two years ago, to 270, with further plans in respect of overseas recruitment. In respect of the 'Once for Wales' arrangements,

	Mrs Gostling reported that last year's recruitment had been operated on this basis. Mrs Gostling emphasised the need to develop an All Wales framework which can be tailored to suit local implementation, as every region and Health Board has very different requirements. In terms of the suggestion that there will be limits on funding for digital developments, Mr Huw Thomas welcomed recent improvements around coordination and noted the Health Board's positive working relationship with Digital Health and Care Wales (DHCW) and other national parties. The issue of whether 'Once for Wales' implies the use of common systems or common frameworks forms the basis of ongoing dialogue. Funding for digital projects in the current challenging financial environment, obviously remains a concern. Mrs Hardisty requested that all of these issues are considered as part of Board Seminar discussions. Noting that the report describes the process, whilst only hinting at the likely content of the Plan, Ms Lewis queried when within the planning cycle the Board will be sighted on this detail. Mr Lee Davies explained that services had originally been asked to prepare their plans by the week commencing 15 January 2024. However, with the recent industrial action, the deadline had been extended to 26 January 2024. A discussion was scheduled for the Executive Team meeting on 31 January 2024, and a further iteration of the Plan would be prepared prior to the Board Seminar in February 2024. Consideration would need to be given to potential choices, with the Annual Plan to be presented to Board for approval in March 2024. Members were reminded that the Plan submission represents a 'point in time' assessment, and will continue to evolve, although it is anticipated that the main elements and key priorities will remain constant. Ms Lewis enquired whether, in the request to services, any 'red lines' had been set out by the Executive Team. In response, Members heard that the 'red lines' and expectations are as set out within the report, ie in respect of finances and workforce. Respondents had been asked to consider and outline the implications for their services if these parameters are applied; this is the information which will be presented to the Board Seminar. In addition, further guidance has been issued around the organisation's risk appetite and tolerance, and the impact of this, as presented in a later agenda item. It is challenging to be more specific in response until the submissions from services have been received and considered in detail. It was, however, recognised that work was required to gain organisational understanding of the risk appetite. In terms of workforce 'realities' Mrs Patel highlighted that HEIW commissions a number of undergraduate programmes with university providers; however, it has been a challenge to recruit to the numbers commissioned, which will present an issue in terms of the workforce in future years. The attrition rate also needs to be taken into consideration in this regard. Mrs Gostling advised that the Health Board is assuming a 50% outturn of its commissioned numbers, which only serves to emphasise the importance of 'grow your own' and skills development initiatives. This year, however, there may be challenges in providing sufficient placements for students, and new opportunities, including within the community, will be explored. It was highlighted that this is a positive position to be in.	**LD**

	Members were reminded by Mr Moore that the Health Board's Annual Plan will be building on work already started and discussions from earlier in the year. There is a need for clarity around priorities and for discussion of implications and potential choices. All of this needs to be carefully recorded to provide an audit trail of discussions and decisions. When the Core Delivery Group (CDG) process began last summer, communications were issued to the organisation and the parameters were made clear. It is widely known that the Health Board is subject to significant financial challenges, and where savings are possible. It is, however, vital to engage the whole organisation in this process and for those 'on the ground' to be involved, due to the implications for services and interrelations between services of actions. Mr Moore reminded Members that the Directorate Improving Together process, which feeds into planning, had also commenced some time ago. As indicated above, all of these aspects will need detailed discussion at Board Seminar. Focusing on the report's recommendations, the implications of HDdUHB submitting an Annual Plan rather than an Integrated Medium Term Plan were highlighted; which necessitated the additional and prior submission of an Accountable Officer letter.	
	The Board: • **APPROVED** the anticipated submission of the Annual Plan on 29 March 2024 following Board scrutiny, and the requirement to submit an Accountable Officer Letter by 16 February 2024 • **CONSIDERED** the Planning Framework and financial outlook and the implications for the development of the Health Board's Plan • **NOTED** the approach for the production of the 2024/25 Plan • **NOTED** the progress made in developing the Planning Objective themes for 2024/25, recognising that these will be discussed further at the February 2024 Board Seminar meeting	

PM(24)14	**ACCOMMODATION – ESTATE DEVELOPMENT AND RATIONALISATION PLANS**	
	Mr Lee Davies presented the Accommodation – Estate Development and Rationalisation Plans report, following endorsement by Executive Team and In-Committee Board. The proposals represent significant rationalisation of the Health Board's estate in Carmarthenshire, and will improve the environment for both patients and staff. The number of sites will be reduced, which will result in a reduction in backlog maintenance, support the local economy, co-locate services and teams and provide modern facilities. It should be noted, however, that despite a reduction in capital requirements, there is a revenue cost associated with these proposals. Due to various factors, it is difficult to be precise in terms of absolute costs. Praising the well set-out report, Mr Imperato enquired whether there is any significant disadvantage of the proposals in terms of patient service. In response, Mr Lee Davies reported positive engagement from services. The proposals present opportunities to address major deficiencies in the organisation's estate for these services. There would be changes to the locations where patients access certain services; the Health Board will engage with those patients who are affected and	

	would work with Llais. The changes are, however, modest and are believed to offer improved services and environments. Whilst welcoming this additional context, Mr Imperato noted the statement that Equality Impact Assessments (EqIAs) 'will be completed for each project following initiation of each project'. He suggested that – if there is the potential for impact on service users – these should have already been completed. Members heard that there is an issue around the order in which tasks are completed; EqIAs would need to be undertaken at an individual service level once decisions are made whether or not to progress specific proposals. Thanking Mr Lee Davies and his team for the work presented, Mr Iwan Thomas stated that it was positive to see the proposed reduction in estate and amalgamation of teams. It was suggested that even more innovative approaches might be applied to estates management, with it noted that the plans indicate space for community and third sector collaboration. These groups are seeing increased demand for their services, whilst experiencing pressures on staff and accommodation. Mr Iwan Thomas felt that there were opportunities to provide wider support to third sector partners by accommodating them in Health Board buildings. Returning to the issue of the additional costs resulting from these proposals, Mrs Patel noted that these appear to increase over time. In response, Mr Huw Thomas explained that estates rationalisation programmes often involve revenue implications. The context for those presented today is obviously much more challenging with the organisation's current financial situation. However, the current estate backlog maintenance position itself creates a significant revenue issue. Should the Board decide to take forward the proposals, it would need to accept the associated revenue implications in the context of potential benefits realisation. Mr Moore accepted that rationalisation coming at additional cost feels incongruous, whilst highlighting the impact of the backlog maintenance on the existing estate and issues with funding and progressing this. It was suggested that Board consider supporting the proposals in principle, subject to EqIAs of the detailed plans being conducted. Mrs Hardisty agreed that services are currently provided in less than ideal settings and that this needs to be considered. However, it was agreed that the proposals should be duly scrutinised in detail by a Board level Committee, with the Sustainable Resources Committee (SRC) suggested.	**LD** **LD**
	The Board: • **EXAMINED** and **DISCUSSED** the proposals • **AGREED** to support in principle the estate rationalisation opportunities • **REQUESTED** that Equality Impact Assessments be conducted • **REQUESTED** that proposals, particularly the costs released through rationalisation in all the proposals, be scrutinised in detail by the Sustainable Resources Committee	

PM(24)15	**FINANCIAL REPORT**	
	Mr Huw Thomas introduced the Financial Report for Month 9 2023/24, noting the overspend of £5.4m and savings under-delivery. The current end of year forecast deficit is £72.7m, against the Welsh Government Control Total of a £44.8m deficit. However, the organisation is currently	

reassessing its forecast deficit; whilst confident that it can be reduced, there is a need to ensure that the significant risks in achieving this are captured, such as industrial action, winter pressures, etc. Mr Huw Thomas anticipated that the deficit would reduce to around £68m. Although this represents an improvement, much is attributable to slippage in schemes and even the revised figure is significantly higher than the Control Total set by Welsh Government. With regard to the cash forecast, Mr Huw Thomas did not expect a response this week to the Health Board's request for strategic cash support. He was, however, content that the organisation will not need to take more radical steps to address any shortage. In terms of concerns, Members' attention was drawn to the 'Year to Date' chart on page 14 of the appendix, and deficits in specific services. Carmarthenshire and Ceredigion Systems were of particular concern, with more positive progress seen in the Pembrokeshire System and Medicines Management. Run rate charts on page 15 show a concerning upward trend in medical locum expenditure. The chart for Continuing Healthcare expenditure on page 16 illustrates an upward trend in high-cost packages and increases in packages across Mental Health and Learning Disabilities and Children's services. Next steps, including CDG and operational discussions, are outlined on page 18, with a focus predominantly on next year.

Noting a recent Welsh Health Circular (WHC), Ms Raynsford enquired around high cost medical locums and the extent to which there is a focus on this area of expenditure. Professor Philip Kloer indicated that there is a multi-professional expectation from Welsh Government. An extremely useful exercise had recently been undertaken to identify high cost locums, which was showing a clearly unsustainable upward trend. Recent industrial action has impacted on costs, and Professor Kloer recognised that this will need to be a key area of focus. Consultant Job Planning will be fundamental to this, and the Health Board has seen a significant increase in completeness of Job Plans, which represents a major step forward. Mrs Gostling advised that the baseline information submitted in response to the WHC would be reported to the next Board meeting. Working groups have been established to consider the various aspects, and it is anticipated that an action plan will be developed. Recruitment, pay rates, agency rates, service issues and regional working all form part of a multifactorial approach, which would be outlined at the March 2024 Board meeting. Mrs Hardisty acknowledged that there will be challenging choices, and indicated that it is vital for the Board to be aware of the position. It was pleasing to hear that work has already commenced.

Cllr. Evans queried how the report could be made more positive. He also enquired regarding next steps, should support from Welsh Government not be forthcoming. Finally, Cllr. Evans queried whether increased scrutiny is being applied around any operational measures which are not seen to be effective. In terms of the first query, Mr Huw Thomas suggested that the report's tone reflects the challenging position in which the organisation finds itself. In terms of the second and third queries, there are opportunities and possibilities. The first areas for focus would be those driving the Health Board's cost pressures, for example agency staffing costs. It should be noted, however, that the

organisation's fundamental financial position is a result of the clinical, operational and strategic choices made. The opportunities mentioned above will be presented to SRC as a single list, together with details of how these translate into savings and information around delivery.

Highlighting an issue she had raised at a previous Board meeting, Ms Lewis enquired regarding the improved resilience of financial forecasting. Whilst the Health Board's underlying deficit remains relatively static, actions do not appear to be delivering improvement to the 'bottom line'. Ms Lewis queried whether the organisation should be continuing the approach decided upon, or whether there should be a recognition that it is not effective and other actions should be taken. Mr Moore stated that there has been a significant amount of work, for example around workforce, which has already improved the financial position. The report does not reflect what the position would be without this work having taken place. This work, along with that undertaken by the CDG, has identified that there are extremely challenging questions to address around the delivery of healthcare in a rural environment. Members were reminded that the Health Board had determined in 2018 that the current service delivery model within HDdUHB was unsustainable. Unfortunately, a number of the issues predicted then have now materialised. Mr Moore took some comfort from the statement within the Welsh Government Planning Framework letter around a focus on not exacerbating health inequalities among communities.

Whilst recognising the significant work required to simply hold position, Ms Lewis reiterated her concern around whether the plans developed by the organisation are ever likely to achieve the desired result. Or whether, due to the region's circumstances and demography, a more radical approach to delivering services is required. To date all discussions have had, at their heart, the building of a new hospital; it may be necessary to reconsider. Again returning to discussions regarding the A Healthier Mid and West Wales (AHMWW) Strategy dating from 2017; Mr Moore advised that, at that time, approximately 33 different options were considered. The AHMWW Strategy is based on various principles, including care closer to home and population health. It is acknowledged that further work is required around addressing demand; however, there are challenges for the NHS due to certain elements being outside its direct responsibility and control. This was a key message from the work undertaken by the Finance team on the Financial Roadmap to Recovery and will be aided by the Health Board's commitment to a social model for health and population health.

Mr Maynard Davies enquired regarding the potential impact, for both this year and next, should the Health Board not receive Strategic Cash Assistance from Welsh Government. Mr Huw Thomas stated that he anticipated a response by the end of the month. Whilst informal discussions in this regard had been positive, should support not be forthcoming, the information and chart on page 5 of the appendix outlines the impact. Members were reminded that the Health Board is not permitted to borrow and would, therefore, need to determine how to manage and mitigate its cash position, which would be extremely challenging. Payments would need to be delayed to April 2024, which

	would have an impact for next year's position. Mr Huw Thomas committed to brief the Board on Welsh Government's response, once received. Returning to Mr Moore's comments around development of the Strategy in 2018, Mrs Hardisty recognised that the world, and healthcare in particular, has changed significantly due to the impact of COVID-19. It is only right to consider different approaches and ways of working. There does, however, need to be a strong message to staff that the Board will do everything it can to support them to deliver services in what will be challenging times. Mr Dentten emphasised that the general public within Hywel Dda is tremendously invested in the future of healthcare services, which is a positive symptom of previous engagement exercises. In considering the report's recommendations, Mr Imperato suggested that these were somewhat 'passive' and suggested that they be more purposeful in future reports. Mr Huw Thomas agreed and committed to address this comment. *Ms Anne Beegan and Ms Kathryn Lambert left the Board meeting.*	**HT** **HT**
	The Board: • **NOTED** and **DISCUSSED** the financial position as at Month 9 • **NOTED** the significant risk around the cash shortfall for the Health Board and the actions being taken as a result	

PM(24)16	**IMPROVING PATIENT/SERVICE USER EXPERIENCE REPORT**	
	Ms Daniel presented the Improving Patient/Service User Experience report, expressing gratitude to service users for their feedback. During the period covered by the report, 42,910 friends and family patient experience surveys were issued, with 6,493 responses received, which represents a reasonable response rate. 93.7% of responders provided a positive rating of very good or good when asked to rate their overall experience. There has been an improvement in responses among those attending the Health Board's Emergency Departments, with a slight improvement in rating. There has been a slight increase in the number of complaints. 65% of the complaints received during the two months covered by the report were closed within 30 working days, and the Patient Experience team is working to improve this figure. Members' attention was drawn to page 12 of the report, in relation to Dignity, Respect and Kindness, with Ms Daniel highlighting the recently introduced Birth Reflection Service. This provides an opportunity for new mothers and their partners to reflect on their birth experience. It will also be possible for them to undertake more detailed discussions and follow-up with staff, should they wish. The Patient Story, outlining an individual's experience following a diagnosis of breast cancer, was not especially positive, and provides opportunities for learning. Ms Daniel thanked the patient who had recounted their experience. Historically, feedback from this service has been positive; however, this story has identified that changes made during the pandemic to a more remote model of support to patients required review. The story was shared with the team, who were extremely sorry to hear about this patient's experience. The service has reverted to a face to face model for certain treatments and a hybrid	

	model for others. Other quality improvement measures have also been implemented. Following comments at a previous Board meeting around Outpatients feedback, this topic was considered at the Listening and Learning Sub-Committee (LLSC) in January 2024, with information provided around how the service had responded. The Civica system is now being utilised by the service to analyse patient feedback directly and they will be reporting on progress to future meetings of the LLSC. Mrs Patel assured Members that consideration is given to various aspects of the patient experience at the LLSC. One theme which is recurrent is communication; Mrs Patel suggested that the Health Board will need to consider in more detail how it can improve its communication with patients. Referencing feedback reported to a previous Board meeting, Ms Raynsford enquired whether there have been improvements to the way in which families and carers can make contact with departments, wards and services. Ms Daniel advised that, whilst she had not yet seen updated feedback, there are further improvements planned around the telephony system, and Members of the Informatics team are scheduled to attend the Nursing and Midwifery Forum in February 2023. In a similar vein, Mr Dentten highlighted issues around people finding their way to services for appointments, suggesting that there are opportunities to improve the information provided in letters and on the website, which would assist in this regard. Mrs Hardisty agreed, adding that many of the Board have experienced this issue as both patients and family members.	
	The Board **RECEIVED** the Improving Patient Experience report, which highlights to patients and to the public the main themes arising from patient feedback.	

PM(24)17	**CLINICAL SERVICES PLAN UPDATE**	
	Mr Lee Davies introduced the Clinical Services Plan Update report, which he hoped was relatively self-explanatory. The Board Seminar in February 2024 will receive comprehensive information on services within the Clinical Services Plan (CSP), which will allow the Board to become more familiar with the detail and the next phase of the process. It is important to progress this matter in a timely manner, with information also to be shared at the March 2024 Public Board. This topic had been discussed with Welsh Government at the most recent TI meeting and had been well received. Today's Board discussions only serve to reinforce the need for the CSP. Welcoming the update and agreeing that the CSP aligns with earlier discussions, Ms Lewis enquired what would be required to accelerate progress. In response, Mr Lee Davies indicated that this has been considered during the work already undertaken and previous iterations of the CSP. The timeline proposed is already fairly short, given the need to retain robustness of process. A key challenge will be to ensure sufficient and correct representation from clinical services. It is likely that full day sessions will be timetabled, rather than multiple sessions, to minimise disruption. Noting the report's recommendations, Cllr. Evans enquired regarding likelihood of slippage. Members heard that the precise process has not yet been defined, making it difficult to predict progress and slippage. Priority is being given to assurance on delivery.	

	As mentioned above, much will depend on operational and clinical teams' ability to support this process, given the other – not insignificant – pressures on their time. Mrs Hardisty enquired whether Planned Care is viewed as a priority or more critical to undertake first. In response, Mr Lee Davies indicated that this would form part of the planned discussions in February and March 2024. It is the ambition to take all of the services in the CSP into the Options Phase and progress them simultaneously, particularly as there are interrelations between them. Implementation, however, may diverge from this intention. Mr Carruthers highlighted that the availability of space to enact and progress plans would also require consideration and agreement. In response to a query around regional discussions, Members heard that there is a regional programme of work and that local work is aligned with this to the greatest extent possible. There will, however, be options and choices in this regard.	
	The Board: • **TOOK ASSURANCE** that the Clinical Services Plan programme is progressing in line with the Board agreed plan. • **NOTED** that, at the Public Board meeting in March 2024, the programme will seek a decision on the scope of the next phases of the programme for each service, including understanding which services require an options appraisal phase.	

PM(24)18	**PAEDIATRIC SERVICES – IMPLEMENTATION PLAN**	
	Presenting the Paediatric Services Implementation Plan report, Professor Kloer reminded Members that it had been agreed at the Public Board meeting in November 2023 to proceed with Option 1. It had also been agreed that an Implementation Project Plan would be developed and presented to the January 2024 Public Board meeting. Due to time pressures, it has only been possible to develop an outline plan, and support will be required from operational teams for its implementation. Mr Lee Davies explained that the report sets out various information, including governance arrangements, and that groups have been instructed to take forward work to the stated timescales. It is intended that progress will be monitored via SDODC, with updates to the Board via this Committee. Mr Maynard Davies suggested that the report has two omissions in level of detail, around finance and the assumptions on page 7; and in terms of timescales within the action plan. In response, Mr Lee Davies advised that the revenue and capital implications were assessed as part of the options considered by Board in November 2023. Workforce and capital plans have not yet been refreshed and this will form part of the work of the implementation group. It was agreed that this additional detail would be overseen by SDODC. Crediting the organisation for producing this plan at pace, Mr Imperato noted information on page 9 around the Public/Patient Task and Finish Group remit. Noting the focus on Travel, Transport and Accessibility, he suggested that there should also be consideration of the environment. In terms of membership and balance therein, Mr Imperato observed that only one parent/child representative was proposed. He felt that this did not necessarily provide adequate representation of patients either geographically or economically. It was	**LD**

	also suggested that a representative be sought who has detailed knowledge of local public transport provision. In terms of reporting arrangements, Mr Imperato noted the intention to report via SDODC and queried whether consideration should also be given to channelling certain aspects via QSEC, whilst not wishing to risk duplication of effort. Mr Dentten supported Mr Imperato's comments, noting that one of the Options involved incorporating service user experience. Mrs Hardisty thanked the team involved in developing the Paediatric Services Implementation Project Plan and agreed that the above comments should be taken on board, with consideration given to broadening the membership of the Public/Patient Task and Finish Group. In response to Mr Imperato's other suggestion, it was noted that QSEC is included in the diagram on page 8.	**LD**
	The Board: • **TOOK ASSURANCE** from the Implementation Project Plan • **NOTED** the proposed management, monitoring and reporting structures for implementation of the chosen option	

PM(24)19	**INTEGRATED PERFORMANCE ASSURANCE REPORT**	
	Mr Huw Thomas introduced the Integrated Performance Assurance Report (IPAR) for Month of 9 2023/24, noting that this has a new format, which has been presented to SDODC. It is hoped that this makes clearer the actions being undertaken to address challenges, with completion dates for delivery included. Members heard that the report does not include the impact of recent industrial action. Of particular note were the following: • In Child and Adolescent Mental Health Services (CAMHS), the target in relation to therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17) has been met for the first time in over two years • In Infections, the C.difficile infections 20% reduction trajectory is being met. Whilst E.coli cases are decreasing, the target has not been met • In Unscheduled Care, the ambulance handovers taking over 4 hours target has been met • In Planned Care, breaches of the target in relation to patients waiting >36 weeks for first outpatient appointment has increased to the highest level since February 2023; however, trajectory has been met • In Diagnostics, waits over 8 weeks have risen to the highest level since June 2020 and the third highest ever recorded • In Cancer Care, the Health Board has seen the highest level of referrals since January 2020 • In Patient Experience, despite the challenges being faced by services, 10 out of 12 patient experience measures exceeded their targets With regard to the final point, Mrs Hardisty suggested that this is testament to how staff are treating patients when they attend. Cllr. Evans highlighted page 3 of the SBAR, and information around Ophthalmology, enquiring whether the shortfall was due to the Health Board not providing an appointment or patients not attending. Mr Huw	

	Thomas advised that it was the former. Referencing page 4 of the report, Ms Lewis enquired whether removals made under the Planned Care waiting list validation exercise were purely administrative or whether there is any evidence of clinical deterioration leading to individuals not requiring intervention. In response, Mr Carruthers indicated that there is a proportion removed clinically due to being unfit for treatment. He did not know, however, whether this was due to deterioration in clinical condition. Mr Carruthers offered to prepare a report on this topic for QSEC. In response to a request from Mr Moore for updates around Cancer Care and Therapies, Mr Carruthers advised that for the former, across the range of measures, staff work to provide the best care they can. However, the level of performance in this area is not acceptable and there is scope for improvement. Against the target for Single Cancer Pathway patients starting treatment within 62 days, HDdUHB had been the worst performing Health Board in Wales in November 2023, at 41%. Certain tumour pathways, including urology and skin, had lost capacity at short notice, which had a significant impact. Welsh Government was generally more optimistic regarding HDdUHB's performance than the view internally, where the fragilities in service are perhaps more fully appreciated. The organisation is now in a recovering position, with a minimum performance of 55% expected for December 2023. Mr Carruthers stated that during the recent industrial action, the Health Board had been able to maintain Cancer services and should be able to continue improved levels for January 2024. With regard to Therapies, Mr James Severs felt that it was important to recognise the concerning trend within the Therapies directorate, which has implications for the quality, safety and experience of patients. It was noted that a Deep Dive into RTT in Physiotherapy and Occupational Therapy specifically was being presented to the February 2024 QSEC meeting. Members were assured that there is acknowledgement of the need for significant scrutiny around Therapies, and Mr Severs emphasised that work has already begun in this regard. Referencing page 18 of the report, Mrs Hardisty expressed continued disappointment around the level of performance in Neurodevelopmental assessments and enquired whether all options for improvement have been exhausted, or whether the challenges are simply due to a lack of specialist staff. Mr Carruthers indicated that this has been a topic of discussion with Welsh Government, who have recognised that it is an issue across Wales which requires a strategic approach. In the meantime, the Health Board will continue to take all possible actions to improve the situation locally. Whilst accepting this and welcoming the recognition by Welsh Government, Mrs Hardisty was cognisant of the impact on children and families waiting for assessments. On a separate issue, Mrs Hardisty requested that – as far as possible – use of the term 'ongoing' be avoided in future reports.	**AC**
	The Board **NOTED** the data within the IPAR – Month 9 2023/2024.	

PM(24)20	**OPERATIONAL UPDATE**	
	Presenting the Operational Update report, Mr Carruthers noted that the Health Board has achieved the Planned Care Recovery Ministerial	

	milestone of 97% of patients being treated in 104 weeks by the end of December 2023. The next Milestone of 99% of patients being treated in 104 weeks by the end of March is potentially more challenging for the Health Board to achieve, with between 98 and 99% more likely. Of the patients waiting over 156 weeks, almost all are within Orthopaedics. There has been a significant increase in discussions across the region regarding how Health Boards can work together to maximise capacity. Forecasts had been approximately 600, with an end of year position of 200-225 more likely; Mr Carruthers acknowledged that this was still too many patients waiting for treatment. Teams are scoping the 'perfect week' in theatres, in terms of maximising capacity and utilisation. Members heard that a Regional Ophthalmology Group has been established since the previous Board meeting. On the topic of RAAC, as mentioned earlier, the Internal Major Incident at WGH has been stood down. However, the RAAC Control Group will continue to operate, due to the ongoing implications of remedial and survey work. Ms Paterson drew Members' attention to Pathway of Care Delays (PoCD), which continue to show a deteriorating trend. It was emphasised that not all of these result from delays in securing social care; improvement work is also required within the Health Board. Whilst Social Work teams have increased their capacity, they are finding incidents of individuals not ready for assessment. There is also a need to undertake work with patients' families, with some reluctant to accept discharge to care homes which they view as too far away. It has often been the case that once placed, residents settle well and do not then wish to move to their first choice care home if this becomes available. Mrs Hardisty suggested that Ms Paterson and her team work with Llais to facilitate constructive conversations with patients and their families. Professor Kloer reported that he has met with the Interim Chief Executive at Swansea Bay UHB (SBUHB). It is recognised that a regional approach will be crucial to recovery, and further meetings are planned, with a wider group of staff from both Health Boards. Referencing pages 5 and 11 of the report, covering Primary Care, Mr Maynard Davies requested that IT systems are considered as part of GP Business Continuity Plans. In terms of the Unified Contract, he queried how this compares to the previous Minimum Service Specifications (MSS) requirements. Ms Paterson committed to check, explaining that the intention is to move from the GMS Contract to a Unified Contract. This represents a complex and demanding piece of work. Ms Lewis enquired whether the 14,701 removed as part of the Planned Care waiting list validation exercise feature in the figures, or have been excluded. Also, with reference to the Transforming Urgent and Emergency Care (TUEC) Programme conversion section, whether there is any sense of the reason for the new trend in increased emergency admissions. With regard to the latter, Mr Carruthers advised that the team has been exploring this, and the data is as presented. There is an increase in admissions but a concurrent increase in the number 'turned around' within 72 hours. Mr Carruthers and Ms Paterson had met with the teams involved in Emergency Care services and there is a need to improve how impact is described. Whilst there is a seasonality aspect,	**JP** **JP**

	this has been a continuing trend for some time. In response to the first query, Members heard that the validation exercise figures would be featured. In view of this, Ms Lewis queried how assurance can be taken that reductions represent an improvement rather than as a result of the validation exercise. Mr Carruthers explained that productivity gains are involved and efficiencies built into plans. There is also additional activity ongoing. Further detail can be provided in future reports.	**AC**
	Ms Raynsford noted on page 14 the steep increase in GMS Did Not Attends (DNAs) during October 2023, and wondered whether any of this group were those presenting to Emergency Departments. Also, the reason for the significant increase in DNAs. Ms Paterson felt that there is a need to emphasise the importance of attending appointments. It may be that those who do not attend have sourced alternative help; however, reasons for DNA need to be understood. It has been suggested that, psychologically, attendance rates rather than DNA rates might be more appropriate. It is hoped that national campaigns around sourcing advice will assist. Ms Paterson was not specifically aware that people were presenting at A&E having failed to attend a GP appointment. Mrs Hardisty requested that the reason for the increase in GMS DNAs is explored and detail provided in the next report. She also encouraged members of the public to inform their GP if they no longer require an appointment, and to attend if they do.	**JP**
	Referencing page 4 of the report, and noting figures around Planned Care recovery investment, Mrs Hardisty enquired whether – aside from where outsourcing is indicated – this involves paying Health Board staff to undertake overtime. Mr Carruthers confirmed that this will apply in certain cases, together with waiting list initiative payments. Ms Paterson provided an update on Neyland and Johnston GP Practice, whilst explaining that this update was necessarily limited due to commercial 'in confidence' information. Following interviews for a new GMS or Alternative Medical Provider Services (APMS) contract, the panel had felt unable to award this due to concerns around the ability to provide a robust, safe and reliable service. The Health Board will go out to tender again and, in the meantime, will continue to work with the Practice.	
	The Board **RECEIVED** the operational update and progress report.	

PM(24)21	**IMMUNISATION REPORT**	
	Dr Ardiana Gjini introduced the Immunisation Report, which focuses on key vaccination programmes rather than all vaccination programmes. The focus within this report is on seasonal, primary childhood and shingles vaccinations. As part of this, trends had been examined. The report outlines areas of positive progress, in particular the school-based immunisation programmes. Others are showing less positive trends compared to other Health Boards, and do not meet the required targets to ensure 'herd immunity'. Of particular concern are the drop in uptake of the COVID-19 vaccination, childhood vaccinations in the 2/3 year old age group and Measles, Mumps and Rubella (MMR), especially in view of recent outbreaks within the UK. There are significant gaps in uptake in specific geographical areas in Hywel Dda; this is an area where further work is planned, to explore differences and potential inequities. Initiatives to improve uptake have focused on MMR1 and 2, which have	

	resulted in a slight increase in uptake in autumn of 2023. There has also been a focus on seasonal vaccinations, involving GPs, Community Hubs, the Communications team, Vaccination Centres and Care Homes. With regard to low uptake in childhood vaccinations, parents who had cancelled their appointments were called back to establish their reasons for doing so. 50% stated that they did not want their child vaccinated. This represents an extremely worrying trend. The team will continue to focus on improving uptake rates in MMR1 and 2 during the coming year. Mr Maynard Davies praised the report's detail and clarity. With regard to MMR2, and referencing pages 28 and 29 of the report, it was noted that uptake is declining most in the least deprived areas. Mr Maynard Davies enquired whether there was any further context. He also asked what aspect Dr Gjini was generally most concerned about. In response to the first query, Dr Gjini observed that this trend is most obvious in respect of MMR vaccinations. It will be examined further; although is potentially at least partly explained by the relatively low numbers of children born in these areas. With low numbers, uptake levels are disproportionately affected by only a few opting not to vaccinate. In terms of Dr Gjini's main concern, this was around the decline in MMR vaccination levels, as this presents the highest potential for an outbreak. As well as the impact on those contracting the illness, there is the potential loss of workforce due to caring responsibilities. Also welcoming the report, Mr Imperato wished to focus on the decline in staff uptake of vaccinations and what steps are being taken to arrest this. Dr Gjini emphasised that there has been a significant improvement in uptake within the Medical and Dental workforce, which should be acknowledged. This was due to campaigns to encourage staff to take up vaccinations. The same approach within the nursing workforce had unfortunately not produced similar levels of uptake. It may be that the importance of vaccination and staff responsibility towards patients needs to be emphasised via other means and in other fora. Dr Gjini noted that an element of resistance in relation to the COVID-19 vaccination has influenced Flu vaccination uptake. Ms Daniel confirmed that a similar approach had been used for nursing staff. It was suggested that the Champion model, which has proved effective in the past, should be revisited. There is also a need to understand the reasons for staff choosing not to take up the offer of vaccination. Ms Daniel would explore this with Dr Gjini and her team. Mrs Hardisty thanked those involved in preparing the report.	**SD**
	The Board **NOTED** the Immunisation Report, which provides information on the performance of the programmes, work already undertaken and planned work for 2024.	

PM(24)22	**CORPORATE RISK REGISTER**	
	Mrs Wilson introduced the Corporate Risk Register (CRR) report, which provides an overview on progress since the previous report in September 2023. Members were reminded that all Corporate Risks are discussed in detail by Board level Committees, with Deep Dives conducted on specific areas of concern. There are 19 risks on the CRR, a number of which have already formed the basis of discussion today.	

	Members heard that there is 1 new risk, in relation to Estates, 4 have been de-escalated, 5 have increased in risk score, 1 has reduced in risk score and 12 show no change. With regard to Risk 1708 on page 8 of the SBAR, Mr Maynard Davies suggested that this was a mixture of two different issues and should be separated. Ms Paterson agreed, and would take this forward.	**JP**
	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. • **NOTED** that the Executive Risk Group (ERG) has agreed to review the risk statements for all corporate risks during Q4 of financial year 2023/24, to ensure that they accurately reflect the risks currently facing the Health Board.	

PM(24)23	**RISK APPETITE STATEMENT**	
	Presenting the Risk Appetite Statement, Mr Moore reminded Members that this has been discussed at length at Board Seminar and Executive Team. It has been useful to refresh the Board's approach to this matter at a time when it can guide development of the Health Board's Annual Plan. Mr Moore thanked Mrs Wilson and her team for their work in this area.	
	The Board **APPROVED** the Risk Appetite Statement.	

PM(24)24	**APPROVAL FOR RAAC WORKS OVER £1M, WARD 8 AT WGH**	
	Mr Carruthers presented the report requesting Approval for RAAC Works over £1m, Ward 8 at WGH, which he hoped was self-explanatory. It seeks Board approval for remedial work associated with RAAC. In response to a request for clarification regarding the wording of the recommendation, specifically reference to a call-off agreement, Mr Carruthers advised that the cost involved was as stated, £877,457.77 (excluding VAT).	
	The Board: • **APPROVED** award of the contract at £877,457.77 (excluding VAT) to 'Lewis Construction Ltd', with call-off agreement to be prepared and executed by the Health Board • **NOTED** that, as the continued structural surveys take place at WGH, the construction framework suppliers will be asked to provide framework costs for the works required on a rotational basis as the requirements at each phase are confirmed.	

PM(24)25	**ORGAN DONATION ANNUAL REPORT 2022/23**	
	Mrs Hardisty wished to thank Mrs Patel for agreeing to take on the role of Organ Donation Committee Chair. Introducing the Organ Donation Annual Report for 2022/23, Mr Carruthers highlighted its key messages, including HDdUHB's improved performance compared to the previous two years. For a Health Board of its size, HDdUHB performs well against key metrics.	

	Mrs Hardisty agreed that the Health Board performs to its maximum in this area. It was highlighted by Mrs Patel that the training of staff will be crucial in achieving the various targets outlined within the report. Mrs Raynsford wished to thank the Health Board's patients and communities for their donations, acknowledging that this involves considerations of a challenging and sensitive nature. Agreeing, Mrs Hardisty stated that the Specialist Nurses play a significant role in these sensitive discussions, which should be recognised.	
	The Board **DISCUSSED** and **APPROVED** the Annual Report and **NOTED** the Health Board's performance against the priorities set for 2022/2023 and action plan for 2023/2024.	

PM(24)26	**REPORT OF THE SUSTAINABLE RESOURCES COMMITTEE**	
	Mr Winston Weir joined the Board meeting. Mr Winston Weir, SRC Chair, presented the SRC update report from its meeting held on 19 December 2023, highlighting key items discussed. These included the Deep Dive into the Pembrokeshire Model, consideration of the Dementia Well-being Connector Tender and extension to the Palliative and End of Life commissioning and procurement Service Level Agreements and onward recommendation for Board approval. The Committee recognised the assurance provided by the work of the CDG, and expressed concern regarding the in-year cash position, the long-term savings position and the financial position of the Health Board in general.	
	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(24)27	**PALLIATIVE AND END OF LIFE CARE COMMISSIONING AND PROCUREMENT**	
	The Board: • **AGREED** to a tender for a new contract for all three counties for a (3+1) four (4) year period, with a total cost of circa £3.4m. • **AGREED** to extend the 6 Service Level Agreements (SLAs) until 31 August 2024, in line with the agreed commissioning and procurement timeline plan and in line with achieving the Hywel Dda University Health Board (HDdUHB) PEOLC Strategy.	

PM(24)28	**DEMENTIA CONNECTOR SERVICE TENDER**	
	The Board **APPROVED** the award of Dementia Well-being Connector Service contract to Provider 1 to provide services from 1 June 2024 to 31 May 2027, for onwards submission to Welsh Government for approval.	

PM(24)29	**REPORT OF THE STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE**	
	Mr Maynard Davies, SDODC Chair, presented the SDODC update report from its meeting held on 21 December 2023, noting that this is self-evident, with a number of the items discussed already covered in today's meeting. There had been a positive discussion around Clinical Pharmacy Services. Key risks, issues and concerns were prioritisation of	

	capital projects, given the limited availability of funding, and the lack of a Health Board plan to deliver on the target of 99% of RTT pathways under two years.	
	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(24)30	**REPORT OF THE PEOPLE, ORGANISATIONAL DEVELOPMENT AND CULTURE COMMITTEE**	
	Mrs Patel, People, Organisational Development and Culture Committee (PODCC) Chair, presented the PODCC update report from its meeting held on 11 December 2023, which was self-explanatory. Restructuring of reports had led to an increased focus on outcomes. A useful update had been provided on GP Trainees, and it had been agreed that the membership of the BAME Advisory Group would be reviewed.	
	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(24)31	**REPORT OF THE HEALTH AND SAFETY COMMITTEE**	
	Ms Ann Murphy, Health and Safety Committee (HSC) Chair, presented the HSC update report from its meeting held on 8 January 2024. The Committee had expressed concern regarding low levels of compliance with Level 2 Fire Safety training. A new risk relating to Estates, Risk 1745, has been added to the Corporate Risk Register due to the many risks outside of tolerance.	
	The Board **NOTED** the HSC update report and **ACKNOWLEDGED** the key risks, issues and matters of concern, together with actions being taken to address these.	

PM(24)32	**COMMITTEE UPDATE REPORTS**	
	Mrs Wilson presented the Committee Update Reports, highlighting the reports included, together with the items for Board approval: the Staff Partnership Forum (SPF) request regarding membership of the Paediatric Services Consultation Implementation Planning Group and appointment of the Stakeholder Reference Group (SRG) Chair, subject to Welsh Government ratification. Members' attention was also drawn to the requirement for a Corporate Trustee session directly after the Public Board meeting, to consider the Charitable Funds Annual Report and Accounts. Professor Kloer explained that there is no report from the Healthcare Professionals Forum, as this is currently being reconstituted. It will be meeting within the next few weeks.	
	The Board: • **ENDORSED** the updates, recognising any matters requiring Board level consideration or approval and the key risks and issues/matters of concern identified, in respect of work undertaken on behalf of the Board at recent Committee meetings, noting that the charitable funds items outlined above were considered at the Corporate Trustee session held on 30 November; however that a further Corporate	

	Trustee session will be held directly after the Public Board meeting to consider the Charitable Funds Annual Report and Accounts
	• **RECEIVED** the update report in respect of the In-Committee Board meeting
	• **RECEIVED** the update reports in respect of recent Advisory Group meetings
	  ○ **APPROVED** the SPF request that a Trade Union member be a part of the Paediatric Services Consultation Implementation Planning Group
	  ○ **APPROVED** the appointment of the SRG Chair, subject to Welsh Government ratification	

PM(24)33	**HDDUHB JOINT COMMITTEES AND COLLABORATIVES**	
	The Board **RECEIVED** the minutes and updates in respect of recent WHSSC, EASC, NWSSP and MWJC meetings.	

PM(24)34	**STATUTORY PARTNERSHIPS UPDATE**	
	Ms Paterson advised that a meeting of the Regional Partnership Board (RPB) had taken place on 22 January 2024, at which approval of the Further, Faster Funding had been confirmed. Related projects would now be taken forward. The Regional Integrated Fund Memorandum of Understanding (MOU) process has been protracted; however, it has now been agreed by the partner organisations, and Ms Paterson was hopeful that the final version can be presented for approval. Mrs Wilson and Mrs Sian-Marie James were thanked for their work on this matter.	
	The Board: • **TOOK ASSURANCE** that the Health Board is working effectively with Statutory Partners in order to meet the required obligations as laid out by the Well-being of Future Generations (Wales) Act 2015 and the Social Services and Wellbeing (Wales) Act 2014 • **NOTED** the actions which have been completed to date, which reflect agreed outcomes to reduce inequalities and poverty – both by the RPB and the respective PSBs	

PM(24)35	**BOARD ANNUAL WORKPLAN**	
	The Board **NOTED** the Board Annual Workplan, which would be updated in line with foregoing discussions.	

PM(24)36	**HEALTHCARE INSPECTORATE WALES (HIW) ANNUAL REPORT**	
	The Board **NOTED** the Healthcare Inspectorate Wales (HIW) Annual Report.	

PM(24)37	**LLAIS ANNUAL REPORT**	
	The Board **NOTED** the Llais Annual Report.	

PM(24)38	**DATE AND TIME OF NEXT MEETING**	
	9.30am, Thursday 28 March 2024	