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

Date of Meeting:	**11.00AM, THURSDAY 28 MARCH 2024**
Venue:	**Y Stiwdio Fach, Canolfan S4C Yr Egin, College Road, Carmarthen SA31 3EQ**

Present:	Mrs Judith Hardisty, Interim Chair, Hywel Dda University Health Board Ms Eleanor Marks, Vice-Chair, Hywel Dda University Health Board Mr Maynard Davies, Independent Member (Information Technology) Cllr. Rhodri Evans, Independent Member (Local Authority) Mr Michael Imperato, Independent Member (Legal) Ms Anna Lewis, Independent Member (Community) Ms Ann Murphy, Independent Member (Trade Union) Mrs Chantal Patel, Independent Member (University) Ms Delyth Raynsford, Independent Member (Community) Mr Iwan Thomas, Independent Member (Third Sector) Mr Winston Weir, Independent Member (Finance) Professor Philip Kloer, Interim Chief Executive Mr Mark Henwood, Interim Medical Director Mr Andrew Carruthers, Executive Director of Operations Ms Sharon Daniel, Interim 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 and Interim Deputy Chief Executive 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 (VC) Mr Michael Gray, Director of Social Services, Pembrokeshire County Council Ms Helen Williams, Interim Regional Director, Llais (part) Ms Clare Moorcroft, Committee Services Officer (Minutes)

Agenda Item	Item	Action
PM(24)39	**INTRODUCTIONS AND APOLOGIES FOR ABSENCE**	
	The Interim Chair, Mrs Judith Hardisty, welcomed everyone to the meeting, including Ms Eleanor Marks and Mr Michael Gray, attending their first Board meeting. It was also recognised that this was the first Board meeting for Professor Philip Kloer, Mrs Lisa Gostling and Mr Mark Henwood, in their new interim roles. Mrs Hardisty advised that an In-Committee Board meeting had been held prior to the Public Board meeting, with information regarding the items discussed available from the Health Board website. Apologies for absence were received from: • Mr Jeremy Hockridge, Chair, Stakeholder Reference Group	

PM(24)40	**DECLARATION OF INTERESTS**	
	The following declarations of interest were made: • Mrs Chantal Patel – discussions relating to Welsh Health Specialised Services Committee (WHSSC) • Ms Anna Lewis – Item 4.5, due to her being a patient registered with the Coach and Horses Surgery • Ms Delyth Raynsford – Item 4.6, due to a close relative being registered with the Cross Hands and Tumble Practice • Ms Ann Murphy – discussions relating to Industrial Action • Ms Eleanor Marks – Item 4.5, due to her being part of an earlier committee considering this issue, and would excuse herself from this discussion	

PM(24)41	**MINUTES OF THE PUBLIC MEETING HELD ON 25 JANUARY 2024**	
	RESOLVED – that the minutes of the meeting held on 25 January 2024 be approved as a correct record.	

PM(24)42	**MINUTES OF THE CORPORATE TRUSTEE MEETING HELD ON 25 JANUARY 2024**	
	RESOLVED – that the minutes of the meeting held on 25 January 2024 be approved as a correct record.	

PM(24)43	**MATTERS ARISING AND TABLE OF ACTIONS FROM THE MEETING HELD ON 25 JANUARY 2024**	
	An update was provided on the table of actions from the Public Board meeting held on 25 January 2024, with the following verbal updates received: **PM(24)14** – for the first action, Members heard that Equality Impact Assessments (EqIAs) will be undertaken at the appropriate points for each scheme, and have been incorporated into the respective project plans. For the second action, to scrutinise proposals in detail, these will be forward planned on the Sustainable Resources Committee (SRC) Workplan. **PM(24)18** – Members were advised that, for the first action regarding the Paediatric Services Implementation Plan, this would form part of the Strategic Development and Operational Delivery Committee (SDODC) agenda for April 2024. For the second action, membership of the Task and Finish Groups has been reviewed and will be agreed through the Implementation Group. This provided confirmation that all outstanding actions had been progressed. In terms of matters arising: **PM(24)20** – Mr Maynard Davies was concerned to note that accurate information on Primary Care Did Not Attends (DNAs) is not available. In response, Ms Jill Paterson clarified that, whilst Practices collate their own DNA information, there is currently no national system for collecting this data. It may be possible to facilitate this at a local Health Board level, via the Primary Care Dashboard. Ms Paterson emphasised the importance of this issue in ensuring that General Medical Services	

	(GMS) capacity is managed effectively; and strongly encouraged patients to let their practice know if they are unable to attend, or no longer require their appointment. **PM(24)22** – an update was requested with regard to Risk 1708 and the outcomes of Reinforced Autoclaved Aerated Concrete (RAAC) survey reports in Primary Care. Ms Paterson advised that a report had been submitted to Welsh Government, based on feedback from Primary Care Contractor Services. Locally, 65 premises were subject to survey – 47 had declared no RAAC; 6 were awaiting survey results and 12 had not responded. There is no indication that RAAC has been identified. With regard to **PM(24)18**, Ms Helen Williams requested assurance that patient experience was being evaluated continuously, as committed to as part of the Paediatric Services Implementation Plan. Ms Sharon Daniel confirmed that Paediatric services do have their own feedback processes, which are included routinely in the Improving Patient Experience report. However, there are currently no feedback processes specific to the Paediatric Services Implementation Plan. In response to a further query around patient engagement, Mr Lee Davies confirmed that service users are part of the Implementation Group membership. The interim Chair noted that for all future Board meetings the table of actions needs to be fully completed in writing with verbal updates being reserved for exceptions only.	

PM(24)44	**REPORT OF THE CHAIR**	
	Mrs Hardisty presented her report on relevant matters undertaken by the Chair since the previous Board meeting, including a Chair's Action outlined within the report appendices. Congratulations were expressed to all award winners, along with thanks to the recipients of long service awards for their valued contribution. The following recent Welsh Government appointments were highlighted: Cabinet Secretary for Health and Social Care – Eluned Morgan Minister for Social Care – Dawn Bowden Minister for Mental Health and Early Years – Jayne Bryant As reported on page 7, Dr Neil Wooding has been appointed as the new Chair of Hywel Dda University Health Board, and Mrs Hardisty would be meeting with him after the Easter break. Members' attention was also drawn to the two new Associate Board Member appointments, Mr Jeremy Hockridge and Mr Michael Gray. Mrs Hardisty reported with sadness the passing, on 1 March 2024, of Mr Athula Withanage, a well-respected retired surgeon, who worked at Withybush Hospital for more than 40 years. The Board's sincerest condolences were expressed to Mr Withanage's family, friends and colleagues.	
	The Board: • **SUPPORTED** the work engaged in by the Chair since the previous meeting and **NOTED** the topical areas of interest; • **RATIFIED** the action undertaken by the Chair on behalf of the Board, detailed in Appendices 1, 2 and 3.	

PM(24)45	REPORT OF THE CHIEF EXECUTIVE	
	Introducing his first report updating on relevant matters undertaken since the Board meeting held on 25 January 2024, Professor Philip Kloer highlighted the recent inaugural online staff meeting held on 1 March 2024. This had been a very positive event, and Professor Kloer thanked the Communications team, members of the Executive Team and staff members for their participation. It is intended to hold similar meetings every 6-8 weeks. Members heard that new Executive Team arrangements to respond to the Health Board's Targeted Intervention status are being put in place for April 2024. As outlined on page 3 of the report, the Health Board signed the Corporate Parent Charter pledge on 18 March 2024, which promotes the collective responsibility to safeguard and promote the rights and life chances of care-experienced children and young people. Professor Kloer drew Members' attention to the request for Board approval of the Virtual Pooled Fund Agreement for Adult Care Home Placements. Highlighting the information presented around the Emergency Medical Retrieval and Transfer Service (EMRTS), Professor Kloer indicated that a huge amount of work has been undertaken by both the Emergency Ambulance Services Committee (EASC) and Health Boards to progress this matter. EMERTS represents a highly specialised service, responding to 1% of 999 calls, which are directly referred to them by Welsh Ambulance Services NHS Trust (WAST). EMERTS has been the subject of a number of meetings since 2022, with the report containing details of the most recent of these. At this meeting, feedback from the engagement process had been considered, together with the letter from Llais presented at Appendix D. It had been agreed that additional time was required, in order to fully consider and respond to concerns and to allow further work with regard to Recommendation 4, in relation to unmet need. Due to the need for further information and discussion, an extraordinary meeting of EASC will take place later today, and the Chief Ambulance Service Commissioner will provide briefings to Health Boards in April 2024. A final decision on this matter will be presented to the Board in May 2024. Professor Kloer wished to place on record acknowledgement of the instrumental role of the Wales Air Ambulance Charity in EMERTS. He recognised both their contribution to EMERTS and the impact of delays in decisions regarding its future. Finally, in regard to the Antioch Centre, Llanelli, Professor Kloer acknowledged the need to improve Phlebotomy services for the community of Llanelli. Should service changes become necessary, public engagement will be undertaken. In the meantime, Phlebotomy services will continue to be available at the Antioch Centre. Referencing the latter, Ms Williams thanked Ms Alwena Hughes Moakes for her involvement, indicating that Llais would expect an 8 week engagement period in the event of service changes being required. In response to a suggestion that a public statement in this regard would be helpful, Members heard that a press release had been issued. Professor Kloer recognised that there is significant public interest in this matter, and committed to work with Llais. With regard to EMERTS, Ms Delyth Raynsford emphasised the rurality of the Hywel Dda region, and	

	enquired how the public can provide input to the decision-making process. Professor Kloer explained that there have been three phases of engagement, with the results presented to EASC. 5% of the feedback received had been from the Hywel Dda population. However, it is acknowledged that the Health Board is also part of the Mid Wales Joint Committee and has a long-standing relationship with the population of Powys and south Gwynedd. In response to a request for clarification regarding the requirement of Board and when a final decision will be made; Members were advised that they were not being asked to make a decision at today's meeting as further information and consideration is required. It is hoped that a final decision will be possible at an extraordinary Public Board meeting on 10 April 2024. Mrs Joanne Wilson explained that all Health Boards would be meeting on 9, 10 or 11 of April 2024, with outputs being presented to a meeting of the Joint Commissioning Committee on 23 April 2024.	
	The Board: • **ENDORSED** the Register of Sealings since the previous report on 25 January 2024; • **NOTED** the status report for Consultation Documents received/ responded to; • **APPROVED** the changes to the Scheme of Delegation and to appoint the Executive Director of Therapies and Health Science as the new Corporate Licence Holder for the Human Tissue Authority from 11 March 2024; • **APPROVED** the Virtual Pooled Fund Agreement for 1 April 2024 – 31 March 2025; and • **RECEIVED** the update on the Emergency Medical Retrieval and Transfer Service (EMRTS) Service Review and **NOTED** the associated Llais letter.	

PM(24)46	**REPORT OF THE AUDIT AND RISK ASSURANCE COMMITTEE**	
	Cllr. Rhodri Evans, ARAC Chair, presented the ARAC update report from its meeting held on 20 February 2024, indicating that there had been a full agenda with a great deal of scrutiny. A number of Internal Audit reports had been delayed and would be presented in April 2024, which would again result in a full agenda. Cllr. Evans highlighted an error in the report on page 4, where text should read 'The number of recommendations that have gone beyond six months of their original completion date has **increased** from 47 to 66...' Progress against recommendations made as part of audits and inspections undertaken within the Health Board is an area of ongoing work. In terms of matters requiring Board approval, Members' attention was drawn to the revised ARAC Terms of Reference appended, and to the Risk Management Strategy which forms the next agenda item. The latter has been developed following full consultation. In terms of key risks, issues and matters of concern, Cllr. Evans highlighted the requirement for an extraordinary ARAC and Public Board meeting in Public in July 2024. This will also impact on the Health Board's ability to hold the Annual General Meeting (AGM) by end of July 2024, and an AGM has been scheduled for 26 September 2024.	
	The Board **NOTED** the ARAC update report, **ACKNOWLEDGED** the key risks, issues and matters of concern, together with actions being	

	taken to address these, and **RATIFIED** the revised ARAC Terms of Reference.	

PM(24)47	**RISK MANAGEMENT STRATEGY**	
	The Board **APPROVED** the Risk Management Strategy within a revised timescale of 18 months.	

PM(24)48	**REPORT OF THE QUALITY, SAFETY AND EXPERIENCE COMMITTEE**	
	Mrs Hardisty highlighted that this update report was of a new format, which it is planned will be used for all Committees going forward. Ms Anna Lewis, Quality, Safety and Experience Committee (QSEC) Chair, hoped that the new approach will be helpful and will provide a more focused report format. The three classifications of items – Alert, Advise and Assure, were outlined, together with their implications. Presenting the QSEC update report from 13 February 2024, Ms Lewis indicated that there were no items to Alert to the Board. Members' attention was drawn to a valuable programme of work undertaken by members of Ms Sharon Daniel's team – Ms Cathie Steele in particular – namely a Nosocomial COVID-19 review. It had been recognised by the Committee that this review offered potential learning beyond the specific subject matter, and may provide a 'blueprint' for how learning is disseminated across the organisation. Mr Maynard Davies welcomed the new report format. Referencing page 2, and statements around Interventions Not Normally Undertaken (INNU), he enquired regarding the timescale for work being undertaken by the Task and Finish Group, and whether the financial aspect was being considered by the Core Delivery Group (CDG) . In response, Mr Mark Henwood explained that a great deal of work is underway in relation to INNUs, although there is a move away from this terminology to adopt the principle of 'Evidence Based Interventions'. It should also be noted that the issue may be around when specific interventions are undertaken, not whether they are. Members were assured that the Health Board does not undertake many INNUs, and that focused work is ongoing in this area. Mr Michael Imperato queried whether reference to improvements in operational governance are solely within a clinical context or more wide-ranging. Mrs Wilson clarified that this refers to the Operational Quality, Safety and Experience Sub-Committee (OQSESC) Update Report, and not the Quality, Safety and Experience Committee. The operational structure within the Health Board will be changing, and a consistent approach is required across the organisation. Mr Andrew Carruthers explained that he had issued the final version of the new operational structure on 27 March 2024, adding that this also ties into the more general governance review being undertaken, which it is hoped will come together in April 2024. As indicated, the ambition is for a standardised and consistent approach to governance across the organisation, with it recognised that this is long overdue.	

	With regard to the report format, Mrs Wilson thanked Mr Winston Weir for providing a starting point for the new format and Ms Lewis for agreeing to trial this with QSEC.	
	The Board **NOTED** the QSEC update report, acknowledging matters recorded for Advice and Assurance, and that there were no matters to Alert to the Board, as there are no actions which the Board needs to consider or undertake.	

PM(24)49	**UPDATE ON ANNUAL PLAN 2023/24**	
	Introducing the Annual Plan Update, Mr Lee Davies reminded Members that each Planning Objective is overseen by a specific Board level Committee, stating that a summary of their status is provided within the report. Deep dives relating to Planning Objectives are also conducted within Committees, as required. The Health Board's Planning Objectives are being reviewed ahead of next year. A Closure Report for the 2023/24 Annual Plan will be presented to the May 2024 Public Board. Ms Williams enquired how the Health Board is planning to communicate to the Hywel Dda population what it has achieved and not achieved in respect of the Annual Plan and (in the case of the latter) what has prevented achievement of objectives. Mr Lee Davies indicated that reports to the Board and Committees are intended to provide this information; however, consideration is being given to a public-facing document. Mr Maynard Davies noted that, in the table beginning on page 2 of the report, a number of items are recorded as being 'behind' in terms of current status. Some of these have stated completion dates of Quarter 4, others indicate that they will not be completed. It was queried whether there is confidence that the Quarter 4 completion dates will be achieved, and if not – and for the others – whether the objectives in question will be carried forward to next year. In response, Mr Lee Davies explained that those indicated as behind are not anticipated to meet completion dates. Those not completed will be carried forward in the main; however, there may be specific elements or details which are not. All of this information will be detailed in the Closure Report mentioned earlier. Mr Carruthers suggested that there was a degree of nuance involved. Whilst it may be that a number of actions have been completed or are on track, this may not necessarily have delivered the desired level of performance.	
	The Board **NOTED** the current status of the Planning Objectives for 2023/24.	

PM(24)50	**ANNUAL PLAN 2024/25**	
	Mr Lee Davies presented the Annual Plan 2024/25 report, the contents of which will be familiar to Board Members, as it has been discussed a number of times in various fora. Members were advised that the organisation has been unable to produce a financially-balanced Plan for 2024/25, which represents a breach of statutory duties in relation to both finance and planning. This is recognised as an unacceptable position for the Health Board, and has – in part – led to the organisation being placed into Targeted Intervention by Welsh Government. The Board is, however, committed to address this issue. In addition, the organisation has a number of fragile services, which will potentially require fundamental changes in approach. More positively, there has been a	

reduction in nursing vacancies and an eradication of non-contract agency usage. There have been performance improvements in most areas, and development of the Clinical Services Plan, which appears later on the agenda. It is acknowledged, however, that progress is insufficient, the financial deficit continues and waits for treatment are longer than acceptable. This is partly due to the configuration of the Health Board and its services. Even the Plan as presented does not resolve or sufficiently address all of these issues. It is anticipated, however, that the financial deterioration will be arrested, and that a 'route map' to achieving the Control Total set by Welsh Government will be defined. Development of the Annual Plan has reinforced the importance of the Clinical Services Plan, although even that will not address all concerns. A medium-term clinical model will be required, together with further urgent actions.

Mr Huw Thomas emphasised the extraordinarily challenging financial climate within which the Health Board finds itself operating. He thanked colleagues across the organisation for their resilience and contribution. He also thanked Welsh Government for the financial allocation received which, for the first time, covers the additional costs to which the Health Board is subject. It should also be recognised that Welsh Government has committed to fund centrally the cost of any pay awards agreed. The Health Board is operating in a lower inflationary environment than it has been recently. However, the current deficit is 'inherited' into next year's financial position. Failure to produce a financially-balanced Plan is both a regularity issue and a breach of statutory duty. Cost drivers include Secondary Care patient flow, staffing and drug costs. Whilst a £19m overspend had been 'made good' last year, a £15m overspend is forecast this year. Despite the Health Board's best intention to shift services into the community; resources are shifting in an unplanned way back into our hospital services. In 2014/15 the split was 48% on hospital care and 40% on community services; in 2016/17, 53% on hospital care and 32% on community services; and in 2021/22 57% on hospital care and 29% on community services. Further detail around the Financial Plan can be found from page 33 onwards, with a nominal improvement on the organisation's position. However, the indicated £32m savings requirement presents a significant challenge; currently there is concern that there is a gap between target and deliverable. In proposing a forecast deficit of £64m, Mr Huw Thomas reiterated the recognition that this is an unacceptable position, leaving the Health Board £19.2m above the Control Total set by Welsh Government. One implication is that the organisation will have insufficient cash reserves, which is a risk it will need to manage. It is anticipated that Welsh Government will describe the Health Board's Plan as unacceptable; however, Mr Huw Thomas explained that this is the reason for the wording of the report's Recommendations. There is a need for the Board to approve a Plan, in order for the delegation of budgets across the organisation to take place, to enable the functioning of the Health Board from 1 April 2024.

Ms Williams enquired whether, for those services being outsourced, patient experience feedback is being sought. Also, it was suggested that there is a lack of clarity regarding the implications of the Plan for the general public and patients. An Executive Summary or similar was

	suggested. Ms Williams also queried how the local population has influenced or provided input to the Plan. Mr Lee Davies acknowledged that the version presented is designed for Board and Welsh Government consumption. There are opportunities to consider a more public-facing document, although this has not been attempted previously. In terms of public input, it was emphasised that the Plan is based on risks, complaints and patient experience. Recent engagement processes in relation to the Land Consultation and Paediatric Services have also provided opportunities for more wide-ranging discussions and input from the local population. In terms of the query around outsourced services, Mr Carruthers committed to ensure that feedback was collected, and would liaise with Ms Daniel in this regard. It was emphasised that, whilst within the Plan, it may appear that achievement of certain elements (eg Ministerial Priorities) is not anticipated, the scale of the pressures involved in meeting the Plan as set out should not be underestimated. Whilst it is accepted that the Health Board may not be making the progress it would wish, the Plan is not unambitious, when taking into account the context within which the organisation is operating. Welcoming the Plan, Mr Winston Weir suggested that it reflects the overall challenge being faced by the Health Board, particularly highlighting the risk that the gap between planned and delivered savings could be higher. Returning to the issue of the shift between Secondary and Primary Care and Community Services, Mr Weir suggested that more clarity was required regarding investment in the latter and how the required resources would be 'de-invested' from elsewhere. Mr Huw Thomas assured Members that this issue was a topic of continuous discussion. There has been a reduction in community capacity due to the loss of Care Home, Nursing Home and community beds, which continues to impact on the flow of patients. This is a recognised concern, around which there is an active programme of work; more work is, however, required. In regards to the issue of community capacity, Ms Paterson emphasised the need for clarification around the overall model. The Health Board is seeing individuals with greater acuity coming into the community setting. There needs to be consideration around which activities and services should be moved into the community. It may be that there are Regional Integration Fund (RIF) funded projects which can be 'mainstreamed' to free up RIF monies for other projects. A strategic approach is required. There is also the issue of the new Primary Care contracts, with their shift in care pathways into the community. The resource needs to follow. Members were also reminded of earlier indications of the cost drivers to which the Health Board is subject. It was explained that the acute sites can never close, can never say they are full and can never turn away patients. To absorb the pressures, lower levels of demand are required. Noting that a new operational structure is in the process of being established, Mr Weir requested assurance that this will support the shift in resources between Secondary and Primary Care. In response, Mr Carruthers advised that there was certainly an aim to align this better and to improve accountability to manage the shift. The new structure will facilitate the process, rebalance senior leadership, and give a greater voice to clinicians. Ms Lewis noted the possibility of concern or	**AC**

	confusion around Board potentially approving what has been described as an 'unapprovable' Plan. She felt that it was important to underline the Board's commitment to improving the organisation's position, with this being only the beginning of that process. Approval of the Plan is a procedural requirement, in order to allow budgets to be delegated to budget holders from 1 April 2024. Observing that there may be people who are sceptical about how this Plan differs, Ms Lewis requested details of two key features which distinguish it from previous years. Returning to the issue of shifting resources to Primary Care, and the potential to 'disinvest' Secondary Care during this process, Mrs Chantal Patel suggested that a cost benefit analysis should be conducted prior to any decision-making. Mr Carruthers confirmed that this needs to be worked through as part of the process of planning and assessing community capacity. Members heard that the estimated cost of caring for a patient at home (providing that this is appropriate for the individual in question) is 60% of the equivalent hospital-based care. Highlighting discussions around community-based care, Mr Iwan Thomas emphasised the potential role of community partners. As mentioned by Ms Paterson, there have been innovative projects developed via RIF, for example, which may offer cost savings. The potential contribution of Third Sector organisations should also be explored. Whilst there is a clear commitment to co-production, this should be equally clearly communicated. The general public is 'the silent majority', and need to be engaged with, not just 'the vocal minority'. There is a need for long-term solutions rather than short-term reactions, and this approach should be emphasised. Agreeing, Ms Williams highlighted findings of the recent Llais 'Healthier and Happier Communities' report, which suggests that people want access to more services in communities. Dr Ardiana Gjini emphasised the need to be realistic regarding the potential to reduce costs by shifting services into the community. The scale of savings made possible by such a move will not be sufficient to meet financial requirements or remain within the financial envelope set by Welsh Government. However, partnership working will be extremely important in reducing lengths of stay in hospital, etc. Echoing Ms Lewis' earlier comments, Mr Imperato wondered whether there was a way in which the Board's unease around approving the Plan, whilst recognising the scrutiny undertaken, could be captured. In response, Mrs Hardisty explained that she was proposing alterations to the recommendations which would, hopefully, achieve this. With regard to the recommendations, Mr Huw Thomas highlighted mention of a 'novel or contentious action' which would require an Accountable Officer letter to Welsh Government; steps would also be taken to try to capture the Board's concerns within this correspondence. Professor Kloer acknowledged the seriousness of the Health Board's position, and that failure to deliver a financially-balanced Plan represents a breach of its statutory duties. Whilst the proposed deficit is intended to arrest the organisation's financial decline, it does not achieve the Control Total set by Welsh Government and Members are correct to highlight the gravity of the situation. As has been indicated, there are risks in even achieving a financial deficit of less than £70m. Professor Kloer reminded Members	**HT**

	that the Health Board is in Targeted Intervention, and suggested that it should welcome and utilise the additional support from Welsh Government which this attracts. As has been stated, the Plan describes the organisation's first steps towards addressing its position. Responding to Ms Lewis' query, Professor Kloer felt that the differences between this and previous plans were: • A different mindset among the Board and wider organisation – a willingness and determination to tackle the challenges. There will be a need to face difficult decisions around waste, harm and better use of resources. Certain programmes of work, for example the Clinical Services Plan, will take the organisation into decisions around individual services • The new operational structure, including a focus on clinical leadership and quality governance arrangements. Also the new performance framework, executive governance and Clinical Services Plan. All will set different levels of expectation • The first quarter of the year is crucial. In previous years, it has proved difficult to achieve what is required, sufficiently early In the first part of 2024/25, the Health Board needs to identify a 'route map' to achieving the Control Total within the next two years, to be guided by improving the quality of services. The Llais representative has made a good point regarding a public-facing Plan, the document produced thus far is – necessarily – rather technical. The Accountable Officer letter mentioned has been drafted and, as indicated, Board approval of the Plan will allow the organisation to delegate agreed budgets at the beginning of the year. Mrs Hardisty concluded discussions by thanking those involved in producing the Annual Plan. Members' attention was then drawn to the amended recommendations shown below.	
	The Board: • **NOTED** with significant concern that the financial plan does not deliver against our breakeven duty, **RECOGNISED** that this will mean that the Health Board is in breach of its statutory duties and will consequently receive a qualified regularity opinion and **NOTED** the determination to make progress to address this. • **NOTED** that the approval of a deficit plan represents a novel or contentious action, which will require formal Accountable Officer communication with Welsh Government. • **NOTED** that the financial plan will lead to a cash deficit which, as yet, has no coverage agreed from Welsh Government and that there is a risk to the Health Board's cash position which will arise in Month 11/12. • **RECOGNISED** that the financial plan is in excess of our control total of £44.8m. This is not an acceptable position and will require urgent action over quarter one of the financial year to provide an acceptable trajectory route map over the coming two-year period back to our control total. • **APPROVED** the delegation of budgets from the Chief Executive to budget managers across the organisation, to enable the functioning of the Health Board from 1 April 2024.	

	• **ENDORSED** the submission of the annual plan to Welsh Government, in line with the NHS Wales Act 2006, which mandates Health Boards to develop plans to improve the health of the population, improve the quality of healthcare services and integrate health and social care planning; whilst **RECOGNISING** that the financial deficit of the Health Board remains unacceptable as noted above. • **ENDORSED** the exploration and development of the medium-term clinical model, understanding that this will need to navigate existing constraints while striving for service sustainability and resilience and requires engagement with our public, partners and community groups.	

PM(24)51	**IMPLEMENTING THE 'A HEALTHIER MID AND WEST WALES' STRATEGY**	
	Mr Lee Davies introduced the Implementing the 'A Healthier Mid and West Wales (AHMWW)' Strategy report, noting that further correspondence has been received from Welsh Government. The report provides an update on Strategic Outline Case (SOC) development and the latest status relating to the Nuffield Trust Review of the Health Board's clinical strategy. With regard to the former, the in-person meeting between the Health Board, Welsh Government and Shared Services referenced in the report will take place on 22 April 2024. Reference the latter, the Health Board still awaits receipt of the final Nuffield Trust report from Welsh Government, which has been followed-up on a number of occasions. This report will, when received, go through the Board governance structure via the relevant Committee. Referencing page 3 of the report and the Organisational Risks, specifically Principal Risk 1196 and its risk score of 16, Mr Maynard Davies requested assurance around whether this score was appropriate and its fundamental implications. In response, Members heard that the risk in relation to insufficient investment in facilities/equipment/digital infrastructure had been identified and attracted a relatively high risk score. This score had been reviewed, given that the Health Board is facing significant delays in implementing its long-term plans, with the status of the AHMWW Programme Business Case. Consideration had been given to whether the risk score needed to be increased. As there have also been more positive developments in terms of investment into the Health Board's current estate (with investment into the highest risk areas) it had been determined that, on balance, the risk score of 16 remained appropriate.	
	The Board: • **NOTED** the approach being adopted to address the next steps required by WG as set out in their correspondence of the 18 December 2023 • **NOTED** that liaison will be required on the communications relating to the Nuffield Trust review on receipt of the final report and the work that will be required to present to IIB the actions taken or required in relation to the report's recommendations. • **NOTED** the role of the programme SRO and the decision to appoint the Director of Strategy and Planning into this position.	

	• **NOTED** that the Principal Risk 1196 has been the subject of review and the risk score remains at 16.	

PM(24)52	**FINANCIAL REPORT**	
	Presenting the Financial Report for Month 11 2023/24, Mr Huw Thomas noted that there had already been a discussion around the Health Board's financial position. the organisation remains on track to deliver the forecast deficit. The ongoing risk in relation to Industrial Action is being managed. In terms of the cash position, this has been mitigated by delaying certain payments, whilst prioritising those to staff and local businesses. There has been a certain amount of slippage noted in terms of savings scheme delivery. The RAG rating for capital is green, although with Welsh Government having recently increased the Capital Resource Limit (CRL), there is now a risk of an underspend. On page 4 of the main report, the trend of expenditure reflects the degree of slippage. There has been positive news around Primary Care prescribing, which has underspent against forecast; however, Secondary Care drugs cost continue their upward trajectory. Some of this can be attributed to Oncology, where both the cost of drugs and number of patients has increased. On page 10, increased agency rates of pay and fill rates is identified; more work is required to evaluate whether this is temporary or a trend and (if the latter) the driver behind it. Also of concern and requiring more focus is medical locum usage. Members heard that a contract for a medical rostering system has been awarded, which should lead to more effective rota management and provision of data. Cllr. Evans requested clarity around the potential impact of the new rostering system. In response, Mr Huw Thomas explained that, whilst the scale of opportunity was difficult to quantify at this point in time, any action which can be taken to reduce reliance on locum staff was positive. The system should provide greater visibility, grip and control and intelligence. Mr Weir advised that, whilst discussions at the most recent SRC had included the impact of external factors on the Health Board's financial position, 'green shoots' of improvement had also been noted, including the reduction in agency usage. He enquired whether it is anticipated that such improvements can be sustained. Mr Huw Thomas agreed that there has been positive work around nurse agency spend. Contributing factors have included the overseas nurse programme and encouraging agency workers to apply for substantive posts with the Health Board. In medicines management, actions are also underway to transition from branded to generic medications. Further work is required around medical agency spend, particularly high-cost locum staff. The position is pressured by use of beds and patient flow; admission avoidance and earlier discharge is key. Mr Weir reported that the SRG had received information from the Core Delivery Group that digitalisation of the switchboard system has produced £200k savings; he felt that such contributions should be recognised.	
	The Board: • **NOTED** the financial position as at Month 11, the forecast for the year and the cash position. • **NOTED** that the financial position is unacceptable, given that the outturn forecast of £66m is in excess of our control total of £44.8m.	

	• **NOTED** that the deficit in this financial year represents a challenge which will be carried forward into the next financial year and the financial plan. Within this, since the financial plan is based on our position at Month 9, further deterioration in our position in a small number of directorates will represent a further recovery challenge in the next financial year. • **NOTED** that financial recovery to breakeven is a key requirement for the Health Board in order to meet our statutory breakeven duty, and that improvement to the £44.8m control total would be a first step in this journey. • **DISCUSSED** the consequences of the analysis included within this report on our financial position.	

PM(24)53	**TEMPORARY WORKFORCE UTILISATION**	
	Mrs Lisa Gostling introduced the inaugural version of this report, which was in response to a Welsh Health Circular (WHC) issued by Welsh Government. Baseline data was submitted to Welsh Government in January 2024, which is presented today by way of a report. It is intended to provide an update (rather than full report) to each future Board meeting. Mrs Gostling is the Health Board Executive Lead for this exercise, with nursing and medical leads also appointed. The highest cost temporary workforce usage and cost is being analysed, with alternatives being explored. A service-by-service RAG rating process has taken place to inform this analysis. It is pleasing to note that a number of nursing agency staff have joined the Health Board as substantive staff. Mrs Gostling recognised, however, that there are challenges involved in reducing agency staff usage in certain areas. Noting the significant variation evident in the report, Ms Raynsford enquired whether the Health Board is 'paying a premium' in certain specialties and whether the quality provided by agency and locum staff is measured, in terms of both care and value for money. In response, Mrs Gostling suggested that the Health Board's location in west Wales does drive usage and costs to a certain extent. This is generated by various factors; more gaps in medical student placements, for example. Regional metrics produced on an All Wales basis around the percentage of pay bill spent on variable workforce, however, suggest that in a number of areas, HDdUHB is not the highest-spending Health Board. Whilst in the nursing staff group, HDdUHB's spend is the highest of six Health Boards, in the medical staff group, it is third, and in all other staff groups it is either lowest or at the lower end. This demonstrates that other Health Boards are also having to utilise agency staff at significant levels. In response to the query around quality of care, Ms Daniel acknowledged that this is a risk. It is possible to an extent to predict the requirement for temporary staff when preparing rotas, and (wherever possible) managers attempt to ensure continuity. Members were assured that quality governance indicators and outcome metrics are employed, and that Directorate Improving Together Sessions are utilised for monitoring. Mr Henwood advised that all medical locums are appointed via appropriate processes and possess the requisite training and qualifications. The governance structure is as described, and also appropriate. Certain locum staff are with the Health Board on a long-term basis, and become part of the team. However, it was emphasised	

	that substantive employees provide 'added value' such as participation in audits, training and supervision, which locum staff do not. In response to a query around the reasons for temporary staff usage, and whether this is related particularly to staff sickness absence or recruitment challenges, Mrs Gostling advised that the reasons are multiple. The organisation is seeing higher sickness rates than pre COVID-19, and does have a number of vacancies. The exercise behind the report being discussed has examined this matter, and has also revealed issues around data quality, which it will serve to address. The action plan being implemented will explore the reasons behind regular locum staff usage. Mrs Patel reported that she had met a number of agency nurses during her visits within the Health Board, and one reason they give for working for an agency is that they have more control over when and where they work. She enquired whether there might be options in this regard which could be explored, to attract more staff to substantive posts. Mrs Gostling confirmed that this area forms part of the work being undertaken with Trade Unions and the Staff Partnership Forum; considering flexible working patterns to reduce agency staff usage. Whilst pleased to note that a number of agency nurses are joining as Bank or permanent employees, Cllr. Evans enquired whether there is an issue with agency staff being booked well in advance. Ms Daniel advised that there is no automatic process to book agency staff in advance; the default is to book them as close to the need as possible. However, there are instances when they do need to be booked in advance. If this is the case, a Quality Impact Assessment is undertaken. Mr Weir noted that the report outlines that a number of agencies are used, with some showing low spends and others appearing to be 'one offs'. He enquired whether CDG is examining the number of agencies being used and whether this can be reduced. Mr Weir also observed that certain entries have no agency recorded, suggesting that this needs to be addressed for reasons of grip and control. In response to the first comment, Mrs Gostling explained that the Health Board is part of an All Wales framework for agency usage, which helps in ensuring that staff can be secured when they are needed. In terms of limited usage of specific agencies, a deep dive had been conducted by the Task and Finish Group. Members were informed that work is being undertaken with various teams to examine the substantive workforce and consider the implications of reducing or eliminating agency. Ms Eleanor Marks welcomed the useful report, which contains a great deal of underlying baseline data. She enquired whether those vacancies which consistently prove difficult to fill are being examined. Mrs Gostling confirmed that such work is being undertaken and that this will contribute to future workforce planning. Finally, it was highlighted that there are examples of 'good' variable pay, for example when individuals want the flexibility to access their pension but continue working for the Nurse Bank. Such examples cost the organisation less than the substantive equivalent.	
	The Board **EXAMINED** the information contained within the Temporary Workforce Utilisation report and **NOTED** the actions which will be progressed via the Core Delivery Group.	

PM(24)54	**IMPROVING PATIENT EXPERIENCE REPORT AND IMPROVING PEOPLE AND COMMUNITY EXPERIENCE CHARTER**	
	Ms Daniel presented the Improving Patient Experience Report and Improving People and Community Experience Charter, beginning with the latter. Members heard that the original Charter had been produced in 2020 and informs training and development programmes. It has been updated and is presented for the Board's approval. Implementation will be overseen by the Listening and Learning Sub-Committee (LLSC). The Charter has been co-produced with Llais and has been considered by QSEC. The Improving Patient Experience report covers the period December 2023 to January 2024, and includes feedback received via the Civica Friends and Family Test (FFT), All Wales survey and other mechanisms. Whilst a 14% response rate to the FFT system may seem low, it equates to 5,700 individuals, which is in line with nationally reported response rates and is the highest among the Health Boards in Wales. Returning to an earlier comment regarding patient experience in relation to outsourced services, Ms Daniel committed to explore options in terms of feedback mechanisms as part of the patient journey. Members were assured that the report utilises the most up to date Civica system and this to its fullest extent. There have, however, been issues around triangulation of data. A system upgrade is due in April 2024 which it is hoped will allow greater interrogation of data at a more granular level. It is also intended to utilise Artificial Intelligence (AI) to assist with this data interrogation, with the aim of creating dashboards and developing new metrics. Referencing the 5,700 FFT responders, Ms Marks enquired whether this is a 'self-selecting' group, providing largely positive feedback; what actions are taken as regards the less positive feedback, and what steps could be taken to hear from more individuals. Whilst noting that the organisation employs a broad range of feedback mechanisms Ms Marks clarified that it was those individuals who fall 'in between' the very positive and very negative feedback to which she is referring. Ms Daniel advised that the Health Board is starting to obtain feedback from outside Secondary Care services, working for example with the Managed Practices. It is intended to roll out feedback systems to other GP surgeries. In terms of learning from feedback, there are processes in place via the LLSC, which receives reports, considers themes and disseminates learning. In respect of the 'in between' group, Ms Williams suggested that consideration be given to obtaining feedback via the Health Board's Communication Hub. Returning to the Charter, she enquired how the Health Board will communicate its existence to the public and what it means in terms of expectations. Also, noting the Charter's reference to language needs, whether it will be translated into other languages. Finally, where it will be displayed and whether it will be circulated with appointment letters, for example. Ms Daniel emphasised that this is not a new Charter, it is being relaunched. Whilst agreeing that it would be beneficial to issue it proactively, digital would be the preferred option. Ms Williams suggested that it could also be displayed in clinics and GP surgeries, for example. Referencing page 27 of the main report, Mr Maynard Davies noted that only 17 responses had been received in Community and Primary Care.	**SD**

	Noting that this is an area with many patient contacts, he queried whether this could be improved. Ms Paterson explained that the responses are only from Managed Practices, although it was emphasised that GP surgeries are contractually obligated to participate in the All Wales patient survey for 75 patients per 1,000 and produce a report based upon this data. Other methods of engagement are also utilised. In terms of Community Services, Ms Daniel committed to check regarding access to the Civica system. Ms Williams advised that Llais have one year's worth of raw data on people's experience of the NHS and Social Care, which they will be sharing with the Health Board. Ms Raynsford wished to focus on the 'Poor' and 'Very Poor' responses, noting that a number of these relate to Outpatients. She enquired whether these are likely to directly result from recent Industrial Action, or whether there is another reason. Ms Daniel suggested that Outpatients is a main point of contact for patients, and therefore attracts some negative feedback around issues such as waiting times and car parking. Welcoming this context, Ms Raynsford felt that this should be clarified in the report – when patient concerns centre around environment rather than care. Ms Daniel hoped that such nuances will be made clearer as part of the new system upgrade. Whilst commending the report, Cllr. Evans noted that 24 new complaints have been received relating to the attitude and behaviour of staff. He emphasised that any poor attitude or behaviour needs to be addressed promptly, and enquired regarding the process. Ms Daniel agreed that the ambition would be to resolve any such instances at an early point, before they are formally escalated. Themes can be and are included as part of the Learning and Development programme. Professor Kloer recognised the need to increase response rates and to increase the breadth of patient experience evaluated. Whilst the majority of patients are rating their experience positively, there are 500 who are not, just within the two month period covered by this report. This represents a significant number. On pages 21-23 of the main report, concerns are being expressed regarding the environment in which they receive care – this should be given the attention it deserves. The public are not having positive experiences in the Health Board's A&E departments in particular, and this needs to be addressed. Variability between departments also requires consideration.	**SD** **SD**
	The Board: • **RECEIVED** the Improving Patient Experience report, which highlights to patients and to the public the main themes arising from patient feedback. • **APPROVED** the revised Improving People and Community Charter.	

PM(24)55	**INTEGRATED PERFORMANCE ASSURANCE REPORT**	
	Mr Huw Thomas introduced the Integrated Performance Assurance Report (IPAR) for Month of 11 2023/24, noting positive news around improvements in Diagnostics performance and, in Planned Care, trajectories met in all key Referral to Treatment Time (RTT) metrics. Breaches are down to levels not seen since August 2021. The percentage of patients aged 60+ with a hip fracture receiving Orthogeriatrician assessments within 72 hours has improved to 88.3% compliance, the best recorded since November 2021. Patient	

	experience measures have also improved since January 2024, although the figure for complaints has deteriorated and is at its highest level; this probably reflects the lower levels of patient satisfaction from January. In Unscheduled Care, breaches in 4 hour and 1 hour ambulance handover targets remain a concern, as do A&E waits. The latest data shows 212 Delayed Pathways of Care (DPOC) across the system. Therapies remains a challenged position, which is evidenced within the data presented. There is an increase in the backlog in Cancer Care, with a particular issue in Urology, and the Single Cancer Pathway performance of 49% is a deterioration from previously. Numbers of C.difficile and E.coli cases remain an issue compared with the rest of Wales, although they show an improvement from last year. In Mental Health, the target relating to 1A and 1B measures has been met; however, therapy wait performance is well below target, as does performance against the target in relation to Neurodevelopmental Assessments. Ms Williams wished to highlight waits in Ophthalmology, advising that Llais has undertaken a two month exercise assessing the impact of these on people's lives. Llais is also planning to explore whether individuals on waiting lists can be 'signposted' to other organisations, including the Third Sector, to provide support. This will begin in May 2024. Mrs Hardisty welcomed this helpful update. With regard to the DPOC figures, Ms Lewis noted that the position in Carmarthenshire is significantly worse, requested clarification around the drivers for this and information about the actions being taken. Also, observing that the performance in relation to Neurodevelopmental Assessments is not improving, Ms Lewis enquired whether anything further can be done. Responding to the latter, Mr Carruthers agreed that this represents one of the most challenging service areas, with a significant imbalance between demand and capacity. This is a service area originally escalated in Enhanced Measures. Members were reminded that a national review has been undertaken, and heard that a policy document has been issued. Welsh Government is of the opinion that this represents a more strategic issue, requiring an All Wales approach. Locally, however, the Health Board is taking all possible steps to improve the position. Mrs Hardisty noted the recent appointment of a new Minister for Mental Health and Early Years, suggesting that this may result in a new focus on Neurodevelopmental Assessments. In terms of DPOC, Mr Carruthers advised that there is a correlation between the deterioration in Urgent and Emergency Care performance, increased Lengths of Stay and increase in Pathways of Care delays. He suggested that this topic needs to be revisited at the Regional Partnership Board Integrated Executive Group (IEG). Ms Paterson agreed that discussions at IEG are required, noting that Welsh Government consistently raises this as an issue. The Hywel Dda region continues to see closures of Care Homes and a shortage of Domiciliary Care provision. The issue of Trusted Assessors also remains a theme; whilst this role addresses those at lower levels of acuity, it is not impacting significantly on numbers. Referencing figures for Therapies waits of 14 weeks or more, Mr James Severs advised that the Health Board had approached colleagues within Welsh Government Informatics and Data Standards at Digital Health and Care Wales (DHCW) to	**AC**

	ensure compliance with reporting requirements. During this process, it had been identified that there are inconsistencies across Wales around how weight management and dietetics services are reported. Referencing the figure on page 20 of the main report, and the figure of 1,265 for Dietetics, Mr Severs was able to confirm that only 19 of these patients require dietetic support. There has been an unfortunate misrepresentation in reporting, which has overstated the Health Board's 'poor' position in terms of waits. The reporting standards will be changed from April 2024 to address this issue. Mr Severs wished to emphasise, however, that the remaining 1,246 patients are likely to present elsewhere in the system. The approach for Audiology reporting will also change, with these patients reported separately. Members heard that there will be an apparently dramatic reduction in Therapy waiting lists of approximately 1,425; however, should note the rationale behind this. Ms Williams emphasised the importance of continued communication with patients on waiting lists. Welcoming the information around data and reporting standards, Cllr. Evans queried whether it is possible that other figures are being reported inconsistently, with this potentially 'doing a disservice' to the Health Board's performance. Mr Huw Thomas responded that he was not aware of any widespread or systemic issues in this regard. Noting that performance in Cancer Care was well below target, Mrs Hardisty requested assurance that this was being addressed. Mr Carruthers recognised that this is a significantly important service and that the levels of performance being seen are disappointing. Also disappointing are the access to services and experience of patients, particularly in view of the efforts made by staff to improve the situation. Actions are being taken, there is confidence that these are the correct actions and that perseverance will be key. Performance in three cancer pathways in particular are of concern – Lower GI/Colorectal, Skin and Lung; all directly linked with recent Industrial Action. Fewer patients have been treated during the Industrial Action, and those patients treated are in the group who have waited longest anyway. A focus is required on this area. Mr Carruthers was confident that the challenges in the Skin Cancer pathway will be resolved by the end of March 2024 and those in Colorectal are improving. The Urology pathway is also an issue, representing 30% of all breaches. There will probably be a requirement to prioritise Planned Care funding to address the issues in this area, although it will take time to put in place the additional capacity required. In response to a query around whether those patients waiting for treatment in tertiary services are included in the waiting list figures, Mr Carruthers confirmed that they are. However, access to tertiary services is not driving the performance issues, with these patients being approximately one-third of the total. Whilst Members were assured that this topic is discussed in detail on a regular basis, it was agreed that it would be added to the QSEC Workplan for the forthcoming year. Mr Carruthers reassured Members and the public that the Health Board is treating more cancer patients than ever before. Mrs Hardisty enquired how much the COVID-19 pandemic has impacted, in terms of delays to treatment and unmet needs. Whilst Mr Carruthers stated that he would	**SD**

	not want to suggest that this is driving the current challenge, the pandemic has led to more acute presentation or more advanced presentation within the patient cohort. He agreed to examine this in more detail as part of the above report to QSEC. Focusing on infection rates, Ms Raynsford noted that C.difficile and E.coli cases remain higher than neighbouring Health Boards, and enquired why this might be. Ms Daniel indicated that E.coli is known to have a high community burden within Hywel Dda (84% versus 77% nationally). This has been examined from an epidemiological perspective, with the region's coastal geography, farming prevalence and comorbidities being considered as potential risk factors. It should also be recognised that the Health Board has an effective screening programme, with higher numbers of blood cultures taken, which will only serve to identify more cases. C.difficile has seen a reduction in cases locally, with most Health Boards having seen an increase. This infection shows a 50:50 split between hospital and community acquired and there is a focus on reducing the former, which has multifactorial causes, including antibiotic stewardship and handwashing practices. Again, it was suggested that this topic be discussed in more detail at QSEC. Dr Gjini highlighted that HDdUHB treats patients from other areas, and that rural areas tend to have a higher number of private water supplies, which may be a contributing factor. In regards to specific escalated status measures, in Urgent and Emergency Care, Mr Carruthers highlighted the experience of patients in A&E departments, and apologised for this, together with delays. Members heard that internal business continuity incidents have been declared at three of the Health Board's sites since the previous Board meeting, with the level of pressure being experienced different to that seen before. There is work required around Length of Stay and Frail Elderly admissions. For the first 9 months of the year, the situation has always been better than the same time the previous year; for the last 3 months, it has been consistently worse. Mr Carruthers went on to provide an update on Planned Care performance to the end of March 2024, which has demonstrated progress since the report was produced. Figures in relation to waits of over 52 weeks and 104 weeks were outlined; recent Industrial Action has impacted significantly on these, with approximately 2,500 Outpatients appointments lost. Mr Carruthers also advised on improvements in those waiting for more than 3 and 4 years for treatment, which were predominantly Vascular and Orthopaedic patients. There is a capacity gap in Orthopaedics; however, this is being closed constantly with the work taking place in this specialty. Mrs Hardisty emphasised that the work involved in addressing these areas is not underestimated, and thanked all of the staff and teams involved for their contribution.	**AC** **SD**
	The Board **NOTED** the data within the IPAR – Month 11 2023/2024.	

PM(24)56	**OPERATIONAL UPDATE**	
	Mr Carruthers presented the Operational Update report, conscious that this had been developed originally during the COVID-19 pandemic, to offer a sense of the actions being taken by the Health Board during that time. There is now, however, a potential overlap with other Board	

	reports, and Mr Carruthers would welcome a discussion around the future of the Operational Update report going forward. Highlighting the work in respect of the Orthopaedic 'Perfect Month' initiative outlined on page 2, Mr Carruthers indicated that the organisation is back to levels of Orthopaedic activity previously seen in 2019/20 (pre COVID-19). A great deal of planning had been committed to this initiative, and it was pleasing to see the levels of engagement and enthusiasm among staff. Whilst levels of lists were up, utilisation of facilities and productivity could also rise. In an update on Section 136 provision, Mr Carruthers advised that a review of services had previously been commissioned and considered by QSEC. Work is now being undertaken to define service model options, with the next steps outlined on page 14 of the report being implemented. There will be a period of public engagement and a report to the July 2024 Public Board meeting. Referencing the figures for Urology in the table on page 4, Mr Maynard Davies queried why the number of patients waiting more than 4 years had risen, given the investment in this specialty. Mr Carruthers explained that this is due to additional challenges during the year which had impacted on the starting point. It was emphasised that the backlog of longest-wating patients has been cleared. Noting that the Primary Care Dashboard has been developed in conjunction with the Managed Practices, Mr Maynard Davies enquired whether the intention is to roll this out across the Health Board. in response, Ms Paterson advised that the intention is for an All Wales Primary Care Dashboard; however, certain permissions will need to be requested before this is possible. Highlighting information regarding Industrial Action, Mrs Hardisty queried whether the organisation has a clear sense of the impact, and whether the outcome of the BMA ballots for Specialist, Associate Specialist and Speciality (SAS) Doctors and Consultants has been announced. With regard to the first query, Members were advised that data regarding the impact of Industrial Action is collected in 'real time' and that collated data should be available the week commencing 1 April 2024. In respect of the second query, information has been received today around definitions of cover for the planned period of Industrial Action in April 2024.	
	The Board: • **RECEIVED** the operational update and progress report. • **NOTED** the intention to engage with the public on service model options which respond to the review of s136 services in the Health Board and **AGREED** to receive an update paper in July 2024.	

PM(24)57	**CLINICAL SERVICES PLAN ISSUES PAPER INCORPORATING PRIMARY CARE AND COMMUNITY STRATEGY**	
	Mr Ben Rogers joined the Board meeting. Members were reminded of preceding discussions, which have recognised the potential impact of the Clinical Services Plan going forward. Mr Ben Rogers was welcomed to the meeting and Mr Lee Davies introduced the Clinical Services Plan Update report which, as indicated, represents a significant piece of work for the Health Board. All Members of the Board will appreciate that the organisation has a number of fragile services, as referenced in earlier agenda items, and will also recognise that the Health Board's rurality, workforce deficit and	

	condition of estate present significant challenges. The report provided today represents the closure of Phase 1 of the Clinical Services Plan, and sets out in detail the findings of this and the methodology intended for Phase 2. It is recommended that all services be taken into Phase 2. This includes development of options, the process for which is also outlined within the report, and which involves a challenging timetable. During the process, it has been identified that development of a Primary Care and Community Services Strategy will require a similar, although slightly different approach. Mr Lee Davies informed Members that the Health Board is in the process of establishing revised governance arrangements, with one group to be responsible for overseeing the Clinical Services Plan and other strategic plans. In summary, this is clearly an important programme of work, with a substantial amount already completed and a great deal more planned. Mr Lee Davies thanked all teams, including clinical services for their input, and thanked the Transformation Programme Office staff for their contribution. Ms Ann Murphy requested assurance that staff are represented in all elements of the Clinical Services Plan process and that the Staff Partnership Forum is involved, to ensure that all Trade Unions are kept informed. Mr Lee Davies confirmed that regular updates have been presented to the Staff Partnership Forum and that Trade Union representation is included in the options development. The majority of staff who will be involved in the process will be staff. Mr Ben Rogers advised that 70+ staff had attended the options development sessions, including high-level clinical staff. Service users and other stakeholders will also be involved in the 'check and challenge' process, and the Staff User Group for this will be the same as for earlier engagement. Mrs Gostling assured Members that staff will be fully engaged with, stating that the agenda order for the Staff Partnership Forum is to be changed, to better facilitate this. Noting that the importance of the Clinical Services Plan comes across very clearly, Ms Marks enquired regarding timelines for the Primary Care and Community Services Strategy work. Professor Kloer advised that when the Health Board first developed its Health and Care Strategy in 2018, this was recognised as an area requiring particular focus. The challenges involved in investing in Primary and Community Services were also acknowledged. Work undertaken during the last year has confirmed the complex and multifactorial nature of this. Timelines have been provided previously; however, further clarity is required around these and Professor Kloer would be meeting with Mr Lee Davies and Ms Paterson in the near future and a date would be clarified following. Ms Williams emphasised the importance of communication with the local population. Noting the intention to develop an interim plan prior to the opening of the new hospital, she enquired whether this will be revisited should capital funding not materialise. In response, Mr Lee Davies clarified that the intention was to develop a medium term plan, not an interim plan, for the next 3-5 years, to manage the fragilities in services which are likely to surface in that timeframe (or those which have already done so). Irrespective of, and separate to longer-term plans, there is an urgent need to take action to address these fragilities.	**PK**

	Drawing discussion to a close, Mrs Hardisty commended the extensive and detailed document, thanking those involved in its preparation. It was agreed that consideration would be given to a public-facing version. *Mr Ben Rogers left the Board meeting.*	**LD/AHM**
	The Board: • **NOTED** that the Clinical Services Plan programme is progressing in line with the Board agreed plan • **AGREED** for all nine services (excluding Primary Care and Community Services) to move to Phase 2 of the Clinical Services Plan programme • **AGREED** that Primary Care at this stage will become a separate piece of work managed through its own governance structure, focussing on the development of a Primary Care and Community Services Strategy • **TOOK ASSURANCE** on the methodology for Phase 2 of the programme • **NOTED** the risks identified by the programme for Phase 2 and Phase 3 of the Clinical Services Plan	

PM(24)58	**BOARD ASSURANCE FRAMEWORK**	
	Mrs Wilson introduced the Board Assurance Framework (BAF), reminding Members that outcome measures and principal risks are reviewed by the Executive Team. Planning Objectives have been discussed as part of an earlier agenda item. Mr Maynard Davies highlighted statements on page 3 of the report around Strategic Objective 4, expressing concern that certain dates go back to 2022 and 2019, and querying how the mental wellbeing score is calculated, and the importance of the percentage of people agreeing they belong to the area. Mr Huw Thomas explained that this was based on publicly-available data, which is relatively crude. It also derives from national work, which is delayed. The Health Board is limited by the frequency at which such data is available to it, and should perhaps reflect on whether it is appropriate or sufficient. In terms of the mental wellbeing score, Dr Gjini indicated that this is based on a national survey conducted in 2018/19 and reiterated that the Health Board relies on national data sources for certain information. She did not feel that certain of the indicators within the BAF provide sufficient assurance, suggesting that they should be reviewed. In response to a comment that A Regional Collaboration for Health (ARCH) has recently published a Population Needs Assessment, it was clarified that this is a Health Needs Assessment and only represents a 'snapshot' of data. Professor Kloer reminded Members that the number of Planning Objectives is being reduced; however, there has not yet been a similar review of Strategic Objectives. In view of the Health Board's other priorities and the fact that a new Chair is joining shortly, the organisation will continue with the current six Strategic Objectives for the time being.	
	The Board **TOOK ASSURANCE** on areas giving rise to specific concerns.	

PM(24)59	LAUGHARNE BRANCH SURGERY	
	Ms Paterson presented the Laugharne Branch Surgery report, which consisted of a number of documents requiring consideration. By way of background, Members heard that the Health Board had received in September 2023 an application from the Coach and Horses Surgery to close their branch surgery in Laugharne. The Partners have had various concerns leading to the request to close the surgery. The surgery has provided no GP appointments since the COVID-19 pandemic began. It should be noted that approximately one third of the patients served by this Practice live nearer to the Laugharne branch surgery than the main surgery in St Clears. Following receipt of the request, the appropriate engagement exercise with the patient population was undertaken, and Ms Paterson wished to thank them for their positive engagement with the Health Board. Thanks were also extended to Llais, the Communications and Engagement team and the Practice staff. The engagement period had been extended, with a second engagement event held. Various other opportunities and mechanisms for feedback were provided. A petition objecting to the closure had also been received, signed by approximately 1,000 people. Members of the Branch Surgery Closure Panel held on 27 February 2024 were split in their recommendation to the Primary Care Contracts Review Group (PCCRG). One of the key issues in arriving at a decision to support the application at that time was around the importance of maintaining a presence in the community, and how this would be provided. This issue was significant in the discussions of the PCCRG, who undertook fresh consideration of all the evidence, including the engagement feedback, the petition submission, the Practice view, etc. Following this, the PCCRG was not able to take assurance that services could be continued without the branch surgery, and the Practice was unable to provide assurance regarding reprovision of services within the main surgery, or around maintaining a presence in the community. On balance, therefore, it is recommended that the application to close Laugharne Branch Surgery is declined. This is on the basis that a large proportion of the population served live locally to the branch surgery, that important services are provided there, the Equality Impact Assessment demonstrates that those who would be most affected by the closure are older and disabled members of the population. Whilst not available at the time of, or considered as part of this process, it should be noted that a report has recently been issued by the Older People's Commissioner for Wales entitled ‘Access Denied’, which is relevant to discussions. Whilst the Board may recommend the application be declined, it is acknowledged that GP appointments would continue on the Practice’s main site. Ms Paterson emphasised the commitment to work with the Practice to consider options going forward. Finally, whilst the process undertaken was robust, it is recommended that the Primary Care decision-making arrangements be reviewed and streamlined. Ms Williams agreed with all of Ms Paterson’s comments, emphasising that there is a strong passion within the community for their surgery and a commitment to work with the Practice to safeguard its future. It is the first such application where a high proportion of patients live locally, and the community includes an increasing older population. In response to a	

	query from Mr Imperato around the vision and future model for Primary Care going forward, Ms Paterson emphasised that the sustainability of GMS is an absolute priority. The Practice sustainability score, as indicated in the report, is very low compared with others, which was also taken into account during the process. A different Practice, whose application to close had also been declined, is now flourishing since making changes. It is felt that there are options to consider providing other services within Laugharne Surgery, and other uses of the building. These would need to be discussed with the Practice, as it would have been inappropriate to prejudge the Board's decision. It is recognised, however, that there are likely to be similar situations with other Practices going forward, and that in making such decisions, the issue of transport and access is likely to be key. Conversely, such situations can generate opportunities for new ways of working, including greater use of technology and partnership working for example. Mrs Hardisty agreed that such matters fit with the future strategy, whereby facilities become community assets. The recommendations were agreed, with the caveats therein noted. It was requested that the outcome of the review into decision-making arrangements be presented to the July 2024 Board. Also, should a similar situation arise in the interim, that the Corporate Governance team be involved, in the absence of a finalised revised process. Mrs Hardisty wished to thank in particular the members of the public who had attended for this item.	**JP**
	The Board: • **NOTED** the process that has been undertaken including the level of response from the public engagement programme and the submission from Llais. • **NOTED** that, in coming to a conclusion, there has been a divide in views from panel and PCCRG members. • **APPROVED** the recommendation that, on the balance of information presented, the Branch Surgery closure application be declined, subject to further work with the Practice around their future model for the delivery of General Medical Services. • **REQUESTED** a review of the Primary Care decision-making arrangements, in order to streamline the process, to report to the July 2024 Board meeting.	

PM(24)60	**TUMBLE AND CROSS HANDS SURGERY TENDER PROCESS**	
	Ms Paterson reminded Members of the Extraordinary Board meeting that had taken place in December 2023 to discuss this matter. The Board had determined that a procurement process should be undertaken to seek expressions of interest for a new provider to deliver General Medical Services to the registered population of Cross Hands and Tumble GP Practice. Ms Paterson was pleased to report that, following a robust procurement process, a decision had been made to award a contract to the Amman Tawe Medical Practice on 9 February 2024. Thanks were expressed to all involved for their work leading up to the contract award. A great deal of work has also been undertaken between this and the new facility becoming available from 2 April 2024. The Health Board had been made aware by the outgoing Practice that	

	the Tumble building was no longer available. Ms Paterson thanked the Estates team and their contractors for their efforts to provide suitable facilities in the interim period. Members heard that this had equated to an urgent temporary service change, which Llais supported. Ms Williams went on to outline the considerable public interest in the new hub at Cross Hands, requesting that consideration be given to undertaking engagement in the local area, perhaps jointly with Llais. Highlighting the general issue of GMS and branch surgery sustainability, Ms Raynsford queried whether this was an issue unique to the Hywel Dda region or also seen elsewhere. In response, Ms Paterson noted that Betsi Cadwaladr University Health Board (BCUHB) has the highest number of Managed Practices. The root of the challenge is generally accepted to be one of rurality, with such areas being further away from tertiary centres, medical schools, etc. The issue is not specific to GMS, it is also seen in relation to dental service provision. There is, however, also a national challenge around GMS, and Industrial Action has also taken place within Primary Care. Ms Paterson suggested that 'form follows function'. It would be unfortunate to create a local model which is too inflexible to change following national discussion and direction. Primary Care and Community Services would welcome inclusion in Board Walkabouts and similar. Members were reminded that, whilst it is intended to undertake a separate process for developing the Primary Care and Community Services Strategy, these services are key to all of the others within the Clinical Services Plan. *Ms Helen Williams left the Board meeting.*	**LD/AHM**
	The Board **RATIFIED** the decision of the Vacant Practice Panel to award the Contract for the provision of General Medical Services to the registered population of Cross Hands and Tumble GP Practice to Dr Williams and Partners of Amman Tawe Partnership.	

PM(24)61	**ELECTRONIC PRESCRIBING MEDICINES ADMINISTRATION (EPMA) SYSTEM BUSINESS CASE**	
	Mr Huw Thomas introduced the EPMA System Business Case report, which forms part of a national digital programme. Primary Care has its own electronic prescribing system, which two practices are piloting in the autumn. The report relates to a Health Board-wide Secondary Care system. Two providers had responded, and (pending Board approval) the contract is ready to be awarded. Members were assured that there has been appropriate engagement with clinical colleagues. Once both systems are in place, they will facilitate integration across Primary and Secondary Care. They will serve to reduce errors, speed up systems and processes and provide improved compliance with prescribing protocols. It is noticeable that junior doctors are keen to utilise digital systems in their medical practice. Mr Huw Thomas was aware that the cost is significant; however, was able to provide assurances regarding the robustness of the process. Financial benefits are currently conservative and require further work. It is recommended that approval be subject to confirmation of funding from Welsh Government and it should be noted that there is a potential risk in this regard from Year 2	

	onwards. Members heard that this business case is being discussed by all Health Boards. Noting the potential impact on the organisation's run rate in future years, Professor Kloer suggested that this may be mitigated by cost savings and benefits. The contract will, however, include the option to pause system implementation. Mr Huw Thomas acknowledged that the position with regard to ongoing funding is sub-optimal, whilst explaining that this is the reality. Cllr. Evans enquired whether any other Health Boards have reservations regarding this commitment. In response Mr Thomas confirmed that they do, although the benefits of the system are also recognised.	
	The Board: • **NOTED** that the Full Business Case has been scrutinised by the Executive Team, Digital Oversight Group and the Sustainable Resources Committee. • **APPROVED** the business case **SUBJECT TO** a funding stream specifically from Welsh Government being identified for Year 1. • **REQUESTED** that a cost and benefit review be undertaken prior to committing to Year 2.	

PM(24)62	**REPORT OF THE SUSTAINABLE RESOURCES COMMITTEE**	
	Mr Winston Weir, SRC Chair, presented the SRC update report from its meeting held on 27 February 2024, highlighting key items discussed. These included the Deep Dive into the Carmarthenshire Model, which had not provided sufficient assurance regarding sustainability and which would, therefore, be revisited at a future meeting. The Committee had also received reports on the work of the Core Delivery Group and Financial Control Group and around the ongoing savings identified. These updates and the 'step change' they represent were welcomed. The financial position for Month 10 was noted, and assurance provided around the organisation's cash position. A procurement update was also received, together with the revised SRC Terms of Reference, both of which require Board approval.	
	The Board **NOTED** the SRC update report, **ACKNOWLEDGED** the key risks, issues and matters of concern, together with actions being taken to address these and **RATIFIED** the revised SRC Terms of Reference.	

PM(24)63	**PROCUREMENT UPDATE**	
	The Board: • **APPROVED** the award of contracts for the Provision of Dental Services for Cross Hands, Llandeilo, North Pembrokeshire and South Ceredigion to the Providers listed above to provide services from 1 June 2024 for up to 31 May 2029 or with Extension to 31 May 2034 for onwards ratification by Board. • **SUPPORTED** the awards of the All-Wales Sourcing Framework Contracts for Orthotics Products 1 April 2024 to 31 March 2028 and Skin and Wound Closure for 1 March 2024 to 30 November 2027. These contracts will have onwards submission to Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership) Public Board and Welsh Government for approval.	

	APPROVED the extension of the Managed Service Contract for Blood Transfusion Services with Ortho Clinical Diagnostics to maintain service continuity until ARCH project implementation, from 1 July 2024 to 30 June 2031.	

PM(24)64	**REPORT OF THE STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE**	
	Mr Maynard Davies, SDODC Chair, presented the SDODC update report from its meeting held on 29 February 2024, suggesting that this is self-explanatory. There are two items presented for Board approval: the Discretionary Capital Programme (DCP) for 2024/25 and the Business Justification Case for Fire Works at Withybush Hospital (WGH). In addition, Members' attention was drawn to the potential for underspend in the DCP for 2023/24 as noted earlier, and discussions around progress against Getting it Right First Time (GIRFT) recommendations in relation to Ophthalmology. With regard to the latter, Ms Lewis suggested that there is a need to define an organisational governance process for receiving GIRFT reports and monitoring progress on their recommendations. Agreeing, Mrs Wilson highlighted that the discussions mentioned above related only to the elements which fall under SDODC's remit. She agreed to take this forward with Mr Carruthers, who emphasised that GIRFT reports can be quite broad-ranging. Members heard that there had also been a Deep Dive on Public Health, and the metrics involved in this area, which had been an interesting debate and would be revisited. Mr Lee Davies added that the Committee had discussed various areas where regional working is taking place, and how this might be made more agile. Noting the recorded delay in implementing a multi-referral panel, which is impacting on young people, Ms Raynsford requested assurance around timelines and expectation of progress. Mr Carruthers committed to respond outside the meeting and, due to the potential safety and patient experience issues, it was agreed that this would be a future topic for QSEC.	**JW/AC** **AC** **SD**
	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)65	**DISCRETIONARY CAPITAL PROGRAMME (DCP) FOR 2024/25**	
	The Board **RATIFIED** the Discretionary Capital Programme for 2024/25.	

PM(24)66	**BUSINESS JUSTIFICATION CASE FOR PHASE 2 OF FIRE ENFORCEMENT NOTICES AND LETTERS OF FIRE SAFETY MATTERS AT WITHYBUSH HOSPITAL (WGH)**	
	The Board **APPROVED** the submission of the Business Justification Case for Phase 2 of Fire Enforcement Notices and Letters of Fire Safety Matters at WGH to Welsh Government.	

PM(24)67	**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 15 February 2024, which was self-explanatory. The Committee had reviewed and revised the Terms of Reference, which were presented for Board approval, together with the renewed Strategic Equality Plan and Objectives for 2024–2028.	
	The Board **NOTED** the PODCC update report, **ACKNOWLEDGED** the key risks, issues and matters of concern, together with actions being taken to address these and **RATIFIED** the revised PODCC Terms of Reference.	

PM(24)68	**STRATEGIC EQUALITY PLAN AND OBJECTIVES 2024-2028**	
	Members heard that a video in relation to this item was available from the webpage for today's Public Board meeting. Mrs Gostling emphasised that everyone in the Health Board has a role to play in respect of the Strategic Equality Plan and Objectives.	
	The Board **APPROVED** for publication the Strategic Equality Plan 2024-2028, as a requirement of the Equality Act 2010.	

PM(24)69	**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 4 March 2024. The Committee had reviewed its Terms of Reference and updated the membership, with Board approval requested. Members had been unable to take assurance from a number of reports; presenters had been requested to amend these and resubmit them to the next meeting.	
	The Board **NOTED** the HSC update report, **ACKNOWLEDGED** the key risks, issues and matters of concern, together with actions being taken to address these and **RATIFIED** the revised HSC Terms of Reference.	

PM(24)70	**COMMITTEE UPDATE REPORTS**	
	Mrs Wilson presented the Committee Update Reports, highlighting the reports included, together with the request for Board approval for the revised Healthcare Professionals Forum (HPF) Terms of Reference. It was noted that Mr James Severs will take on the role of Executive Lead for this Advisory Group going forward. Members' attention was also drawn to the requirement for a Corporate Trustee session directly after the Public Board meeting, to consider the three items indicated.	
	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 a Corporate Trustee session will be held directly after the Public Board meeting to consider the charitable funds items outlined above • **RECEIVED** the update report in respect of the In-Committee Board meeting • **RECEIVED** the update reports in respect of recent Advisory Group meetings ○ **RATIFIED** the HPF Terms of Reference	

PM(24)71	**HDDUHB JOINT COMMITTEES AND COLLABORATIVES**	
	The Board **RECEIVED** the minutes and updates in respect of recent WHSSC, EASC, NWSSP and MWJC meetings.	

PM(24)72	**ESTABLISHMENT OF THE NHS WALES JOINT COMMISSIONING COMMITTEE**	
	Professor Kloer presented the report, indicating the intention to establish a new Joint Commissioning Committee. There has been a significant amount of work, in which the Health Board has been involved. The format of the report is different, as it is centrally-issued, for consideration by all Health Boards.	
	The Board: • **NOTED** the establishment of the NHS Wales Joint Commissioning Committee (JCC) from 1 April 2024, as directed by Welsh Ministers; • **NOTED** that the JCC will supersede the Board's current joint committees, Welsh Health Specialised Services Committee (WHSSC) and Emergency Ambulance Services Committee (EASC) with effect from 1 April 2024; • **NOTED** the development of the JCC's governance framework, as a key component of the Health Board's governance framework; • **ADOPTED** the amendments to Model Standing Orders and Reservation and Delegation of Powers for Local Health Boards; and the Standing Orders and Scheme of Delegation and Reservation of Powers for the NHS Wales Joint Commissioning Committee, as issued by the Minister for Health and Social Services on 18 March 2024; • **ADOPTED** the Standing Financial Instructions for the NHS Wales Joint Commissioning Committee, as issued by the Minister for Health and Social Services on 19 March 2024; and • **NOTED** the JCC's Accountability Map, for information.	

PM(24)73	**STATUTORY PARTNERSHIPS UPDATE**	
	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 Regional Partnership Board (RPB) and the respective Public Services Boards (PSBs)	

PM(24)74	**IMPROVEMENTS MADE DURING THE FIRST YEAR OF DIRECTORATE IMPROVING TOGETHER SESSIONS**	
	The Board **NOTED** the report outlining improvements made during the first year of Directorate Improving Together Sessions.	

PM(24)75	**BOARD ANNUAL WORKPLAN**	
	The Board **NOTED** the Board Annual Workplan.	

PM(24)76	**DATE AND TIME OF NEXT MEETING**	
	9.00am, Wednesday 10 April 2024 (Extraordinary Meeting) 9.30am, Thursday 30 May 2024	