

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

Date of Meeting:	<b>9.30AM, THURSDAY 30 MAY 2024</b>
Venue:	<b>Y Stiwdio Fach, Canolfan S4C Yr Egin, College Road, Carmarthen SA31 3EQ</b>

<b>Present:</b>	<p>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 Andrew Carruthers, Executive Director of Operations (VC)  Ms Sharon Daniel, Interim Director of Nursing, Quality and Patient Experience  Dr Ardiana Gjini, Executive Director of Public Health  Mrs Lisa Gostling, Interim Deputy Chief Executive and Executive Director of Workforce and Organisational Development  Mr Mark Henwood, Interim Medical Director  Mr James Severs, Executive Director of Therapies and Health Science  Mr Huw Thomas, Executive Director of Finance</p>
<b>In Attendance:</b>	<p>Mr Shaun Ayres, Deputy Director of Operational Planning and Commissioning, deputising for Mr Lee Davies, Executive Director of Strategy and Planning  Ms Jill Paterson, Director of Primary Care, Community and Long-Term Care  Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary  Ms Alwena Hughes Moakes, Communications and Engagement Director  Mr Michael Gray, Director of Social Services, Pembrokeshire County Council (VC)  Ms Donna Coleman, Corporate Lead and Head of Profession in Advocacy, Llais Cymru (part)  Mr Peter Skitt, County Director Ceredigion (part)  Ms Bethan Lewis, Interim Assistant Director of Public Health (part)  Dr Hannah Thomas, Specialist Registrar in Public Health (part)  Ms Clare Moorcroft, Committee Services Officer (Minutes)</p>

<b>Agenda Item</b>	<b>Item</b>	<b>Action</b>
<b>PM(24)81</b>	<b>INTRODUCTIONS AND APOLOGIES FOR ABSENCE</b>	
	<p>The Interim Chair, Mrs Judith Hardisty, welcomed everyone to what was her final Public Board meeting. She wished to extend her thanks to Board Members and the public for their support during her tenure. Apologies for absence were received from:</p> <ul style="list-style-type: none"> <li>• Mr Lee Davies, Executive Director of Strategy and Planning</li> <li>• Mr Jeremy Hockridge, Chair, Stakeholder Reference Group</li> </ul>	

PM(24)82	<p><b>DECLARATION OF INTERESTS</b></p> <p>The following declarations of interest were made:</p> <ul style="list-style-type: none"> <li>• Ms Ann Murphy – discussions relating to Industrial Action, due to her Trade Union role</li> <li>• Cllr. Rhodri Evans – discussions relating to Sexual Assault Referral Centre (SARC) Business Justification Case, due to his role on Ceredigion County Council</li> <li>• Mr Michael Imperato – discussions relating to the Infected Blood Inquiry, due to his role as legal representative for a number of victims and for Haemophilia Wales</li> </ul>	
PM(24)83	<p><b>MINUTES OF THE PUBLIC MEETING HELD ON 28 MARCH 2024</b></p> <p><b>RESOLVED</b> – that the minutes of the meeting held on 28 March 2024 be approved as a correct record.</p>	
PM(24)84	<p><b>MINUTES OF THE PUBLIC MEETING HELD ON 10 APRIL 2024</b></p> <p><b>RESOLVED</b> – that the minutes of the meeting held on 10 April 2024 be approved as a correct record.</p>	
PM(24)85	<p><b>MINUTES OF THE CORPORATE TRUSTEE MEETING HELD ON 28 MARCH 2024</b></p> <p><b>RESOLVED</b> – that the minutes of the meeting held on 28 March 2024 be approved as a correct record.</p>	
PM(24)86	<p><b>MATTERS ARISING AND TABLE OF ACTIONS FROM THE MEETINGS HELD ON 28 MARCH AND 10 APRIL 2024</b></p> <p>An update was provided on the table of actions from the Public Board meeting held on 28 March 2024. In terms of matters arising:</p> <p><b>PM(24)60</b> – Ms Jill Paterson wished to thank all of those involved for their work in progressing the Tumble and Cross Hands Surgery transfer following award of contract. As noted at the previous Board meeting, work had been required on the facilities and Ms Paterson thanked patients for their forbearance during this period.</p> <p><b>PM(24)64</b> – Ms Eleanor Marks requested further clarification regarding the reason for delays in progressing implementation of a multi-referral panel. In response, Mr Andrew Carruthers explained that the Children and Young People’s (CYP) Partnership Board is a regional forum established under the Regional Partnership Board (RPB). The Executive Director of Public Health will be jointly chairing the CYP Partnership Board, for which meeting dates are currently being identified. Dr Ardiana Gjini advised that she and Mr Michael Gray would be joint Chairs and that meetings had been scheduled for July and early September 2024. The Terms of Reference for this Board were being reviewed.</p>	
PM(24)87	<p><b>REPORT OF THE CHAIR</b></p> <p>Before introducing her report, Mrs Hardisty wished to thank the current and previous Chief Executives, together with the Executive Team and her fellow Independent Board Members, both past and present. Also, her predecessors as Chair, Mrs Bernardine Rees and Miss Maria Battle. Finally, Mrs Hardisty welcomed Dr Neil Wooding, who would be taking over as Chair of the Health Board from 1 June 2024, and was confident</p>	

	<p>that he will provide effective leadership. Presenting her report on relevant matters undertaken by the Chair since the previous Board meeting, Mrs Hardisty highlighted in particular the need to approve a Chair's Action, outlined within the report and appendices. Members' attention was drawn to the Celebrating Success section, with thanks expressed to Christine Bowen, who had provided almost 60 years of service to the NHS. This serves to demonstrate the dedication of NHS staff. Also detailed in this section was the Lifetime Achievement Award made to Barbara Morgan at the National Immunisation Conference, and the Long Service Awards. Mrs Hardisty advised that the Hywel's Applause/Chair's Commendation event had taken place yesterday evening, and had provided many examples of Hywel Dda University Health Board (HDdUHB) staff going 'above and beyond'. More than 50 staff had attended this inspirational event, and Board Members were encouraged to attend future events. Finally, Mrs Hardisty was delighted to announce that the Cabinet Secretary had agreed to re-appoint Mr Iwan Thomas as Independent Board Member for a further 4 years.</p> <p>On behalf of all of the Independent Board Members, Ms Marks wished to formally record thanks to Mrs Hardisty for her contribution to the Health Board, and for the support she has provided on a personal basis.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>SUPPORTED</b> the work engaged in by the Chair since the previous meeting and <b>NOTED</b> the topical areas of interest;</li> <li>• <b>RATIFIED</b> the action undertaken by the Chair on behalf of the Board, detailed in Appendices 1, 2 and 3.</li> </ul>	

<p><b>PM(24)88</b></p>	<p><b>REPORT OF THE CHIEF EXECUTIVE</b></p>	
	<p>Professor Philip Kloer introduced his report updating on relevant matters undertaken since the previous Board meeting, explaining that this was a new, more wide-ranging, format. The report includes information previously provided within the Operational Update, together with information regarding the new Executive Team governance structure and items reported to the Formal Executive Team. At this, her final Board meeting, Professor Kloer wished to recognise that Mrs Hardisty has dedicated more than 8 years to Hywel Dda UHB. Her determination, and commitment to both the population and Health Board staff was commended and appreciated. The Board, Committees and wider organisation will miss her direct and incisive approach. Professor Kloer also expressed gratitude on a personal level for her wisdom and support, and wished her well in her future endeavours. He looked forward to welcoming and working with the new Chair, Dr Neil Wooding, who will bring with him – as can be seen from the report – extensive experience. As mentioned, the report contains a great deal of information; however, Professor Kloer wished to highlight in particular the proposed establishment of a Joint Committee between Hywel Dda UHB and Swansea Bay UHB (SBUHB), as directed by Welsh Government. This will be an important forum and conversations are already taking place with colleagues in SBUHB. Referencing the Infected Blood Inquiry, Professor Kloer noted that this has been long awaited and this issue has, unfortunately, affected many people. On behalf of the NHS, he apologised to those who have been affected and drew attention to the arrangements being put in place for testing. It was</p>	

suggested that an update on the situation regarding St David's Surgery was provided; and finally, Professor Kloer wished to highlight the request for Board approval of the Critical Care Standard Operating Procedure (SOP) and Collaboration Agreement for the Flying Start Healthy Child Wales Programme. Whilst the latter was retrospective, it is anticipated that the Health Board will be asked to extend this arrangement.

Responding to the request for an update regarding St David's Surgery, Ms Paterson emphasised the importance of clarity around consideration given to the process involved. Whilst it is dictated that, once a General Election is announced, public organisations should not make significant decisions around services, there is an exception when, to cease processes would cause detriment. Therefore, the Health Board will be continuing with its planned face-to-face engagement event on 14 June 2024. This forms part of a series of opportunities for public engagement, and will feed into the decision-making process which will conclude at the late July 2024 Public Board meeting.

Ms Delyth Raynsford requested clarification around the impact for Hywel Dda residents of the new Joint Committee, together with assurance regarding equity of service. Also, noting the statements around roofing work affecting Meurig and Angharad Wards at Bronglais General Hospital (BGH), Ms Raynsford requested information regarding impact on patients and staff, and timescales. In response to the first query, Professor Kloer explained that the Health Board has had partnership arrangements with SBUHB for some time, both as part of A Regional Collaboration for Health (ARCH) and more generally. There is a flow of patients in both directions, with Prince Philip Hospital (PPH) serving residents of the Swansea Bay region, and Hywel Dda residents relying on SBUHB for specialised services. The new arrangement is intended to provide Welsh Government oversight, and Professor Kloer felt that its formality will facilitate equity of access to services. Members were assured that there will be measures in place to ensure availability of services on an equitable basis.

Regarding the works to Meurig and Angharad Wards, Mr Carruthers acknowledged that this would result in a loss of capacity. He advised that Angharad Ward had already been closed due to it being part of an existing programme of works; therefore, there would be no additional impact. The closure of Meurig Ward would result in 14 beds becoming unavailable. The Health Board is in discussion with the Local Authority around potentially using alternative accommodation. In terms of timescale, works are scheduled for completion by the end of July 2024. Noting that Angharad Ward is a Paediatric ward, Ms Raynsford enquired whether this is likely to cause issues and whether there has been communication with local GPs, staff and public around Paediatric intake into BGH. Mr Carruthers was not aware of any specific issues in this regard, and Ms Alwena Hughes Moakes confirmed that there have been communications issued with patients and public from the relevant areas.

Mr Michael Imperato welcomed comments regarding the Infected Blood Inquiry, whilst requesting clarification around the Health Board's learning

from this. He recognised that the findings have only recently been published and are extensive; however, recommended that all Health Boards note Sir Brian Langstaff's focus in Volume 1 on candour, culture and risk in the health setting, which provides a good analysis of this topic. Whilst noting that there will be a formal Governmental response, Mrs Hardisty recognised that this matter should also be considered internally and suggested discussion at the Quality, Safety and Experience Committee (QSEC). Agreeing, Professor Kloer thanked Mr Imperato for his guidance regarding focus. There will be nationally-led work, and some of the learning from this situation will be intense.

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Returning to the topic of the Joint HDdUHB/SBUHB Committee, Mrs Chantal Patel enquired whether the Terms of Reference (TORs) for this forum would be set by Welsh Government, or agreed between the two Health Boards. Professor Kloer advised that discussions are ongoing with Welsh Government around the TORs; both incoming Health Board Chairs are committed to taking ownership of arrangements for the region and its population. Whilst the Health Boards will want to take advice from Welsh Government, local ownership will be the priority. Professor Kloer emphasised that certain clinical services are best considered and provided across a larger population, particularly specialised services, to ensure the best quality of care. There is a joint population of around 800,000 across the HDdUHB and SBUHB regions. He also emphasised that it is not automatic that all specialised services would be placed within SBUHB; HDdUHB will be seeking to place certain of these within its area. Finally, HDdUHB's arrangement with Betsi Cadwaladr University Health Board (BCUHB) and Powys Teaching Health Board to provide services to mid Wales was also acknowledged.

Mr Maynard Davies requested an update on the Health Board's Measles vaccine uptake, and clarification around how long the Cross Hands Business Case may be delayed. Reminding Members that there is an item regarding immunisations later on the agenda, Dr Gjini assured the Board that high level strategic actions are being taken to address potential inequities in access to vaccines. The required minimum uptake of MMR1 to protect against outbreaks is 90%; a number of GP practices within south Ceredigion and north Pembrokeshire are below this level. Addressing this is a top priority for the Health Board. In response to the query around the Cross Hands Business Case, Professor Kloer recognised that this represents an extremely important development for the area. The issue causing a delay is an increase in costs as a result of inflation. Members were assured that there is no intention of abandoning the project; rather, the Health Board is in negotiation with Welsh Government around how this increase in costs might be mitigated.

The Board:

- **ENDORSED** the Register of Sealings since the previous report on 28 March 2024;
- **NOTED** the status report for Consultation Documents received/ responded to;
- **APPROVED** the Critical Care Standard Operating Procedure; and
- **APPROVED** the Collaboration Agreement for the Flying Start Healthy Child Wales Programme for 1 April 2022 – 31 March 2024.



PM(24)89	<b>REPORT OF THE AUDIT AND RISK ASSURANCE COMMITTEE</b>	
	<p>Before presenting his report, Cllr. Rhodri Evans wished to record his thanks to Mrs Hardisty for her contribution, both to the Health Board and to the Audit and Risk Assurance Committee (ARAC). As ARAC Chair, he then presented the ARAC update reports from the meetings held on 16 April and 9 May 2024. In terms of the former, he highlighted in particular discussions around the G Cloud framework and procurement. There are a number of areas which will be subject to further updates to future meetings, including the Internal Audit reports mentioned. The Mental Health Directorate has been identified as a service of concern again, due to outstanding recommendations noted via the Audit Tracker. Audit Wales has provided a timetable for the audit of annual accounts. Reports highlighting the positive work being undertaken by the Counter Fraud team had been presented to the Committee. The meeting in May 2024 had identified one item to Alert to the Board, being the findings of the Internal Audit into Standards of Cleanliness, which were of considerable concern to the Committee. A follow-up Internal Audit is planned, together with additional work. ARAC is recommending that QSEC be requested to oversee this matter. The Committee had received the draft Head of Internal Audit Opinion and Annual Report for 2023/24, which returned an assurance rating of Limited Assurance, based primarily on the number of internal audits with Limited Assurance this year. Members were reminded that the Health Board directs Internal Audit to investigate on a risk-based approach, focusing on areas of concern. This is viewed as the only approach which will identify the actions required to deliver improvement; however, it does increase the likelihood of Limited Assurance ratings. Finally, Cllr. Evans highlighted the request for Board to approve the revised Standing Orders.</p> <p>Ms Anna Lewis advised that Standards of Cleanliness was an agenda item for the next QSEC meeting. The Committee will want to discuss with Executive colleagues how this was not identified earlier and what lessons can be learned to ensure that it does not recur. Whilst the report identifies considerable areas of concern, Mrs Hardisty wished to emphasise that there is no suggestion that frontline staff are not working hard to maintain standards. Returning to the issue of the potential Limited Assurance Head of Internal Audit Opinion, Professor Kloer stated that this does need to be acknowledged as a Board. It should not, however, discourage the organisation from the approach described above; the Health Board must continue to use Internal Audit to focus on areas of concern and risk.</p>	
	<p>The Board <b>NOTED</b> the ARAC update report, acknowledging matters recorded for Advice and Assurance, and matters highlighted by the Committee to Alert to the Board. In respect of the Alert item, plans to undertake an internal review and further Internal Audits were noted, together with the intended detailed discussion of this matter at QSEC.</p>	
PM(24)90	<b>REVISED MODEL STANDING ORDERS</b>	
	<p>The Board <b>APPROVED</b> the revised Standing Orders.</p>	

<p>PM(24)91</p>	<p><b>REPORT OF THE QUALITY, SAFETY AND EXPERIENCE COMMITTEE</b></p> <p>Ms Lewis wished to add her thanks to Mrs Hardisty on behalf of current and past QSEC members, and for her personal support to Ms Lewis as QSEC Chair. She looked forward to working with Mrs Hardisty in her new role for Health Education and Improvement Wales (HEIW). Presenting the QSEC update report from 9 April 2024, Ms Lewis drew Members' attention to the appendices, which outline HDdUHB's participation in the Safe Care Collaborative. Discussions had highlighted the strong foundation provided by the Enabling Quality Improvement in Practice (EQIIP) Programme to facilitate this involvement. Staff stories were valued for their ability to show opportunities for staff to make a difference. Less positive areas were the number of issues outlined under the Advise section, which have the potential to escalate. Ms Lewis highlighted also the lack of clarity around corporate risk 1810 in relation to Aseptic Unit facilities at Withybush General Hospital (WGH). This may be due to a process issue; however, was to be revisited at the next meeting. Finally, Members were requested to note that the QSEC Annual Report would be considered at the Extraordinary Public Board on 11 July 2024.</p> <p>Responding to the comments around corporate risk 1810, Ms Paterson advised that consideration had been given to whether this should remain at the same level (risk score 20). Following a meeting with the Corporate Risk team, the risk score had been reduced to 15, as referenced in the Corporate Risk Register report later on the agenda. The issue had been one of timing of reporting. Mrs Joanne Wilson advised Members that this risk would be considered by the Executive Risk Group, with a deep dive planned for the QSEC meeting scheduled to be held in August 2024.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> 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</li> <li>• <b>NOTED</b> that the QSEC Annual Report 2023/24 would be considered at the Extraordinary Public Board meeting on 11 July 2024</li> </ul>	<p>JP</p>
<p>PM(24)92</p>	<p><b>ANNUAL PLAN 2023/24 – CLOSURE REPORT</b></p> <p>Introducing the Annual Plan 2023/24 Closure Report, Professor Kloer explained that this was a retrospective review of the year. Members' attention was drawn to the table on page 3 of the report, which maps 2023/24 Planning Objectives to those for 2024/25.</p> <p>Noting the statement on Planning Objective 4a: Planned Care and Cancer Recovery in Annex 2 that 'The number of patients on the cancer pathway over the 62 day standard has improved by over 25%'; Mr Maynard Davies requested clarification around the period covered, the numbers involved and whether targets had been achieved. In response, Mr Carruthers advised that the Health Board has treated 130 more cancer patients on the Single Cancer Pathway during the past 12 months. The backlog in cancer care had also been reduced significantly from its highest level of more than 1,800 to around 400. It was acknowledged, however, that this is still not acceptable, and is an area</p>	

	<p>of performance identified as key within Targeted Intervention. The target of 60% of patients starting treatment within 62 days had been met in March 2024, for the first time in 2 or 3 years. Mr Carruthers anticipates that performance in this area will become more resilient in the coming months, although there may be slight dips resulting from the impact of Industrial Action.</p> <p>Referencing page 2 of the report and noting that, of the 23 Planning Objectives for 2023/24, 16 were completed or on-track, Ms Lewis contrasted this against the whole organisation being placed into Targeted Intervention. It was highlighted, however, that one of the 4 Planning Objectives which was behind in delivery was in relation to financial recovery (8c). Ms Lewis queried whether this approach was the correct one, with a Planning Objective contributing to a statutory duty. Professor Kloer emphasised that certain Planning Objectives are intended to be more enabling; others are more outcome-focused. He felt that the way in which Planning Objectives have been stated this year is clearer and more helpful in assessing progress. The organisation had started with 70+ Planning Objectives, this had been streamlined to 30+ and now to 10.</p> <p>Mr Iwan Thomas suggested that there is a tendency to focus on those areas where performance is not necessarily strong, while there are areas of positivity. For example, he had recently attended a Third Sector event where the Health Board was represented and was highlighting its support for patient participation in accredited learning. Work such as this is key in terms of supporting mental wellbeing and should be publicised. Agreeing, Mrs Hardisty suggested that this work could be highlighted in the Health Board's Annual Report. Mrs Patel also felt that statements should be made around the impact of other work undertaken in relation to Planning Objectives. Professor Kloer suggested that all of this relates and contributes to development of the Social Model for Care and is crucial. The challenge is measuring the impact, which can be multifactorial. He agreed, however, that steps should be taken to develop narrative around this.</p> <p>The Board <b>TOOK ASSURANCE</b> on progress of the 2023/24 Planning Objectives as detailed within the Closure Report.</p>	<p>AHM</p> <p>LD/AHM</p>
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<p>PM(24)93</p>	<p><b>UPDATE ON ANNUAL PLAN 2024/25</b></p> <p>Members heard that discussions would cover both the Annual Plan 2024/25 Update report and the Annual Plan 2024/25 - Supplementary Paper, with Mrs Hardisty thanking Mr Shaun Ayres for his work. This was echoed by Professor Kloer, who emphasised the importance of these reports. Members were reminded of the recommendation from the previous Board meeting in relation to the Annual Plan for 2024/25 noting the approval had been to allow budgets to be allocated. It was recognised, however, that the financial position proposed was unacceptable and that even the forecast deficit position was subject to risk in terms of achievement. It had been agreed that the organisation would take steps to de-risk the Plan and that there was a need to describe a routemap to achieving the Control Total set by Welsh Government. This represents a significant financial challenge. Following submission of its Annual Plan, the Health Board had received a letter</p>	
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from the Deputy Chief Executive of NHS Wales dated 3 May 2024, describing the Plan as unacceptable. A further letter had been received, dated 7 May 2024, identifying new performance measures. The Health Board is required to respond to the contents of both letters by 31 May 2024. It was acknowledged that, behind the financial challenge, lie several other challenges, which the Health Board is committed to facing.

Professor Kloer emphasised that the organisation had recognised back in 2018 that its core underlying operational and clinical challenges impact on its finances. It has an extremely hospital-centric system, with more hospital beds per head of population than any other Health Board with the exception of Powys Teaching Health Board, who have none. There are issues with configuration, geography and workforce fragilities. The need to develop an alternative model for delivering healthcare was a key part of the Health Board's strategy, A Healthier Mid and West Wales. Whilst some progress has been made, it has not been sufficient. Significant enablers are involved, including estate and digital. The organisation cannot afford to wait for the new hospital to be built before making more progress. The first report, the Annual Plan 2024/25 Update, includes how the Health Board is responding to Targeted Intervention and the Escalation Framework. The second report, the Annual Plan 2024/25 - Supplementary Paper, includes areas of focus in terms of improvement. The Board will need to consider how it will respond to Welsh Government; in addition to Public Board, there will be discussions at In-Committee Board and Board Seminar. There will be a further report presented to Public Board in July 2024.

Noting the timescale outlined, Ms Lewis highlighted that it is already May, with only 10 months of the financial year remaining. By July, this will have been further eroded to 8 months. As a result, the last part of the year will be incredibly pressured and Ms Lewis enquired how this will be mitigated and what planning is taking place, or whether slippage is viewed as to be expected. Professor Kloer confirmed that this is a matter of concern for the Executive Team. A great deal of time and effort has been spent in implementing new governance arrangements. To achieve the Control Total will require significant changes; however, there is no alternative. It will require the part-year effect of this year, together with the full-year effect of next year. The time issue identified by Ms Lewis is recognised as a risk.

Mr Huw Thomas agreed that this is clearly an area of concern. He referred to the letter indicating that the financial position in the Annual Plan is unacceptable and unaffordable for Welsh Government. The position represents a cash challenge for both the Health Board and Welsh Government. This had been recognised in presenting approval of the Plan as a 'novel and contentious action', and in the subsequent submission of an Accountable Officer letter. It does represent, however, a balance between this and the ambition for change. In terms of the time issue outlined above, Mr Huw Thomas reminded Members that it had been suggested that Quarter 1 would focus on de-risking the Plan, prior to recovery. There has been slippage already on delivering savings in Month 1; however, this has been balanced against non-recurrent

	<p>underspends. Plans to address this issue will need to be discussed by the Board.</p> <p>Referencing the letter dated 7 May 2024 and the new performance measures around Planned Care and Orthopaedics, Cllr. Evans requested clarification regarding how the Health Board intend to respond. Professor Kloer felt that, of Planned Care, Unscheduled Care and Cancer Care, Unscheduled Care potentially represents the most significant challenge. Mr Shaun Ayres indicated that confidence in delivery is based on the actions outlined in the Annual Plan. Through a combination of that and further actions, it will be possible to meet the Ophthalmology target; however, there remains a risk of 527 patients in Orthopaedics. This is linked to the regional approach, and that the £4.8m funding required is not yet available. Mr Carruthers emphasised that the Health Board believe it will be possible to deliver the Ophthalmology target within the current financial envelope. It was highlighted that the Welsh Government expectation has since been brought forward to December 2024, from March 2025.</p> <p>Concluding discussions, Mrs Hardisty indicated that the Health Board's Strategy will need to be refreshed to reflect changes to the healthcare environment since it was developed, and that discussions will continue at In-Committee Board, Board Seminar and the July 2024 Public Board. In the first instance, there would be a detailed discussion during today's In-Committee Board session, following the Public Board. It was agreed that these comments would be reflected in the recommendations.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the update on the Annual Plan for 2024/25, recognising that a separate Supplementary Paper appears on the agenda</li> <li>• <b>NOTED</b> the update on the approach to Targeted Intervention</li> <li>• <b>AGREED</b> that the Health Board's A Healthier Mid and West Wales Strategy should be refreshed and updated</li> <li>• <b>NOTED</b> that further discussions would take place at In-Committee Board, Board Seminar and the July 2024 Public Board</li> </ul>	
<p><b>PM(24)94</b></p>	<p><b>ANNUAL PLAN 2024/25 - SUPPLEMENTARY PAPER</b></p> <p>Considered and discussed under the above item.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the letters received from Welsh Government and the expectations for improvements against the financial deficit and the key performance indicators</li> <li>• <b>NOTED</b> the areas the Health Board is pursuing savings as part of a financial recovery plan and the intention to develop a more comprehensive plan for consideration by Public Board at the July 2024 meeting</li> <li>• <b>NOTED</b> the improved performance projections in planned care and note and discuss the response to Welsh Government regarding the key performance indicators</li> </ul>	
<p><b>PM(24)95</b></p>	<p><b>IMPLEMENTING THE 'A HEALTHIER MID AND WEST WALES' STRATEGY</b></p> <p>Professor Kloer presented the Implementing the 'A Healthier Mid and West Wales (AHMWW)' Strategy report, noting that the Health Board</p>	

had received the final Nuffield Trust Review report and accompanying letter. The letter states that the report is shared solely to support development of the Strategic Outline Case (SOC). Members heard that the Nuffield report is broadly supportive of the Health Board's Strategy, which is reassuring; however, it does also contain a number of useful challenges. As suggested by Mrs Hardisty, the Strategy does require refreshing to ensure that it is fit for purpose in what is a changed environment. A constructive meeting had taken place on 22 April 2024 between Health Board and Welsh Government representatives. Further reports will be presented to the Strategic Development and Operational Delivery Committee (SDODC).

Whilst appreciating that the meeting on 22 April had been constructive, Mr Maynard Davies, he understood that the Health Board has been requested to undertake additional work in relation to the SOC. Noting that it is possible to apply capital funding to development of an SOC, he enquired whether there was any indication of potential funding to support this additional work. Professor Kloer assured Members that scale, funding, capacity and timescale were all issues being discussed with Welsh Government, to ensure that these were proportionate. Whilst welcoming the rigour being advocated and recognising its importance, Ms Lewis felt that – implicit within this – is an assumption that what is in existence currently is sufficiently able to deliver services. In reality, anyone familiar with the Health Board's sites and estate would find that a questionable assumption. There is a need to remain cognisant of how fragile the current estate is, and the impact on service pathways which are defined by and reliant upon it.

Endorsing these comments, Professor Kloer indicated that the Nuffield report sets out clearly the drivers for change and the work undertaken by the Health Board in relation to these. If anything, these are even stronger now than in 2018. The report also agrees that the changes proposed within the Health Board's Strategy are sensible. As noted by Ms Lewis, the organisation's estate and infrastructure are fragile, and these hamper its operations and recruitment. Whilst it is important to work in collaboration with Welsh Government, there is an urgent need to make progress.

The Board:

- **NOTED** the receipt of the Nuffield Trust Review and associated WG correspondence and the further work to be undertaken to develop an action plan in relation to the Review.
- **NOTED** the request made to WG officers in relation to the status of the AHMWW PBC and the potential for WG endorsement following the broad support for the clinical strategy in the Nuffield Trust Review.
- **NOTED** the workshop held between Health Board and WG officers to scope the additional work required to complete the SOC, and the fact this is still to be formalised and will be the subject of further reporting through updates to SDODC and the Board.
- **NOTED** that the WG correspondence references the need for the Health Board to report progress to the IIB at a date to be agreed.

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Presenting the Financial Reports for Month 12 2023/24 and Month 1 2024/25, Mr Huw Thomas advised that the Month 12 position is – as recorded – unaudited at present. Whilst the £65m deficit position is slightly better than forecast, it still represents a breach of the organisation’s statutory duty and necessitated a significant amount of cash support from Welsh Government. The ongoing reliance on agency staff is a theme continuing into this year. Whilst it had been managed down, it has increased again, and has impacted on the Month 1 position. In terms of the Month 1 report, the forecast financial deficit for the year is £64m, which represents a stabilisation of position. Achieving this would require delivery of £32.4m in savings. There is a significant risk or gap in achieving this, in the amount of £24m. There has also been slippage, as mentioned earlier, in savings delivery in Month 1, offset by non-recurrent underspend. It is recognised that this is unacceptable, and that there is an urgent need to consider how the Red and Black savings schemes can be converted into credible and deliverable schemes.

The risk against achieving the deficit of £64m is clear, and Mr Huw Thomas is conscious of the cash consequences of such a risk. There are various areas of particular concern, including Glangwili General Hospital (GGH), which is receipt of additional funding; agency usage, with higher levels of agency nurse numbers; operational pressures, flow and acuity in particular. Targeted work by the Interim Director of Nursing, Quality and Patient Experience has reduced agency usage; however, this needs to be maintained. Increasing A&E demand is resulting in higher agency staff usage and steps are being taken to address this. In terms of Executive Team actions, accountability letters have been issued to all Executive Directors detailing savings targets. With regard to financial recovery actions, the Value and Sustainability Group and Integrated Quality, Finance and Performance Delivery (IQFPD) Group have been established. Members’ attention was drawn to the internal Escalation Framework (Appendix B to the Month 1 Integrated Performance Assurance Report), which details three levels of escalation. Of the Health Board’s Directorates, 11 are at Level 1; 5 are at Level 2 and 10 are at Level 3. Meetings are scheduled within the next few weeks with those at Level 3.

Noting that there are both lessons to be learned and achievements in relation to Month 12, Mr Winston Weir suggested that the latter include £15m savings delivered and the former the amount of time taken to identify savings schemes. He enquired regarding the extent to which Executive Directors have signed off their budgets following receipt of accountability letters, particularly those responsible for the 10 Directorates in Level 3 escalation. Mr Huw Thomas advised that all accountability letters except one had been signed; the outstanding one was due to annual leave and he was confident that this will be resolved shortly. The identification of savings is a significant challenge, with cost containment an area of focus, together with the opportunities framework. Mr Huw Thomas was pleased by the level of engagement shown by staff; however, the challenge is converting this into savings delivery.

Noting statements around increases in agency costs at GGH and WGH, Mr Weir enquired regarding confidence that actions will address this issue. Also, the shift of resources from Secondary to Primary and Community Care. In regards to the first issue and GGH specifically, Mr Huw Thomas assured Members that the Interim Medical Director and Interim Director of Nursing, Quality and Patient Experience are providing support in this regard. He was not able to confirm, however, that the cost increase will be fully recovered during Month 2. WGH presents a slightly different issue, around delivery of savings; however, meetings with both Directorates are scheduled for next week. Whilst recognising that the Month 1 position is both challenging and disappointing, Mr Carruthers wished to provide some reassurance, in that the increase in agency spend was in specific response to significant levels of demand. April has shown a reduced level of expenditure. Whilst challenges remain, there are signs that alternative approaches are beginning to deliver.

Cllr. Evans commended the report for its clarity and informative nature. Building on earlier comments, he expressed concern regarding the upward trend in agency costs, and requested assurance that the use of premium cost locums in particular is being reduced. Mr Mark Henwood explained that the new focus in this area has shown some positive results. He could assure Members that the focus and reduction would continue. Mr Imperato echoed comments around the transparency of reporting. He requested further information regarding the Value and Sustainability Group, in terms of who is involved and the remit. Mrs Lisa Gostling advised that she Chairs this Group, with Mr Huw Thomas as Vice-Chair. The Group oversees all work coming through Welsh Government in relation to its Value and Sustainability schemes, together with how HDdUHB compares with the rest of Wales in terms of the Opportunities Framework. It also considers Health Board wide savings programmes and approaches and the impact of these, and has a close association with the IQFPD Group, Chaired by Mr Carruthers. The latter will take over delivery of identified schemes within services.

Thanking all of those who have contributed to the report and to the wider workstreams, Ms Marks noted that the current run-rate will not deliver the required financial position. She queried how pace can be injected, to prevent as far as possible, the more challenging decisions. Mr Huw Thomas recognised that this was an issue, whilst emphasising that there has been a 'step change' in attitudes to finances and the need for savings. There is very much a collective attitude, replicated across the organisation. Whilst there will always be certain challenges, this represents a noticeable change in response and tone from previous years. Being placed into Targeted Intervention is uncomfortable for both the Board and for Directorates. Corporate work will be taken forward by the Executive Team and the Board over the coming months. Returning to an earlier query around medical locums, Mr Huw Thomas referred Members to page 7 of the report, where a significant reduction in use is detailed. Whilst this is a genuine reduction, it remains to be seen how sustainable it is. There has also been a reduction in nurse agency use. The main challenge is pace of change.



	<p>Referencing GGH and WGH, Mrs Hardisty wished to focus on ‘medically optimised patients’, the figures for which suggest 270 patients are awaiting a move to an alternative care setting. A number refer to health-related care. Mrs Hardisty noted that this area has not seen significant improvement and enquired when this might occur. Mr Huw Thomas acknowledged that there has been an increase in numbers for the fourth month and that this represents a major issue, which is part of the more general challenges in terms of patient flow. As well as the financial implications, Mrs Hardisty highlighted that there are also implications in terms of the impact on these patients, who need to be in settings other than hospital for their own wellbeing. Mr Carruthers accepted that this remains a significant issue, although the context and challenges differ from county to county. Local Authority partners are taking this seriously; however, are experiencing major issues including loss of capacity and workforce to care for these individuals. A certain level of improvement is anticipated.</p> <p>In considering the report’s recommendations, it was suggested that these are somewhat ‘passive’ and do not necessarily reflect the actions being taken. Mr Huw Thomas committed to considering more appropriate recommendations for future reports.</p>	<b>HT</b>
	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> and <b>DISCUSSED</b> the financial position as at Month 12.</li> <li>• <b>NOTED</b> that the Health Board’s opening budgeted deficit of £64m is not an acceptable position for the Board. This position is not backed by cash support from Welsh Government at this stage as it is in excess of the Target Control Total of £44.8m for the Health Board, which represents a key corporate risk for the Health Board for the year.</li> <li>• <b>NOTED</b> that the current expenditure trajectory is in excess of the £64m, and further actions are needed from budget managers across the organisation. This will be supported by the Integrated Quality, Finance, Performance and Delivery Group, chaired by the Director of Operations; and the Value and Sustainability Group, chaired by the Director of Workforce and Organisational Development.</li> <li>• <b>NOTED</b> that the Escalation Framework has been put in place, with directorates assessed across six domains, of which one domain is Finance and Planning, and that the IPAR contains details of the escalation status for each directorate.</li> </ul>	
<b>PM(24)97</b>	<p><b>IMPROVING PATIENT EXPERIENCE REPORT</b></p> <p>Ms Sharon Daniel presented the Improving Patient Experience Report, thanking patients and service users for their feedback. Whilst 95% of responses were in the ‘good’ or ‘very good’ category, it is important to consider the remaining 5% and the reasons behind these responses. Ms Daniel had asked the Patient Experience team to progress specific areas, one of which was obtaining feedback on patient experience in Primary Care. This is a requirement of practices as part of their contracts, and findings will be discussed with them. Outstanding data will also be requested. The first entry relating to this data is included towards the end of the report. In addition, the Health Board is piloting introduction of the Civica system into General Practice, beginning with the Managed Practices. Ms Daniel wished to thank the patient who had</p>	

provided the Patient Story contained within the report, and the Cancer team for their response. Members also heard that there is a great deal of congruence between the Patient Experience Report and the Llais report which appears later on the agenda. Ms Daniel emphasised that connections are being made with local communities. Finally, it was noted that details of the Health Board's Arts in Health programme were recently included in a Welsh Government newsletter.

Welcoming the report, Mrs Patel noted the recurring theme in complaints and concerns around communication, and enquired whether there is any data around numbers of staff attending training, in order to assess any correlation with future improvements. Ms Daniel committed to provide numbers for all relevant training. Ms Lewis welcomed the helpful full year analysis for complaints received by specialty, noting that the top three appear to mirror issues with accessibility. She enquired whether this might be a significant driver for complaints and concerns. Referencing data around whether patients were able to speak to staff in Welsh, Ms Lewis noted the figure of 73% marking this as 'Not Applicable' and requested clarification. She queried whether this reflected the proportion of Welsh speakers within the population, or the way in which data is gathered, and the fact this might not be accessible. Ms Daniel anticipated there were more than 25% Welsh speakers and recognised that this may require further exploration. Ms Hughes Moakes advised that the proportion of Welsh speakers is approximately 37%, although this varies between counties. There is an issue around confidence in Welsh speaking, particularly when communicating in a medical setting. However, the Health Board does have a responsibility in this regard, so should consider how it can improve skills among its staff. Ms Raynsford suggested that the Welsh Language team be consulted, to assist with exploring this issue. Ms Donna Coleman advised that Llais are undertaking work in this area and will be able to share their findings in the autumn.

Noting the statement around themes of complaints, with 39% of all new concerns being around clinical treatment and assessment, Cllr. Evans expressed concern around the consistent appearance of this theme and enquired regarding the main issues. Mr Henwood suggested that this was a multifactorial matter and is also somewhat open to interpretation. It can involve, for example, accessibility, timeliness, seniority of clinician seen, whether expectations are met. He emphasised that many people are content with the service they receive. Ms Daniel agreed with this assessment, whilst acknowledging that more detailed work could be undertaken to understand this area more fully. Ms Ann Murphy wished to express thanks, on behalf of the Board, to staff at WGH for their efforts in arranging a patient wedding. Referencing the Word Cloud created from feedback in respect of the Mental Health Service, Ms Marks highlighted the positive nature of this, which is a credit to staff.

Returning to the analysis of complaints by specialty, Professor Kloer noted that A&E has seen the highest number of complaints. The challenges faced by both staff and public in this specialty are significant. He and Executive colleagues had met with senior A&E consultants and nurses yesterday, to discuss these challenges from the staff

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	<p>perspective. The lead A&amp;E consultant in Wales had also attended. Professor Kloer expressed pride in the work of Health Board A&amp;E staff, their professionalism and approach in seeking to improve performance. They have many ideas and are also taking steps to learn from good practice elsewhere. It is recognised, however, that the A&amp;E environment currently is not as the organisation would want. Mrs Hardisty agreed that the enthusiasm of staff to develop solutions is palpable. She welcomed the report and thanked those involved in collating and contributing to it.</p>	
	<p>The Board <b>RECEIVED</b> the Improving Patient Experience report, which highlights to patients and to the public the main themes arising from patient feedback.</p>	

<p><b>PM(24)98</b></p>	<p><b>INTEGRATED PERFORMANCE ASSURANCE REPORT</b></p> <p>Mr Huw Thomas introduced the Integrated Performance Assurance Report (IPAR) for Month 12 of 2023/24 and Month 1 of 2024/25. With regard to Month 12, whilst Planned Care performance had improved, it is recognised that patients are still waiting too long for treatment. Referral to Treatment Time (RTT) breaches are below 1,500 for the first time since August 2021. Diagnostics waits show a significant reduction in breaches, with various improvements in performance. Cancer Care has the highest performance since October 2021. The Month 1 report contains the latest Cancer Care information available. Performance in Mental Health relating to Children and Adults undertaking assessment within 28 days are above target. Whilst performance in relation to Psychological Therapy waits exceeds trajectory, it is below target. Urgent and Emergency Care performance continues to show concerning variation, connected to issues with patient flow, as mentioned earlier. Neurodevelopmental Assessment waits has been an area of ongoing concern for some time now. Breaches also continue to increase in Planned Care, and Diagnostics shows similar issues. There has been a concerning increase in patient falls. Mr Huw Thomas advised that the mechanism for capturing data with regard to Therapies has been changed to reflect the Welsh Government approach, with audiology and weight management data excluded. Finally, the appendices to the report were outlined.</p> <p>In respect of Cancer Care, Mr Carruthers anticipated continued progress towards meeting the Welsh Government expectations. Whilst there has been significant progress in certain areas of Mental Health, others require further work. Urgent and Emergency Care performance expectations will be challenging to deliver and will require major work, although there are some 'green shoots' of improvement. The most significant improvement has been seen at WGH, since the reintroduction of services following Reinforced Autoclaved Aerated Concrete (RAAC) works. Mr Carruthers acknowledged, however, that performance remains unacceptable. He wished to thank operational teams for their work, and particularly recognise the contribution of Mr Peter Skitt. Referencing page 5 of the Month 1 report, Ms Lewis noted figures relating to Colonoscopy and suggested that an increase of a couple of lists per week would meet the gap identified. Mr Carruthers indicated that there is not a direct correlation in this regard and that other factors are involved. Mr Henwood confirmed that this involves bowel screening</p>	
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rather than general lists. It was agreed that this distinction would be made clear in future reports.

HT/AC

Mr Maynard Davies commended these reports, which have greatly improved and are extremely useful. Page 5 of the Month 1 report identifies two Mental Health measures of concern. Whilst noting the intention to procure additional external capacity in Autism Spectrum Disorder (ASD) assessments, Mr Maynard Davies also noted recent publicity around the quality of certain of these and enquired how this will be ensured. Building on this, Ms Marks noted that the Health Board is still only seeing a proportion of patients and queried how it is managing the impact on patients. Also, how HDdUHB compares with the rest of Wales, and details of patient experience. In response to Mr Maynard Davies' query, Mr Carruthers assured Members that the additional capacity being sourced was of a more comprehensive nature, with the number of contacts and length of provision determined by patient need. He would, however, request that this be monitored by the Directorate and it was suggested that a report be provided to QSEC. The significant shortfall and waiting times are acknowledged; however, mitigating measures are in place, including a counselling tool. Welsh Government have identified this as an issue across Wales and are developing a more strategic solution, with the Health Board engaging in discussions. There may also be other opportunities or options to provide more capacity. Whilst Mr Carruthers did not feel that HDdUHB was in any worse a position than other Health Boards, he did not take any comfort from this.

AC

Cllr. Evans noted that, whilst the figures for 52 and 104 week waits have increased, the variation shows an improving trend and queried this apparent anomaly. It was explained that the report does not show any one month in isolation, and the trend is still an improving one. Mr Weir welcomed the Escalation Framework overview provided as Appendix B, whilst suggesting that sickness levels, and actions to address these, should be examined again. Mrs Gostling advised that the Escalation Framework involves more than sickness absence. It should be recognised that staff are also our local population and patients. Members heard that the organisation is working with Trade Union representatives to explore additional support for staff on long-term sick leave, as part of a focused piece of work by the Staff Partnership Forum. There is also a specific role within the Workforce and OD team supporting sickness absence. Noting the recent announcement regarding Junior Doctor Industrial Action, Mrs Hardisty enquired whether this applies to England only. Mrs Gostling confirmed that it does for now.

Returning to the issue of delayed discharges, Ms Raynsford enquired when there might be an improvement. Mr Carruthers reminded Members that HDdUHB has the highest number of Trusted Assessors in Wales; however, this does not seem to be producing benefits. Whilst there is a reduction in assessment delays, this is not necessarily translating into more timely discharge. Progress will need to be made on this matter, as it is hampering the organisation's ability to provide good quality care. Mrs Hardisty reported on her conversation with one Trusted Assessor, who felt restricted in their ability to adequately perform their role.

The Board **NOTED** the IPAR - Month 12 2023/24 and Month 1 2024/25.



PM(24)99	<b>CORPORATE RISK REGISTER</b>	
	<p>Mrs Wilson introduced the Corporate Risk Register (CRR), reminding Members that since the previous report in January 2024, the risks have been discussed in detail by the Executive Team and at Board level Committees, and reported via the Committee Update Reports. Where areas of concern are identified, more detailed reports can be requested. There are 23 risks on the CRR, with Members noting that there are 6 new risks, 2 have been de-escalated, 1 has increased in risk score, 3 have reduced in risk score and 13 show no change. Due to their confidential nature, 2 Corporate Risks involving physical and cyber security are for consideration during the In-Committee Board session.</p> <p>Mrs Hardisty noted that Risks number 1810 and 1812 state they were approved by Chair's Action and queried this. Mrs Wilson explained that this related to the Chief Executive as Chair of the Executive Risk Group, rather than the Health Board Chair and committed to review the wording in such cases to avoid confusion. Referencing Risk number 1531, Mr Maynard Davies noted the recommended solution of combining rotas and requested an update. Mr Carruthers advised that this forms part of a key workstream of the Clinical Services Plan, with a sustainable model for General Surgery being sought. Mr Henwood confirmed that options are being developed, with the intention of presenting details to the Board in September 2024.</p> <p>Ms Marks noted that there are two amber rated risks relating to staff wellbeing and emphasised the Health Board's duty of care to everyone, including its staff. Agreeing, Mrs Wilson assured Members that Mrs Gostling was currently reviewing these risks, noting that the same debate had been held at the People, Organisational Development and Culture Committee (PODCC) when the risks were reviewed.</p>	JW
	<p>The Board <b>TOOK ASSURANCE</b> that corporate risks are being assessed, managed and reviewed appropriately/effectively through the risk management arrangements in place, noting that these have been reviewed by Board level Committees</p>	
PM(24)100	<b>CLINICAL SERVICES PLAN UPDATE</b>	
	<p>Mr Henwood introduced the Clinical Services Plan Update report, reminding Members that an Issues Paper had been presented to the March 2024 Board meeting. Phase 2 of the programme, which consists of the options development stage, is progressing well, and is on track for presentation at the September 2024 Board meeting. Mr Henwood has taken over as Chair of the Clinical Services Plan Group. Sprint 1 is part of Phase 2, and involved developing a list of options. Sprint 2 took place last week, with excellent attendance by stakeholders and positive engagement. During this, the options were scored, with 4 out of 5 deemed to meet the criteria. Service responses will need testing. The next step will involve undertaking SWOT analysis (Strengths, Weaknesses, Opportunities, Threats). Mr Henwood drew Members' attention to the request for Board approval in advance of the procurement process for Phase 3, subject to final agreement in September 2024. The budget exists to support this arrangement. Finally,</p>	



	<p>Mr Henwood wished to thank all of the staff, stakeholders, patient representatives and Llais for their participation in the process.</p> <p>Ms Hughes Moakes assured Members that the Health Board is committed to developing a Communications and Engagement Plan for the Clinical Services Programme; however, this work has been paused ahead of the General Election. Mrs Hardisty explained that this is a requirement during any election period and will apply to all Public Sector organisations. Cllr. Evans noted the estimated value of £107k for Independent Consultation Engagement support and requested further clarity. Mr Henwood advised that, whilst the final cost will depend on scope, this was based on previous experience of similar processes. Members heard that the intention is to begin procurement to speed up the process; detail will be included in the report to the September 2024 Board. The request of Board is to agree the procurement process can commence, not the actual spend.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> that the Clinical Services Plan programme is progressing in line with the Board agreed timeline</li> <li>• <b>NOTED</b> the aims and objectives for Phase 2 of the programme</li> <li>• <b>NOTED</b> the hurdle criteria for Phase 2 of the programme</li> <li>• <b>NOTED</b> the outputs of the Deliberative session, Check and Challenges, and Sprint 1 sessions</li> <li>• <b>APPROVED</b> the procurement of independent support and assurance as set out in the report, subject to Board decision in September 2024</li> <li>• <b>NOTED</b> the progress of the Paediatric Service Implementation Plan</li> </ul>	
<p><b>PM(24)101</b></p>	<p><b>PRIMARY CARE AND COMMUNITY STRATEGY UPDATE</b></p> <p>Ms Paterson reminded Members that the Clinical Services Plan update in March 2024 had included a section on Primary Care and Community Strategy development. This Primary Care and Community Strategy Update report sets that out in more detail, including the proposed governance structure for taking this forward. It also confirms the scope of 'Community' in this context, and outlines plans for communication and engagement and discussion with stakeholders and Welsh Government. The extent and scope of this work is recognised, together with the interrelations which need to be addressed and the role of Primary and Community Services. There needs to be consideration of how services will be delivered in the future, and discussion of potential models with the local population. The report sets out a range of work which needs to be progressed. Due to the extent of this work, and requirement for engagement with various teams and stakeholders, it is proposed that the timetable for development of the Strategic Plan be extended to May 2025, as outlined in the recommendations.</p> <p>Welcoming the comprehensive report, Ms Marks emphasised that development of this Strategic Plan represents an important 'building block' in delivering the Health Board's strategic vision and social model for care. Her queries, however, were around pace, time and working together. Ms Marks questioned whether the proposals are 'letting excellent be the enemy of good'. Whilst recognising the need to engage with staff, she queried whether the proposed timescales could be shortened. Also, whether what is proposed is the only possible</p>	

	<p>mechanism for engaging with people. In response, Ms Paterson emphasised that the Health Board will not be waiting for the conclusion of all of the work before progressing. The issues of concern are known and the Health Board needs to work with its communities to develop resilient models of care. There needs to be a 'real' solution to the challenges being faced. A strategy meeting is taking place next week, and Ms Paterson would communicate Ms Marks' concerns regarding pace. Members heard that regular reports will be presented to SDODC. Referencing the latter point, Mr Maynard Davies noted the diagram on page 7 which indicates the need for a decision at Board in November 2024. This would necessitate consideration at SDODC in October 2024, which is not currently reflected in the SDODC Workplan. It was agreed that this would be addressed.</p> <p>Mr Iwan Thomas welcomed the report and thanked those involved in compiling it. In terms of engagement with the public, he noted that there were a number of emerging networks which could help or contribute in this regard, of which he would be happy to share details. Ms Paterson indicated that she would welcome this, emphasising that the counties also plan to engage with communities.</p> <p>Professor Kloer highlighted that this area represents a key element of the Health Board's work in relation to the Nuffield Review report. Whilst it would be challenging to reduce the proposed timeline, he recognised the need to take account of Ms Marks' comments regarding pace and agreed that opportunities should be sought to do so. Mr Iwan Thomas' suggestion was also welcomed, with the Health Board needing to consider its current and future investment in partnerships. Mr Carruthers supported Ms Paterson in her assertion that the Health Board will not be waiting for the Strategic Plan to be finalised before implementing improvement actions. Indeed, a great deal of work is already taking place, which needs to be aligned with the proposals.</p> <p>Mrs Hardisty stated, with Professor Kloer and Mr Huw Thomas agreeing, that the Health Board does not invest as much in Primary Care as it does Secondary Care. She concluded discussions by noting that this is an area of particular interest for the new UHB Chair.</p>	<p>JP</p> <p>LD</p>
	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>APPROVED</b> the proposed framework and timeline for Phase 2 of the development of the Strategic Plan and <b>REQUESTED</b> that work be undertaken to bring forward the timescales if possible</li> <li>• <b>NOTED</b> the requirements to complete the development of the Strategic Plan for Board approval by May 2025, including the support required from clinical, operational and corporate teams</li> </ul>	

<p>PM(24)102</p>	<p><b>REGIONAL PATHOLOGY OPERATIONAL DELIVERY NETWORK</b></p> <p>Introducing the Regional Pathology Operational Delivery Network (ODN) report, Mr Carruthers suggested that the level of detail in this makes it relatively self-explanatory. In November 2022, the Board had agreed that work would begin to develop an ODN; a single Pathology service across south west Wales. Whilst such arrangements are commonplace elsewhere in the UK, this would be the first in Wales. Members heard that there are potential risks, fragilities and impacts, for example with regard to Cancer Care pathways. However, the clinicians believe a</p>	
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network approach is the best solution to delivering services. It will attract and retain staff, be resilient and maximise benefits such as technical and digital advances. Mr Carruthers has been Chairing the Task and Finish Group. With the COVID-19 pandemic and its impacts, work has slowed; however, even without capital development, the ODN will provide and has been providing benefits. An example being the joint management arrangements for mortuary services. A formal network will be established in spring 2025; in the meantime, a transitional Memorandum of Understanding (MOU) is proposed for the Board's consideration.

Mr Maynard Davies was cognisant of the potential value of the ODN approach, even without capital investment. However, he highlighted that in capital projects there is often a delay between developing the Strategic Outline Case (SOC) and Outline Business Case (OBC), with more work required, which results in higher costs. He queried whether there are any actions which can be taken to mitigate against this. Also, it was noted that SBUHB ranked this capital scheme as only eighth in priority, and expressed concern regarding the potential impact of doing so, with the various competing demands on capital funding. Finally, he queried the financial implications of establishing the ODN – whether this is financially beneficial or costly. In response, Mr Carruthers acknowledged the need, during the next 12 months, to clarify the intended service specification and budget for the ODN. He anticipated that there will be financial opportunities through economy of scale, for example in terms of procurement and equipment. Whilst concerns around capital availability are valid, the resounding view among clinicians is that an ODN is still worth pursuing, even in the absence of a full capital solution.

Referencing the MOU, Cllr. Evans noted that SBUHB is the lead for every activity and queried whether this indicates that they make the final decision in all respects. In regards to governance, Mrs Wilson explained that the MOU as presented has already been approved at the SBUHB Public Board. It is a transitional MOU for the next twelve months to give time to develop the operational arrangements, with the final version being presented to Board next year. Mr Carruthers explained that the intention is to establish a Joint Committee which would seek assurance on service delivery. Noting that there has been considerable concern and a certain degree of misinformation among HDdUHB staff, Mrs Hardisty requested assurance that engagement was ongoing, particularly given the gap since the previous engagement. Mr Carruthers confirmed the Health Board's commitment in this regard, agreeing that there have been unfortunate instances of misinformation being shared. He suggested that it would be beneficial to arrange a visit to those services who are affected and emphasised the need for clarity in communications.

Mrs Wilson drew to the Board's attention a minor change made since the draft was published to Clause 12.6, to make it clear that this clause only relates to new staff joining the ODN and appointed by SBUHB. Hywel Dda staff will remain subject to Hywel Dda policies until the transfer and even after that, will have the benefit of TUPE which protects them. Clause 23.2 will also be reformatted. In addition, it should be noted that it will not be a Regional Pathology ODN Board. Mrs Wilson

	<p>also wished to place on record thanks to Mrs Sian-Marie James for her work in relation to this agenda item. Building on Cllr. Evans' comment, and emphasising the need for accountability and control, Mr Imperato enquired who – should a member of the public wish to challenge decisions or actions of the ODN – they would contact. Mrs Wilson advised that this was currently being worked through. She reiterated that this was a transitional MOU and explained that the legal position was being examined in detail. A further report would be submitted to both Health Boards early next year.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the development progress of the ODN and onward timescales; transition from May 2024 to a proposed launch on 1 April 2025.</li> <li>• <b>NOTED</b> the development of the Hub Laboratory and local refurbishment capital case and the current position ('on hold') with regard to Welsh Government fee funding to further advance the OBC to completion, approval and submission.</li> <li>• <b>SUPPORTED</b> the adoption of the Transitional ODN Memorandum of Understanding (MOU), including the additional amendments detailed above to enable the Regional Pathology Network to take the next step towards formation.</li> <li>• Await the Regional Pathology ODN Board presentation of the final MOU, Service Specification and Commissioning arrangement for the Network later in 2024/25 for final decision to adopt a Network approach to Pathology services across the region.</li> </ul>	

<p><b>PM(24)103</b></p>	<p><b>SEXUAL ASSAULT REFERRAL CENTRE (SARC) BUSINESS JUSTIFICATION CASE</b></p> <p>Before considering the Sexual Assault Referral Centre (SARC) Business Justification Case (BJC) report, Mrs Hardisty emphasised that no one on the Board is comfortable with the time this has taken to progress. However, this discussion represents the next stage and she hoped that the project was finally coming to fruition. Members heard that such proposals would usually be considered at SDODC prior to Board; due to timing issues, the BJC had been approved by Mr Maynard Davies as Chair of SDODC, via Chair's Action. By way of background, Mr Peter Skitt explained that in 2013, Welsh Government undertook a review looking at unmet need and lack of integration in SARC services and had approved a regional approach. He had been requested to progress this project in 2022, and following work, the solution presented today had been arrived at. Proposals have been considered by the Board on a number of occasions. Costs are £3.3m, and there is confidence that services can be delivered on this basis. All partners are signed up to the proposals to relocate the service from Newtown and Carmarthen to Aberystwyth. The most significant issue is securing ISO 15189:2022 accreditation by the statutory deadline of October 2025.</p> <p>Mr Skitt was thanked for his work in taking this matter forward. Ms Lewis welcomed the acknowledgement by Mrs Hardisty of the time taken to reach this point, suggesting that the resulting 'human cost' has been significant during those 11 years. The impact is likely to have disproportionately affected women, and Ms Lewis enquired whether there has been any Equality Impact Assessment (EqIA) conducted or</p>	
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	<p>consideration of accountability in this regard. In response, Mr Skitt explained that the role of the Health Board is to deliver a building which meets ISO 15189:2022 quality standards. Subject to the Board's approval today and approval by Welsh Government, the proposals will deliver such a building by 2025. In view of the current financial pressures and climate, Mr Weir felt that it was important to acknowledge the impact on revenue costs of this project. Mr Huw Thomas emphasised that this is relatively nominal, being £11k, and is covered within the existing Women and Children's Directorate budget.</p> <p><i>Mr Peter Skitt and Ms Donna Coleman left the Board meeting.</i></p>	
	<p>The Board <b>APPROVED</b> the Sexual Assault Referral Centre (SARC) BJC for onward submission to Welsh Government, for further scrutiny and approval of capital to deliver the project.</p>	

<b>PM(24)104</b>	<b>FUNDED NURSING CARE</b>	
	<p>Ms Paterson presented the Funded Nursing Care (FNC) report, suggesting that Members will be familiar with the background to this topic. The report proposes an interim uplift to the Registered Nursing element of FNC of 3%, pending finalisation of pay negotiations. The same proposal will be made to all Health Boards. Ms Paterson explained that this uplift figure may need to be reviewed following the pay award and carries with it a risk of the award being lower than the proposed rate. In such an instance, it will not be possible to recover the difference; however, should the pay award be higher, Health Boards will be expected to make up the difference. The figures involved comprise £213.18 per resident per week, incurring an additional £96k this year.</p>	
	<p>The Board <b>APPROVED</b>:</p> <ul style="list-style-type: none"> <li>• An interim FNC rate for NHS contributions of £213.18 per resident per week with effect from 1 April 2024, pending finalisation of the National FNC rate for 2024/25.</li> <li>• That following the settlement of the A4C pay award for 2024/25, the principles of the IUM are applied for a revised Final FNC rate <b>IF</b> the final national FNC rate is greater than the proposed interim rate, the difference between the interim rate and the final rate should be retrospectively applied and backdated to 1 April 2024.</li> </ul>	

<b>PM(24)105</b>	<b>IMMUNISATION EQUITY STRATEGIC PLAN</b>	
	<p><i>Ms Bethan Lewis and Dr Hannah Thomas joined the Board meeting.</i></p> <p>Introducing the Immunisation Equity Strategic Plan, Dr Gjini advised that Welsh Government had requested that all Health Boards develop such a document. Dr Hannah Thomas and other colleagues have prepared HDdUHB's Strategic Plan. Members heard from Dr Hannah Thomas that the Plan brings together the most recent data on immunisations and vaccinations and aims to improve equity in accessing these. With specific reference to MMR, the Health Board has achieved slightly below the All Wales target for MMR1; however, for MMR2 every General Practice has fallen short of the target. There needs to be focused work in this area, since there is an increased potential for outbreaks, as being seen elsewhere. The Plan as presented is a three year Strategic Plan and takes into account data and inequities. It proposes engagement with communities to understand barriers to immunisation uptake and delivery</p>	



of an approach to address inequities, with monitoring via an Immunisation Oversight Group. The Board is requested to approve the Immunisation Strategic Plan.

Mrs Hardisty clarified that Welsh Government has introduced an Immunisation Equity Strategy; therefore, Health Boards have been requested to develop Strategic Plans. Noting that ethnic minorities sometimes experience access issues or are reluctant to take up immunisations, Mrs Patel enquired whether there are specific plans for this group. Dr Thomas confirmed that consideration is being given to the best ways to engage with individual groups and to developing tailored approaches. Ms Bethan Lewis advised that work is being undertaken with the Health Board's Outreach team, which includes translation of materials into various languages and identifying 'trusted voices' within specific communities to facilitate engagement.

With regard to the missed targets for MMR, Mr Iwan Thomas enquired whether there is a focus on the relevant communities, and whether deprivation is a factor. Whilst confirming that deprivation is being considered, Dr Thomas indicated that there are other areas of focus, including Welsh speakers and migrant communities. Data analysis is being undertaken to understand the reasons for low uptakes. In response to a query around whether the region's rurality is also being addressed, Dr Thomas confirmed that this was the case. She emphasised the need to understand communities and the challenges and barriers they are experiencing which might disadvantage them. Part of this involves working with GPs. Returning to the issue of rurality and its impact in terms of transport and travelling costs, Ms Raynsford welcomed the use of the Tenovus lorry. She enquired whether there is evidence that the Cost of Living Crisis is impacting on people taking up immunisation offers. Ms Bethan Lewis advised that there has been feedback regarding travel costs. However, the Health Board is seeking to engage with communities in their localities, such as village halls, and is working with nurseries attached to schools. There are plans to engage with private nurseries also.

Whilst noting that rurality is a factor, Ms Marks highlighted that one of the lowest uptakes is seen in Llanelli, which is urban not rural. She enquired regarding the approach being taken here. Ms Bethan Lewis advised that it was a similar approach, of attempting to understand barriers; these can vary even within a single location or town. She then went on to describe the approach being taken to engage with the local gypsy and traveller communities. Having worked with such groups, Mr Imperato noted that there are often 'trusted links' in these communities who offer valuable access. Agreeing, Ms Bethan Lewis added that there are also key individuals within the Local Authorities and Outreach team, with whom the Health Board is working. Noting that migrants tend to move within and between areas due to issues with housing, Mrs Patel enquired how it is ensured that they have access to immunisations. Members heard that there is collaboration with Primary Care and Local Authority teams, supported by the resettlement teams, who ensure that migrants are registered with GPs. In addition, there has been translation of documents to ensure that immunisation records are interpreted correctly.

	<p>Dr Gjini emphasised that this was not an issue which could be resolved overnight. The uptake of primary children’s vaccines has been low for some time. There are many nuances with regard to barriers; access is key and is an issue in this area. Whilst HDdUHB ranks high among Health Boards for school-based vaccine uptake, it ranks low for non school-based uptake. Dr Gjini suggested that there needs to be a focus on access and information, and that the Health Board needs to facilitate the scheduling of appointments to fit in with families.</p> <p>Mrs Hardisty thanked Ms Bethan Lewis and Dr Thomas for their attendance and for answering Members’ queries.</p> <p><i>Ms Bethan Lewis and Dr Hannah Thomas left the Board meeting.</i></p>	
	<p>The Board <b>APPROVED</b> the Immunisation Strategic Plan 2024-2026, with its Strategic Objectives and milestones, for onwards submission to Welsh Government as per their request to all Wales’ Local Health Boards.</p>	
<p><b>PM(24)106</b></p>	<p><b>APPROVAL FOR REINFORCED AUTOCLAVED AERATED CONCRETE (RAAC) WORKS OVER £1m</b></p> <p>Mr Carruthers presented the Approval for RAAC Works over £1m report, which he hoped was self-explanatory. The report seeks approval to award a contract of £1.1m for the next phase of RAAC remedial work at WGH, to the Physiotherapy, Gymnasium, Therapies, North-South Corridor and Pharmacy areas. The recommendation proposes the same ‘call-off’ agreement as has been applied to previous tenders and funding for this work is covered by the £12.8m allocated by Welsh Government.</p> <p>From a service user perspective, Mrs Hardisty requested, when it becomes necessary to close areas for work, that appropriate and professional signage is used.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>APPROVED</b> award of the contract at £1,120,668.29 (excluding VAT) to ‘Lewis Construction Building Contractors Wales Ltd’, with call-off agreement to be prepared and executed by the Health Board.</li> <li>• <b>NOTED</b> that, as the continued structural surveys take place at WGH, the construction framework suppliers will be asked to provide framework costs for the works required on a rotational basis as the requirements at each phase are confirmed.</li> </ul>	<p><b>AC</b></p>
<p><b>PM(24)107</b></p>	<p><b>NURSE STAFFING LEVELS (WALES) ACT ANNUAL REPORT 2023/24</b></p> <p>Ms Daniel presented the Nurse Staffing Levels (Wales) Act Annual Report 2023/24, the sixth such report since the Act came into effect. Data within the report seeks to set out the extent to which levels are maintained within the Health Board. Members heard that there had been no incidents or complaints where nurse staffing levels not being maintained had been deemed to be a contributory factor. Ms Daniel advised that the Health Board is now utilising the Safecare module of the Allocate system, with all Registered Nurses being users of this. It is recognised that extending the number of users may impact on the quality of data, and this is being constantly addressed via training and education. There is also cognisance of the fact that less experienced</p>	

	<p>staff are likely to make different professional judgements regarding appropriate staffing levels, compared with more experienced staff.</p> <p>Mrs Hardisty wished to recognise the significant work involved in compiling this report, whilst noting that she was not aware of the Health Board ever having received any response from Welsh Government to these reports. In response, Ms Daniel advised that the Annual Assurance report being considered today is not one mandated for submission to Welsh Government, only to the Board. The Welsh Government Policy Officer does, however, read all these reports. The report is used to form the basis of the three year report to Welsh Government. Whilst Health Boards do not receive a formal response from Welsh Government, the Policy Officer does produce a summary document, which is presented to the Executive Directors of Nursing Peer Group. The caveated three year report was submitted to the April 2024 QSEC meeting and will be presented to Board in September 2024, prior to submission to Welsh Government.</p>	
	<p>The Board <b>RECEIVED</b> the Annual Assurance report for 2023/24, as a source of assurance that the necessary processes and reviews have been enacted to enable the Health Board to remain compliant with its duties under the Nurse Staffing Levels (Wales) Act 2016.</p>	

<p><b>PM(24)108</b></p>	<p><b>REPORT OF THE SUSTAINABLE RESOURCES COMMITTEE</b></p> <p>Mr Winston Weir, SRC Chair, presented the SRC update report from its meeting held on 30 April 2024, highlighting key items discussed. There was one item to Alert to the Board, relating to the cessation of the provision of the non-drug allergy service on 1 November 2023 and the alternative referral route for the 35 allergy referrals since that date. The Committee had considered the Financial Position for Month 12 and is planning further Deep Dives. It discussed savings plans and received assurance around Medicines Management. SRC also received and considered a Procurement Update seeking approval for various procurement, which is presented for Board approval.</p> <p>The Board <b>NOTED</b> the SRC update report, acknowledging matters recorded for Advice and Assurance, and matters highlighted by the Committee to Alert to the Board, recognising that at this point no further action would be undertaken.</p>	
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<p><b>PM(24)109</b></p>	<p><b>PROCUREMENT REPORT</b></p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>APPROVED</b> to proceed to commence the tender for the Provision of Dental Services for Hendy Gwyn, Haverfordwest and Carmarthen listed above to provide services from 1 December 2024 up to 30 November 2029 or with Extension to 30 November 2034, these contracts will have onwards submission to Welsh Government for approval.</li> <li>• <b>RATIFIED</b> the award of the All-Wales Fuel Cards from 1 July 2024 to 30 June 2028 to Allstar Business Solutions Ltd. This contract will have onwards submission to Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership) and Welsh Government for approval.</li> <li>• <b>RATIFIED</b> the award of the All-Wales Gluten Free Subsidy Cards Scheme from 1 July 2024 to 30 June 2028 to AllPay Limited. This</li> </ul>	
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	contract will have onwards submission to Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership) and Welsh Government for approval.	
PM(24)110	<b>REPORT OF THE STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE</b>	
	Mr Maynard Davies, SDODC Chair, added his thanks to Mrs Hardisty for her contribution to the Health Board. He presented the SDODC update report from its meeting held on 25 April 2024, highlighting the two issues to Alert to the Board; the SDODC Annual Report and Maturity Matrix and Action Plan. There are other areas where the Committee has concerns; however, these are being managed for the time being. Two Corporate Risks had been reviewed.	
	The Board: <ul style="list-style-type: none"> <li>• <b>NOTED</b> the SDODC update report, acknowledging matters recorded for Advice and Assurance, and matters highlighted by the Committee to Alert to the Board, recognising that at this point no further action would be undertaken.</li> <li>• <b>NOTED</b> that the SDODC Annual Report 2023/24 would be considered at the Extraordinary Public Board meeting on 11 July 2024</li> </ul>	
PM(24)111	<b>PLANNING MATURITY MATRIX AND ACTION PLAN</b>	
	The Board <b>APPROVED</b> the Planning Maturity Matrix and Action Plan.	
PM(24)112	<b>REPORT OF THE PEOPLE, ORGANISATIONAL DEVELOPMENT AND CULTURE COMMITTEE</b>	
	Mrs Patel, People, Organisational Development and Culture Committee (PODCC) Chair, presented the PODCC update report from its meeting held on 15 April 2024, which was self-explanatory. There were no Alert or Advise matters for consideration by the Board. The Committee can provide Assurance around the workstreams being taken forward and had considered the closure report for Planning Objectives. Mrs Patel advised that the Committee is undergoing a period of transition during which it is reviewing how it operates.	
	The Board <b>NOTED</b> the PODCC update report, acknowledging matters recorded for Assurance, and that there were no matters to Alert or Advise to the Board, as there are no actions which the Board needs to consider or undertake.	
PM(24)113	<b>REPORT OF THE HEALTH AND SAFETY COMMITTEE</b>	
	Ms Murphy, Health and Safety Committee (HSC) Chair, thanked Mrs Hardisty for her contribution as the previous Chair of HSC. She went on to present the HSC update report from its meeting held on 7 May 2024. There were no matters to Alert to the Board; however, there were various issues to Advise, with reports requested for the next meeting. Concerns were as outlined within the report. It had been agreed that the HSC governance structure needs strengthening. Members' attention was drawn to the Assurance items.	
	With regard to the governance issue, Mr James Severs advised that a meeting to discuss this topic is scheduled for 5 June 2024.	

	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the HSC update report, acknowledging matters recorded for Advice and Assurance, and that there were no matters to Alert or Advise to the Board, as there are no actions which the Board needs to consider or undertake</li> <li>• <b>NOTED</b> that the HSC Annual Report 2023/24 would be considered at the Extraordinary Public Board meeting on 11 July 2024</li> </ul>	
<b>PM(24)114</b>	<b>COMMITTEE UPDATE REPORTS</b>	
	Mrs Wilson presented the Committee Update Reports, highlighting the reports included, together with the issues and areas of concern raised.	
	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>ENDORSED</b> the updates, recognising any matters requiring Board level consideration or approval / Matters of which to Alert the Board and the key risks and issues/matters of concern / Matters of which to Advise the Board identified, in respect of work undertaken on behalf of the Board at recent Committee meetings</li> <li>• <b>RECEIVED</b> the update report in respect of the In-Committee Board meeting</li> <li>• <b>RECEIVED</b> the update reports in respect of recent Advisory Group meetings</li> </ul>	
<b>PM(24)115</b>	<b>HDDUHB JOINT COMMITTEES AND COLLABORATIVES</b>	
	<p>Professor Kloer introduced the Joint Committees and Collaboratives report, advising that this includes the new Joint Commissioning Committee (JCC). There has been another meeting of the latter since the report was prepared, which had received a further update on the Emergency Medical Retrieval and Transfer Service (EMRTS), an area of significant public interest. As has been previously discussed, there were concerns regarding Recommendation 4 in relation to the EMRTS proposals; the JCC had received additional detail and confirmation regarding further developments during the summer, for consideration at future JCC and Health Board meetings. It has also been proposed that the JCC establish a Maternity and Neonatal programme examining services across south Wales. This will need to engage and align with the Health Board's Clinical Services Plan work.</p>	
	The Board <b>RECEIVED</b> the minutes and updates in respect of recent Joint Commissioning Committee (JCC), NHS Wales Shared Services Partnership (NWSSP) Committee and Mid Wales Joint Committee (MWJC) meetings.	
<b>PM(24)116</b>	<b>STATUTORY PARTNERSHIPS UPDATE</b>	
	Presenting the Statutory Partnerships Update report, Ms Paterson drew Members' attention to the decision to remove the Tapering element from the Regional Integration Fund (RIF). Ms Paterson wished to place on record her thanks to Mrs Hardisty for Chairing the Regional Partnership Board for a number of years.	
	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>TOOK ASSURANCE</b> 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</li> </ul>	



	<ul style="list-style-type: none"> <li>• <b>NOTED</b> the actions which have been completed to date</li> </ul>	
PM(24)117	<b>LLAIS REPORT</b>	
	Mrs Hardisty thanked Llais for their report, noting that it is the intention that one will be provided to every Board meeting, although it is likely that this will be incorporated into the Improving Patient Experience Report agenda item.	
	The Board <b>NOTED</b> the Llais Report.	
PM(24)118	<b>BOARD ANNUAL WORKPLAN</b>	
	The Board <b>NOTED</b> the Board Annual Workplan.	
PM(24)119	<b>DATE AND TIME OF NEXT MEETING</b>	
	9.30am, Thursday 25 July 2024	