Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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

Date of Meeting:	**09:30, Thursday 25 July 2024**
Venue:	**Ceredigion County Council Chambers, Penmorfa, Aberaeron, Ceredigion SA46 0PA**

Present:	Dr Neil Wooding Chair, Hywel Dda University Health Board Mrs 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 Ann Murphy, Independent Member (Trade Union) 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, Chief Operating Officer Ms Sharon Daniel, Interim Director of Nursing, Quality and Patient Experience Mr Shaun Ayres, Deputy Director of Operational Planning and Commissioning, deputising for Mr Lee Davies, Executive Director of Strategy and Planning 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 Ms Alwena Hughes Moakes, Communications and Engagement Director Mr James Severs, Executive Director of Allied Health Professions 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 Mr Sam Dentten, Deputy Regional Director, Llais West Wales Mr Michael Gray, Director of Social Services, Pembrokeshire County Council (VC) Ms Rhian Bond, Assistant Director of Primary Care (VC) (part) Ms Clare Moorcroft, Committee Services Officer (Minutes)

Minutes Ref.	Item	Action
PM(24)128	**Welcome and apologies**	
	Dr Neil Wooding welcomed everyone to the Public Board meeting, advising that he was the newly-appointed Chair of the Health Board and thanking Ceredigion County Council for hosting the meeting. Dr Wooding noted that decision-making in relation to Board agenda items is largely context-specific. Consistency in decision-making is vital, to ensure that it best represents the interests of the Health Board and the wider Hywel Dda community. He would, therefore, propose that when making decisions, the Board considers the following five 'design criteria':	

1. Fair
2. Affordable/sustainable
3. Consistent with the Health Board's strategic approach
4. Does not create an unhelpful precedent
5. Safe

Apologies for absence were received from:

- Ms Anna Lewis, Independent Member (Community)
- Mrs Chantal Patel, Independent Member (University)
- Mr Lee Davies, Executive Director of Strategy and Planning

PM(24)129 **Declaration of Interests**

The following declarations of interest were made:
- Cllr. Rhodri Evans – role on Ceredigion County Council
- Mr Iwan Thomas – role in community projects
- Mrs Eleanor Marks – role as Chair of Arts in Health Group

PM(24)130 **Minutes of the Public Meeting held on 30 May 2024**

RESOLVED – that the minutes of the meeting held on 30 May 2024 be approved as a correct record.

PM(24)131 **Matters Arising and Table of Actions from the Meeting held on 30 May 2024**

An update was provided on the Table of Actions from the Public Board meeting held on 30 May 2024 and confirmation received that outstanding actions had been progressed. There were no matters arising.

PM(24)132 **Report of the Chair**

Dr Wooding presented his report on relevant matters undertaken since the previous Board meeting.

<u>Decision</u>:
The Board **SUPPORTED** the work engaged in by the Chair since the previous meeting and noted the topical areas of interest.

PM(24)133 **Report of the Chief Executive**

Introducing his report on relevant matters undertaken since the previous Board meeting, Professor Philip Kloer highlighted in particular the update on NHS oversight and escalation arrangements. The Health Board remains in Targeted Intervention (TI) for all domains and the report outlines some of the associated challenges. This matter would be covered in more detail later on

the agenda. The report also outlines progress on establishing the Joint Committee between Hywel Dda University Health Board (HDdUHB) and Swansea Bay UHB (SBUHB). It also indicates the range of topics discussed at Executive Team, including Accelerating the Cylch Caron Model of Care, which has been in development for a number of years, and which is intrinsically linked to Tregaron Community Hospital. A press statement has been released, indicating that a period of public engagement is planned around the reprovision of beds at Tregaron Hospital into the community model. There are significant challenges in terms of staffing these beds sustainably and safety, particularly as the organisation approaches winter. Professor Kloer indicated, however, that there are other services which can be offered to the public which will offer improved experience.

In relation to the latter issue, Cllr. Rhodri Evans noted that there is no recommendation relating to this; for example, to embark on a period of public engagement. He enquired whether this means that the decision to do so is an operational function, or whether the Board should, indeed, be asked to endorse this course of action. In response, Ms Alwena Hughes Moakes advised that a report had been submitted to Executive Team around how the model might be progressed; this topic had also been discussed with Llais. Recognising the timing, there had been consideration of the optimum way to engage with public and stakeholders. It is planned that findings will be presented to the September 2024 Public Board. Cllr. Evans noted the suggested 4 week consultation period, which falls within both peak holiday season and a busy time for those in rural and farming communities. He suggested that this was not optimal, and that consideration be given to extending the consultation period to 8 weeks.

Ms Hughes Moakes wished to clarify that there is a difference between consultation and engagement. What is proposed is the latter, a period of public engagement. Following this, a Board decision would be required around whether there is a need for formal consultation. Mr Michael Imperato confirmed this, whilst noting that the official guidance on changes to health services quotes an example for engagement of up to 8 weeks, for a ‘moderately sensitive issue locally’. Mr Imperato felt that this might serve to support the suggestion of a longer engagement period, particularly with the timing not being ideal. Ms Ann Murphy wished to clarify that the staff at Tregaron Hospital have already been engaged with informally, and that there has been Trade Union involvement. Ms Murphy built on Professor Kloer’s comments, emphasising that there are staff concerns regarding the safe staffing of beds at Tregaron Hospital and patient safety.

Dr Wooding indicated that any requirement for a formal consultation will be a decision for the Board in September 2024. The decision required today is whether the 4 week engagement period should be extended. Ms Delyth Raynsford wished to highlight that Tregaron Hospital also serves a wider area, including Powys. If the Health Board is to undertake true and full

engagement with all communities and agencies, she felt that it should be 8 weeks. Professor Kloer acknowledged this feedback, indicating that it may be necessary to analyse the utilisation of beds by residents from outside Hywel Dda. Whilst recognising the need for sufficient engagement, he explained that the impetus to decide and implement any changes prior to the winter period will be forefront in the minds of operational colleagues. Professor Kloer suggested that Board Members' feedback be taken into consideration and discussed with Llais, in terms of the potential impact on operational timelines reminding Members that Llais were supportive of a 4 week engagement period on this matter.

Cllr. Evans raised the topic of Cylch Caron, which is also a project with Local Authority involvement. It commenced in 2014 and, despite its significant growth, Cllr. Evans noted that there had been limited substantive updates to the Board since then. He suggested that the Board should have more cognisance of the Cylch Caron model. Agreeing with the timeframe, Mr Andrew Carruthers indicated that Cylch Caron has been previously engaged upon and is consistent with the Health Board's Strategic Plan. He would be concerned, however, around extending the proposed new engagement, due to the safety issues being cited by staff and the potential for these to become still more challenging. Indications suggest it would be possible to care for four times as many patients in the community than with the current model.

Whilst acknowledging that the healthcare environment has changed since 2014, Dr Wooding proposed that the planned 4 week engagement period be retained, with the caveat that there is a rigorous discussion at the September 2024 Public Board meeting around whether this has been sufficient and whether there is a need for formal consultation. There are potential benefits associated with new models of care; however, these need to be clearly stated, together with indicative timelines.

Declaring an interest around his involvement with PLANED and community projects, Mr Iwan Thomas highlighted the request to approve the Memorandum of Understanding (MOU) in relation to carers in Pembrokeshire. He emphasised that there are other providers of care, including more than 80 microenterprises in Pembrokeshire alone. These provide in excess of 2,500 hours of care per week which does not, therefore, fall to other providers such as the Health Board or Local Authorities. He requested that Local Authorities engage with these wider providers of care, including those in the Third Sector. Dr Wooding welcomed this feedback and suggestion.

Decision:
The Board:
- **ENDORSED** the Register of Sealings since the previous report on 30 May 2024
- **NOTED** the status report for Consultation Documents received/responded to

- **APPROVED** the Memorandum of Understanding for the procurement of carers' information, support and outreach services in Pembrokeshire
- **NOTED** the amendment to the Virtual Pooled Fund Agreement for 1 April 2024 – 31 March 2025
- **NOTED** the Compassionate Leadership Pledge

PM(24)134 **Annual Plan 2024/25**

Mr Shaun Ayres presented the Annual Plan 2024/25 report, highlighting in particular:

The organisation's approach to Targeted Intervention, which is not being managed in isolation; rather it is being embedded across all Health Board business and all 6 domains:

1. Finance, Strategy and Planning
2. Performance and Outcomes
3. Fragile Services
4. Governance
5. Leadership, Capability and Culture
6. Quality of Care

- The assertion that the report is heavily process-driven, in response to which the Health Board has developed an internal TI escalation framework, including 56 de-escalation criteria. Progress against each of these will be clearly assessed utilising the 3As approach, with clear actions and plans to ensure de-escalation

- Challenges including:

    - Finances, with the Health Board currently being £10.7m adrift of its target and even further off-target in achieving the Welsh Government Control Total. There is a two-year plan in place, with coherent actions for the medium- and long-term.
    - Urgent Care – challenges across sites and counties

- All plans and programmes will have:

    - Clear milestones
    - Clear outcomes
    - Clear status updates

This will facilitate a move from process to delivery.

In response to a query around whether there are timelines for each of the latter, Mr Ayres confirmed that there will be clarity around when programmes and plans will go live, and the order required, so that the consequences of any issues can be understood. Mrs Eleanor Marks thanked Mr Ayres and the wider team for their work. Whilst welcoming the context around plans,

Mrs Marks enquired how it is intended to ensure sustained change within the organisation and a 'holistic' approach to change. Mr Ayres indicated a need to recognise the various elements of change, including strategy, process and 'hearts and minds'. In practice, this involves ensuring that all actions and decisions have a clear evidence base, both quantitative and qualitative. This will engage people in the change, and ensure systematic and systemic change management.

Mr Maynard Davies noted that there is no mention under the Leadership, Capability and Culture domain of the Enabling Quality Improvement in Practice (EQIiP) Programme, which is one of the Health Board's greatest successes. Additionally, he suggested that the organisation does not always optimise the output of this programme. Dr Wooding noted that planning often focuses on remediation and is transactional, ignoring the asset base of organisations. He agreed that the talent and energy evident within this programme should be utilised. Mr Ayres assured Members that this is recognised, and that one of the key underpinning aspects of the process will be to ensure alignment of programmes and colleagues with the relevant skill set, to ensure delivery.

Professor Kloer recognised that this is an extremely important topic, and that the Health Board faces significant challenges. Members were reminded of the 100 day cycle approach being applied, to accelerate change and deliver the Plan. There is a need to undertake both this, and the transformational work to make systems sustainable. Members were assured that there this a vast range of work being undertaken, with certain actions having to be addressed within extremely short timescales.

Dr Wooding asked the Board to consider whether it was assured that the proposed 'direction of travel' was correct. Based on the discussions, he felt it was, with the caveat that there will need to be rigorous and speedy delivery in order to be provided with the necessary confidence and assurance. He noted that it is the managers and staff who will actually deliver the Plan, and these individuals need to be fully engaged with. It should also be noted that the Plan as presented is not acceptable to Welsh Government. Whilst this should not deter the Health Board from its intentions, it must be acknowledged. Members endorsed the direction of travel, and it was agreed that there should be regular updates regarding progress and delivery.

Decision:
The Board:

- **TOOK ASSURANCE** from the establishment of new governance arrangements, the mapping of Planning Objectives and TI domains to groups and committees, the introduction of an internal escalation framework and the new monitoring arrangements
- **DISCUSSED** the performance challenges, under the IPAR Board item, in key areas such as Urgent and Emergency Care,

Cancer, and Diagnostics and to support the targeted improvement plans to address these critical performance gaps

- **DISCUSSED**, as part of the Financial Report, the ongoing challenge of unidentified savings and the risk this poses to achieving the planned financial deficit, necessitating immediate and decisive actions to identify further savings opportunities and mitigate financial risks
- **TOOK ASSURANCE** that all Planning Objectives, with the exception of Planning Objective 8, are on track

PM(24)135 **Financial Report**

Presenting the Financial Report for Month 3 2024/25, Mr Huw Thomas reminded Members that Board approval of the Plan had been requested in order to allow delegation of budgets across the organisation. The Board's concerns regarding the Plan at that time had been acknowledged; and it had been recognised that it represented a 'novel or contentious action' requiring an Accountable Officer letter to Welsh Government. The Health Board's forecast deficit was £64m, against the Welsh Government target Control Total of £44.8m. This would already present a 'cash risk' of £20m, which has been identified as a Corporate Risk. However, the organisation's current trajectory suggests a deficit of £74m, which represents a £10m increase against the forecast and a £30m increase against the Control Total.

Whilst it had been previously indicated that there was 'line of sight' to a position of £71m, the Health Board is not yet at that position and is overly reliant on non-recurrent measures. In terms of the forecast, an overspend on operational budgets of approximately £2.7m is currently being offset by underspends on Primary Care and corporate budgets. Members' attention was drawn to page 5 of the main report, and the £12.6m unidentified savings gap. Performance in terms of savings is a major concern and exhibits significant variation. This is detailed on page 10 of the report; whilst the plans described are in place, clearly delivery of such is an issue. Potential mitigating actions are outlined on pages 2/3 of the covering SBAR.

On a positive note, as outlined on page 18, nurse agency expenditure is at a level not seen since 2020/21. Whilst this is reducing, the Health Board is still spending £1m a month on agency nursing. There is also a deteriorating position in terms of medical locum expenditure, where there is a £2.5m monthly spend. Another area of high expenditure is Secondary Care drugs, which exhibits a spend of £6m per month, double that seen in 2021. The latter results from both cost of drugs and activity, with a particular increase in cancer and chemotherapy drugs, where increased demand has coincided with a significant increase in cost. The cash position presents a major concern for the organisation. Mr Huw Thomas concluded by reiterating that the current trajectory is unacceptable and that the Health Board needs to focus on the mitigating actions it can take at this stage.

Mr Winston Weir agreed with the summary presented, particularly around the areas of concern. Foremost amongst these was savings identification and delivery, with a need to identify recurrent measures as well as non-recurrent. If the organisation is able to begin to do this systematically and effectively, it will align itself to a greater extent with Welsh Government expectations. Mr Weir endorsed the focus on the mitigating actions detailed within the table on page 3 of the report, highlighting in particular the importance of the first of these, around beds. He requested an update and further assurance around progress in identifying bed reductions in a safe manner, to reduce reliance on agency staff. This was likely an operational rather than a financial matter.

Returning to the issue of savings, and making these sustainable, Mrs Marks enquired how this is being embedded into the process. Whilst she thanked all involved for their efforts thus far, Mrs Marks remained highly concerned by the £10m gap between forecast deficit and current trajectory. She enquired regarding the mechanism for undertaking conversations with staff across the organisation. It was emphasised that this should not be regarded simply as a financial plan; it is the plan to secure the sustainability of HDdUHB. As such, every directorate has a responsibility to deliver its part.

Mr Carruthers acknowledged the importance of Health Board wide ownership, agreeing that delivery of the Plan should be viewed as an organisational responsibility. There do remain challenges around savings delivery; Members heard that internal escalation meetings are taking place with every directorate on a monthly basis. Mr Carruthers also advised that he is in the process of embarking on Month 4 accountability reviews, which will seek to understand from directorates what would be required to regain their allocated budget position. Members were assured that these reviews will take into account quality and safety. In regards to beds, Mr Carruthers highlighted the need to redesign the service model, to care for patients at home when possible, to admit to hospital for the right reasons and to discharge home as quickly as possible. This approach recognises the clinical harm of overly-lengthy stays in hospital.

Members heard that there is positive clinical discourse around this topic, and that Withybush Hospital (WGH) has already delivered 50% of the plan and requirement, without an apparent negative impact on performance and access. There is an emerging situation at Bronglais Hospital (BGH) with Meurig Ward and the alternative model for providing care at Hafan y Waun, which forms part of the longer-term conversation the Health Board was already having with the Local Authority. This has been accelerated, with care provision beginning today, and Mr Carruthers was hopeful that it will begin to show benefits for the BGH position. The area presenting the most challenge regarding a clear line of sight is Carmarthenshire; however, there is positive engagement with clinical staff and the team has ideas around delivery. It was

suggested that there is progress which is not fully and adequately described, although it was also recognised that there is further work required.

Dr Wooding thanked the teams involved, noting that the efforts being made to meet the challenges are considerable. He highlighted that, proportionately, 0.2% of the Hywel Dda population occupy the Health Board's beds at any one time, meaning that 99.8% do not. Notwithstanding those on waiting lists, this is due to the effectiveness of Primary Care and Community services. There needs to be reconfiguration and reframing of challenges, with an increased focus on local communities and community services. The Health Board will need to navigate a way through this process over the next year, 5 years and 10 years, which will require it to think more broadly about the communities it serves. This cannot be restricted to provision of beds – a bed is a commodity within an NHS organisation; health is a commodity within communities.

Of potentially most concern is that, in previous years, the Health Board has overspent on its budget and – whilst it may have been criticised for its financial performance – it has been provided with the resources to make up the difference. Dr Wooding was not assured that this would be the case in 2025. Firstly, Welsh Government is stating as much; secondly, indications suggest that there is no money available in the broader public purse; and finally, to provide the NHS with funds, it would have to be diverted from another public service. It is not right to assume that the Health Board should take precedence for funding which other areas of the Public Sector need to deliver vital services, many of which themselves impact on health and wellbeing.

It is, therefore, crucial for the organisation to demonstrate how it will return to a balanced budget by the end of this year. With every month that passes where savings targets are not achieved, this task becomes more difficult to deliver. Dr Wooding charged the Chief Executive, Finance Director and wider Board to develop, within the next 3 months, a contingency plan with the radical steps required to deliver the costs savings required. Should this not be forthcoming, early next year the organisation will be in the position where it has no cash reserves, will be unable to pay its creditors and will need to consider staff redundancies. He recognised that most Members of the Board would view this situation as unacceptable.

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Professor Kloer acknowledged that any funds redirected to the NHS come from other public services, and agreed that most of these have a bigger impact on health and wellbeing than the Health Board. He assured Members that there is a significant focus on delivery, with the discussion at Executive Team this week being along similar lines; ie, recognising the need for a contingency plan. There is a need, of course, to monitor any potential impact of radical measures on performance and quality of care. A number of the suggestions will be more challenging

than those already proposed; the Executive Team will evaluate these and present to the relevant Committees and thence to the Board.

Thanking staff who have already contributed to the savings delivered, Mr Maynard Davies concurred with the above assessment. In terms of Key Performance Indicators on page 7 of the main report, he noted that End of Year (EoY) Capital is RAG rated as Green and expressed concern regarding a number of potential threats to that position. For example, there is substantial work required, at significant cost, to progress the A Healthier Mid and West Wales (AHMWW) programme; also the cost to redesign the Cross Hands project. Mr Maynard Davies enquired regarding the level of assurance on this Green status. Mr Imperato added his thanks to the Executive Team and wider body of staff for their work. Recognising that Dr Wooding has already called for more decisive action, he suggested that the report's Recommendation to 'Note that the current expenditure trajectory is in excess of the £64m… ' is somewhat 'passive'.

Mr Huw Thomas recognised that the message and direction from the Board is clear. Addressing Mr Maynard Davies' query around the Green status for EoY Capital, he advised that the assessment is purely around in-year delivery against the Capital Resource Limit. There is clearly a well-acknowledged risk around the Health Board's capital in a wider sense. Whilst committing to reflect on the wording of Recommendations in future reports, Mr Huw Thomas emphasised that the description of 'passive' does not reflect the activity within the organisation.

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Dr Wooding drew discussions to a close by assuring Members that the Health Board is proactively working on this area, with everyone engaged in the work. He reiterated that this is a collective responsibility.

Decision: The Board:

- **RECOGNISED** that the Health Board's opening budget deficit of £64m is not an acceptable position for the Board, or Welsh Government. 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, which represents a key corporate risk for the Health Board
- **NOTED** that the current expenditure trajectory is in excess of the £64m, and further actions are required from budget managers across the organisation. This will be supported by the Integrated Quality, Finance, Performance and Delivery (IQFPD) Group, chaired by the Chief Operating Officer; and the Value and Sustainability Group, chaired by the Director of Workforce and Organisational Development and Interim Deputy CEO
- **REQUESTED** that a contingency plan be developed, within the next 3 months, with the radical steps required to deliver the costs savings required by the end of the current financial year; with an update provided to the September 2024 Board meeting

- **RECOGNISED** that the Escalation Framework has been put in place, with directorates assessed across six domains, of which one domain is Finance and Planning (details reported within the IPAR)
- **RECOGNISED** the savings delivery and actions undertaken to date
- **SOUGHT ASSURANCE** that:
  - Plans are translated from opportunities to delivery through the three-delivery functions Value and Sustainability Group, IQFPD Group and the Healthier Mid and West Wales Group
  - Mitigating actions are being developed to address areas of overspending

PM(24)136 **Integrated Performance Assurance Report**

Mr Huw Thomas introduced the Integrated Performance Assurance Report (IPAR) for Month 3 of 2024/25. He advised that this was of a slightly changed format, adopting the '3As' approach, to highlight either an Alert, Advise or Assure status for each of the key performance measures.

Those falling into the 'Alert' category were:

- Ambulance handovers
- 4 hour and 12 hour A&E/MIU patient delays
- Pathway of Care Delays
- Diagnostics
- Therapies
- Child neurodevelopmental services

Members were advised that these were of concern in terms of whether the actions being taken are sufficient to resolve the issues involved.

Those falling into the 'Advise' category included:

- Planned Care
- Cancer
- Infections
- Staff sickness

Members were referred to Appendix 2, which is a summary of the escalation status of directorates across the organisation. There are three levels of escalation, based on six domains, detailed within the appendix. Mr Huw Thomas felt that the organisation has made good progress on Quality, Governance and Workforce, with Finance/Strategy/Planning, Fragile Services and Performance/ Outcomes being more challenging. These will, therefore, be areas of increased focus.

Ms Raynsford highlighted the issue of child neurodevelopmental services, with children and young people waiting for assessments. Whilst there were some positives, including the appointment of a Community Paediatrician, Mrs Raynsford enquired regarding the support offered to those waiting and how progress will be maintained. She welcomed plans to discuss sickness levels in Estates and Facilities. Also on the topic of neurodevelopmental services, Mrs Marks noted that additional referrals continue to be received in excess of those which the Health Board is currently unable to manage, and enquired regarding contingency plans. In response to both queries, Mr Carruthers advised that there are services, including online provision, to which the Health Board refers those waiting for assessment for advice, in the interim.

Mr Carruthers highlighted that there is a significant challenge in terms of neurodiversity and neurodevelopmental services. Media reports only this morning suggest that there are 8 year waits for assessment in some parts of the UK. Whilst the waits are not of this level in HDdUHB, at 3-4 years, they remain too long. This issue has been a topic of discussion with Welsh Government on a number of occasions, with the most recent discourse suggesting that the current target is not considered to be achievable anywhere within Wales. Mr Carruthers further reminded Members that the target relates to assessment, not treatment, the latter being the more important aspect. However, assessment and treatment effectively involves the same staff. Members heard that the Health Board is committed to participation in any emerging national work in this area.

Approximately 85% of all assessments confirm the referral received, mainly because a professional assessment forms part of the referral process. Mr Carruthers would be keen to explore potential tools which could be utilised to remove this stage of the pathway, as only a very small proportion of those referred do not have a diagnosis confirmed by assessment. At the other end of the pathway, approximately 30% of those diagnosed are found to need ongoing and longer-term treatment due to the severity of their condition. The management of these patients also requires consideration. All in all, this is an extremely complex area. There is a need for clarity around the future service model to meet demand and need locally, particularly if the national target is found to be unfeasible, and Mr Carruthers has tasked the service with providing this clarity.

Referencing the media reports, Dr Wooding noted that the figure in England is 200,000 and that numbers are ‘filtered’ and controlled by capacity. This alone would suggest that the service model is incorrect.

Mrs Raynsford reiterated her query around support for those waiting and the potential role of Primary Care and Community services in terms of early intervention and prevention. She enquired whether there are any plans for this area to be revisited by the Regional Partnership Board (RPB). Building on this, Mrs

Marks wished to highlight the impact on children becoming adults during the time they are waiting for assessment, in terms of life chances (health, education, etc). Also, whether the waiting time as children is 'reset' when they become adults, potentially further lengthening the total waiting time. Finally, during conversations with Health Board staff, it is clear that their wellbeing is being compromised by high demand and limited capacity, and by the crisis point at which they see some patients.

Dr Ardiana Gjini agreed that vast numbers of individuals are being referred for assessment. However, as mentioned, the majority of these individuals will require only further support. The Health Board and Local Authority Early Years teams for each County operate an extremely successful programme, with which 100% of the region's secondary schools are engaged (the only region in Wales with this level of engagement). It is recognised, however, that there is more which can be done and – as such – the RPB has recently reinvigorated the Children and Young People's Board. New Terms of Reference have been agreed, together with a programme of key priorities for the year; the latter including Mental Health and Neurodiversity. An ambition is to explore possibilities for collaborative working.

Returning to earlier comments and queries, Mr Carruthers emphasised that staff are doing their very best under challenging circumstances. He confirmed that there is no 'reset' of waiting times when an individual transfers from children's to adult services. The two are split between directorates, however, and there is scope for facilitating conversations and potentially reviewing the structure in this area. Responding to a suggestion that the Health Board needs to be working with Welsh Government to develop a new service model, Mr Carruthers agreed and reiterated that he has requested the service to consider this at a local level.

Referencing the IPAR Overview, and Diagnostic Waits over 8 weeks, Mr Maynard Davies noted the proposal to continue to run 9 additional Endoscopy sessions per week. He enquired whether this is sustainable and whether it will put staff under unreasonable pressure. Also, in regards to Radiology, whether the decision around funding a mobile MRI unit is within the Health Board's gift or one for Welsh Government. Finally, and referencing the Staff Sickness section, Mr Maynard Davies enquired how Laundry services can be delivered, with a sickness rate of 71.7%. In response to the first query, Mr Carruthers acknowledged that a more sustainable model is required going forward. Members heard that the mobile MRI unit funding is within the Health Board's gift and it is anticipated that the cost will be managed within the current budget. However, the unit is not available at present, as it is being used by Aneurin Bevan UHB. With regard to the query around Laundry services, Mrs Lisa Gostling advised that this service provision has now transferred to NHS Wales Shared Services Partnership (NWSSP). She assured Members that there is a mechanism across the Health Board to review both short-term

and long-term sickness and return to work. Trade Unions are being involved in discussions around this mechanism.

Dr Wooding expressed concern that the statistics and figures within the IPAR appear to be somewhat 'volatile', with significant variance in certain areas between reports. This is sub-optimal, and suggests significant fragility across services. There is a need to review service models to ensure that they are sufficiently robust.

Decision: The Board:

- **RECOGNISED** that arrangements are currently in place to support improvements in performance through the Health Board's Integrated Quality, Finance, Performance and Delivery (IQFPD) Group, chaired by the Chief Operating Officer. Board assurance is provided by the Strategic Development and Operational Delivery Committee for key performance measures.
- **CONSIDERED** the assurance provided through this mechanism, noting that the IQFPD is supported by:
  1. The Six Goals Programme, which provides assurance over actions taking place within unscheduled care to improve performance;
  2. The Planned Care Recovery Plan, which provides assurance over actions to improve the trajectory of backlog in patient activity;
  3. A plan being developed by the Director of Mental Health and Learning Disabilities to improve performance on psychological therapies.
- **NOTED** that these arrangements are supplemented by escalation meetings across directorates based on six domains, one of which is performance and outcomes. These meetings are chaired by the Director of Finance and report to the Targeted Intervention Working Group.

PM(24)137 **Improving People Experience Report**

Ms Sharon Daniel presented the Improving People Experience Report, which covers the period April to May 2024. Members heard that, over the past 18 months, the performance in relation to positive feedback has not fallen below 93%, against a target of 90%. It is recognised, however, that the purpose of this process and report is to identify areas for improvement, share good practice and reflect on feedback from service users. The Health Board continues to receive useful feedback via the Friends and Family Test (FFT), with more than 6,000 responses received in this period. It should be noted that this response rate represents only 15.5% of the questionnaires issued, suggesting that there is scope to improve. Ms Daniel was grateful to service users for their feedback and particularly to Nadine, who had contributed the Patient Story in the report. This detailed a positive experience, where staff had shown kindness, compassion and support.

The team has started to include some thematic analysis, this has shown a decrease in complaints relating to delays or lack of treatments, a metric which has increased consistently since Quarter 3 of 2022. It will be important, therefore, to continue to monitor and analyse numbers in relation to this metric, and evaluate other trends. Members heard that communication remains a prominent theme in feedback, with a new training programme developed in this area. There has been a small increase in the overall number of complaints. Finally, Ms Daniel acknowledged the need to develop improved metrics.

Dr Wooding agreed that it is critical to capture data, in order to improve services. Referencing data on complaints received by specialty, Cllr. Evans noted that those relating to A&E have reduced significantly. However, anecdotal feedback suggests that A&E services are consistently of concern to the population. He enquired whether there was a reason for this apparent anomaly. Ms Daniel advised that work is being undertaken around Unscheduled Care. The areas of highest clinical activity will naturally produce the most feedback, A&E being one of these. In terms of the care environment, the Health Board has made a number of changes around hydration, nutrition and seating, for example, which may have contributed to the reduction in negative feedback. There is still, however, more which can be done to drive improvement, particularly around waiting times in A&E.

Highlighting the importance of demonstrating patterns with regard to complaints, Dr Wooding suggested that this needs to consider whether these intensify as services become more pressured/in demand; whether they come from particular communities or demographics; and whether they relate to specific sites, locations, teams or individuals. This information is required, in order to make change. Ms Daniel agreed, noting the need to identify an appropriate denominator in order to effectively measure performance. The Improving Experience team will work with the Performance team to consider potential metrics. Agreeing with the above, Cllr. Evans emphasised that the Health Board is taking steps to listen to its service users and to improve their experience; however, more information and analysis of this is required. Ms Daniel explained that the organisation gathers a huge amount of data; the challenge is to analyse this effectively and it is hoped that Artificial Intelligence (AI), together with the new version of the Civica system may offer opportunities in this regard.

SD

Dr Wooding wished to recognise that the feedback suggests that many people are happy with the services provided by the Health Board. Referencing an earlier comment, Professor Kloer agreed that many of the conversations with the general public reflect concerns around A&E, although there are also others. This suggests that the Board should not be overly assured by an apparent reduction in negative feedback regarding this specialty. Mrs Marks felt that it was important to highlight in particular the feedback from Mental Health services, which is extremely positive and which suggests service users have experienced kindness and

support. Declaring an interest as Chair of the Arts in Health Group, Mrs Marks also wished to recognise the hard work of this team and the impact of this work. She congratulated the team on winning a Welsh Sustainability Award for the artwork created from non-recyclable COVID-19 vaccine vial lids.

Referencing feedback data on Ophthalmology services, Ms Raynsford noted a significant increase in complaints, and enquired whether this related to waiting times or quality of procedures. There are also significant concerns and complaints relating to Glangwili Hospital (GGH); Ms Raynsford queried whether this was due to the volume of service users at this location or something else. Acknowledging these two comments, Dr Wooding suggested that this reinforces the need for more representative data, with information presented as both percentages and numerically. In regards to the Ophthalmology feedback, Mr Carruthers felt that there were a couple of issues which may have impacted upon this. Firstly, waiting times, particularly for macular services and injections. Secondly, the impact of Reinforced Autoclaved Aerated Concrete (RAAC), which had resulted in Ophthalmology Outpatients being moved out of WGH and patients having to travel elsewhere for appointments. This service has now returned to WGH and additional clinics have been operating in Pembroke Dock. Delays for patients waiting for injections is a significant issue, as these are vital in avoiding sight loss. Mr Carruthers assured Members that actions are in train to address this matter. He had recently been invited to attend a meeting of the Tenby Macular Society to provide an update on progress, and has committed to continue to attend for this purpose. As a result of these measures, Mr Carruthers was confident that feedback will improve over time.

SD

Mr Iwan Thomas highlighted that there are a great deal of encouraging aspects to the report, with a number of areas showing 100% positive feedback. He noted that the Board is privileged to have access to this information. However, reflecting on previous conversations around the challenges being faced by Health Board staff – especially in terms of savings expectations, etc – Mr Iwan Thomas queried the extent to which positive feedback is shared with staff, to support their mental health and wellbeing. Whilst recognising that Board reports are in the public domain, he suggested that the approach could be more targeted and specific. In response, Ms Daniel reminded Members that there is a Listening and Learning Sub-Committee, which is attended by an Independent Board Member. Membership of this Sub-Committee is predominantly clinical, and it receives the report presented to the Board. Learning from its findings are discussed and shared. Dr Wooding emphasised that patient perception of service provision is not driven, in the main, by financial considerations. Treating people with compassion and dignity does not incur a financial cost. He concluded by reiterating the importance and value of sharing data.

Decision: The Board **RECEIVED** the Improving People Experience report, which highlights to patients and to the public the main themes arising from patient feedback.

PM(24)138 **Board Assurance Framework**

Professor Kloer introduced the Board Assurance Framework (BAF) report, explaining that this is concerned with the Health Board's strategic focus. It outlines the organisation's six Strategic Objectives and ten Planning Objectives, the relationship between these and progress towards achieving them. The report also refers to the Health Board's principal risks and the process by which these are reviewed. Professor Kloer was conscious that the Strategic Objectives have been in place for a number of years now, and suggested that a review of these might be appropriate.

With regard to the latter comment, Dr Wooding agreed. Whilst this may not require a change of direction, a rewording or reframing of the Strategic Objectives may be apposite. He suggested that certain of these should be regarded as baseline or an expectation, rather than strategic. Accepting the potential value of this debate, Professor Kloer expressed concern around the timing, in view of the other challenges being faced by the Health Board. Mrs Marks suggested that certain of the Strategic Objectives link to the very challenges mentioned. The detailed data provided within the BAF Dashboard is extremely useful and would inform discussions around any reframing. Whilst welcoming this feedback, Professor Kloer highlighted that the organisation's entire direction 'flows' from the Strategic Objectives, and changing these would, therefore, involve a much more complex and potentially lengthy exercise.

Decision: The Board **TOOK ASSURANCE** on areas giving rise to specific concerns.

PM(24)139 **Implementing the 'A Healthier Mid and West Wales' Strategy**

Dr Wooding outlined the intended focus of this item and advised that it will also lead into discussion of the Clinical Services Programme. Mr Mark Henwood hoped that colleagues will have had the opportunity to consider and digest the report's contents. He also hoped that it adequately explains the reasons behind the delay to the programme timeline. There have been constructive discussions with Welsh Government regarding the Programme Business Case (PBC) and different scenarios are being developed as a result. A great deal has changed since 2018 when the Strategy was agreed. The Clinical Services Plan will lead to service changes, and the implications of this need to be factored in to the wider process. Members were reminded that Welsh Government had commissioned the Nuffield Trust to conduct a review of the clinical model; the findings of this had now been received and an organisational management response has been

developed. The Health Board will take steps to progress those actions within its control; however, there are others which sit with external organisations, such as Health Education and Improvement Wales (HEIW), requiring negotiation and collaboration.

The team is considering how best to develop the work, taking into account the various opportunities available. It is also important to recognise issues relating to the affordability of the programme. The report describes the status of various Community Schemes, including the Carmarthen Hwb. Mr Henwood emphasised that this presents positive opportunities for both the Health Board and patients, and drew Members' attention to the request to approve the signing, under seal, of contract documentation for the lease.

Referencing page 3 of the report, Mr Weir noted statements around Pentre Awel and requested an update on the latest position. Professor Kloer reminded Members that this project has been in development for 7 years. The Board has been aware of the potential for revenue costs; however, the original Business Case had indicated that more healthcare services would be incorporated into the project than was now the intention. The requirement to consider return on investment in terms of benefits is quite correct, and the Health Board is in discussion with the Local Authority. Scrutiny will be applied via the Sustainable Resources Committee (SRC).

Dr Wooding highlighted that the AHMWW Strategy was developed in the pre COVID-19 period. Whilst it remains the 'direction of travel', it does – as has previously been suggested – require a refresh and refocus. There also needs to be an acceptance that those aspects outside the Health Board's control may not be progressed as quickly as desired. Mr Sam Dentten welcomed the proposed refresh and would encourage, as part of this, ongoing engagement with the public. The Clinical Services Plan should be an area of focus, and Llais would welcome involvement.

Returning to the Nuffield Trust Review, Dr Wooding noted that this had highlighted the potential benefits offered by digital automation and AI. He suggested that the organisation needs to begin exploring this area in earnest.

Decision: The Board:

- **DELEGATED** authority to the Strategic Development and Operational Delivery Committee (SDODC) to approve the final version of the management response to the Nuffield Trust review at the August 2024 meeting and **REQUESTED** that SDODC oversee the implement of the actions in accordance with the agreed timescales
- **TOOK ASSURANCE** from the update provided in this report relating to implementing the 'A Healthier Mid and West Wales' Strategy, specifically:

    - The work being undertaken to progress the SOC, following the correspondence with the Deputy Chief Executive, NHS Wales
    - The clarification sought in relation to the endorsement of the PBC
- **NOTED** the update on the AHMWW Community schemes
- **APPROVED** the Carmarthen Hwb development and the signing, under seal, of the contract documentation for the lease of the Carmarthen Hwb with Carmarthenshire County Council
- **DISCUSSED** the implications to the programme and the Health Board of:
    - The continuing delay to the business case process and therefore also to the programme implementation
    - The concerns around the affordability in terms of capital and revenue of the scope of the Health Board's community plans, given the experience with the Cross Hands Health and Wellbeing Centre Full Business Case (FBC) and other developments

PM(24)140 **Clinical Services Plan**

Mr Henwood introduced the Clinical Services Plan report, reminding Members of the background to this item. Four options have been developed, which have progressed to the shortlisting stage. As outlined within the report, additional time had been required to adequately develop the options, with extra dates added to allow supplementary analysis. The Consultation Institute has been involved, and engagement has taken place with staff, stakeholders and patients. The proposed Evaluation Criteria utilise the four elements underpinning the AHMWW Strategy (Safe, Sustainable, Accessible, Kind). Both quantitative and qualitative data will be used and Quality and Equality Impact Assessments will be undertaken. The metrics to sit under the Criteria will, necessarily, be service-specific. As indicated, and subject to Board approval, the proposed timeline to report to the Board is now November 2024.

Dr Wooding emphasised the importance of detail, suggesting that the process is robust. Whilst there is likely to be some discomfort and concern, there needs to be a clear evaluative strategy, with the best possible approach. Agreeing, Professor Kloer noted that the Health Board needs to consider clinical sustainability as well as financial sustainability; although the two are intrinsically linked. Whilst it is proposed to report to the November 2024 Board meeting, delivery will stretch into next year. It is crucial to ensure that service changes are concerned with delivering improved services for the local population. There are bound to be differing viewpoints and all will need to be considered. Focusing on the Evaluation Criteria, Professor Kloer was cognisant of the fact that concerns had been raised by Ms Anna Lewis around 'Safe, Sustainable, Accessible and Kind' being too high-level, with more granular metrics required. Whilst Mr Henwood was correct in his assertion that the metrics which sit below these will be service-

specific, Professor Kloer felt that there should also be generic metrics. For example, under 'Sustainable', sustainable use of resources, climate considerations; under 'Kind', patient experience; under 'Safe', clinical metrics; under 'Accessible', travel and access to services. This would be an area of work which needs to be progressed. **LD/MH**

Whilst acknowledging the reasons behind the proposed delay and the need for full engagement and discussion, Mr Imperato hoped that this would not slip beyond November 2024. He enquired whether, in the meantime, Board level Committees would have some sight of the programme. Mr Henwood accepted these comments around the timescale, emphasising that it is not where the team would wish to be; however, there is considerable work involved in the process. Mr Weir suggested that the Health Board should be exploring and embracing learning from elsewhere, for example around technology, telemedicine and AI. In response, Mr Henwood advised that telemedicine is mentioned. Further work will probably form part of implementation, once the preferred option is determined. He recognised that there is learning to be obtained from elsewhere.

Building on this point, Dr Wooding highlighted the need to consider the future and the potential applications of technology and digitalisation. Mr Huw Thomas agreed, reminding Members that the Health Board does have a Digital Transformation Plan, although this needs to be refreshed. He counselled, however, that the organisation needs to 'walk before it runs', with the challenge being delivery. Members heard that the Health Board is procuring for a Digital Transformation Partner; he hoped to present more detail to the November 2024 Board meeting. This procurement process would need to take place first. In response to a query around whether this Partner would also provide a broader/external viewpoint, it was confirmed that this would be the case. However, ensuring that the baseline is correct is the priority. Funding into digital projects has been challenged within the current financial environment; developing robust Business Cases will be vital. Mr Henwood highlighted that there are also opportunities which involve staff working in different ways. **HT**

Reiterating an earlier comment, Professor Kloer emphasised the importance of avoiding slippage in timescales, particularly as this will be followed by an implementation period. He agreed that the Health Board should explore possibilities in terms of digitalisation, technology and AI to the greatest extent, whilst leaving itself open to future developments in this area. It should be noted that the services within the Clinical Services Plan were selected due to their fragility. They are important service areas; however, there are many others with significant service fragility.

Referencing earlier comments around the Evaluation Criteria and to provide additional assurance, Mr Maynard Davies wished to highlight that Mr Lee Davies had convened a meeting with Independent Board Members, to ensure sufficient scrutiny around

this issue. Whilst Mr Maynard Davies believed fundamentally in the power of digital to transform services, he highlighted that the funding levels for this in Wales are 50% lower than the rest of the UK. He also emphasised the need to consider digital exclusion, noting that 25% of over 75s do not have access to the internet. This age group is the Health Board's largest service user. Dr Wooding acknowledged that the Health Board needs to understand its communities better, in order to better appreciate issues such as this.

Drawing discussions to a close, Dr Wooding indicated that there is a good reason for the suggested delay, emphasising that the process needs to be rigorous. He welcomed the progress made to date. Whilst it is vital for digitalisation to become mainstreamed, he noted the challenging financial environment in which to deliver.

Decision: The Board:

- **ENDORSED** the Evaluation Criteria approved by the Clinical Services Plan Steering Group for Phase 2 of the programme.
- **APPROVED** the timeline change to the Clinical Service Plan to produce a report for a Board Decision in November 2024.
- **NOTED** the Clinical Services Plan programme progress to date and the shortlisting of four options
- **NOTED** the output reports from the Consultation Institute, attached as appendices.

PM(24)141 **St David's Surgery**

Ms Jill Paterson presented the report relating to St David's Surgery, beginning by thanking the local community and patients who have engaged with the Health Board. Their active engagement has demonstrated both their passion and the importance of Primary Care and community services. Ms Paterson also wished to thank the Health Board teams who have participated in the process, Llais, and Dr Riley and his staff for their services. Whilst there is a specific focus today, there has been ongoing work in the area, to consider services within the North Pembrokeshire peninsula. Groups have been established to consider an integrated model of healthcare delivery in that region, and any decision today should be viewed as a 'stepping stone' towards long-term provision of services.

Ms Paterson drew Members' attention to the significant level of detail and information within the report, and outlined the background to discussions today, with the General Medical Services (GMS) contract resignation in April 2024. In terms of numbers of patients, the St David's Surgery is the second smallest in Hywel Dda. Demographically, 32% of the registered population is over 65 years of age and approximately 20% of the residents of north-west Pembrokeshire have a disability under the Equality Act. Whilst the Surgery does not serve any Nursing Homes, it does have a unit for adults with learning disabilities set over four registered homes; the needs of these individuals have been taken

into account during the engagement. The Surgery shares a common boundary with other Practices, as outlined in the report. No community staff are based at St David's Surgery. Ms Paterson provided background in terms of staffing and recruitment issues.

Following the contract resignation, the Health Board began the required process, including convening a meeting of the Vacant Practice Panel. Four options were considered at this stage. Ms Paterson outlined the relevant data and findings of the Panel, emphasising that careful consideration had been given to the Managed Practice option. The Panel's primary role was to identify a solution that would be achievable in the timeframe and that would allow for a safe, sustainable and secure model to be established for the future. After detailed discussion, the Panel agreed that the only viable option identified was managed dispersal of the Surgery's list to neighbouring Practices (Solva Surgery, Fishguard Surgery, Winch Lane Surgery and St Thomas's Surgery).

Modelling, based on patients' postcodes, had been undertaken to analyse the shortest drive time to the next GP Practice. This had suggested the following patient dispersal model:

Solva Surgery	2,517
Fishguard Surgery	161
St Thomas's Surgery	26
Winch Lane Surgery	26

A public engagement approach was devised, in conjunction with Llais, and a period of engagement undertaken from 13 May to 19 June 2024. Various options and mechanisms for engagement were available, and the number of responses received was high. Other stakeholders were also involved, and their responses are included within the appendices. The drop-in event on 14 June 2024 at St David's City Hall was extremely well-attended. The main themes from feedback were concerns around the impact of closing the Surgery, travel, being allocated to another Practice and capacity of other Practices. The formal response from Llais, which is also appended, is broadly supportive of the proposals, with certain mitigations.

An Equality Impact Assessment undertaken on the basis of all services being delivered from Solva Surgery identified negative impacts for the protected characteristic of age, disability, pregnancy and maternity and socio-economic deprivation. These negative impacts relate to travel. A Quality Impact Assessment had also been undertaken.

At the second Vacant Practice Panel meeting on 1 July 2024, the Panel received and considered all of the feedback from public engagement, and information regarding availability of the current premises. The Panel voted unanimously in favour of the managed dispersal of the list to neighbouring Practices. However, there was also discussion around the possible establishment of a Branch

Surgery at a location in St David's. The Panel's majority preferred option was that all services should be delivered solely from Solva Surgery, on the basis that no alternative had been positively identified at the time of the meeting. The Panel had requested that further work be undertaken to explore the feasibility of operating a Branch Surgery from a location yet to be identified in St David's. If a possible Branch Surgery location was identified prior to the Board meeting, the Panel wished to be informed of this in order to review and update the recommendation.

Ms Paterson outlined the findings and position in relation to potential premises for a Branch Surgery, including the current St David's Surgery premises. As the current premises are unlikely to be available to lease, other options were explored. Initially, there appeared to be little in the way of alternative premises; however, it is now believed that there may be a facility within St David's which could provide the necessary facilities and be available and operational by 1 November 2024. The Solva Surgery premises could also (subject to additional works and cost) potentially accommodate provision of General Medical Services. Having been advised of this information, the Vacant Practice Panel would support the Branch Surgery option.

Ms Paterson concluded by outlining the potential options for Board consideration, together with their respective benefits and disadvantages, as detailed within the report. She added that one piece of feedback received strongly from the local community is that – should there be integration of Practices – these be given a new name, to reflect a new start and collective ownership. The name might, for example, be 'The Peninsula Practice'; however, Ms Paterson suggested that the final decision should be deferred to the community working group.

Thanking Ms Paterson and her team, Dr Wooding welcomed what had obviously been a comprehensive and considered process. Mrs Marks advised that she had attended the engagement event in St David's and had been impressed by the willingness of the community to engage with the Health Board, and with the commitment of the Health Board team. It is clear that there is passionate support within the community for their Surgery, and Mrs Marks was glad that they had been able to express this. Ms Murphy thanked Ms Paterson and her team and welcomed the participation of public and stakeholders. Noting the specific response from letter from St Thomas's Surgery, she enquired regarding responses from any of the other Practices who would receive dispersed patients. Ms Paterson advised that meetings with all parties had taken place on a face-to-face basis, with all Practices agreeing that they could accommodate the additional patients. The letter from St Thomas's Surgery expresses their specific view that the transitional support funding level is insufficient, and requesting additional support from the Health Board's Pharmacy team, to undertake medication reviews of dispersed patients prior to transfer.

Mr Imperato wished to underline that succession is an issue not limited to General Practices, but for all small businesses, together with identifying and securing business premises. He welcomed and commended the measured response from Llais, and was interested in their suggested mitigations to assuage some of the concerns of the community. Suggesting that list dispersal is the way forward, Mr Imperato requested clarification around proposals for a Branch Surgery, and whether this would be a 'full' Branch Surgery, or an 'outreach' facility with limited services. In response, Ms Paterson explained that Branch Surgery requirements are different from those for fully-operational contracted Practices. A Branch Surgery is obligated to operate for a minimum of 20 hours per week. In terms of services, it would be intended to offer a range of services which are those most frequently utilised, eg nurse-led services, phlebotomy, chronic conditions management, leg ulcer clinics, physiotherapy, community pharmacy medication reviews. This can, however, be discussed within the community working group. The Branch Surgery would not, however, necessarily offer GP-led services.

Building on this, Dr Wooding enquired whether the proposed Branch Surgery services would respond to the demographic need of the area. Would it offer, in the main, those services for which the population would otherwise need to travel to Solva. Ms Paterson confirmed that this was the case, with the exception of GP appointments. Ms Raynsford suggested that the most vulnerable patients within the practice are the 28 adults with learning disabilities. The implications in terms of travel and transport for this group, for both routine and ad hoc appointments, need to be considered carefully. Agreeing, Ms Paterson welcomed this group's participation in the engagement event and in a bespoke engagement session. She advised that consideration of this group's needs was one of the mitigations highlighted by Llais. It had been suggested that an introductory visit to the new Surgery be arranged. Also, as is the case now, home visits would be provided when required for both this group and any other patients requiring them.

Mr Iwan Thomas added his thanks to the team for their work to ensure appropriate engagement. Whilst this process has been instigated by the contract resignation, the Health Board has responded and considered and presented the available options. It is clear that the community want a Primary Care presence in St David's, which would potentially be offered by establishing a Branch Surgery. Noting the discussions around premises for this, Mr Iwan Thomas enquired whether there is sufficient time to secure such, so as to ensure that there is no break in service provision. He also welcomed the suggested name change. Ms Paterson reiterated that the Health Board has welcomed the feedback from the St David's community and stakeholders. However, care has been taken not to raise expectations regarding a Branch Surgery. It is for the reason outlined by Mr Iwan Thomas that there must be assurance any premises would be available by 1 November 2024. It should be noted that taking this route would

incur costs for the Health Board. Dr Wooding agreed that absolute assurance around availability would be required.

Professor Kloer recognised the significant public engagement and feedback on this topic, and expressed gratitude to both the St David's community and Health Board teams for their input. Both Solva and St David's Surgeries are small Practices; even combined they have fewer than 5,000 patients. Professor Kloer emphasised that a relatively urgent exercise is required to ensure the security and sustainability of General Medical Services going forward. Even after today's decision, there is work required to develop the Peninsula model. Mr Dentten agreed regarding the importance of the strategic future of Primary Care. Whilst it is undoubtedly unsettling to be faced with the closure of a valued GP Surgery, Llais recognised that the process had been well-run. He also noted that the Health Board response to the mitigations suggested in the letter from Llais had been positive.

Dr Wooding wished at this point to reprise the five 'design criteria' in decision-making, and apply them to this matter:

1. Fair – the Health Board and Board have engaged with and listened to the public and stakeholders
2. Affordable/sustainable – the choice must be both, to ensure continued provision of service; the options presented are
3. Consistent with the Health Board's strategic approach – confirmed; offers the opportunity to develop something unique and exemplary
4. Does not create an unhelpful precedent – confirmed
5. Safe – confirmed

Given the above, Dr Wooding would suggest that the recommendations be endorsed. Whilst also endorsing in principle the proposed name change of the Practice, he emphasised that this is a matter for further discussion by the community working group, together with proposals around a Branch Surgery. Further updates would be presented to future Board meetings.

Decision: The Board:
- **CONSIDERED** the work undertaken as part of the Vacant Practice Process and the associated patient and stakeholder feedback
- **CONSIDERED** the ongoing work to proactively explore locations within St David's to establish a Branch Surgery providing nurse-led services for 20 hours per week and **AGREED** that this should continue
- **DELEGATED** consideration of the Practice name change to the community working group
  APPROVED the recommendation from the Vacant Practice Panel on 1 July 2024 that a managed dispersal of the patient list be implemented at the end of the Contractor's notice period on 31 October 2024

PM(24)142 **Report of the Audit and Risk Assurance Committee**

Cllr. Evans, Audit and Risk Assurance Committee (ARAC) Chair, presented the ARAC update reports from the meetings held on 18 June and 9 July 2024. Referring to the first of these, he drew Members' attention to the 'Advise' items, highlighting in particular discussions around the Escalation Status Update, Review of Operational Governance Arrangements across Service Directorates and BGH Chemotherapy Day Unit Final Briefing Paper. Focusing on the Head of Internal Audit Opinion and Annual Report, Cllr. Evans noted that the Health Board has received an overall opinion of Limited Assurance, which had been discussed in more detail at the Extraordinary Board meeting on 11 July 2024. Following presentation of the Audit Tracker, Cllr. Evans had issued a letter to all directorates requesting updates on all of their recommendations. Moving to the end of the report, Cllr. Evans highlighted the request for Board to approve the ARAC Terms of Reference and Risk Assessment Procedure. With regard to the report from 9 July 2024, Members heard that this meeting was focused on consideration of year-end items and documentation. The report requested Board approval of the HDdUHB Annual Report and Accounts 2023/24, which had been granted at the Extraordinary Public Board meeting on 11 July 2024.

Dr Wooding noted the request with regard to Escalation Status for a focus on outcomes and delivery rather than process, which reflects earlier Board discussions; and welcomed this consistency in approach.

Decision: The Board:
- **NOTED** the report
- **TOOK ASSURANCE** from the actions and oversight of the Committee
- **APPROVED** the ARAC Terms of Reference
- **APPROVED** the HDdUHB Annual Report and Accounts 2023/24 (approved at the Extraordinary Public Board meeting on 11 July 2024), prior to its submission to the Welsh Government, via Audit Wales, by 15 July 2024, and its subsequent presentation at the Annual General Meeting on 26 September 2024

PM(24)143 **Risk Assessment Procedure**

Mrs Joanne Wilson presented the Risk Assessment Procedure, which has been subject to full consultation and discussion at Executive Team. ARAC had considered and recommended for Board approval this document at its meeting on 18 June 2024.

Dr Wooding suggested that there is a need for the Health Board to undertake a Risk Appetite exercise. He was advised that one had taken place just prior to him joining the organisation; however, this could be revisited if required.

Decision: The Board **APPROVED** the Risk Assessment Procedure

PM(24)144 Report of the Quality, Safety and Experience Committee

Ms Raynsford, Quality, Safety and Experience Committee (QSEC) Vice-Chair, presented the QSEC update report from the meeting held on 11 June 2024. QSEC wished to Alert the Board to the potential implications of non-compliance with the Death Certification Reform and Medical Examiners Service, which will become a statutory duty in September 2024. Whilst an update has been scheduled for the Operational Quality, Safety and Experience Sub Committee meeting in September 2024; due to the seriousness of this matter, it is being escalated to the Board. As indicated under the 'Advise' section, two topics of concern will be the subject of Deep Dives. The Board is requested to approve the QSEC Terms of Reference, the Eliminating Hepatitis B and C Joint Recovery Plan and Safeguarding Strategy.

In response to the concerns around the Death Certification Reform and Medical Examiners Service, Mr Henwood explained that this related to five wards at GGH where insufficient infrastructure was in place previously. This has now been rectified, with training to be completed by mid-August 2024, and a process to scan notes being implemented. This will ensure compliance well before the required date of 9 September 2024.

Decision: The Board:
- **RESPONDED** to the items that they are being alerted to
- **NOTED** the items the Committee is advising them of
- **TOOK ASSURANCE** on the items that the Committee is providing assurance on
- **APPROVED** the QSEC Terms of Reference

PM(24)145 Eliminating Hepatitis B and C - Joint Recovery Plan 2024-27

With regard to this item, Dr Wooding observed that, whilst it presents a series of actions to address the issue, it does not necessarily provide clarity around numbers, measures and outcomes. Dr Gjini explained that the latest numbers are not available, with estimates based on the most recent statistics, from 2015. Surveillance will be conducted via the testing process. It is recognised that this is unsatisfactory, hence why progress is certain areas is RAG rated Amber. In response to a further query around why the data is not available, Dr Gjini advised that this reflects the current position and process.

Mr Imperato enquired how this area aligns with the Infected Blood Inquiry. Dr Gjini explained that the screening process has been utilised to provide support to those concerned by the findings of the Inquiry and initial learning from the first Inquiry report has been

taken into account. There is a commitment to continue to embed learning from subsequent reports and findings.

Decision: The Board **APPROVED** the HDdUHB Eliminating Hepatitis B and C Joint Recovery Plan, which will support the collective ambition to achieve the elimination of Hepatitis B and C as a public health threat by 2030 and improve the health and wellbeing of the population of west Wales.

PM(24)146 **Safeguarding Strategy**

Introducing the Safeguarding Strategy, Ms Sharon Daniel advised that this had been considered by QSEC and recommended for Board approval. Members heard that it aligns with the Duty of Quality.

Decision: The Board **APPROVED** the Safeguarding Strategy.

PM(24)147 **Report of the Sustainable Resources Committee**

Mr Weir, Sustainable Resources Committee (SRC) Chair, presented the SRC update report from its meeting held on 25 June 2024, highlighting key items discussed. The Committee continues to review, monitor and scrutinise the Health Board's financial position. There are three 'Alert' items, relating to concerns around expenditure and savings delivery, the cash consequences of the organisation's deficit and the revenue impact of capital schemes. A Deep Dive into Nursing Workforce Issues had provided the Committee with assurance around measures being taken in this area. The Procurement Report and Long Term Agreements are presented for Board approval.

Decision: The Board:
- **RESPONDED** to the items that they are being alerted to
- **NOTED** the items the Committee is advising them of
- **TOOK ASSURANCE** on the items that the Committee is providing assurance on.

PM(24)148 **Procurement Report**

Noting the proposals and specifically the request to proceed to tender for the Data Centre Storage, Dr Wooding enquired whether alternatives are being sought, such as joint endeavours with other Health Boards. In response, Mr Huw Thomas explained that this request relates to HDdUHB's local server and storage, which needs to be on-site. There are plans to move to Cloud storage in the future; however, this service provision is required in the interim.

Decision: The Board:

- **APPROVED** to proceed to commence the tender for the Data Centre Storage, Computing and Hypervisor Environment Replacement to provide services from 1 October 2024 to 30 September 2029 or with extension option to 30 September 2030; noting that there is no requirement for Welsh Government approval, as this is a pre-approved All Wales Framework
- **RATIFIED** the award of the All-Wales Meat and Poultry Provision, 1 July 2024 – 30 June 2027. This contract will have onwards submission to Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership) Public Board and Welsh Government for approval
- **APPROVED** to proceed to extend the contract for Outsourcing Trauma and Orthopaedics Procedures Extension to provide services from 1 April 2024 to 31 March 2025; noting that there is no requirement for Welsh Government approval, as this is a pre-approved All Wales Framework

PM(24)149 **Long Term Agreements**

Mr Ayres introduced the Long Term Agreements (LTAs) report, which sets out levels of expenditure in this area, being £180.8m, and income of £21.6m. LTAs provide a good example of a process which has delivered significant savings, of approximately £2.35m. These include savings relating to Orthopaedic service lines, mitigation of cost pressures through negotiation of the inflationary tariffs and other expenditure. Whilst there is a significant issue around high-cost drugs, in terms of cost versus utilisation, the Health Board has achieved a £414k benefit, an outturn which is more indicative of costs for the region's population.

In response to a challenge from the Chair around whether the Health Board receives value for money from LTAs, Mr Ayres suggested that the short answer is probably not. There is further work which can be undertaken in this area. He noted, however, that HDdUHB's interpretation of value for money may differ from others, and that this is an issue which needs to be addressed on an All Wales basis. Mr Huw Thomas agreed that a national discussion is required, suggesting that there are opportunities provided by, for example, closer working relationships with SBUHB. Mr Weir wished to highlight the positive progress, with a number of savings having been achieved.

Decision: The Board **RATIFIED** the LTAs, which have been signed by the Chief Executive Officer in consultation with the Executive Director of Finance, within the budget allocation approved by the Board in March 2024.

PM(24)150 **Report of the Strategic Development and Operational Delivery Committee**

Mr Maynard Davies, Strategic Development and Operational Delivery Committee (SDODC) Chair, presented the SDODC update report from its meeting held on 27 June 2024, noting that most of the 'Alert' items (Cancer performance; Urgent and Emergency Care; Clinical Service Plan timeline and Cross Hands Health and Wellbeing Centre) have already been covered in earlier discussions. He did, however, highlight the Risks section, specifically the risk around limited Public Health Consultant capacity. The report requests Board approval of the SDODC Terms of Reference and the Health Improvement and Wellbeing Strategic Plan.

With regard to Cancer, Dr Wooding suggested that performance against targets has improved. This was confirmed by Professor Kloer and Mr Carruthers, who advised that performance levels had increased to 52.4% in May, with a further improvement to approximately 60% anticipated in June's figures.

Decision: The Board:

- **RESPONDED** to the items that they are being alerted to
- **NOTED** the items the Committee is advising them of
- **TOOK ASSURANCE** on the items that the Committee is providing assurance on
- **APPROVED** the SDODC Terms of Reference

PM(24)151 **Health Improvement and Wellbeing Strategic Plan 2024-2026**

Introducing this item, Dr Gjini advised that there are multiple issues relating to demand for services, some of which are addressed via the Health Improvement and Wellbeing Strategic Plan. There are benefits, both short- and long-term, of objectives around smoking and alcohol and drug cessation. Achievements in these areas can offer value even within one year of changing behaviours. Benefits from addressing obesity can also be seen in a short time. Access to employment and technology, however, shows major inequities, contributing to a 12 year difference in life-expectancy between the most and least deprived groups.

Mr Weir emphasised the need for increased focus on prevention, in order to reduce demand for and pressure on services, with Dr Wooding agreeing that this is absolutely at the heart of creating healthier, more prosperous communities. Ms Paterson echoed these comments, reminding Members that a Population Needs Assessment exists, which utilises data on a Cluster basis to engage with the local population and respond to specific needs.

Decision: The Board **APPROVED** the Health Improvement and Wellbeing Strategic Plan 2024-2026, which will help to prevent ill health and contribute to the long-term sustainability of service delivery. Going forward, a long term commitment to a focus on prevention and population health will be essential.

PM(24)152 **Report of the People, Organisational Development and Culture Committee**

Ms Raynsford, People, Organisational Development and Culture Committee (PODCC) Member, presented the PODCC update report from its meeting held on 13 June 2024. Whilst there were no 'Alert' items, the report contained one 'Advise' item around workforce resilience, stemming from the Community Nursing Annual Report.

With regard to the above, Ms Daniel advised that there is a great deal of work being progressed around the new Community Nursing specification, including at a national level, and assured Members that she is monitoring the situation closely. Ms Paterson emphasised the importance of Community Nursing teams in delivering Primary and Community services effectively, and that this area requires development. This may include consideration of opportunities for alternative roles and remodelling of hospital and community services. As mentioned by Ms Daniel, the new Community Nursing specification requires Health Boards to provide at weekends at least 60% of the services provided during the week. This will stretch current resources and will necessitate different working models.

Decision: The Board:

- **NOTED** the items the Committee is advising them of
- **TOOK ASSURANCE** on the items that the Committee is providing assurance on

PM(24)153 **Welsh Health Circular – Variable Pay Reduction**

Mrs Gostling introduced the Variable Pay Reduction report, outlining the background to this item, including the Welsh Health Circulars (WHCs) received and the requirements contained therein. Members were advised of the respective reductions and increases in variable pay among the various staff groups, as detailed within the report. These included Nursing Agency, where the total expenditure decreased significantly from £1,605,912 to £1,355,651. There has been an increase in Health Care Support Worker (HCSW) expenditure, including agency; almost all in Mental Health. This area has, however, seen a significant reduction and HCSW agency use will be eradicated. In terms of Medical Agency, the top 10 list has been expanded to 25; expenditure in this category has reduced from £595,971 to £419,119. In Medical Locum, the total cost decreased from £4,948,516 to £4,587,038. Mrs Gostling ended by highlighting the request to delegate authority to PODCC to ensure compliance for monitoring this element within the revised WHC.

Cllr. Evans requested assurance that steps are being taken to reduce high-cost medical locum use. In response, Mrs Gostling described the various actions being employed, including recruitment (both locally and overseas), sourcing alternative

workers and rostering work, to enable clarity around fragile rotas. This issue is being managed via the 100 day cycle model. Dr Wooding enquired how HDdUHB compares with other Health Boards; whilst Mrs Gostling did not have access to comparison data, she noted that other Health Boards are adopting the approach used in HDdUHB. Professor Kloer assured Members that this is an area of key focus, attracting significant Executive oversight. The reduction in Medical Locum and Agency spend which is starting to be seen is positive. This ties into the Health Board's ambitions, both financial and quality of care. Returning to Dr Wooding's query, Mr Huw Thomas advised that HDdUHB is an outlier in terms of Medical Agency expenditure. Mr Henwood explained that a number of the services within the Clinical Services Plan are fragile due to service configuration; in this respect, it would be challenging to achieve in Medical Agency what has been achieved in Nursing Agency under the current configuration.

Ms Raynsford requested clarification around whether the WHC relates only to medical and nursing staff, or whether it includes Allied Health Professionals and/or any other disciplines. In response, Mrs Gostling advised that the first WHC focused predominantly on nursing, HCSW and medical staff, but also referenced variable pay for admin and clerical, and estates and facilities. Whilst the Health Board has not yet been requested to provide an update on the latter two staff groups, the Workforce team continues to collect data relating to them. Dr Wooding congratulated the team on their work in this area.

Decision: The Board:

- **EXAMINED** the information contained within the report and **SUPPORTED** the progress to date along with the actions being taken to reduce temporary workforce utilisation by the Value and Sustainability Group
- **DELEGATED** authority to PODCC to review the individual cases in more detail, ensuring compliance with the revised WHC

PM(24)154 **Report of the Health and Safety Committee**

Ms Murphy, Health and Safety Committee (HSC) Chair, presented the HSC update report from its meeting held on 9 July 2024, drawing Members' attention to the 'Advise' items. A couple of these were areas where the Committee was unable to take assurance due to appropriate representatives not attending the meeting. As a result, HSC had requested that outstanding queries were responded to outside the meeting, action plans be developed and further reports presented.

Mr James Severs advised that Executive leadership for HSC had transferred from Ms Daniel to himself. Recognising that the performance of the Committee is not optimal, an internal review of governance was being undertaken, which may recommend the

establishment of a Sub-Committee. The findings of the review will be presented to the next meeting and it is hoped that this will serve to address the concerns around assurance. Dr Wooding expressed concern around lack of attendance. On this topic, and referencing the request that outstanding queries are responded to within one week, Cllr. Evans enquired whether this had occurred. He also noted the 'Alert' item around cleaning, reminding Members that ARAC had recently received a Limited Assurance Internal Audit report in relation to Cleanliness and Cleaning Standards, and requesting assurance that progress is being made in this area. Mr Severs confirmed that responses to queries had been received, and the risks updated. More generally, in order to establish a high-level workplan, the proposed Sub-Committee structure needs to be implemented. The Internal Audit team has been requested to assist in this regard. Professor Kloer requested that Executive Directors ensure that officers prioritise attendance at Committees.

Decision: The Board:
- **NOTED** the items the Committee is advising them of
- **TOOK ASSURANCE** on the items that the Committee is providing assurance on

PM(24)155 Major Incident Plan

In regards to this item, Dr Wooding enquired whether a simulation exercise is planned. He was advised that this was originally planned for November 2024; however, it has been deferred to February 2025. The revised timing would still meet requirements in terms of compliance.

Decision: The Board **APPROVED** the Major Incident Plan for 2024/25

PM(24)156 Committee Update Reports

Mrs Wilson presented the Committee Update Reports, highlighting the reports included, and advising that there are no 'Alert' items. Members' attention was drawn, however, to the two 'Advise' items from the Charitable Funds Committee (CFC). The BGH Chemotherapy Day Unit Refurbishment Project, has incurred a financial penalty for a delay; however, the cost will be covered by the contingency fund. Pentre Awel will appear on the agenda for the next CFC meeting for further review and discussion. The Ethics Panel and Mental Health Legislation Committee had raised a number of 'Advise' issues for the Board's attention; there were also several sets of Terms of Reference requiring Board approval.

Decision: The Board:
- **RECEIVED** the update reports in respect of work undertaken on behalf of the Board at recent Committee meetings

- **RECEIVED** the update report in respect of the In-Committee Board meeting
- **RECEIVED** the update reports in respect of recent Advisory Group meetings
- **RESPONDED** to the items that it is being alerted to/**NOTED** the items that it is being advised of/**TOOK ASSURANCE** on the items that it is being assured on
  - **RATIFIED** the CFC Terms of Reference
  - **RATIFIED** the MHLC Terms of Reference
  - **RATIFIED** the RTSC Terms of Reference
  - **RATIFIED** the SRG Terms of Reference

PM(24)157 **Joint Committees and Collaboratives**

Introducing the Joint Committees and Collaboratives report, Professor Kloer advised that there had been a further meeting of the Joint Commissioning Committee on 16 July 2024. This meeting had received an additional update on the Emergency Medical Retrieval and Transfer Service (EMRTS) and specifically the work responding to Recommendation 4, the potential for a land-based service in the mid Wales area.

Responding to a request from the Chair for an update on work to establish the Joint Committee between HDdUHB and SBUHB, Professor Kloer advised Members that there is a section on this in his Chief Executive's Report, and reminded them that the Cabinet Secretary had requested establishment of this Committee. He added that the Chairs and Chief Executives of the two Health Boards have met on a number of occasions and there are currently two programmes of work. One between the Directors of Governance, who are developing appropriate Terms of Reference for the Committee; the other to plan a joint Board to Board session, which will take place on 17 October 2024. There are also conversations taking place between the HDdUHB and SBUHB Directors of Planning, Finance and Operations, around how the Committee will add to the effectiveness of joint working arrangements, both in delivering current Annual Plans, and in the future. There will also be consideration of the potential to share Health Board resources. Members were reminded that the Mid Wales Joint Committee provides an important platform and that the Health Board's relationship with mid Wales and Betsi Cadwaladr UHB also requires attention.

Decision: The Board **RECEIVED** the minutes and updates in respect of recent Joint Commissioning Committee (JCC) and NHS Wales Shared Services Partnership (NWSSP) meetings.

PM(24)158 **Statutory Partnerships Update**

Ms Paterson presented the Statutory Partnerships Update report, emphasising the importance of the partnerships outlined therein. Members heard that a review of the operational processes of the

RPB is being undertaken, to ensure that these align with Welsh Government expectations.

Suggesting that a great deal of 'weighty architecture' exists in this space, Dr Wooding enquired whether this delivers good value for money. Ms Paterson indicated that this was likely to be a focus of the review.

Decision: 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

PM(24)159 **Any Other Business**

Given the level of media attention and public interest, Mr Huw Thomas felt that he should provide an update regarding the recent Crowdstrike incident. This had resulted from Crowdstrike, a global company providing cybersecurity resilience, issuing a software update which had caused IT systems to respond as if to a cybersecurity incident. Mr Huw Thomas wished to apologise to members of the public, patients and staff in Hywel Dda who had been affected by the incident. 638 Health Board devices were affected, mainly servers, and these were gradually brought back 'online' over the day in a measured manner. However, there is learning from this incident regarding the impact on operational teams. Mr Huw Thomas recorded his thanks to Mr Severs, who had been the Gold On Call that day, and who had led the operational response. Members heard that a debrief will be prepared for SRC in due course, and findings reported to the Board via the Chief Executive's Report.

Whilst welcoming this update, Dr Wooding suggested that it demonstrates how vulnerable systems and organisations are to genuine cybersecurity attacks. Agreeing, Mr Huw Thomas emphasised that the Health Board's internal systems had worked; however, there is learning in terms of the operational response to such an incident.

PM(24)160 **Board Annual Workplan**

The Board **NOTED** the Board Annual Workplan, which would be updated to reflect discussions.

PM(24)161 **Date and Time of Next Meeting**

9.30am, Thursday, 26 September 2024 (followed by AGM)