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

Date of Meeting:	**09:30, Thursday 28 November 2024**
Venue:	**Y Stiwdio Fach, Canolfan S4C Yr Egin, College Road, Carmarthen SA31 3EQ**

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) (part) Mr Michael Imperato, Independent Member (Legal) Ms Anna Lewis, Independent Member (Community) Ms Ann Murphy, Independent Member (Trade Union) Mrs Chantal Patel, Independent Member (University) Ms Delyth Raynsford, Independent Member (Community) Mr Winston Weir, Independent Member (Finance) Professor Philip Kloer, Chief Executive Mr Andrew Carruthers, Chief Operating Officer Ms Sharon Daniel, Interim Director of Nursing, Quality and Patient Experience Mr Lee Davies, Executive Director of Strategy and Planning Dr Ardiana Gjini, Executive Director of Public Health Mrs Lisa Gostling, Interim Deputy Chief Executive and Executive Director of Workforce and Organisational Development Dr Eiry Edmunds, Interim Deputy Medical Director; Cardiac Consultant (deputising for Mr Mark Henwood, Interim Medical Director) Mr James Severs, Executive Director of Allied Health Professions and Health Science (VC) Mr Huw Thomas, Executive Director of Finance
In Attendance:	Ms Alwena Hughes Moakes, Communications and Engagement Director Ms Jill Paterson, Director of Primary Care, Community and Long-Term Care Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary Ms Donna Coleman, Corporate Lead, Llais West Wales (part) Mr Michael Gray, Director of Social Services and Housing, Pembrokeshire County Council Ms Clare Moorcroft, Committee Services Officer (Minutes)

Minutes Ref.	Item	Action
PM(24)196	**Welcome and apologies** Dr Neil Wooding, Health Board Chair, welcomed everyone to the Public Board meeting, thanking them for their attendance. In considering meeting arrangements, and specifically whether Members felt anything was omitted from the reports, Mrs Chantal Patel suggested that there was a lack of narrative in certain of these. Addressing this would allow Members to fully understand how effectively the organisation is managing financial challenges and operational issues.	

Dr Wooding reminded Members of the Board's five decision-making 'design principles' and the context behind these:

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:

- Mr Iwan Thomas, Independent Member (Third Sector)
- Mr Mark Henwood, Interim Medical Director

PM(24)197 Declaration of Interests

The following declarations of interest were made:

- Mr Maynard Davies – as a member of the team evaluating potential suppliers for the Digital Transformation Strategic Partner (Item PM(24)221)
- Ms Ann Murphy – discussions relating to the Clinical Services Plan, due to her Trade Union role
- Mr Michael Imperato – discussions relating to the Infected Blood Inquiry, due to his role as legal representative for a number of victims and for Haemophilia Wales; discussions regarding Emergency Medical Retrieval and Transfer Service (EMRTS) due to his firm's role in the Judicial Review

PM(24)198 Minutes of the Public Meeting held on 26 September 2024

RESOLVED – that the minutes of the meeting held on 26 September 2024 be approved as a correct record.

PM(24)199 Matters Arising and Table of Actions from the Meeting held on 26 September 2024

An update was provided on the Table of Actions from the Public Board meeting held on 26 September 2024 and confirmation received that outstanding actions had been progressed. In terms of matters arising:

PM(24)188 – Mrs Joanne Wilson advised that the Strategic Equality Plan Annual Report would be discussed in detail at the next Board Seminar on 15 December 2024. There had also been a specific request to establish a Task and Finish Group, led by Ms Anna Lewis and Mrs Lisa Gostling. Mrs Lisa Gostling reported that there has been a series of preliminary discussions and the Task and Finish Group will be convened following the Board Seminar. Dr Wooding emphasised the need to demonstrate major progress in this area.

PM(24)183 – in relation to Pentre Awel and Picton Terrace, Mr Lee Davies advised that – since the previous Board meeting – the

Health Board had received confirmation of capital funding from Welsh Government to support both projects.

PM(24)175 – Dr Wooding requested assurance that the Paediatric Inpatient Provision At Bronglais Hospital (BGH) situation is being appropriately monitored. Ms Anna Lewis confirmed that this issue was being scrutinised in detail by the Quality, Safety and Experience Committee (QSEC), and is scheduled for discussion at their meeting next week.

Dr Neil Wooding left the Board meeting.

PM(24)178 – whilst noting the update provided around escalation of national transformational change for Autism Spectrum Disorder (ASD) diagnostic services, Cllr. Rhodri Evans enquired whether there was any further detail available. Dr Ardiana Gjini reiterated that this issue had been raised with the Regional Partnership Board (RPB) Chair, highlighting the need for discussion, including with Welsh Government. Members heard that a workshop had been held at the end of October 2024, attended by Welsh Government representatives. The regional Children and Young People's Group will receive feedback from this and discuss the need for escalation.

PM(24)200 Minutes of the Corporate Trustee Meeting held on 26 September 2024

RESOLVED – that the minutes of the Corporate Trustee meeting held on 26 September 2024 be approved as a correct record.

PM(24)201 Table of Actions from the Corporate Trustee Meeting

An update was provided on the Table of Actions from the Corporate Trustee meeting held on 26 September 2024 and confirmation received that outstanding actions had been progressed. There were no matters arising.

PM(24)202 Minutes of the Annual General Meeting held on 26 September 2024

RESOLVED – that the minutes of the Annual General Meeting held on 26 September 2024 be approved as a correct record.

PM(24)203 Report of the Chief Executive

Mrs Eleanor Marks wished to formally recognise the appointment of Professor Philip Kloer to the substantive role of Chief Executive.

Professor Philip Kloer stated that he was pleased to be appointed and was looking forward to the future. Introducing his report on relevant matters undertaken since the previous Board meeting,

Professor Kloer highlighted that this contains a number of important matters. Certain of these are included later on the agenda as stand-alone items. Members were assured that the Health Board would take into account, as part of its conscientious consideration of the feedback received, the petition on behalf of Save Our Services Prince Philip Action Network (SOSPPAN) in relation to the temporary closure of the Prince Philip Hospital (PPH) Minor Injury Unit (MIU). The report also includes updates on St David's Surgery, Tregaron Hospital and Paediatric inpatient provision at BGH. With regard to Tregaron Hospital, the report details how change is being managed and the potential positive benefits. The change to Paediatric inpatient provision at BGH had been enacted on 18 November 2024; Professor Kloer reported that there is some optimism regarding the potential appointment of additional Paediatric nurses. As has been mentioned, the quality and safety aspects of this change are being monitored via QSEC.

The Health Board had been grateful to receive from Welsh Government an additional allocation of monies to support resolution of forecast Referral to Treatment (RTT) breaches in Planned Care. The additional £6.3m will support resolution of breaches in Orthopaedics and Ophthalmology. Members' attention was drawn to the possible requirement for Chair's Action to facilitate contract awards over £1m to potential providers.

Dr Neil Wooding rejoined the Board meeting.

Ms Jill Paterson provided an update on St David's Surgery, indicating that the branch surgery at Shalom House in St David's opened as planned on 1 November 2024. Positive feedback has been received regarding the services provided by this facility. In addition, the Practice now established in Solva has been renamed 'Meddygfa Penrhyn/Peninsula Practice'. New rooms have been opened and the process of integrating new patients is underway, including chronic condition and medication reviews. There is ongoing communication and engagement with the local community, including via a Stakeholder Group. Recent feedback has been received around the need for the correct membership of groups and effective communication; Ms Paterson emphasised that the Health Board is mindful of process and the need to fully engage with the relevant stakeholders. This will be considered further during the item around Primary Care Governance. Dr Wooding endorsed this, suggesting that the organisation will only deliver the desired outcome in collaboration with its communities. To achieve such, they need to be involved in the process.

Welcoming the Planned Care Allocation, Cllr. Evans enquired whether it will be sufficient to address the forecast breaches in Orthopaedics and Ophthalmology. In response, Mr Andrew Carruthers advised that the bid and associated allocation was based on Health Board estimates to clear breaches. However, it is unlikely that it will be possible for the independent sector to begin work in this regard until January 2025. It was emphasised that the funding is restricted to RTT breaches; additional funding to

address the Diagnostics position was not received in full. However, Welsh Government has indicated that it might be open to supporting the Health Board in terms of its Outpatient waiting times and has invited it to submit a further bid to address Stage 1 waiting times.

Mrs Patel enquired regarding the organisation's capacity to deliver improvements, even with the use of the independent sector. It was suggested that this brings into play a wider systems issue, with all Health Boards attempting to develop pathways and work with the independent sector. There is a need to take a more collaborative approach as opposed to a more competitive one. Mr Carruthers indicated that part of the issue relates to timing, in terms of when the bid was submitted versus when funding was allocated. There are, however, also likely to be challenges in terms of the Health Board's own workforce and their ability to take on additional sessions. It is likely, therefore, that there will be more reliance on the independent sector. The Executive Team has discussed the need for a more strategic approach and it is felt that more could be done in this respect. Acknowledging that there are real challenges in terms of ensuring value for money, Mr Huw Thomas endorsed this methodology. Ms Ann Murphy requested clarification around therapies provision, and whether outsourced packages would include this, or whether therapies would need to be provided by the Health Board. In response, Mr Carruthers advised that the Health Board generally tries to commission packages including therapies provision. He would, however, clarify and advise. The need to assess the impact on other professions and services was recognised. **AC**

Referencing the Joint Commissioning Committee, Ms Delyth Raynsford queried whether this body is cognisant of the needs and challenges of the mid Wales population. Whilst recognising that it includes members from each Health Board, Ms Raynsford requested assurance that it will consider the needs and experience of patients and families. Professor Kloer confirmed that Hywel Dda, Powys and Betsi Cadwaladr Health Boards are represented on this forum. In addition, there is a geographic spread of membership. In his experience, all areas are well represented. This view was endorsed by Dr Wooding. In addition, Members heard that the JCC has two sub-committees, one of which focuses on quality and experience.

Decision: The Board:

- **ENDORSED** the Register of Sealings since the previous report on 26 September 2024;
- **NOTED** the status report for Consultation Documents received/responded to.

PM(24)204 Report of the Chair

Dr Wooding presented his report on relevant matters undertaken since the previous Board meeting, noting that he has recently completed the mid-year review of Independent Board Members. The NHS Confederation Annual Conference had offered a good opportunity for networking. Dr Wooding reported that he had recently visited Withybush Hospital (WGH) which had been a very positive experience. He had been deeply impressed by the system working there, including work in relation to frailty and patient flow. Also, the passion, compassion and care demonstrated by staff. He had invited the Cabinet Secretary for Health and Social Care to visit, to appreciate the work being undertaken at WGH. This was not to undermine any of the Health Board's other hospitals and the similarly impressive work they are undertaking.

Whilst emphasising that WGH still has challenges in terms of performance, Professor Kloer agreed that its staff show great energy and commitment. In terms of systems, there has been strong partnership working between the Health Board and Local Authorities, to which Mr Michael Gray has greatly contributed.

Noting that the Health Board has become the first Health Board in Wales to achieve 'Autism Understanding' status, Ms Lewis highlighted that performance in the area of Neurodevelopmental assessment has been a significant issue for a protracted period and that this was an unacceptable position. Whilst there has been some progress in terms of patients, Ms Lewis enquired regarding the Health Board's actions as an employer to ensure access and support for neuro-divergent individuals. She highlighted in particular that the sensory environment is extremely important and that this should be taken into account in buildings and work settings. Mrs Gostling acknowledged that the organisation needs to make improvements in this regard. It is an area of focus for the Workforce team; as an example, the Health Board is running a training programme with a local college to explore alternative work experience programmes to meet the needs of neuro-divergent students.

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

PM(24)205 Joint Hywel Dda/Swansea Bay University Health Board Committee Update

Members were reminded of the background to this report, and heard that a similar report is being considered by the Swansea Bay UHB (SBUHB) Public Board. The Terms of Reference will be agreed in January 2025. There is an increasing need to take a regional approach, and to think in terms of population rather than organisation. It is pleasing to see the levels of enthusiasm and energy for such an approach. Professor Kloer agreed that the report demonstrates the commitment to regional working.

Members were reminded that there had been a joint HDdUHB/ SBUHB Board to Board session in October 2024. The proposed design principles illustrate how this is being viewed in a systematic way. The joint approach offers real opportunities for better value and improved outcomes for the region's population. There are discussions at a corporate level around how resources might be shared across the region and how duplication of effort can be avoided. Professor Kloer thanked Mrs Wilson and her team, and their equivalents in SBUHB, for their contribution to this process.

Mrs Patel enquired whether the regional approach would include consideration of joint clinical appointments and whether there would be a moratorium on appointments to allow this. Mr Carruthers confirmed that this was being explored, with a number of joint posts already appointed or being considered. There are opportunities to frame such appointments around behaviour and culture and emphasise that regional working does not represent a threat but an opportunity to make a tangible difference. Professor Kloer stated that, in terms of joint appointments, deliberate steps are being taken where opportunities exist, and regional working will allow this to be explored. However, it is not appropriate to delay or postpone clinical appointments in the current healthcare climate. Mrs Marks highlighted that partnership working can be challenging, particularly given the number of additional partners involved in delivering health and care, such as Local Authorities. She emphasised the need for leadership and a systematic approach, together with strong and effective communications.

Dr Wooding concluded discussions by stating that he was reassured by the amount of work which is already taking place across both Boards.

Decision: The Board:

- **NOTED** the update from the recent HDdUHB and SBUHB Board to Board meeting held on 17 October 2024.
- **APPROVED** the design principles as an agreed way of undertaking our joint working.

PM(24)206 Financial Report

Presenting the Financial Report for Month 7 2024/25, Mr Huw Thomas advised that this has been a positive month in terms of financial position. The organisation is reporting a deficit of £4.3m in-month, which is above target, although an in-month deficit of £3.7m would be required to achieve Welsh Government's target Control Total. A number of one-off financial benefits have contributed to this positive position. However, there are underlying improvements, such as nurse agency usage. These contribute to an improvement against the underlying deficit of approximately £20m, which represents a demonstrable stabilisation in position. Overall, this provides greater assurance in the organisation's ability to achieve the forecast deficit of £64m, and Mr Thomas was

confident that the associated risks can be managed. However, it is recognised that this position is still not acceptable and that the Health Board needs to go further. Members were reminded that this is the first year of a two year plan, extending to March 2026. Members were advised that the shortfall between the forecast deficit and Control Total will necessitate the submission of a formal request for strategic cash assistance by means of an Accountable Officer letter. The draft letter is included as an appendix to the report. The format of the report and its individual elements were described.

Noting the favourable variance this month, Mrs Patel enquired whether this is likely to be sustainable or was unique. In response, Mr Thomas advised that certain elements, such as the nurse agency spend, are sustainable and further improvements are being explored. Other contributory factors are one-off occurrences, and next month's performance may not be so positive. Focusing on the report's recommendations, Mr Michael Imperato requested assurance that the Directorates at Level 3 escalation for the Finance, Strategy and Planning domain have sufficient plans in place. Members were advised that these Directorates are detailed within the Integrated Performance Assurance Report (IPAR). There are more Directorates escalated for this domain than any other. Meetings are taking place on a monthly basis; however, Mr Thomas was not sufficiently assured at this stage. This matter remains the subject of ongoing discussion and challenge by the Executive Team.

In relation to Medical Variable Pay, Ms Raynsford noted that the organisation is about to enter the winter period, which may present challenges in terms of ability to deliver savings. The issue of Primary and Secondary Care prescribing is a national one, and Ms Raynsford enquired regarding a predicted increase in costs over the coming months. Associated with this, Cllr. Evans wished to highlight and commend the reduction, by £1m, in premium agency expenditure and queried the reason behind this. In response to these queries, Mr Thomas reminded Members of the ongoing scrutiny applied via the Financial Control Sub-Group, which meets on a weekly basis. This Group scrutinises all agency usage. There is also an active programme to roll-out a digital medical rostering system, which will provide future assurance and control. In addition, active recruitment of substantive staff is ongoing. With regard to drug costs, there are clearly inflationary pressures driving the spend in this area. In the case of Secondary care, this is predominantly in Oncology, along with Rheumatology and Gastroenterology. Whilst it is, of course, positive that people with cancer are now surviving longer, there are treatment costs associated with this. The Health Board is taking proactive steps to explore use of biosimilars and generics to reduce its expenditure.

Whilst noting that the inflationary element of the cost of drugs is out with the Health Board's control, Dr Wooding suggested that there are other actions which can be taken. In terms of medical rostering, he enquired whether the intended changes will offset

any of the costs predicted for next year. Mr Thomas felt that it was difficult to say for certain; however, the infrastructure, intelligence and data will be improved. Rosters are currently managed in a sub-optimal manner, which presents various challenges. Also in relation to workforce, Mrs Gostling informed Members that the final cohort of overseas nurses is joining the organisation. As mentioned, there has been a continued reduction in nurse agency spend. The highest use is in BGH, which will be receiving the final cohort of overseas nurses. The Health Board is also seeing an increase in nurse applications from both overseas and England. The various elements associated with medical rostering are being taken forward; as indicated by Mr Thomas, this will provide valuable intelligence. There has been success in appointing medical locum and substantive staff. Overall, a range of actions are being taken, all of which are being evaluated via the Quality Impact Assessment process.

Mrs Marks noted that, whilst a number of Directorates had achieved the savings target of 5%, a significant proportion had not. In view of the continuing challenged financial environment next year, she enquired how increases in savings delivery would be made. Mrs Marks felt that it was vital to fully communicate how and why the organisation is taking the steps it is, while recognising the hardship this is causing to services. Assurance was also requested regarding the strategisation of a shift into care provision within the community and existence of the 'bandwidth' to do so. Building on these comments, Dr Wooding expressed concern regarding those areas of the organisation who had been unable to deliver the required savings, and whether this was due to a lack of financial maturity, or the challenge being too great. There is a need to build a strategic approach to achieve increased cost savings, with a more intelligent approach.

In terms of the 5%, Mr Thomas suggested that there is a 'disconnect' between those Directorates who delivered and those who did not. He emphasised that the requirement will not be 5% in perpetuity; this level was set in order to achieve the required 'step-change'. It should be recognised, however, that those services who did deliver the 5% this year will face increased risk in delivering more savings next year. Mr Thomas was concerned by any expectation of an ongoing 'blanket approach' to savings. However, where opportunities do exist within Directorates, these have been highlighted to them. Delivery of significant savings in areas such as drug expenditure will be challenging for the reasons already discussed. In terms of the question of 'how and why' these actions are being taken, it is acknowledged that the Health Board's duty to the taxpayer does not always sit comfortably with its duty to deliver services to patients. Members were assured, however, that the message is cascaded during the regular online Hywel Dda Team Meetings and via Directorates.

In terms of 'bandwidth'/capacity, clearly the operating model needs to change at some point. Whilst the organisation is ahead in its planning compared with previous years; it needs to be, in

order to achieve what is required. In terms of the process and rationale, Mr Lee Davies was keen to focus on the patient outcome, experience and care perspective, to ensure that this is not seen to conflict with the need for savings. Addressing Mrs Patel's comment at the beginning of the meeting, Mr Thomas indicated that he is happy to reflect on how additional narrative can be added. Whilst a balance is required, this can be considered at the Sustainable Resources Committee (SRC). **HT**

Referencing page 3 of the report, under 'Forecast Deficit', Mr Michael Gray noted and requested clarity around the statement that 'The Health Board is expected to improve on the planned deficit of £64.0m, but at this stage there are no assured plans in place which would deliver this.' In response, Mr Thomas explained that, whilst there is an assured trajectory to achieve a deficit position of £64m, there is no such trajectory (this year) to achieve the Welsh Government Control Total. It is the first stage of the financial plan upon which there is assurance. Whilst recognising this, Dr Wooding emphasised the need for the Board to be assured that the approach being taken is the correct one, and suggested that it would be useful – at the January 2025 meeting – to discuss the strategic approach to the financial recovery. It must be acknowledged, however, that there are certain aspects which cannot be compromised, including clinical effectiveness and safety. Agreeing, Mr Thomas highlighted that it would be relatively easy to deliver financial savings if it were not necessary to consider their impact on care. **HT**

Ms Lewis enquired regarding the likelihood of a positive response to the strategic cash request. Mr Thomas reminded Members that the letter has not yet been submitted and indicated that he would not wish to pre-empt a response. It was emphasised, however, that the Health Board has been open with Welsh Government regarding its financial position throughout the year. Whilst there is no suggestion that support will not be forthcoming, it is recognised that the proposed deficit is regarded as unacceptable.

Dr Wooding thanked all of those throughout the organisation who have contributed to the savings achieved. Focusing on the report's recommendations, whilst the Board recognises that the deficit position is unacceptable, it is grateful for all of the work undertaken to reach this point. Likewise, whilst the Board may not be content regarding the need to request strategic cash report, there is little alternative. The requirement to enact the cash management strategy, should Welsh Government support not be forthcoming, was recognised.

Decision: The Board:

- **RECOGNISED** that the Health Board's opening budget deficit of £64.0m 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

- **SCRUTINISED** the progress of savings actions undertaken as part of the recommendations presented to Public Board in September 2024.
- **ACKNOWLEDGED** the efforts taken to deliver an in-month delivery of £4.3m; the monthly forecast trajectory for the rest of the financial year is on course to be lower than the monthly Annual plan deficit of £5.3m and therefore the Health Board is now projected to achieve the annual plan deficit of £64.0m.
- **SCRUTINISED** the Executive Delegated Officer portfolios which are overspending against their delegated budgets;
- Was **NOT ASSURED** at this stage that those directorates with a level 3 escalation for Finance, Strategy and Planning have sufficient actions and milestones in place to de-escalate.
- **TOOK 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
  - Executive leads are generating schemes to develop into robust recurring savings plans by December 2024 for the £20.0m commitment made during September 2024 in Executive Team meeting
- **APPROVED** the Strategic Cash request of £64.0m, and
- **RECOGNISED** the requirement of enacting the Cash Management Strategy if the Strategic cash request is not approved in full by Welsh Government.

PM(24)207 Annual Plan 2024/25 and Strategic Approach to 2025/26

Presenting the report, which provides an update on delivery of this year's Plan and progress in developing next year's Plan, Mr Lee Davies suggested that this was relatively self-explanatory. Members heard that confirmation had been received from Welsh Government that the Health Board's escalation status remains unchanged. The report details key areas in which the organisation is on track and/or ahead of plan, and progress in relation to Targeted Intervention. In terms of finances, it is not envisaged that the Health Board will be in a position to prepare an approvable Integrated Medium Term Plan (IMTP). It is recognised that this is unacceptable and represents a breach of its statutory duty. Discussions are taking place with Directorates in various fora, including Directorate Improving Together Sessions (DITS) and via Executive Directors. The deadline for initial draft Directorate plans is 29 November 2024.

In response to a query around the rationale behind an inability to prepare an IMTP, Mr Thomas explained that, mathematically, this would require the Health Board to generate a surplus in Year 3 to balance the overspend in Year 1. Noting key deliverables for

2025/26, Mr Winston Weir focused on the proposed significant improvement to the financial trajectory. This was to be delivered by way of a 1.5% savings target, and Mr Weir queried whether the organisation should be more ambitious. If so, ambition would need to be driven by investment in certain areas, which would necessitate even more savings in others. Dr Wooding suggested that this reflects the need for consideration of the fundamental approach required during the next couple of years. He welcomed the definition of a robust list of criteria against which delivery will be assessed. Reiterating that there is a proportion of Directorates which have been unable to deliver the 5% savings targets, Mrs Patel enquired regarding the expectation they will be able to achieve this, in addition to 1.5%, next year.

Mr Thomas reminded Members that – at this stage – the Health Board is developing plans in the absence of knowledge regarding this year's financial allocation. It is possible that Welsh Government will choose to prioritise spending in other areas. As an Executive Team, it was agreed that the organisation would plan for a £20m savings target at this point, and review this once the allocation has been announced. It will also be better able to assess the position once all draft plans have been received. Savings of 5% plus 1.5% would deliver the Control Total position of £44.8m deficit. Dr Wooding acknowledged Mr Weir's comment around the importance of building in the 'headroom' required to develop the organisation via investment. Whilst agreeing, Mr Thomas highlighted the challenge involved. Even at a level whereby the Welsh Government's Control Total is achieved, the Health Board will be an organisation in deficit. Any spending would conflict with this and increase that deficit.

Highlighting the Darzi Report's focus on prevention of ill health, Mr Weir suggested that the Health Board should look to invest in this area. Consideration also needs to be given to fragile services. Any expenditure needs to be made in a planned way. Whilst agreeing, Mr Thomas indicated that the 'pay back' from investment in such areas is an issue, with any business cases needing to recognise the short-term investment versus the medium- to long-term return. Dr Wooding indicated that he would hope that the organisation, even in this challenging period, can grow, evolve and improve its service portfolios, improve productivity and reduce costs. Hence his desire to see a strategic approach for discussion at Board. Dr Gjini indicated that there is a great deal of evidence supporting the need for a focus on prevention. There are various opportunities to increase interventions around a number of medical conditions. Public Health is already working with clinical teams on this. However, it will not be possible to achieve a reduction in demand for healthcare without investment in this area, and without a strong Primary Care and Community strategic plan.

As mentioned earlier, Professor Kloer highlighted that the organisation is further ahead in its planning processes than in previous years which is a positive. This allows more time to consider the information and evidence, and consider the best

tactical approach. Professor Kloer had asked Mr Thomas to consider the issue of 'headroom'/investment/'innovation fund'. Whilst this is challenging to consider in an organisation in deficit, it may be more reasonable to contemplate across a period of three years. It is important to bear in mind that the Health Board's underlying deficit at the start of the year was £96.4m. The underlying deficit at the end of this year will be in excess of £70m, rather than £64m. To achieve a deficit position of £44.8m would, therefore, have been a significant step. He agreed with Dr Wooding, however, that the organisation should look to develop a three year Plan, even if this cannot be presented as an IMTP.

Decision: The Board:

- **DISCUSSED** the progress in-year and the current challenges
- **TOOK ASSURANCE** on the actions undertaken to develop the 2025/26 Annual Plan

PM(24)208 Integrated Performance Report

Mr Thomas introduced the Integrated Performance Assurance Report (IPAR) for Month 7 of 2024/25, suggesting that the 'Alert', 'Advise' and 'Assure' categorisation is now well-embedded. It was acknowledged that there are too many 'Alert' items, albeit these are under active management. Members' attention was drawn to the Escalation Overview on page 8. Mr Thomas hoped that the report demonstrates the proactive management of the challenges faced by the Health Board, with the Finance and Performance domains probably now isolated as the most concerning. The Mental Health and Learning Disabilities (MHLD) Directorate remains at a significantly escalated level across all domains. Whilst narrative has been included around actions in MHLD specifically, it should be noted that such plans are in place for every Directorate.

Mr Carruthers wished to provide additional context around Cancer performance. He shared Members' concerns around the drop in this to 40%, which is driven by various factors. These include challenges in terms of Radiography reporting, which have been addressed, with delays now at the lowest levels for 12 months. Also, staff sickness in the Skin Cancer Care Pathway, leading to delays in patients accessing treatment. There has been a focus on addressing this backlog and increasing capacity, which has had an unfortunate negative impact on overall performance. Other opportunities to improve are being explored, and there will be a focus on Urology next. Mr Carruthers was confident that an improvement in performance will be seen in October 2024; however, this will likely be lower than desired. He would hope that there would be a further improvement still in November 2024 and acknowledged the importance of this area in terms of patient outcomes.

Whilst recognising that waiting times for Neurodevelopmental assessments is a national issue, Mrs Marks wished to highlight the pressures and demand being experienced by local teams. She emphasised that they are doing their best, in challenging circumstances. However, there must be cognisance of the fact that behind every statistic in this area is a child, and Mrs Marks requested an update on progress. Mr Carruthers shared these concerns and recognised the impact of delays in accessing assessments. As Members will be aware, there have been discussions with Welsh Government, who have accepted that the performance target is not achievable within the current system. One of the issues is that the service is trying to improve assessment performance at the same time as delivering interventions and treatment for those who have already been assessed. An additional allocation of £312k has been received from Welsh Government, which will fund around 190 more assessments.

The Health Board is also looking to source further additional capacity and considering alternative providers and service models. An Accelerated Design Programme event has been taking place in Lampeter on 27 and 28 November 2024, and there are discussions regionally. Further conversations at RPB level are required, which would necessitate collaboration with Local Authority partners. Whilst Mr Carruthers would like to report significant progress in bridging the current gap in capacity, he was not able to do so. Mrs Marks welcomed this update, whilst suggesting that she will feel more comfortable when there are assurances that the organisation is doing absolutely everything it can. In terms of responsibility and control for this area, Dr Gjini reminded Members that the Health Board is a statutory body of local Public Services Boards and the RPB. It is using its influence and representation within all of these fora. However, there needs to be a focus on increasing resilience and support and reducing the over-medicalisation of interventions.

Dr Wooding indicated that there are a number of areas in which the Health Board is not performing to the standard which should be expected. Other areas, where it is achieving targets, are overshadowed by these shortfalls. He suggested that the organisation needs to consider those factors which are within and out with its control; and those areas which are focused on personal and systems performance. It is difficult to navigate a pathway without these. Cllr. Evans agreed that the Health Board is performing well in many areas. However, highlighting Appendix A and the escalation criteria in relation to Workforce, he expressed concern around trends in relation to bullying, harassment and sickness. All of which would need to be improved upon, in order to improve overall performance.

Mrs Gostling advised that resources have been diverted to focus on sickness absence, and engagement with services is beginning. There has been a significant reduction in sickness levels in certain areas, and the November 2024 figures are showing a sustained

improvement. A workshop with Occupational Health and Staff Psychological Wellbeing Service is scheduled for January 2025, and work is ongoing with Public Health. There are plans to pilot a support tool for staff to identify their own wellbeing needs. Work is also being undertaken with the Staff Partnership Forum to explore how staff on long-term sick leave might be facilitated to return to work, including in alternative roles initially if required.

With reference to staff sickness specifically, Mr Thomas wished to clarify that the escalation process is a systems performance assessment. It is not indicative of individual performance, which is a matter for line management. The assessment is a collective impact assessment. Whilst recognising this, Dr Wooding suggested that there is a link between the two and that Board requires assurance accordingly.

Decision: The Board **DISCUSSED** the IPAR – Month 7 2024/2025 report and **TOOK ASSURANCE** on the operational delivery of mitigating actions to improve performance in the areas that have been categorised as 'alert', whilst **AGREEING** that further improvement is required.

PM(24)209 Board Assurance Framework

Mrs Wilson introduced the Board Assurance Framework (BAF), reminding Members that this has been the subject of ongoing work since the last report to Board. All Committees have received progress reports on delivery against Planning Objectives, which underpin the Strategic Objectives. The ten Planning Objectives are as defined in the Annual Plan agreed earlier in the year, and link to the planning framework and ministerial priorities. There are two Strategic Objectives without associated Planning Objectives, which will need to be taken forward as part of the planned Strategy refresh. Professor Kloer reminded Members that the number of Planning Objectives has been rationalised and reduced several times. This has resulted in certain areas of work previously designated as Planning Objectives no longer being recognised as such. He emphasised that the organisation is in a period of transition and that the refreshed Strategy will involve review of the Strategic and Planning Objectives.

Referencing page 6, and the statistic that 84.9% of children are up to date with scheduled vaccinations by age 5, Mr Maynard Davies requested an update with regard to the general vaccination position within Hywel Dda. In response, Dr Gjini advised that the uptake among children for primary immunisations is not as high as it needs to be. However, there is an increase in uptake for certain vaccines. This is proving to be a challenging season locally in terms of vaccination uptake, which is replicated nationally and across the UK. The proportion of children taking up flu vaccines is a little higher than last year. The strategic approach to improve vaccine equity is underway and an update can be provided, should this be required.

Mr Weir noted that certain of the graphs include ambitions and others do not. He suggested that it would be helpful to include this information on all. Whilst committing to enhance this aspect of the report, Mrs Wilson reminded Members that the BAF Dashboard contains a great deal more detail. Dr Wooding indicated that he would welcome the proposed refresh of Strategic Objectives, emphasising the importance of aligning all activities to these.

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

PM(24)210 Improving People and Community Experience

Welcoming the opportunity to present the Improving People and Community Experience report, Ms Sharon Daniel advised that this represents a summary of patient feedback for June to September 2024. Feedback from in excess of 18,000 people had been received for this period. Of this, 13,135 people responded to the Friends and Family Survey, which represented only a small proportion of those accessing the Health Board's services. The team needs to explore how to increase the response rate. Whilst the majority of responses are positive, there are areas for improvement and learning. Members' attention was drawn to the Public Services Ombudsman Wales (PSOW) Annual Letter 2023-2024, which is appended to the report. This highlights the issue of timeliness of responses, and the team has been taking steps to make progress in this area. Actions have been implemented to achieve earlier resolution to complaints and concerns, which reduces those progressing to the formal Putting Things Right process. Since the previous report, there has been an improvement in the number of concerns responded to within 30 days, from 64% to 78.43%.

The report includes links to seven patient stories, and Ms Daniel wished to record her thanks to those who had contributed their experience. They are presented to Board to offer a human and personal dimension to the mechanics of healthcare delivery. The stories themselves demonstrate both positive and negative experiences. A workshop had been held on 31 October 2024 to prepare for the revised Putting Things Right guidance, to be issued next year. There had been good clinical representation and the workshop had included presentations from the Ombudsman, Welsh Government, Welsh Risk Pool and Civica. Positive feedback on the work being undertaken within the Health Board was received. The report also references a new national People Experience Framework, due to be published next year. This should serve to provide consistency across Wales. Members heard that the local Learning Framework will be considered at QSEC in December 2024. The new Civica system will allow enhanced data evaluation, and there are opportunities to review the Health Board's approach to focus on the patient voice. Ms Daniel would suggest that this is presented to Board, together with **SD**

proposals around the new reporting format. This suggestion was endorsed by Ms Lewis.

Dr Wooding expressed disappointment regarding the low patient experience response rates. Such rates tend to make feedback somewhat binary, with only those who are either positive or negative represented. Agreeing, Ms Daniel added that feedback also tends to be focused on 'front door' services such as A&E and Outpatients. Steps need to be taken to obtain more feedback from Inpatient services and Primary Care and Community services.

Ms Raynsford was concerned that this report contained no feedback from Cilgerran Ward (Paediatrics) at Glangwili Hospital (GGH). She also queried whether the Health Board actively works with Llais. With regard to Paediatric feedback, Ms Daniel noted that historically, recent reports had included this, recognising that its absence was disappointing. The team could explore options in terms of collaboration with Llais. Mrs Marks emphasised that the healthcare system is full of good staff delivering good services and care, and agreed that feedback from 'the middle ground' needs to be captured to achieve a fully representative picture. Referencing the number of concerns responded to within 30 days, Mr Gray noted that the Putting Things Right process acknowledges that certain concerns will take longer to resolve. Those which are not responded to within 30 days have the potential to escalate, and he enquired whether there is effective communication with individuals raising concerns, to avoid this where possible. Ms Daniel recognised that the timeliness of response is extremely important, as is effective communication regarding progress. This is an area of focus. **SD**

Cllr. Evans noted the extension of the timeframe for responding under early resolution from 2 to 5 days, and enquired regarding the anticipated improvement from a percentage perspective. Ms Daniel advised that the report outlines the improvement in terms of early resolution. Extending the timescale to 5 days facilitates response, whilst maintaining currency and relevancy. The new Putting Things Right guidance will extend the timeframe to 10 days; the Health Board has taken an incremental approach to implementing this. Focusing on the patient story around pain management, Ms Paterson suggested that this resonates with the need for strategic conversations around moving resources to the community. Members heard that the Civica system is being piloted in the Health Board's Managed Practices, and it is hoped that increasing levels of Primary Care feedback can be included in future reports. More broadly, all practices also participate in a national patient survey, and consideration could be given to including the findings of this in a future report. **JP/SD**

Recognising the requirement to note the contents of the PSOW letter and consider the actions to be taken as a result, Ms Daniel advised that the first three actions are complete. The fourth would be taken forward following today's Board meeting and discussion. It was suggested that the issue of comparison with other Health

Boards, particularly regarding the data per 1,000 residents, where HDdUHB has higher numbers of complaints being submitted to the Ombudsman's office, be returned to at the Board meeting in January 2025.

Decision: The Board:

- **RECEIVED** the Improving Patient Experience report, which highlights to patients and to the public the main themes arising from patient feedback
- **NOTED** the Public Services Ombudsman Annual Letter 2023-2024 and considered the Health Board's actions to be taken as a result

PM(24)211 Update on 'A Healthier Mid and West Wales' Strategy

Introducing this item, Dr Wooding advised that it was originally intended to focus on the Clinical Services Plan; however, it had subsequently become clear that this needed to be extended to consider the wider A Healthier Mid and West Wales (AHMWW) Strategy. Mr Lee Davies reminded Members that one of Board's key responsibilities is to set the strategic direction for the organisation. The report presented seeks to provide an honest assessment of the current situation and progress. There are separate constituent reports updating on the Clinical Services Plan (CSP) and Primary Care and Community Strategic Plan. In terms of starting point, Hywel Dda is in a part of Wales where healthcare services have been challenged for a number of years. It was clear in 2018 that the position was unsustainable, and since that time there has been a global COVID-19 pandemic.

Whilst there has been some progress, it is crucial to acknowledge that services remain unsustainable and have become even more fragile. The Health Board's estate is not fit for purpose. Demand for services has grown since the COVID-19 pandemic. The view has been reached that the new hospital, together with the associated repurposing of GGH and WGH, is at least 10 years away. Demand for services is expected to increase year on year for the foreseeable future, resulting in a fundamental challenge; for which the organisation needs to be in the best position possible. The report presents the reality of the situation and begins to outline what this might mean for each of the hospital sites, based on their relative strengths. As a Board, there is a commitment to involving stakeholders in the reshaping of services, as part of the wider Strategy refresh.

Dr Eiry Edmunds welcomed the report, reiterating that the rationale behind development of the original Strategy remains relevant. In fact, service fragility has only worsened. The Board has heard today examples of challenges and ambitions, together with the financial constraints and the impact of COVID-19. Whilst the Strategy remains sound, including its focus on increasing care in communities, there is still a need to develop an ambitious

approach to manage the provision of Secondary Care facilities. Mr Imperato agreed that the report was helpful and well-constructed. The Strategy has been predicated on the new hospital; and it is now being suggested that this needs to be put 'on hold' temporarily. Whilst this is probably realistic and it is refreshing to recognise it as such, Mr Imperato emphasised the need for continued progress and to avoid an extended delay.

Ms Paterson indicated that progress is equally important in respect of Primary and Community Care workforce and estate. Whilst she welcomed the alignment and integration of service models, there is a need to consider design principles and how this is translated into reality. Financial constraints are not all-encompassing; there are opportunities to shift workforce into the community. This has been discussed for a number of years and there needs to be progress. Dr Gjini emphasised that the AHMWW Strategy needs to be wider than health services; it needs to focus on improving health. The system is fragile now, it will become ever more so if there is no investment in preventing ill health and promoting wellness. Echoing this, Dr Wooding highlighted the need to build on what has been learned since 2018 in developing the Strategy. Noting the earlier reference to financial constraints, Mr Thomas was of the opinion that the Health Board's financial position was a direct consequence of waste, harm, variation, fragility, workforce and design of services. All of these issues need to be addressed and will produce a financial benefit. This is fundamental for the organisation's long-term sustainability.

On behalf of Llais, Ms Donna Coleman commended the report, which is now in the public domain. She suggested that consideration needs to be given to how the information therein is translated into information for the general public. It was important to acknowledge that their main priority is where treatment is delivered and how this will impact on their lives, particularly given the rurality of Hywel Dda. This aspect deserves more attention, and Ms Coleman suggested that the Teulu Jones device had been effective in allowing individuals to identify themselves and their families in proposals. The Board was requested to put this issue at the forefront of their discussions and planning.

Dr Wooding agreed, recognising that the priority must always be patients. The Strategy cannot be created in a vacuum; input from stakeholders, partners and service users will be vital to co-produce this. The Health Board will need to engage with its communities in a meaningful and 'authentic' way. However, both provider and population cannot continue to think about its services in the same way whilst expecting a different outcome.

Mrs Marks added her thanks for the report, which represents the beginning of a conversation with the Health Board's population, both the public and its staff. As has been indicated, this will be a very different approach to delivering services. It highlights the need to align messaging around Primary Care and Acute services and Public Health to ensure the priority is getting the right

treatment in the right place at the right time. The focus needs to be on quality services, which may not be delivered in the closest location, and this needs to be balanced with the view outlined by Ms Coleman. Mrs Marks also emphasised the importance of trust and the need to ensure that unplanned changes are adequately explained and temporary changes do not become permanent for no reason. Conscious decisions are required. The entire environment is different now, post COVID-19, politically and financially (for both individuals and organisations). Co-production of the new Strategy will be key.

Building on this, Ms Murphy highlighted the importance of a focus on communication with staff. Staff need to understand, as much as the public do, how they fit into the new Strategy. Their day-to-day focus is on providing services and doing their job; there should not be an assumption that they automatically understand the Strategy because they are staff. Ms Lewis echoed previous comments, emphasising that decisions on service delivery also affect Board Members and the wider Health Board staff and their families. As Chair of QSEC, rarely a meeting goes by without discussion of fragile services, which are increasing. This is a consequence of the configuration of the Health Board and will not improve without change. Centralisation of services is accepted practice in modern medicine, albeit 'hidden' in urban settings. Ms Lewis recognised, however, that this is worrying for service users, particularly in rural areas.

Mr Maynard Davies agreed that the regionalisation and centralisation of services for the purposes of delivering excellence has increased. The digital aspect of healthcare has also moved on considerably during the last 6 years, and provides opportunities to deliver services in people's homes. This will be critical to the new Strategy, albeit with recognition of limitations due to access to internet, equipment, etc. Mr Maynard Davies shared concerns already expressed around the condition of the Health Board's estate, with buildings unfit for purpose. The organisation needs to find a way to address this issue. Dr Wooding highlighted the evolutionary nature of the situation, which needs to be accepted. As must the fact that this process will not necessarily be easy, enjoyable or entirely positive.

In terms of the broad 'direction of travel', Mrs Patel observed that this has been the topic of discussion for many years. It will be vital, in order to maintain the confidence of the public, for the Health Board to demonstrate change and progress. Dr Wooding agreed, emphasising that the pace of change must be maintained and that the Strategy needs to be focused on meeting future (not current) needs.

Mr Lee Davies thanked Members for their comments. He wished to highlight that the Clinical Services Plan is not the Strategy, it forms part of the Strategy. The points made by Ms Coleman and Ms Lewis around where services are delivered were incredibly important, and serve to frame just some of the dilemmas being

faced. The Health Board wants to deliver more treatment in patients' homes and closer to their homes. However, treatments for rare life events and conditions need to be in centres of expertise. It is vital to be honest with the population about this potential conflict. In response to Mr Imperato's comment, the organisation does not have the luxury of time. For many reasons, it is not appropriate to abandon the Strategy; rather, it needs to be refined. There will be opportunities to discuss this further, including the Board Seminar in December 2024 and Public Board in January 2025.

Professor Kloer welcomed how the report and its proposals had been received, emphasising its importance for the organisation. It is necessary for the Health Board to accept that, at this stage in the Business Case process, the new hospital is at least 10 years in the future, if not longer. In addition, there have been many factors which will impact on the Strategy during the last 6 years. A further dilemma is that – while there needs to be engagement around the Strategy – there are already 9 fragile services in the Clinical Services Plan. The Health Board has no desire to make urgent service changes without engagement and consultation; however, the fragility of these services cannot be underestimated. Professor Kloer recognised the need to agree next steps and timelines at the Board.

In considering the recommendations, those relating to the AHMWW Strategy were agreed. Those relating to the Clinical Services Plan were approved subject to the proviso that it takes into account the broader Strategy refresh and ensures there is no conflict. Also, a recognition of the need to take a regional approach. With regard to the Primary and Community Strategic Plan, whilst there are signs of good progress, further headway needs to be made and this needs to facilitate the Strategy.

Decision: The Board:

- **DISCUSSED** the content of the AHMWW Strategy report and the wider strategic position
- **CONSIDERED** the requirement for a strategic refresh and the appropriate next steps
- **NOTED** the progress with the Clinical Services Plan and the Primary and Community Strategic Plan and **ENDORSED** the proposed next steps

Regarding the Clinical Services Plan programme the Board:

- **NOTED** the proposed service configurations identified by the options development process and their risks to delivery against the programme hurdle and evaluation criteria and Quality Impact Assessments
- **ENDORSED** the proposed approach to identify the workforce and finance requirements to deliver the service configurations in a phased implementation

- **DECIDED** to seek alternative service configurations which may not have been considered or tested within the options development process (Phase 2 of the programme)
- **APPROVED** the procurement for the next phase of the programme
- **DECIDED** to expand the consultation scope to assess the impact of service change on hospital sites as a result of the findings
- **NOTED** that the Clinical Services Plan programme will produce a project plan with scope, matters for inclusion, phased service configuration options details, and an approach for consultation (Phase 3), for decision at Board in January 2025

Regarding the Urgent and Emergency Paediatrics Implementation Plan, the Board:

- **NOTED** the update on Urgent and Emergency Paediatrics Implementation Plan at Withybush Hospital

Regarding the Primary Care and Community Strategic Plan, the Board:

- **NOTED** the findings of the Public and Workforce Engagement Report and the Community Issues paper
- **NOTED** the potential resource requirements necessary for the consultation and engagement phase
- **AGREED** the themes and ideas, and the proposed options development process
- **AGREED** the programme timeline

Cllr. Rhodri Evans left the Board meeting.

PM(24)212 **Prince Philip Hospital Minor Injury Unit Update**

Presenting the report, Mr Carruthers reminded Members of the decision regarding PPH Minor Injury Unit (MIU) made at the previous Board meeting. The report provides an update on progress since, and the proposed process to be put in place going forward. An updated Standard Operating Procedure (SOP) has been developed and the overnight closure had been implemented as planned. No incidents associated with the closure had been reported since. There had been a significant improvement in 4 hour breaches, with 96% of patients seen within 4 hours versus 81% previously. There had been only two 12 hour breaches, compared with in excess of 90 previously. A Steering Group and Project Group had been established, which are meeting on a regular basis. The Steering Group includes representatives from both Llais and SOSPPAN. In terms of timelines, Mr Carruthers anticipated being in a position to present options to the March 2025 Board. Risks to achieving this included the intervening Christmas and New Year break, and planning capacity. **AC**

Ms Daniel reported feedback from her nursing colleagues, which indicates that the redirection protocol is working well. Nurses also feel comfortable that they are working within their scope of practice. Members heard that there has been no apparent impact on Swansea Bay UHB (Morriston) or GGH A&Es, and that the 111 Option 2 is operating effectively. Ms Daniel assured Members that the Health Board is scrutinising patient experiences and concerns. Dr Wooding requested further information to support the assertion regarding impact on Morriston and GGH. From a Llais perspective, Ms Coleman advised that there had not been any adverse feedback; however, she would ensure that any which is received is anonymised and shared with the Health Board. **AC/SD**

Whilst welcoming the Llais, SOSPPAN, General Practice and staff representation on the Steering Group, Mr Imperato suggested that transport is a major issue. As such, a representative with expertise in this area might be a good addition. Also, a Local Authority representative and potentially external input. Mr Carruthers confirmed that membership of the Group has been discussed and it is intended to engage with individuals who offer specific expertise. Consideration can be given to whether a more formal arrangement is required. Mr Carruthers agreed that there is potential merit in exploring other models and advised that the team has been encouraged to do so. Mr Maynard Davies suggested that, with Morriston A&E being the closest, SBUHB should be represented on the Group. Returning to the issue of risks, he expressed concern around planning capacity, given the other competing tasks particularly at this time of year. **AC**

Ms Raynsford enquired whether data is being captured on the impact of the overnight closure on Primary Care. Emphasising that the Board decision was a temporary overnight closure, Mrs Marks wished to remind Members and the public that restoration of the previous service is one of the options being considered. Mr Carruthers confirmed that this is the case, adding that an advert has recently been placed seeking to recruit GPs into the MIU. He would take forward the suggestion around a SBUHB representative, although it was emphasised that there is regular contact with SBUHB and nothing has been 'flagged' to date. Likewise, there has been no reported impact in Primary Care. Mr Carruthers advised that fewer people had attended MIU during November 2024 than in September and October. He had requested that the operational team try to establish where individuals are seeking support, if not via the MIU. **AC**

Referencing one of the comments above, Mr Lee Davies assured Members that HDdUHB and SBUHB have regular planning meetings and that no adverse impact has been identified to date. In terms of planning capacity, he agreed that there is a great deal of work being undertaken currently. Whilst this is positive, it does present a challenge for the team, and a view will need to be taken in the new year. The associated risk is recorded on the Risk Register. Whilst noting that this issue will be overseen by the Strategic Development and Operational Delivery Committee

(SDODC), Dr Wooding emphasised the need for ongoing updates to the Board.

Decision: The Board:

- **NOTED** the implementation of the six-month overnight closure of the Prince Philip Hospital Minor Injuries Unit from 1 November 2024
- **NOTED** the approach on the development of the process to develop the longer-term options for the service model for the Prince Philip Hospital Minor Injuries Unit, including the governance structure and responsibilities
- **AGREED** that the Strategic Development and Operational Delivery Committee oversee the development of options for the longer-term model

PM(24)213 **Property Leases**

Introducing the Property Leases report, which requests Board approval in order to proceed with the sealing of leases, Mr Lee Davies suggested that this is relatively self-explanatory.

Regarding the Renal leases, Mr Maynard Davies noted that the costs for these are currently being covered by SBUHB and queried whether this is guaranteed to continue. Also, noting that the Teilo Surgery service charge is capped in the first year, whether there are further limitations to preclude future increases. In response, Mr Lee Davies advised that local Renal services are provided by the Welsh Kidney Network, commissioned via SBUHB. He did not anticipate any risk with this arrangement. In terms of the Teilo Surgery, whilst he could not provide a guarantee on future costs, this has been an ongoing relationship and he was sure that these would be based on actual costs incurred. Ms Paterson committed to provide further information outside the meeting. **JP**

Decision: The Board:

- **NOTED** the approval status to proceed with each arrangement
- **APPROVED** the progression of the legal arrangements subject to final agreement to the contract terms:
    - Fishguard Health Centre - Approval is sought to complete the ‘licence to assign agreement’, as agreed between parties
    - Building 8 lease - Approval is sought to surrender both lease arrangements
    - Beacon (Unit 7) - Approval is sought to enter into a new lease agreement to extend the occupation
    - Renal units - Approval is sought to enter into three new lease agreements
    - Teilo Surgery lease - Approval is sought to enter into a new lease agreement

Following Board approval, the Common Seal will be applied to those documents which are required to be signed under seal (in accordance with Standing Orders).

Ms Donna Coleman left the Board meeting.

PM(24)214 Annual Presentation of Nurse Staffing Levels for Wards Covered Under Section 25B of the Nurse Staffing Levels (Wales) Act

Ms Daniel introduced the report, indicating that this includes the spring and autumn cycles. Members' attention was drawn to Table 1 on page 3, which summarises the financial and workforce implications. This comprises an additional 9.27 WTE Health Care Support Worker (HCSW), and an additional 0.32 WTE Band 5 Registered Nurse, due to changes to the proportion of registered nurses working the long day shift pattern. The requirements fluctuate from cycle to cycle, with no discernible pattern. However, Ms Daniel has requested that operational teams hold back 0.8 WTE from their budget to prevent this from being such an issue in the future. Two wards (Steffan and Padarn wards) required an uplift to their HCSW establishment. Members were advised that various factors are taken into account when calculating staffing levels, including patient acuity and dependency and professional judgement. The Health Board is ensuring its compliance with the Nurse Staffing Levels Act; however, Ms Daniel felt that there are opportunities to consider future workforce modelling to explore alternative approaches.

Decision: The Board **TOOK ASSURANCE** that:

- Hywel Dda University Health Board (HDdUHB) is meeting its statutory 'duty to calculate' responsibility in respect of the nurse staffing level in all wards that fall under the inclusion criteria of Section 25B of the Nurse Staffing Levels (Wales) Act 2016.
- HDdUHB is meeting its statutory duty to provide an annual presentation to the Board of the detail of the nurse staffing levels.
- HDdUHB is meeting its statutory duty under paragraph 21 of the statutory guidance to inform patients of the nurse staffing levels. For each individual ward to which S25B to S25E of the Act pertain.

PM(24)215 Director of Public Health Annual Report

Presenting the Director of Public Health Annual Report, Dr Gjini advised that she had chosen to focus on the health and wellbeing of children and young people. It is important to value this group, in order to ensure a healthier future society. Dr Gjini thanked her team for their work in producing the report, her colleagues for their contributions and the families, children and young people for their

engagement. The report highlights a number of factors that the healthcare system will need to manage. It also considers health inequalities and poor wellbeing levels. There are successes outlined within the report, including local work in schools around mental health and emotional wellbeing, which has received a national award. Children and young people are providing input around their own priorities, which must be taken on board.

Ms Paterson welcomed the report, echoing the need to concentrate on children and young people; the adults of the future. The Strategy refresh must consider the needs of this group. It is important also to involve partner organisations such as Local Authorities, together with local communities. Ms Paterson emphasised the need to visit those places where children and young people are, to ensure effective engagement. Ms Raynsford agreed that the report is very pertinent and welcomed the focus on children and young people. In terms of a data, evidence-based approach, Ms Raynsford enquired whether qualitative data is measured along with quantitative. She endorsed the involvement of children and young people in developing services. Dr Gjini agreed that there must be a partnership approach. With regard to qualitative data, this is one of the reasons the report contains numerous quotes, and why there had been interviews and focus groups. The team is engaging in various ways to obtain both qualitative and quantitative data; however, there is scope to further increase levels of engagement.

Noting that much of the work is school-based, Ms Raynsford highlighted that there is a significant cohort of children and young people not in school. Whilst accepting this, and the need to explore other opportunities, Dr Gjini emphasised that a great deal of engagement is community based. Ms Lewis welcomed the report and its focus, suggesting that children and young people are still experiencing the effects of the COVID-19 pandemic. It was observed that the Health Board needs to consider the Social Model for Health. Finally, Ms Lewis queried how delivery of the report's recommendations will be monitored and tracked. Dr Gjini agreed regarding the Social Model for Health. In terms of scrutiny, it was suggested that this might be via SDODC or QSEC. She did not, however, anticipate delivery of all the recommendations within 12 months. Whilst recognising that much of what is set out is not within the Health Board's gift to deliver, Dr Wooding nevertheless emphasised the importance of giving attention to this area. It was agreed that there should be a focus at both RPB and Health Board level.

Whilst Mr Imperato understood that certain of the ambitions were longer-term, he endorsed the need for some form of tracking or monitoring. In response, Dr Gjini emphasised that she was not suggesting that none of the recommendations would be delivered within 12 months. Rather that these will feed into the Health Board Strategy, and progress will be seen year on year. Mrs Marks also commended the report, and the facts and figures presented therein. She recalled a recent visit to the team who provide mental

health support to new mothers. Whilst feedback from the recipients of this service was extremely positive, they had expressed disappointment that they had been unable to access similar support beforehand. Mr Carruthers advised that the Health Board has established a Children and Young People Working Group, which has facilitated communication between teams from different parts of the organisation. There is potential for further alignment.

Professor Kloer welcomed this focus on children and young people and agreed that there must also be a focus on the Social Model for Health and Wellbeing. Consideration is needed around priorities, and how success is measured. Partnership working, with the community and other agencies, will be key. Dr Gjini highlighted mention in the SBAR of action plans, working groups and input to other groups and fora.

Decision: The Board **DISCUSSED** the report, **NOTED** the content, and joined the Director of Public Health in recognising the recommendations outlined in this report.

Some of these recommendations include sustaining or enhancing existing programmes, services and approaches to key public health challenges and opportunities, whilst others will require continued collaboration with partners agencies to enhance our joint efforts and ensure *'every child can thrive and live a happy and healthy life, both now and in the future'.*

PM(24)216 Primary Care Governance

Ms Paterson reminded Members that it had been agreed at a previous Board meeting to review Primary Care Governance. She thanked Mrs Wilson and her team for their support in undertaking this task. The report presented sets out the governance processes in place and identifies gaps. These are in terms of considering professional performance issues, which need to be reported to the Board (previously via the In-Committee Board session). The team will seek to rectify this going forward. Also, contractual regulations and legal mechanisms, previously managed via a forum which had been disestablished. Members were reminded that the Board has recently considered both vacant practice and branch surgery issues. Draft Terms of Reference for Panels relating to both of these areas are presented for Board approval. Ms Paterson observed that Vacant Practice Panels rely on guidance, in the form of a Welsh Health Circular (WHC), which is quite dated. There is a need for support from stakeholders, and it is acknowledged that the community aspect of this requires proper recognition. Ms Paterson was aware of the existence of concerns around potential Panel membership. She was, however, hopeful that there is sufficient flexibility to permit approval of the Terms of Reference by the Board, with the caveat of future consideration of membership. Members heard that these will not be standing Panels; they will be convened as required.

With regard to the membership issue, Mrs Wilson advised that feedback has been received from a member of the public regarding this. It was emphasised that the Terms of Reference state that the Panels can co-opt additional members at any time. Board approval of the Terms of Reference does not, therefore, preclude the addition of members at a later date, should this be deemed appropriate. Ms Murphy enquired whether the Vacant Practice Panel membership should include a workforce or staff representative. Ms Paterson confirmed an expectation that workforce engagement would be key. The priority is for a model suitable for Independent Contractors rather than employees; however, consideration can be given to involvement of workforce or staff representatives as required. Members were assured that recent changes to staffing models and TUPE of staff had all been made in conjunction with the workforce.

With regard to the request from a member of the public that the local community be involved in Panel discussions, Dr Wooding noted that this appeared to be covered by the above assurances. Mrs Wilson confirmed that the local community and Llais are always involved in such engagement. Ms Paterson clarified that the specific concern was around the membership of the Panel which will inform the recommendation to Board. As has been indicated, feedback from the public is considered as part of this process. However, it is ultimately the Board which makes a final decision. Whilst accepting this, Dr Wooding emphasised the importance of ensuring that decisions are seen to be democratic. This is vital to build trust among the population.

Professor Kloer highlighted that the WHC mentions that 'the panel may wish to seek the views of local councillors…' and suggested that consideration be given to including this in the membership. Mrs Wilson felt that there is an element of nuance involved, with the Health Board choosing to obtain input via engagement. In addition, it was highlighted that the WHC is guidance; however, it was agreed that Mrs Wilson and Ms Paterson would consider this statement. **JW/JP**

Decision: The Board:

- **TOOK ASSURANCE** from the work that has been undertaken to strengthen Primary Care Governance arrangements, particularly in relation to Primary Care contractual decision-making where improvements have been identified as required;
- **APPROVED** the Terms of Reference for the Vacant Practice Panel and the Branch Surgery Panel, subject to consideration of the comments regarding membership.

PM(24)217 Report of the Audit and Risk Assurance Committee

Mr Weir, Audit and Risk Assurance Committee (ARAC) Vice-Chair, presented the ARAC update report from the meeting held

on 15 October 2024. He drew Members' attention to the 'Advise' items. With regard to the Health Board's escalation status, discussions had particularly focused on governance arrangements and the need for more consistency in response. The Committee had also noted issues around the findings of an Internal Audit report into Falls Management, including the number of falls and certain outstanding issues.

Dr Wooding expressed concern around the undischarged recommendations being reported to ARAC and their impact on patients. He emphasised the need to address recommendations in a timely manner. Mr Weir assured Members that ARAC is receiving information around the tracking of recommendations. It was further noted that the ARAC Chair has written to all Executive Directors, and Members were reminded of the internal escalation process and DITS Chaired by Mr Huw Thomas, however it was recognised this was unacceptable and Mr Carruthers would be undertaking further work with his teams. There is a great deal of work ongoing, with much being overseen by ARAC.

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

PM(24)218 Scheme of Delegation

Mrs Wilson advised that a full review of the Scheme of Delegation had been undertaken, and that the document presented is as current as it can be. The Scheme of Delegation has been considered by ARAC and is presented for Board approval.

Decision: The Board **APPROVED** Hywel Dda University Health Board's revised Scheme of Delegation.

PM(24)219 Report of the Quality, Safety and Experience Committee

Ms Lewis, QSEC Chair, presented the update report from the meeting held on 8 October 2024. Pertinent to the above discussions, one of the 'Advise' items outlined receipt of a status report on outstanding Healthcare Inspectorate Wales (HIW) recommendations. A number of these are extremely long-standing and the Committee had expressed concern regarding the lack of progress. An update is due at the next meeting. The report also outlines a gap in Upper Gastrointestinal representation on the WGH emergency medical rota.

With regard to the latter, Mr Carruthers advised that the Health Board has been able to appoint a fourth locum to strengthen the rota, and has received 17 applications in response to a recent advertisement. Ms Lewis wished to highlight the innovation being delivered as part of the Ceredigion Same Day Emergency Care (SDEC) service. This offers potential models for future service

delivery and should be recognised as an exemplar. Bianca Oakley, who has a leadership role in this service, was awarded runner up in the Chief Nursing Officer for Wales Award at the Royal College of Nurses (RCN) Wales Nurse of the Year Awards.

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

PM(24)220 Report of the Sustainable Resources Committee

Mr Weir, SRC Chair, presented the SRC update report from its meetings on 22 October and 14 November 2024, highlighting the 'Alert' items with regard to the Welsh Government target Control Total and Targeted Intervention. Other items in the report had already been discussed. In terms of 'Assurance' the Committee had been assured by the Deep Dive into Medicines Value and Sustainability. Assurance was also received around actions being taken by the Decarbonisation Taskforce Group. The extraordinary SRC meeting on 14 November 2024 had discussed three items requiring Board approval, which form the next three agenda items.

In terms of Board response to 'Alert' items, it was agreed that these had been covered during foregoing discussions.

Decision: The Board **RESPONDED** to the items the Committee is alerting them to and **TOOK ASSURANCE** from the items that the Committee is providing assurance on.

PM(24)221 Procurement Report

Mr Thomas advised that the three awards outlined within the Procurement Report have all been subject to the agreed All Wales approach to procurement. However, as they are each in excess of £1m, they require Board approval.

Decision: The Board:

- **APPROVED** the award of the All-Wales Framework for Audiology Products, 1 January 2025 to 31 December 2028, with an option to extend for a further two (2) years. This contract will have onwards submission to Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership) and Welsh Government for approval.

- **APPROVED** the award of the All-Wales Framework for Sterilisation and Decontamination, 1 December 2024 to 30 November 2027, with an option to extend for a further two (2) years. This contract will have onwards submission to Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership) and Welsh Government for approval.

- **APPROVED** the award of the All-Wales Framework for General Waste and Recycling Services, 1 April 2025 to 31 March 2028, with an option to extend for a further two (2) years. This contract will have onwards submission to Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership) and Welsh Government for approval.

PM(24)222 Digital Transformation Strategic Partner

Mr Thomas was pleased to present a report on the Digital Transformation Strategic Partner and was grateful for the support to reach this point. If agreed, this will be the first arrangement of its kind and offers an exciting prospect, with access to a global organisation which can support the Health Board with delivery and access to other opportunities. It represents an important test, as Mr Thomas would like this to be the first of multiple strategic partner arrangements. These might be similarly global, or more local arrangements with social enterprises. Mr Maynard Davies and Mr Imperato had both been involved at various stages and were thanked for their input. The Partner arrangement forms part of the Health Board's overall Strategy and its Digital Plan, the latter of which also requires refreshing. It will allow the organisation to take a more integrated approach. Members' attention was drawn to the contract award on a zero commitment basis, to a maximum annual amount of £7.5m for a period of 10 years. Also, the commitment to prepare business cases for each work package.

Mr Maynard Davies confirmed that he had been involved in the process, and that this had been robust and fair. It provides an opportunity which the organisation would not otherwise have, due to lack of additional capacity to consider the 'art of the possible'. This will be invaluable. It will not restrict who the Health Board works with and will allow acceleration of projects which would otherwise be delayed by recruitment of specialist staff, etc. This will include projects such as Electronic Prescribing and Medicines Administration (EPMA). As such, he fully supported the proposal. In response to a query around whether the company provide similar arrangements elsewhere, Mr Thomas confirmed that they are strategic partners with other organisations. They do not, however, act as whole system partners yet. Mr Weir advised that SRC had been assured by the process undertaken. Dr Wooding commended this innovative and pioneering arrangement.

Decision: The Board:

- **TOOK ASSURANCE** that a robust process was undertaken
- **NOTED** that each call-off work package will be subject to its own business case and approval via HDdUHB governance
- **NOTED** that the contract will be awarded on a zero commitment basis, to a maximum annual amount of £7.5m on current prices for a period of 10 years, £75m in total

- **APPROVED** the contract award to CGI IT UK Ltd, subject to Welsh Government approval

PM(24)223 **Digital Cellular Pathology Business Justification Case**

Presenting the Digital Cellular Pathology Business Justification Case (BJC), Mr Thomas highlighted that this area is significantly challenged at present. The proposed investment will support transformation, innovation and information sharing, and will facilitate collaboration with partners. The financial case is robust and, subject to Board approval, Mr Thomas would work with the Directorate around cost benefit analysis. In response to a query around how this supports regional working, Mr Thomas advised that it is an All Wales project.

Decision: The Board **APPROVED** the Digital Cellular Pathology Business Justification Case, noting that approval is given to undertake full procurement of a Digital Cellular Pathology solution and provide a commitment to provide funding. This cost will be offset by cash-released savings achieved through productivity and efficiency increases realised through the systems implementation with tracking mechanisms established and reported periodically through SRC.

PM(24)224 **Report of the Strategic Development and Operational Delivery Committee**

Mr Maynard Davies, SDODC Chair, presented the SDODC update report from its meeting held on 31 October 2024. He indicated that the single 'Alert' item, around Cancer performance, had already been discussed. Board is requested to approve publication of the Well-being of Future Generations Annual Report 2023/24.

Decision: The Board **RESPONDED** to the items the Committee is alerting them to, **NOTED** the items the Committee is advising them of and **TOOK ASSURANCE** from the items that the Committee is providing assurance on.

PM(24)225 **Wellbeing Objectives Annual Report**

Decision: The Board **TOOK ASSURANCE** that the Health Board is meeting the statutory obligations of the Well-being of Future Generations (Wales) Act, 2015 and **APPROVED** publication of the Annual Report.

PM(24)226 **Report of the People, Organisational Development and Culture Committee**

Mrs Patel, People, Organisational Development and Culture Committee (PODCC) Chair, presented the PODCC update report from its meeting held on 29 October 2024. There were no 'Alert' or

'Advise' items. In terms of 'Assure' items, Mrs Patel highlighted the Committee's oversight of key initiatives as part of Targeted Intervention de-escalation. Also, the impact of reduction of agency and bank nurses on clinical outcomes. Finally, the Board Seminar on 12 December 2024 will include discussion of the Strategic Equality Plan.

Decision: The Board **TOOK ASSURANCE** from the items that the Committee is providing assurance on.

PM(24)227 Report of the Health and Safety Committee

Ms Murphy, Health and Safety Committee (HSC) Chair, presented the HSC update report from its meeting on 12 November 2024. There were no 'Alert' items. In terms of 'Advise' items, Ms Murphy reported that limited assurance was received from the Analysis of Sharps Incidents Report and that the Committee was not assured on the safety of patients and staff provided by current measures to control traffic at PPH. A response on the latter is awaited from Carmarthenshire County Council. Board is requested to approve the HSC Terms of Reference.

Decision: The Board:

- **APPROVED** the HSC Terms of Reference
- **NOTED** the items the Committee is advising them of
- **TOOK ASSURANCE** from the items that the Committee is providing assurance on

PM(24)228 Report of the Charitable Funds Committee

Ms Raynsford, Charitable Funds Committee (CFC) Chair, presented the CFC update report from its meeting held on 17 September 2024. It was not appropriate to go into detail regarding the 'Alert' item, as it involves a legal issue; however, Members can be assured that it has been scrutinised in detail by CFC. In terms of 'Alert' items, the Performance Report had indicated a downturn in income of the charity, which was consistent with other charities and indicative of the challenging financial environment. To clarify, Mrs Wilson advised that further information around the 'Alert' item is included in the In-Committee CFC report, and confirmed that this had been fully debated by CFC. The request to issue legal proceedings necessitates Board approval.

Decision: The Board:

- **APPROVED** the request to issue proceedings to seek a declaration that the will in favour of the Health Board is valid
- **NOTED** the items the Committee is advising them of
- **TOOK ASSURANCE** from the items that the Committee is providing assurance on

PM(24)229 Committee Update Reports

Mrs Wilson presented the Committee Update Reports, highlighting the reports included and noting that there were no issues being brought to the Board's attention.

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
- **NOTED** the items that it is being advised of and **TOOK ASSURANCE** on the items that it is being assured on

PM(24)230 Joint Committees and Collaboratives

Introducing the Joint Committees and Collaboratives report, Professor Kloer advised that the Joint Commissioning Committee is becoming more established. There has been a particular focus at this forum on the Emergency Medical Retrieval and Transfer Service (EMRTS).

Decision: The Board: The Board **RECEIVED** the updates in respect of recent NHS Wales Joint Commissioning Committee (JCC), NHS Wales Shared Services Partnership (NWSSP) and Mid Wales Joint Committee for Health and Care (MWJC) meetings.

PM(24)231 Statutory Partnerships Update

Ms Paterson presented the Statutory Partnerships Update report, advising that three workshops had taken place, facilitated by an external agency, to ensure that the RPB is meeting its changing remit. The first 'Regional Footprint' meeting with the Cabinet Secretary has taken place, to discuss performance against the Care Action Committee priorities. In particular, the response to the '50 day challenge' work.

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)232 **Any Other Business**

There was no other business reported.

PM(24)233 **Healthcare Wales Inspectorate Annual Report 2023/24**

The Board **NOTED** the HIW Annual Report 2023/24.

PM(24)234 **A Regional Collaboration for Health (ARCH) Review 2023/24**

The Board **NOTED** the ARCH Review 2023/24.

PM(24)235 **Board Annual Workplan**

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

PM(24)236 **Date and Time of Next Meeting**

9.30am, Thursday, 30 January 2025