

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

Date of Meeting:	9.30AM, THURSDAY 25TH MARCH 2021
Venue:	VIRTUAL, VIA TEAMS

Present:	<p>Miss Maria Battle, Chair, Hywel Dda University Health Board Mrs Judith Hardisty, Vice-Chair, Hywel Dda University Health Board Mr Owen Burt, Independent Member (VC) Mr Maynard Davies, Independent Member (VC) Professor John Gammon, Independent Member (VC) Ms Anna Lewis, Independent Member (VC) Mr Mike Lewis, Independent Member (VC) Ms Ann Murphy, Independent Member (VC) Mr Paul Newman, Independent Member (VC) Ms Delyth Raynsford, Independent Member (VC) Cllr. Simon Hancock, Independent Member (VC) Mr Steve Moore, Chief Executive Dr Philip Kloer, Executive Medical Director and Deputy Chief Executive (VC) Mr Andrew Carruthers, Executive Director of Operations (VC) Mrs Lisa Gostling, Executive Director of Workforce & Organisational Development (VC) Mrs Ros Jervis, Executive Director of Public Health (VC) Mrs Mandy Rayani, Executive Director of Nursing, Quality & Patient Experience (VC) Ms Alison Shakeshaft, Executive Director of Therapies & Health Science (VC) Mr Huw Thomas, Executive Director of Finance (VC)</p>
In Attendance:	<p>Ms Jill Paterson, Director of Primary Care, Community & Long Term Care Mrs Joanne Wilson, Board Secretary Mr Michael Hearty, Associate Member (VC) Mr Mansell Bennett, Chair, Hywel Dda Community Health Council (VC) Ms Donna Coleman, Chief Officer, Hywel Dda Community Health Council (VC) Ms Hazel Lloyd-Lubran, Chair of Stakeholder Reference Group (VC) Ms Clare Moorcroft, Committee Services Officer (Minutes)</p>

PM(21)29	INTRODUCTIONS & APOLOGIES FOR ABSENCE	
	<p>The Chair, Miss Maria Battle, welcomed everyone to the meeting. Apologies for absence were received from:</p> <ul style="list-style-type: none"> • Mr Jonathan Griffiths, Pembrokeshire County Council Director of Social Services, Local Authority Representative • Dr Mo Nazemi, Chair of Healthcare Professionals Forum • Dr Hashim Samir, BAME Advisory Group Chair 	
PM(21)30	DECLARATION OF INTERESTS	
	<p>Mrs Joanne Wilson declared an interest in item PM(21)37, Improving Patient Experience Report, in relation to Family Liaison Officers.</p>	

PM(21)31	MINUTES OF THE PUBLIC MEETING HELD ON 28TH JANUARY 2021	
	RESOLVED – that the minutes of the meeting held on 28 th January 2021 be approved as a correct record.	
PM(21)32	MATTERS ARISING & TABLE OF ACTIONS FROM THE MEETING HELD ON 28TH JANUARY 2021	
	<p>An update was provided on the table of actions from the Public Board meeting held on 28th January 2021, and confirmation received that all outstanding actions had been progressed. In terms of matters arising:</p> <p>PM(21)08 – in respect of an update on discussions regarding the KPMG review and partnership governance arrangements, the Board Secretary advised that the meeting due to take place on 22nd March 2021 had been cancelled. Mrs Judith Hardisty would Chair the rescheduled meeting and background work would continue in the meantime.</p> <p>PM(21)15 – the Director of Finance indicated that the meeting to discuss Mental Health data had taken place last week, and that a briefing would be provided to Mrs Hardisty.</p>	
PM(21)33	REPORT OF THE CHAIR	
	<p>Miss Battle presented her report on relevant matters undertaken as Chair since the previous Board meeting. Members were reminded that it was now a year since the COVID-19 pandemic had begun, with the associated sacrifices. Miss Battle expressed her pride in and gratitude towards all of those involved in the response, and advised that a Discovery Report, to gather staff experiences of the pandemic, will be compiled. Key messages already received from staff are the need to be listened to, for recognition, remembrance, rest and recuperation. A Rest and Recovery Reference Group has been established and Miss Battle thanked all of those who are contributing, including external experts from the military and the tourist industry. Members' attention was drawn to the awards detailed in the report, with Miss Battle emphasising that every award winner is deserving. The closure of Penally Camp was noted, with all of those involved in providing support to the Asylum Seekers housed there and to the local community during the COVID-19 pandemic thanked for their significant efforts. Miss Battle also wished to recognise three Independent Board Members who are stepping down after many years of dedicated service: Cllr. Simon Hancock, Mr Owen Burt and Mr Mike Lewis. Miss Battle especially thanked them for their support and service during the past year. The Board's attention was drawn to the new Independent Members appointed: Mr Winston Weir as Independent Member (Finance), Cllr Gareth John as Independent Member (Local Authority) and Iwan Thomas as Independent Member (Third Sector) and the re-appointment of Ms Delyth Raynsford as Independent Member (Community).</p> <p>Cllr. Simon Hancock thanked Miss Battle for her kind words, stating that it had been an immense privilege to be a Board Member of the UHB, whose whole raison d'être is to care for people. Cllr. Hancock stated that the entire organisation is full of wonderful individuals and wished it the very best for the future. Regarding the closure of Penally Camp, it was emphasised that this facility should never have been used to house Asylum Seekers. Noting that Pembrokeshire County Council has</p>	

	<p>invoiced the Home Office for its costs and that Dyfed-Powys Police has not been able to claim the policing costs involved; there was an enquiry regarding whether the UHB has received any financial recompense for the costs of providing healthcare to those housed at Penally Camp. The Director of Finance confirmed that there is a process in place via Welsh Government to claim costs from the Home Office and that the UHB had been recompensed. The monies involved had included both set-up costs and ongoing management costs. Mrs Judith Hardisty echoed earlier comments regarding the three out-going Independent Members, acknowledging their support for her as Vice-Chair and during her time as Interim Chair. With reference to page 5 of the report, and the Welsh Government consultation on 'Rebalancing Care and Support', Members were advised that the Regional Partnership Board is also drawing together a response, which will include the views of the UHB's officers as well as those of the Local Authorities; it is hoped that this will align with the UHB's response to this White Paper.</p> <p>Returning to the topic of Penally Camp, it was suggested that the role of the Third Sector and local Faith Groups should be recognised, including their role in lobbying the Home Office; and it was hoped that the Asylum Seekers who had been housed at Penally Camp would be placed in more appropriate accommodation. Mr Owen Burt thanked the Chair for her earlier comments and reiterated Cllr. Hancock's view that it had been a privilege to be part of the UHB. Miss Battle agreed that the contribution of other groups should be recognised, and noted that local Faith Groups are continuing to provide support to the Asylum Seekers. The introduction of the Chat Health text service was welcomed and a query raised regarding whether this is term-time only or available during school holiday periods. The Director of Public Health was pleased that this service had been commissioned for the region's young people, and offered to provide operational details of the service outside the meeting. Mr Steve Moore shared Members' views regarding the closure of Penally Camp and wished to formally record his thanks to the Director of Public Health, the Director of Primary Care, Community & Long Term Care, and the Primary Care team for their significant efforts in providing healthcare for the Asylum Seekers housed there. The Independent Chief Inspector of Borders and Immigration, whilst condemning the overall condition of the camp, had highlighted that the UHB had gone beyond expectations to provide care to its residents.</p>	RJ
	<p>The Board:</p> <ul style="list-style-type: none"> • SUPPORTED the work engaged in by the Chair since the previous meeting and NOTED the topical areas of interest; • RATIFIED the actions undertaken by the Chair on behalf of the Board. 	

PM(21)34	MAINTAINING GOOD GOVERNANCE COVID-19	
	<p>Mrs Joanne Wilson introduced the Maintaining Good Governance COVID-19 report, advising that this provides the usual update on current governance arrangements. Members noted that there will be a review of governance structures from the new financial year forwards.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> • NOTED the update since the Board in January 2021 regarding the approach undertaken to ensuring the appropriate level of Board oversight and scrutiny to discharge responsibilities effectively during 	

	<p>the COVID-19 pandemic, together with the revised Command and Control structure;</p> <ul style="list-style-type: none"> • APPROVED the temporary changes to the programme of work and meeting cycles for the Committees of the Board; • APPROVED the changes to the Command and Control Structure including: <ul style="list-style-type: none"> ○ Variation to the meeting frequency of Tactical (Silver) Command Group. • NOTED the update since the Board in January 2021 regarding the approach to managing risk and outstanding recommendations from auditors, inspectorates and regulators by the Health Board during the COVID-19 pandemic. 	
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PM(21)35	REPORT OF THE CHIEF EXECUTIVE	
	<p>Mr Moore presented his report on relevant matters undertaken as Chief Executive of HDdUHB since the previous meeting, drawing Members' attention to the NHS Wales National Imaging Academy Wales Hosting Agreement, presented for approval. Mr Moore suggested that the National Imaging Academy represents a national asset for Wales, crucial to the future supply of Radiologists. The triennial review of University Health Board status was also highlighted, with Mr Moore commending the valuable and ongoing work with university colleagues. There is also a growing and strengthening relationship with local colleges, with Pembrokeshire College, Ceredigion College and Coleg Sir Gâr highlighted in particular. These relationships should, in combination, stand the UHB in good stead for the future. Mr Moore concluded by offering his personal thanks to Cllr. Hancock, Mr Burt and Mr Lewis for the support and wise counsel they have provided during their tenure.</p> <p>Comments regarding the valuable support and collaboration provided by all educational partners were echoed. These connections will secure the UHB's future workforce, ensure that this workforce is skilled using an evidence-based approach and support the UHB's innovation and research agenda. The latter has contributed significantly to the quality of care provided to patients. University Health Board status is both important and a source of pride. Whilst it has been challenging to gather the evidence required with current pressures, the team has excelled and the UHB looks forward to the meeting with Welsh Government. Thanking the Medical Director and his team for their efforts, Mr Moore echoed comments regarding university collaboration and suggested that the UHB can approach the meeting with confidence. Other Members concurred, noting that an incredible amount of work has been undertaken to develop and sustain relationships with education providers and on preparing for the triennial review. With regard to the Register of Sealings, Members were asked to note that, regarding Number 303, whilst the sale of Cardigan Health Centre has not been completed, it is expected to progress next week.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> • ENDORSED the Register of Sealings since the previous report on 28th January 2021, subject to noting the caveat regarding Number 303 (Cardigan Health Centre); • NOTED the status report for Consultation Documents received/ responded to; 	

- **APPROVED** the NHS Wales National Imaging Academy Wales Hosting Agreement.

PM(21)36	<p>REPORT OF THE AUDIT & RISK ASSURANCE COMMITTEE</p> <p>Mr Paul Newman, Audit & Risk Assurance Committee (ARAC) Chair, presented the ARAC update report, highlighting the request that Board ratify the ARAC Terms of Reference, which remain unchanged. Mr Newman also drew Members' attention to specific Internal Audit reports, from which Board can take considerable assurance. Namely, those on Quality & Safety Governance and Effectiveness of IT Deployment in Relation to COVID-19. The latter had received a rare rating of Substantial Assurance, which demonstrates the significant work undertaken by the IT team in response to the pandemic.</p> <p>Miss Battle welcomed these reports, noting that they provide assurance for Board in important areas. With regard to ratification of the Terms of Reference, Miss Battle noted that there are a number of such requests at today's Board. As mentioned earlier, it is intended that governance structures will be reviewed at the next Board Seminar in light of the planning objectives agreed by the Board and the draft Annual Recovery Plan; as a result, all Terms of Reference will be subject to further change.</p> <p>The Board NOTED the ARAC update report, ACKNOWLEDGED the matters highlighted and RATIFIED the ARAC Terms of Reference.</p>	
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PM(21)37	<p>IMPROVING PATIENT EXPERIENCE REPORT</p> <p>Before inviting Mrs Mandy Rayani to present the Improving Patient Experience Report, Miss Battle welcomed the opportunity this report provides for the Board to hear the voices and experiences of patients in the current challenging environment. Mrs Rayani thanked the Chair for these comments, noting that the patient story in this report is a particularly moving and powerful one. The Board will see that there is a significant focus on the work in relation to bereavement services within the organisation, and how improved standards can be delivered across the organisation. The Family Liaison Officers are continuing to support families during this difficult time, and new guidance has been issued regarding decision-making around visits to patients. Mrs Rayani also highlighted the work around capturing feedback, particularly feedback from children and young people. Whilst the level of feedback from this group is currently low, due to reduced patient numbers during the pandemic, it is both valuable and valued. Mrs Rayani hoped that her report under the next agenda item will demonstrate how the UHB is planning to address concerns regarding patient communication and waiting times.</p> <p>Representatives from the Community Health Council (CHC) advised that concern around bereavement is a major issue, common across Wales, and welcomed the UHB's planned focus on this area. In response, Mrs Rayani emphasised that the organisation recognises the long-term impacts of a lack of support for patients and their families, and offered to provide a further update to the CHC later in the year. Further information was requested regarding the three cases which have progressed to Public Services Ombudsman investigation. Mrs Rayani advised that one had been in relation to scanning during maternity care. Whilst there was</p>	MR
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no significant impact in terms of the wellbeing of the child in question, the outcome of the investigation had been accepted and would be taken forward. The second related to assessments, and ensuring that the outcome of these is shared with the patient/family as appropriate. This is an area in which further work is required. The third case had identified the need for improvements in terms of ensuring relevant information is transferred to other organisations to ensure continuity of care. Members were assured that the UHB is providing evidence of learning around all of these cases to the Ombudsman.

Members were encouraged by the positive comments in relation to the role and contribution of the Family Liaison Officers (FLOs). It was noted that a number of these are fixed term appointments, and that a review of this role is planned; it was queried whether there is a risk of a 'gap' in provision as a result. In response, Mrs Rayani advised that the UHB has taken on a number of new FLOs and that they will be in place until at least the end of June 2021. There is a review planned to consider how the healthcare team can be 'wrapped' around the patient; the role of the FLO and how this might be integrated, will form part of this review. It will be necessary to adapt models of care going forward. The inclusion of compliments in the report was welcomed in particular, as this important and rich source of narrative demonstrates the organisational values put into practice. On this point, Mr Moore reminded Members that the Board is due to discuss the UHB's Annual Recovery Plan and Strategic Objectives. Feedback such as compliments will provide vital evidence of whether the organisation is making progress in this regard. Returning to the topic of bereavement, Miss Battle stated that this has also had a huge impact on staff during the pandemic, with them having to take on the role usually assumed by family at end of life. The Board's robust support for FLOs and the model of care provided by them was emphasised. Miss Battle also welcomed the innovative approach to compliments applied by the establishment of a prize draw, which reflects the UHB's ambition to better recognise the contribution of staff.

Miss Battle concluded discussion of this item by thanking both Mrs Rayani and the Patient Experience team for their continued efforts.

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

PM(21)38

SINGLE POINT OF CONTACT

Mrs Rayani presented the Single Point of Contact Report, thanking Mrs Mandy Davies for undertaking this work and preparing the report. Members heard that Mrs Rayani and Mrs Davies had met with the Chief Executive earlier in the week to discuss this workstream; the scope and complexity of which is significant. Those involved with preparing the initial letter, circulated to more than 6,000 patients waiting over 52 weeks on the elective care waiting list, were thanked for their contribution. The letter to 300 orthopaedic patients identified for inclusion in the Single Point of Contact pilot has also been sent and responses are being received, which represents positive progress. Looking forward, Members heard that the step-by-step process outlined in the paper will be applied.

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Mrs Hardisty stated that there appear to be a number of similarities with initiatives previously introduced by the Welsh Ambulance Service NHS Trust (WAST), which involved scripts and patient communication; and enquired whether any link has been established, to potentially share learning. Mrs Rayani was not aware of a specific link with WAST and committed to check. Members were advised, however, that a wide range of stakeholders had been brought together and best practice from across the UK has been explored. It was noted that the scripts utilised are specific to the needs and clinical pathways of patients. Whilst Members welcomed these developments, a slight inconsistency between the way in which plans were presented in the report and in the Annual Recovery Plan was noted. In view of this, it was queried whether the methodology presented in the Annual Recovery Plan was that which would be followed, in particular the intention to potentially identify alternative care pathways for patients who are part of this pilot. Also, clarification regarding the anticipated timescale for reporting outcomes from the pilot was requested.

In response, Mrs Rayani advised that the UHB is utilising consistent methodology, which is underpinned by quality improvement. This first cohort of patients is, therefore, very much the 'proof of concept', after which the organisation will need to stop, evaluate and learn, prior to confirming processes for the next group of patients. Members heard that Mrs Rayani has requested that an update report be presented to the June 2021 meeting of the Quality, Safety & Experience Assurance Committee (QSEAC). In terms of timescale, the UHB will not be in a position to roll-out the Single Point of Contact concept across all services within the 2021/22 year; however, Mrs Rayani hoped that the organisation will be in a strong position in this regard within the next two years. Whilst it is regrettable that the UHB is not further forward than it is, this initiative requires work across multiple single points of access throughout the organisation. In response to a query regarding whether there are plans to make the Single Point of Contact service bilingual, to allow members of the public to converse in Welsh as their language of choice; Mrs Rayani advised that steps are being taken in this regard, for example by recruiting Welsh-speaking call handlers. Initiatives to communicate with patients were welcomed by Members, particularly as the public is understandably anxious at this time and in view of the numbers waiting, and a focus on reassuring and supporting them is required. CHC representatives also welcomed this work, noting that communication is a key theme of patient concerns and in enquiries received from the public.

Mr Moore emphasised that the Single Point of Contact concept represents a massively transformative workstream, which will significantly progress the organisation in terms of its ambitions. Board level committees will have the opportunity to examine both the Annual Recovery Plan and the Strategic Objectives, and an update will be provided at each Board meeting. Miss Battle was delighted at the progress made and welcomed the involvement of the Bevan Commission. All of those who had contributed were thanked sincerely for their efforts.

The Board **NOTED** the Single Point of Contact report and **TOOK ASSURANCE** that the work to date to develop a communication

mechanism for patients waiting for elective care, through a central point, is progressing in a structured and outcome-focused way.

PM(21)39

COVID-19 REPORT

Mr Moore introduced the COVID-19 Report, reiterating that a year had now passed since the beginning of the pandemic and the first national lockdown. Both staff and public were thanked for taking time out to reflect on 23rd March 2021; and Mr Moore, on behalf of the Board, relayed thoughts and sympathies to those who have lost loved ones during this time. Current figures put the number of COVID-19 deaths in Hywel Dda at 472, although the actual figure is likely to be higher. Mr Moore wished to recognise the health and care staff who have risen to the challenge posed by the pandemic. It is hoped that everyone can now begin to look forward with a growing sense of optimism; and that recovery, whilst slow, is sustainable. Providing an update on the figures on page 2 of the report, Members heard that these remain fairly consistent, with current infection rates at 25.3 per 100k and a positivity rate of 2.7%. COVID-19 patient numbers in HDdUHB hospitals have significantly reduced, however, with the number at Withybush General Hospital, for example, reducing from 54/55 just a few weeks ago to only 1 suspected case on 24th March 2021. Moving onto the vaccination programme, Mr Moore advised that he meets regularly with the team responsible for delivering this, and is confident that Welsh Government vaccination targets will be met. To date, 205,678 COVID-19 vaccinations have been delivered across Hywel Dda, with 174,065 of these being first doses; and the region is close to having vaccinated 55% of its adult population. Members' attention was drawn to the revised Gold Command planning requirements detailed within the report, which Board is being asked to approve.

Mr Mike Lewis thanked the Chair, Vice-Chair and Chief Executive for their earlier kind words regarding his service as Independent Member. Returning to the COVID-19 report, both the size and breadth of the vaccination programme is unprecedented, and all those involved should be thanked and congratulated. Members heard that NHS England is requesting that all individuals in Groups 1-9 who have not received their first COVID-19 vaccination go online to book this. Noting that the online system is only available in England, it was suggested that a message clarifying the process should be sent to HDdUHB residents. Mr Moore emphasised that different processes apply in England and Wales, with the vaccine roll-out differing between the two. Letters for those in Priority Group 9 (50-54 year olds) will be issued from 29th March 2021, and those in their 40s will be invited to book into vaccination clinics from 19th April 2021, which represents the start of delivering vaccines to those beyond Priority Groups 1-9. The Director of Public Health advised that a robust 'leave no-one behind' checking exercise had been conducted following Milestone 1 of the COVID-19 Vaccination Strategy for Wales, vaccinations for those in Priority Groups 1-4. A similar exercise will be conducted following Milestone 2, vaccinations for those in Priority Groups 5-9. Miss Battle and other Members commended the achievements associated with the COVID-19 vaccination programme and the staff response involved.

	<p>Members heard that the Health, Social Care and Sport Committee undertook an inquiry into the impact of the COVID-19 outbreak, and its management, on health and social care in Wales, and had published its report last week. This report had noted that certain Health Boards had requested that Care Homes accept discharged patients without negative COVID-19 tests – effectively unsafe discharges. Assurance was requested that HDdUHB was not among the Health Boards who had done so. The Director of Primary Care, Community & Long Term Care reminded Members that, at the beginning of the pandemic, there had been no guidance regarding the discharge of patients into Care Homes and that the UHB had made decisions deemed in the best interest of patients. As a result, a number of rapid discharges from hospital had been made. Welsh Government guidance was issued on 22nd March 2021, and this has been adhered to since. A retrospective review of patients discharged during the first month of the pandemic had been conducted, to establish whether there was any correlation between individuals discharged and outbreaks in the relevant Care Homes. No such correlation had been evidenced. Miss Battle emphasised that the UHB had taken the decision to concentrate its efforts on supporting Care Homes at an early stage in the pandemic; its Care Home Escalation Framework was the first in Wales and had been replicated across Wales.</p> <p>Referencing page 3 of the report, Mr Moore highlighted the revised Gold Command Planning Requirement in regards to Field Hospitals. COVID-19 modelling suggests that there should be provision for a total of 945 beds, necessitating approximately 100 Field Hospital beds. It is proposed, therefore, that notice be given to those facilities indicated in the report. Mr Moore wished to publicly record the Board’s thanks to the partners involved in helping the UHB establish and maintain its Field Hospital beds. Whilst it had not been necessary to utilise these beds, except for some of those at Bluestone, the organisation was grateful for the ongoing cooperation of partners and was pleased to be returning facilities to their original use. Formal letters of thanks would be issued.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> • RATIFIED the decision taken under Chair’s action to serve notice to the Field Hospitals located at Bluestone and Parc y Scarlets; • RATIFIED the adjustments to existing Gold Command Planning Requirements, for inclusion in the 2021/22 Recovery Plan. 	

<p>PM(21)40</p>	<p>HDdUHB DRAFT ANNUAL RECOVERY PLAN 2021/22</p> <p>Miss Battle thanked Members for the input already provided to this document in various fora. Mr Moore introduced the HDdUHB Annual Recovery Plan 2021/22, emphasising that this is currently in draft form. This year’s Plan has probably been one of the most difficult to prepare with the various factors associated with the pandemic, including the emergence of new variants; public compliance with restrictions and fatigue around this (recognising that compliance locally has been high); and the impact of potential easing of restrictions. Scientific data seems to support the expectation that vaccination will impact on infection rates. Other considerations/challenges include the focus on recovery, when staff are only now beginning to come out of the current wave of infections; and the political environment, with elections imminent. Despite these challenges, the document seeks to set out, as far as</p>	
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possible, the organisation's plan for the year ahead, with its first priority being the recovery of its staff. As suggested in the Plan's introduction, the Board Assurance Framework will be key in measuring progress towards achievement of the UHB's Strategic Objectives. Mr Moore outlined the proposed structure of the Plan. He advised that the UHB is liaising with Welsh Government on service recovery, and welcomed the announcement of funding to support this. Members were also assured that the UHB is in discussion with neighbouring Health Boards regarding potential regional solutions. As mentioned earlier, the draft Annual Plan has been considered in various fora, including an informal discussion with Independent Members earlier this week. It is intended to present a finalised version in June 2021, which will incorporate feedback received and which will hopefully reflect a reduced uncertainty regarding some of the factors/challenges outlined above. Between now and then, Mr Moore asked that Board level committees scrutinise and comment upon the detail of the Plan.

Whilst recognising that preparation of the Plan has been an iterative process; for assurance, Members were advised that the Plan has been considered and scrutinised by the People, Planning & Performance Assurance Committee (PPPAC). The Plan was commended for its maturity and connectivity. Acknowledging that this will be a 'year of two halves', the Plan contains important signposts into the long-term, which should be applauded. It should also be highlighted that it has been possible to align the planning objectives to specific committees, which will allow committees to properly monitor their achievement and hold Executives to account where necessary. The Plan is built on a number of quite sophisticated tools and mechanisms which the Board has developed, and efforts should be made to sustain this approach. With regard to the Financial Plan, the first half of the upcoming year is likely to be focused on COVID-19, and the second half on the balance required to achieve the designated Control Total. A target of £16m in savings should be viewed as the start of a sustainable route map and the first year of addressing the UHB's underlying financial deficit. Overall, whilst acknowledging that the Plan is iterative and remains in draft form, it should be commended and the team involved should be proud of their work.

Positive comments regarding the connectivity of the Plan were echoed by other Members. It was suggested, however, that one area which could be developed is in reference to the section around services for Children and Young People, specifically a more overt link/reference to Child and Adolescent Mental Health Services. It may be better to consider a section which covers all services for Children and Young People, rather than splitting them in a reflection of the way in which they are managed. Mr Moore agreed to take this feedback/suggestion forward. The connectivity of County plans was also recognised, together with the need for these to be developed in order to deliver the Planning Objectives. In response to earlier comments regarding the continuing need to address the UHB's underlying deficit, the Director of Finance advised Members that – due to the impact of COVID-19 and the subsequent inability of the organisation to deliver on savings plans – the forecast deficit of £32m had increased to £57.4m. Going forward, this

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issue will need to be approached differently, with decisions made being cognisant of financial, performance and quality criteria.

Whilst welcoming the influence of digital throughout the Plan, the Board was reminded that there is a need to consider the 'digital have-nots', particularly the elderly and residents of rural areas, and how the UHB communicates with these individuals. This comment was endorsed by several Members. Mr Moore accepted this comment and emphasised that digital options must be regarded as just that – options, not requirements. There must be tailored services for everyone. It is hoped that once the pandemic lessens, there will be opportunities to engage with the public around their experiences of the past year and obtain feedback on the digital solutions which were put in place. Miss Battle reminded Members that these concerns had also been raised by GPs, including Dr Sion James. There had been a suggestion of hubs, which people without equipment and/or expertise, could visit to access the required IT and support. Members noted that experience from the Connect Programme suggests that, with training, older people become comfortable with using digital technology. The Director of Nursing, Quality & Patient Experience also committed to consider the issue of digital connectivity as part of the Single Point of Contact work.

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Assurance was requested that the UHB's workforce plans are grounded in the latest scientific research and are sufficiently flexible. Also, the extent to which the Executive Team is considering whether changes are necessary in Unscheduled Care pathways to ensure there is sufficient resilience in Planned Care pathways to deal with the treatment backlog was queried. Finally, the Plan appears to include an implication that specialist Mental Health services will not be unduly affected; it was suggested that this underestimates the psychological impact of the COVID-19 pandemic and resulting demand for UHB services. In response to the first of these comments, Mr Moore acknowledged that more work is probably required in this regard, particularly given views regarding the changing roles of healthcare staff and experience from Field Hospitals. The Director of Workforce & OD advised that the Workforce Planning team has recently been expanded, and will be applying evidence-based practice around new healthcare roles and ways of working. This is an area requiring focus, and flexibility and is at the core of the UHB's future workforce plans. The use of both generic and multi-professional workers will provide agility and flexibility; this remains a work in progress.

With regard to the query regarding changes to Unscheduled Care, Mr Moore acknowledged the challenges faced by the UHB in ensuring access for rural populations. Whilst the organisation is not currently considering significant changes to Unscheduled Care provision in the short-term, these will form part of long-term plans associated with the new Urgent Care Hospital. Whilst echoing these comments, the Director of Operations wished to add that the UHB has seen a rapid return to pre COVID-19 demand in terms of Unscheduled Care admissions. The acuity and complexity of the cases being seen is also increased. It is yet to be determined whether this is a short-term phenomenon or a longer-term issue; and whether there are specific themes in the conditions being presented. The focus on reducing unnecessary attendances at

hospital via telehealth, etc is vital, as the UHB's sites are not currently able to cope with the additional demands. The organisation is, however, considering various options to increase the operational 'footprint' whilst still protecting the pathways necessary under COVID-19 restrictions. Miss Battle noted that the relationship between Unscheduled Care and Planned Care also involves hospital discharge, Delayed Transfers of Care and the system beyond hospital.

In respect of specialist Mental Health services, the need for further consideration was recognised, particularly in view of the emerging evidence in this area. It was accepted that the Plan suffers from the fact that thinking around the psychological impacts of COVID-19 is still developing. Mr Moore agreed, however, that there will be Mental Health consequences from the pandemic. It is hoped that the impact and demand will be lessened by the benefits of both preventative and early intervention measures. This is one of the areas where the community-based walk-in model of care will demonstrate its value. The Director of Operations noted that work is being undertaken at a national level to understand the implications of COVID-19 on Mental Health. There is a risk of creating a Mental Health crisis if organisations do not respond in the correct way, and it is vital for them to focus on areas where they can have the most impact. This is not to suggest that the importance of other areas should be underestimated or neglected, but a recognition that more information is required. The UHB is seeing an increase in referrals into specialist Mental Health services, with an increase in complexity and co-morbidity not previously seen. Whilst accepting that there are currently many 'unknowns' around the Mental Health implications of COVID-19, it was suggested that it is too early to dismiss the potential of an impact on specialist services, particularly as these are already under severe pressure. The Director of Operations wished to eliminate any ambiguity in this regard, and committed to review the relevant wording. The Director of Public Health emphasised that the learning obtained from engagement with the public in terms of the impact of COVID-19 on them, their families and communities will be vital; particularly the impact on wellbeing, with mental wellbeing fundamental. This, in turn, will influence the ongoing provision of help, support and care.

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The disproportionately negative impact COVID-19 will have on certain sectors of the community through increased unemployment, reduced incomes, housing problems and fuel/food poverty was noted, together with the potential consequences for physical and mental health and wellbeing. The region's rurality was emphasised, together with its reliance on the hospitality sector, which has been severely impacted by COVID-19 restrictions. However, the potential contribution of the UHB and its partners to the local economy and employment market was also highlighted. Members were reminded that the organisation has a duty to respond in terms of foundational economy and heard that it is undertaking a significant amount of work in this area and in social value generated as a Health Board. Once this work has been translated into a coherent strategy, it was suggested that it should form a Board Seminar topic. Mr Moore added that, in terms of contributing to local employment, the UHB has offered employment to individuals who previously worked in the hospitality industry, and has developed a Healthcare Apprenticeship programme. Agreeing, Miss Battle welcomed the interest

	<p>of local and young people in careers with the UHB, and was particularly proud of the apprenticeship programme, with those on it having made a significant contribution during the past year in response to the pandemic. Members were pleased to hear that this year's Apprenticeship Programme has received hundreds of applications.</p> <p>Concluding discussions, Miss Battle thanked the team involved in compiling the Plan, which is disciplined, clear, logical, and utilises measures which are both relevant and important. Development of the Plan during a pandemic represents a major achievement.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> • DISCUSSED the draft Annual Recovery Plan 2021/22, and APPROVED the onward submission to Welsh Government. • APPROVED the new and amended Planning Objectives. • APPROVED the delegation of budgets across the organisation which enables the continuation of expenditure into 2021/22, recognising that this is a deficit plan with risks surrounding the funding of our deficit and continued COVID-19 response. 	

PM(21)41	PERFORMANCE UPDATE – MONTH 11 2020/21	
	<p>Mr Huw Thomas presented the Performance Update for Month 11 of 2020/21 noting that, as indicated in the SBAR, a new form of reporting will be introduced which will highlight the challenges being faced by the organisation. This approach is focused around the use of Statistical Process Control (SPC) charts; a briefing pack will be circulated, and Mr Thomas offered to discuss the new report format with Members as required. The ongoing challenges associated with Unscheduled Care provision are outlined on page 3 of the SBAR, together with information on waiting times for Planned Care. Whilst there have been improvements in performance around Therapies, system change would be required in order to drive further improvements. The report also details the impact of COVID-19 on Cancer and Stroke performance, and outlines a decline in performance in neurodevelopment assessments and psychological therapies.</p> <p>The Director of Therapies & Health Science explained that, whilst the past year has been atypical due to COVID-19, there has been a developing pattern of Therapies waits increasing, followed by additional investment and improvement. The waiting lists were previously much higher, and the changes introduced in response to COVID-19 offer an important opportunity in not returning to previous ways of working. Going forward, it is intended to utilise a mixture of both face-to-face and virtual appointments. Miss Battle welcomed the application of lessons learned during the pandemic. Referencing performance in neurodevelopment assessments and psychological therapies, Mrs Hardisty noted that, whilst the report details the issues it does not suggest how they will be addressed. A need for system change is identified; however, there is no indication of what or when this might be. Whilst acknowledging this comment, Mr Thomas reminded Members that a new reporting format is being developed. A planned focus on 'using data for improvement not judgement' will require a new approach to reporting this data to Board. The Director of Operations recognised that performance in this area has been challenging for some time and that the Vice-Chair has, rightly, focused on it on a number of previous occasions. There had been</p>	

issues in terms of performance even pre COVID-19, and the team feels that, whilst it is identifying potential solutions and mitigations, there are further challenges which compound the issues and prevent progress being made. There has been a 30% increase in referrals to the service during the past few months – from approximately 70 to 96 – representing a significant growth in demand. As has been stated previously, there is limited availability in terms of workforce with the correct skills and experience. Successful treatment and intervention has proved challenging, due to the requirement in this specialty for face-to-face consultations, which have been increasingly difficult to provide under pandemic conditions. In addition, the impact of COVID-19 on other services/environments has been an issue, with neurodevelopment assessments being undertaken at home and in other settings, including educational institutions. Virtual assessments do not always meet the needs of this particular patient group. Mitigations have been explored, including the introduction of weekend clinics, use of agency staff to increase capacity, waiting list initiatives and outsourcing. There are also a number of schemes, including pilots with the Pembrokeshire education service to enable early diagnosis for standard referrals and a pilot to speed up the diagnostic process in the under-5 age group, which would have a very positive impact if successful. The Director of Operations wished to assure Members that various options to address issues in this area are being explored. Referencing earlier discussions, the CHC requested that communications and dialogue emphasise that digital/virtual options are just that, and that other approaches are available. Members also noted the need to consider a service beyond diagnosis.

Miss Battle noted that this is an area in which the desired improvements in performance are not being seen. It was suggested that a 'roadmap' to recovery is required, together with detailed discussion with the relevant team at PPPAC. Miss Battle emphasised that this should not be viewed as a criticism, rather an opportunity to identify how the team can be offered support. Members heard that the Chair of PPPAC had been reassured by recent discussions with Mr Keith Jones, Secondary Care Director, regarding the actions being taken in this regard. A report to PPPAC on this issue had already been requested. Members noted that, whilst this is likely to remain a challenge for some time. It was accepted that there are a number of parameters which will influence performance, and that these are subject to change; however, there is a need to assess whether plans are in place to deliver recovery and provide assurance regarding the proposed approach. The new approach to performance reporting was welcomed by PPPAC and Members, as a step towards ensuring recognition of/exposing where change is required, as opposed to simply noting the need for improvement. This approach will assist both Board and operational teams in determining where focus is required. Agreeing, Mr Moore emphasised the need to prioritise and apply a systematic approach, which ties in with the Annual Plan.

Summarising, Miss Battle requested the following:

- That conversations regarding the 'road to recovery' are led by PPPAC;
- That the topic of performance in neurodevelopment assessments and psychological therapies form a 'deep dive' discussion at PPPAC;

HT/LG

HT/LG/
AC

	<ul style="list-style-type: none"> That information and assurance regarding actions around areas where whole system change is required is provided to Board. 	SM/AC
	The Board CONSIDERED the Performance Update report – Month 11 2020/21 and issues arising.	

PM(21)42	CORPORATE RISK REGISTER	
	<p>Mrs Wilson introduced the Corporate Risk Register report, advising that there are 22 Corporate Risks, which are regularly reviewed by their respective Board level Committees and by Executive Leads. Members heard that Corporate Risk Reference No 684 had been flagged by QSEAC for escalation to Board, following its increase in score. The QSEAC Chair explained that this risk relates to a lack of an agreed replacement programme for radiology equipment across the UHB, which is increasingly impacting on patient care. QSEAC had not been assured with regards to how this might be taken forwards with Welsh Government, hence the escalation to Board. The Director of Operations provided a positive update on this matter, advising that Welsh Government has confirmed support through a national scheme for the UHB's two highest priority areas, a replacement CT scanner at Glangwili General Hospital (GGH) and a replacement MRI scanner at Withybush General Hospital (WGH). Mr Carruthers committed to liaise with the operational and risk teams to review and revise the score relating to this risk.</p>	AC
	The Board was sufficiently ASSURED that principal risks are being assessed, managed and reviewed appropriately/effectively through the risk management arrangements in place, noting that these have been reviewed by Board level Committees	

PM(21)43	REPORT OF THE PEOPLE, PLANNING & PERFORMANCE ASSURANCE COMMITTEE	
	<p>Professor John Gammon, PPPAC Chair, presented the PPPAC update reports from meetings held in February 2021, highlighting discussions at the second of these around patient waiting times and capital projects. The Committee acknowledged the work by operational teams in addressing patient waiting times and applying transformational principles. Concerns around progress on a number of capital projects were highlighted, in particular the deteriorating timescales and risks in relation to the Women & Children's Phase II project. A further detailed report has been requested on this matter.</p> <p>Referencing PPPAC discussions in relation to the COVID-19 Mass Vaccination Programme and risks to delivery, the Director of Public Health wished to clarify the approach being taken in regards to administration of second doses. Members heard that the data presented is from a couple of weeks ago, and that there has been significant progress since. Whilst there is no difference in guidance in relation to the roll out of first and second doses between Pfizer and Oxford Astra Zeneca; emerging evidence suggests increased efficacy with a longer time between first and second doses for the Oxford Astra Zeneca vaccine. The UHB has, therefore, taken the decision to defer second doses of this vaccine until week 11, which will primarily affect those in the following Priority Groups: the over 80s, 70-74 year olds, the extremely clinically vulnerable and older Care Home residents. Members</p>	

	<p>were assured that the UHB is taking the correct, evidence-based approach, noting that statistics can conceal important context.</p> <p>The Board NOTED the PPPAC update reports, ACKNOWLEDGED the matters highlighted and RATIFIED the PPPAC Terms of Reference.</p>	
PM(21)44	<p>REPORT OF THE QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE</p> <p>Ms Anna Lewis, QSEAC Chair, presented the QSEAC update report, referencing earlier discussions which allow de-escalation of the element around Risk No 684 in relation to Radiology equipment. Members' attention was drawn to the Clinical Audit Outcomes Update report section, and in particular the excellent work contributing to Bronglais General Hospital (BGH) achieving fifth best in the UK for its National Hip Fracture Database audit outcomes.</p> <p>The Board NOTED the QSEAC update report, ACKNOWLEDGED the matters highlighted and RATIFIED the QSEAC Terms of Reference.</p>	
PM(21)45	<p>REPORT OF THE HEALTH & SAFETY ASSURANCE COMMITTEE</p> <p>Mrs Hardisty, Health & Safety Assurance Committee (HSAC) Chair, presented the HSAC update report, noting that the Committee was both pleased and assured by progress in relation to enforcement notices. The positive progress made reflects the leadership shown by the Director of Nursing, Quality & Patient Safety and work by the Health & Safety team. Miss Battle welcomed this update and thanked Mrs Hardisty for chairing this Committee.</p> <p>The Board NOTED the HSAC update report, ACKNOWLEDGED the matters highlighted and RATIFIED the HSAC Terms of Reference.</p>	
PM(21)46	<p>REPORT OF THE FINANCE COMMITTEE</p> <p>Mr Michael Hearty, Finance Committee Chair, presented the update reports from meetings held in January and February 2021 adding that the Committee had also met on 23rd March 2021. There were no issues to bring to the Board's attention.</p> <p>The Board NOTED the Finance Committee update reports, ACKNOWLEDGED the matters highlighted and RATIFIED the Finance Committee Terms of Reference.</p>	
PM(21)47	<p>FINANCIAL REPORT – MONTH 11 2020/21</p> <p>Mr Thomas introduced the Financial Report for Month 11 of 2020/21, advising that the UHB is on track to deliver the forecast deficit of £25m. Of the planned savings of £34.2m, only £1.3m had been delivered; however, the shortfall had been mitigated by non-recurrent Welsh Government funding. The position regarding levels of funding going forward is uncertain. Assurances will be required regarding delivery of Integrated Care Fund and Primary Care Cluster plans. Members will note that the annual leave accrual has led to a significant increase in the spend on pay. The organisation usually requires staff to take the vast majority of their annual leave in-year; it is recognised that 2020/21 has been an exceptional year and that staff have not necessarily been able to do so. The financial implications of this should be viewed as evidence of the hard work and determination of UHB staff to deliver care during the pandemic. The Chair of the Finance Committee supported comments regarding the financial challenges going forward. Members</p>	

	<p>were assured that the Finance Committee will be taking steps to scrutinise the organisation’s plan to deliver on the 2021/22 financial position and addressing the UHB’s underlying financial deficit. 2021/22 should be viewed as a defining year in demonstrating progress towards delivering a sustained transformation programme. The Board needs to recognise that this will involve extremely difficult decisions; and were assured that they will be supported in making these decisions.</p> <p>No queries were raised; Miss Battle acknowledged that there are monthly Finance Committee meetings involving various Board Members, at which financial issues are discussed in detail.</p> <p>The Board DISCUSSED and NOTED the financial position for Month 11.</p>	
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<p>PM(21)48</p>	<p>CLEANING STANDARDS ENHANCEMENT</p> <p>Mr Andrew Carruthers presented the Cleaning Standards Enhancement report, thanking the team involved in preparing this and the Director of Nursing, Quality & Patient Experience and Director of Finance for their assistance. Members heard that Welsh Government has prescribed a new set of cleaning standards for Health Boards, intended to reduce infections. This had initially been in response to COVID-19; however the standards are now intended to be the baseline going forward. There are various differences to the current standards, detailed within the report. A number of new domestic staff had been recruited on a fixed-term basis; however, there are significant vacancies within this sector and steps are being taken to match temporary staff who wish to remain with the organisation vacancies. Cost implications were considered by the Finance Committee in February 2021. Whilst there has been a suggestion that some central funding may be available, this is not yet confirmed. The report requests Board’s approval for the allocation of additional resources, subject to funding being approved by Welsh Government.</p> <p>The enhanced cleaning standards, with their potential positive impact on patient safety and reassurance, were welcomed. There were queries regarding the sustainability of the UHB’s current approach, particularly in terms of staff resource, and the potential financial impact of additional equipment requirements. In response, Mr Carruthers explained that the team has, until now, operated with a certain vacancy level, which has been filled by Bank staff. This approach is being reviewed, with the intention of providing increased resilience in the workforce. Members were assured that this approach is being supported with the service managers. The financial implications in terms of equipment, together with staff resources, are outlined in the report. Should these costs not be funded by Welsh Government, they will be an additional financial cost pressure which will need to be assumed by the UHB. The Director of Nursing, Quality & Patient Experience explained that key pieces of work have driven the development of these standards, including work which she has led. The UHB has been fortunate to introduce new technological solutions such as UVC-light (Ultra-Violet) and Hydrogen Peroxide Vapour (HPV). Members were reminded of plans to consider how the healthcare team ‘wraps around’ the patient, and it was emphasised that cleaning staff must be part of this process, as key members of the team, and see that their contribution is valued. This will encourage staff to feel part of a unit and a sense of belonging/pride; cleaning staff save lives</p>	
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	<p>and are integral to high quality patient care. It should be noted that the UHB has several areas of aged estate, which involve additional work to keep clean. In response to a query regarding where compliance will be monitored for Board assurance, Members heard that this would be via the Infection Prevention & Control Steering Group and then through QSEAC. The Director of Finance reiterated that the recommendation before Board is to approve additional resources once provided by Welsh Government and that Welsh Government support has been assumed. Should this not be forthcoming, the proposal to fund costs from UHB monies would need to be revisited and re-considered by Board.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> • NOTED the content of the Cleaning Standards Enhancement report; • APPROVED the allocation of additional resources to this purpose, when approved by Welsh Government. 	

<p>PM(21)49</p>	<p>PHARMACEUTICAL NEEDS ASSESSMENT</p> <p>Ms Jill Paterson introduced the Pharmaceutical Needs Assessment report, thanking the team involved for their work and highlighting that there is an extremely detailed technical document to support this item. Members heard that the Pharmaceutical Needs Assessment represents a new statutory duty for Health Boards. The main focus until now in considering applications for community pharmacy services has been on the dispensing of prescriptions. However, pharmacies are now involved in delivering many other services, including enhanced services. This necessitates the identification of specific community needs. The legislation requires that each Pharmaceutical Needs Assessment is subject to a minimum of 60 days' consultation prior to publication. Due to the imminent Welsh Government elections, the consultation period will commence on 7th May 2021, with an expectation that the outcome will be presented to the September 2021 Public Board. The HDdUHB documents have been prepared to reflect the organisation's 'house style', as they form an important component of the UHB's health and care strategy. Ms Paterson looked forward to the consultation responses, which will stand the organisation in good stead for the Population Needs Assessment, also a statutory requirement.</p> <p>The Director of Public Health welcomed this context-setting with regard to the role that Community Pharmacies can play in prevention and early intervention. Feedback from CHC representatives, who had been involved in this exercise, suggested that the initial public engagement through pharmacies has resulted in a very high response in HDdUHB, relative to other Health Boards. Whilst welcoming this long-overdue modernisation, there was a query regarding potential risks and mitigations for these. Ms Paterson did not foresee any particular risks, beyond being able to commission the services required. HDdUHB, with 98 community pharmacies, is fairly well-placed to do so. The only other potential risk is a poor response rate; however, early engagement work has been undertaken to mitigate against this. The clarification provided was welcomed. Miss Battle thanked Ms Paterson and the team involved, and looked forward to receiving responses to the consultation.</p> <p>The Board:</p> <ul style="list-style-type: none"> • NOTED the change in legislation and future implications for pharmaceutical services; 	
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	<ul style="list-style-type: none"> • APPROVED the draft Pharmaceutical Needs Assessment and associated documents to allow public consultation. 	
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PM(21)50	POOLED FUNDING AGREEMENT	
	Ms Paterson presented the Pooled Funding Agreement report, drawing Members' attention to the fact that this is the agreement for 2020/21, not 2021/22 as stated in the SBAR. It is intended to present the 2021/22 agreement in a more timely fashion.	
	<p>The Board:</p> <ul style="list-style-type: none"> • NOTED the legislative requirements necessitating the establishment of a pooled fund for adult care home placements and the approach being taken in West Wales; • APPROVED the Pooled Fund Legal Agreement for 2020/21. 	

PM(21)51	FUNDED NURSING CARE	
	Ms Paterson introduced the Funded Nursing Care report, advising that Members will be familiar with this topic from previous reports. Members were reminded that the Inflationary Uplift Mechanism (IUM) had initially been agreed for a period of five years. This arrangement had then been extended for two further years, with the expectation of a central review of the relevant policy. The fact that this review has not yet been undertaken by Welsh Government, and the impact of COVID-19, has led to the recommendation outlined in the report, which has been considered and ratified by both the lead Executive Director in each Health Board and by Health Board Chief Executives. Members were reminded that the Inflationary Uplift had not been subject to legal challenge, and were assured that the UHB will engage with Welsh Government and other Health Boards in the policy review.	
	<p>Given the lack of a contemporary policy position, along with the demands of COVID-19 which are limiting the capacity available to consider other matters, the Board:</p> <ul style="list-style-type: none"> • NOTED the need for HB Boards to review the methodology; • NOTED the impacts of the COVID-19 pandemic and the lack of a contemporary policy position as key factors that limit the options available to HBs; • NOTED the recommendation of HB professional and finance leads; lead Executive Directors; and CEOs that the Inflationary Uplift Mechanism be retained for 2021/22 with a commitment to review when the policy position is updated; • CONSIDERED and APPROVED retaining the Inflationary Uplift Mechanism as the recommended option for 2021/22, with a commitment to review the methodology when the policy position is available. 	

PM(21)52	COMMITTEE UPDATE REPORTS: BOARD LEVEL COMMITTEES	
	The Board ENDORSED the Committee updates, RECOGNISED matters requiring Board level consideration or approval and the key risks and issues/matters of concern identified, in respect of work undertaken on behalf of the Board at recent Committee meetings and RATIFIED the Mental Health Legislation Assurance Committee Terms of Reference.	

PM(21)53	COMMITTEE UPDATE REPORTS: IN-COMMITTEE BOARD	
	The Board RECEIVED the update report of the In-Committee Board meeting.	
PM(21)54	COMMITTEE UPDATE REPORTS: HDdUHB ADVISORY GROUPS	
	The Board RECEIVED the update report in respect of recent Advisory Group meetings.	
PM(21)55	HDdUHB JOINT COMMITTEES & COLLABORATIVES	
	The Board RECEIVED the minutes and updates in respect of recent Welsh Health Specialised Services Committee (WHSSC), Emergency Ambulance Services Committee (EASC), NHS Wales Shared Services Partnership (NWSSP) Committee, Mid Wales Joint Committee for Health and Care (MWJC) and NHS Wales Collaborative Leadership Forum (CLF) meetings.	
PM(21)56	STATUTORY PARTNERSHIPS UPDATE	
	The Board: <ul style="list-style-type: none"> • NOTED the PSB update and links to the PSB and RPB websites, where the agenda and minutes of recent meetings can be accessed. • NOTED the update from the RPB. • NOTED the key points of the Welsh Government White Paper – ‘Rebalancing Care and Support’. 	
PM(21)57	BOARD ANNUAL WORKPLAN	
	The Board NOTED the Board Annual Workplans for 2020/21 and 2021/22, and that the latter will evolve as the year progresses.	
PM(21)58	ANY OTHER BUSINESS	
	There was no other business reported.	
PM(21)59	DATE AND TIME OF NEXT MEETING	
	9.30am, Thursday 27 th May 2021.	