





Meeting Date	26 March 202	20	Agenda Item	1.8
Report Title	Chief Executive's Report			
Report Author	Irfon Rees, Chief of Staff			
Report Sponsor	Tracy Myhill, Chief Executive			
Presented by	Tracy Myhill, Chief Executive			
Freedom of	Open			
Information				
Purpose of the	To update the Board on current key issues and interactions.			
Report				
Key Issues	As above			
Specific Action	Information	Discussion	Assurance	Approval
Required	\boxtimes			
(please choose one				
only)				
Recommendations	Members are asked to:			
	Note the report			



CHIEF EXECUTIVE'S UPDATE

COVID-19

The preparedness and response measures to the Coronavirus (COVID-19) pandemic has dominated the recent activity of the Health Board.

The last few weeks has seen the whole of society adjust to the measures being taken to limit the spread of the disease and lessen its impact. However, there is no doubting that the spread will nevertheless be wide, and the impact far reaching.

The NHS is at the forefront of the response. While I share below of some of the headline actions taken, it is very difficult to convey the scale of what has already been achieved to enable the Health Board be in the best possible position it can be to provide the best care for those with the greatest need. I am immensely grateful for the effort, commitment and professionalism already demonstrated by staff and am sure the Board will join me in conveying our thanks.

Recognising the situation is so fast-moving, there will be a verbal update at Board covering the very latest position and developments. The following provides a high-level overview at the time of writing.

REFOCUSING SERVICES

The Health Board is prioritising service delivery, with a focus on being an organisation providing urgent and emergency care while responding to COVID-19. This is in the context of a Ministerial announcement on preparatory steps being taken by Government, which is attached for information at Annex A.

In relation to how services are being refocused, detailed plans have been developed and are being implemented to enhance critical care capacity. To facilitate this, the Health Board has suspended significant volumes of outpatient activity; non-urgent surgery and some activity in primary care to free up capacity. There is also a Health Board focus and close working with Local Authority partners to ensure appropriate patients are discharged quickly and safely.

The released workforce is being retrained where necessary and appropriate in order to be redeployed to areas likely to be in greatest demand. Elements of the hospital estate have also been reconfigured to support the appropriate cohorting of patients with suspected or confirmed COVID-19. Increased community capacity to deal with COVID-19 has also been introduced. The implementation of new ways of working has been accelerated to allow for greater volumes of patients, particularly those prioritised as urgent, to continue to be reviewed and assessed through virtual clinics and remote consultations. These latter measures will also have the benefit of reducing the risk of transmission. Hospital visiting arrangements have been severely restricted for the same purpose.

REPRIORITISING HEALTH BOARD ACTIVITY

There will be a significant reduction in routine business to ensure the organisation is supported to deliver over the coming months.

An infrastructure has been put in place to oversee and co-ordinate the response to COVID-19 that includes, but is not limited to, significant planning, HR, communications, digital, procurement, and logistics support. National policy and guidance on a broad range of issues is understandably being developed and issued at pace, requiring significant effort to ensure it can be understood, resourced, communicated and implemented appropriately and in a timely fashion. There are also significant national requirements for regular information and data.

While the coming months cannot be 'business as usual', there are nevertheless some business critical functions and statutory requirements that will be continue to be delivered and met (though often in a streamlined and minimalist way). The Executive Team is prioritising these and working through the detail of what activity should be delayed or stopped.

It is also important to ensure we keep sight of the highest organisational risks to our long term sustainability. This includes agreeing baselines to manage and monitor the year (see commentary on the report on the Annual Plan, below) and a core set of streamlined quality, performance and finance reporting requirement and maintaining financial stability in 2020/21 whilst being agile to operational realities

LOOKING AFTER EACH OTHER

Our communities will be relying on us to support them through the challenging months to come. I know the staff of this Health Board are, and will continue, to do all they can, but that doing so will take its toll. Staff themselves will experience the same uncertainties and anxieties as wider society; will have friends and family members affected; will often be at increased risk of contracting the disease themselves; and many will be exposed to very challenging, and potentially traumatic, circumstances at work.

Never has the Health Board's core value of 'Caring for Each Other' been more important. That care and support will often come from daily acts of support and kindness from immediate colleagues. It is also a priority focus for me and the whole Executive Team.

Some of the wider support arrangements being put in place are:

- Enhancing Occupational Health and Wellbeing services capacity to support our people - we know hundreds of people have been accessing the service on some days
- A COVID Staff Helpline
- Regular COVID briefings to staff, seeking to address any particular issues of concern
- ♥A Wellbeing service

- · Development of a childcare offer
- Staff testing

Consideration is also being given to how we best meet the long term support needs of staff, recognising the legacy of the impact of the pandemic could well be long lasting.

TRANS-CATHETER AORTIC VALVE IMPLANTATION (TAVI) SERVICE

The Board is receiving today an update on actions taken to address historic issues with waiting lists for TAVI procedures, as well as broader improvements to the service. The actions have been informed by the advice of experts convened by the Royal College of Physicians (RCP), who found a number of deficiencies in the service and made a number of recommendations.

The Health Board apologises unreservedly to patients and their families affected by past delays in accessing the keyhole heart valve procedure known as TAVI, and the harm this has caused. The waiting times for TAVI for some of our cardiac patients had been too long, and it is with profound regret that we acknowledge some patients passed away before we were in a position to offer them the procedure. We are in contact with all the families affected.

The report provides assurances on the immediate the actions taken to reduce the waiting list in advance of the advice from the RCP and on the actions taken in response to their advice. Improvements to the way the TAVI service is managed means we are now treating new TAVI patients much more quickly. The Health Board remains steadfastly committed to ensuring the service is operating to the highest standards. Progress against any ongoing improvement actions will be scrutinised by the Quality and Safety Committee.

ANNUAL PLAN

The Board is also being asked to approve an Annual Plan for 2020/21 (set in a three year context). The plan is being submitted for approval as a record of the baseline and progress with planning at March 2020, while recognising the Health Board is currently operating on an emergency footing in response to COVID-19 and that the NHS Wales IMTP/Annual Plan process has been paused by Welsh Government.



Annex A

"As we move in our preparations from the "contain" to the "delay" phase of COVID-19, it is vital that our health and social care system in Wales is prepared. I have taken a number decisions today to ensure early and decisive action to continue to provide care and support to the most vulnerable people in our communities, whilst also making sure organisations and professionals are supported to make timely preparations for the expected increase in the number of confirmed cases of COVID-19. I am choosing to act now before we see a significant surge in demand so that our services can be ready to act. A larger number of people requiring high levels of care is highly likely over the coming weeks.

I have taken advice from professional colleagues, including NHS Chief Executives and Medical Directors to inform my decision to act now to ensure our preparations can be made in a planned and measured way. I have therefore agreed a framework of actions, within which local health and social care providers can make decisions:

- Suspend non-urgent outpatient appointments and ensure urgent appointments are prioritised
- 2. Suspend non-urgent surgical admissions and procedures (whilst ensuring access for emergency and urgent surgery)
- 3. Prioritise use of Non-Emergency Patient Transport Services to focus on hospital discharge and ambulance emergency response
- 4. Expedite discharge of vulnerable patients from acute and community hospitals
- 5. Relax targets and monitoring arrangements across the health and care system
- 6. Minimise regulation requirements for health and care settings
- 7. Fast track placements to care homes by suspending the current protocol which gives the right to a choice of home
- 8. Permission to cancel internal and professional events, including study leave, to free up staff for preparations.
- 9. Relaxation of contract and monitoring arrangements for GPs and primary care practitioners.
- 10. Suspend NHS emergency service and health volunteer support to mass gatherings and events

These actions will allow for services and beds to be reallocated and for staff to be redeployed and retrained in priority areas.

Health boards and health care providers will begin to contact anyone affected by these decisions over the coming days as these actions are phased in. Access to cancer and other essential treatments such as renal dialysis for example will of course be maintained.

Our <u>NHS Direct Wales</u> online service and the 111 telephone number are available and has been protecting our vital primary care and emergency department services from undue demand.

The key principle is to keep people safe and to keep patients out of clinical settings if there is no urgent need to attend.

The Welsh NHS will play a central role in dealing with the virus, particularly for some of the most vulnerable in our society. The measures which have been announced today in relation to NHS treatment will mean that the service can act now to prepare before the peak, and operate at maximum capacity as cases increase. Some of the measures will have implications for local government services, and we will work though these in partnership.

Our NHS and Social Care system is working hard to care for those people who have been confirmed with coronavirus whilst also continuing to deal with the health and social care needs of the Welsh population. Our Staff at the front line are doing a fantastic job in extremely difficult circumstances as we emerge from a busy Winter period. I thank them for their hard work and perseverance. The welfare and well-being of all in Wales in the face of this pandemic challenge is my number one priority at this testing time."

Vaughan Gething

Minister for Health and Social Services

13 March 2020

