

Swansea Bay University Health Board

Unconfirmed

**Minutes of the Meeting of the Health Board
held on 26th March 2020****in the Millennium Room, Health Board HQ, Baglan and via Skype****Present**

Emma Woollett	Interim Chair
Tracy Myhill	Chief Executive
Martyn Waygood	Interim Vice-Chair (via Skype)
Richard Evans	Medical Director
Gareth Howells	Director of Nursing and Patient Experience (via Skype)
Chris White	Chief Operating Officer/Director of Therapies and Health Science
Siân Harrop-Griffiths	Director of Strategy
Keith Reid	Interim Director of Public Health
Martin Sollis	Independent Member
Darren Griffiths	Interim Director of Finance (via Skype)
Nuria Zolle	Independent Member (via Skype)
Jackie Davies	Independent Member (via Skype)
Tom Crick	Independent Member (via Skype)
Reena Owen	Independent Member (via Skype)
Maggie Berry	Independent Member (via Skype)
Andrew Jarrett	Associate Board Member (via Skype)
In Attendance:	
Pamela Wenger	Director of Corporate Governance (via Skype)
Irfon Rees	Chief of Staff
Matt John	Chief Digital Officer and Associate Director of Digital Services (via Skype)
Hannah Evans	Director of Transformation (via Skype)
Kathryn Jones	Assistant Director of Workforce and Organisational Development (OD) (via Skype)
Liz Stauber	Interim Head of Corporate Governance

Minute No.		Action
83/20	APOLOGIES	
	Apologies for absence were received from Hazel Robinson, Director of Workforce and Organisational Development (OD).	
84/20	WELCOME / INTRODUCTORY REMARKS	

	<p>Emma Woollett welcomed everyone to the meeting explained that due to the Covid-19 outbreak, it had been agreed not to open the session to members of the public and read the following declaration:</p> <p>“In accordance with the provision of Section 1(2) of the Public Bodies (Admissions to Meetings) Act 1960 it is resolved that representatives of the press and other members of the public have been excluded from this meeting on the grounds that it would be prejudicial to the public interest to hold this meeting in public due to the unprecedented health emergency of COVID-19.</p> <p>“Therefore, in accordance with Standing Order 7.5.2 the board is asked to agree that due to the unprecedented health emergency of COVID-19, the board cannot meet in person for the foreseeable future. We will therefore agree to run the meeting by electronic / telephony means as opposed to in a physical location. This means members of the public cannot attend in person or observe on-line. In our public notice of the health board meeting we confirmed that we have decided not to hold our meetings in public, a decision we have taken in the best interests of protecting the public, our staff and board members.</p> <p>“We will however, agree to publish a summary of the board meeting on our website within a week of the meeting.”</p> <p>Tracy Myhill noted that some members of the board were present via Skype and queried as to whether there was potential to webcast meetings to enable members of the public to observe. Pam Wenger responded that this was part of the future plans for the board but to try and implement it now would divert digital services staff away from supporting clinical teams to continue providing care and services during the outbreak.</p>	
85/20	DECLARATION OF INTERESTS	
	There were no declarations of interest.	
86/20	MINUTES OF THE PREVIOUS MEETING	
	The minutes of the meetings held on 30 th January 2020 and 27 th February 2020 were received and confirmed as an accurate record.	
87/20	MATTERS ARISING	
	There were no matters arising.	

88/20	ACTION LOG	
	The action log was received and noted , with members agreeing that a separate 'pending' action log would be established to collate the open actions which would not be addressed until the Covid-19 outbreak had passed and the health board moved into recovery.	
89/20	REPORT OF THE CHAIR	
	The report of the interim chair was received and noted .	
90/20	REPORT OF THE CHIEF EXECUTIVE	
	<p>The report of the chief executive was received.</p> <p>In introducing the report, Tracy Myhill highlighted the following points:</p> <p>(i) <u>Covid-19</u></p> <ul style="list-style-type: none"> - The health board was no longer operating within 'business as usual' due to the outbreak and adjustments had been made to the way in which services were provided; - The report outlined the way in which the organisation was providing the best care for those with specialist needs, which was a significant challenge given the strain; - The response from staff had been remarkable and what had been achieved so far was incredible, with the health board at the delivery phase given the pace of change; - Visiting times were now restricted, with a few exceptions, to reduce the footfall on sites to protect patients, staff and local communities and the next step would be to stop visiting; - The impact on workforce due to the number of staff self-isolating needed to be recognised, with some departments reduced by 50%; - The executive board was discussing priorities and focus for coming months, while supporting each other and staff, given the extraordinary circumstances faced; <p>(ii) <u>Transcatheter Aortic Valve Insertion (TAVI)</u></p> <ul style="list-style-type: none"> - An unreserved apology was given to patients and their families who had experienced a delay in accessing the procedure and the harm caused; 	

	<ul style="list-style-type: none"> - It was with regret that the health board found itself in this position but it had since improved, however, this did not take away from the harm and distress it had caused. <p>(iii) <u>Annual Plan</u></p> <ul style="list-style-type: none"> - It was noted that the annual plan had been submitted to Welsh Government but it was at a point in time and had been superseded by the Covid-19 outbreak. <p>In discussing the report, Reena Owen sought confirmation that the emergency department and minor injury unit remained open to those not presenting with Covid-19 symptoms. Tracy Myhill confirmed that they were albeit there had been some service changes made and it was elective and outpatient services which had been stopped in response to the outbreak.</p>	
Resolved:	The report be noted .	
91/20	UPDATE ON CORONAVIRUS (COVID-19)	
	<p>A verbal update on Covid-19 was received.</p> <p>In introducing the update, Keith Reid highlighted the following points:</p> <ul style="list-style-type: none"> - As of 25th March 2020, there had been 628 confirmed cases to date in Wales, with 21 new ones within the health board area that day against a total of 70; - The health board with the most cases was Aneurin Bevan University Health Board, with more than 300, and other health boards had relatively small numbers in comparison, which was reflective of the impact of community transmission; - As a comparator, the south-west area of England was a similar size region to Wales but had fewer cases, however this could be as a result of higher numbers within Gwent; - While there were now cases presenting to Swansea Bay University Health Board hospitals, the situation was not yet in the accelerated phase of a pandemic, which was providing the organisation with the opportunity to prepare a response; - The UK Department of Health and Social Care was controlling the discussion and resource and despite health being devolved in Wales, a four nation approach was being taken to some extent, as there was not the infrastructure to move away from this within Wales; - There was local reporting on a daily basis to Welsh Government and the digital services function had undertaken tremendous work to 	

	<p>implement Signal within the hospitals to track the position of each patient;</p> <ul style="list-style-type: none"> - A dedicated front door for patients presenting with symptoms had been established at Morriston Hospital's emergency department and a streamlined process within the assessment unit at Singleton Hospital; - The model of projected demand was now under review; - Peak numbers were not yet reached, with the country currently still within the delay phase and plans being put in place for the mitigation phase. This was aiming to the delay the peak until a vaccine was available, but the strategy changed on a daily basis; - The whole system response needed to be considered to determine the patients who could be treated within the community rather than within hospitals and how those who did need admissions could be safely moved to other facilities as soon as was appropriate; - The expectation was to have four times the emergency admissions usually seen, which could be around 400 patients a day, and processes were needed to ensure flow was in place to provide capacity; - Category one responders across Wales were preparing to step-up responses as to how to manage vulnerable members of the community, with local authorities fully engaged in the process and sighted on the scale of the problems; - Staff testing was continuing but there were some challenges in relation to procuring the testing kits; - The availability of the personal protection equipment (PPE) was causing anxiety and there was a mismatch between what was perceived as needed by the health boards and the amount delivered through procurement; - Now social isolation was fully in place, it was hoped that there would be some improvement in the next three weeks; - Communications had been a challenge in the beginning but this was now improving with daily updates now provided to staff. <p>In discussing the update, the following points were raised:</p> <p>Martyn Waygood queried the position of PPE supplies for GPs. Keith Reid advised there was distribution to GPs but there were some challenges around the guidance as to what was required against what was delivered, but what had been provided was appropriate according to the published guidance.</p> <p>Martyn Waygood sought clarity as to whether the virus was present within mental health/learning disabilities facilities and if visiting</p>	
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	<p>arrangements for these had also been restricted. Keith Reid responded that patients were being tested but no positive cases had been identified to date, however there were isolation facilities within the units. He added that there had been discussions in relation to visiting and consideration was being given to making social media available in a number of settings.</p> <p>Jackie Davies advised that the job evaluation team had just completed the process to establish a band four job description to enable medical students to work within Swansea Bay and Hywel Dda university health boards.</p> <p>Jackie Davies queried as to whether community facilities would be made available similar to that of the ExCel Centre in London and Parc-y-Scarlets in Llanelli. Siân Harrop-Griffiths advised that she, Tracy Myhill and Keith Reid were working with the local authorities who had identified leisure centres which could be designated as field hospitals and the design and repurpose of the facilities would commence in the next few days.</p> <p>Maggie Berry sought clarity as to the support to the homeless and roofless. Siân Harrop-Griffiths responded that guidance had been issued to the local authorities as to what was needed and the health board was supporting in this regard. Andrew Jarrett added that Neath Port Talbot County Borough Council had booked a number of hotel beds and had other plans in the pipeline.</p> <p>Nuria Zolle offered her thanks to staff and patients for their understanding and work behind the scenes to prepare the health board for the challenges ahead. She queried if assurance had been received that the organisation would receive the resources it needed to respond to the outbreak. Tracy Myhill stated that in terms of money, the Director General for NHS Wales has issued letters to all accountable officers recognising that exceptional decisions would need to be made in the current situation, some of which would have financial consequences and this would be supported.</p> <p>Nuria Zolle commented that colleagues with Spain were seeking lessons learned to manage the situation going forward and queried as to whether the health board doing the same. Richard Evans responded that the health was twinned with Wuhan in China, where the virus was first identified, as its medical school had been built by missionaries, therefore the opportunity was being taken to seek their learning, which could then be shared on an all-Wales basis. He added that as the health systems across Europe differed, it was challenging to compare, but an analysis of the spread of the virus was being kept. Irfon Rees stated that learning was also being shared across multiple forums within Wales as well as looking at other areas to inform and model processes.</p>	
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	<p>Nuria Zolle queried whether contact had been made with the private and voluntary sectors to seek support in providing transport for staff. Siân Harrop-Griffiths responded that concerns had been raised in relation to the new bus timetable but the local authorities had offered to repurpose the school transport service if necessary, however there was yet to be feedback from the units that transport was an issue. In addition, Welsh Government was working with Transport for Wales.</p> <p>Reena Owen queried whether there was a risk of some of the health board's capacity being used by other areas who were seeing higher numbers of cases. Richard Evans responded that there was no expectation that the health board would be required to take cases from other regions as all were looking to establish additional capacity within the communities.</p> <p>Tom Crick referenced the mobilisation of student nurses and queried whether this would have any financial consequences. Gareth Howells reminded the board that student nurses within Wales received bursaries so there would be no financial burden. Jackie Davies responded that the student nurses would be working within the wards which would make them part of the establishment and therefore they should receive remuneration. Kathryn Jones advised that this was being discussed on a national level through the workforce group.</p> <p>Reena Owen sought clarity as to whether there had been outbreaks within care homes. Keith Reid responded that there had not as far as the health board was aware, but test requests were made to Public Health Wales.</p> <p>Reena Owen commented that social isolation and the effect of virus generally could have a significant impact on the mental health of staff, patients and local communities and queried if sufficient mechanisms were in place for this. Keith Reid responded that the psychologist within occupational health was developing a package of support for staff. Tracy Myhill added that the work needed to support the mental health of local communities needed to be considered as the strain would be felt by all. Andrew Jarrett advised that local councils had been given responsibility for low-level mental health support and council for voluntary sectors were mobilising in response. Nuria Zolle added that there were a number of Covid-19 support groups established within the voluntary sector as well as an online presence, nationally and internationally. Emma Woollett stated that mental health support for staff and communities would be a critical action as part of the health board's recovery programme.</p> <p>Mark Child stated that it was pleasing to see the partnership working between the health board and local authorities as well as the fact that it was being undertaken on a regional basis. He commented that a reduction in testing would be an interesting decision as the more people</p>	
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	<p>that were tested, the more comfortable staff would feel remaining in work.</p> <p>Mark Child queried whether volunteers were being sought to support areas in need. Keith Reid responded that it was great to see people being mobilised globally to support the crisis but at the moment the structure within the health board was not equipped to take up the offers as it would take more time to induct and train them into the areas. Tracy Myhill added that the advice the health board had been given was that local authorities would co-ordinate volunteers and this needed to form part of the joint working. Emma Woollett sought clarity as to whether this was an area in which the voluntary sector could assist. Nuria Zolle advised that the Wales Council for Voluntary Action was pulling together a list of people able and willing to volunteer as well as the types of tasks they were able to undertake but consideration was needed as to how this fitted in with the UK programme for volunteering. She added that a system was needed whereby organisations could advise the voluntary sector of what was needed. Siân Harrop-Griffiths commented that following discussions by the executive board the previous day, the head of volunteering together with the workforce team was managing a small process through social media.</p> <p>Matt John advised that in terms of supporting inpatients through technology, wifi was available throughout the sites and mobile devices were being made available to enable those on wards to keep in contact with their families. He added work was continuing to establish remote working for clinicians to enable them to continue to see non-Covid-19 patients with urgent healthcare needs.</p> <p>Emma Woollett, on behalf of the board, thanked the full executive team for the work to prepare the organisation for the impact of the outbreak, adding that she had sat in on one of the gold command calls and could not express how impressed she had been with the level of co-ordination and partnership working. She paid tribute to everyone involved in light of all that been achieved to date.</p>	
Resolved:	The report be noted .	
92/20	TRANSCUTANEOUS AORTIC VALVE INSERTION (TAVI)	
	<p>A report in relation to an external review of TAVI was received.</p> <p>In introducing the update, Richard Evans highlighted the following points:</p> <ul style="list-style-type: none"> - Unreserved apologies were given for the findings of the report and it was with regret that some patients had died while waiting for the procedure; 	

	<ul style="list-style-type: none"> - TAVI was a procedure the health board started to offer in 2009 as an alternative for open heart surgery for those requiring an aortic valve replacement through a less invasive procedure; - 50% of patients who require a valve replacement would die within one to two years without the procedure; - It became apparent in 2017-18 there were concerns with the waiting times for service and the health board undertook a review of the patients who died while on the waiting list, the findings of which prompted the commissioning of an external review by the Royal College of Physicians; - The external review was of the notes of 32 patients who died on the waiting list between 2015-18; - As well looking at record keeping, patient selection and implementation of the pathway, the review considered the probability that the length of the wait impacted on the outcome and any breach of duty of care; - In the interim, the health board took immediate action in partnership with the Welsh Health Specialised Services Committee (WHSSC), who commissioned the service from the health board on behalf of NHS Wales; - The board had been kept apprised of the process through its in-committee sessions, and considerable work had been undertaken to improve the service; - The board had been clear that it was essential to be open and transparent with the families affected, and all those whose relatives' cases had been reviewed had been contacted and offered support; - The Royal College of Physicians had found that in 23 of the 32 cases, the care had been unsatisfactory and concluded that the wait had caused harm, resulting in a breach of duty; - It also found that there were differences within treatment plans, lack of clarity in the implementation of the pathway as well as issues with record keeping, timeliness for referrals and multi-disciplinary working; - Given the age and co-morbidities of patients who were considered for this procedure, there was sometimes concern regarding case selection and whether a palliative approach would be in the patients' best interests. However, the reviewers found no concern with patient selection in the cases they reviewed; - All recommendations made as part of the external review had been accepted and a detailed action plan developed, accepting that some recommendations had been acted on prior to receiving the final report; 	
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	<ul style="list-style-type: none"> - In addition to the casenote review, the Royal College of Physicians had undertaken a site visit at Morriston Hospital to assess the current service in July 2019. Although the final report was still awaited, initial conclusions were consistent with the health board's assessment that much progress had been already been made in relation to the recommended actions, with further actions in train; - Following the findings, an external review had been commissioned of any patient who died on the waiting list and next of kin had been informed. <p>In discussing the update, the following points were raised:</p> <p>Martin Sollis sought assurance that all key stakeholders had been informed of the review and subsequent findings. Irfon Rees responded that the list was extensive and included neighbouring health boards, assembly members (AMs) and relevant regulators with whom the findings had been shared. He added that the families involved were being given the opportunity to discuss the findings in detail. Emma Woollett stated that she was having weekly meetings with AMs and MPs in response to the Covid-19 outbreak and these could also be used to discuss the TAVI report. In addition, the report had been shared with Welsh Government, WHSSC (as the commissioners), Healthcare Inspectorate Wales (HIW), and Wales Audit Office.</p> <p>Martin Sollis highlighted sections of the action plan for which the completion date was February 2020. Richard Evans responded that he was certain the actions were complete and the updated narrative would be shared with the Quality and Safety Committee as it monitored progress against the plan.</p> <p>Martyn Waygood gave assurance to the board that close scrutiny of the review had been undertaken by the Quality and Safety Committee which had now put mechanisms in place to identify any other areas of potential harm before they became an issue.</p> <p>Reena Owen sought confirmation that current TAVI patients were being managed in line with best practice. Richard Evans responded that the waiting list target was no more than 26 weeks and this was being achieved through the commissioning process. He added that the health board was working to break it down into three components to ensure optimal waiting times were achieved.</p> <p>Mark Child stated that it was reassuring to see the health board had done the right things since finding out the issues but the case still remained that the health board failed in its duty of care. He queried the potential consequences. Richard Evans advised that there was a risk of loss of confidence and reputation, but all families had been written to in order to recognise the breach of care and what this meant in terms of redress.</p>	
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	<p>Andrew Jarrett offered his thanks to Richard Evans for briefing the West Glamorgan safeguarding board which had helped to allay concerns. He referenced the poor record keeping identified within the report and queried whether assurance could be taken that this was not happening in other services. Richard Evans responded that the main issue related to where the decision to proceed with TAVI had been made and logged, but it was something that could be reviewed through an internal audit to ensure that areas which were managed through a multi-disciplinary approach were robust in terms of record keeping.</p> <p>Darren Griffiths provided assurance that the commissioning and financial arrangements had been reviewed and the right volume was being commissioned.</p> <p>Matt John advised that electronic tagging of medical records was now underway which would help with the management of such documents.</p> <p>Emma Woollett, on behalf of the board, apologised unreservedly for the harm and distress caused by the breach of duty of care. She commended the executive team for the action taken once it was apparent that there was an issue within the service as well as the improvements made while the findings of the external review were awaited, but noted that the situation raised a wider question as to how the board could be assured that there were not similar concerns within other services. This aligned with the work of the Guardian Service which was encouraging staff to raise concerns as well as the improvements made in terms of the Quality and Safety Committee, risk register and board assurance framework which triangulated some of the assurance needed. Finally, she offered her thanks to Richard Evans for his leadership during the review period.</p>	
Resolved:	<ul style="list-style-type: none"> - The report be received and noted; - It be noted that the health board has accepted the recommendations in full and actions taken to address the recommendations; - It be agreed that the Quality and Safety Committee will continue to monitor the delivery of the actions on behalf of the board; - It be agreed that an update report be received in six months. 	
93/20	EMERGENCY AMBULANCE SERVICES COMMITTEE PRESENTATION	
	A presentation providing an update from the Emergency Ambulance Services Committee as to recent work was received and noted .	
94/20	KEY ISSUE REPORTS	

	<p>(i) <u>Performance and Finance Committee</u></p> <p>A report setting out the discussions of the Performance and Finance Committee at its meetings in January and February 2020 was received and noted.</p> <p>(ii) <u>Quality and Safety Committee</u></p> <p>A report setting out the key discussions of the meeting of the Quality and Safety Committee held in January and February 2020 was received and noted.</p> <p>(iii) <u>Workforce and OD Committee</u></p> <p>A report setting out the key discussions of the meetings of the Workforce and OD Committee held in February 2020 was received and noted.</p>	
95/20	UPDATE ON UNSCHEDULED CARE PERFORMANCE	
	<p>A report providing an update in relation to unscheduled care performance was received.</p> <p>In introducing the update, Chris White highlighted the following points:</p> <ul style="list-style-type: none"> - A detailed discussion had taken place at the recent meetings of the Performance and Finance and Quality and Safety committees; - Progress had been some in some areas following the implementation of the improvement plan; - As a result of the Covid-19 outbreak, some areas of performance scrutiny had been stood down, for example the intervention by the NHS Wales Delivery Unit. <p>In discussing the update, Martin Sollis echoed the point that improvements were starting to be evident and congratulated those involved.</p>	
Resolved:	The steady improvement in unscheduled care performance and the progress of the contributory unscheduled care initiatives be noted .	
96/20	HEALTH BOARD PERFORMANCE REPORT	
	<p>A report outlining the current health board performance was received.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - Some improvement had been seen in terms of planned and unscheduled care; 	

	<ul style="list-style-type: none"> - The performance team was reviewing which aspects of performance related directly to clinical care, as this would still be recorded by staff, to not only enable an abridged version of the report to be compiled, but also to demonstrate the impact of Covid-19. <p>In discussing the report, Martyn Waygood highlighted issues relating to capacity with child and adolescent mental health services (CAMHS). Darren Griffiths responded that the capacity issues had now been resolved and the performance challenges related to the way in which the waiting list was managed. He added that it had been agreed at the Quality and Safety Committee that a narrative would be added to future reports to explain this.</p>	
Resolved:	The current health board performance against key measures and targets and the actions being taken to improve performance be noted .	
97/20	FINANCIAL POSITION	
	<p>A report outlining the current financial position was received.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - The in-month position was an overspend of £1.197m, with a cumulative overspend of £13.4m, against a forecast deficit of £16.3m; - There was confidence that the revised year-end outturn would be delivered; - While the capital plan was forecast to balance, expenditure was being incurred in response to the Covid-19 outbreak, but work was progressing to ensure the capital resource limit was achieved; - The public sector payment target was achieved in month but the cumulative performance was below the 95% target at 93%; <p>In discussing the report, Emma Woollett queried if there was a mechanism in place to capture expenditure as a result of Covid-19. Darren Griffiths advised that as part of the immediate response, a specific cost centre had been identified, through which all expenditure was processed, and this was in addition to a separate and detailed capital process. Procurement guidance had been issued to staff but the challenges would occur once expenditure started to be incurred in the units, for example when staff were redeployed to different areas temporarily. He added that the budgets were to be re-baselined which would give a good indication as to the impact of Covid-19.</p>	
Resolved:	The board's period 11 financial performance be noted .	

98/20	ANNUAL PLAN 2020/21 IN A THREE YEAR CONTEXT	
	<p>A report setting the health board's progress to develop an annual plan for 2020-21 in a three-year context was received.</p> <p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - There had been joint working between strategy, finance and workforce to develop the plan; - Welsh Government had advised that the annual plan process was to be 'paused' in light of the Covid-19 outbreak; - The plan in the format shared with board at its meeting on 16th March 2020 had been submitted to Welsh Government in order to set the baseline; - It would be used by the health board to support its recovery from Covid-19 and help plan the future going forward; - Advice at the moment was that Welsh Government was not expecting annual or three-year plans to be submitted at the end of the year. <p>In discussing the report, the following points were raised.</p> <p>Emma Woollett stated that it was clear that a significant amount of work had been undertaken to give assurance as to the robustness of the planning work which could be taken forward at suitable point in time. Siân Harrop-Griffiths concurred, stating that once the health board was in its recovery phase from Covid-19, the opportunity to meet with independent members in the early stages of planning to go through the triangulation of the planning process and to seek any feedback.</p> <p>Tracy Myhill suggested that the accompanying letter sent to Welsh Government with the plan be shared with the board. This was agreed.</p>	SHG
Resolved:	<ul style="list-style-type: none"> - The accompanying letter sent to Welsh Government with the plan be shared with the board; - The financial plan, performance trajectories and NHS Wales Planning Framework mandatory templates for submission as the baseline position and record of progress with planning at March 2020 be noted; - The plan be approved as a record of the baseline position and progress with planning at March 2020; - It be noted that the plan has been submitted to Welsh Government on this basis due to the Covid-19 outbreak; - It be confirmed that health board's expectation was that it would not be held accountable for delivery as set out in the plan due to the 	SHG

	outbreak as the NHS Wales IMTP (integrated medium term plan)/annual plan process has been paused.	
99/20	BUDGET AND FINANCIAL ALLOCATIONS	
	<p>A report setting out the budget and financial allocations for 2020-21 was received.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - Due to the Covid-19 outbreak, there would be insufficient time to discuss each budget with the relevant unit or corporate team before it was issued; - It was critical that budgets were set in order to provide a baseline for the KPMG (external financial support commissioned by Welsh Government) work following receipt of the report as well as to measure the impact of Covid-19; - The process to establish the budgets was set out in the report; <p>In discussing the report, Martin Sollis noted the requirement for the units to sign-off their budgets, adding that given the current climate it would be incredibly challenging for them to achieve what had been set out. Tracy Myhill agreed, adding that while the budgets would be monitored, it was acknowledged that there would be unavoidable expenditure due to Covid-19 for which budget holders would not be held to account. Darren Griffiths added that there was work ongoing nationally in this regard and appropriate wording to use in this situation would be made available.</p>	
Resolved:	<ul style="list-style-type: none"> - The Welsh Government revenue allocations for 2020-21 be noted; - The planned budget review principles and progress to date be noted. 	
100/20	REPORT ON NHS WALES PARTNERSHIPS	
	<p>A report providing an update on issues arising from meetings with NHS Wales partnerships was received.</p> <p>In introducing the report, Siân Harrop-Griffiths stated that she had attended a children and young people's parliamentary committee with colleagues from WHSSC and Betsi Cadwaladr University Health Board to discuss the perinatal mental health unit at which there was a good discussion on progress but a challenge to identify the permanent solution.</p>	

	<p>In discussing the report, the following points were raised:</p> <p>Tracy Myhill advised that the NHS Wales Collaborative had agreed not to hold the major trauma network board meeting which had been scheduled for 30th March 2020 and instead, the senior responsible officers in each organisation would be asked to virtually sign-off the readiness assessment so it was in place once the Covid-19 outbreak had passed and work to implement the network could recommence.</p> <p>Reena Owen commented that it was pleasing to see the workshop help on regional wellbeing and prevention, adding that she hoped that the learning would be retained until the Covid-19 outbreak had finished.</p> <p>Keith Reid confirmed that all the detail had been captured to enable the work to be put on hold.</p>	
Resolved:	The update on the health board's joint NHS partnership and commissioning arrangements be noted .	
101/20	KEY EXTERNAL PARTNERSHIPS	
	<p>A report setting out discussions held during meetings with key external partnerships was received.</p> <p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - An agreement had been between the health board and directors of social services to refocus the programmes funded through the regional partnership boards to prioritise Covid-19 and final discussions would take place through a virtual regional partnership board the following week; - An updated 'Hospital 2 Home' proposal had been submitted to Welsh Government as part of the bids process for the remaining transformational monies with the outcome expected imminently; - The public sector boards would need to be temporarily stood down given the current climate and this was being worked through the local resilience forum. <p>In discussing the report, the following points were raised:</p> <p>Chris White stated that it was critical that the health board continued with 'Hospital 2 Home', particularly if the Covid-19 outbreak continued for several months, as it would be a key part of the recovery programme as well as helping to provide capacity during the pandemic.</p> <p>Martin Sollis queried whether the full business case had been submitted for 'Hospital 2 Home'. Siân Harrop-Griffiths responded that the bid had been for an additional £1.4m to what was originally received rather than</p>	

	<p>the full business case. Emma Woollett queried if there was any scope to scale up the implementation. Siân Harrop-Griffiths advised that it was something to consider but not yet given the current climate.</p> <p>Mark Child advised that the supporting people regional committee was to be stood down and replaced with a new forum which focused on health, social care and social housing for which new terms of reference were being drawn up.</p> <p>Reena Owen stated that there were items on the 'pending list' of priorities, such as drug related deaths, which could be eligible for external funding support when the timing was appropriate.</p>	
Resolved:	<ul style="list-style-type: none"> - The key external partnerships of the which Swansea Bay University Health Board works was part be noted; - The issues discussed in these external partnerships and the key implications for the health board be noted; - The minutes of the recent partnership meetings which have taken place be noted. 	
102/20	REPORTS OF THE ADVISORY GROUPS	
	<p>(i) <u>Local Partnership Forum</u></p> <p>A report setting out the key discussions of the local partnership forum was received and noted, with board members advised that regular meetings were taking place throughout the Covid-19 outbreak.</p> <p>(ii) <u>Health Professionals Forum</u></p> <p>A report setting out the key discussions of the health professionals forum was received and noted, with board members advised that the group had been re-established following a hiatus and its chair would become an associate member of the board.</p>	
103/20	STRATEGIC EQUALITY OBJECTIVES	
	<p>A report seeking the approval of the strategic equality plan for 2020-24 was received.</p> <p>In introducing the report, Kathryn Jones advised that the objectives were in line with the corporate objectives and health board values and had been developed via a consultation.</p> <p>In discussing the report, the following points were raised:</p> <p>Martin Sollis stated that a mechanism by which progress could be measured needed to be built into the delivery plans. Tracy Myhill concurred, stating that as the objectives had been considered initially by</p>	HR

	<p>the Workforce and OD Committee, this would be the appropriate vehicle to monitor progress, and this could be built into the plan.</p> <p>Martyn Waygood referenced the inclusion of human rights under 'Our Approach' and suggested that diversity also be included. This was agreed.</p> <p>Martyn Waygood highlighted that Swansea west was identified within the top 25 wards and queried whether this should be Swansea east. Kathryn Jones undertook to clarify and if necessary, amend the document.</p>	<p>HR</p> <p>HR</p>
Resolved:	The strategic equality plan 2020-2024 be approved subject to the amendments discussed.	
104/20	LONG TERM AGREEMENTS AND SERVICE LEVEL AGREEMENTS FOR 2020-21	
	<p>A report seeking the approval of long-term and service level agreements for 2020-21 was received.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - In-line with Welsh health circulars, there was a requirement to bring through the service level and long-term agreements for approval; - The timescales had been brought forward by two months therefore they would be signed off prior to the start of the year to which they related; - There was £177m of services being provided to other health boards and £36m purchased from others; - While the financials relating to the obstetrics agreements with Cwm Taf Morgannwg University Health Board had been resolved, there were still some discussions needed as to the operational details; - There were also 92 agreements in place with Cwm Taf Morgannwg University Health Board as a result of the Bridgend boundary change for which the paperwork was now starting to be received. <p>In discussing the report, the following points were raised:</p> <p>Maggie Berry queried the timescales for service level agreements and whether they could be converted into long-term agreements. Darren Griffiths responded that timescales varied and work was ongoing to reduce the number in place.</p> <p>Martin Sollis stated that when signed-off, the long-term agreements should guarantee income for the year, but given the Covid-19 outbreak, there was no certainty that the work could be carried out. Darren Griffiths advised that this was under discussion by the all-Wales directors of</p>	

	finance group in order to develop proposals to stabilise service level agreements.	
Resolved:	The long-term agreements and service level agreements set out be agreed in-line with Welsh health circular 2019/014 and the health board's standing orders.	
105/20	MAJOR TRAUMA NETWORK GOVERNANCE – HOSTING OF OPERATIONAL DELIVERY NETWORK	
	<p>A report providing an update in relation to the major trauma network governance was received.</p> <p>In introducing the report, Pam Wenger highlighted the following points:</p> <ul style="list-style-type: none"> - The memorandum of understanding for the hosting of the operational delivery network had been considered by the Audit Committee and no changes made; - It would be circulated to all organisations within the major trauma network; - While the implementation of the major trauma network was paused, the hosting arrangements for the operational delivery network needed to be agreed as the health board had employed staff. 	
Resolved:	The memorandum of understanding be approved .	
106/20	HEALTH BOARD RISK REGISTER	
	<p>The health board's risk register was received.</p> <p>In introducing the report, Pam Wenger highlighted the following points:</p> <ul style="list-style-type: none"> - Since the last update to the board, committees were now starting to consider the risks allocated to them; - The risk management process was being strengthened based on feedback from executive directors and committees; - A number of risks had since become issues, such as Covid-19, and consideration was needed as to how this would be reflected; <p>In discussing the report, the following points were raised:</p> <p>Emma Woollett stated that it pleasing to see the progress being made and the process being put into practice.</p>	

	<p>Reena Owen queried if there was a protocol as to which risks committees should be focusing upon. Pam Wenger advised that it should be the highest risks; those rated as 'red'.</p> <p>Tracy Myhill advised that as part of the response to the Covid-19 outbreak, a co-ordination centre had been established which maintained a risks and issues log which would be useful to incorporate into the process. Pam Wenger concurred, adding that this work had already commenced.</p> <p>Martin Sollis acknowledged that while Covid-19 was the biggest risk to the health board, it was important not to lose sight of others, especially as they may be affected by the outbreak.</p> <p>Martyn Waygood commented that the majority of the highest risks were within the remit of the Quality and Safety Committee and performance dashboard was being developed to take into account such qualitative issues.</p>	
Resolved:	The report be noted .	
107/20	KEY ISSUES	
	<p>(i) <u>Health and Safety Committee</u></p> <p>A report setting out the key discussions of the Health and Safety Committee held in March 2020 was received and noted, with the following discussion undertaken:</p> <p>Maggie Berry commented that one of the highest risks related to the health and safety infrastructure and the health board needed to be conscious of this. She added that attendance at the committee by executives was disappointing and deputies should be asked to cover absences. Tracy Myhill responded that while these were critical areas that would need to be covered, they could not be prioritised during the Covid-19 outbreak and it was important to remember that once the health board moved into recovery, processes may have changed.</p> <p>(ii) <u>Mental Health Legislation Committee</u></p> <p>A report setting out the key discussions of the Mental Health Legislation Committee held in February 2020 was received and noted, with the following discussion undertaken:</p> <p>Jackie Davies made the board aware that hospital managers powers of discharge hearings had been suspended due to members needing to self-isolate. This had been agreed by Welsh Government and there was no legal risk.</p>	

108/20	CORPORATE GOVERNANCE ISSUES	
	A report outlining corporate governance issues including the application of the common seal, Welsh health circulars issued and the board business cycle was received and noted .	
109/20	ANY OTHER BUSINESS	
	<p>(i) <u>Musician</u></p> <p>Tracy Myhill advised that she had been in correspondence with a musician who had offered to perform within the car parks of hospital sites in-line with social distancing guidelines so staff knew they were being thought of and there was gratitude for the work that they do. The sentiment behind the offer was warmly welcomed by the board and the logistics would be considered. Pam Wenger commented that this could be an opportunity to seek ambassadorial support for the health board's charity.</p>	
	There was no further business and the meeting was closed.	
110/20	EVALUATION OF EFFECTIVENESS OF THE MEETING	
	<p>Emma Woollett sought feedback as to the effectiveness of the meeting and the following points were raised:</p> <ul style="list-style-type: none"> - The virtual aspect worked well despite it being the first time that it had been used for a board meeting. It would be useful to know when people left and rejoined the meeting; - It would be beneficial to use videos, rather than just the audios, once sufficient bandwidth was in place; - The comments facilities would be a useful way for members to signal they wished to join the discussion; - It was beneficial having some people in the room so going fully remote should be done with caution; - Having the chair and administration support in the same room helped with the flow the meeting; - Guidance would be developed for future meetings. 	
111/20	DATE OF NEXT BOARD MEETING	

	The date of the next public board meeting was 28 th May 2020.	
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Emma Woollett (Interim Chair)

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Date: