

Swansea Bay University Health Board

Unconfirmed

**Minutes of the Meeting of the Health Board
held on 28th May 2020****in the Millennium Room, Health Board HQ, Baglan and via Skype****Present**

Emma Woollett	Chair
Tracy Myhill	Chief Executive
Martyn Waygood	Interim Vice-Chair (via Skype)
Richard Evans	Medical Director (via Skype)
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 (via Skype)
Keith Reid	Director of Public Health (via Skype)
Martin Sollis	Independent Member (via Skype)
Darren Griffiths	Interim Director of Finance (via Skype)
Nuria Zolle	Independent Member (via Skype)
Jackie Davies	Independent Member (via Skype)
Reena Owen	Independent Member (via Skype)
Tom Crick	Independent Member (via Skype)
Andrew Jarrett	Associate Board Member (via Skype)
Hazel Robinson	Director of Workforce and Organisational Development (OD) (via Skype)
Mark Child	Independent Member (via Skype)
Keith Lloyd	Independent Member (via Skype)

In Attendance:

Pamela Wenger	Director of Corporate Governance
Dorothy Edwards	Deputy Director of Transformation (via Skype)
Matt John	Chief Digital Officer and Associate Director of Digital Services (via Skype)
Irfon Rees	Chief of Staff (via Skype)
Hannah Evans	Director of Transformation (via Skype)
Hugh Patrick	Community Health Council (via Skype)
Steve Spill	Special Advisor to the Board (via Skype)
Liz Stauber	Head of Corporate Governance
Carol Moseley	Audit Wales (via Skype)
Helen Higgs	Internal Audit (via Skype)

Minute No.		Action
156/20	APOLOGIES	
	Apologies for absence were received from Maggie Berry, Independent Member.	

157/20	WELCOME / INTRODUCTORY REMARKS	
	Emma Woollett welcomed everyone to the meeting, in particular Keith Lloyd, who had joined the board at its university independent member, and Steve Spill as its special advisor for performance and finance.	
158/20	DECLARATION OF INTERESTS	
	There were no declarations of interest.	
159/20	MINUTES OF THE PREVIOUS MEETING	
	The minutes of the meetings held on 30 th April 2020 were received and confirmed as a true and accurate record.	
160/20	MATTERS ARISING	
	There were no matters arising not otherwise on the agenda.	
161/20	ACTION LOG	
	The action log was received and noted .	
162/20	COVID-19 UPDATE	
	<p>In introducing the update in relation to Covid-19, Tracy Myhill recognised the passing of Elizabeth Spooner who had been a member of staff at Singleton Hospital for more than 41 years. She also stated that the test, trace and protect programme would be a significant part of the health board's response to the pandemic going forward and would feature heavily in its plans.</p> <p>(i) <u>General Update</u></p> <p>A general update in terms of Covid-19 was received.</p> <p>In introducing the update, Keith Reid highlighted the following points:</p> <ul style="list-style-type: none"> - Tribute was paid to the hard work of staff to respond to the pandemic as well as those colleagues who had been lost; 	

	<ul style="list-style-type: none"> - The operational bronze, silver and gold command structure remained but with some arrangements on a lesser scale to reflect the reduction in the immediate pressure; - Some non-Covid-19 services were being resumed but with plans in the background in case of a second wave of infections and trigger points identified; - Workforce pressures remained but staff were starting to return to work and absences were now comparable with that of winter, excluding those who were shielding; - Testing was evolving rapidly, and the health board was in a position to meet the requirements of the national programme; - Testing was currently offered to health and social care workers but would be open to the general public from the weekend, initially on a limited basis; - A programme was in place for testing within care homes; - The personal protection equipment (PPE) situation was stable, with enough stock on each site for 48 hours, as it was now required to be worn for all patients; - Social distancing would limit the rate at which staff could return to work and rota systems would needed to be considered alongside a continuation of remote working. <p>In discussing the report, the following points were raised:</p> <p>Emma Woollett thanked Keith Reid and Dorothy Edwards for their work to lead the health board's response.</p> <p>Mark Child queried if the testing for care homes was specifically for those who were elderly or whether it covered residential facilities for people with mental health conditions or learning disabilities. Keith Reid responded that if a resident or member of staff was symptomatic, they would be eligible for a test, but Welsh Government's care home testing programme currently only applied to facilities for older patients.</p> <p>Mark Child sought clarity as to whether care homes testing would be a one-off or a rolling programme. Keith Reid advised that a rolling testing programme was not currently national policy but it continued to be part of the discussions at the all-Wales meetings of which there was one the following day. Tracy Myhill added that the debates in relation to frequency of testing were ongoing.</p> <p>Emma Woollett asked whether a care home would be retested if a resident or member of staff became symptomatic. Keith Reid advised that the specific person would be tested but the programme of testing would not be repeated. He added that testing appeared to be the majority of people's focus when discussing controlling an outbreak when the priority should be infection control principles and use of PPE, as</p>	
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	<p>these were the most effective measures to prevent the risk of onward transmission.</p> <p>Martyn Waygood referenced the likelihood that a disproportionate amount of the black, Asian and minority ethnic groups (BAME) were affected by the virus and queried whether the Welsh Government risk assessment for staff was available. Tracy Myhill confirmed that it had been issued the previous day. She noted that, after discussions with the health board's BAME network, the organisation had contributed to the development of the national guidance, which included the incorporation of other risk factors such as weight, age and underlying conditions, all of which could pose a risk to staff.</p> <p>(ii) <u>Test, Trace and Protect</u></p> <p>A report setting out the health board's approach to Welsh Government's test, trace and protect programme was received.</p> <p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - Test, trace and protect was to go live on 1st June 2020; - Welsh Government had advised that around 10,000 tests per day would need to be completed and the health board's share was 1,277. Capacity had been put in place to achieve this and the health board had the potential to exceed it if the hours of the testing units were extended; - There would be two teams in each local authority area with recruitment and training underway, ensuring that the standard operating procedure set by Public Health Wales was in use; - The digital system would not be in place until 8th June 2020, therefore the first week of the programme would be completed manually on an interim basis; - A regional team was required to be in place by June 2020 to manage cluster outbreaks and to provide general advice; - The local contact tracing team currently comprised shielded staff who required temporary redeployment which made it fragile in the event they returned to their substantive posts. Funding confirmation was needed from Welsh Government before recruitment could be undertaken for a more robust solution; - The potential impact on staff of the programme was significant as should anyone test positive, there was the potential that all close working colleagues would need to isolate for two weeks which would greatly reduce the number of available staff. This was not only a risk for health but also social care and care homes. <p>In discussing the report, the following points were raised:</p>	
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	<p>Keith Reid advised that the web-based system for requesting tests in NHS England was different to that in Wales which was leading to a reduction in efficiency at the testing units as a Welsh test request then had to be manually created as the two systems did not align. He added that a programme for antibody testing was to be implemented in due course, for which health care workers would be the first to access.</p> <p>Reena Owen sought clarity as to the accuracy of the home testing kits as well as the turnaround time for testing in general. Keith Reid responded that the home testing kits had been made available based on evidence which demonstrated that they were as accurate as those undertaken in a healthcare setting, but there was a question as to the accuracy of the results when patients were asymptomatic. He added that turnaround times had a target of 48 hours, although there were pilots being undertaken in NHS England of rapid point of care testing, which had a cost of £120 each, but may need to be used in some instances within NHS Wales once available.</p> <p>Hazel Robinson stated that there was a potential 20% workforce absence rate based on the modelling of the test, trace and protect programme which was consistent with other health boards. She added that she was more concerned about those who had the virus but were asymptomatic, as the potential impact on staff was unknown.</p> <p>(iii) <u>Digital Transformation</u></p> <p>A report setting out the digital transformation during the pandemic was received.</p> <p>In introducing the report, Matt John highlighted the following points:</p> <ul style="list-style-type: none"> - A significant acceleration in digital transformation had been evident, for example in clinical models and remote working; - Live data was being captured by staff across the organisation which was providing better business intelligence to inform decision making; - It would be critical to continue the momentum of change as the health board moved forward. <p>In discussing the report, the following points were raised:</p> <p>Emma Woollett highlighted that the health board's digital progress had been recognised in Welsh Government's response to its quarter one plan.</p> <p>Nuria Zolle commended the work to date in such a short amount of time and queried if Welsh Government was in a position to fund the digital work. Matt John responded that there was a current shortfall in the required capital and discussions were ongoing nationally, as all organisations had been asked to provide reflections on how systems</p>	
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	<p>such as 'Attend Anywhere' had worked across Wales for the benefits to be analysed.</p> <p>Tom Crick stated that the work was something for the health board to be proud of as the way in which it had approached it given the current pressures was aspirational. He queried the level of confidence that the work would become mainstream once 'business as usual' was in place and there was scope to do undertake such initiatives more generally. Matt John responded that people needed to embrace change more, as technology enabled more streamlined decision making, so it was important that the things which had been successful were maximised. Tom Crick concurred, adding that the new opportunities did increase the exposure to risk but this was kept under close scrutiny by the Audit Committee. Chris White provided assurance to Tom Crick that as the senior responsible officer for the national planned care programme, success from digital advances was being fed into the discussions and had also been considered at the recent Team Wales event for NHS organisations.</p> <p>Hannah Evans advised that while it was important to recognise the agile way in which technology had been adapted, innovative working was not limited to digital services, and it would be important to capture other developments, which was a part of the recovery, learning and innovation programme.</p>	
<p>Resolved:</p>	<p>(i) <u>General Update</u></p> <ul style="list-style-type: none"> - The governance arrangements supporting the board's response to Covid-19 be noted; - The updated position since the last response arrangements be noted; - The overarching critical risks to the health board at this time be noted. <p>(ii) <u>Test, Trace and Protect</u></p> <ul style="list-style-type: none"> - The Welsh Government requirements for the test, trace and protect programme be noted; - The progress made across Swansea Bay in implementing the test, trace and protect programme be noted; - The risks associated with implementation of the programme be noted; - That a further verbal update on progress will be given at the health board meeting be noted. <p>(iii) <u>Digital Transformation</u></p>	

	<ul style="list-style-type: none"> - The progress that has been made in accelerating the rollout of digital infrastructure, devices and solutions to support the health board's response to Covid-19 be noted; - The delivery of health intelligence dashboards and data modelling to enable a data informed response to Covid-19 be noted. 	
163/20	QUARTER ONE OPERATIONAL PLAN	
	<p>The health board's quarter one operational plan was received.</p> <p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - All health boards had been requested to submit a quarter one plan to Welsh Government within a short period of time; - This had been completed and it was before the board for ratification, although there was no expectation a further draft would need to be submitted; - A detailed discussion as to its content took place at the Recovery, Learning and Innovation Steering Group earlier that week; - Two sets of feedback had been received from Welsh Government; a high-level one, which noted good practice in relation to partnership working and essential services, followed by more detailed feedback outlining potential risks and areas to consider for more or less development; - Further information had been requested in relation to cancer services as well as potential 'Covid-lite' areas; - A review meeting was scheduled between the health board and Welsh Government for the following week; - The quarter two plan would need to include a focus on winter planning. <p>In discussing the report, the following points were raised:</p> <p>Nuria Zolle noted that the plan referred to the need to be flexible and adaptable and queried if there were triggers in place in case services needed to be scaled back in response to a second peak. Hannah Evans responded that services were stopped quickly at the start of the pandemic and this would provide lessons in terms of what was and was not continued. She added that the increase in provision of non-Covid-19 services was being undertaken through a risk and quality impact lens to provide more control, and PPE and social distancing were also being taken into account, but the challenge was good as what was missing from the plan was how easy it would be to step back services in response to another surge. Chris White stated that a similar escalation</p>	

	<p>process had been used for the outbreak to that for normal escalation procedures. This was now evolving into something more intelligent for future use, and the track, trace and protect programme would help inform some of that thinking.</p> <p>Martin Sollis commented that it would be important not to underestimate the workforce risks as they would have an integral part in the health board's ability to deliver.</p> <p>Darren Griffiths advised that an overspend of £23m had been identified for the quarter one plan, comprising forecast operational overspend as well as the slippage on planned savings due to Covid-19, and the net cost of responding to the pandemic. He added that weekly discussions were taking place with Welsh Government as to the costs of the pandemic. Tracy Myhill added that it was expected that the NHS Wales Financial Delivery Unit would undertake a financial review of all the quarter one plans and any feedback would be shared with the board. She commended the work of the executive team on the speed and focus given to drafting the plan in a very short period of time, and confirmed that focus would now be given to planning for quarters two and three.</p> <p>Emma Woollett stated it was important to recognise how difficult providing Covid-19 free areas would be. She added that flexibility in testing as well as the test, trace and protect programme would be fundamental from an operational perspective in order to safely expand essential services.</p>	
Resolved:	<ul style="list-style-type: none"> - Consider the draft quarter one operational plan for 2020-21 was considered; - The draft plan be ratified for final submission to Welsh Government. 	
164/20	PERFORMANCE REPORT	
	<p>A verbal report in relation to performance was received.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - Core services had been materially 'flexed' to support the response to Covid-19; - There had been significant behaviour changes within the population in adjustment to living with the pandemic; - The capture of performance data had been retained but in some areas data was yet to be validated; - Access to adult mental health services remained good; 	

	<ul style="list-style-type: none"> - Significant changes had been evident in terms of unscheduled care, with improvements in the four-hour wait target, one-hour ambulance handover delays and 12-hours waits. There had been a significant reduction in attendances at the emergency department since the start of the social distancing guidelines, but levels were now starting to increase; - In terms of planned care, while the size of the waiting lists were not growing as fewer referrals were being received, the length of time patients were waiting was increasing due to reduced services; - A similar position was evident within cancer services, with fewer referrals but an increased backlog; - CAMHS (child and adolescent mental health services) performance had reduced marginally and would need to be kept under review; - Response rates to concerns had dipped but the majority were completed within the limits; - Sickness absence had increased to 7% and this did not include those who were shielding; - The care being provided was remarkably different and incorporated excellent innovations which would need to be continued, but there were risks to consider for those who were waiting longer for care. <p>In discussing the report, the following points were raised:</p> <p>Emma Woollett queried why unscheduled care performance was not higher due to the reduced number of attendances. Chris White responded that staff were not only still managing complex patients who were acutely injured or unwell, but there were other variables, such as PPE or suspected Covid-19 patients, which made processes slower. He added that having said that, a piece of work had been commissioned to determine why performance was not in the high 80% or 90%.</p> <p>Reena Owen stated that it was important to emphasise that the health board was open should people need it. Chris White provided assurance that communication channels were being used to advise the public. Emma Woollett concurred, adding that there was a risk people were avoiding using services despite needing them, but it was also possible that new digital innovations which enabled GPs to seek a second opinion from consultants was reducing the need for patients to access secondary care services.</p> <p>Martyn Waygood queried to what extent communications were taking place with GPs as to the new 'normal'. Chris White responded that</p>	
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	<p>colleagues within primary care were part of the essential services group to ensure the changes were aligned.</p> <p>Tracy Myhill stated that Covid-19 would not be gone for a long time and work to balance activity during the pandemic had been done well given the circumstances, but it was important to support those who should be accessing services who currently were too cautious. She added that she and Emma Woollett were drafting an open letter to the public thanking them for protecting and supporting the health board, setting out plans in case of a second peak and what was to be put in place for planned care. A plan was needed as to how ensure it reached everyone as it included the message that the health board was here for people if they needed it.</p>	
Resolved:	<ul style="list-style-type: none"> - The verbal report be noted. 	
165/20	FINANCIAL REPORT	
	<p>A report providing an update on the financial position was received.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - The month one position was an overspend of £5.396m, which could be broken down into £2m operational spend and £3.3m Covid-19 expenditure; - Budgets had been rebased based on pre-Covid-19 levels of spend, and these were underpinning the discussions with Welsh Government; - Capital was currently forecasting an overspend of £9.817m, £7.6m of which related to Covid-19, but this was under the consideration by Welsh Government; - Performance against the public sector payment target was 87.86% due to workforce challenges and policy changes, but there was an ambition to improve this over the coming months. 	
Resolved:	<ul style="list-style-type: none"> - The board's financial performance for period one (April) 2020-21 be considered and commented upon; - The Covid-19 revenue impact for period one 2020-21 be noted. 	
166/20	APPROACH TO RECOVERY, LEARNING AND INNOVATION	
	<p>A verbal update setting out the approach to recovery, learning and innovation was received.</p> <p>In introducing the update, Hannah Evans highlighted the following points:</p>	

	<ul style="list-style-type: none"> - A co-ordination group was in place, with various workstreams beneath it, which fed into the Recovery, Learning and Innovation Steering Group which was chaired by an independent member; - Discussions continued nationally in relation to restarting essential services and guidance was being issued; - Priority cells within the health board were focusing on surgery, determining how urgent cases could be safely treated; - Cancer diagnostics and surgery was another key focus; - Clinically-led work was being undertaken in relation to centralising the acute intake into a single access point at Morriston Hospital to support the management of both Covid-19 and non-Covid-19 care. Any such changes would need to be in place well before winter; - Consistent processes were needed for patient admissions in terms of testing and zoning of services across all sites. <p>In discussing the report, the following points were raised:</p> <p>Reena Owen stated that she had been impressed by the ‘can do’ approach and the changes which had had to be made in a short period of time. She stressed the importance of not losing these positive changes to revert back to previous ways once the pandemic was over. Tracy Myhill concurred, adding it would be a mistake not to continue with the new innovations but it was important to note that the speed at which things had changed was in response to Covid-19 and such pace could not be sustained when it was business as usual.</p> <p>Richard Evans advised that there was no clear formula for how to deliver essential services safely during the pandemic. Clinical engagement was critical, therefore a clinical advisory group had been established to ensure a consistent approach was being taken across the health board.</p> <p>Jackie Davies commented that innovative ways of working should also apply to the board and cited the effectiveness of using technology to attend meetings. Tracy Myhill concurred, adding that the recent Team Wales event was held virtually and comprised NHS Wales organisations and Welsh Government, for which the feedback had been positive. She stated that a virtual “meet the executive team” had taken place that week which had enabled all staff to ask questions, anonymously if they so wished, and this had been appreciated by those who had joined.</p>	
Resolved:	<ul style="list-style-type: none"> - The update be noted. 	
167/20	NURSE STAFFING LEVELS (WALES) ACT 2016	

	<p>A report setting out the national and health board position in relation to the Nurse Staffing Levels (Wales) Act 2016 was received.</p> <p>In introducing the update, Gareth Howells highlighted the following points:</p> <ul style="list-style-type: none"> - The report set out Welsh Government's position in the exceptional circumstances; - A once-for-Wales approach was being taken to safer staffing with systems and actions in place. <p>In discussing the report, the following points were raised:</p> <p>Emma Woollett stated that it was pleasing to see the once-for-Wales approach which was becoming more prominent in a number of areas.</p> <p>Jackie Davies noted that the case numbers in Wales had not been as high as those within NHS England and queried whether this had meant the health board had been able to maintain compliance with the Act. Gareth Howells responded that due to the nature of the virus, many of the wards across the hospitals changed their remit which meant they were no longer covered within the act. However, daily checks were undertaken to ensure the health board remained compliant and staff moved accordingly. Tracy Myhill stated that the health board was working on a one workforce basis, and reviewing staffing on a daily basis was a new approach which provided the opportunity for staff to be reallocated as needed. Staff had been supportive of this and it would be critical for it to remain in place for the time being.</p>	
Resolved:	<ul style="list-style-type: none"> - That the health boards/trusts are working collaboratively in following a 'Once for Wales approach' be noted; - The Welsh Government position and expectations be noted; - The agreement to delay the required bi-annual report to board for May 2020 be noted; - The approach the health board is taking to maintain assurance and risk manage in compliance with the act through Covid-19 be noted; - The updates and actions undertaken to provide assurance around reasonable steps be noted; - The next steps planned to maintain the legislative requirements be noted. 	
168/20	FINDINGS OF THE SCRUTINY PANELS FOR HEALTH AND CARE STANDARDS	
	<p>A report providing an update on the final annual self-assessment against the health and care standards was received.</p>	

	<p>In introducing the report, Gareth Howells highlighted the following points:</p> <ul style="list-style-type: none"> - The quarter four scrutiny process had been impacted by Covid-19; - Seven areas had been scored; six at level three and one at level four; - The position had declined from 2018-19 as three areas had reduced from a level four, but it was important to remember that the key performance indicators varied each year so it was difficult to draw direct comparisons; - Great input and engagement had been received from the executive directors and units. <p>In discussing the report, the following points were raised:</p> <p>Reena Owen advised that the findings had been discussed at the Quality and Safety Committee earlier that week where disappointment had been expressed at the three areas which had gone from level four to level three. She stated that the current pandemic could be an opportunity to develop more of a plan in relation to supporting the public with 'staying healthy' as there was likely to be more acceptance now in order to develop healthy population and address inequalities. Gareth Howells concurred, adding that a significant focus was to be given to 'staying healthy' and this would be a key piece of work.</p> <p>Martyn Waygood stated that he had observed a primary care clusters meeting recently at which 'making every contact count' had been a clear priority with practices referring patients to colleagues to discuss certain lifestyle choices, such as weight, rather than only focusing on the original purpose of the appointment.</p> <p>Tracy Myhill commented that, prior to Covid-19, the organisation had been looking to establish an approach to staying healthy as part of the long-term strategy. She added that the health board not only had a responsibility to treat conditions but also to prevent them and this was something that it wanted to continue to develop, as public health would now be at the forefront of people's minds.</p> <p>Martyn Waygood advised this was a good opportunity to grow the health board's charity as well as work in partnership with others.</p>	
Resolved:	<ul style="list-style-type: none"> - The report be approved. 	
169/20	KEY ISSUES REPORTS	
	(i) <u>Audit Committee</u>	

	<p>A report setting out the key discussions of the Audit Committee held in March 2020 was received and noted, with the revised terms of reference approved and the following point discussed:</p> <p>Emma Woollett highlighted the 160 outstanding actions to audit recommendations and queried the plan to address these. Martin Sollis responded that a cleansing operation was taking place in order for a focus to be given to those which were high risk. Pam Wenger added that she had been due to meet with the head of accounting to discuss and streamline these as not all were still relevant, but progress had been delayed due to Covid-19.</p> <p>(ii) <u>Quality and Safety Committee</u></p> <p>A report setting out the key discussions of the Quality and Safety Committee held in March 2020 was received and noted.</p>	
170/20	NHS WALES PARTNERSHIPS	
	A report providing an update on the work to plan, commission and deliver services through joint arrangements was received and noted .	
171/20	LOCAL PARTNERSHIP FORUM	
	<p>A report setting out the key discussions of the local partnership forum was received.</p> <p>In introducing the report, Hazel Robinson advised that meetings were taking place on a weekly basis to cover a range of topics such as PPE, testing and staff wellbeing given the pace at which things were changing during the pandemic.</p>	
Resolved:	- The report be noted .	
172/20	CORPORATE GOVERNANCE MATTERS	
	A report providing an update on corporate governance matters was received and noted .	
173/20	RESPONSE TO QUESTIONS FROM MEMBERS OF THE PUBLIC	

	Emma Woollett advised that questions had been received from a member of the public and as they related to a patient's care, these would be responded to directly outside of the meeting.	
174/20	ANY OTHER BUSINESS	
	There was no further business and the meeting was closed.	
175/20	EVALUATION OF EFFECTIVENESS OF THE MEETING	
	Emma Woollett invited board members to submit feedback on the meeting to her directly.	
176/20	DATE OF NEXT BOARD MEETING	
	The date of the next public board meeting was 25 th June 2020.	

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Emma Woollett (Chair)

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Date: