

## Swansea Bay University Health Board

### Unconfirmed Minutes of the Meeting of the Health Board held on 30<sup>th</sup> July 2020

**in the Millennium Room, Health Board HQ, Baglan and via Microsoft Teams**

#### **Present**

Emma Woollett	Chair
Tracy Myhill	Chief Executive
Martyn Waygood	Interim Vice-Chair
Richard Evans	Medical Director
Christine Williams	Interim Director of Nursing and Patient Experience
Chris White	Chief Operating Officer/Director of Therapies and Health Science
Siân Harrop-Griffiths	Director of Strategy
Keith Reid	Director of Public Health
Darren Griffiths	Interim Director of Finance
Nuria Zolle	Independent Member
Jackie Davies	Independent Member
Reena Owen	Independent Member
Hazel Robinson	Director of Workforce and Organisational Development (OD)
Mark Child	Independent Member
Maggie Berry	Independent Member (until minute 250/20)
Dean Baker	Associate Board Member

#### **In Attendance:**

Pamela Wenger	Director of Corporate Governance
Dorothy Edwards	Deputy Director of Transformation (until minute 245/20)
Matt John	Chief Digital Officer and Associate Director of Digital Services
Hannah Evans	Director of Transformation
Hugh Patrick	Community Health Council (until minute 250/20)
Mwoyo Makuto	Community Health Council
Steve Spill	Special Advisor to the Board
Irfon Rees	Chief of Staff
Liz Stauber	Head of Corporate Governance

Minute No.		Action
<b>226/20</b>	<b>APOLOGIES</b>	
	Apologies for absence were received from Keith Lloyd, Independent Member; Martin Sollis, Independent Member and Tom Crick, Independent Member.	
<b>227/20</b>	<b>WELCOME / INTRODUCTORY REMARKS</b>	

	<p>Emma Woollett welcomed everyone to the first livestreamed meeting of the health board, particularly any members of the public watching via YouTube. Christine Williams, who was attending her first meeting as interim Director of Nursing and Patient Experience and Dean Baker, new chair of the Stakeholder Reference Group were welcomed. She paid tribute to Hazel Robinson who was attending her final meeting as Director of Workforce and OD before she retired in August 2020.</p>	
<b>228/20</b>	<b>DECLARATION OF INTERESTS</b>	
	There were no declarations of interest.	
<b>229/20</b>	<b>PATIENT STORY</b>	
	<p>A patient story was <b>received</b> which set out the experience of a patient admitted to the intensive care unit at Morriston Hospital after he contracted Covid-19 during the peak of the virus. The patient described the fear and anxiety he felt while he was critically ill, describing how he spent 33 days on a ventilator, not understanding what was happening to him. He also suffered from nightmares and hallucinations as result of the medications and struggled with the fact that he could not have visitors, only seeing his family through the use of technology. It became easier once he transferred to a ward, as there was a nurse trained in counselling to provide support. However, even though he had now been discharged, he was still struggling physically and experiencing nightmares.</p> <p>In discussing the patient story, the following points were raised:</p> <p>Emma Woollett observed that the patient stories were an opportunity to remind the board of the purpose of the health board, which was to support the care, treatment and experience of patients at their most vulnerable. She added that all members could relate to some of the challenges within the story, especially those with family or friends in hospital or care homes who could not receive visitors.</p> <p>Christine Williams commented that the story demonstrated the physical and psychological impact of the virus, adding that ongoing support was in place for the post-traumatic stress patients would feel. She added that, while great advances had been made in terms of technology, this could not replace the human contact of visitors.</p> <p>Reena Owen queried the processes available to address the psychological impact of the virus. Tracy Myhill responded that the health board had been the first in Wales to create a rehabilitation strategy through its therapies services. She added that much material had been prepared, as the discharge from hospital was not the end of the patient's</p>	

	<p>recovery. Chris White concurred, adding that it could take months for patients to start to improve and it was important that they had the support at home as well the opportunity to reconnect with the hospital service if they were having difficulties.</p> <p>Mwoyo Makuto referenced the praise for staff within the story, adding that the community health council was also receiving positive feedback from various members of the public. She queried as to whether any information was provided to patients, families or carers on what they should expect from an admission, as the patient highlighted that he did not understand what was happening. Christine Williams responded that it was common for patients to forget what they had been told as a result of the strong medication but he and his family would have been kept informed. She added that in general, people were advised of what to expect, but as the situation was ever changing, the information was continually updated.</p>	
<b>Resolved</b>	- The patient story be <b>noted</b> .	
<b>230/20</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>	
	The minutes of the meetings held on 25 <sup>th</sup> June 2020 were <b>received</b> and <b>confirmed</b> as a true and accurate record.	
<b>231/20</b>	<b>MATTERS ARISING</b>	
	There were no matters arising not otherwise on the agenda.	
<b>232/20</b>	<b>ACTION LOG</b>	
	<p>The action log was <b>received</b>.</p> <p>In discussing the action log, Emma Woollett advised that as part of the board's focus on Covid-19, the action log had been split into the actions which needed to be addressed straight away and those which could remain pending. As the board would be moving back to 'normal' arrangements from September 2020, a single active action log could be resumed.</p>	
<b>Resolved:</b>	- The action log be <b>noted</b> .	
<b>233/20</b>	- <b>CHAIR'S REPORT</b>	

	<p>A verbal update from the chair was received.</p> <p>In introducing the report, Emma Woollett highlighted the following points:</p> <ul style="list-style-type: none"> <li>- Thanks were extended to staff, communities and partners for the continued commitment to combatting Covid-19, often at personal sacrifice;</li> <li>- Many staff were tired, particularly those with carer responsibilities alongside their health board roles;</li> <li>- The crisis was not yet over but its limited impact to date had been thanks to the commitment of the local community;</li> <li>- Tracy Myhill had announced her retirement since the last board which would be a huge loss for the organisation but work was starting to identify a replacement;</li> <li>- Governance arrangements had been streamlined during the peak but normal arrangements would be reinstated from September 2020, including the return to bi-monthly board meetings;</li> <li>- The health board had maintained good relationships with the majority of partners, including the community health council, but recognised that, given the circumstances, there were others with whom contact had been reduced. Addressing that was a priority over the next few months;</li> <li>- She, Tracy Myhill and Richard Evans had participated in the Health, Social Care and Sport Committee to present the health board’s response to the pandemic.</li> </ul> <p>In discussing the report, Mwoyo Makuto reinforced the comments in relation to Tracy Myhill’s leadership, adding that the community health council would miss her openness and transparency as it made its voice feel valued.</p>	
<p><b>Resolved:</b></p>	<ul style="list-style-type: none"> <li>- The report be <b>noted</b>.</li> </ul>	
<p><b>234/20</b></p>	<p><b>CHIEF EXECUTIVE’S REPORT</b></p>	
	<p>A verbal update from the chief executive was <b>received</b>.</p> <p>In introducing the report, Tracy Myhill highlighted the following points:</p> <ul style="list-style-type: none"> <li>- Covid-19 was still present in all that the health board did but the prevalence within the local community was low;</li> </ul>	

	<ul style="list-style-type: none"> <li>- The impact on the operating framework was significant and as such, services needed to work differently with reduced productivity to ensure safety;</li> <li>- The all-Wales testing strategy had been issued, and the health board would update its policy accordingly;</li> <li>- Winter planning was now a key focus;</li> <li>- Virtual engagement with staff was continuing which was enabling more to take part;</li> <li>- Any feedback from those who watched the Health, Social Care and Sport Committee appearance was welcomed;</li> <li>- The executive board had participated in a virtual targeted intervention meeting with Welsh Government at which it had been commended for the success and leadership during the last five months, showing that it was an organisation which could respond to a crisis;</li> <li>- The meeting between Welsh Government, Audit Wales and Healthcare Inspectorate Wales to review health boards' escalation statuses was taking place in August 2020;</li> <li>- Thanks were offered to Christine Williams for stepping up as interim Director of Nursing and Patient Experience;</li> <li>- Tribute was paid to Hazel Robinson for her personal and professional contributions to the health board and more widely in advance of her retirement following 35 years' service.</li> </ul>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The report be <b>noted</b>.</li> </ul>	
<b>235/20</b>	<b>COVID-19 UPDATE</b>	
	<p>(i) <u>General Update</u></p> <p>A report setting out an update in relation to Covid-19 was <b>received</b>. In introducing the report, Keith Reid and Dorothy Edwards highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The health board was in a 'quieter period' locally in terms of the virus but it was a dynamic situation;</li> <li>- The isolation period for positive cases was now 10 days based on new evidence;</li> </ul>	

- As a result of the relaxing of travel restrictions, an increase in cases coming into the region was starting to be seen;
- The health board had undertaken a debrief of its initial response, and, while some arrangements had been reduced, the command and control structure was still in place;
- Plans needed to be in ready in the event of a second peak, with bespoke modelling being developed to support preparation;
- Welsh Government had asked for local testing and vaccination plans, as well as one for prevention and response with partners;
- Operational cells were in place to manage and mitigate risks in personal protection equipment (PPE) and social distancing;
- The potential vaccine for Covid-19 provided hope for a future which was certain to include the virus;
- Gold command was now meeting weekly as opposed to daily and bronze and silver arrangements remained active;
- There would be a number of inquiries in due course as to how to organisations had reacted to the pandemic and the health board was the first to approve a fixed-term archivist post to catalogue all the relevant material in readiness;
- A new capacity plan needed to be developed to outline the response to a second peak while maintaining flow and elective work and give focus to individual sites;
- Proposals for PPE arrangements following a review by the military liaison officers would be presented to the executive board in due course;
- Additional workforce had been secured but as the majority had been students, these would be returning to their studies in September 2020;
- As of 29<sup>th</sup> July 2020, 20,000 people had been tested for the virus and 17,000 for the antibodies and this was one of the higher performances in Wales;
- Different approaches were taking place across the UK in terms of face coverings and the health board had aligned itself to the guidance from Welsh Government.

In discussing the report, the following points were raised:

Mark Child queried whether the health board was driving forward the care home testing programme. Keith Reid advised that the health board continued to follow national guidance and that all care home staff were offered a weekly test via the national portal. This was expected to continue on a weekly basis until Welsh Government reviewed the guidance. He added that the level of positive results was low which was

	<p>encouraging. There had been some recent issues about turnaround times and a Welsh Government performance team was now in place to whom concerns could be escalated.</p> <p>Mark Child sought clarity as to whether the Covid-19 vaccine could be administered at the same time as the one for flu and whether there were plans in place to address any concerns raised by those who did not support vaccines. Keith Reid responded that it was the health board's understanding that the vaccines would need to be administered separately to avoid any risk of harm. He added that there would always be groups of people who did not support vaccines but evidence demonstrated that the publicity they received was not proportionate to the impact they had. As such, attention should be given to those who were unsure about vaccines, as they would be more responsive to reasoned arguments.</p> <p>In response to a number of queries from independent members relating to face coverings, Keith Reid stated that his professional view was that the health board should follow the approach set out by Welsh Government, which only required them to be worn on public transport. While there was some evidence that they did reduce the risk to others, they also gave a false sense of security to some, resulting in reduced distancing and hand hygiene. He noted that Betsi Cadwaladr University Health Board was encouraging outpatients and visitors to wear masks but that organisation was managing an outbreak associated with hospital settings. Anyone providing close contact care within Swansea Bay University Health Board was required to wear a mask as were inpatients who could tolerate one. Richard Evans endorsed Keith Reid's point of view, adding that the health board should be following national policy and that deviating from this carried risks, particularly around clarity of evidence. Keith Reid advised that there was a suite of evidence both for and against face coverings and suggested this be considered at a board committee. Emma Woollett concurred and asked that it be taken to the next Quality and Safety Committee for discussion to give independent members assurance as to the reason behind the decisions being made.</p> <p>Reena Owen queried whether there was a mechanism in place to capture patients' experience of the digital advances to provide assurance that they were happy with the service being provided. Dorothy Edwards responded that feedback from virtual consultations had started to be collected and was overwhelmingly positive. A survey was to be undertaken to collect staff views on the innovations and transformations put in place as part of the response and this would be extended to patients to gain their feedback on service changes.</p> <p>Nuria Zolle asked for examples of some of things the health board had stopped doing in response to the pandemic. Dorothy Edwards stated that the health board had complied with the guidance issued by Welsh</p>	<p>KR</p>
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Government in mid-March 2020 which set out a sizeable list of services to stop, many of which were now coming back on line.

Maggie Berry queried whether the bed spacing to comply with social distancing was having an impact on capacity. Dorothy Edwards advised that all hospital sites had assessed bed spacing and it was yet to have a significant impact on capacity, but this was a risk, particularly for Morriston Hospital. She added that further work was to be undertaken to consider whether to increase bed spacing further and to assess the impact on patient flow. The findings of this work would be shared with the Health and Safety Committee.

Matt John stated that the need to embed digital solutions had been recognised worldwide, not only professional to professional but professional to patient. He added that some of the health board's original plans had been accelerated in response to the pandemic and surveys would be key to engaging its citizens to embrace new technologies and ways of working for the future.

Martyn Waygood referenced the extension to the age group eligible for the flu vaccine to 50 years old and queried if this would impact on supplies. Keith Reid stated that the guidance also included year seven schoolchildren this year, adding that the new criteria would put a strain on resources, particularly if they were administering Covid-19 vaccines as well.

Mwoyo Makuto queried if there was a way of promoting having the flu vaccine privately for those not eligible on the NHS as a way of reducing the number accessing services for heavy colds. Keith Reid responded that there was evidence that the vaccine reduced the number of people presenting in this way which would of particular benefit given it could lead to Covid-19 fears, so there were benefits to patients and the system, as well as those vulnerable to flu. He added that the publicity materials were yet to be signed off but it was made known that there was an option to go private.

(ii) Test, Trace and Protect

A report providing an update on trace, test and protect was **received**.

In introducing the report, Siân Harrop-Griffiths highlighted the following points:

- Numbers of positive tests were still relatively low within the health board area;
- The case management database was now up and running but extracting reports still had some issues;
- A national approach to workforce was to be taken with the current service at 50% given demand;

	<ul style="list-style-type: none"> <li>- A regional prevention plan had been requested by Welsh Government by 12<sup>th</sup> August 2020 which would be developed by the regional cell.</li> </ul> <p>In discussing the report, Matt John stated that data could be extracted from the case management database for the health board's business intelligence.</p>	
<p><b>Resolved:</b></p>	<ul style="list-style-type: none"> <li>(i) <u>General Update</u> <ul style="list-style-type: none"> <li>- Progress in responding to Covid-19 and key activity during June and July 2020 be <b>noted</b>.</li> <li>- The overarching critical risks to the health board at this time be <b>noted</b>;</li> <li>- Report setting out the evidence for and against face coverings be received at the next Quality and Safety Committee.</li> </ul> </li> <li>(ii) <u>Test, Trace and Protect</u> <ul style="list-style-type: none"> <li>- The Welsh Government requirements for the test, trace and protect programme be <b>noted</b>;</li> <li>- The progress made across Swansea Bay in implementing the test, trace and protect programme be <b>noted</b>;</li> <li>- The risks associated with implementation of the programme be <b>noted</b>;</li> <li>- That a further verbal update on progress will be given at the health board meeting be <b>noted</b>.</li> </ul> </li> </ul>	<p><b>KR</b></p>
<p><b>236/20</b></p>	<p><b>DELIVERY OF THE QUARTER ONE PLAN</b></p>	
	<p>A report outlining the delivery of the quarter one operational plan was <b>received</b>.</p> <p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The report had been considered by the Quality and Safety and Performance and Finance committees earlier that week;</li> <li>- The quarter one plan had been written at short notice;</li> <li>- The majority of actions were either completed or on track;</li> <li>- The cancer section had been written before the national framework had been received and this now superseded the original actions, therefore the assessment was included;</li> </ul>	

	<ul style="list-style-type: none"> <li>- The board had agreed its discretionary capital plan in March 2020 which had been reviewed as a result of the Covid-19 pressures and an update would be provided in September 2020.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Chris White stated that the report set out cancer services at a point in time and access to chemo and radiotherapy continued to improve and was currently around 85%. He added work was being undertaken to maximise internal and external capacity to treat patients in a timely way.</p> <p>Darren Griffiths advised that the health board had revised its capital programme to accommodate current advice from Welsh Government on funding constraints in the context of Covid-19. The plan remained balanced. He added that with the variability in the current national financial framework, it was likely that further modifications would be made to the plan to balance risk and clinical priorities within the funding available.</p>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The themes and actions identified within the quarter one plan be <b>noted</b>;</li> <li>- The reported RAG status and supplementary comments against each action that is off-track and the revised milestone be <b>noted</b>;</li> <li>- The mapping of individual actions to the specific board committees for monitoring purposes be <b>endorsed</b>;</li> <li>- The baseline assessment against the revised essential services framework at the end of June 2020 be <b>noted</b>;</li> <li>- The self-assessment against the framework for the reinstatement of cancer services in Wales during Covid-19 be <b>noted</b>.</li> </ul>	
<b>237/20</b>	<b>RATIFICATION OF THE QUARTER TWO OPERATIONAL PLAN</b>	
	<p>A report seeking ratification of the approval of the quarter two plan was <b>received</b>.</p> <p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The quarter two plan built on quarter one;</li> <li>- It gave focus to the four quadrants of harm as well as test, trace and protect, essential services, winter planning and workforce;</li> <li>- It had been approved for submission to Welsh Government via chair's action following consideration by the chairs of the relevant committees;</li> </ul>	

	<ul style="list-style-type: none"> <li>- Feedback had been received from Welsh Government;</li> <li>- Field hospitals, reinstatement of diagnostics and winter planning would be of focus nationally and a meeting was arranged to discuss these in further detail with Welsh Government;</li> <li>- It was expected that the next plan would cover quarters three and four;</li> <li>- Modelling work was already advanced, with a view to briefing independent members on the plan in August 2020.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Nuria Zolle queried as to whether there was an opportunity to engage with local communities in terms of service changes and expectations for self-care. Siân Harrop-Griffiths responded that capacity planning across the health board was being refocused and flexed, with the planning team redeployed across the units to provide support. She added that consideration was being given as to how care would be delivered differently in the future, but it was being planned on a quarterly basis with the clinical services plan underpinning the changes. The health board had a good relationship with the community health council which helped when making interim arrangements. Discussions would now take place as to what should be made permanent and the two organisations were working together to develop a communication and engagement framework. Mwoyo Makuto reinforced Siân Harrop-Griffiths’s comments, adding that much work had been undertaken to engage with the public’s needs, and this was pleasing for the community health council. For example, the inclusion of orthopaedics in the reintroduction of services despite it not being on the national list.</p> <p>Hannah Evans stated that the board must not lose sight of innovation and improvement, as the acceleration of change was an achievement. A staff survey was to be launched to capture all changes made as well people’s opinions to determine what should be continued, changed or stopped.</p> <p>Hazel Robinson commented that the feedback from Welsh Government in terms of the workforce section had not been clear, and a full response had been submitted in advance of the joint meeting as it would be an opportunity to discuss the modeling tool. She added that the health board was the only one which had triangulated workforce, capacity and clinical requirements.</p>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The quarter two operational plan 2020-21 be <b>ratified</b> following the approval by Chair’s Action to submit to Welsh Government.</li> </ul>	
<b>238/20</b>	<b>KEY ISSUES REPORTS</b>	

	<p>(i) <u>Quality and Safety Committee</u></p> <p>A report setting out the key discussions of the Quality and Safety Committee held in June 2020 was <b>received</b> and <b>noted</b>, with a verbal update outlining the following from the July 2020 meeting:</p> <p>Martyn Waygood advised that an update had been provided from the Quality and Safety Governance Group and a discussion had taken place regarding discharge summaries following an internal audit. While performance was not where it needed to be, it was depending on a national electronic system. He added an update was also provided in terms of transcatheter aortic valve insertion (TAVI) and work was continuing to provide a quality and safety context to the performance report.</p> <p>(ii) <u>Health and Safety Committee</u></p> <p>A report setting out the key discussions of the Health and Safety Committee held in July 2020 was <b>received</b> and <b>noted</b>.</p> <p>(iii) <u>Performance and Finance Committee</u></p> <p>A report setting out the key discussions of the Performance and Finance Committee held in June 2020 was <b>received</b> and <b>noted</b>, with a verbal update outlining the following from the July 2020 meeting:</p> <p>Reena Owen advised that the committee’s agenda was starting to return to ‘normal’ and members discussed the performance and finance reports in detail. The quarterly continuing healthcare report was discussed in detail as well as the action plan developed in response the KPMG review undertaken in 2019.</p>	
<p><b>239/20</b></p>	<p><b>PERFORMANCE REPORT</b></p>	
	<p>The performance report was <b>received</b>.</p> <p>Emma Woollett reminded the board that the performance report had been scrutinised in some detail in the July 2020 meetings of both Performance and Finance and Quality and Safety committees.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The content of the report was heavily influenced by the health board’s response to Covid-19;</li> <li>- The traditional targeted areas were from the original annual plan approved by the board in March 2020, prior to the pandemic;</li> <li>- A draft operational dashboard had been incorporated which aligned performance to the four quadrants of harm identified within the operational plans;</li> </ul>	

	<ul style="list-style-type: none"> <li>- Access to mental health services had remained good;</li> <li>- The anomalies regarding ligature incidents related to multiple incidents involving the same patients rather various unrelated ones. There was little or no harm involved in all and management plans were in place;</li> <li>- An improvement had been evident in access for child and adolescent mental health services (CAMHS);</li> <li>- In relation to unscheduled care, attendances had reduced significantly at the start of the pandemic but these were starting to increase leading to a corresponding pressure on performance;</li> <li>- There had been a material drop-off in planned care referrals in April 2020. These were now starting to increase and as a result of reduced services, there were significant numbers waiting for outpatient appointment and treatment;</li> <li>- Cancer services had sustained strong performance during the pandemic;</li> <li>- A reduction in people waiting for follow-ups had been seen but there was still a large number of people waiting, due to cases being prioritised by clinical need;</li> <li>- Performance in relation to <i>staph.aureus</i> and <i>clostridium difficile</i> infections was becoming challenging;</li> <li>- Response rates to concerns was improving and while the numbers of serious incidents was low, a never event had been reported in June 2020. The closure rate for serious incidents in June 2020 was 0%;</li> <li>- In-month sickness absence was reported at 8.69% but was improving and did not include those shielding.</li> </ul> <p>In discussing the report, Martyn Waygood advised that a significant amount of activity was being undertaken in relation to infection prevention and control and progress was being made, with the situation kept under close scrutiny by the Quality and Safety Committee.</p>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The health board performance against key measures and targets be <b>noted</b>.</li> </ul>	
<b>240/20</b>	<b>FINANCIAL REPORT</b>	
	<p>A report providing an update on the financial position was <b>received</b>.          In introducing the report, Darren Griffiths highlighted the following points:</p>	

- The original financial plan for 2020-21 was a year-end deficit of £24.4m, predicated on £5.4m investment and £23m savings;
- The month three position was an overspend of £16.3m which was after receipt of funding from Welsh Government for field hospital establishment and for staffing costs;
- Performance against the public sector pay target was at 95% in-month but the cumulative was 92%, which was below the requirement;
- The total adverse impact of Covid-19 on the financial plan was a net £37.007m against which £26.828m had been received from Welsh Government in the quarter and a further £8.9m received in July 2020;
- Opportunities had also been factored into the position including non-expenditure on secondary care drugs and theatre consumables due to reduced activity levels as well as planned investments which had been deferred;
- Of the £23m savings needed, the current assessment was that around £5m could be delivered;
- The current year-end forecast was a deficit of £106.68m, which continued to be revised as circumstances changed and reimbursement received from Welsh Government for Covid-19 expenditure;
- A financial framework was to be developed over the next three months to work towards delivering a balanced plan.

In discussing the report, the following points were raised:

Chris White advised that the units and corporate functions were rising to the challenge of returning to some form of business as usual in terms of financial expenditure and delivering savings.

Reena Owen stated that the Performance and Finance Committee had been assured that the grip and control recommended by KPMG was being put into place and, while the figures appeared high, work was being undertaken to reduce them. Darren Griffiths concurred, adding that work was continuing to reduce the cumulative figure in partnership with Welsh Government and the NHS Wales Financial Delivery Unit and to provide transparency on the cost base to inform the national funding discussion.

Matt John referenced the financial challenges in relation to digital as many of the future plans had been reliant on Welsh Government funding. He added that a review was being undertaken of the plans which were outstanding following the innovations made during Covid-19 to determine if any could be progressed.

	Steve Spill advised that the Performance and Finance Committee had discussed the importance of learning from 2020-21 and of rebasing the units' budgets. He added that the units were to undertake valid assessments of costs and savings delivery and the board needed to be aware of this should the executives need support.	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The board's financial performance for period three (June) 2020-21 was considered and commented upon;</li> <li>- The Covid-19 revenue impact for period June 2020-21 be <b>noted</b>.</li> </ul>	
<b>241/20</b>	<b>OVERVIEW OF CARE HOMES</b>	
	<p>A report providing an overview of the regional response to Covid-19 in relation to care homes was <b>received</b>.</p> <p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The substance of the report had been agreed through the extraordinary regional partnership board and had been discussed at the full regional partnership board the previous week;</li> <li>- Guidance and information issued was tracked alongside compliance to support learning for any future actions;</li> <li>- Partnership working had improved significantly over the period;</li> <li>- It was believed the right decisions had been made at the time based on the information provided. Hindsight meant that the same decision might not be made in the same way now;</li> <li>- The report addressed a number of challenges faced by the sector such as capacity, PPE and frequent changes to guidance;</li> <li>- Welsh Government had commissioned a rapid review of how Covid-19 was managed within care homes which focused on good practice and to which the health board had contributed.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Emma Woollett stated that it was an important report as it considered the way in which the health board and its partners across the region worked together.</p> <p>Martyn Waygood queried if there was a mechanism by which to feedback the challenges faced as a result of the continually changing guidance. Siân Harrop-Griffiths advised that this had been undertaken at the time and the confusion caused had been recognised. Tracy Myhill added that the pandemic was an emerging response situation so it was inevitable that guidance would be continually updated. She stated that there was</p>	

	learning for all from the situation and the relationship with partners had improved which had provided a more strategic and collaborative approach.	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- That the report gives an overview of the partnership approach to care homes be <b>noted</b>.</li> <li>- That the partnership can give a good level of assurance in terms of complying with extant guidance, and challenging it, when appropriate be <b>noted</b>.</li> </ul>	
<b>242/20</b>	<b>NHS WALES PARTNERSHIPS</b>	
	<p>A report providing an update on the work to plan, commission and deliver services through joint arrangements was <b>received</b>.</p> <p>In introducing the report, Siân Harrop-Griffiths advised that agreement had been reached by the Welsh Health Specialised Services Committee (WHSSC) joint committee to fund the thoracic elements for the major trauma network, which could now go live in September 2020.</p> <p>In discussing the report, the following points were raised:</p> <p>Emma Woollett commented that it was good to see a date agreed for the go-live of the major trauma network but queried if this was an additional risk in-light of winter and a potential second spike of the pandemic. Siân Harrop-Griffiths responded that the delivery of the network should help flow across south Wales but one of the caveats of the date was that it would be deferred should a second spike occur.</p> <p>Hazel Robinson advised that the NHS Wales Shared Services Partnership (NWSSP) joint committee had put on record its thanks to NWSSP for the work to manage PPE during the pandemic.</p>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The update on the health board's joint NHS partnership and commissioning arrangements be <b>noted</b>.</li> </ul>	
<b>243/20</b>	<b>EXTERNAL PARTNERSHIPS</b>	
	<p>A report providing an update on key external partnerships was <b>received</b>.</p> <p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The majority of the arrangements with external partners had been stood down during the pandemic;</li> </ul>	

	<ul style="list-style-type: none"> <li>- The Neath Port Talbot public services board had met in June 2020 and commissioned a community impact assessment of Covid-19;</li> <li>- The extraordinary regional partnership board had met when required to authorise action by the health board and local authorities;</li> <li>- The full regional partnership board had met in early July 2020. This had been a necessary but difficult meeting, because stakeholder members had felt excluded from discussions during the crisis. While the reasons for this were understood, it was felt that a more inclusive approach was now needed.</li> </ul>	
	<ul style="list-style-type: none"> <li>- The key external partnerships which Swansea Bay University Health Board worked as a part of be <b>noted</b>;</li> <li>- The issues discussed in these external partnerships and the key implications for the health board be <b>noted</b>;</li> <li>- The minutes of the recent partnership meetings which have taken place be <b>noted</b>.</li> </ul>	
<p><b>244/20</b></p>	<p><b>HEALTH BOARD RISK REGISTER</b></p>	
	<p>The health board risk register was <b>received</b>.</p> <p>In introducing the report, Pam Wenger highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The risk register had been considered by the Audit Committee in July 2020 as the forum responsible for its oversight;</li> <li>- A single risk in relation to Covid-19 had been included which combined the entries of the gold command risk log and this was also attached;</li> <li>- The risks relating to unmet health needs and finance had been escalated;</li> <li>- All risks had been allocated to an executive director and board committee for oversight;</li> <li>- It had been suggested by the Audit Committee that once committees had reviewed relevant risks, the board be updated through the key issue reports;</li> <li>- A revised risk appetite of 20 had been agreed by the board at the start of the pandemic and consideration to updating this would form part of the next iteration.</li> </ul> <p>In discussing the report, the following points were raised:</p>	

	<p>Darren Griffiths advised that further to discussions with the chair of Audit Committee, the escalated financial risk would be converted into three; in-year financial year challenge for 2020-21, underlying run rate and sustainability, and the pressure on discretionary capital.</p> <p>Emma Woollett queried as to whether Covid-19 could be classed as a risk as it had happened. Pam Wenger responded that it was important to get the balance between risks and issues correct, which was why the majority had been limited to the gold command issues log. However, given the impact of the pandemic on other services, it needed to be referenced on the health board risk register.</p> <p>Emma Woollett referenced risk 51 which related to compliance with the Nurse Staffing Levels (Wales) Act 2016 and queried if it had been escalated in light of the pandemic. Hazel Robinson responded that staff absences had been closely monitored, with around 1,700 people either shielding or symptomatic at the peak of the pandemic. This was now below 500, with the majority on the shielding list, and although they were due to return to work in August 2020, it would unlikely be to patient-facing care due to their conditions. She added that recruitment campaigns had been successful in attracting healthcare support workers but not registered nurses, so consideration was needed as to how surge and super surge situations would be managed. A process was also needed for overseas recruits as a number were waiting to travel to take up post. Christine Williams stated that at the start of the pandemic, correspondence had been received from the Chief Nursing Officer stating that while the act still applied, the challenge to staff areas was recognised. Risk assessments were undertaken and reported to Welsh Government, with the process to be repeated in the event of a second surge.</p> <p>Mwoyo Makuto highlighted the entry on the gold command issue log relating to black, Asian and minority ethnic (BAME) staff which had de-escalated from red to amber. Keith Reid advised that it had been managed down through the Welsh Government risk assessment tool and a health board-wide survey as to the impact of Covid-19 on staff to have a better understanding of outcomes for those who had contracted it. He added that BAME staff had been encouraged to complete both in order for bespoke risk mitigation plans to be developed.</p> <p>Mwoyo Makuto sought assurance that any BAME staff member deemed as a high risk due to Covid-19 had been moved to a safer workplace environment. Hazel Robinson confirmed that this was the case and all high-risk frontline staff had been moved as well as work undertaken with the BAME network to provide any additional support required.</p>	
	<ul style="list-style-type: none"> <li>- The updates to the health board risk register and the further changes being made in recognition of the changing risks facing the health board and the uncertainty in terms of modelling</li> </ul>	

	required as a result of the impact of a possible second and third wave of Covid-19 cases be <b>noted</b> .	
<b>245/20</b>	<b>CYBER SECURITY</b>	
	<p>A report providing an update regarding the ongoing cyber security risk faced by the health board; and the recent measures taken to help address it was <b>received</b>.</p> <p>In introducing the report, Matt John highlighted the following points:</p> <ul style="list-style-type: none"> <li>- Cyber security was a level 20 risk;</li> <li>- The report had been scrutinised by the Audit Committee and members felt given the significance, the board should be aware;</li> <li>- 1000s emails were sent every year in attempt to breach NHS Wales security but there was a robust process in place to manage this;</li> <li>- The health board had invested in a cyber security team and the situation was continually improving;</li> <li>- The biggest risk to the organisation was staff awareness of their responsibility. A request had been considered by the senior leadership team to make cyber training mandatory. If this was to be progressed, it would need to be incorporated into the information governance programme.</li> </ul> <p>In discussing the report, Emma Woollett stated it was a useful report and the decision to inform the board had been right. She added that she had received assurance from Tom Crick, the independent member for ICT, that the Audit Committee had undertaken a detailed discussion and was satisfied with the approach being taken.</p>	
	<ul style="list-style-type: none"> <li>- The significance of the cyber security risk faced by the health board be <b>noted</b>;</li> <li>- The progress that has been made to mitigate against the risk be <b>noted</b>;</li> <li>- The agreement by senior leadership team, in principle, for cyber security training to be made mandatory be <b>noted</b>. A further paper for approval, describing the implications for the workforce, will be submitted to a future senior leadership team meeting.</li> </ul>	
<b>246/20</b>	<b>KEY ISSUES: LOCAL PARTNERSHIP FORUM</b>	

	<p>A report setting out the key discussions at the recent local partnership forum was <b>received</b>.</p> <p>In introducing the report, Hazel Robinson highlighted the following points:</p> <ul style="list-style-type: none"> <li>- Weekly meetings had taken place with the trade unions during the pandemic which had now been reduced to fortnightly;</li> <li>- The agendas had been focused on Covid-19;</li> <li>- Every effort had been to be open and transparent and to understand the prevalence of the virus, including hotspots.</li> </ul> <p>In discussing the report, Jackie Davies advised that she felt the partnership working during Covid-19 between the health board and trade unions had worked well and this would be critical in the coming months as support was sought for changes to be made permanent. She paid tribute to Hazel Robinson for her role in this, adding that she would be missed following her retirement.</p>	
<b>247/20</b>	<b>AUDIT COMMITTEE</b>	
	A reporting setting out the key discussions by the Audit Committee at its meetings in June and July 2020 was <b>received</b> and <b>noted</b> .	
<b>248/20</b>	<b>ANNUAL REPORT 2019-20</b>	
	<p>The annual report for 2019-20 was <b>received</b>.</p> <p>In introducing the report, Pam Wenger highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The annual report included a number of sub-sections which had undergone scrutiny by the relevant committees;</li> <li>- The content was as required by Welsh Government's manual for accounts;</li> <li>- It had been subject to comments by board members, Audit Committee and internal and external audit;</li> <li>- An easy read version would be developed for the annual general meeting (AGM).</li> </ul>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The report be <b>noted</b>.</li> <li>- The annual report for 2019-20 be <b>approved</b>.</li> </ul>	
<b>249/20</b>	<b>CHANGES TO STANDING ORDERS</b>	

	<p>A report seeking approval of changes to the Standing Orders was <b>received</b>.</p> <p>In introducing the report, Pam Wenger highlighted the following points:</p> <ul style="list-style-type: none"> <li>- Welsh Government had issued a number of temporary amendments to Standing Orders to reflect governance changes due to Covid-19;</li> <li>- The changes would be in effect until March 2021;</li> <li>- They included a later AGM date and extended terms of office for independent and associate board members to reflect the pausing of the public appointment process;</li> <li>- The revised WHSSC and Emergency Ambulance Services Committee (EASC) standing orders were also appended which would form part of the health board's instrument.</li> </ul>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The report be <b>noted</b>.</li> <li>- The revised standing orders be <b>approved</b>.</li> </ul>	
<b>250/20</b>	<b>CORPORATE GOVERNANCE ISSUES</b>	
	A report providing an update on corporate governance issues was <b>received</b> and <b>noted</b> .	
<b>251/20</b>	<b>RESPONSE TO QUESTIONS FROM MEMBERS OF THE PUBLIC</b>	
	No questions from members of the public had been received.	
<b>210/20</b>	<b>ANY OTHER BUSINESS</b>	
	There was no further business and the meeting was closed.	
<b>252/20</b>	<b>EVALUATION OF EFFECTIVENESS OF THE MEETING</b>	
	Emma Woollett invited board members to submit feedback on the meeting to her directly.	
<b>253/20</b>	<b>DATE OF NEXT BOARD MEETING</b>	

	The date of the next public board meeting was 24 <sup>th</sup> September 2020.	
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