



Due to the Covid-19 outbreak, it has been agreed not to open board meetings to members of the public for the foreseeable future, therefore a summary of the meeting will be published outlining what was discussed.

Board Briefing for the Meeting held at 10.30am on 30th April 2020

Welcome
<p>The chair welcomed everyone to the meeting. She stated that the unitary board would be tested more than it had ever been in this meeting, given the very different experiences of independent members and executives over the past month. She urged all to use their experience to ensure positive outcomes. She acknowledged the significant hard work and effort from the executive team which had left them tired. Things were changing on a daily basis and the executives needed to understand that the independent members had a responsibility to be informed and assured. At the same time, the independent members needed to recognise the strain on the executive team and reflect this in the way they undertook their scrutiny.</p> <p>The chief executive stated that it was Emma Woollett's first board meeting following her appointment as substantive chair and offered her congratulations on behalf of the board.</p>
Declarations of Interest
There were none.
Minutes of the Previous Meeting
These were approved subject to amendments.
Matters Arising
<p>(i) <u>Transcatheter Aortic Valve Insertion (TAVI)</u></p> <p>Feedback from the board in March 2020 to the clinical team had been provided and confirmation had been received that the actions relating to communications with GPs and clinicians had been completed. Comments would be provided on the next phase the following week, and discussions were also taking place with the Royal College of Physicians in relation to queries within the draft report for the second cohort of cases. However indications were that they seemed content with the progress made and were happy to continue supporting the process.</p>
Action Log

The action log was noted.

Covid-19 Update

The following points were highlighted:

(i) Introduction

- Reflecting on the position highlighted at the two board meetings in March 2020, a remarkable amount of progress had been made, including the establishment of a paediatric emergency department, increased critical care capacity, a respiratory assessment unit as well as field hospitals;
- Sadly a number of colleagues, both from within the health board and the wider NHS family had been lost, which presented staff with difficult and challenging times while they cared for them and then had to come to terms with their loss;
- The way in which the health board was running was unrecognisable, as was the way in which lives were being lived;
- Consideration was being given as to how to provide more non-Covid essential services now;
- The health board had passed its first peak and had not been overwhelmed, thanks in part to staff keeping a focus on what needed to be delivered and the incredible things they had achieved;
- Much ground had been covered in a short period of time. A few mistakes had been made and lessons could be learned, but it was astonishing how much had been achieved.

(ii) Update Report

- The health board had initiated its response early on, which had put it in good stead for what was to come;
- A command structure has been established, with gold, silver and bronze arrangements as well as broader planning cells;
- Significant transformation had taken place across the health board in a short period of time, with the units asked to create plans for critical and acute capacity and wards being re-designated as needed;
- One of the most challenging elements of the response was determining the planning parameters, as a number of very different modelling forecasts had been received in the early days;
- Significant additional critical and acute capacity had been created in response to a letter from Welsh Government. While it had fortunately not been fully utilised in this initial phase, its existence did provide assurance that the health board would be able to manage a second peak should one occur;
- The health board had benefitted from two military liaison officers who had provided tremendous support;

- A single critical care area had now been established in the outpatient department at Morriston Hospital which was expected to make the workforce plan easier to deliver;
- The Llandarcy field hospital was now up and running and would be followed by the Bay field hospital in phases;
- A focus was now being given to having a single workforce approach across the health board for the delivery of services, rather than individual unit plans. If it was necessary to use the capacity within the field hospitals, consideration would need to be given as to how to redeploy staff, which was something already being done on core wards due to the number of absences;
- Testing had been in place from March 2020 and a second community testing facility at the Liberty Stadium was due to open within days, which would give flexibility to respond to the ever changing landscape;
- A community silver structure was in place. This included social services and local authority colleagues and has a focus on care homes. There was also a multi-agency group across the regional partnership in lieu of the normal formal governance processes as well as a health and social care strategic interface group which looked at a number of areas, such as modelling and testing.
- A plan had been developed in order to respond to an increase in deaths, part of which included focus on bereavement support, not only for families, but also for staff, who were caring for the patients at the end of their life, some of whom were friends. Chaplaincy colleagues were very much engaged in the work.
- Normal processes for end of life were no longer in place but there were still some visiting procedures in place. Skype was available for people to talk and in some cases patients' last words had been recorded. In addition, all patients had a lead clinician who called families of patients at the end of life and there were also dedicated email addresses. There were risks if families came into areas saturated with Covid-19 so there was a need for restrictions, but staff ensured that no-one died alone.
- The field hospitals would only be used once all other capacity was full, but given the risk and fragility in the system, there was potential for alternative uses, although caution would be needed in case of a second peak;

(iii) Personal Protection Equipment (PPE)

- PPE was a source of anxiety amongst staff;
- Guidance had changed over the recent weeks;
- There was sufficient stock within sites for at least 24 hours;
- Visors had been received from Royal Mail which had been decontaminated and repurposed;
- PPE supply chains within the community were gathering momentum. It was used by staff entering care or patient homes, with the military support looking at the logistics to ensure ongoing provisions;

- The field hospital PPE requirements were being modelled to ensure that requirements were fed through the supply chain and work was continuing to source other supplies, for example, a large order of masks had been placed which would provide resilience in the event of needing to use field hospitals.

(iv) Charitable Funds Update

- There had been an incredible response by the public in terms of donations, not only of money but of nightwear and toiletries, and the health board was also a recipient of money raised through a UK-wide NHS charity.

Non-Covid-19 Performance Report and Welsh Government Guidance on Interim Reporting

The following points were discussed:

- Some metrics were still being collated while others had stopped due to the focus needed for Covid-19;
- Fewer attendances and admissions to the emergency department had been evident from the start of the social isolation period;
- The number of patients with suspected and/or confirmed Covid-19 was being recorded which gave an illustration of the peak;
- Where possible, quality and safety measures would continue to be reported to provide a broader perspective of the impacts on healthcare system of Covid-19;
- Internal performance monitoring had been adjusted to reflect the guidance set out in Welsh Government's letter to chief executives.

Operational and Health Board Strategic Risks During the Covid-19 Pandemic

The following points were discussed:

- The process set out how risks would be monitored during the pandemic;
- The executive directors were reviewing the risks and their scores regularly;
- It was agreed that the risk appetite be changed from the board reviewing risks scored at 16 or more on a regular basis to those which scored 20 or more;
- Risks would be considered by the relevant committees once they were back up and running.

Approach to Recovery, Learning And Innovation

The following points were discussed:

- Discussions had initially focused on longer term timescales and how to use learning and innovation to bring back capacity;
- Consideration was now needed as to how to restart some essential non-Covid-19 services;
- Over the recent weeks, four theatres had been brought back online at Morriston Hospital for urgent care cases;

- A cautious approach was being taking to increasing activity to manage the risks of bringing vulnerable patients onto sites where Covid-19 was present;
- Workforce remained a challenge, particularly due to absences, as well as the re-deployment of staff based on the availability of skills;
- Patient choice was critical as not all would feel comfortable coming in for treatment;
- Discussions were taking place within NHS England regarding 'Covid-19-free' hospitals but these could not be guaranteed as it was not certain that all mitigating actions would be successful;
- The balance of risk was critical and progress should be made on a case by case basis, rather than moving forward just because there was capacity in terms of beds. Principles were in development, with clinical and unit input, and would be agreed imminently in order to have a board-wide strategic approach.

Financial Report

The following points were discussed:

- The year-end target of a deficit of £16.3m has been met with no clawback of performance monies. Financial support had been received from Welsh Government in relation to Covid-19 expenditure;
- The capital resource limit had been achieved;
- Plans were in place to close the year-end accounts on 11th May 2020 which was 11 days ahead of the deadline and guidance had been received as to good practice for capturing Covid-19 costs for the current year;
- The all-Wales approach in relation to long-term and service-level agreements was supported. A process was in place for quarter one but discussions were needed in terms of extending this.

Clinical Ethics Committee

The following points were discussed:

- It had been envisaged that Covid-19 would overwhelm the system similar to that in other areas of Europe and if that had been the case, choices for patients in terms of ventilation would have needed to have been made;
- The health board had a well-established clinical ethics committee which included Swansea University in its membership;
- While it had prepared to consider rapid responses to assisting clinicians, this had not in the event been necessary and most of the discussions had centred on what the actions for the next phase would be and how to prioritise non-Covid-19 patients once essential services recommenced.

Decisions Made Under Chair's Action

A report setting out decisions made under chair's action relating to governance arrangements and the use of PPE without CE marking was ratified.

Response to Questions from Members of the Public

There had been no questions submitted by members of the public.

Post-Meeting Communications with the Public

A verbal update was given stating that a briefing note of the public session of the board would be published on the health board's website within seven days as it was closed to members of the public and press.

Any Other Business

(i) Decision Making for the Regional Partnership Board

A report setting out the proposed arrangements for decision making for the Regional Partnership Board was **agreed** subject to inclusion of the Director of Strategy in the membership of the extraordinary regional partnership board.

(ii) Offering of Thanks

The chair thanked the executive directors and staff, particularly on the frontline, for their hard work and commitment over the last six weeks. Over this period it was astonishing how much had been achieved in all areas of health board operations including workforce, finance, field hospitals, partnerships, leadership and capacity as well as the clinical frontline. She also stressed the importance of recognising the impact on people of dealing with circumstances no-one could have expected, and suggested that part of the preparation of the next phase needed to be for people to take time to rest and recover.

The chief executive paid tribute to the staff who had been lost since the board last met.