



Due to the Covid-19 outbreak, it has even 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 10am on 26<sup>th</sup> March 2020**

#### **Welcome**

The chair 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:

“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.

“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.

“We will however, agree to publish a summary of the board meeting on our website within a week of the meeting.”

It was noted that webcasting the meeting for the public was part of the future plans for 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.

#### **Declarations of Interest**

There were none.

#### **Minutes of the Previous Meeting**

These were approved.

#### **Matters Arising**

There were none

## Action Log

The action log was noted and it was agreed a separate 'pending' log be developed to capture any actions which did not require immediate attention given the Covid-19 outbreak.

## Report of the Chair

This was noted.

## Report of the Chief Executive

The following points were highlighted:

(i) Covid-19

- 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 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%;

(ii) Transcatheter Aortic Valve Insertion (TAVI)

- An unreserved apology was given to patients and their families who had experienced a delay in accessing the procedure and the harm caused;
- 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.

(iii) Annual Plan

- 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.

## Update on Coronavirus (Covid-19)

The following points were discussed:

- As of 25<sup>th</sup> 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;
- While there were now cases presenting to Swansea Bay University Health Board hospitals, the situation was not yet in the pandemic phase, which was providing the organisation with the opportunity to prepare;

- A dedicated front door for patients presenting with symptoms had been established at Morriston Hospital's emergency department as well as a streamlined process within the assessment unit at Singleton Hospital;
- The whole system 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;
- Staff testing was continuing but there were some challenges in relation to procuring the testing kits;
- Now social isolation was fully in place, it was hoped that there would be some improvement in the next three weeks;
- The job evaluation team had 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;
- The health board was working with the local authorities who had identified leisure centres which could be used as field hospitals;
- Learning was being shared across multiple forums within Wales as well as looking at other areas to inform and model processes;
- Mental health support for staff and communities would be a critical part of the health board's recovery programme;
- 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;
- Tribute was paid to everyone involved in light of all that been achieved to date.

### **Transcatheter Aortic Valve Insertion (TAVI)**

The following points were discussed:

- 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;
- 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;
- It became apparent in 2017-18 that 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 medical casenotes 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;
- The board had been kept apprised of the process through its in-committee sessions and a lot of work was undertaken to improve the service prior to receipt of the final report;
- 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 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;
- All recommendations made as part of the external review had been accepted and a detailed action plan developed;
- 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 from the initial casenote review, a further casenote review has been commissioned of any patient who died on the waiting list since the start of the service in 2009; the next of kin have been informed;
- Assurance was given that all key stakeholders had been informed of the review and subsequent findings;
- The Quality and Safety Committee was to monitor progress against the action plan.

### **Emergency Ambulance Services Committee Presentation**

A presentation providing an update from the Emergency Ambulance Services Committee as to recent work was received and noted.

### **Key Issue Reports**

#### **(i) Performance and Finance Committee**

A report setting out the discussions of the Performance and Finance Committee at its meetings in January and February 2020 was received and noted.

#### **(ii) Quality and Safety Committee**

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.

(iii) Workforce and OD Committee

A report setting out the key discussions of the meetings of the Workforce and OD Committee held in February 2020 was received and noted.

### **Update on Unscheduled Care Performance**

The following points were discussed:

- A detailed discussion had taken place at the recent meetings of the Performance and Finance and Quality and Safety committees;
- Progress had been 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.

### **Health Board Performance Report**

The following points were discussed:

- Some improvement had been seen in terms of planned and unscheduled care;
- 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
- The capacity issues relating to capacity with child and adolescent mental health services (CAMHS) had now been resolved and the performance challenges related to the way in which the waiting list was managed. A narrative would be added to future reports to explain this.

### **Financial Position**

The following points were discussed:

- 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 year-end target would be delivered;
- A mechanism was in place to capture expenditure as a result of Covid-19.

### **Annual Plan 2020/21 in a Three Year Context**

The following points were discussed:

- 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 16<sup>th</sup> 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.

### **Budget and Financial Allocations**

The following points were discussed:

- 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;
- It was accepted 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.

### **Report on NHS Wales Partnerships**

The following points were discussed:

- The major trauma network board meeting which had been scheduled for 30<sup>th</sup> March 2020 was cancelled 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.

### **Key External Partnerships**

The following points were discussed:

- An agreement had been reached 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.

### **Reports of the Advisory Groups**

- (i) Local Partnership Forum

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.

(ii) Health Professionals Forum

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.

### **Strategic Equality Objectives**

The following points were discussed:

- The objectives were in line with the corporate objectives and health board values and had been developed via a consultation;
- The Workforce and OD (organisational development) Committee would monitor progress;
- The strategic equality plan 2020-2024 was approved subject to the discussed amendments.

### **Long Term Agreements and Service Level Agreements for 2020-21**

The following points were discussed:

- In-line with Welsh health circulars, there was a requirement to bring through the board 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;
- The long-term agreements and service level agreements set out were agreed in-line with Welsh health circular 2019/014 and the health board's standing orders.

### **Major Trauma Network Governance – Hosting of Operational Delivery Network**

The following points were discussed:

- 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;
- The memorandum of understanding was approved.

## Health Board Risk Register

The following points were discussed:

- 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.

## Key Issues

### (i) Health and Safety Committee

A report setting out the key discussions of the Health and Safety Committee held in March 2020 was received and noted.

### (ii) Mental Health Legislation Committee

A report setting out the key discussions of the Mental Health Legislation Committee held in February 2020 was received and noted, with members advised that the 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.

## 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.

## Any Other Business

### (i) Musician

The board was advised that a musician 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

There was no further business and the meeting was closed.