



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 10.15am on 28th May 2020

Welcome
The chair 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.
Declarations of Interest
There were no declarations of interest.
Minutes of the Previous Meeting
The minutes of the meeting held on 30 th April 2020 were approved.
Matters Arising
There were no matters arising.
Action Log
The action log was noted.
Covid-19 Update
<p>The following points were highlighted:</p> <ul style="list-style-type: none"> (i) <u>General Update</u> <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; - 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; - 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 to treat all patients;
- Social distancing would limit the rate at which staff could return to work and rota systems would need to be considered alongside a continuation of remote working.
- Welsh Government's risk assessment for black, Asian and minority ethnic groups (BAME) staff had been issued. The health board had contributed to its development and as such, it took into account other risk factors such as weight, age and underlying conditions, all of which could pose a risk to staff.

(ii) Test, Trace and Protect

- 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, which not only could it achieve, but it had the potential to exceed if the hours of the testing units were extended;
- A regional team was required to be in place by June 2020 to manage cluster outbreaks and to provide general advice;
- 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.

(iii) Digital Transformation

- 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 the business intelligence to inform decision making;
- All NHS Wales organisations had been asked to provide reflections on how systems such as 'Attend Anywhere' had worked across Wales for the benefits to be analysed;
- 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.

Quarter One Operational Plan

The following points were discussed:

- 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;

- 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 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;
- An overspend of £23m had been identified for quarter one, taking account of the original forecast deficit position, slippage on savings and additional net costs relating to Covid-19. Weekly discussions were taking place with Welsh Government as to the costs of the pandemic;
- It was recognised that having Covid-19 free areas was extremely difficult therefore identifying such areas would be challenging, as such the test, trace and protect programme would be fundamental from an operational perspective in order to restart essential services.

Performance Report

The following points were discussed:

- Core services had been materially 'flexed' to support the response to Covid-19;
- There had been significant behaviour changes within the population as it adjusted to living with the pandemic;
- The capture of performance data had been retained but in some areas was yet to be validated due to workforce pressures;
- Access to mental health services remained good;;
- 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 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;
- Infection performance was in-line with expectations;
- Response rates to concerns had dipped but the majority were completed within the limits;

- Sickness absence had increased to 7% but 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;
- It was important to emphasise that the health board was open should people need it, and the Chair and Chief Executive 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.

Financial Report

The following points were discussed:

- The month one position was an overspend of £5.396m, which could be broken down into £2m operational overspend and £3.3m Covid-19 expenditure;
- Budgets had been rebased based on pre-Covid-19 levels and 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 of 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.

Approach to Recovery, Learning and Innovation

The following points were discussed:

- 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 in the process of 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;
- Consistent processes were needed for patient admissions in terms of testing and zoning of services;
- Members were impressed by the 'can do' approach and the changes which had had to be made in a short period of time. It was important not to lose

all these once the pandemic had moved on and revert back to previous ways;

- There was no clear formula for how to deliver essential services safely during the outbreak, but clinical engagement was critical, therefore a clinical advisory group had been established to ensure a consistent approach was being taken across the health board;
- Innovative ways of working should also apply to the board and the effectiveness of using technology to attend meetings was used as an example.

Nurse Staffing Levels (Wales) Act 2016

The following points were discussed:

- 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;
- Due to the nature of the virus, many of the wards across the hospitals changed their remit which meant they were no longer covered by the act. However daily checks were undertaken to ensure the health board remained compliant and staff moved accordingly.

Findings of the Scrutiny Panels for Health and Care Standards

The following points were discussed:

- 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 comparisons between years;
- A significant focus was to be given to 'staying healthy'. This would be a key piece of work as the health board not only had a responsibility to treat conditions, but also help to prevent them. There was a window of opportunity to focus on public health as it would now be at the forefront of people's minds.

Key Issues Reports

(i) Audit Committee

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.

(ii) Quality and Safety Committee

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

NHS Wales Partnerships

A report providing an update on the work to plan, commission and deliver services through joint arrangements was received and noted.

Local Partnership Forum

The following points were discussed:

- Meetings were taking place on a weekly basis given the pace at which things were changing during the pandemic to cover a range of topics such as PPE, testing and staff wellbeing.

Corporate Governance Matters

A report providing an update on corporate governance matters was received and noted.

Response to Questions from Members of the Public

Questions had been received from a member of the public but as they related to a patient's care, these would be responded to directly outside of the meeting.

Any Other Business

There was no further business and the meeting was closed.