

Swansea Bay University Health Board

Unconfirmed Minutes of the Meeting of the Health Board held on 26th June 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
Gareth Howells	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
Martin Sollis	Independent Member
Darren Griffiths	Interim Director of Finance
Nuria Zolle	Independent Member
Jackie Davies	Independent Member
Reena Owen	Independent Member
Andrew Jarrett	Associate Board Member
Hazel Robinson	Director of Workforce and Organisational Development (OD)
Mark Child	Independent Member (until 205/20)
Keith Lloyd	Independent Member (until 205/20)
Maggie Berry	Independent Member

In Attendance:

Pamela Wenger	Director of Corporate Governance
Dorothy Edwards	Deputy Director of Transformation
Matt John	Chief Digital Officer and Associate Director of Digital Services
Hannah Evans	Director of Transformation
Mwoyo Makuto	Community Health Council
Steve Spill	Special Advisor to the Board
Liz Stauber	Head of Corporate Governance
Jason Blewitt	Audit Wales (until minute 201/20)
Andrew Biston	Internal Audit (until minute 201/20)
Claire Mulcahy	Corporate Governance Manager (until minute 192/20)

Minute No.		Action
188/20	APOLOGIES	
	Apologies for absence were received from Hugh Patrick, Community Health Council.	
189/20	WELCOME / INTRODUCTORY REMARKS	

	<p>Emma Woollett welcomed everyone to the meeting, advising that it was to be recorded and published on the health board's website in lieu of members of the public attending in order to be as transparent and accountable as possible in these current times. She added that future meetings would be streamed live.</p> <p>Emma Woollett stated that this was Gareth Howell's last board meeting before he retired, after two and half years as Director of Nursing and Patient Experience. She thanked him on behalf of the board for the significant focus he had given to the care of patients during his time at the organisation.</p>	
190/20	DECLARATION OF INTERESTS	
	There were no declarations of interest.	
191/20	PATIENT STORY	
	<p>A patient story was received which set out the experience of two members of staff working at Gorseinon Hospital during the Covid-19 pandemic. The first was a matron who described the facility as a reablement hospital and explained how staff who were dealing with very unwell patients started to become sick themselves with the virus. She also talked about the anxiety felt by staff and how both she and another matron had to take time off after contracting the virus. The isolation of patients from their families was difficult for staff and often involved difficult conversations with relatives to reassure them, or taking the phone to patients so they could speak to loved ones at the end of life. The support of the community had been fantastic, with many donations to the hospital of food, biscuits and cakes. The ward was now starting to return to normal with patients who were palliative now returning home. The second part of the story was provided by a member of staff who had been retrained as a healthcare support worker and redeployed from another service to support the team at Gorseinon Hospital. She worked with the Covid-19 patients, taking observations and providing personal care, and quickly realised the importance of this work as these patients could not do such things for themselves. It was an experience she was enjoying as it was different to normal and involved spending time with patients.</p> <p>In discussing the patient story, the following points were raised:</p> <p>Gareth Howells referenced the fact that the matron had talked of the 'wobbles' staff had gone through, something which a lot of people could relate to during the current situation. He added that caring for patients at</p>	

	<p>the end of life was challenging, but staff were looking after each other and local communities had been generous in terms of caring and giving.</p> <p>Tracy Myhill thanked Gareth Howells for the patient story, stating that every day, conversations as to the flexibility of staff were taking place with so many willing to step into different roles at all levels of the organisation, with so many leaders and stars identified. She added it was great to hear of such experiences.</p>	
Resolved	<p>- The patient story be noted.</p>	
192/20	MINUTES OF THE PREVIOUS MEETING	
	<p>The minutes of the meetings held on 28th May 2020 were received and confirmed as a true and accurate record except to note the following amendments:</p> <p>(i) <u>162/20 (iii) Digital Transformation</u></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 <i>inspirational</i>.</p> <p>(ii) <u>166/20 Approach to Recovery, Learning and Innovation</u></p> <p>Clinically-led work was being undertaken <i>to consider the possibility and any subsequent proposals to centralise</i> 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.</p>	
193/20	MATTERS ARISING	
	<p>There were no matters arising not otherwise on the agenda.</p>	
194/20	ACTION LOG	
	<p>The action log was received and noted.</p>	
195/20	CHAIR'S REPORT	
	<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"> - She thanked staff, who continued to work hard under extreme pressures despite the peak easing; - She also thanked the public for their efforts to reduce the spread of the virus and their understanding of the pressure on the services; - A joint letter from the chair and chief executive had been published; - Support was being received from assembly members and members of parliament, one of whom had written personally to the health board and also planned to visit staff to thank them; - The organisation was working closely with local authorities, particularly in relation to test, trace and protect, as well as with other key stakeholders and partners such as the community health council; - She had attended a virtual meeting for the City Deal, which was progressing well, in addition to the large employers' forum. 	
Resolved:	<ul style="list-style-type: none"> - The report be noted. 	
196/20	CHIEF EXECUTIVE'S REPORT	
	<p>A verbal update from the chief executive was received.</p> <p>In introducing the report, Tracy Myhill highlighted the following points:</p> <p>(i) <u>BAME Update</u></p> <ul style="list-style-type: none"> - Following the death of George Floyd in America, the health board had publically declared support for equality; - The organisation would not condone racist behaviour from or towards anyone, staff, patients, visitors or volunteers; - However, just saying so did not make it true and there were known discrimination issues across the public sector so there was work to be done; - The health board had established a black, Asian and minority ethnic (BAME) network; - Work was ongoing with trade unions to understand the impact of Covid-19 on BAME staff; 	

	<ul style="list-style-type: none"> - There were challenges recording all demographic information on the electronic staff record (ESR) including ethnicity; - A number of clinical staff and consultants contributed to the discussions relating to the all-Wales Covid-19 risk assessment which as a result was expanded beyond ethnicity to include other risk factors such as age, gender and underlying health conditions. Work was being undertaken to ensure it was used within the health board; - A BAME ambassadorial role was to be established which would work alongside the equality teams; - Relationships were improving with more people feeling able raise issues, but not all, and this needed to be addressed; - The First Minister had published a report which set out poor BAME data held nationally and a drive for this to be improved; - NHS Wales had made progress in terms of gender representation in its senior and clinical positions and this needed to be replicated in terms of BAME; - It was the responsibility of the entire health board to make improvements in terms of BAME, not just the network; <p>(ii) <u>National Meetings</u></p> <ul style="list-style-type: none"> - The health board had been invited to provide evidence at the Health and Social Care Committee in relation to recovering lost services; - A 'light-touch' targeted intervention was taking place on 29th June 2020. Informal feedback in recent weeks had highlighted that the health board was performing well and not as an organisation with an escalation status. The intention remained to get to a position whereby it was de-escalated; <p>(iii) <u>Retirement</u></p> <ul style="list-style-type: none"> - Hazel Robinson had given notice of her intention to retire in August 2020 following 37 years of NHS services; - She echoed Emma Woollett's thanks in relation to Gareth Howells and his commitment to the health board; - Christine Williams, unit nurse director for Singleton Hospital, was to take up the interim Director of Nursing and Patient Experience while the recruitment process was completed. 	
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	In discussing the report, Hazel Robinson advised that work in relation to BAME staff with the trade unions had been completed and a report drafted. She added it would also be beneficial for board members to contact the lead for the network to recognise their support and to become an ally.	
Resolved:	- The report be noted .	
197/20	FINANCIAL ANNUAL ACCOUNTS	
	<p>A report and presentation setting out the financial annual accounts for 2019-20 was received.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - This was the first set of accounts for Swansea Bay University Health Board; - Drafts had been received by the Audit Committee on 27th May 2020 and in final version earlier that morning; - Analytical review was hard to undertake given the challenges of the Bridgend boundary change and Covid-19, with the latter likely to be a challenge for a number of years; - The health board reported a deficit of £16.284m for 2019-20. While this was within the final forecast position of £16.3m, it means it exceeded its revenue resource limit by £58.58m. which was a failure to meet the financial duty; - The health board met its capital resource limit and reported a position of £0.028m. This has also been achieved on a three-year rolling basis of £0.110m; - The health board did not have an approved three year-plan, which was a failure to meet the financial duty; - Partnership working had been undertaken with Audit Wales as part of the review of the accounts, with minor changes recommended and accepted in full. <p>In discussing the report, Martin Sollis advised that the Audit Committee had fully scrutinised the draft and final accounts and recommended them to the board for approval. He offered his congratulations to the finance team for its work during a challenging time to produce an excellent set of accounts. Emma Woollett concurred and placed her thanks on record.</p>	

Resolved:	- The audited annual accounts for 2019-20 be approved .	
198/20	AUDIT WALES ISA 260 AUDIT OF FINANCIAL STATEMENTS (INCLUDING THE LETTER OF REPRESENTATION AND RESPONSE TO AUDIT ENQUIRIES)	
	<p>The Audit Wales ISA260 audit of financial statements (including the letter of representation and response to audit enquiries) was received.</p> <p>In introducing the report, Jason Blewitt highlighted the following points:</p> <ul style="list-style-type: none"> - Audit Wales placed on record their thanks to the finance team for the work to compile the accounts for review; - It was an unusual year in which to undertake an audit, but the work had been successful; - There were no relationships which could affect independence or objectivity of the auditors which needed to be raised with the board; - The intention was to issue an unqualified opinion, with the Auditor General providing a regularity report with a qualified opinion due to the failure to meet two financial duties; - The opinions would be issued once the letter of representation was received; - The report included a paragraph which recognised the contingent liabilities relating to clinical pensions taxes; - There were no uncorrected mis-statements or significant issues to bring to the attention of the board. 	
Resolved:	- The Audit Wales ISA260 audit of financial statements (including the letter of representation and response to audit enquiries) be approved .	
199/20	HEAD OF INTERNAL AUDIT REPORT	
	<p>The annual report of the head of internal audit for 2019-20 was received.</p> <p>In introducing the report, Pam Wenger highlighted the following points:</p>	

	<ul style="list-style-type: none"> - The report had been considered by the Audit Committee in May 2020; - It was a positive report which set out an overall <i>reasonable assurance</i> rating for the health board's system of control; - It was recognised that there had been a number of limited assurance reports and the actions needed to be addressed; - Thanks was offered to the executive team for the support provided during the year; - Due the Covid-19 pandemic, a number of audits remained in final draft and these had been incorporated; - The overall opinion formed part of the accountability report. <p>In discussing the report, the following points were raised:</p> <p>Reena Owen noted that the follow-up audit for fire safety had been deferred and queried if this was planned for the upcoming year in light of some of the concerns surrounding the area. Pam Wenger responded that it had been deferred while focus was given to addressing the immediate health and safety notices issues by the Health and Safety Executive (HSE). Gareth Howells confirmed that it would be in the plan for the coming year. Tracy Myhill provided assurance that a significant amount of work had been undertaken in relation to the HSE immediate action notices and the health board had complied fully.</p> <p>Martyn Waygood commented that it was disappointing to see the limited assurance ratings for the World Health Organisation (WHO) checklist as well as the discharge policy and this would be monitored by the Quality and Safety Committee.</p>	
Resolved:	<ul style="list-style-type: none"> - The report be noted. 	
200/20	ACCOUNTABILITY REPORT	
	<p>The accountability report for 2019-20 was received.</p> <p>In introducing the report, Pam Wenger highlighted the following points:</p> <ul style="list-style-type: none"> - A draft had been considered by the Audit Committee in May 2020 with the final version approved that morning; 	

	<ul style="list-style-type: none"> - Comments from board members, internal and external audit and welsh Government had been incorporated with no major issues raised; - There had been some key compliance issues reported during the year which were detailed in the report, including in relation to health and safety and the Human Tissue Authority; - References were also made to external support and reviews, acknowledging progress against recommendations was on hold in response to the pandemic; - As noted in the annual accounts and ISA260, the health board had failed to meet two of its financial duties and a breach in standing orders was reported to the Audit Committee in relation to the refurbishment of ward 12 at Singleton Hospital; - Good progress had been made in terms of the risk management process and board assurance framework. <p>In discussing the report, the following points were raised:</p> <p>Tracy Myhill, as the accountable officer, confirmed her satisfaction that the report was an accurate reflection of the year and the progress made. She stated that the system of internal control was generally sound but it was recognised that there were improvements to be made. It was pleasing to see the recognition from Audit Wales that an ambitious transformation programme was being delivered despite the significant impact of Covid-19. Notwithstanding the level of tragedy, the pandemic had provided an opportunity to accelerate transformation and change, and this left the health board in a better place in a number of ways.</p> <p>Matt John advised that the date he started as associate director of digital services needed amending.</p> <p>Maggie Berry stated that she had minor changes to raise which she would do outside the meeting.</p>	
Resolved:	<ul style="list-style-type: none"> - The report be noted; - The annual governance statement be approved, subject to the changes discussed; - The remuneration report be approved. 	
201/20	COVID-19 UPDATE	

	<p>A report setting out an update in relation to Covid-19 was received.</p> <p>In introducing the report, Keith Reid highlighted the following points:</p> <ul style="list-style-type: none"> - Covid-19 was still prevalent and the health board remained in its responsive phase, continuing to delivering services the local population; - 24 countries within Europe had seen a resurgence in cases following the easing of lockdown measures as well as America and China; - The release of lockdown within Wales and the UK would be critical for the health board in terms of further peaks; - The grip and control (gold, silver and bronze) arrangements remained in place with gold now meeting twice a week. This could be increased if necessary; - Workforce continued to be an area of concern; - Antibody testing had commenced, starting with education staff, with 4,000 tested as well as 2,000 healthcare staff; - Personal protection equipment (PPE) supplies were at a robust and sustainable level; - Adherence to social distancing where possible was continuing; - The care home testing programme had been completed. <p>In discussing the report, the following points were raised:</p> <p>Nuria Zolle queried whether the message for staff to work from home where possible remained in place. Tracy Myhill advised that an organisational-wide survey was to be released on 29th June 2020 seeking staff views on working from home, recognising that some enjoyed it whereas others did not. She added that the health board would continue to be cautious even if the social distancing zone was reducing from two metres to more than one and there would be significant changes to current practice.</p> <p>Nuria Zolle asked whether it was possible Wales would change its approach to antibody testing as some home nations were concerned it could lead to a false sense of security. Keith Reid responded that he understood the concerns. He added that a positive result would not lead to a release in restrictions for the individual as there was no guarantee reinfection would not occur so any new symptoms would need to be tested. He added that staff would still need to continue to wear PPE if their roles required it.</p> <p>Martyn Waygood queried whether there was any data to demonstrate the level of accuracy of the antibody tests. Keith Reid advised that it had been fully tested within England and there was no evidence to question</p>	
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	<p>its accuracy. He added that it was important to remember no test was foolproof and there were numerous variables which could result in a false result.</p> <p>Martyn Waygood sought clarity as to whether there were dates by which the buildings which housed the field hospitals were to be handed back to the owners. Chris White responded that the health board had the Bay Hospital for a longer period of time than Llandarcy. The former was currently being used for antibody testing. He added that consideration was currently being given to determine what arrangements were needed to maintain the field hospitals should a second wave occur. Siân Harrop-Griffiths commented that discussions were taking place with Hywel Dda University Hospital as to potential regional solutions for the field hospitals.</p> <p>Reena Owen recognised the significant pressure on staff and queried whether annual leave was being encouraged to be taken, including at a senior and executive level. Hazel Robinson stated that the efforts by staff had been exemplary from the top down and all were being encouraged to take leave to rest and recover in case a second peak occurred. She added that an annual leave protocol was in development in partnership with the trade unions.</p> <p>Reena Owen queried the rationale of the antibody tests if they provided no assurance as to immunity to the virus. Keith Reid responded that it satisfied a personal curiosity but also helped to build a pattern of the spread of the virus, particularly in areas which may have been vulnerable.</p> <p>Mark Child noted the report referenced 193 fatalities but he was aware that the number in Swansea alone was 102 and queried the discrepancy. Keith Reid advised that there were different ways in which deaths were reported and the 193 figured referred to hospital deaths. He added the overall figure for Swansea Bay was 295 into which deaths outside hospitals were incorporated.</p> <p>Mark Child queried the level of confidence that self-testing within care homes was being administered correctly. Keith Reid responded that as part of the four-week testing programme, the health board included training staff to administer the test, so there was confidence that it would be done correctly.</p> <p>Mark Child queried whether there were plans in place to manage any clusters which appeared similar to that in other parts of Wales, particularly food processing companies. Keith Reid advised that there were plans in place across Wales, but the health board also had access to clinical experts in a number of fields should a cluster outbreak occur in one of its areas. He added that mobile testing units were also available and testing in large settings could be undertaken, so there was confidence that the health board was well prepared. In terms of food</p>	
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	<p>processing facilities, an all-Wales strategy across a number of sectors was in place to do a review on behalf of Public Health Wales, and on a local basis, the health board was identifying large employers to develop communications at an early stage before any issues arose.</p> <p>Emma Woollett stated that the report was a good illustration of the level of work that was still ongoing.</p>	
Resolved:	<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. 	
202/20	TEST, TRACE AND PROTECT	
	<p>A report providing an update in relation to test, trace and protect was received.</p> <p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - The health board had relatively low numbers of positive cases compared with others, with around just over 40, most of whom were critical care workers; - Mutual aid and testing support had been provided to Betsi Cadwaladr University Health Board over the weekend as part of the response to its cluster outbreaks. This had been a learning opportunity for the testing teams; - There was low uptake by the general public to book testing appointments via the electronic portal; - A digital records management system was in place but could not yet be interrogated for reporting. This made understanding the totality of requests challenging, therefore discussions were taking place at the multi-agency silver group as to how to work through the number of new cases and contacts; - The contact tracing team currently comprised staff who had been redeployed or were shielding, the availability of whom would reduce once services restarted. Discussions were taking place with Welsh Government on a joint basis with the local authorities as to the requirements needed to start recruitment, for which there would be financial implications; 	

	<ul style="list-style-type: none"> - Staffing options were being worked through by the workforce cell but if test request levels continued to be low, it was possible a fewer number of staff would be needed; - Testing capacity use was high following a slow start. <p>In discussing the report, the following points were raised:</p> <p>Emma Woollett commented that supporting another health board demonstrated how well the organisation was managing the programme.</p> <p>Reena Owen queried whether there had been any resistance by those who tested positive to identify possible contacts. Keith Reid advised that there had not been any significant resistance but there were sanctions available should they be needed. Siân Harrop-Griffiths added that as the calls were made from non-identified numbers, there were some concerns amongst members of the public who were cautious about answering in case of a scam. She stated that communications were being developed in relation to this as well as work to establish a recognised number.</p> <p>Martyn Waygood noted that the general booking appointments were only available for the Margam testing centre and queried if there were plans to extend this to the Liberty Stadium. Siân Harrop-Griffiths advised that it would depend upon demand, as neither centre was maximising its capacity in terms of testing currently. Keith Reid added that the electronic portal only supported one testing unit per organisation, but the public were being encouraged to use the telephone booking system as well.</p>	
Resolved:	<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. 	
203/20	APPROACH TO RECOVERY, LEARNING AND INNOVATION	
	<p>A report providing an update in relation to the reset and recovery programme was received.</p> <p>In introducing the update, Hannah Evans highlighted the following points:</p> <ul style="list-style-type: none"> - The report had been received at the Quality and Safety and Performance and Finance committees earlier that week; 	

	<ul style="list-style-type: none"> - The approach with the Welsh Government essential services group was ongoing and was feeding into the health board's programme of work; - An internal co-ordination group was in place to oversee the arrangements and to increase capacity in surgery and diagnostics safely, as well as link in with the cancer pathway in-line with clinical, social distancing and infection control requirements; - The clinical executive directors were heavily engaged with the work; - Priority cells were in place for a number of workstreams and were developing action plans and timescales. <p>In discussing the report, the following points were raised:</p> <p>Reena Owen noted that a significant amount of work was being undertaken to bring services back online but the Performance and Finance Committee needed more assurance as to the timescales and the key priorities. She added that the committee had also recognised the need to differentiate between the expenditure for Covid-19 and non-Covid-19 as well as its requirement to understand why fewer people were accessing services.</p> <p>Martyn Waygood provided assurance that an extensive discussion had taken place at the Quality and Safety Committee in relation to the report and had raised some concerns regarding theatre efficiency. He added that the progress in terms of innovations had been impressive but more assurance was needed as to the process to prioritise patients.</p> <p>Emma Woollett commented that it was pleasing to see the level of scrutiny undertaken by the committees.</p>	
Resolved:	<ul style="list-style-type: none"> - The update on the reset and recovery programme be noted. 	
204/20	PERFORMANCE REPORT	
	<p>The performance report was received.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - This was the first formal submission to the board in public since the start of the pandemic; - While it was as close to the pre-pandemic version as possible, some measures were not available for reporting as data was not currently being reported; - The report provided a 'look back' approach whereas the reports in relation to essential services were a 'look forward'; 	

	<ul style="list-style-type: none"> - There was a high level of performance in relation to the Mental Health Act and Measure, with performance similar to that prior to the pandemic. However, improvements were needed in terms of access to the neuro-developmental disorders service; - There had been a considerable change to the unscheduled care system in response the pandemic; - Since January 2020, the red call response time of 65% had been met consistently; - Ambulance handover delays and 12-hours waits had reduced significantly; - Attendances at the emergency departments had decreased significantly at the start of the pandemic but had started to return to normal levels; - Improvements had started to be evident in terms of the four-hour waits due to the winter plan implementation late in 2019. Performance was close to 88% in June 2020, which was in the context of increased attendances with the system adjusting to new pathways; - There had been material improvements in terms of the numbers of medically fit for discharge patients waiting to leave hospital; - There had been a dramatic reduction of referrals for planned care from GPs but these were starting to increase again; - While it was possible some patients had had their needs addressed by alternative/virtual means, it was possible that the health board could receive a significant amount of referrals once lockdown eased; - While the planned care waiting list was not really increasing in size, the length of wait was going up due to the reduction in services; - Discussions were being undertaken as to diagnostics opportunities; - There were breaches to the 62-day cancer target and the backlog was significant, but these cases were now starting to be addressed; - There has been small increases in the number of incidences of <i>clostridium difficile</i> and <i>pseudomonas</i> infections. <p>In discussing the report, the following points were raised:</p> <p>Emma Woollett stated that the report was informative in light of the current situation.</p>	
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	<p>Reena Owen advised that she was concerned as to the numbers of people waiting for planned care and cancer treatment and the Performance and Finance Committee had heard in detail the work being undertaken to start services back up in the context of a potential second wave of cases. She added that assurance was needed as to how potential harm was being avoided and how patients were prioritised, but it was acknowledged that theatres were unable to undertake the level of cases which they could previously. Richard Evans referenced a paper in a medical journal which discussed the issue of harm being more complex than the delivery of a service and suggested that operations for men over the age of 70 were currently a significant risk and therefore may not be the right thing to do. He added that every patient's outcome was different and needed to be carefully considered. Chris White explained that prior to the pandemic, it took seven or eight staff to run a theatre, which could take four patient on each list. However, now it was 21 staff and two cases per list. He added that the pre-operative assessment process was now more complex, and all patients, and their families if relevant, were asked to self-isolate for two weeks before the procedure so they could come in as 'Covid-19-free' as possible.</p> <p>Martyn Waygood referenced the recent concerns of the Quality and Safety Committee in relation to ophthalmology waits, adding that the issues of priority and harm were addressed here, and that a similar process might be taken in response to the pandemic. However, he also stressed that the health board was in a good position taking into account the situation it was having to manage. Chris White advised that a priority framework had been issued by Welsh Government. Within the health board, work was being undertaken to ensure capacity was available for those categorised as 1a or 1b (treated in 24 or 72 hours respectively); more capacity was needed to treat patients categorised as two (treated in four weeks) and it was important to understand that the ability to treat those patients in categories three and four would be very limited for a number of months.</p>	
Resolved:	<ul style="list-style-type: none"> - The health board performance against key measures and targets be noted. 	
205/20	FINANCIAL REPORT	
	<p>A report providing an update on the financial position was received. In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - The month two position was a deficit of £15.629m; - The pay overspend had increased from month one by £3m as the expenditure for flexing staff during the pandemic caught up; 	

	<ul style="list-style-type: none"> - The biggest impact of non-pay expenditure was the equipping of field hospitals, which had now been classed as revenue rather than capital in-line with Welsh Government requirements; - Covid-19 costs were being broken down and reported to Welsh Government in a transparent way, as well as the challenges to deliver savings; - £11.8m costs had been incurred to equip the health board with PPE; - There had been cost reductions in some areas due to non-activity; - The health board was £7.4m overspent on its capital allocation and discussions were taking place with Welsh Government to manage this; - Performance against the public sector payment was below the target at 94.33%. <p>In discussing the report, Emma Woollett recorded her thanks for the finance team for its continued efforts during challenging times.</p>	
Resolved:	<ul style="list-style-type: none"> - The board's financial performance for period two (May) 2020-21 be considered and commented upon; - The Covid-19 revenue impact for period two 2020-21 be noted. 	
206/20	KEY ISSUES REPORTS	
	<p>(i) <u>Audit Committee</u></p> <p>A report setting out the key discussions of the Audit Committee held in May 2020 was received and noted, with the board hearing that a good assurance had been received in relation to financial governance and an audit in this arena had now commenced.</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 May 2020 was received and noted.</p> <p>(iii) <u>Health and Safety Committee</u></p> <p>A report setting out the key discussions of the Health and Safety Committee held in June 2020 was received and noted.</p>	
207/20	QUARTER TWO PLAN	
	A report providing an update on the development of the quarter two plan was received .	

	<p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - The drafting of the quarter two operational plan was underway with a first draft written; - Planning assumptions had been agreed as well as a diagram to address the issues relating to harm and the need to be clear on priorities; - Some of the required performance measures relating to Covid-19 were not ones currently used by the health board; - The four areas of harm from Welsh Government's framework were in use and it had been agreed that priorities and measures would be developed to align with these to give a focus on outcome and harm; - Guidance required bed occupancy to be between 85%-92%; - Workforce modeling was under consideration. 20% affected had been assumed for quarter one but this had not materialised, so 15%/16% was the focus for quarter two; - Care was being given to maintain some levels of bed/social distancing and should the 2m rule be reduced in England, it would remain in force within the health board; - Revised capacity requirements in case of a second peak had been issued by Welsh Government as well as modeling requirements; - Further guidance in relation to essential services was expected; - The final draft of the plan would be considered at the senior leadership team meeting the following week, and would be approved by chair's action prior to submission to Welsh Government by 3rd July 2020. <p>In discussing the report, the following points were raised:</p> <p>Hannah Evans advised that an additional template had been received for completion. While the health board was confident that it would be able to complete it, it was working with Welsh Government to influence what was required for the submission. More information had been requested in terms of demand and capacity which would be of benefit.</p> <p>Nuria Zolle queried whether the health board was comfortable with the bed capacity requirement. Siân Harrop-Griffiths responded that it was interesting the requirement went to 92%, as the optimum according the regular guidance was 85%. However, there was capacity to meet the requirements.</p> <p>Nuria Zolle sought an update in relation to Brexit and if any requests had been received nationally to restart the planning for a 'no deal'. Siân</p>	
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	<p>Harrop-Griffiths advised that Brexit would be incorporated into the quarter two plan and Welsh Government had asked for a plan for a 'no deal' situation. She added it was possible that a second spike of the virus could occur at the same time that as Brexit and consideration would be needed if there was capacity to do both.</p> <p>Martyn Waygood stated that it was pleasing to see infection control included and noted that it would be important to resource this adequately. Gareth Howells responded that the recruitment process for domestic staff was ongoing and a key piece of work during the pandemic was to use the extra capacity as decant space to deep clean areas, which had already started at Neath Port Talbot Hospital.</p> <p>Martyn Waygood queried the plans for the year for the flu vaccine. Keith Reid advised that the planning process had started. It would need to work differently this year as staff drop-in sessions could not be accommodated in-line with social distancing, so a peer vaccinator scheme was to be established. He added that discussions were continuing in terms of vaccination options for the public.</p>	
Resolved:	<ul style="list-style-type: none"> - That the NHS Wales operating framework for quarter two has been received and the quarter two operational plan was in development be noted; - That the deadline for submission of the draft plan to Welsh Government was 3rd July 2020 and chair's action would be taken for approval to submit it be noted. 	
208/20	GOVERNANCE ARRANGEMENTS	
	<p>A report setting out proposed governance arrangements for quarter two was received.</p> <p>In introducing the report, Pam Wenger highlighted the following points:</p> <ul style="list-style-type: none"> - The report set out the proposed governance arrangements for quarter two as discussed with the Chair, Chief Executive and executive board; - Appended was the guidance from Welsh Government which had been incorporated into the suggested work programmes for the committees; - As more meetings were taking place virtually, an etiquette had been developed; - Given the success of virtual meetings, consideration would be given to continuing them even when meetings could take place without social distancing requirements. 	

	<p>In discussing the report, the following points were raised:</p> <p>Emma Woollett offered her thanks to the corporate governance team for the work to rapidly change the governance arrangement in response to the pandemic and to members of the board for their flexibility.</p> <p>Hazel Robinson advised that the formal Workforce and OD Committee would now take place in July 2020 as opposed to June 2020.</p>	
Resolved:	<ul style="list-style-type: none"> - The report be noted; - The proposals for board and committee arrangements be approved. 	
209/20	RESPONSE TO QUESTIONS FROM MEMBERS OF THE PUBLIC	
	No questions from members of the public had been received.	
210/20	ANY OTHER BUSINESS	
	There was no further business and the meeting was closed.	
211/20	EVALUATION OF EFFECTIVENESS OF THE MEETING	
	Emma Woollett invited board members to submit feedback on the meeting to her directly.	
212/20	DATE OF NEXT BOARD MEETING	
	The date of the next public board meeting was 30 th July 2020.	