



Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>30 July 2020</b>	<b>Agenda Item</b>	<b>2.1</b>
<b>Report Title</b>	<b>Responding to COVID-19</b>		
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<b>Report Sponsor</b>	Dr Keith Reid, Director of Public Health		
<b>Presented by</b>	Dorothy Edwards, Deputy Director of Transformation  Dr Keith Reid, Director of Public Health  Karen Jones, Head of Emergency Preparedness Resilience and Response		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	The purpose of this report is provide an update on the Health Board response to COVID-19.		
<b>Key Issues</b>	<p>We have not seen any further peaks in COVID-19 demand in June/July and overall hospital activity remains low.</p> <p>Testing has been a key focus of work throughout early summer and we continue to offer antigen testing to anyone who is symptomatic; although demand for antigen testing has decreased in the general population and for critical and health workers. The level of positive test result within those tested remains low. Antibody testing was rolled out in June and to date over 15,000 individuals have been tested.</p> <p>As part of the Q2 plan, work is underway to consider our service response to future waves of COVID-19 and to also ensure a robust and integrated winter plan that recognises broader risks including those relating to EU exit in January 2021.</p> <p>Response arrangements remain adaptable in line with the current situation.</p> <p>The Board provided comprehensive evidence to the Health, Social Care and Sport Committee in July on the response to the Pandemic.</p> <p>Work has begun to scope out mass vaccination and the delivery of influenza vaccination as an adjunct to the COVID-19 response.</p>		

<b>Specific Action Required</b> <i>(please choose one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> progress in responding to COVID-19 and key activity during June and July</li> <li>• <b>NOTE</b> the overarching critical risks to the Health Board at this time.</li> </ul>			

## UPDATE IN RESPONDING TO THE CORONAVIRUS PANDEMIC

### 1. INTRODUCTION

The purpose of this report is to update Swansea Bay University Health Board on the continuing response to the COVID-19 pandemic.

### 2. BACKGROUND

The Board established its preparedness and response framework to the global pandemic on the 31<sup>st</sup> January 2020 in response to the growing national and international threat from the Wuhan Coronavirus 2019. Since then, a significant amount of work has been undertaken across the Board both in terms of preparedness during February 2020 and in responding to the pandemic since March 2020.

Since the Board last met, there has been a gradual easing of lockdown restrictions in Wales with the removal of the 5-mile travel restriction; opening of some part of the tourism and hospitality sector and the gradual reintroduction of some service sectors. Patients who are shielding will be paused in mid-August.

The Health Board recently provided evidence to the Health, Social Care & Sport Committee along with colleagues in Cardiff and Vale, Hywel Dda and Cwm Taf Morgannwg University Health Boards. This was undertaken via a written submission and oral questioning by Committee members in which the Chair, Chief Executive and Medical Director took part. Members of the Committee were interested in a wide range of issues including PPE, testing, essential services, mental health provision, cancer services, planned care backlog, primary care, workforce impact and an assessment of the impact of coronavirus on the Board's financial position. Independent Members have received a copy of the written submission and also background information. Board members can access a recording of the session via Senedd TV.

In July, along with other NHS organisations, we celebrated the 72<sup>nd</sup> birthday of the NHS which provided an opportunity locally to publicly recognise and thank our hard working staff who have continued to provide exceptional care to the population of Swansea Bay.

The Board remains in a response phase in light of the ongoing pandemic. The overall number of COVID-19 related admissions to hospital has continued to decrease, and there only 5 positive cases in SBUHB hospitals in the first 2 weeks of July including that community transmission is low. As at 16<sup>th</sup> July, around 3,500 people have been admitted into Swansea Bay hospitals with COVID-19 symptoms (which includes both suspected and confirmed), 332 confirmed positive cases and 195 deaths (those who have tested positively and subsequently died within a 28-day period) including current admissions.

In Wales, the number of people having a positive test result at the height of the pandemic was 45 in 100; this is now estimated as being 0.5%.

### **3. GOVERNANCE**

#### **Leadership, Operational Management and Control Arrangements**

The COVID Coordination Centre (CCC) has continued to operate and the governance structure remains in place. Since the last Board meeting the following changes have been made; Gold has continued to meet twice weekly but will be reducing to once weekly from week commencing 20<sup>th</sup> July 2020. Units have maintained Silver Command arrangements, including a dedicated Community Silver meeting that coordinates the health and social care response. A series of triggers/early warning measures are being considered, as well as a horizon scanning process as part of an escalation process.

In addition, a daily SITREP is submitted via the South Wales Local Resilience Forum, (SWLRF), where the respective multi-agency organisational risks are collectively monitored as part of the Strategic Coordination Group, (SCG). Currently, the SWLRF is transitioning to the Recovery Coordination Group, (RCG) and it is expected that the SCG will move into a dormancy phase by the end of July 2020 and the transitional risks will be monitored through the RCG.

Since the last meeting Executive Board have considered a report summarising the key learning from the response to date following a series of 'hot debriefs' that took place in June. The report highlighted that as well as a number of frustrations, difficulties and challenges, there have been many positive aspects to the planning and response to the pandemic.

The report emphasised that currently the Health Board is in a stabilisation, comparative recovery phase. It is recommended during this time to use review the key learning and ascertain how it can be embedded and this part is linked to the quarter 2 and 3 planning; considering some practice that needed to end, practice that should be amplified and the services that now should be re-started.

The recommendations were that we need to remain vigilant and to consider how to maintain a proactive focus in particular:

- Preparedness; with particular focus on anticipatory and scenario planning
- Response; noting that incident planning and response should be intrinsically linked with allowance for teams to reconnect, to peer review and to learn and adapt
- Command, Control and Coordination; recognition of a consistent approach at a strategic, tactical and operational level, building on the wealth of professional working behaviour that has evolved
- System Architecture; through a Health Board wide review of services aligned to the NHS Wales COVID-19 Operating Framework
- Risk based approach; to allow a more predictive, proactive planning approach
- Judicious consideration; as recognised that the Executive Team have required time for physical, intellectual and emotional energy to adequately consider policy and planning.

Over the last month, a number of requests have been received for submission of various evidence data to support external and internal audits. Also, the Government have confirmed that a public inquiry will occur. Consequently, and in anticipation that the Health Board will be required to attend inquires, the Executive Board have agreed to support the employment of an archivist on a fixed term contract to support the Board in maintaining a comprehensive record of the emergency and its response. It is believed that we are the first Health Board in Wales to consider such a role, but it is vital that documentation is preserved correctly for use in any future inquiries and in the defence of future claims. The post is currently out to advertisement and an appointment is planned for September 2020.

### **System Wide Capacity Planning & Delivery**

Early on in the response, each Delivery Unit was asked to develop response plans. On 4<sup>th</sup> April, the Chief Executive of NHS Wales asked Health Boards to reassess their capacity plans taking into account the Reasonable Worst Case (RWC) modelling assumptions with 40% mitigation which assessed that Wales would require 900 critical care beds and an additional 10,000 general acute care beds to cope with the anticipated peaks in demand. For SBU, this equated to 112 critical care beds (increase from a baseline of 43 beds across general ICU and Cardiac Critical Care), and 1,242 additional general acute beds.

On 12<sup>th</sup> June 2020, Welsh Government released information from the COVID 19 Technical Advisory Cell that provided an interpretation of the new SAGE Reasonable Worst Case Scenario for Wales. This was based on modelling undertaken by Warwick University. Welsh Government wrote to all Health Boards on 24<sup>th</sup> June 2020, setting out a potential capacity requirement for each Health Board in the event of a 2<sup>nd</sup> Peak. In Swansea Bay, this indicated that we need to have plans that could adapt to deal with the potential requirement for 46 critical care beds and 621 General Acute beds to be able to respond to COVID. This is in addition to general emergency admission capacity and beds required to support planned care. It should be noted that this would only be required if a 2<sup>nd</sup> peak eventuality occurred and is intended to be Health Boards with an understanding of the level of contingency required. We understand that further specifically Welsh modelling is underway and will be available during August.

As part of our Q2 plan and development of plans for Q3, Senior Leadership Team considered a range of scenarios and some service options that will support the Board in developing flexible and adaptable capacity plans. An Operational Planning Group (OPG) has been established to oversee the development of detailed plans.

Welsh Government have commenced scenario planning and on the 14<sup>th</sup> July the Health Board participated in a briefing in order to forward ideas and to capture the various scenarios that are required. As part of this, it is important to consider the co-occurrence of winter, the potential for further waves of COVID-19, influenza season, other seasonal infections and EU exit, present a significant risk to the delivery of health care and pose the potential for a 'perfect storm'. We also need

to continue to be mindful of the potential for other concurrent emergencies during the pandemic.

There are common risk factors that need to be considered including workforce vulnerability (including in other sectors such as social care); the continued supply of clinical and non-clinical consumables, the availability of Infection Prevention and Control support and the delivery of capacity to support COVID, emergency and planned care patient flows. It is important to recognise human factors and the risk of fatigue, disengagement and trauma as a result of a sustained period of pressure on the NHS. Flexible workforce models will continue to be a strong element of our plans over the winter.

We are proposing to test capacity plans against a range of assumptions during August and September and to test a number of discrete elements, including PPE. Our Q2 plan outlined the need to maintain access to field hospitals as a key part of our contingency arrangements. Our approach is likely to change in Q3 to move towards delivery of a single site field hospital model. The potential for regional solutions, supported by a regional workforce model, are also under consideration. In the meantime, the Bay Field Hospital is being utilised to support antibody testing and there are a number of other options being explored to maximise its usage during this period including as a central stock management option for PPE stock lines.

Our command arrangement need to continue to flex and a review of Gold, Silver and Bronze level arrangements is underway, including the potential to operationalise the Health Board Command Centre (originally planned to support the Board in escalation to super-surge) to support the management of patient flow as part of our winter response.

Finally, a new rapid discharge service was rolled out on 1<sup>st</sup> July. This builds on the pre-existing Hospital to Home model and reflects rapid discharge guidance produced by Welsh Government in April.

## **Workforce**

A Workforce Silver group is in place to coordinate workforce activity, prior to this a Bronze group was operational from February. This group have overseen the production and response of eight sets of Frequently Asked Questions.

There has been significant recruitment to support COVID activity and the additional staffing resource required for field hospital. However, there have been high attrition rates at all points in the process and the number of applicants has decreased recently. Going forward, whilst there has been significant success in expanding the workforce as part of the COVID-19 response, through students, returning professionals, and new recruits, much of this additional workforce is temporary and although this may not affect Q1, going forward into Q2 contingency plans have been put in place in the context of more sustainable workforce planning for the future. This includes factoring those students who will be either shortly be returning to study or who will qualify in coming months.

The health board is also factoring the anticipated requirement and levels of workforce supply and deployment we need to provide to support other emerging priorities such as TTP. Plans are addressing solutions needed both in the short term and medium/long term. Workforce planning continues to need to be flexible and responsive as requirements and assumptions change.

Workforce Silver have overseen the development of a comprehensive staff health and wellbeing service and have flexed capacity in both occupational health and broader wellbeing services throughout the response. The Board has also invested in TRiM which is a trauma-focussed peer support system designed to help people who have experienced a traumatic event. The Health Board has been working with external partners to develop a trauma management model across the organisation.

This model is a trauma-focused peer support system compliant with the PTSD management guidelines produced by NICE. The approach is through peer-delivery with identified and suitably trained team members trained as practitioner's in order to facilitate the process within their own teams.

The purpose of the model is to:

- Keep employees, mentally well, resilient and functioning by providing support & information post incident
- Identify those who are not coping early enough to signpost them on to specialist support
- Demonstrate a legal and moral duty of care to employees both in times of crisis as well as during times of business as usual
- Help to break the stigma of mental health and needing to 'plough on' regardless
- Reduce the numbers of front line staff taking time of sick leave due to stress related illness.

Following the release of the All Wales COVID-19 Risk Assessment Tool which has replaced the temporary arrangement its availability and use has been actively promoted and made available to staff with local guidance reflected in FAQ. Units have been active in promoting the assessment tool and the HB has used our BAME network to also encourage staff to make use of the tool.

## **Testing**

There is a separate report on the Test, Trace and Protect Programme on the agenda which provides further detail on testing.

In summary, in excess of 17,600 antigen tests and over 15,000 antibody tests have been undertaken. Data from Public Health Wales confirms that the SBUHB aggregate testing numbers have been consistently high when compared with other Health Boards in Wales. The care home testing programme was completed for all care homes and residents by 20<sup>th</sup> June and care home workers are able to

access weekly testing via the Government portal. The rate of positive cases for care home staff is now 0.1%.

In July around 4,000 education workers have been tested for antibodies via the Bay Field Hospital and this was completed over a 3-week period. The remainder of antibody tests were undertaken on health care workers, mostly on hospital sites, although the Bay Field Hospital is now being utilised for mental health workers and other non-hospital based staff. A significant proportion of our workforce has now been tested for antibodies (in excess of 75%). We await analysis from Public Health Wales on the intelligence that this data offers in surveillance terms. Initial indicators are that around 4.3% of education workers tested positive for antibodies.

The Wales Testing Strategy was released by the Minister for Health and Social Care on 15<sup>th</sup> July 2020. This sets out 4 clear national priorities:

- **Controlling and preventing transmission of the virus by supporting contact tracing** – to prevent and protect spread of the disease amongst the population and to trace the spread of coronavirus, understand transmission dynamics and to ensure that testing can support targeted action through local outbreaks in communities or within business
- **Protecting Our NHS Services** – to prevent, protect and deliver testing to support the safety of staff, patients and clients
- **Protecting vulnerable groups and managing increased transmission rates** – to safeguard and control infection in groups, communities or settings where there are greater risks
- **Developing future delivery** – to utilise health surveillance and new technologies to improve our understanding of the virus through the use of intelligence and to innovate new ways to test across the population

Each Health Board is expected to develop a Local Testing Plan to reflect the national priorities and actions set out in this strategy. An initial session to scope out the Health Board response took place on 16<sup>th</sup> July and the aim will be to produce a local testing plan by mid-August for wider engagement with stakeholders.

Our response arrangements around both antigen and antibody testing need to remain flexible and adaptable over short and medium term to ensure that we have an agile local response, particularly over the winter period. We will continue to need access to Community Testing Units, as well as mobile testing responses to support local outbreak management and ensure accessible testing routes for the public. We will be testing a new booking portal with the support of Welsh Government and Deloitte from 17<sup>th</sup> July which will simplify the process of testing members of the general public. The national plan indicates that home testing kits may also be used as part of the all Wales response.

### **Supplies, Personal Protective Equipment (PPE) & Equipment**

The availability of supplies, personal protective equipment and other equipment continues to be a focus of our response. The position on PPE availability has

stabilised and from mid-May, all local stores have held a minimum of 48 hours supply with further supplies held within HB stores equivalent to around a week. Our Military Liaison Officer (MLO) has supported a local review of stock management arrangements to ensure that we remain robust in our local handling of PPE. During the winter period, demand for PPE is likely to increase significantly and options are being considered to build up local contingency stock levels. Nationally, the supply chain appears more robust, however, there are reported shortage of specific types of FFP3 masks, which will be eased if expected international supplies arrive as planned into Wales in late July.

Access to critical care and palliative care drugs remains a risk, but due to the decreasing pressure, is not impacting adversely on the delivery of care currently. However, a number of Supply Disruption Alert notices are in place as well as numerous Medicine Shortage Notices.

## **Face Coverings**

A discussion on the policy position around face coverings took place at the Health and Safety Committee on 13<sup>th</sup> July 2020. Members will be aware that nationally there are differences in the approach to face coverings across the 4 devolved nations, and there have been numerous changes in the approach at a UK level. At the current time, Welsh Government have not mandated the use of face coverings for patients attending clinical areas in Wales, nor the broader use of face coverings in public settings, other than public transport (which becomes mandatory on 27<sup>th</sup> July).

We therefore do not routinely supply face coverings to patients, other than where provided for under current PPE guidance in the provision of direct clinical care. There are risks in stepping away from Welsh Government policy and mandating the use of face coverings for staff and patients who are not either providing, or in receipt of, clinical care. The only supply of face coverings available would be Fluid Resistant Surgical Masks (FRSMs). If these were to be supplied more broadly to visitors and staff (who are not in clinical areas) there is a risk of depletion of supplies for clinical staff, as usage has been modelled on national PPE guidance in clinical areas.

There is also a broader risk of a change in behaviour that means that other more effective control measures (such as physical distancing and hand washing) are not followed. This was emphasised recently by the Chief Medical Officer for Wales.

## **Communications and engagement**

We continue to communicate with stakeholders including public, staff and external stakeholders. The main vehicle for staff communication is via a dedicated staff bulletin, weekly blog from the Chief Executive and intranet bulletins. The daily bulletin has now been stepped down to three times a week (in line with Gold meetings).

Similarly, external stakeholder engagement reflects that we are in a different phase of our response. We continue to provide regular written and verbal briefing sessions with local Members of the Senedd and Members of Parliament and will shortly move these to monthly meetings, the Community Health Council, and Local Authorities and targeted briefings with other key stakeholders.

## **Fatalities**

A review of interim arrangements for managing mass fatalities has been undertaken following a decision made at the start of the pandemic to invest in significant local body storage provision, in addition to provision made available via the South Wales Local Resilience Forum (SWLRF). Following a review of contracts, capacity for local temporary body storage will be scaled back whilst ensuring that there is a sufficient contingency to deal further COVID-19 waves. A financial contribution to the cost of extending one contract for a further 16-week period has been confirmed by Swansea Council. Work is also progressing with a 'Care after Death' centre development to align the Board's approach to the management of death and delivery of bereavement care across the Health Board across service delivery units.

## **Vaccination**

In light of the potential development of a vaccination against COVID-19, and the need to ensure an effective level of immunisation against influenza this winter, it has been agreed that to establish a strategic vaccination Silver cell to ensure that plans are robust and to reflect that influenza immunisation should be considered as an adjunct to the COVID-19 response. It is understood that Welsh Government are seeking to support a test of local counter measure arrangements during August.

## **Physical Distancing**

The Physical Distancing cell was established in June 2020 led by the Deputy Chief Executive to ensure that Social Distancing Regulations are met across the HB, as far as is reasonably practicable.

The cell has focussed on reviewing detailed risk assessments undertaken across the Health Board, and individual visits are being arranged to each main site to ensure consistency of approach and support the risk assessment process. We are also seeking assurances on measures being undertaken to protect staff in buildings that are not within our ownership but where our staff are based. This follows on from initial guidance provided by the national Nosocomial Transmission Group (NTG). Examples of reasonable steps undertaken to reduce the risk of nosocomial transmission and to protect staff are:

- One way systems in operation
- New signage in place including floor markings and posters particularly in communal areas
- Regular and increased cleaning of surfaces

- Screens erected in public facing reception areas
- Virtual waiting rooms in operation.

A second set of guidance from the NTG was released in early July which provided advice on the minimum bed spacing requirements. This guidance mirrors the distancing that should be provided as per Health Building Notes in the construction of new hospitals or the refurbishment of existing ward templates (i.e. A minimum of 3.6m metres between the centre of adjacent beds).

A risk assessment process is currently underway to establish the impact of this across the Health Board and calculate potential loss of capacity. The approach to maintaining physical bed spacing will need to be considered as part of the overall capacity assessment and in light of escalation triggers. In the event of significant system wide pressure, a risk based decision may be required.

Both risk assessment processes will conclude by the end of July and reported to the Health and Safety Committee. A communications campaign is also in development focussing on behavioural aspects including when PPE is not in use – e.g. communal areas, dining areas.

New hospital visiting guidance was received on 15<sup>th</sup> July which supersedes previous guidance. The guidance recognises that we are still in a pandemic, but allows some flexibility in allowing visitors providing that there is a clear purpose. The emphasis remains on maximising outdoor visiting wherever possible and limiting the footfall into NHS facilities.

## **Care Homes**

The pandemic has impacted on care homes in a number of ways, and this continues to be a key area of focus for both Multi-Agency Community Silver and the Health and Social Care Interface Group. Partners have agreed a Multi-Agency Overview Report (included as separate agenda item) to identify any learning from the first wave of the pandemic. A national review has also been commissioned by Welsh Government which will be carried out by Professor John Bolton from the Institute of Public Care at Oxford Brookes University.

## **Digital**

As reported previously, there has been significant advancement in the adoption of digital ways of working during the response to Covid19. We are continuing to issue devices to support home/remote working as prioritised by the Social Distancing cell. Over 1500 additional devices have been rolled out across the organisation since March. MS Office 365 email migration has been completed and the next phase to move file storage to the cloud using MS OneDrive has begun. Office 365 is also starting to be used for other innovations, such as supporting the booking process for antibody testing at the Bay Field Hospital. All inpatient wards at NPT Hospital are live with HEPMA (Electronic Prescribing). This means that all medicine prescribing and administration is now recorded digitally which has significant quality and safety benefits. Furthermore, an essential

services model has been developed to inform demand and capacity planning. This was utilised to underpin the Q2 plan submission to WG and will inform Q3/Q4 planning as well as scenario testing.

Patient registration for the use of the Swansea Bay Patient Portal has increased as services continue to adopt digital ways of working e.g. over 2,000 diabetes patients have been contacted by their lead clinician to encourage them to use the Swansea Bay Patient Portal to support their care and self-monitoring.

#### **4. RISKS**

There are 13 live risks on the overarching Gold risk log with one issue closed since the last Board meeting (equipment provision) and one additional workforce risk around the lack of provision for childcare/school options over the summer holiday period due to the closure of school hubs:

- Access to critical care drugs and fluids
- Access to palliative care drugs
- Oxygen provision
- PPE
- Workforce (3 risks)
- Care Homes
- Capacity
- Delivery of essential services.
- BAME
- Relationships with Staff Representatives
- Test, Track and Protect Programme.

The only risk now assessed at 25 is fragility of care homes. All other risks are now assessed at 20 or below. 8 risks are now in the amber category. All risks are assessed at Gold on a weekly basis.

#### **5. QUALITY, SAFETY & PATIENT EXPERIENCE**

During this challenging time, the Delivery Units are continuing to report into the Quality & Safety Governance Group both COVID and non COVID specific indicators, although this reporting is by way of exception in an abbreviated proportionate form. Reporting of serious incidents, concerns/complaints, risks, patient experience, staff training, safeguarding and infection control continues.

A silver logistic daily nurse staffing cell has been established attended by the delivery Unit Nurse Directors. From these calls it is apparent that staffing of wards/units/other areas is a continual challenge at the present time, which may have an effect on quality, safety and patient experience. This daily logistic safety cell supports across the health board opportunities for deployment of nursing resources and identification of areas of risk and shared solutions to reduce that risk.

## 6. RECOMMENDATION

Members are asked to:

- **NOTE** progress in responding to COVID-19 and key activity during June and July
- **NOTE** the overarching critical risks to the Health Board at this time.

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> <i>(please choose)</i>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
<b>Health and Care Standards</b>		
<i>(please choose)</i>	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
<b>Quality, Safety and Patient Experience</b>		
All indicators of quality, safety and patient experience continue to be monitoring and actions are in place to manage how staff are deployed to ensure that risk is balanced across the Health Board.		
<b>Financial Implications</b>		
Financial implications of the COVID-19 response are being developed and will be shared with the Board. The Director of Finance has overarching responsibility for ensuring that the cost of our response (actual and planned response) are appropriately captured and assessed for discussion with Welsh Government. Planning cells have been asked to complete decision logs for all expenditure above £75k.		
<b>Legal Implications (including equality and diversity assessment)</b>		
Reporting the decisions made in terms of how the Health Board has managed risks and issues will be important in terms of legal cases arising out of the COVID-19 pandemic. Further discussions will take place on how to ensure that the Board has an appropriate information management system in place to support record keeping.		
<b>Staffing Implications</b>		
There are significant workforce implications as a result of responding to the Pandemic and these rest with the Workforce Silver Command to assess and respond to the workforce implications (short and medium term). The importance of focussing on the psychological impact of the pandemic on our current and future staff requirements is a key issue.		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
The Well-Being of Future Generations (Wales) Act (2015) will be assessed as part of the Board's approach to Recovery.		
<b>Report History</b>	<ul style="list-style-type: none"> <li>• Board Meeting 30<sup>th</sup> April 2020</li> <li>• Board Meeting 28<sup>th</sup> May 2020</li> </ul>	

	<ul style="list-style-type: none"><li>• Board meeting 25<sup>th</sup> June 2020</li></ul>
<b>Appendices</b>	No appendices