

**COFNODION Y CYFARFOD BWRDD IECHYD PRIFYSGOL
CYMERADWYO/ APPROVED
MINUTES OF THE UNIVERSITY HEALTH BOARD MEETING**

Date of Meeting:	9.30AM, THURSDAY 28TH MAY 2020
Venue:	BOARDROOM, YSTWYTH BUILDING, ST DAVID'S PARK, CARMARTHEN SA31 3BB

Present:	<p>Miss Maria Battle, Chair, Hywel Dda University Health Board Mrs Judith Hardisty, Vice-Chair, Hywel Dda University Health Board (VC) Mr Owen Burt, Independent Member (VC) Mr Maynard Davies, Independent Member (VC) Professor John Gammon, Independent Member (VC) Cllr. Simon Hancock, Independent Member (VC) Ms Anna Lewis, Independent Member (VC) Mr Mike Lewis, Independent Member (VC) Ms Ann Murphy, Independent Member (VC) Mr Paul Newman, Independent Member (VC) Ms Delyth Raynsford, Independent Member (VC) Mr Steve Moore, Chief Executive Mr Andrew Carruthers, Director of Operations Mrs Lisa Gostling, Director of Workforce & Organisational Development Mrs Ros Jervis, Director of Public Health Dr Philip Kloer, Medical Director and Deputy Chief Executive Mrs Mandy Rayani, Director of Nursing, Quality & Patient Experience Ms Alison Shakeshaft, Director of Therapies & Health Science (VC) Mr Huw Thomas, Director of Finance</p>
In Attendance:	<p>Ms Jill Paterson, Director of Primary Care, Community & Long Term Care Mrs Joanne Wilson, Board Secretary Ms Sarah Jennings, Director of Partnerships and Corporate Services Mr Michael Hearty, Associate Member (VC) Mr Mansell Bennett, Chair, Hywel Dda Community Health Council (VC) Mr Sam Dentten, Deputy Chief Officer, Hywel Dda Community Health Council (VC) Mr Jonathan Griffiths, Pembrokeshire County Council Director of Social Services (VC) Ms Anne Beegan, Audit Wales (Observing) (VC) Ms Clare Moorcroft, Committee Services Officer (Minutes)</p>

PM(20)68	INTRODUCTIONS & APOLOGIES FOR ABSENCE	
	<p>The Chair, Miss Maria Battle, welcomed everyone to the meeting, explaining that this was the first trial of a new virtual meeting format, a recording of which would be made available following the meeting. Apologies for absence were received from:</p> <ul style="list-style-type: none"> • Mrs Karen Miles, Director of Planning, Performance & Commissioning 	
PM(20)69	DECLARATION OF INTERESTS	
	No declarations of interest were made.	
PM(20)70	MINUTES OF THE PUBLIC MEETING HELD ON 16TH APRIL 2020	
	RESOLVED – that the minutes of the meeting held on 16 th April 2020 be approved as a correct record.	

PM(20)71	<p>MATTERS ARISING & TABLE OF ACTIONS FROM THE MEETING HELD ON 26TH MARCH AND 16TH APRIL 2020</p> <p>An update was provided on the table of actions from the Public Board meeting held on 26th March 2020 and confirmation received that all outstanding actions had been progressed. In terms of matters arising:</p> <p>PM(20)35 – Dr Philip Kloer wished to raise a point of accuracy regarding the patient numbers, advising that 17 of the 32 TAVI patients are from HDdUHB, rather than 14 of 32 as stated.</p> <p>An update was provided on the table of actions from the Public Board meeting held on 16th April 2020 and confirmation received that all outstanding actions had been progressed. There were no matters arising.</p>	
----------	--	--

PM(20)72	<p>REPORT OF THE CHAIR</p> <p>Miss Battle introduced her report on relevant matters undertaken as Chair since the previous Board meeting, recognising that it had been a challenging two and a half months. UHB staff have made significant personal sacrifices; their collective efforts are phenomenal and their commitment has undoubtedly saved lives. Miss Battle thanked all staff, including the Chief Executive and his Executive Team. The long-term nature of this situation was emphasised, with a commitment made to continue to protect the public and staff. Miss Battle also wished to thank the UHB's partners for working together and their support during this challenging time. Members heard that the organisation has taken steps to establish a mechanism to support staff well-being, and is committed to continuing this post-pandemic. Miss Battle wished to highlight in particular the incredible generosity exhibited by members of the public, and recent fundraising efforts, including that of Mr Rhythwyn Evans, who had walked round his home 91 times to mark his 91st birthday. The UHB will ensure this funding will be utilised to benefit and support staff. Attention was drawn to the recent Carer Confident level 1 accreditation award, which acknowledges the UHB's support to staff who are unpaid carers. Members were reminded of the Staff/Patient Story delivered to the September 2019 Public Board by Annmarie Thomas, with it emphasised how we have made a great deal of progress in this area. Miss Battle also thanked all the generous fundraisers which enabled Ward 10 at Withybush General Hospital (WGH) to be re-opened on 6th April 2020, following extensive refurbishment and improvement work. Finally, Miss Battle was pleased to report the re-appointment of Mrs Judith Hardisty as Vice-Chair and the extension to the tenure as Independent Member of Mrs Delyth Raynsford. Continuity of service of experienced Board Members was particularly important at this time. During subsequent discussion of the report, the following comments were made:</p> <ul style="list-style-type: none"> • Noting that the Chair had continued to meet with staff, it was queried whether they had expressed any particular messages regarding their experiences; • Views varied, with some frontline staff on COVID-19 wards stating that the pressure feels relentless and that they are too tired to apply for well-being funds; 	
----------	--	--

	<ul style="list-style-type: none"> • Reports suggest that the support within Care Homes has been very good; • Unanimously, everyone has been overwhelmed by the kindness shown by the general public, and there is a sense of pride within the organisation; • The Chair has been impressed and humbled by what has been achieved in both acute and community settings; • The need for staff to take adequate leave and rest, for the sake of their own health and well-being, was emphasised; • Thanks was also expressed to those who had donated gifts to Mental Health services. Whilst staff in these areas are not treating COVID-19 patients, they face other challenges; • Comments regarding the contribution of volunteers and community groups were endorsed, with it suggested that the response to COVID-19 has been a 'whole society' effort; • It was hoped that community groups established during this time will continue post-pandemic. 	
	<p>The Board:</p> <ul style="list-style-type: none"> • SUPPORTED the work engaged in by the Chair since the previous meeting and NOTED the topical areas of interest; • RATIFIED the action undertaken by the Chair on behalf of the Board, which relates to an item for the Board's ratification - the 'Care Home Preparedness – COVID-19' report and appendices. This report and appendices were approved at Gold Strategic Group on 22nd April 2020 and shared with all Independent Members. 	
PM(20)73	<p>MAINTAINING GOOD GOVERNANCE COVID-19</p> <p>Mrs Joanne Wilson presented the Maintaining Good Governance COVID-19 report, advising that this is an update on the arrangements outlined at the previous Board meeting. As agreed previously, draft minutes from the Public Board will be published on the UHB's website within 7 days of the meeting, with a recording of the proceedings also made available. The organisation is working towards a return to livestreaming meetings as soon as possible. Members were reminded that the UHB's Information Technology team had been prioritising providing support to clinical staff and facilitating working from home.</p> <p>The Board:</p> <ul style="list-style-type: none"> • NOTED the update report together with the revised Command and Control structure and the revised schedule of Board, Committees, Sub-Committees and Advisory Group meetings up until the end of August 2020; • NOTED that principles and content of the 16th April 2020 Board paper, including the variation to standing orders, remains extant; • APPROVED the establishment of the Transformation Steering Group, reporting directly to Board. 	
PM(20)74	<p>REPORT OF THE CHIEF EXECUTIVE</p> <p>Mr Steve Moore introduced his report on relevant matters undertaken as Chief Executive of HDdUHB since the previous meeting, advising that this is more concise than normal, with the majority of information contained in the Responding to COVID-19 report later on the agenda.</p> <p>The Board:</p>	

	<ul style="list-style-type: none"> • ENDORSED the Register of Sealings since the previous report on 26th March 2020; • NOTED the status report for Consultation Documents received/ responded to; • NOTED and APPROVED the Major Trauma Network Memorandum of Understanding, for execution by the Chief Executive. 	
--	--	--

PM(20)75	REPORT OF THE AUDIT & RISK ASSURANCE COMMITTEE	
	<p>Mr Paul Newman, Audit & Risk Assurance Committee (ARAC) Chair, outlined the ARAC update report, highlighting that there had been a further meeting on 27th May 2020, at which the Committee had been able to consider a number of Internal Audit reports. Mr Newman thanked Executive Directors and their teams for their cooperation in finalising these reports in time for the meeting.</p> <p>The Board NOTED the ARAC update report and ACKNOWLEDGED the key risks, issues and matters of concern together with actions being taken to address these.</p>	

PM(20)76	IMPROVING PATIENT EXPERIENCE REPORT	
	<p>Mrs Mandy Rayani presented the Improving Patient Experience Report, thanking Mrs Louise O'Connor and her team for preparing such a detailed report. Attention was drawn to the patient story included in the report, and Members were assured that learning had already been demonstrated as a consequence of this story. Mrs Rayani wished to highlight that the team has worked tirelessly to support patients and their families at this time, with examples including the Thinking of You service and the patient property delivery and collection service. Whilst it is pleasing to note that satisfaction levels in patient and service user feedback have increased to 92%, Members were assured that the organisation will continue to focus on the remaining 8%. During discussion, the following points were raised:</p> <ul style="list-style-type: none"> • Referencing Item 15 (Learning from Events), and the recurring theme of communication, Members were advised that this matter had been discussed at the most recent Quality, Safety & Experience Assurance Committee (QSEAC), where it had been agreed to conduct a 'deep dive' into this issue; • Whilst the patient story was welcomed, together with the evidence of action being taken, it was noted that not all the concerns raised had been addressed. It was suggested that future reports include a summary of concerns/comments and actions taken; • Noting the reference to one recommendation having exceeded the timescales set by the Public Services Ombudsman for Wales (PSOW), assurance was requested that this had been resolved. The Director of Nursing, Quality & Patient Experience was not able to provide such assurance, as this relates to a specific issue regarding establishment of a service user group, which is not currently feasible due to COVID-19. The Concerns team is, however, committed to taking this matter forward and is fully engaged with the PSOW office; • The team was thanked for establishing the patient property delivery and collection service; • With regards to Children and Young People, the Paediatric Questionnaires Pilot Scheme was welcomed. It was queried whether 	MR

	<p>any feedback had been collated to date. In response, Members heard that the team will be undertaking a piece of work to capture feedback from patients, regardless of age, around their experience of HDdUHB services during COVID-19. This will form part of the wider work on transforming services;</p> <ul style="list-style-type: none"> • There was a query regarding whether the UHB had fed into the Police and Crime Commissioner’s Survey issued last week. Whilst it was confirmed that this had been the case, Members were reminded that the UHB is a partner in the questionnaire. There are also a number of wider workstreams contributing in this area; • Representatives of the Community Health Council (CHC) suggested that the patient voice has been overwhelmingly positive and supportive of the NHS; • CHCs have been running patient surveys during the pandemic, and UHB colleagues were thanked for their help in responding to the issues raised in feedback; • It is important to ensure that up to date information is available regarding UHB services and how/when they are operating. The CHC would be happy to assist with this; • It was suggested that the number of compliments recorded in the report falls significantly short of those actually received. There was a query regarding how an accurate figure might be obtained, as this would contribute positively to the recognition of staff contributions; • In response, it was reiterated that the figure does not include those compliments provided directly to service areas. The number of thank you cards and gifts are clear to see during Board Walkabouts, although these have been postponed temporarily during the COVID-19 pandemic; • Members heard that the challenge in obtaining details of compliments would be to ensure that no additional work was created for frontline staff in recording such information. The team will, however, continue to consider how this might be achieved. <p>Miss Battle welcomed the report and looked forward to receiving further detail regarding various elements. Mrs Rayani was asked to pass on the Board’s thanks to the team for their continuing efforts.</p>	MR
	<p>The Board RECEIVED and NOTED the report, which highlights to patients and the public the main themes arising from patient feedback, together with examples of action being taken in response to findings from investigations.</p>	

PM(20)77	HEALTH & CARE STANDARDS FUNDAMENTALS OF CARE AUDIT 2019	
	<p>Mrs Rayani outlined the Health & Care Standards Fundamentals of Care Audit 2019 report; thanking Ms Helen Humphreys for collating an extremely detailed report whilst also undertaking work in a number of other areas. Members were informed that due to timing issues, it had not been possible to submit the report to QSEAC in advance of Board; however this would be rectified. Mrs Rayani acknowledged that there has not been the desired level of improvement in a number of areas, including pressure damage, scrutiny meetings and rest and sleep. Whilst work has been undertaken in these areas, more is clearly required. Members were requested to note that on page 6, the figure of 1548 for</p>	

	<p>the number of patients/carers who completed the patient survey should read 1508.</p> <p>Referencing the statement that ‘Where there is comparable data, four questions have seen an increase in percentage compliance compared to last year, twelve have seen a decrease in percentage compliance...’, it was queried whether this reflects an overall downwards trend or only marginal changes. In response, Members were assured that the UHB has still met the standards in those areas where a decrease has been seen. The decreases represent very small percentage drops; for example, a 1.38% drop in one standard equates to two patients. However, the significance of these issues for the patient/patients in question was acknowledged. The increase in the number of patients who felt that they were able to speak Welsh to staff if they needed to was welcomed. It was agreed that the report would be examined and discussed in more detail at QSEAC.</p>	MR
	<p>The Board:</p> <ul style="list-style-type: none"> • NOTED the findings of the Health & Care Standards Fundamentals of Care Audit 2019 activity which have been presented in the annual report and remitted this to QSEAC to review the report and findings in detail • NOTED the proposal for the 2020 annual audit. 	

PM(20)78	RESPONDING TO THE COVID-19 PANDEMIC: UPDATE, REVIEW AND RATIFICATION OF DECISIONS MADE SINCE 16TH APRIL 2020	
	<p>Mr Moore introduced the Responding to the COVID-19 Pandemic report, stating that he hoped this was a helpful update, whilst emphasising that the pace of change may mean that situations have altered since the report was prepared. The UHB’s response to COVID-19 continues to evolve, and staff across the organisation are under considerable pressure. Mr Moore highlighted in particular the efforts of testing teams and the team supporting Care Homes within the region, who are working 7 days a week. The number of COVID-19 positive/suspected patients in the UHB’s hospitals has dropped from 90, to 70, to 40 this week. Mr Moore wished to pay testament to the public for showing solidarity with the NHS, and thanked them for their commitment in adhering to COVID-19 restrictions. The UHB has seen an increase in Scheduled Care Services for non COVID-19 patients, which should be viewed as a positive sign, with patients feeling able to access NHS services. Members heard that there has been a significant change to planning, with a wider, longer-term response to the COVID-19 pandemic required. A local Public Health Cell has been established, to support the forthcoming ‘Test, Trace and Protect’ service. Mr Moore encouraged everyone to read the Quarter 1 response, attached to the report as Annex 1, as this contains details of the UHB’s plans to re-establish services going forward. Whilst plans are cautious, it is necessary to make changes in a methodical and safe way. Mr Moore thanked Mr Andrew Carruthers and Ms Jill Paterson for their significant efforts in preparing the Quarter 1 response, which has been held up as an exemplar by Welsh Government (WG) in terms of detail. Other Executive Directors were leading in specific areas, as detailed within the report. Mr Moore apologised for the under-reporting in COVID-19 deaths, emphasising that this had now been corrected and a stronger process put in place. The importance of accurate data and reporting was</p>	

recognised. The report also sets out the proposal to replace the Recovery, Learning and Innovation Group with a Transformation Steering Group. This will facilitate consideration of the wider issues around transformation which will be required in the post COVID-19 era. The Group would hold an initial meeting on 8th June 2020, to consider the role, membership and operation of the Group, together with any emerging early themes. A report, with terms of reference, from this meeting will be presented to the next Public Board. Mr Andrew Carruthers added his thanks to frontline staff and operational teams for their care and commitment during these challenging times. Also, to the public and the UHB's partners, and to his colleagues in the Executive Team and their teams.

SM

Members heard that many frontline staff have expressed that they do not wish to return to 'the old ways of working'. In particular, they have welcomed the opportunity to rapidly determine and implement improvements to patient services. In response to a query regarding the frequency at which the Transformation Steering Group will meet, it was envisaged that the Group itself will be fairly 'light touch', with the expectation that a number of sub-groups will be established to address specific issues. The intention is to bring to Board any issues which need to be considered in terms of the Annual or 3 Year Plan or the Health & Care Strategy. The Group will meet perhaps on a monthly basis, although the importance of maintaining momentum was emphasised. The Chair reminded Members that the Board's remit is to set the strategy and ensure its delivery which should be managed within the organisation.

The report and its annex were commended, with those involved in its preparation congratulated. It was, however, felt that there could be additional detail around children's services, particularly community paediatrics and neurodevelopmental assessments/services. Members were reminded that, prior to the COVID-19 outbreak, there had been plans for a report to Board on Paediatric services. In response, Members heard that the Director of Operations had not yet been able to discuss the scope of this report with the Director of Public Health and Ms Delyth Raynsford. Consideration would be given to an appropriate timeline to prepare a report which covers the requisite information to the standard required. In children's services, as in all services, changes have had to be made to separate COVID-19 (Red) and non COVID-19 (Green) areas. It has been necessary to suspend some services, for example routine Outpatient services. There are, however, elements of neurological assessments which can continue to be progressed, and urgent services have continued. The screening of referrals is continuing, under the restrictions necessary for COVID-19. Shielding and risk assessments are being undertaken wherever necessary. It had been agreed at Gold Command that the situation regarding the Paediatric Ambulatory Care Unit at WGH would be reviewed by March 2021 at the latest, noting that due to the separation of the hospital into Red and Green areas it was not possible to review this any earlier.

AC

It was noted that one GP practice had declined to use the 'Attend Anywhere' system, and there was a request for more detail with regards to the reasons for this, outside the meeting if necessary. Members heard

JP

that the UHB had not mandated that GP practices use any one particular e-Consultation system. A number of practices had already purchased systems other than 'Attend Anywhere' and were utilising these alternatives. This was the case in regards to the aforementioned practice. In accessing and providing services, both Primary Care and the public have changed the way in which they operate. Changes which have been planned for years and would probably have taken years to put in place have been implemented in weeks and months. The CHC Chair reported two conversations with patients regarding the increase in Scheduled Care services; both patients had been extremely positive regarding the arrangements put in place to split Red and Green areas.

Noting the various service changes which have taken place in response to COVID-19 and accepting the reasons for these; the CHC emphasised that if service changes persist, public engagement and possibly consultation will be required. In response, the Chief Executive advised that he had requested that the Director of Operations, Director of Primary Care, Community & Long Term Care and Director of Planning, Performance & Commissioning liaise with the CHC, to alert them to service changes in a timely fashion. It was agreed that the helpline number for concerned cancer patients should be shared with the CHC. Members felt that it would be helpful if the CHC could work with the UHB to encourage patients to engage with services if they require them. Whilst urgent services have been in place throughout the pandemic, the public has been reticent to access these services. The UHB would welcome the CHC's support with positive messaging around resuming access to health services when they require these. Also, with regard to managing the public's expectations around the steps which will be necessary to ensure the safety of patients. The CHC requested an up to date list/database of UHB services and how to access them in order to assist.

AC

AC/JP

An unfortunate consequence of COVID-19 has been a detrimental impact on provision of cancer services. These are already vulnerable patients, and it is unfortunate to read of issues with access to services and diagnostic delays. Whilst it is accepted that the UHB is looking to address various aspects at pace, there was a query regarding what is being done to evaluate the impact of COVID-19 on cancer patients. Members heard that the number of cancer patients being treated is 60-70% of the number which would normally be expected. In certain areas, for example Dermatology, there have been fewer referrals, presumably because patients are not accessing Primary Care services to generate a referral. The UHB is taking steps to reinstate urgent cancer services as soon as possible; however, these must be safe. It is vital to reinforce to the public that urgent services are available and can be accessed safely; and that they must seek medical help if they need it, as soon as they need it. HDdUHB has been working with Swansea Bay UHB with regards to tertiary pathways. Whilst Swansea Bay UHB has been impacted to a greater extent in terms of Critical Care, their surgeons have been providing services to HDdUHB, for example in Gynaecology. It is important to emphasise the complexity of the pathways which need to be in place in order to maintain safety going forward. Capacity is likely to be at approximately 50% of previous levels, due to the additional protocols around PPE, cleaning and disinfection.

There has been a significant amount of activity during the pandemic, which has included various specialties. Achievements should be attributed to how teams have operated and organised themselves to meet needs. The reduction in cancer cases has been in part due to the public not accessing services at previous levels. There is also an impact associated with screening processes at Public Health Wales, if these are not operating. There has been a request at Gold Command for an assessment of how many cancer cases the UHB is seeing, diagnosing and treating. As it has only been a relatively short time since the beginning of the pandemic, relevant data will be limited; however this will increase over time and could be considered by QSEAC. It was noted that a detailed report on Cancer Services had been prepared for Gold Command, which could also be considered by QSEAC. It was emphasised that all of those cancer patients who have had their surgery delayed have been assessed by a clinician, although it was accepted that this assessment may change as a result of delays to treatment. The process has been considered, and clinically-led. In response to a further query regarding where actions will be monitored and the timeline for implementation; Members heard that with regard to the former, Acute Bronze Group, which meets twice a week, is responsible for monitoring. In terms of anticipated timeline for implementation, this would be Quarter 1 (end of June 2020). It was agreed that the Escalation Plan would be shared with Professor John Gammon and that the Chair would discuss how this topic should be considered and monitored with the Chair of QSEAC.

AC
MB/AL

Concerned that some patients in Ceredigion and Pembrokeshire will need to travel to Glangwili General Hospital (GGH) for treatment, there was a query regarding plans to reinstate local services. Whilst the overwhelming desire would be to reinstate services as they were previously, a number of significant and complex challenges exist. Plans to re-introduce services are clinically-led, and involve considered and multi-faceted judgements. The risks of delaying cancer surgery need to be balanced against the higher mortality rates associated with surgical procedures in the event of contracting COVID-19. In addition, it is not feasible to introduce Red and Green areas in all the UHB's clinical environments. There was an enquiry regarding uptake of the helpline for concerned cancer patients, with usage figures to be provided. It was queried whether there has been a decrease in childhood immunisations, in view of the fact that in certain areas, these are provided by GPs. It was suggested that detailed discussion of services should be at Committee, rather than Board level, with queries regarding both Cancer services and Childhood Immunisations to be managed by this means.

AC

Members heard that there is multiple and, in some cases, conflicting guidance around PPE in relation to aerosol-generating procedures and resuscitation. The UHB had made a decision to mandate higher levels of PPE, in excess of national guidance, and has issued clear guidance to staff, including those in the community. This decision will be referred to QSEAC for assurance/ratification. Concerns regarding the quality of certain PPE equipment has been communicated to WG.

MR

	Miss Battle concluded by thanking Members for their comments and queries, and thanking those who had contributed to the report.	
	<p>The Board:</p> <ul style="list-style-type: none"> • RATIFIED the Revised Planning Assumptions agreed by the Gold Command Group; • NOTED the update on the Health Board’s current position in relation to the local response to COVID-19; • SUPPORTED the development of a Transformation Steering Group; • NOTED the update on the risks relating to the Health Board’s response to COVID-19; • APPROVED the Operating Framework for Quarter 1. 	

PM(20)79	<p>CARE HOME PREPAREDNESS – COVID-19</p> <p>Ms Jill Paterson presented the Care Home Preparedness – COVID-19 report, emphasising that HDdUHB had, prior to COVID-19, a strong foundation of working with partners in Local Authorities and the Care Home sector. Although HDdUHB had also been ahead of other Health Boards in terms of opening up the testing system to Care Homes, the first major outbreak in a Care Home had happened extremely quickly, and had demonstrated the challenges of managing patients in a non-ward environment. There are various issues, including sustainability of care, unique to this environment. The UHB has been supporting Care Homes in a number of ways, for example provision of PPE and advice regarding Red and Green areas. The UHB has also worked with Primary Care Clusters and colleagues in secondary care, in an integrated approach. Whilst there are 122 adult facilities providing nursing and residential care, this increases to 185 when facilities providing Mental Health & Learning Disabilities care are included. In terms of outbreaks, there have been 4 in Pembrokeshire, 7 in Carmarthenshire and 0 in Ceredigion. Ms Paterson emphasised that access to care and support needs to be appropriate, and concerns have been raised around the rights of individuals in Care Homes to access primary and secondary care services. There also needs to be consideration of the psychological impact on staff of caring for Care Home residents during the COVID-19 pandemic, and particularly the higher than normal death rates in a short period. The UHB had (again, in advance of WG guidance) stepped up its testing programme in Care Homes. The impact of this on the testing teams is significant, and the UHB is grateful for the assistance provided locally by the Army. Despite HDdUHB having started early, it is unlikely that the WG target of all Care Homes being tested by 1 June 2020 will be achieved, although this should be achieved within the next three weeks. Even before COVID-19, the UHB had been considering a new model and the role that the Care Home sector plays in the health and care system. This will need further consideration going forward. Members were assured that all of those involved are working closely with partners and operational teams, and are aware that the response and actions taken in this particular area will be scrutinised in detail at a future date.</p> <p>The report, and detail therein, was commended. Members were reminded that the UHB commissions more beds in this sector than in hospitals. The Escalation Policy is another HDdUHB document identified as an exemplar by WG and shared with other Health Boards. In response to a query regarding the timescale for discussions with</p>	
----------	---	--

	<p>partners for a new model going forward and use of Transformation Funds to achieve this, Members heard that such discussions had already been underway prior to the pandemic. There is a need, however, to examine and evaluate models elsewhere. WG are providing funding to support Care Homes through the immediate crisis. The COVID-19 pandemic has allowed the UHB and Care Home sector to think differently about what type of care they may provide in the future. For example, the Llanelli Wellness Village model. The UHB is meeting with Care Home providers and there is a commitment to continue to do so. The report was applauded as exceptional, particularly in terms of its depth, richness and comprehensive nature. There have been anecdotal reports of an increased cooperation between the acute and care sector. Also, with carers having been recognised as key workers, an increased interest in this sector as a career. There was an enquiry regarding whether there is any evidence of these locally. In response, Members heard that there is certainly a sense of pride among those working in the Care Home sector. Whilst there may be an increased interest in terms of careers, there must also be adequate support for these individuals, particularly younger people. It may be appropriate to consider whether Care Homes could be offered the opportunity to group together, in a similar fashion to GP practices, to share specific administrative functions, for example. The UHB has organised virtual meetings between Care Homes during the pandemic, and these have provided opportunities for support and interaction. Noting the challenges which have previously existed regarding community acquired infections, and their impact on the UHB's services, the 'Integrated Preventative Guidance for Infection Prevention and Control in Care Homes' was commended. This demonstrates an integrated approach to address a major issue, which was welcomed. Referencing the statement that 'the Risk Management and Escalation Policy and Processes could also be utilised for other social care service areas such as domiciliary care', it was queried whether this would include personal assistants and unpaid carers. In response, it was confirmed that this refers to any care provided in people's homes and in the community. Members were advised that the UHB had made a decision early on to extend the offer of testing to all unpaid carers, who can contact the Command Centre and enter the testing process. HDdUHB had been the first Health Board to make this offer.</p> <p>Miss Battle concluded discussions by thanking Ms Paterson, Mrs Rayani and their teams for their efforts, and stating that the new models for Care Home provision are eagerly anticipated.</p> <p>The Board RECEIVED and NOTED the Care Home Preparedness – COVID-19 report.</p>	
--	---	--

<p>PM(20)80</p>	<p>CALCULATING AND MAINTAINING THE NURSE STAFFING LEVELS DURING THE COVID-19 PANDEMIC</p> <p>Mrs Rayani outlined the Calculating and Maintaining the Nurse Staffing Levels during the COVID-19 Pandemic report, advising that she had felt it important to provide an additional explanation of the work undertaken in this area. As there is currently no guidance around the staffing of repurposed COVID-19 wards, the UHB has utilised the standard Nurse Staffing Levels (Wales) Act guidance as a basis. Consideration has also been given to the staffing of Critical Care Units and Field Hospitals. Mrs</p>	
------------------------	---	--

	<p>Rayani emphasised that assessments have always been based on the needs of the individual patient cohorts, and where a specific need has been identified, the UHB has responded to this. Members were assured that the UHB has considered the contents of the Chief Nursing Officer's letter, and has also considered various mitigations, including the use of new roles, etc. On this theme, Mrs Rayani thanked Mrs Lisa Gostling and her team for their support, emphasising that the contribution of Health Care Support Workers and apprentices has been critical in expanding the workforce and providing patient liaison.</p> <p>Miss Battle welcomed the report, and was particularly pleased that the organisation had been able to recruit so many local people.</p>	
	<p>The Board was ASSURED that the requirements of the Nurse Staffing Levels (Wales) Act – together with the further advice contained in the CNO letter issued on March 24th 2020 – are being reflected in the approach being taken by the Health Board in planning the nurse staffing levels for all key nursing services during the COVID-19 pandemic.</p>	

<p>PM(20)81</p>	<p>FINANCIAL GOVERNANCE AND VALUE FOR MONEY CONSIDERATIONS – COVID-19</p>	
	<p>Mr Huw Thomas introduced the Financial Governance and Value for Money Considerations – COVID-19 report, echoing other Board Members' expressions of gratitude for the efforts of all staff in dealing with COVID-19. It was noted, however, that the response to the pandemic comes at some considerable financial cost to the organisation. A number of resources and facilities had been put in place at pace, for example Field Hospitals and additional workforce, the latter at a cost of £10.8m. Whilst these decisions had not been subject to the usual governance processes, they had all been scrutinised by Gold Command, Finance Committee and ARAC. Mr Thomas was now seeking retrospective Board approval. Members were assured that staff have been reminded that the UHB's Scheme of Delegation remains extant and will be followed going forward.</p> <p>During discussion, there was only one query – whether the £10.8m is net, after off-setting any funding from unfilled vacancies and reduced agency use. Mr Thomas advised that the figure is gross and does not include any off-setting of savings or WG funding, if received.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> • NOTED the work undertaken to ensure expenditure incurred has been regularised within the organisation's scheme of delegation; • NOTED the expenditure based on the scrutiny provided by the Finance Committee on the approval made by Gold Command Group; • APPROVED the expenditure based on the scrutiny provided by the Finance Committee on the approval made by Gold Command Group. 	

<p>PM(20)82</p>	<p>REPORT OF THE QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE</p>	
	<p>Ms Anna Lewis, QSEAC Chair, outlined the update reports from meetings in April and May 2020, reminding Members that the first of these was a full QSEAC meeting and the second a COVID-19 focused meeting. Ms Lewis and Mrs Rayani were also meeting on a fortnightly basis to discuss quality and safety issues.</p>	

	The Board NOTED the QSEAC update report, ACKNOWLEDGED the key risks, issues and matters of concern together with actions being taken to address these and APPROVED the revised QSEAC Terms of Reference.	
PM(20)83	ANNUAL QUALITY STATEMENT	
	Mrs Rayani presented the Annual Quality Statement (AQS) 2019-20, thanking Ms Cathie Steele and the team for their work preparing the AQS. The COVID-19 pandemic had presented challenges in terms of the routine engagement which would normally have been undertaken in regards to the AQS. Mrs Rayani hoped that changes made to the format have improved the document's accessibility, and was anticipating further improvements next year. Mr Newman advised that the AQS has been evaluated by Internal Audit, and had received a Substantial Assurance rating, which should be recognised as a considerable achievement. There had been only one recommendation from the Internal Audit; that the document be translated into Welsh, and a Welsh version has been provided as part of today's Board papers. Miss Battle thanked Mrs Rayani and her team for their efforts in producing this excellent document.	
	The Board ENDORSED the University Health Board's Annual Quality Statement for 2019/20 for publication; noting the process for development and approval of the report, including consideration of the draft report by QSEAC, on behalf of the Board.	
PM(20)84	NURSE STAFFING LEVELS (WALES) ACT ANNUAL REPORT 2019-20	
	Mrs Rayani introduced the Nurse Staffing Levels (Wales) Act Annual Report 2019-20, advising that the format in which this is presented is prescribed. The report contains a narrative providing further detail on the shift-by-shift basis of decision-making. There had been an assumption that the COVID-19 pandemic would impact negatively on implementation of the new system used to capture Nurse Staffing Levels data. However, the UHB has been informed that the original timescale of July 2020 is likely. Considerable thought had been given to the inclusion of figures less than 5 in tables forming part of the report, as such information would usually be redacted. However, it is not possible to identify patients from this data. The data had, though, identified a specific issue requiring discussions with one ward, which will be conducted next week. Members were assured that the nursing team does take action on such issues when required. The Board: <ul style="list-style-type: none"> • NOTED the content of the Nurse Staffing levels (Wales) Annual Assurance Report for 2019/20; • NOTED the plan that QSEAC receives regular updates/assurance reports during 2020/21 which will contain more detailed data analysis, which aims to understand the impact on care quality as a result of changes made to/maintaining (or otherwise) the planned nurse staffing levels. 	
PM(20)85	REPORT OF THE PEOPLE, PLANNING & PERFORMANCE ASSURANCE COMMITTEE	

	<p>Professor Gammon, People, Planning & Performance Assurance Committee (PPPAC) Chair, outlined the PPPAC update report, highlighting that this was from an extraordinary meeting. Members were reminded that PPPAC had previously been stood down in governance arrangements approved by Board in April 2020. It has, however, been recommended that meetings be re-established from June 2020 onwards. Professor Gammon drew Members' attention to Appendix 1, which details the questions raised at the extraordinary meeting on 7th May 2020, together with responses. This report is intended to offer Board assurance that these questions, along with any outstanding issues from the fora which PPPAC replaced, will be addressed.</p> <p>Miss Battle welcomed this assurance, and was content that PPPAC be re-established on the proposed basis.</p>	
	<p>The Board NOTED the PPPAC update report, ACKNOWLEDGED the key risks, issues and matters of concern together with actions being taken to address these and AGREED to re-establish PPPAC meetings from June 2020 onwards, with limited Executive Membership.</p>	

<p>PM(20)86</p>	<p>PERFORMANCE UPDATE – MONTH 1 2020/21</p> <p>Mr Moore presented the Performance Update for Month 1 of 2020/21, noting that performance reviews by WG have been significantly curtailed due to the impact of COVID-19. During discussion of the report, the following points were raised:</p> <p>Whilst national reporting has been limited to 5 priority areas, there are a number of concerns relating to these areas. For example, in Stroke care, the impact/consequence of non-urgent Outpatients and surgical procedures being postponed. Also, Referral to Treatment (RTT) and diagnostic waits. A report to PPPAC was requested, around how the UHB is managing COVID-19's impact on performance, in order to provide assurance to the Board. Members were assured that the UHB's Executive Team share these concerns. In the plans for Quarters 2 and 3 it is intended to consider how the organisation can begin to expand its services. It should be recognised, however, that capacity will be affected by the requirements for increased PPE, etc, together with the public's willingness to comply with new protocols such as self-isolating in preparation for surgical procedures. Weekly Watchtower meetings have continued and the UHB is expediting patients and clinical work as quickly as it can, whilst ensuring that the necessary safety measures are met. One positive consequence of COVID-19 is that the UHB is now within the WG target for C.difficile, E.coli and S.aureus. Meetings of the Infection Control Steering Group recommenced in April; it is hoped that this improvement in performance will be maintained.</p> <p>Members heard that the organisation has seen a consistent increase in non COVID-19 activity across Unscheduled Care. Health Boards have been recommended to maintain bed occupancy levels of 80% for acute beds and 70% for Critical Care beds, in order to cope with further peaks/outbreaks of COVID-19. HDdUHB may look to utilise beds in the Field Hospital at Carmarthenshire Leisure Centre to maintain patient flow and the required bed occupancy levels. In response to a query regarding local interaction with the military, Members heard that the Army has been involved in a great deal of work with HDdUHB, mainly in relation to</p>	<p>KM/AC</p>
------------------------	---	---------------------

the Field Hospitals and mobile testing. There is one military mobile testing unit locally, which is currently supporting Care Home testing alongside UHB staff. The Army can also provide testing capacity at the Carmarthen Showground, or on an ad hoc basis. The contribution of the Army to date has been extremely helpful, and is likely to increase as testing rates increase. Their input in terms of planning and logistics for the Field Hospitals has been an invaluable resource. Consideration will also be needed in terms of planning how these facilities are handed back once they are no longer needed. The Army's involvement had started in the Command Centre, where they had proved extremely helpful, flexible and willing. Their expertise in issues such as Post Traumatic Stress Disorder (PTSD) may also be required, in time.

Referencing the non COVID-19 section of the report, and uptake of the MMR vaccine specifically, an update was requested, if available. In response, Members noted that a report had been issued on 27th May, and figures for January to March 2020 would be provided. Noting the statement around exceptional demand for substance abuse services, it was queried whether this demand was pre-existing or as a result of restrictions applied due to COVID-19. Further, whether there has been an increase in attendance at A&E or ambulance call-outs as a result of substance abuse. Finally, what the UHB's response is to this issue. In reply, Members heard that there is a mixed picture across the three counties, although there is quite significant media coverage and anecdotal evidence around this issue. A Substance Misuse COVID-19 Contingency Planning Group has been established, which meets on a fortnightly basis to provide the flexibility required. A media campaign has been implemented, with a single source of support/contact. There has been a rise in referrals to Tier 2 services. Reports thus far suggest that they are managing demand. All services are participating/engaging in a multi-agency response, including Local Authorities and police. Currently, demand is being supported/managed by existing services. The situation is and will continue to be monitored, to assess whether demand increases and more resources are required going forward. There are processes in place to support those with substance abuse issues developed either prior to or since COVID-19. Referrals have remained fairly consistent. The service is available, the only issue is whether people access it. The UHB is publishing regular communications regarding this and other matters.

In response to a query regarding the current number of patients medically fit for discharge, Members heard that the figure had been 231 at the beginning of March 2020, and 90 on 27th May 2020. There had been a significant effort by the UHB and its partners to discharge patients from hospitals, and a number of changes to discharge pathways had been made as a result. Whilst a slight increase was being seen, this is not a cause for concern as yet. Patient numbers in Community Hospitals are, however, almost at capacity and the UHB will need to monitor this situation closely. In addition, the Care Home sector is not at the place it was pre COVID-19. The learning that hospital is not necessarily the best place to be for certain patients needs to be emphasised and taken forward.

RJ

	The Board DISCUSSED the revised report format in light of the current COVID-19 pandemic requirements and CONSIDERED issues arising from its content, or format changes required going forward.	
PM(20)87	REPORT OF THE FINANCE COMMITTEE	
	Mr Michael Hearty, Finance Committee Chair, outlined the update reports from meetings in March and April 2020, adding that the Committee had also met on 26 th May 2020. Members heard that the Finance Committee is beginning to look ahead to 2021, and Mr Hearty counselled that achieving financial targets will be extremely challenging.	
	The Board NOTED the Finance Committee update report and ACKNOWLEDGED the key risks, issues and matters of concern together with actions being taken to address these.	
PM(20)88	FINANCIAL REPORT – MONTH 1 2020/21	
	Mr Thomas introduced the Financial Report for Month 1 of 2020/21, reminding Members that the UHB's agreed Financial Plan is to deliver a deficit of £25m, after savings of £34.2m. However, as a result of the COVID-19 pandemic and resultant expenditure, the Month 1 variance to breakeven is £6.3m. The additionality of costs incurred in Month 1 due to COVID-19 is £6.7m, off-set by underspends of £2.5m. COVID-19 will clearly have a significant impact on the organisation's finances. The UHB does not yet have confirmation of the resource envelope allocated by WG this year. Mr Thomas' concerns regarding the UHB's underlying financial deficit remain, and are further exacerbated by the impact of COVID-19 on the organisation's ability to address this issue.	
	The Board DISCUSSED and NOTED the financial position for Month 1.	
PM(20)89	REPORT OF THE HEALTH & SAFETY ASSURANCE COMMITTEE	
	Mrs Judith Hardisty, Health & Safety Assurance Committee (H&SAC) Chair, outlined the H&SAC update report, explaining that this was from the Committee's inaugural meeting. The main purpose of the meeting had been to address the July 2020 deadline for compliance with the notices served against the UHB by the Health & Safety Executive (HSE). Highlighting the key risks and issues/matters of concern, Mrs Hardisty indicated that the Committee had not received sufficient information to provide assurance to Board in this regard. An extraordinary meeting to receive a further update has been scheduled for June 2020. An update around Fire Safety Management had been provided; however, this also had not included sufficient detail to provide assurance to Board and a further update would be presented to the June meeting. It is hoped that it will be possible to provide assurance to Board following this meeting. Mrs Hardisty emphasised that there have been clear statements around the requirements for and workings of this Committee going forward.	
	The Board NOTED the Health & Safety Assurance Committee update report and ACKNOWLEDGED the key risks, issues and matters of concern together with actions being taken to address these.	
PM(20)90	COMMITTEE UPDATE REPORTS: BOARD LEVEL COMMITTEES	
	Mrs Wilson presented the Board Level Committees update report, drawing Members' attention to those matters requiring consideration or	

approval by the Board and the areas of concern and risk which had been raised by the Committees.

Cllr. Simon Hancock drew Members' attention to the Charitable Funds Committee (CFC) meeting held on 17th March 2020, at which a number of issues had been discussed, including approval of the Hywel Dda Health Charities 3 Year Plan. Several significant decisions had been made in respect of investing in staff health and wellbeing. There had also been discussion around increased investment in the fundraising function of the charity. Cllr. Hancock advised that decisions on expenditure of some funding allocated from NHS Charities has been made via Chair's Action. Ms Sarah Jennings explained that the NHS Charities Together funding has, to date, been allocated in two batches. The first of these (£35k) is intended to benefit the well-being of staff and patients impacted by COVID-19. These monies have been spent predominantly on care kits/welfare kits, as members of the general public have already kindly provided many of the other items which might have been purchased. The second batch of funding (£70k) will be offered via a small grants scheme, with 220 staff areas having already requested financial support of up to £500. Examples include supplies for staff restrooms/rest areas, providing staff changing facilities and improvements to patient hydration. In addition, the Hywel Dda COVID-19 Fundraising Appeal currently sits at in excess of £88k. This will be used to support existing staff funding requests, with additional bids to be sought if necessary. Staff needs will also be supported by Charitable Funds going forward. Ms Jennings advised that two more tranches of funding are due from NHS Charities. Utilisation of these funds will be discussed at meetings of the CFC and/or Corporate Trustee. Mrs Lisa Gostling advised that the UHB are committed to engaging with its workforce to establish what changes/purchases would make a difference to them in their working lives. The Organisation Development team will be undertaking an engagement process across the entire workforce and are keen to hear every voice; recognising that priorities will be different for different groups. It is also recognised that there is a significant non-hospital based workforce. As part of this exercise, there will need to be clarity around those items the UHB can utilise charity funding for, those items it cannot utilise charity funding for (and would therefore require funding from existing budgets) and those items which would require external funding. During discussion, the following comments were made:

- The CFC report and addendum was welcomed, with the importance of transparency in regards to the spending of charitable donations emphasised;
- The acknowledgement of the non-hospital based workforce and commitment to consult these staff was also welcomed;
- In response to a query regarding where enquiries from specific businesses/industries wishing to offer goods and/or services should be directed, it was suggested that they be requested to contact the COVID-19 enquiries helpdesk via telephone 0300 303 8322 or email COVIDenquiries.hdd@wales.nhs.uk in the first instance;
- Such offers of help have not generally been received prior to COVID-19, and the organisation needs to consider how it manages these, perhaps via the Transformation Steering Group. Forbearance is requested whilst this takes place;

	<ul style="list-style-type: none"> • The report's reflection of how local people wish to help and contribute was welcomed, although it was noted that there was no mention of the practical gifts made, for example via the Amazon Wish List. Members were advised that this facility and its contribution had been acknowledged within the Improving Patient Experience report; • The report presented in this section of the agenda was specifically in relation to grant money; it has been suggested, however, that more extensive reports be provided on an ongoing basis; <p>Miss Battle concluded discussions by thanking everyone who has contributed donations for their incredible generosity. The Board is committed to involving staff in deciding how the funds will be spent and in keeping the public informed. The governance in relation to the expenditure of COVID-19 charitable donations will be considered.</p>	<p style="text-align: center;">SJ</p> <p style="text-align: center;">JW/SJ</p>
	<p>The Board ENDORSED the updates and RECOGNISED matters requiring Board level consideration or approval and the key risks and issues/matters of concern identified, in respect of work undertaken on behalf of the Board at recent Committee meetings.</p>	

PM(20)91	<p>COMMITTEE UPDATE REPORTS: IN-COMMITTEE BOARD</p> <p>The Board RECEIVED the update report of the In-Committee Board meeting and RATIFIED the following decisions:</p> <ul style="list-style-type: none"> • A Healthier Mid and West Wales - Capital Update – to approve the recommendations and cost assumptions within the Healthier Mid and West Wales – Capital Update report. • Hywel Dda Health Charities Three Year Plan 2020/2023 – to approve the Hywel Dda Health Charities Three Year Plan and budget 2020/2023. 	
-----------------	---	--

PM(20)92	<p>STATUTORY PARTNERSHIPS UPDATE</p> <p>Ms Jennings introduced the Statutory Partnerships Update report, noting that there are two elements to this:</p> <ul style="list-style-type: none"> ➤ The Public Services Boards (PSBs) had each held virtual meetings, the Hywel Dda region was already in a position of strength in terms of relationships with local partners; ➤ The Regional Partnership Board Integrated Executive Group had developed a COVID-19 focus. Ground-breaking work had been undertaken around PPE, Care Homes, testing and workforce. Discussions are ongoing to ensure that this work continues following the pandemic. <p>Members were reminded that Integrated Care Fund and Transformation Fund monies had been diverted to support COVID-19 measures. It was emphasised, however, that some of the measures implemented using this funding were planned changes, albeit introduced at pace due to COVID-19. Resources had, therefore been utilised appropriately.</p>	
-----------------	---	--

	<p>The Board:</p> <ul style="list-style-type: none"> • NOTED the progress updates for each PSB, and the key areas of discussion highlighted in the report; • NOTED the links to the PSB and RPB websites where the agenda and minutes of recent meetings can be accessed; • NOTED that Welsh Government have written to PSBs to inform them that there will be no future funding of PSBs going forward; • NOTED the significant progress update on the work of the RPB highlighted in the report in response to COVID-19; • NOTED the diversion of funding from ICF (Revenue and Capital) and Transformation Fund to COVID-19 specific schemes; • AGREED the continuation of the Health and Social Care Leadership group, in line with previously agreed governance arrangements. 	
PM(20)93	BOARD ANNUAL WORKPLAN	
	The Board NOTED the Board Annual Workplan, recognising that this will change to meet the needs and impact of COVID-19.	
PM(20)94	ETHICS – NATIONAL PRINCIPLES	
	Dr Kloer presented two national guidance documents relating to ethical considerations during the COVID-19 pandemic. These are being used to guide discussions at the UHB's Ethics Panel. Members heard that the UHB is about to issue guidance to clinicians around Critical Care bed issues. Miss Battle stated that the Ethics Panel would welcome any questions.	
	The Board NOTED the national ethics guidance documents.	
PM(20)95	ANY OTHER BUSINESS	
	Miss Battle suggested that the scope of agenda and discussions at today's meeting demonstrate the level of work being undertaken. On behalf of the Board, the Chair thanked the Governance team and IT team for their efforts in facilitating today's virtual meeting, the Command structure and in ensuring that HDdUHB is able to provide a record of the meeting to its public.	
PM(20)96	DATE AND TIME OF NEXT MEETING	
	1.00pm, Tuesday 23 rd June 2020, Boardroom, Ystwyth Building, St David's Park, Carmarthen SA31 3BB 10.00am, Thursday 30 th July 2020, Boardroom, Ystwyth Building, St David's Park, Carmarthen SA31 3BB	