

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

Date of Meeting:	1.40PM, THURSDAY 16TH APRIL 2020
Venue:	BOARDROOM, YSTWYTH BUILDING, ST DAVID'S PARK, CARMARTHEN SA31 3BB

Present:	<p>Miss Maria Battle, Chair, Hywel Dda University Health Board Mr Steve Moore, Chief Executive Mrs Judith Hardisty, Vice Chair, Hywel Dda University Health Board (VC) Professor John Gammon, Independent Member (VC) Ms Anna Lewis, Independent Member (VC) Mr Paul Newman, Independent Member (VC) Cllr. Simon Hancock, Independent Member (VC) Mr Mike Lewis, Independent Member (VC) Ms Delyth Raynsford, Independent Member (VC) Mr Maynard Davies, Independent Member (VC) Ms Ann Murphy, Independent Member (VC) Mr Owen Burt, Independent Member (VC) Dr Philip Kloer, Executive Medical Director and Deputy CEO Mrs Mandy Rayani, Executive Director of Nursing, Quality & Patient Experience Mrs Lisa Gostling, Executive Director of Workforce & Organisational Development Mrs Karen Miles, Executive Director of Planning, Performance & Commissioning Mr Huw Thomas, Executive Director of Finance</p>
In Attendance:	<p>Mrs Joanne Wilson, Board Secretary Ms Sarah Jennings, Director of Partnerships and Corporate Services Ms Jill Paterson, Director of Primary Care, Community & Long Term Care Mr Michael Hearty, Associate Member (VC) Ms Cerian Davies, Internal & E-Communications Officer (part) Ms Karen Richardson, Committee Services Officer (Minutes)</p>

PM(20)56	INTRODUCTIONS & APOLOGIES FOR ABSENCE	
	<p>Miss Maria Battle welcomed all to the meeting noting that due to the Local Authorities having appropriately closed their venues to protect staff, the Health Board had been unable to webcast its last public Board meeting. Recognising that Hywel Dda University Health Board (HDdUHB) is the only Health Board in Wales to live stream public Board meetings, the intention will be to re-commence this as soon as possible. However, the focus of HDdUHB's Information Technology teams most recently has been on improving systems within clinical areas, including the newly constructed field hospitals, in addition to developing systems to support HDdUHB staff to work from home, wherever possible. For today's public Board meeting, although a recording would be prepared, due to the limitations of the equipment involved, this will be shorter than normal.</p>	

	<p>On behalf of the Board, Miss Battle expressed her gratitude to all staff, communities and partners for their continued support to care for all our patients. It is testament to all the hard work that so much has been possible to achieve in such a short amount of time.</p> <p>Miss Battle requested that with the exception of the responding to the COVID-19 Pandemic Report, presenters should only highlight key matters for consideration by Members.</p>	
--	---	--

PM(20)57	RESPONDING TO THE COVID-19 PANDEMIC	
	<p>Mr Steve Moore introduced the Responding to the COVID-19 Pandemic Report, acknowledging the significant work achieved by the organisation, with a number of people who have gone above and beyond the call of duty and who have stepped up at all levels. Mr Moore recognised the extraordinary support received across Hywel Dda from stakeholders and private organisations, and the population as a whole which has enabled communities to come together and it is hoped that this will continue after the pandemic.</p> <p>Mr Moore advised that due to the rapidly changing situation, the report represents the COVID-19 planning as at two weeks ago and summarises the modelling that has been used to support the planning assumptions, shared with Board Members at the In-Committee Board meeting on 7th April 2020. The report summarises the Health Board's response into 7 key areas, and the decisions made by Gold Command since 9th March 2020. The report also contains three principle risks for the Board's attention, together with the mitigating actions being taken. Mr Moore confirmed that a number of field hospitals are in the process of being handed over to the Health Board, which would then be provided with all the equipment required in readiness for receiving in-patients. Given that the latest modelling data provides early indication that the peak may be lower than originally anticipated, the Health Board has a confidence that its response to COVID-19 will be sufficient to address the peak demand. However, given the potential that patients may be presenting with COVID-19 over the longer term, new planning assumptions for a longer term strategy will be a focus for the Gold Command meetings over the forthcoming weeks, with the Board to receive a report at a future Board meeting, outlining the arrangements for the longer term response.</p> <p>Mrs Judith Hardisty expressed concern that the impact for domiciliary care and nursing homes had not been included within the principle risks given the fragility of their workforce. Mr Moore advised that since issuing the report, the Health Board has acknowledged this as an area of concern. Recognising the risk and acknowledging that a longer term plan will be required, a care home support plan would be presented to the next Gold Group meeting scheduled for 17th April 2020, to ensure that community providers receive appropriate advice and support. Ms Jill Paterson advised that routinely within care homes, robust escalation plans are in place, however given the unprecedented times, for Members assurance, it has been agreed that a combined Health and Social Care response, to include a strategic plan for the 3 counties of HDdUHB, will be completed by the end of the following week and then shared with partners. In addition, there will be a locality response, with support from GP leads and the primary care team, including daily calls to all care homes to ensure that their needs</p>	SM

are being managed appropriately and to ensure early notice is received where escalation is required. The Personal Protective Equipment (PPE) Cell which reports direct to Gold Group, is managing the demand requirements of PPE in care homes, and also the training for care home staff, in addition to the testing of individuals within care homes.

In response to a query on whether HDdUHB has the workforce required to staff the additional COVID-19 beds, Mr Moore confirmed that Gold Group is due to receive a report the following week outlining the progress made in response to this concern. Mrs Lisa Gostling advised that modelling has identified the Health Board would require an increase of 1,300 Whole Time Equivalent unregistered workforce, and that following the recent recruitment campaign, 929 of these posts have been appointed to. Given the amount of interest in the vacancies advertised, the Health Board has a confidence that all vacancies will be filled. Recruitment processes have now been slowed down in order to expedite new employees commencing in post, and the teams involved have used this 'down' time to upskill Healthcare Support Workers (HCSW) and hotel services staff.

Recognising the current shortfall in registrant staff, a review has been undertaken with the support of the Executive Director of Nursing, Quality & Patient Experience and the Executive Director of Therapies & Health Science, to identify different workforce models to ensure that the totality of the workforce is utilised. In addition, 65 retired nurses have re-registered, and a further 114 individuals with a medical background have come forward, all of whom will be contacted to determine their skill set.

Cllr. Simon Hancock expressed some concern in regard to the rapid background tests currently being undertaken as opposed to the full Disclosure and Barring Service (DBS) checks for those applying for these vacancies, in terms of appropriate safeguarding for our patients. Mrs Gostling advised that whilst initially Dyfed Powys Police had supported this process by way of undertaking conviction checks, confirmation has now been received that the DBS has initiated a COVID-19 process, whereby DBS checks will be completed within 24 hours.

Given the likelihood that areas of Wales will experience peaks at different times, Ms Anna Lewis enquired whether discussions have taken place with neighbouring Health Boards in terms of utilising their facilities should the need arise. Mr Moore confirmed that discussions have taken place with Cardiff and Vale and Swansea Bay University Health Boards to share capacity, if required.

In response to a query from Ms Lewis regarding patient access to Mental Health and Learning Disability services, both now and when normal business resumes, Mr Moore confirmed that the service has a plan in place to provide support remotely, where appropriate, which will be shared with Members.

Miss Battle proposed that in order to reduce the risk in relation to the Health Board's routine business not being given sufficient focus, an update report should be presented to each public Board meeting. Mr Moore concurred, advising that Gold Group is monitoring this risk, with a report due to be presented at its meeting the following week.

AC

	<p>In response to a query from Mr Paul Newman regarding current projections, Mr Moore advised that the most recent modelling which had been issued the previous week, indicated that two peaks for the pandemic could now be expected, however as this is based on theory it is difficult to confirm whether this will occur in practice.</p> <p>Mr Newman enquired whether from a financial perspective, the Health Board will be in position to pay suppliers on time. Mr Huw Thomas accepted the risks involved, given that resources are being diverted to support health and social care. The Health Board is working with Welsh Government to agree support, and that in the interim, this additional risk will be added to the Corporate Risk Register (CRR). It has been recognised that a key focus is required to ensure that supply chains receive payments in a timely manner and that managing cash flow will be critical.</p> <p>Miss Battle confirmed that Gold & Silver Group minutes would be shared with Independent Members (IMs) in order that they are informed of the context behind the key decisions that are being made at Command level.</p> <p>Miss Battle enquired as to the current position regarding the ability of relatives to visit end of life care patients. Mrs Mandy Rayani responded that decisions on this are taken on a case by case basis, and that when it is safe and appropriate, relatives are able to undertake visits. Mitigations have been established including additional iPads in wards and condolence cards to be provided to families. In addition, a bereavement nurse is available for relatives, together with the commencement of lighting a mid-day candle. It was noted that all partners support each other to ensure that a dignified process is followed.</p> <p>On a final note, Mr Moore advised, with great sadness, the passing of Mr Jeremy Williams, A&E Consultant and a key driver in the development of HDdUHB's clinical strategy. On behalf of the Health Board, Mr Moore expressed condolences to his family and Miss Battle confirmed that a fitting memorial would be planned.</p>	HT
	<p>The Board RATIFIED the decisions made in the 7 response areas set out in the report.</p>	

PM(20)58	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies for absence were received from the three Executive Directors who were in a Bronze Chair's meeting continuing preparations for Covid 19:</p> <ul style="list-style-type: none"> • Mrs Ros Jervis, Executive Director of Public Health • Ms Alison Shakeshaft, Executive Director of Therapies & Health Science • Mr Andrew Carruthers, Executive Director of Operations 	
-----------------	--	--

PM(20)59	DECLARATION OF INTERESTS	
-----------------	---------------------------------	--

	No declarations of interest were made.	
PM(20)60	MINUTES OF THE PUBLIC MEETING HELD ON 26TH MARCH 2020	
	RESOLVED – that the minutes of the meeting held on 26 th March 2020 be approved as a correct record.	
PM(20)61	MAINTAINING GOOD GOVERNANCE COVID-19	
	<p>Mrs Joanne Wilson presented the Maintaining Good Governance COVID-19 report, which included feedback from IMs.</p> <p>Following on from the concerns raised earlier in the meeting, Miss Battle confirmed that non-COVID-19 planning would be added to Board meeting agendas during this period.</p> <p>Miss Battle advised that following discussions with the Chief Executive and Board Secretary, it had been agreed that fortnightly skype meetings would take place with IMs to keep all up to date with developments. In addition, a daily situation report would be shared with IMs.</p> <p>Mrs Wilson noted the following typographical error on page 6 of the report, and that instead of ‘focused on existing the pandemic’, this should read; “focused on exiting the pandemic”</p>	JW
	<p>The Board:</p> <ul style="list-style-type: none"> • NOTED the Maintaining Good Governance COVID-19 report; • APPROVED the working principles and governance principles as set out in the paper; • APPROVED the Committee structure as outlined in this report; • NOTED the process for Chair’s Action in line with the Standing Orders; • NOTED that the arrangements would be reviewed regularly by the Chair, Chief Executive and Board Secretary; • APPROVED the variation to the Standing Orders as outlined in Annex (ii); • SUPPORTED a review of the arrangements to be undertaken in accordance with guidance that has been recently issued by the Good Governance Institute. 	KR
PM(20)62	MANAGEMENT OF OUTSTANDING RECOMMENDATIONS FROM AUDITORS, INSPECTORATES AND REGULATORS	
	<p>Mrs Wilson presented the Management of Outstanding Recommendations from Auditors, Inspectorates and Regulators report, advising that whilst preparing the report, advice had been sought from the Chair of the Audit, Risk and Assurance Committee (ARAC).</p> <p>Following correspondence from Auditors, Inspectorates and Regulators, who acknowledge the current unprecedented times, it is clear that they will be maintaining a watching brief and will expect the Health Board to prioritise appropriately. Given therefore the high number of risks the Health Board is carrying, a nuanced approach will be required to ensure focus is maintained.</p>	

	<p>For assurance, Mrs Rayani confirmed that regular contact has been maintained with Healthcare Inspectorate Wales (HIW) and that the 6 outstanding recommendations from the Immediate Concerns Improvement Plans, would be monitored by the Quality, Safety and Experience Assurance Committee (QSEAC). Mrs Wilson confirmed that regular contact was also being maintained with Audit Wales and Internal Audit.</p> <p>It was noted the proposed approach to be taken throughout this period was detailed on page 5 with those reports which needed to be progresses detailed on pages 3 and 4. The Board agreed the approach noting the Head of Risk and Assurance would now progress as proposed ensuring the high risk areas were progressed.</p>	
	<p>The Board CONFIRMED that the following must be implemented by the relevant service in line with the agreed timescales:</p> <ul style="list-style-type: none"> ✓ 6 Immediate improvement recommendations from Healthcare Inspectorate Wales (HIW). ✓ Enforcement notices from the Mid and West Wales Fire and Rescue Service (MWWFRS) ✓ Improvement Notices and material breaches from Health and Safety Executive (HSE). ✓ Audit Wales and Internal Audit high priority recommendations. <p>The Board AGREED the proposal for the management of all other recommendations up to 30 June 2020, and AGREED to a review before this date.</p>	

<p>PM(20)63</p>	<p>MANAGEMENT OF OPERATIONAL AND CORPORATE RISKS DURING THE COVID-19 PANDEMIC</p> <p>Mrs Wilson presented the Management of Operational and Corporate Risks during the COVID-19 Pandemic Report, where advice had been sought from the Chair of ARAC on the appropriate approach to take. The report outlines the proposed approach to monitor corporate risks, and whether the Health Board’s risk appetite and tolerance levels should be reviewed during the COVID-19 pandemic.</p> <p>Whilst supporting the process for the Executive Team (ET) to review the new and emerging risks relating to the potential impact of COVID-19 planning and management, Mr Newman enquired whether a deadline has been agreed to assess these risks. Mrs Wilson confirmed that the process by ET will continue up to 30 June 2020, following this a review of operational pressures would be undertaken.</p> <p>Given the magnitude of the current situation, Ms Lewis commented that it is inevitable that the risk tolerance during the pandemic would adapt, and that it would be sensible to re-evaluate once normal business resumes.</p> <p>In relation to the management of corporate risks, Prof. John Gammon acknowledged that QSEAC would monitor these from a quality and safety perspective, however enquired as to the monitoring of other identified risks. Mrs Wilson confirmed that, for assurance, any risks that</p>	
------------------------	--	--

	<p>are not aligned to QSEAC would be monitored by the Executive Team and ultimately all of the risks being scrutinised by the Board.</p> <p>In summary, Members approved the proposed process for the Management of Operational and Corporate Risks during the COVID-19 Pandemic noting the Head of Risk and Assurance would now progress as proposed ensuring the high risk areas were progressed.</p>	
	<p>The Board AGREED the following:</p> <ul style="list-style-type: none"> • Management of Corporate Risks – that the CRR is reviewed and agreed by Executive Team on a monthly basis prior to Board, with QSEAC retaining scrutiny role of the corporate risks aligned to this Committee. • Management of Operational Risks – the proposed option for the management of operational risks up to 30 June 2020 (with a further review undertaken at the end of June 2020). • That the Risk Appetite and Tolerance levels should be reviewed during the COVID-19 pandemic. 	
PM(20)64	<p>MONTH 12 FINANCIAL POSITION</p> <p>Mr Huw Thomas presented the Month 12 Financial Position, advising that the end of year position is £34.9m given on-going operational pressures, against a forecast of £35.0m; this remains subject to the closure and submission of the 2019/20 final accounts.</p> <p>Mr Thomas advised that a key issue during Month 12 had been an increase in both nurse agency and secondary care drugs. There has also been an impact of COVID-19 in Month 12, totalling £1.6m of revenue costs. However, based on recent guidelines, Welsh Government should fund the additional revenue costs incurred. There has also been an underspend of £0.7m due to slippage on some capital schemes.</p> <p>It was acknowledged that the Finance Committee will monitor and evaluate all COVID-19 decisions in order to identify value for money issues going forward.</p> <p>Mr Michael Hearty suggested there could be an increased risk to the Health Board in terms of identifying savings the longer the lockdown continues, and that Welsh Government should be mindful of this.</p> <p>The Board DISCUSSED and NOTED the financial position for Month 12.</p>	
PM(20)65	<p>UPDATE FROM THE IN COMMITTEE BOARD ON 7TH APRIL 2020</p> <p>Ms Battle presented an update from the In Committee Board on 7th April 2020.</p> <p>Members ratified the decisions made at the In-Committee Board on 7th April 2020.</p> <p>The Board RATIFIED the decisions made at the In Committee Board on 7th April 2020.</p>	

PM(20)66	ANY OTHER BUSINESS	
	<p>Mrs Hardisty advised that the Minister for Health & Social Care has confirmed her re-appointment as Vice-Chair of Hywel Dda University Health Board for a further 4 years.</p> <p>Miss Battle advised that Mrs Delyth Raynsford has also been re-appointed as Independent Member (Community) for a further year.</p>	

PM(20)67	DATE AND TIME OF NEXT MEETING	
	9.30am, Thursday 28th May 2020, venue to be confirmed.	