

Public Board Meeting

Thu 24 February 2022, 09:30 - 11:00

Agenda

09:30 - 09:32 **1. Welcome & Introductions**

2 min

Charles Janczewski

09:32 - 09:34 **2. Apologies for Absence**

2 min

Charles Janczewski

09:34 - 09:36 **3. Declarations of Interest**

2 min

Charles Janczewski

09:36 - 09:38 **4. Minutes of the Board Meeting held on 27 January 2022**

2 min

Charles Janczewski

 04 Public Board Minutes 27.01.22 MD.NF.pdf (23 pages)

09:38 - 09:40 **5. Action Log – 27 January 2022**

2 min

Charles Janczewski

 05 Action Log.NF.pdf (2 pages)

09:40 - 10:50 **6. Standing Items for Review and Assurance**

70 min

6.1. Chair's Report & Chair's Action taken since last meeting

Charles Janczewski

10 minutes

 6.1 Chair's Board Report - February 2022.pdf (6 pages)

6.2. Chief Executive Report

Suzanne Rankin

10 minutes

 6.2 Chief Executive Board Report - Feb 2022.pdf (3 pages)

6.3. Systems Resilience Briefing (Covid and Non Covid):

Ruth Walker / Meriel Jenney / Rachel Gidman / Nicola Foreman / Caroline Bird / Fiona Kinghorn

- Quality & Safety
- Quality and Safety

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- Workforce
- Public Health
- Governance

40 minutes

📄 6.3 Systems Resilience Briefing Covering Report.pdf (2 pages)

📄 6.3a Systems Resilience Briefing Report.pdf (8 pages)

6.4. Draft IMTP

Abigail Harris

10 minutes

📄 6.4 Draft IMTP Cover Sheet Feb 2022.pdf (3 pages)

10:50 - 10:50 7. Items for Approval

0 min

10:50 - 10:50 8. Items for Noting

0 min

8.1. No items

10:50 - 10:50 9. Review of the meeting

0 min

10:50 - 10:50 10. Date and time of next meeting:

0 min

Thursday, 31st March 2022 at 12pm

Saunders, Nathan
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**Minutes of the Public Board
Held on 27 January 2022 12.00pm
Via MS Teams**

Chair:		
Charles Janczewski	CJ	UHB Chair
Present:		
Ceri Phillips	CP	Vice Chair
Fiona Jenkins	FJ	Executive Director of Therapies & Healthcare Sciences
Rachel Gidman	RG	Executive Director of People and Culture.
Abigail Harris	AH	Deputy Chief Executive Officer / Executive Director of Strategic Planning
Fiona Kinghorn	FK	Executive Director of Public Health
Mike Jones	MJ	Independent Member – Trade Unions
Ruth Walker	RW	Executive Director of Nursing
Catherine Phillips	CP	Executive Director of Finance
Caroline Bird	CB	Interim Chief Operating Officer
Akmal Hanuk	AH	Independent Member for Community
Susan Elsmore	SE	Independent Member for Local Authority
Gary Baxter	GB	Independent Member for University
Sara Moseley	SM	Independent Member for Third Sector
John Union	JU	Independent Member for Finance
Michael Imperato	MI	Independent Member for Legal
Rhian Thomas	RT	Independent Member - Capital and Estates
David Edwards	DE	Independent Member - ICT
In Attendance:		
Nicola Foreman	NF	Director of Corporate Governance
David Thomas	DT	Director of Digital Health & Intelligence
Ian Virgil	IV	Head of Internal Audit
Stephen Allen	SA	Community Health Council – Chair
Sam Austin	SA	Deputy Chief Executive, Llamau
David Thomas	DT	Director of Digital Health & Intelligence
Chris Turner	CT	Chair of the Emergency Ambulance Service Committee
Stephen Harray	SH	Chief Ambulance Services Commissioner
Lance Carver	LC	Director of Social Service, Vale of Glamorgan Council
Jason Roberts	JR	Deputy Executive Nurse Director
Stephen Harray	SH	Chief Ambulance Services Commissioner
Richard Baxter	RB	Emergency Ambulance Services Committee
Carys Fox	CF	Divisional Nurse for the Specialist Services
Jonathan Pritchard	JP	Head of Workforce and Organisational Development
Observers:		
Joanne Brandon	JB	Director of Communications
Marcia Donovan	MD	Head of Corporate Governance
Francis Meurig	FM	Graduate Trainee
Hannah Stevenson	HS	Graduate Trainee
Secretariat:		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Stuart Walker	SW	Interim Chief Executive Officer
Meriel Jenney	MJ	Interim Executive Medical Director

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Item No	Agenda Item	Action
UHB 22/01/001	Welcome & Introductions The University Health Board Chair (UHB Chair) welcomed all to the Board meeting in English and in Welsh.	
UHB 22/01/002	Apologies for Absence Apologies for absences were noted.	
UHB 22/01/003	Declarations of Interest Sara Moseley declared an interest as a member of the General Medical Council (GMC). Fiona Jenkins declared an interest in relation to her joint role as the Interim Executive Director for Therapies Health Science for Cwm Taf Morgannwg UHB. Susan Elsmore declared an interest in relation to her role as the Cabinet Member for Social Care, Health and Well-being at Cardiff Council. The Deputy Chief Executive Officer (DCEO) advised the Board that she was an Independent Member for the Social Care Wales Board and declared an interest. The Board resolved that: a) Save for Declarations of Interest noted above, no further Declarations of Interest were noted.	
UHB 22/01/004	Minutes of the Public Board Meeting held on 16 December 2021 The minutes of the Public Board Meeting held on 16 December 2021 were reviewed for accuracy and matters arising. The Director of Corporate Governance advised the Board that amendments had been requested by the Executive Director of Public Health (EDPH) offline which would be picked up. The Board resolved that: a) The minutes of the Public Board meeting held on 16 December 2021 were approved as a true and accurate record pending amendments required by the EDPH	
UHB 22/01/005	Action Log 16th December 2021 It was noted that all actions on the Action Log were completed. The Board resolved that: a) The Action Log was received and noted.	

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<p>UHB 22/01/006</p>	<p>Patient Story</p> <p>Due to IT difficulties, the Patient story was not shared during the meeting.</p> <p>The Patient Story would be sent to all Board members via email and uploaded onto the Health Board's website.</p> <p>The Board resolved that:</p> <p>a) The Patient Story would be sent to all Board members via email and uploaded onto the Health Board's website.</p>	
<p>UHB 22/01/007</p>	<p>Chair's Report and Chair's Action taken since last meeting</p> <p>The Chair's Report and Chair's Actions taken since the last meeting were received.</p> <p>The UHB Chair advised the Board that there were 3 main parts to the report which included:</p> <ul style="list-style-type: none"> • Chair's Appraisal 2020-21 <p>The Board was advised of the outcome of the UHB Chair's appraisal with the Minister for 2021.</p> <p>It was noted that he regarded the appraisal as a reflection of the Board and the Health Board overall and that comments by the Minister had been positive.</p> <p>The UHB Chair thanked members of the Board for the large amount of work undertaken over the past year and, in particular Executive colleagues who had been determined to make things better for patients and staff.</p> <ul style="list-style-type: none"> • Dental Directorate – Surgery Clinical Board <p>The UHB Chair advised the Board that the Dental Directorate and in particular, the Dental hospital, had faced considerable challenges throughout the Pandemic and that it had come through it remarkably well.</p> <p>He thanked the staff for their incredible hard work over the last 12 months.</p> <ul style="list-style-type: none"> • Chair's Actions and Sealing of Documents. <p>The UHC Chair asked Board members if they were happy to approve the documents that had been received.</p> <p>All Board members were happy to approve the documents.</p> <p>The Independent Member – Third Sector (IMTS) thanked the UHB Chair for the reports and noted that in relation to the Dental Directorate information, there was a link between poor dental</p>	

	<p>health and deprivation and the strategic aims of the Health Board. She asked if more of an insight could be provided in the future in relation to who has been negatively impacted by the issues raised.</p> <p>The Interim Chief Operating Officer (ICOO) responded that the Dental Directorate had been significantly impacted by Covid-19 and, in particular, the Infection Prevention and Control (IP&C) constraints within Dental procedures.</p> <p>It was noted that the Dental Directorate formed a large part of the Health Board's recovery plan and that the Directorate had begun to see some improvements.</p> <p>The ICOO advised the Board that a more detailed report on the Dental Directorate could be provided to one of the Committees of the Board.</p> <p>The Board resolved that:</p> <ol style="list-style-type: none"> a) The Chair's report was noted. b) The Chair's Actions undertaken during the period were approved. 	CB
<p>UHB 22/01/008</p>	<p>Interim Chief Executive Report</p> <p>The Interim Chief Executive Report was received.</p> <p>The DCEO advised the Board that she would take the report as read and noted that it had highlighted some of the incredible work being undertaken by Cardiff and Vale University Health Board (the Health Board) and had showed the breadth of the work being carried out from Reseach right the way up to Primary Care.</p> <p>A number of areas were highlighted for importance to the Board which included:</p> <ul style="list-style-type: none"> • Celebrating HMP Cardiff's Healthcare Success <p>The DCEO advised the Board that Her Majesty's Prison (HMP) Cardiff's Healthcare team was commended at the HMP Cardiff Awards with Senior Nurse, Karen Mills, securing the coveted High Sheriff's Award which recognised the exceptional work of prison staff.</p> <ul style="list-style-type: none"> • New Optometry service for homeless citizens in Cardiff and Vale University Health Board <p>The Board was advised that the first Optometry service for homeless citizens took place on Friday 19 November 2021 in Cardiff.</p> <p>It was noted that the service had highlighted the excellent collaboration between (i) the Optometrists who had provided</p>	

their expertise and time, (ii) a supplier who had provided the spectacles, (iii) the Health Board for the provision of the equipment and clinic space, (iv) Cardiff City Council for the provision of the premises and (v) the South East Locality Team which had provided the essential collaborative links. It was noted that Clinical sessions would be organised on a regular basis to meet the local demand.

- **Executive Team Changes**

The Board was advised that Caroline Bird had stepped into the role of interim Chief Operating Officer (ICOO) and it was noted that the work being undertaken already by the ICOO was apparent and welcomed.

- **Sustainability Action Plan**

The DCEO advised that the Board had previously received the Action Plan and that the Communications team had now produced an animation that brought that plan to life.

It was noted that the animation would be circulated to Board members.

The Independent Member – Capital & Estates advised the Board that she had viewed the Sustainability Plan animation on social media and highlighted how effective it had been.

She asked if there was a Committee of the Board that focused upon the Sustainability agenda.

The DCEO responded it was a very important agenda item for the Health Board and that it was proposed that a programme board would be set up to consider the Sustainability agenda. Further, that the Strategy and Delivery Committee would receive detailed oversight in terms of the delivery of the action plan.

The Independent Member – Community asked if the number of Health Board staff who had been vaccinated against Covid-19 was known.

The EDPH responded that there had been a very good uptake of the vaccination from Health Board staff and that could be viewed via the Public Health Wales dashboard.

It was noted that for Health Care workers (which included non-Health Board staff such as Local Authority care staff), 98.1% of them had received the first dose of the vaccine, 97.1% had received the second dose, and 89.5% had received their booster vaccine.

The Independent Member for Local Authority (IMLA) also added that there had been a very high rate of vaccinations amongst care staff (both internal and external staff).

The Board resolved that:

	<p>a) The Interim Chief Executive’s report was noted.</p>	
<p>UHB 22/01/009</p>	<p>System Resilience Briefing (Covid & Non-Covid).</p> <p>The System Resilience Briefing (Covid & Non-Covid) was received.</p> <p>Workforce section</p> <p>The Executive Director of People and Culture (EDPC) advised the Board that the workforce agenda was in collaboration with other professional leads including the Executive Director of Nursing (END), the EDPH and the Interim Medical Director (IMD).</p> <p>It was noted that it was important to have a forward looking plan and that would be raised under the People and Culture Plan (an item later on the agenda) which would provide assurance to the Board.</p> <p>It was noted that the Health Board had identified a high sickness rate and, when overlaid with Covid isolations and shielding, it was very high in certain areas (up to 19%).</p> <p>Operational section.</p> <p>The ICOO advised the Board that the Health Board remained under operational pressures across Primary Care, Community Care, Mental Health within the Hospital, and the wider system.</p> <p>Those pressures were resulting in delays across the system which had led to poor patient experience.</p> <p>The ICOO offered her apologies to the members of the public who had experienced delays.</p> <p>Thanks were offered to all Health Board staff who had been working under some extreme pressures throughout the Pandemic.</p> <p>It was noted that since the paper had been written, the Covid-19 position had improved within the hospitals, with a lower number of patients in the hospital settings.</p> <p>It was noted that the Mental Health position had also improved and that the wards had now re-opened and staff had returned.</p> <p>The ICOO advised the Board that “within hospital” was still challenging, but noted that the reduction in Covid numbers had allowed a rebalancing of capacity.</p> <p>It was noted that some escalation work regarding the repatriation of patients was required.</p>	

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Good examples of work were identified by the ICOO which had included:

- Same Day Emergency Care (SDEC) – The service would start in March 2022.
- Admission avoidance schemes.

Public Health section.

The EDPH advised the Board of the Covid-19 headlines which included:

- The Covid situation was a mixed picture at the moment.– The peak had been identified at the end of 2021.
- Whilst numbers of Covid cases had come down to around 500 a day in Cardiff and the Vale, numbers were currently at 800 – 1000 and the under 25s population was driving that increase.
- Track and Trace arrangements were still in place and in a prioritised way across some settings.
- There were Covid-19 instances within care homes and it was noted that quite often it was the staff driving those numbers.

The EDPH advised the Board of the Mass Vaccination headlines which included:

- 80% of those over 18 have received a booster.
- Wales was the first place within Europe to commence the vaccination of 5-11 year olds.
- Flu vaccination was ongoing and it was noted that some areas in Europe were seeing a rise of flu cases and so there was a final push with particular groups where rates were lower than they should be.

The DCEO advised the Board that she had attended the Chief Executives meeting earlier that week and noted that the Health Minister had offered her thanks to NHS staff for:-

- The fantastic achievement with the vaccination booster programme; and
- The great efforts staff had made in relation to the recovery of planned care during the Christmas period.

Quality, Safety and Experience section.

The END advised the Board that they should not underestimate the pressure that the Health Board staff was under.

It was noted that 20% of the Registered Nurse workforce were absent and 20% of Health Care Support Workers were absent. That was in addition to the gaps that had already been identified (700 WTE) as the Health Board tried to deliver in a greater footprint than it had seen before.

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The END advised the Board that the Pandemic would continue to impact Health Board staff for a prolonged period of time.

It was noted that the Health Board had started to receive complaints regarding the quality of care as opposed to unsafe care, although staff were doing the best they could to address those issues.

The Executive Director of Therapies and Health Sciences (EDTHS) advised the Board that the Long Covid Service had been evaluated and that the Health Board had the second largest number of patients in Wales referred to that service.

It was noted that the Health Minister was due to make an announcement regarding Long Covid.

The Vice Chair of the UHB referred to the Health and Wellbeing of Staff section of the report and noted that Board members would have heard the details regarding the murder of Professor Gary Jenkins via the press and asked that staff, who had worked with him, should be offered appropriate help and support.

The Independent Member – ICT (IMICT) recognised that poor patient experience was understandable given the staffing pressures, and he asked for a sense of scale regarding that. That was, how did poor patient experience translate into outcomes.

The END responded that incidents were occurring that would not usually be seen in areas such as the Emergency Unit. She added that some of those outcomes may not manifest for a long time. The END gave the example of pressure damage and commented that a further report regarding the same was due to be taken to the Quality, Safety and Experience Committee.

RW

The END commented that Board members had previously been informed of some issues regarding maternity cases and she added that all incidents were being investigated.

It was noted that in relation to more general quality issues, those had related to patient experience and the long delays that were being seen by patients.

It was noted that overall, patient feedback remained very positive, although the number of complaints was rising.

The Independent Member – University (IMU) asked how significant the increase in turnover of staff was and what was being done to address those increases.

The EDPC responded that it was particularly worrying and it was a trend that they did not want to see rising.

It was noted that the Workforce team was looking to carry out some “deep dives” on all of these areas and that the EDPC would report back to the Board in more detail.

RG

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	<p>She added that some staff were leaving because they were physically exhausted from Covid and noted that in those instances Workforce were encouraging those members of staff to be redeployed.</p> <p>The EDPC advised the Board that there would be a lot of wellbeing intervention in February 2022, which included a tool called “winning temp”. That should provide a sense of how nurses felt on a weekly basis.</p> <p>The IMLA advised the Board that in her role as Councillor she was interested in to hear more in relation to vaccinations and outbreaks of Covid in care homes. She asked for a conversation with the EDPH outside of the meeting around those areas.</p> <p>The Independent Member – Community (IMC) advised the Board that a very clear link was identified between staff wellbeing and patient experience and noted that it should be considered regularly by the Board and asked if anything was being done currently to address staff wellbeing.</p> <p>The EDPC responded that the IMC was correct and that evidence had showed that if staff were not happy, that could impact upon patient experience.</p> <p>She added that before the Pandemic there had been a gap in the establishment which needed to be addressed. The new People and Culture plan should address some of the issues.</p> <p>The Independent Member – Third Sector (IMTS) advised the Board that the work identified in relation to Primary Care and Community services was very welcome and asked what was being done in the long term.</p> <p>She added that at some point it would be useful for Board to be updated with regards to Cluster development.</p> <p>The DCEO responded that for the first time, Cluster plans were being drawn into the IMTP and that the same would be looked at in more detail at a Board Development session.</p> <p>The Board resolved that:</p> <p>a) The Systems Resilience Briefing Report (COVID and Non COVID) was noted.</p>	<p>FK</p> <p>AH</p>
<p>UHB 22/01/010</p> <p>Saunders, Nathan 02/15/2022 14:40:30</p>	<p>Draft IMTP Update (Verbal)</p> <p>The draft IMTP update was received.</p> <p>The DCEO advised the Board that a number of important things had happened since Board was last updated which included:</p> <ul style="list-style-type: none"> • The financial allocation had been received into the Health Board. 	

	<ul style="list-style-type: none"> • Clarification had been provided on the Minsiter’s priority measures. <p>It was noted that the Welsh Government (WG) had extended the timeline for two reasons, namely:</p> <ul style="list-style-type: none"> • The need to work through the allocation of the Ministerial priorities; and • The pressures which has arisen from the Omicron wave of Covid-19 and the focus upon operational resilience. <p>It was noted that the IMTP would be submitted to WG on 31st March 2022 and that draft version would be received by the Board in February 2022.</p> <p>The DCEO advised the Board that the IMTP would be described in three ways. That was:</p> <ul style="list-style-type: none"> • The requirement to remain resilient and responsive in light of Covid19; • Financial Allocation and the ability to balance expectations; and • Cluster plans linkage. <p>It was noted that it was important to highlight the impact upon children and young people via the joint work with the Local Authorities.</p> <p>The DCEO concluded that next year would be an important year because the area plan and wellbeing plan would be refreshed with the Regional Partnership Board and the Population Needs Assessment would be submitted and those should inform the Health Board’s planning.</p> <p>The Board resolved that:</p> <p>a) The draft IMTP Update was noted.</p>	
<p>UHB 22/01/011</p> <p>Saunders, Nathan 02/15/2022 14:40:30</p>	<p>Emergency Ambulance Services Committee Update</p> <p>The Emergency Ambulance Services Committee Update was received.</p> <p>The Chair of the Emergency Ambulance Service Committee (CEASC) advised the Board they commissioned a number of services which included:</p> <ul style="list-style-type: none"> • Emergency Ambulance Services (EMS) • Non-Emergency Patient Transport Services (NEPTS) • Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) <p>The CEASC advised the Board that the Health Minister had identified an explicit objective which required EASC’s</p>	

involvement and support to the 6 goals of urgent and emergency care.

The Chief Ambulance Services Commissioner (CASC) advised the Board that the EASC commissioned services on behalf of the Health Board and noted that in terms of the EASC, priorities were listed along with outcomes.

It was noted that a capacity review was a key priority within the commissioning intentions for the EMS.

The CASC summarised the priorities and outcomes for the NEPTS which included:

- Consolidate and build confidence in the plurality delivery model – completion of the Ministerial commitment to modernise NEPTS.
- Understand and mitigate demand – reduction in overall demand and a more efficient and effective transport service for patients.
- Modernise and transform capacity – increase and diversification in capacity to meet the changes in patient demand.

The CASC summarised the priorities and outcomes for the EMRTS which included:

- Consolidate and complete the service expansion – by enhancing the EMRTS 24/7 provision across Wales.
- Deliver a critical care transfer service for Wales – by providing a dedicated critical care transfer service across the whole of Wales for the first time.

It was noted that activity had been fairly flat over the past 12 months and that there was a response time target of 65% and that Cardiff and the Vale had reached 70% over the 12 month period.

It was noted that amber response required work and that the mean average response was 1 hour and 30 minutes.

It was noted that since April 2020 to December 2021, the number of aborted NEPTS journeys had increased from circa 25,000 to around 45,000.

It was noted that the WAST could activate their Demand Management Plan (DMP) which meant that WAST would be saying to the Health Board “We do not have the resources to go to that category of patient” which was a growing risk in the system.

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The CASC advised the Board that the Ambulance Performance Activity (Amber) was poor and improvements were required and noted that with the investment that the Health Board had made towards EASC in terms of additional resources and the requirement that EASC had made at WAST to improve their rosters, it would be important to use that additional capacity to target the amber performance and get greater resilience there.

The CASC added that the amount of vehicles being turned around in 1 hour had dipped over the past few months due to system pressures.

It was noted that WAST's future ambitions were being supported by a task force to help advise how EASC could start to turn it around in a positive way.

It was noted that it was important to strengthen the links with Chief Operating Officers and Directors of Planning.

The CASC concluded the presentation and outlined the key issues and opportunities which included:

- Opportunities for ambulance staff to directly access alternative routes of care (SDEC, Community Services, Rapid Access Clinics).
- Remote support for ambulance staff via Consultant Connect.
- Handover Improvement – CVUHB plan required.

The IMLA asked if working alongside Local Authorities was something that could be expanded upon to relieve pressures from WAST. She provided the example of the Local Authority Mobile Wardens who attended scenes when somebody had fallen and how that had avoided ambulance costs.

The CASC responded that it was a good idea and that it was definitely an area that would be considered. He also noted that other non-emergency areas, such as blocked catheters, could be considered.

The Independent Member – Legal asked how everything worked in relation to the geography of Wales in light of the vast rural areas of Wales in contrast with the more populated, such as the South East.

The CASC responded that WAST was a Trust, not a "Service" and noted that there was no single way of delivering ambulances across Wales because ultimately it would always vary given various factors, such as those identified by the IML.

It was noted that learning should be taken from best practice and as mentioned previously, finding the balance to strike between locally and nationally which was why outcomes were such a focus for EASC.

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	<p>The CASC added that at times there was not enough ambulance capacity to meet demand and from EASC’s point of view that meant two things, namely:</p> <ul style="list-style-type: none"> • Efficiencies needed to be created in the Cardiff and Vale system, such as looking at handover hours lost and looking closely at WAST data to adjust their rosters. • Looking at any inefficiencies in processes and procedures to identify points to improve upon. <p>It was noted that WG had made monies available for a patient transfer service and wise investment would be required.</p> <p>The Chief Officer of the Community Health Council (COCHC) asked how EASC were going to work with the public so that they would understand the changes in dynamics that WAST and the Health Boards were suggesting and what would happen if the public came back and noted that they did not want the changes.</p> <p>The CASC responded that the earlier the public were involved in any proposals the better, and that if the alternative was not a suitable, reasonable or better alternative then the public would not accept the changes and so EASC would need to ensure that the plans in place did meet the public’s expectations.</p> <p>The Vice Chair of the UHB noted that demand often exceeded capacity and asked to what extent EASC were picking up the inappropriate demand and entering the area of urgent care as opposed to emergency care.</p> <p>The CASC responded that there was a lot of repeat demand in the system with people presenting in multiple parts of the system and noted that there were opportunities around those particular patients.</p> <p>He added that the inappropriate demands came back to access and how patients could access the service because often they could be dialling 999 because they could not get through to anywhere else.</p> <p>The UHB Chair concluded that further conversations could be had offline to discuss how the Health Board could work together along with the 6 identified goals.</p> <p>The Board resolved that:</p> <ol style="list-style-type: none"> a) The Emergency Ambulance Services Committee Update was noted. 	CB
<p>UHB 22/01/012</p> <p><i>Saunders, Nathan 02/15/2022 14:40:30</i></p>	<p>Board Assurance Framework</p> <p>The Board Assurance Framework was received.</p> <p>The Director of Corporate Governance (DCG) advised the Board of the changes made to the Board Assurance Framework (BAF)</p>	

It was noted that the ten risks to the Strategic Objectives had remained the same. Those were:

- Workforce
- Financial sustainability
- Sustainable Primary and Community Care
- Patient Safety
- Sustainable Culture Change
- Capital Assets
- Inadequate Planned Care Capacity
- Delivery of Annual Plan
- Staff Wellbeing
- Exacerbation of Health Inequalities in Cardiff and Vale.

It was noted that the three highest risks were Patient Safety, Workforce and Capital Programme which aligned with discussions had at Board.

The DCEO advised the Board that the capital allocation which the Health Board had been made aware of was a significant reduction and so the All Wales Capital programme for major capital schemes and discretionary capital was a shrinking pot.

The Executive Director of Finance (EDF) advised the Board that the future finances for Capital were relevant and a big issue for the Board.

She added that the Health Board had received £58million for 2021/22 and dedicated recovery monies as well as slippage money which went on IM&T and Medical Equipment.

It was noted that although the future was looking difficult, the Health Board had gained and deployed a lot of assets in 2021/22 which would help with the issues raised around patient safety and workforce.

The DCG concluded that each Executive Director was a lead for each risk and noted that they met with her each month prior to the Board meeting to discuss their individual BAF risks.

The Board resolved that:

- a) The 10 risks to the delivery of Strategic Objectives detailed on the attached BAF for January 2021 were approved.
- b) The removal of the Financial Sustainability risk for the financial year 21/22 having reached its target risk score was approved.
- c) The continuing progress which had been made in relation to the roll out and delivery of effective risk management systems and processes at Cardiff and Vale UHB was noted.

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UHB
22/01/013

Integrated Performance Report

The Integrated Performance Report was received.

Finance

The EDF advised the Board that at the end of November 2021 and the end of December 2021 there was a small surplus and a forecast of breaking even had been given.

It was noted that the most significant risk was that the Health Board was managing to achieve the savings this year, but there was a shortfall on the recurrent element of £4.4million which could hinder the underlying deficit.

It was noted that there was a “back loaded” Capital programme and the Health Board was endeavouring to meet the public sector payment policy.

People and Culture

The EDPC advised the Board that 2 workforce hubs had been created to help manage workforce in certain areas.

It was noted that an internal workforce team had been able to accelerate workforce applications into the mass vaccination service.

It was noted that the workforce for the whole system approach would be considered.

Quality & Safety

The END advised the Board that some of the incidents identified in the report related to Covid-19, but she highlighted that the top 2 cases of incidents related to falls and pressure damage.

It was noted that the Quality, Safety and Experience Committee had received the information regarding that and it had been discussed in detail at that Committee.

It was noted that another area which required focus was hospital acquired infections in the broader context.

The END added that C-diff infection was going in the wrong direction and noted that a lot of the cases had involved antimicrobial prescribing.

She added that the patient experience position continued to be maintained positively and the response to complaints remained positive.

The IML asked the END how often the pressure damage collaborative met to ensure that it was making improvements.

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	<p>The END responded that the collaborative was led by the Director of Nursing for the Surgical Clinical Board and that it met monthly to provide clear objectives.</p> <p>She added that the group had aimed to reduce pressure acquired damage by 25% by July 2022.</p> <p>Performance</p> <p>The ICOO advised the Board that the impact of the operational position could be seen in 2 areas:</p> <ul style="list-style-type: none"> Planned care – it was noted that recovery had been doing well and a growth had been seen in core activity. It was noted that much needed capacity was coming into the system over the next few months. It was noted that external support had been secured for key diagnostic areas where particular staffing issues had been seen. Mental Health – it was noted that referrals remained significantly higher than pre-Covid. It was noted that the CAMHS performance for November and December 2021 had hit compliance at 85% in November and over 90% in December. The ICOO advised the Board that CAMHS had been impacted by high staff absence in January 2022. <p>Public Health</p> <p>The EDPC advised the Board that statistics and data would be provided on the next Integrated Performance Report</p> <p>The Board resolved that:</p> <p>a) The contents of the integrated report were noted.</p>	
<p>UHB 22/01/014</p>	<p>Stroke Performance</p> <p>The Stroke Performance was received.</p> <p>The ICOO advised the Board that compliance against stroke measures had been identified at two Committees of the Board:</p> <ul style="list-style-type: none"> Strategy and Delivery Committee Quality, Safety and Experience Committee. <p>It was noted that the stroke performance had been considered in more detail by the Strategy and Delivery Committee and noted that it was another service that had been significantly impacted upon by Covid-19 and, more recently, by the wider pressures that were being seen across the Health Board.</p>	

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The ICOO advised the Board that stroke performance was a priority for the Operational team and that the report highlighted improvement actions and timescales.

It was noted that Acute Stroke Services would form a key part of the IMTP for 2022/23, with a dedicated scheme to support the provision of seven day working prior to the delivery of a Hyper Acute Stroke Unit (HASU) in 2023/24.

The EDTHS advised the Board that the Health Board and Cwm Taf Morgannwg UHB would work together as the first stroke network in Wales and noted that the Medicine Clinical Board were leading on that.

The UHB Chair noted that he was encouraged that 2 Committees of the Board had raised the stroke performance issue.

The Independent Member – University (IMU) thanked the Executive colleagues for the creation of the report, the additional context and valuable explanation of the local contributing factors, as well as the national perspective of stroke performance.

The COCHC noted that the report did not contain any details with regards to the onward support for stroke patients, particularly when they left hospital.

The EDTHS responded that “life after stroke” was a key part of the proposed pathway and that both Health Boards had an early supportive discharge service.

The Vice Chair of the UHB asked if there were any risks to the HASU given the restraints on capital.

The EDTHS responded that the model should give the Health Board and patients the best outcomes and that the biggest constraint was staffing.

She added that a HASU required 24/7 stroke consultants and that there were not enough in Wales and not enough training within the UK. She added that by working across boundaries, more staff could be utilised.

The Board resolved that:

- a) The current compliance against the stroke quality improvement measures, contributory factors to the deterioration in performance and agreed improvement actions, were noted.
- b) An improvement trajectory would be worked through and presented to the March 2022 Strategy and Delivery Committee meeting, was noted.

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	<p>c) It was noted that Stroke remained a priority both locally and regionally and would form a key element of the Health Board's Integrated Medium-Term Plan.</p>	
<p>UHB 22/01/015</p>	<p>Audit & Assurance Arrangements</p> <p>The Audit & Assurance Arrangements were received.</p> <p>The DCG advised the Board that she would take the report as read and highlighted that the Audit and Assurance arrangements should be provided to the Board annually. The report detailed the current audit and assurance arrangements held by the Health Board.</p> <p>The Board resolved that:</p> <p>a) The arrangements in place for Audit and Assurance as set out in the report were approved.</p>	
<p>UHB 22/01/016</p>	<p>People & Culture Plan (People and Culture Strategy including Equality)</p> <p>The People & Culture Plan (People and Culture Strategy including Equality) was received.</p> <p>The EDPC advised the Board that she was pleased to present the report to them and noted that actions within the report had already commenced. It was noted that the plan was:</p> <ul style="list-style-type: none"> • Aligned to the Shaping Our Future Wellbeing, A Healthier Wales: workforce strategy for health and social care & IMTP (longer term, transformational) but also Winter Plan, Recovery Plan. • A high-level published plan setting out ambitions and key enablers, supported behind the scenes by a series of objectives and actions. • There were 7 themes – working in partnership to develop objectives. • The plan should be seen in context of the current workforce and where the Health Board needed to move to. <p>Theme 1: Seamless Workforce Models</p> <p>The EDPC advised the Board that the ambition was to provide holistic, person centred and seamless health and care to the Cardiff and Vale population through a skilled, motivated, health and integrated workforce.</p> <p>Key objectives for theme 1 were identified.</p> <p>Theme 2: Engaged, Motivated and Healthy Workforce</p>	

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It was noted that the ambition was to have a workforce that felt valued and supported wherever they worked.

Key objectives for theme 2 were identified.

Theme 3: Attract, Recruit and Retain.

It was noted that the ambition was to attract, recruit and retain high quality and diverse candidates to work at the Health Board.

Key objectives for theme 3 were identified.

Theme 4: Digitally Ready Workforce

It was noted that the ambition was to have a workforce that was digitally ready and one which had both the technology available and skills to utilise effectively.

Key objectives for theme 4 were identified.

Theme 5: Excellent Education and Learning

It was noted that the ambition was to invest in education and learning to deliver the skills and capabilities needed to meet the future needs of the people the Health Board cared for.

Key objectives for theme 5 were identified.

Theme 6: Leadership and Succession.

It was noted that the ambition was to help leaders display collective and compassionate leadership.

Key objectives for theme 6 were identified.

Theme 7: Workforce Supply and Shape

It was noted that the ambition was to have a sustainable workforce in sufficient numbers to meet the health and social care needs of the population.

Key objectives for theme 7 were identified.

The Independent Member – Trade Union (IMTU) thanked the EDPC for the presentation and noted that staff wellbeing should clearly improve under the plan.

The Vice Chair of the UHB asked how the EDPC would ensure delivery of the culture part of the plan as well as the people part.

The EDPC responded that the Board and Executives could not have complete ownership of the plan and that it needed to be given to all staff to empower them to own it.

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	<p>She added that Heads of Workforce and Organisational Development had been to each Clinical Board and noted that each Director of Operations had noted that a People and Culture plan would be required under the IMTP.</p> <p>The DCEO advised the Board that the IMTP would drive out the key actions for years 1, 2 and 3 and had linked to the longer-term transformation.</p> <p>The Director of Social Service, Vale of Glamorgan Council (DSSVGC) advised the Board that the work of the Social Care Regional Workforce Board, which sat under the RPB, had been greatly improved with input from the Health Board.</p> <p>The Board resolved that:</p> <p>a) the draft People and Culture Plan 2022-25 was approved.</p>	
<p>UHB 22/01/017</p>	<p>Recruitment of Overseas Nurses</p> <p>The Recruitment of Overseas Nurses Campaign paper was received.</p> <p>The EDPC advised the Board that the current climate had created a shortage of candidates with the right skills, abilities and experience in many professions and that had created a more competitive market.</p> <p>It was noted that the ability to deliver high quality, compassionate care was dependent upon recruiting and retaining the right people with the right skills.</p> <p>It was noted that over the past few years the Health Board had successfully recruited and retained over 200 overseas nurses and there were a further 90 nurses to arrive following approval by the Board last September.</p> <p>The Head of Workforce and Organisational Development (HWOD) provided the Board with a brief overview of the overseas nursing recruitment.</p> <p>It was noted that WG were undertaking an all Wales overseas recruitment initiative to recruit 400 nurses for the whole of Wales.</p> <p>It was noted that the current vacancy position for Bands 5 and 6 Nurses across the Health Board was 322 and that turnover was 11.15% and sickness absence was 8.3%.</p> <p>The HWOD advised the Board that the paper had been received by the Management Executives earlier that week for approval. The purpose of the paper was to request formal Board approval to recruit a further 135 registered nurses from overseas as part of the All Wales recruitment campaign.</p>	

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He added that it was the intention to start interviewing suitable candidates within 2 weeks and to make appointments prior to the end of the financial year to ensure that the initiative would be funded through slippage monies.

The IMCE noted that the Health Board followed a very strict code of conduct of where nurses were recruited from and asked how successful the Health Board were on retaining overseas nurses and what support was provided.

The EDPC responded that assurance could be given that there were countries where nurses were not recruited from (due to their own low numbers of nurses) and noted that countries, such as the Philippines, purposely oversubscribed training specifically to export to Europe.

She added that pastoral support and accommodation was provided to overseas nurses.

The HWOD advised the Board that there was a turnover rate of around 8% and noted that the data was being looked into.

The Divisional Nurse for the Specialist Services (DNSS) advised the Board that the Health Board had been recruiting overseas nurses since 2018 and that in that time, 2 nurses had left.

She added that, in terms of retention, the nurses came to Cardiff and the Vale and had developed communities.

The IMTU advised the Board that in the paper it stated that there was a cost of £10,000 per nurse and asked if there was scope to take that back if the nurses did not stay.

The DNSS responded that the £10,000 covered agency fees, accommodation and visas and that their contracts stated that they were tied into the Health Board for 3 years.

It was noted that if they were to leave, the costs would be reclaimed on a sliding scale.

The END advised the Board that although the nurses being recruited were registered in their own country they still had a lot of work to do, when they arrived, in order to obtain the relevant skills.

The EDPC concluded that it was a timely piece of work alongside the People and Culture plan and noted that once the nurses arrived, the term "Overseas" was no longer required.

The Board resolved that:

- a) The proposed recruitment of 135 overseas nurses was approved.

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	<p>b) The associated budget of £1.35 million and associated supernumerary costs of around £4,400 per nurse as set out in the body of the report, were approved.</p>	
<p>UHB 22/01/018</p>	<p>Corporate Risk Register.</p> <p>The Corporate Risk Register was received.</p> <p>The DCG advised the Board she would take the report as read and highlighted that the risks had been grouped together at the previous request of the Independent Members.</p> <p>It was noted that most of the risks related to patient safety, closely followed by planned care capacity.</p> <p>The Board resolved that:</p> <p>a) The Corporate Risk Register and the work which was progressing, was noted.</p>	
<p>UHB 22/01/019</p>	<p>Annual consultations summary</p> <p>The Annual Consultations summary was received.</p> <p>The Board resolved that:</p> <p>a) The Annual Consultations Summary was noted</p>	
<p>UHB 22/01/020</p>	<p>Committee / Governance Group Minutes:</p> <p>Finance Committee – 27.10.21 & 24.11.21 Strategy & Delivery Committee – 16.11.21 Charitable Funds Committee – 21.09.21 Shaping Our Future Hospitals Committee – 13.10.21 Stakeholder Reference Group – 29.09.21 Local Partnership Forum – 21.10.21</p> <p>The Board resolved that:</p> <p>a) The minutes outlined within the meeting were ratified.</p>	
<p>UHB 22/01/021</p>	<p>Chair’s Reports:</p> <p>The Chair’s Reports were received.</p> <p>The Board resolved that:</p> <p>a) The Committee Chair reports outlined within the meeting were noted.</p>	
<p>UHB 22/01/022</p>	<p>Agenda for Private Board Meeting:</p> <p><i>i. Approval of minutes</i> <i>ii. Draft IMTP update</i> <i>iii. Approval of Private Committee minutes</i></p>	

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<p>UHB 22/01/023</p>	<p>Any Other Business</p> <p>Audiology Expression of Thanks</p> <p>The UHB Chair advised the Board that a specific request from a patient had been received to thank the Audiology Department for all of their work.</p> <p>The EDTHS advised the Board that she would take the recognition back to the relevant team.</p>	
<p>UHB 22/01/024</p>	<p>Review of meeting</p> <p>The UHB Chair asked if attendees were satisfied with the business discussions and the format of the meeting, and all Members indicated that they were happy with the meeting, the updates provided and the meeting format.</p>	
<p>UHB 22/01/025</p>	<p>Date and Time of Next Meeting:</p> <p>24 February 2022 at 9.30am Via MS Teams</p>	

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ACTION LOG
Following Public Board Meeting
27th January 2022
(For the meeting 24th February 2022)

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
Actions Completed					
Actions In Progress					
UHB 22/01/009	System Resilience Briefing (Covid & Non-Covid).	A further report regarding pressure damage is due to be taken to the Quality, Safety and Experience Committee in June 2022.	14.06.2022	Ruth Walker	In Progress To be brought to QSE meeting on the 14 June 2022.
UHB 22/01/009	System Resilience Briefing (Covid & Non-Covid).	The Workforce team was looking to carry out work on the high turnover of staff and that the EDPC would report back to the Board in more detail.	26.05.2022	Rachel Gidman	In Progress Report to be presented to May Public Board
UHB 22/01/009	System Resilience Briefing (Covid & Non-Covid).	Independent Member for Local Authority will have an offline conversation with the EDPH to discuss vaccinations and outbreaks of Covid in care homes.	28.02.2000	Fiona Kinghorn	In Progress Conversation to take place before end of Feb 2022

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
UHB 22/01/011	Emergency Ambulance Services Committee Update	Conversations to be had offline to discuss how the Health Board could work together along with the 6 identified goals.	31.03.2022	Caroline Bird	In Progress Conversation to take place before end of financial year.
Actions referred to Committees of the Board/Board Development					
QSE 21/12/036	Nosocomial Investigation Position	To go to Board to seek approval of the way forward and provide an update on the All Wales approach	31.03.2022	31.03.2022	In progress To be presented to Board in March 2022.
UHB 22/01/007	Chair's Report and Chair's Action taken since last meeting	ICOO advised the Board that a more detailed report on the Dental Directorate would be provided to the QSE Committee.	12.04.2022	Caroline Bird	In Progress Date of QSE Committee to which this item will be brought is to be confirmed.
UHB 22/01/009	System Resilience Briefing (Covid & Non-Covid).	Cluster plans were being drawn into the IMTP and that the same would be looked at in more detail at a Board Development session.	30.06.2022	Abigail Harris	In Progress Date of Board Development Session to which this item will be brought is to be confirmed once Board Development Plan has been completed for 2022/23

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Report Title:	Chair's Report to the Board					
Meeting:	Public Board Meeting				Meeting Date:	February 2022
Status:	For Discussion	For Assurance	For Approval	x	For Information	x
Lead Executive:	Chair of the Board					
Report Author	Personal Assistant to the Chair					

Background and current situation

This report includes information on the key activities that have taken place since the last Board Meeting on the 27th January 2022. Also featured in this report is an overview of the invaluable work carried out by Portering Services and its response to Covid 19.

Cardiff & Vale University Health Board (UHB), Operational Services Portering Service

The Operational Services directorate provide Portering services across the Cardiff & Vale UHB on the University Hospital of Wales (UHW), University Hospital Llandough (UHL) and Barry Hospital (BH) sites. The workforce consists of approximately ninety staff, 62 staff are based at UHW, 24 at UHL and 4 at BH, made up of the following:

- Band 4 Senior Supervisors
- Band 3 Supervisors
- Band 2 Porter / Firefighters (Helipad response, UHW only)
- Band 2 General Porters
- Band 1 General Porters.

The principal function of Portering services is to assist medical / nursing staff with the safe transfer of the patients across the UHB sites. This includes transportation of patients between wards or departments by means of wheelchair, trolley, mortuary trolley, bed and the occasional walking escort. During the period of January 2021 and January 2022 UHW undertook in excess of 86,000 Portering tasks and UHL undertook in excess of 31,000 Portering tasks.

Another aspect of the Portering role is delivery and collection duties include post, specimens, blood products and medical gases (including the fitting of flow meters). On the UHL and Barry sites, additional variations of this part of the role include delivery and collection of pharmacy products, linen and stores delivery and collections. At UHW these additional variations are managed directly by the respective department.

Located at UHW adjacent to the Emergency Unit (EU), the UHB Helipad provides direct and immediate emergency access for patients to access the services provided within the UHW. The Helipad is categorised as an HI elevated pad which first became operational in 2008, requiring the UHW Portering team to introduce new Porter / Firefighter roles for compliance with Civil Aviation Authority (CAA) regulations.

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As a consequence of UHW being awarded Major Trauma status, our Helipad service became operational on a 24/7 basis in 2020. During the period of April 2021 and January 2022 the UHW Helipad facilitated 228 landings of air ambulances from all areas of Wales and England.

The Portering team provide a professional, friendly and supportive Concourse reception service at the UHW site and act as the initial point of contact for patients, visitors, external service users, stakeholders and staff. A reception service is currently provided at the UHL hospital where our Portering staff are on hand to provide all patients and visitors with information and directions.

In response to the COVID19 pandemic, the Portering team have adjusted their methods of working in several areas to ensure the continuation of delivering efficient patient care. An example of this is collaborative working with the UHB Blood Transfusion Group, introducing a revised method for wards to order blood products. Previously, Porters were required to go to the ward, collect the blood product request slips, go to the blood bank to collect the product and return to the ward. The revised method now requires the wards to add the patient details to the internal Portering computer booking system (Portertrac) when booking the task, which is then printed out in the Portering office and issued to the Porter. This enables the Porter to go directly to the blood bank to collect the blood product requiring the porter to only attend the ward once.

The discharge of patients from Green zones within the hospital sites currently involves two porters to assist patients, gathering their belongings together so that they can be safely transferred home from pick up points around the hospital sites, this is as a result of visitors not being allowed on to the wards to help family or friends.

As with all services, the COVID pandemic had a damaging impact on our workforce, especially to our UHL team with the loss of life of one member to COVID.

a. Fixing the Common Seal/Chair’s Action and other signed documents

The common seal of the Health Board has been applied to 1 document since the last meeting of the Board.

Seal No.	Description of documents sealed	Background Information
967	Short term Lease Maelfa Wellbeing Hub - (1) Cardiff Council and (2) CVUHB	A short-term lease for construction site parking and storage.

The following legal documents have been signed since the last meeting of the Board:

Date Signed	Description of Document	Background Information
12.01.2022	Service Level Agreement for Pathology Services - (1) CVUHB and (2) Hywel Dda UHB	An income generating service level agreement for the provision pathology services to Hywel Dda UHB.

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12.01.2022	Agreement for Lease – Maelfa Wellbeing Hub between (1) Cardiff Council and (2) CVUHB	An agreement to enter a lease for the Maelfa Wellbeing Hub following completion of construction work.
12.01.2022	Short term Lease Maelfa Wellbeing Hub - (1) Cardiff Council and (2) CVUHB	A short-term lease for construction site parking and storage.
26.01.2022	Deployment Order between (1) CVUHB and (2) Citadel Health	An agreement for the provision of an All Wales Laboratory Information Management System.
27.01.2022	SLA For Pathology Services - (1) CVUHB and (2) Velindre NHS Trust	An income generating service level agreement for the provision pathology services to Velindre NHS Trust

This section details the action that the Chair has taken on behalf of the Board since the last meeting. The Board is requested to ratify these decisions in accordance with Standing Orders.

Chair’s Action was taken in relation to:

Chair’s Actions						
Date Received	Chair’s Action Details	Background Recommendation Approved	Date Approved	IM Approval		Queries Raised by IMs
				IM 1	IM 2	
23.12.21	Satellite Renal Dialysis Unit	Modification of Existing contract for the Merthyr Tydfil Satellite Renal Dialysis Unit. Contract Extension for the period 3 March 2024 to 31st March 2026. Cost Increase of £9,157,163.18 (VAT Reclaimable).	07.01.22	John Union	Rhian Thomas	N/A

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06.01.21	Fluroscopy Replacement at UHL	Expenditure of £515,700 (Inc VAT) for replacement fluoroscopy equipment at UHL.	10.01.22	Mike Jones	Ceri Phillips	N/A
06.01.21	Digital Static X Ray System (x4) Replacement at UHW	Expenditure of £1,024,800.00 (Inc VAT) for replacement of 4 Digital Static X Ray systems at UHW	10.01.22	Mike Jones	Ceri Phillips	N/A
07.01.21	Extension of contract for UHW2 Strategic Advisor	Additional expenditure of £244,881.00 plus VAT	10.01.22	John Union	Rhian Thomas	N/A
12.01.21	Application of UHB Seal - Short term Lease Maelfa Wellbeing Hub - (1) Cardiff Council and (2) CVUHB	Application of seal only.	12.01.22	Ceri Phillips	Mike Jones	N/A
17.01.22	SLA For Pathology Services - (1) CVUHB and (2) Velindre NHS Trust	An income generating service level agreement for the provision pathology services to Hywel Dda UHB.	27.01.22	Ceri Phillips	Mike Jones	N/A
25.01.22	LIMS Deployment Order	An agreement for the provision of an All Wales Laboratory Information Management System.	25.01.22	John Union	Rhian Thomas	N/A
25.01.22	Asbestos Analytical Monitoring	Contract for Asbestos Analytical Air Monitoring at a cost of £745,000	25.01.22	Gary Baxter	Mike Jones	N/A
25.01.22	HPe Store Once Back up and	A contract for back up digital storage	25.01.22	Ceri Phillips	Michael Imperato	N/A

	Disaster Recovery Solution	facilities at a cost of £600,000.00 plus VAT				
26.01.22	WREN Digital Storage extension - AWMGS	A contract for a back up digital storage extension at a cost of £556,239.00	27.01.22	Ceri Phillips	Mike Jones	N/A

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

The COVID-19 Board Governance Group was set up to ensure robust, effective decision making could take place at pace. This has ensured that due process has continued to be followed.

Recommendation:

The Board is recommended to:

- **NOTE** the report
- **APPROVE** the Chair's Actions undertaken.

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance	x
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x
3. All take responsibility for improving our health and wellbeing	x	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	x
4. Offer services that deliver the population health our citizens are entitled to expect	x	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	x
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	x	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	x

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant, click [here](#) for more information

Prevention		Long term	x	Integration	x	Collaboration	x	Involvement	x
Equality and Health Impact Assessment Completed:		Not Applicable							

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Report Title:	CHIEF EXECUTIVE'S REPORT				
Meeting:	CARDIFF AND VALE UHB BOARD MEETING			Meeting Date:	24.02.2022
Status:	For Discussion	For Assurance	For Approval	For Information	✓
Lead Executive:	CHIEF EXECUTIVE				
Report Author (Title):	EXECUTIVE ASSISTANT TO THE CHIEF EXECUTIVE				

Background and current situation:

This is the twenty seventh written report being presented and, where appropriate, has been informed by updates provided by members of the Executive Team.

At each public Board meeting, the Chief Executive presents a report on key issues which have arisen since its last meeting. The purpose of this Chief Executive report is to keep the Board up to date with important matters which may affect the organisation.

A number of issues raised within this report may also feature in more detail in Executive Directors' reports as part of the Board's business.

Executive Director Key Issues to bring to the attention of the Board:

Environmental accreditation awarded to CAVUHB

We are pleased to announce that following a recent audit, we have been given continued ISO14001 accreditation for our organisation's commitment to environmental management. Cardiff and Vale Health Board has held ISO14001 accreditation since 2003 so to maintain this is a fantastic achievement and fits in with our Shaping Our Future Sustainable Healthcare strategy. The certification recognises that we have identified and managed our key environmental risks and legal responsibilities across the key disciplines, including the necessary management framework and reporting structures.

In particular, we had positive feedback on our progress including Waste Management Energy/Decarbonisation programs and overall continual improvement.

Transnasal Endoscopy trial underway

A project is underway, led by Dr Hasan Haboubi, Consultant Gastroenterologist in Cardiff and Vale, and Dr Dai Samuel, Consultant Hepatologist in Cwm Taf Morgannwg, to deploy Olympus gastroscopes in dual site transnasal endoscopy (TNE) clinics. The six-month trial will test and demonstrate the value of TNE in a Welsh health context.

Endoscopy is particularly valuable in identifying pre-cancerous lesions (collection of cells from the body's organs that may look and appear to be the same as cancer cells) and early forms of cancer where the tumour can be amenable to curative treatment. The trial is funded by Moondance Cancer Initiative and aims to better cancer outcomes in Wales.

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Changes to Executive Team

On 18 February, we said goodbye to Stuart Walker as he left to take up his new role as Medical Director for University Hospitals Bristol and Weston NHS Foundation Trust. Over the last four months, Stuart stepped up as Interim Chief Executive Officer and will be a huge loss to our team, many of whom across the whole organisation and especially our medical colleagues have felt the benefit of his leadership, experience and wisdom. Stuart has made a significant contribution to many aspects of the organisation.

First Two Weeks as Chief Executive

I am delighted to be joining the team as Chief Executive. It is a privilege to be a part of the National Health Service in Wales, particularly during these challenging times and I hope to build upon the strong legacy of my predecessors, particularly around our strategy, Shaping our Future Wellbeing.

I have already received a very warm welcome and I am delighted to have the opportunity to work alongside you all.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

The Executive Team contributed to the development of information contained in this report.

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Recommendation:

The Board is asked to **NOTE** the report.

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

1. Reduce health inequalities	✓	6. Have a planned care system where demand and capacity are in balance	✓
2. Deliver outcomes that matter to people	✓	7. Be a great place to work and learn	✓
3. All take responsibility for improving our health and wellbeing	✓	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	✓
4. Offer services that deliver the population health our citizens are entitled to expect	✓	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	✓
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	✓	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	✓

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant, click [here](#) for more information

Prevention	✓	Long term	✓	Integration	✓	Collaboration	✓	Involvement	✓
Equality and Health Impact Assessment Completed:	Not Applicable								



Report Title:	Systems Resilience Briefing Report (COVID and Non COVID)			Agenda Item no.	6.3
Meeting:	Board Meeting			Meeting Date:	24 February 2022
Status:	For Discussion	For Assurance	x	For Approval	For Information
Lead Executive:	Chief Executive Officer				
Report Author (Title):	Head of Corporate Governance				

Background and current situation:

As part of the measures to re-introduce monthly Board meetings, in November 2021 the Board agreed that, as part of the proposed changes to Governance arrangements, appropriate reporting on key areas during the COVID 19 pandemic would be presented to Board by way of a Systems Resilience Briefing.

Executive Director Opinion/Key Issues to bring to the attention of the Board/Committee:

The attached Systems Resilience Briefing Report (**Appendix 1**) provides an update to the Board and members of the public in order to keep the same abreast of key system pressures over the winter period. The report focusses upon key activities in the areas of Operations, Quality and Safety, Workforce, Public Health, and Governance.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.):

Provision of this report as a standing agenda item for Board ensures transparency of reporting around key system pressures relating to both COVID-19 and non COVID 19 activities, and ensures robust governance during the pandemic.

Recommendation:

The Board is requested to:

- **NOTE** the attached Systems Resilience Briefing Report (COVID and Non COVID).

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

1. Reduce health inequalities	X	6. Have a planned care system where demand and capacity are in balance	X
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	X
3. All take responsibility for improving our health and wellbeing	X	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	X

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4. Offer services that deliver the population health our citizens are entitled to expect	X	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	X
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	X	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	X

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant, click [here](#) for more information

Prevention	X	Long term		Integration		Collaboration		Involvement	
Equality and Health Impact Assessment Completed:	Not Applicable								

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COVID 19 – Update Report covering key activities in relation to <ul style="list-style-type: none"> • Quality and Safety • Workforce • Governance • Operations • Public Health 	Month: February 2022
Quality and Safety	Executive Nurse Director/Executive Medical Director

Quality and Safety

There have been significant operational pressures across the Organisation made more challenging with the ongoing staffing pressures. The Emergency Unit has been under considerable pressure as patient attendances remain very high. There continues to be a poor discharge profile across the Organisation and we continue to see ambulances waiting outside of EU. This poses considerable risk to the patients waiting for space in the Emergency Unit, flow through the department also pressure on WAST to have available vehicles to answer 999 calls. We have seen a number of NRI's within the department which are currently under investigation. The IPC position, with increased outbreaks of Covid, adds additional challenges and constraints to patient flow throughout the Organisation. The Safe2Move Covid Risk Assessment is embedded and is supporting safe patient placement and helping support flow. We are seeing an increased presentation of patients with complex mental health and behavioural needs within adult and paediatric care which is adding additional pressures. Maternity services also continue to be under pressure with increased volume and complexity of maternity cases coupled with ongoing staffing pressures.

People Experience

Since 1st April 21 to 31.12.21, we have received 3,451 concerns, this is a significant increase in comparison to last year, when we received 2,974 concerns for the whole year (April 2020 to 31st March 2021). We anticipate an increase of 1,000 concerns in total. Some of the themes identified relate to early discharge of patients, whereby, support is not available in the community and families are asked to provide care.

In particular we are receiving a number of concerns relating to the EU Department. In the main people are complimentary about the staff, the key issues are the environment, the experience and the waiting times

We placed a 'HappyOrNot' kiosk in the EU in July 2021. Since July 2021, we've had 2580 surveys completed, of which 68% of respondents reported being satisfied with the care received with staff cited as the reason for their positive answer.

The Concerns Team host the vaccination and visiting lines for the UHB and take over 800 calls a week. Whilst the calls to the vaccination line are decreasing, we are seeing an increase in the number of calls relating to visiting guidance and relatives wishing to have more frequent visits.

Investigation of Hospital Acquired Covid-19

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The investigation of nosocomial transmission of Covid-19 continues within the UHB. The recent agreement of an All Wales approach into investigations will support the teams in delivering proportionality when investigating.

The UHB is at a stage where all patients who have acquired nosocomial Covid-19 have been identified using the surveillance categories of Community, Indeterminate, Probable and Definite. The Covid Investigation Team are now reviewing a process for contacting families.

Learning from the investigations remains integral to the quality and safety agenda when delivering safe and effective care.

Workforce

Executive Director of People and Culture

- **Sickness Absence** across the Health Board has increased from 5.2% in March 2021 to 7.63% in January 2022, but there has been a slight drop from the peak of 7.99% reported in October 2021. The top reason for sickness absence continues to be anxiety/stress/depression.

	03/01/2022	23/01/2022	Variance
Sickness Absence - Non-Covid	575	557	-18
Covid sickness Absence	427	285	-142
Self Isolation	205	109	-96
Total Absence	1207	951	-256

- The **Health and Wellbeing** of our staff remains a top priority, with various schemes and initiatives focussed on keeping our staff well.
 - an engagement tool, 'Winningtemp' is due to be piloted with nursing and midwifery staff from the end of February
 - 31 staff rooms have been put forward for refurbishment and are currently being visited by Estates to inform the procurement exercises
 - The Wellbeing and HIT teams have increased their visibility and support on site, and are carrying out daily visits to support all staff
 - A series of peer support interventions are being piloted including Schwartz rounds, trauma management and Sustaining Resilience at Work
 - Explorations are currently taking place to trial a retreat day for medics following the burnout survey and doctors under stress. This will be cascaded to all staff if a positive evaluation is gained.
- **Occupational Health** had an increase in waiting times for management referrals due to staff sickness and pre-employment checks (PECs). Access to additional funding has enabled the team to organise more staffing and extra clinics which means that PECs are now within the KPI target of 5 days and waiting times for managers referrals have been reduced from 12 weeks to six weeks. Physiotherapy referrals have an initial telephone appointment within 10 working days and EWS resource appointments are within 6 working days (both within target). The OH physiotherapy department will start to offer a new service for delivery of steroid injections (initially for shoulders and knees) within the next 2-3 weeks, supported by Pharmacy. This will enable staff to receive treatment and return to work sooner.

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- **Turnover** across the Health Board has increased from 10.01% in April to 12.58% in January 2022. The retention of staff is and will remain a top priority for the Health Board. As we focus on our workforce supply to create a recruitment pipeline, it's important that both new and existing staff are supported and encouraged to remain with the Health Board. There is no single action that will resolve staff retention issues; retaining staff is a result of the combined actions that are taken by the Clinical Boards and the UHB. All organisations require a healthy level of staff turnover but the challenge is to find the right balance between turnover and retention by understanding what is going on in our Clinical Boards. An internal audit has recently been undertaken and a number of recommendations will be implemented. Retention is a key element of the People and Culture Plan.
- The **vacancy factor** for Band 5/6 nurses was 9.65 in December 2021 (reduced from 10.13% in November), but when other factors including sickness (8.92%), maternity leave and self-isolation are incorporated there remains a gap of 19.07% for band 5/6 nurses. The total gap for Health Care Support Workers was 23.91% in December 2021.
- **HCSW** – There is ongoing recruitment activity to attract and appoint HCSWs (bank and substantive). More than 100 individuals were interviewed at the end of January and in excess of 80 have been offered permanent or temporary positions. A fast-tracking recruitment system has been set up within WOD to expediate the start dates.
- **Overseas Nurse Recruitment** – All of the 90 overseas nurses from the September 2021 cohort have now been appointed. 55 started in January / February 2022. In Jan 2022 The Board approved a further 135 overseas nurses be recruited as part of the all-Wales initiative led by Shared Services.
- We know that recruitment alone will not cover our workforce gaps over the winter months, so we agreed to continue to offer **Enhanced overtime rates** for registered nurses and HCSWs until the end of March 2022 as agreed at Management Executives. This is due to be reviewed in March 2022.
- **Deployment** – Due to severe workforce pressures during the peak of the Omicron variant, the WG 'Local Choices Framework' was implemented and led to the suspension of non-urgent, elective trauma and orthopaedic surgery for a short period. Since Christmas staff across the UHB have regularly been deployed to where the need was greatest.
- Additional beds have been opened in the **surge hospital** and the second transitional care ward opened in LSW on 4 January and has been resourced. The greatest difficulty has been around resourcing Band 3 HCSWs but staff have been deployed from other areas to ensure safety.
- The UHB successfully met the WG request for the **mass vaccination** programme to be accelerated as a result of the Omicron variant and was able to meet the staffing requirements raised with the WOD workforce hub:

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WOD Workforce Hub Requests	Employment Type	Band	Ready to Start (checks completed)	Started	Total no. Applications
Administrator - Mass Immunisation	FTC until Sept 22	2	20	38	58
HCSWs Mass Immunisation	Bank	3	133	222	355
Registered Vaccinators Mass Immunisation	Bank	5	0	13	13

Governance

Director of Corporate Governance

Since the last meeting of the Board on 27th January 2022 the Covid 19 Governance Structure has been presented and reviewed by the Audit Committee on 8th February 2022. It should also be noted that the Covid 19 Board Governance Group met on the 3rd February. However, the Chair has now agreed that the Covid 19 Board Governance Group will be stood down with effect from the end of February. It has also been agreed that the Board will return to its usual bi monthly meeting. The Systems Resilience Report will continue to be presented to the Board at each bi monthly meeting and the Committee business will return to 'business as usual'. The governance arrangements and reporting structures will continue to be monitored and kept under review with the ability, after discussion and agreement of the Board, to stand the arrangements up or down as and when required.

The Covid 19 Public Inquiry Steering Group also held its first meeting on Tuesday 1st February 2022. The purpose of the Steering Group will be to consider the strategy and approach to the Public Inquiry before making recommendations on the same to the Board. The Steering Group's membership will comprise the Independent Member Legal, Independent Member Trade Union, Chief Executive Officer, Executive Director of People and Culture, Executive Nurse Director, Medical Director and the Director of Corporate Governance. The Head of Risk and Regulation will also attend the meeting and provide the link between the Strategic Steering Group and Operational Team working on the Covid 19 Public Inquiry. Other key Members of staff may be invited to attend the Steering Group as and when required e.g. Procurement representative etc.

Terms of Reference for the Group will be developed and a Chair of the Group is to be decided upon and agreed. The Group also agreed to follow four core strategies which were recently presented at the Board Development session on 16th December 2021:

- Staff engagement – to consider a mandate for regular engagement and representation
- Assessing the Board role – which will look at decisions made, document review and witness statements
- Inquiry engagement – which will consider Core Participant Status,
- Overall Approach – collaboration with other organisations and the Inquiry Team

Terms of Reference for the Public Inquiry will be consulted upon in the Spring and one of the first actions of the Steering Group will be to respond to that consultation. The next meeting of the Group will therefore take place once the consultation on the Terms of Reference has been published. Thereafter, regular meeting will be diarised.

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Operations continues to be guided by a number of key components focused on minimising the five harms as set out in the national framework. Points of note since the last Board include:

Governance – Due to the covid picture stabilising, the twice weekly COVID Operations meeting, chaired by the Chief Operating Officer (COO), were stood down following the meeting on 10th February 2022. Escalation on general operational pressures continues through the COO's office and site-based leadership. The Health Board continues to submit a weekly System Resilience report to Welsh Government. This is also circulated to Board members.

Operating model – There has been no change to the Health Board's Covid-19 operating model since the last report.

Operational position - System wide operational pressures have continued and we are still seeing access or response delays at a number of points across the health and social care system. Updates with regards to specific service areas are as follows:

Essential services – Urgent and emergency essential services continue to be maintained in all areas, including hospital unscheduled care, primary care, cancer treatments and urgent and emergency surgery.

Unscheduled Care – There remains significant pressure in unscheduled care. Covid admissions have stabilised and the number of covid positive patients in hospital has reduced since the last Board report. At the time of writing this report, there were 110 covid positive inpatients across our two acute hospital sites, of which 7 are in critical care.

In addition to covid, the two main factors driving our current challenges are a higher occupancy level and sustained workforce challenges. Untimely and a low volume of discharges continue to impact culminating in significant ambulance handover delays and long waits for patients in our Emergency Unit. Whilst the staffing absence position has stabilised, nurse staffing remains a significant challenge given our extended footprint. The UHB is in full escalation – led at Executive level. At the time of writing daily extraordinary escalation meetings are in place with a focus on actions to improve the discharge profile. There are three areas of focus – actions specific to the Health Board; continued working with Local authority colleagues; and working with other Health Boards on timely repatriation of patients. The Health Board has continued to deploy a number of areas of the Welsh Government 'Local Choices Framework' to release resources to support current operational pressures.

Planned care – As reported to the last Board, there has been an impact on planned care activity in quarter 4 with the enactment of the Local Choices Framework. It is anticipated that activity will increase over the next six weeks as activity recommences and further recovery schemes, such as mobile ophthalmology theatres, come on-line. There has been good progress made on diagnostic activity and of particular note this month is the additional activity underway for ultrasound and echo-cardiogram.

Mental Health services – Demand for adult and children's mental health services remains significantly above pre-covid levels. As highlighted in the Quality and Safety section, this includes an increased presentation of patients with complex mental health and behavioural needs. Significant work has been undertaken to improve access times to adult primary mental health and

CAMHS services and Health Board representatives are meeting with the Deputy Minister on 17th February 2022 to present the improvements made.

Primary care and community services – There is continued pressure in GMS with 13 practices reporting a high level of escalation. There are 2 GMS contract resignations and 2 temporary list closures. Dental services are operating between 40%-50% of pre-covid activity. Optometry is operating at pre-covid levels. Community pharmacy has remained opened and is supporting with delivery of the mass vaccination programme.

Public Health

Executive Director of Public Health

Epidemiology

Following a sharp rise in Covid-19 cases during December 2021 associated with the omicron variant, PCR positive reported cases peaked in Cardiff and Vale around 31 December. This peak was also identified on the ONS infection control survey data for Cardiff and Vale, which is the most accurate guide to actual prevalence in the community as it is not reliant on people coming forward for a test.

A change in national testing strategy replaced the requirement for PCR testing with lateral flow testing in some circumstances in early January, leading to an apparently sharper fall in reported cases when using PCR data, than when looking at underlying community prevalence on the ONS infection control data.

Case rates among over 60s appears to be continuing to gradually fall, which is encouraging. Following the start of the school term, cases in 0-9- and 10-19-year olds increased rapidly from mid-January onwards, with an associated increase in 30-39- and 40-49-year olds.

While hospital admissions did rise following the emergence of omicron, these peaked in the first week of January and have been falling since. Covid bed occupancy peaked and began to fall later in January. The number of patients in invasive ventilated beds remained relatively low, in keeping with the findings that omicron in the current UK context is leading to fewer cases with severe disease. ONS reported mortality figures have also remained low and broadly stable.

At the time of writing (28 January 2022) the PCR case rate across the population as a whole in Cardiff is 602 per 100,000 per week, and in the Vale of Glamorgan 505 per 100,000 per week.

From 28 January 2022, Wales returned to Alert Level zero, with the emergency measures introduced in response to omicron, revoked. The isolation period has also been reduced from 7 to 5 days, subject to two negative lateral flow test results on day 5 and the morning of day 6. Double-vaccinated international arriving travellers will no longer need to take Covid tests on arrival from 11 February 2022.

Test, trace and protect (TTP)

The change in national testing strategy to expand the use of LFT testing caused a sharp drop in demand for PCR testing in mid-January, although this trend has since stabilised and reversed in some age cohorts. Testing services are operating within capacity. Contact tracing is carried out following both PCR and LFT positive results (as long as the citizen logs the result in the latter case), and so the high number of cases detected by the combined routes continues to place significant demand on contact tracing services. Contact tracing teams are following nationally agreed protocols to manage the case load, including the use of e-forms for the majority of cases. The regional TTP Supertracer team monitors all new cases for clusters or settings of concern, and

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prepares a report for the multiagency regional team; this multiagency team now meets three times per week to discuss any risks identified and provide advice on improving mitigations where necessary. Most clusters are routinely managed via this multiagency regional meeting, but a specific Incident Management Team can be convened if required. Partnership communication teams have worked collaboratively to share updates around testing and isolation with the people who live and work in Cardiff and the Vale of Glamorgan, particularly in higher risk settings such as hospitals, and in schools where changes coincided with the start of the new term. Of particular importance has been messaging around the need to log positive LFT results, so that contacts can be identified and provided with relevant advice.

Covid-19 vaccination

Cardiff and Vale UHB has now delivered 1,070,000 Covid-19 vaccinations to priority groups including over 285,000 booster vaccinations since 16 September 2021. As at 30 January 2022, 80% of eligible adults aged 18+ resident in Cardiff and Vale with a completed course of primary vaccination/two doses, had also received a booster vaccination (PHW surveillance data).

All eligible adults aged 18 years and over continue to attend for their booster appointments as they become eligible or if they missed their scheduled December appointment. We are currently offering walk-in appointments for any person aged 12 and above to receive their first, second or booster dose of vaccination, according to the eligibility criteria. This is being offering across all MVC sites as well as in four Community Pharmacy locations. Under 18s who become eligible for a booster vaccination will receive an appointment when they become eligible (3 months after their second dose).

Vaccination of eligible children aged 5 to 11-years in clinical at-risk groups and those who are household contacts of severely immunosuppressed individuals commenced on 20th January. So far we have vaccinated 316 children and expect this to increase over the coming days. Bayside MVC has been adapted to accommodate children including child friendly vaccination pods, specially trained staff and longer appointment times.

We continue to undertake analysis of equity in vaccine uptake across Cardiff and the Vale of Glamorgan. Key findings from our latest analysis include:

- Booster vaccination coverage continues to increase for both genders in Cardiff and Vale of Glamorgan and nationally, however in the main uptake is higher in females for each age cohort
- Nationally and locally there is a gap between the least and most deprived booster uptake rates, with more deprived groups having a lower uptake. The gap is increasing in older age groups nationally and locally
- Booster uptake in pregnant women is affected by the socio-economic gradient on a national level. Locally, it is the third lowest in Wales.

We are currently using this intelligence to inform targeted communications and pop-up clinics. For example, during week commencing 24th January, two pop-up clinics were delivered in Trowbridge linked with the Food Pantry team. Over the next few weeks we will be looking at booster uptake for age 18+ by small geography (i.e. Lower and Middle Super Output Areas) to inform further targeted work across the region.

The Covid-19 pandemic has exacerbated the inequalities and inequities in health experienced by the population of Cardiff and the Vale of Glamorgan. Significant work is required to address these population impacts, which the UHB will need to do in partnership with other local agencies.

Ongoing preventative interventions such as smoking cessation, also need to be delivered, again

taking into account the inequities experienced by our population. Specialist public health resource to support the full range of activities continues to be limited due to the ongoing requirements of the Covid-19 response.

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Report Title:	22-25 Integrated medium term plan (IMTP)			Agenda Item no.	6.4
Meeting:	Board Meeting			Meeting Date:	February 2022
Status:	For Discussion		For Assurance	x For Approval	For Information
Lead Executive:	Executive Director of Strategic Planning and Commissioning				
Report Author (Title):	Head of Strategy and Planning				

Situation:

Since March 2020 the statutory requirement for the Health Board to develop a full three-year IMTP has been stood down in response to the Covid-19 pandemic, replaced instead by the requirement for quarterly, and then latterly annual plans.

2022-23 represents the return to the three-year planning cycle with a required submission of an IMTP to Welsh Government (WG) no later than the 31 March 2022. Accompanying this must be a completed minimum data set (MDS) which is intended to articulate the planned trajectories for delivery in many specialties. The narrative of the plan is intended to describe the key milestones to enable these trajectories to be delivered.

In advance of the submission of the IMTP, an accountable officer letter to the Chief Executive, NHS Wales (no later than the 28 February 2022) is required confirming the organisation's intention (or not) to submit a financially balanced plan.

Background:

The UHB had an approved plan in 2019/20 and received indications that it had an approvable plan in 20/21 (noting no plans were given ministerial approval as the NHS Wales planning regime was stood down at the onset of the pandemic).

WG issued the 2022/23 NHS Wales Planning framework in late November 2021. This outlined the expectation of the plans from a government perspective which will need to be met in order for the plan to receive ministerial approval.

WG subsequently issued the UHB with its 22-23 financial allocation in late December 2021. Board and sub committees of Board will have been well briefed on the implications of this allocation for the UHB.

Early in 2022 the minister subsequently published her initial tranche of 'targets and ambitions' for 2022/23 and beyond.

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Executive Director Opinion/Key Issues to bring to the attention of the Board/Committee:

Engagement on the themes and focus of the plan have been fully tested and discussed in both Board Development Sessions and meetings of the Strategy and Delivery Committee.

An update letter was sent to all NHS Wales CEOs on the 07 February 2022 from the CEO, NHS Wales reiterating key expectations of impending plans. Key points stressed included;

- The development of robust, deliverable and costed recovery plans, including:
 - The organisation's approach to long waiters (where applicable), i.e. when does the organisation expect to clear >52, >104-week waiters
 - How will patients who have waited this long be managed and communicated with – whilst also identifying and managing patients who are more clinically urgent to ensure the best outcomes for those patients.
- Deployment of regional solutions. The size of the recovery challenge dictates that these will be a requirement. The Minister has been clear in her expectation that plans will not be approved without firm evidence of delivery plans in this area (where applicable).
- Detail of how the Minister's phase one delivery measures are to be achieved

In response to these points the ongoing principal issues currently being worked through by the UHB include;

- The ability for the organisation to present a financially balanced plan. Extensive and ongoing conversations are being led by the UHB DoF and senior finance colleagues both internally and with key external partners such as the Finance Delivery Unit (FDU) and WG finance colleagues.
- The covid-19 recovery element of the plan to ensure the level of ambition of the UHB is complementary to the expectations of WG and the minister as outlined in the planning framework and the subsequently published ministerial priority targets and ambitions for 22-23. This is being robustly worked through by the UHB's interim COO and senior operational colleagues and is of course intrinsically linked to the financial planning assumptions outlined in the above paragraph.
- By the time of the Board meeting, members will be in receipt of a draft of the IMTP. As this is a rapidly evolving document, it was agreed with the chairman that the document will follow in due course in order for members to consider as up-to-date version as possible.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.):

Ensuring of the UHB has an approved plan is of strategic significance to the UHB. The risk / issue for the UHB not having an approved plan is threefold;

- Unapproved organisations are placed under greater levels of ongoing scrutiny by Government at all levels and interactions with government

- Unapproved organisations are often subsequently at risk of being placed in higher levels of escalation- *enhanced monitoring or even special measures*.
- Organisations with approved plans are generally better placed to receive any 'in year' monies which may be made available.

Recommendation:

Board are asked to;

Note a full first draft of the 22-23 IMTP is to follow prior to the Board meeting

Note the current principle issued which continue to be worked through.

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

1. Reduce health inequalities	✓	6. Have a planned care system where demand and capacity are in balance	✓
2. Deliver outcomes that matter to people	✓	7. Be a great place to work and learn	✓
3. All take responsibility for improving our health and wellbeing	✓	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	✓
4. Offer services that deliver the population health our citizens are entitled to expect	✓	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	✓
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	✓	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	✓

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant, click [here](#) for more information

Prevention	✓	Long term	✓	Integration	✓	Collaboration	✓	Involvement	✓
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Equality and Health Impact Assessment Completed:

Not Applicable

