

Agenda

1. Welcome & Introductions

Charles Janczewski

2. Apologies for Absence

Charles Janczewski

3. Declarations of Interest

Charles Janczewski

4. Minutes of the Board Meeting held on 25th March 2021

Charles Janczewski

 04 - Unconfirmed Board Minutes 25 March 21 JE.NF - V2.pdf (19 pages)

5. Action Log – 25th March 2021

Charles Janczewski

 05 - Action Log - 25.03.21 - V2.NF.pdf (2 pages)

6. Items for Review and Assurance

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

Charles Janczewski

 6.1 - Chair's Board Report April 21 v2 JE.pdf (6 pages)

6.2. Chief Executive Report

Len Richards

 6.2 Chief Executive Board Report - April 2021 je.pdf (3 pages)

6.3. Corona Virus Report including:

Len Richards

- Quality & Safety - Ruth Walker & Stuart Walker
- Workforce - Rachel Gidman
- Governance - Nicola Foreman
- Operations - Steve Curry

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- Public Health - Fiona Kinghorn

 6.3 - Corona Virus COVID-19 Update Report.pdf (2 pages)

 6.3 - Appendix 1 - Corona Virus COVID-19 Update Report.pdf (8 pages)

7. Items for Approval / Ratification

7.1. NHS Funded Nursing Care

Catherine Phillips

 7.1 - NHS Funded Nursing Care Board Paper je.pdf (5 pages)

8. Items for Noting and Information to Report

8.1. Cardiff Youth Justice Advocacy panel

Len Richards & Graham Robb

 8.1 - Cardiff Youth Justice Services je.pdf (5 pages)

8.2. Annual Plan Update

Abigail Harris

Verbal

9. Any Other Business

Charles Janczewski

10. Review of the meeting

Charles Janczewski

11. Date and time of next meeting: Thursday, 27th May 2021 Via MS Teams

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Unconfirmed Minutes of the Board Meeting
Held on Thursday, 25th March 2021 at 11:00am – 12:30pm
Via MS Teams Live Event

Present:		Designation
Charles Janczewski	CJ	UHB Chair
Michael Imperato	MI	Interim Vice Chair & Independent Member - Legal
Akmal Hanuk	AH	Independent Member - Community
Eileen Brandreth	EB	Independent Member - ICT
Gary Baxter	GB	Independent Member - University
John Union	JU	Independent Member - Finance
Mike Jones	MJ	Independent Member – Trade Union
Rhian Thomas	RT	Independent Member – Capital and Estates
Sara Moseley	SM	Independent Member – Third Sector
Susan Elsmore	SE	Independent Member – Local Authority
Len Richards	LR	Chief Executive Officer
Catherine Phillips	CP	Executive Director of Finance
Chris Lewis	CR	Deputy Executive Director of Finance
Fiona Kinghorn	FK	Executive Director of Public Health
Abigail Harris	AH	Executive Director of Strategic Planning
Rachel Gidman	RG	Executive Director of Workforce and Organisational Development
Ruth Walker	RW	Executive Nurse Director
Steve Curry	SC	Chief Operating Officer
Stuart Walker	SW	Deputy Chief Executive Officer / Executive Medical Director
In Attendance:		
Nicola Foreman	NF	Director of Corporate Governance
Allan Wardhaugh	AW	Chief Clinical Information Officer
Amy English	AE	South Glamorgan Community Health Council
Malcolm Latham	ML	South Glamorgan Community Health Council
Stephen Allen	SA	Chief Executive Officer - South Glamorgan Community Health Council
Observers:		
Aaron Fowler	AF	Head of Legal & Risk
Bryn Harris	BH	IT Project Manager, IM&T
Darren Griffiths	DG	Audit Wales
David Edwards	DE	Independent Member - ICT
Ian Virgil	IV	Head of Internal Audit
Jaqueline Evans	JE	Head of Corporate Governance
Joanne Brandon	JB	Director of Communications
Wendy Wright	WW	Internal Audit
Secretariat:		
Raj Khan	RK	Corporate Governance Officer
Apologies:		
Lance Carver	LC	Director of Social Services, Vale of Glamorgan Council

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Reference	Agenda Item	
UHB 21/03/001	Welcome and Introductions The Chair welcomed everyone to the Public Board meeting in Welsh and English and advised that the meeting was being broadcast live via MS Teams as a consequence of the ongoing COVID-19 pandemic.	
UHB 21/03/002	Apologies for Absence Members noted that apologies for absence had been received from Lance Carver, Director of Social Services, Vale of Glamorgan Council.	
UHB 21/03/003	Declarations of Interest Declarations of Interest were received from the following Board Members: The Independent Member – University (IM-U) declared an interest as a member of Cardiff University, The Independent Member – Third Sector (IM-TS) declared an interest as the Director of Mind Cymru, The Independent Member – ICT (IM-ICT) declared an interest as a member of Cardiff University.	
UHB 21/03/004	Minutes of the Board Meeting held on 25 February 2021 The minutes of the meeting held on the 25 February 2021 were received and confirmed as a true and accurate record of the meeting. There were no matters arising that were not included on the agenda or the action log. The Board resolved that: (a) The minutes of the meeting held on 25th February 2021 be approved as a true and accurate record.	
UHB 21/03/005	Action Log The Director of Corporate Governance (DCG) gave an update on the list of actions from the Public Board meeting held on the 25 February 2021 and the Board noted the following updates: The action log was received and the following updates were provided: UHB 20/11/014 - UHB 21/02/005 – Nurse Staffing Act – Mental Health Nurse Staffing Levels - an update would be provided to the next meeting in May 2021 as part of the annual planning process. UHB 21/02/007 – Chief Executive Report - The CEO confirmed the work he had done has come to a conclusion and requested this be brought to the April Board development session. The Chair added that it would also be a good opportunity to expand the discussions on equality	

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	<p>& diversity to include children’s rights and the well-being of children. The Board resolved that: The Board resolved to: (a) The updates and action log were noted.</p>	
<p>UHB 21/03/006</p>	<p>Patient Story</p> <p>The patient story was received and the Board noted that it related to a non COVID-19 issue, in contrast to the dominant theme that Covid-19 had played in the accounts of patient stories given over the last 12 months.</p> <p>The Executive Nurse Director (END) advised that it was important to understand that other types of surgeries had been undertaken throughout the COVID-19 outbreak which had had a life changing impact on the individuals involved. This was particularly significant given that patients were coming into a hospital setting knowing that the COVID-19 virus was present.</p> <p>The Board noted that the patient had been diagnosed with Beta stage renal failure in 2016 which had resulted in him having to depend on a Dialysis machine until he was called for a transplant in 2019 after being on a waiting list for 2 years.</p> <p>Whilst there had been initial complications with the donor kidney and further setbacks as result of the COVID-19 pandemic he had remained positive throughout. The patient finally received a transplant in Germany in August 2020 and gave a positive account of the how the surgery had been conducted and the high quality of care received from the staff. The patient had recovered well after surgery and advised he was grateful to the donor. He then spoke about the good progress he made post operation over the last 6 months and how his quality of life has improved and expressed his thanks to the donor</p> <p>The END advised that as the Health Board enter the recovery phase post COVID-19 it was important to consider the patient experience so that we could get as many patients back into a safe environment to provide quality care.</p> <p>The Board resolved that:</p> <p>(a) The Patient Story was noted.</p>	
<p>UHB 21/03/007</p> <p><i>Khan, Raj 04/22/2021 13:27:24</i></p>	<p>Chair’s Report and Chair’s Actions taken since the last meeting</p> <p>The Chair’s report was received and the Chair gave an update on relevant matters undertaken as Chair since the previous board meeting.</p> <p>In introducing the report the Chair highlighted the following points:</p> <ul style="list-style-type: none"> • Thank you to Eileen Brandreth - The Chair expressed his deepest thanks to Eileen Brandreth, Independent Member – ICT 	

	<p>(IM-ICT) for all of the hard work she had contributed to the board over the last eight years. He added how she had been a sterling member of the team throughout her term of office and that she had the right balance of professionalism, challenge, support, and genuine concern for the patients that the NHS look after. The Board noted that she had been influential in the creation of the Digital Health Intelligence Committee, which was receiving a profile that was richly deserved. EB stated that it has been an honour to be part of the board and work with the board members during the last eight years, particularly during the challenges encountered during the last 12 month of the last year.</p> <ul style="list-style-type: none"> • Appointment of New Vice Chair - Professor Ceri Phillips had been appointed as the new Vice Chair. The Chair also took the opportunity to express his gratitude to Michael Imperato Independent Member – Legal (IM-L) for his invaluable support during his time as Interim Vice Chair over the last 18 months. • Voluntary Services Update - In March 2021 a number of volunteers had to be stood down due to the COVID-19 pandemic and since then new roles had been created which had been individually risk assessed for all volunteers and the recruitment pathway had been adapted into a digital process. The Chair advised that the efforts of the volunteers often went unrecognised and that it was important to highlight their tireless efforts during the pandemic as they hadnt stopped working whilst being limited in what support they could provide. The efforts of the volunteers were to be commended and that they were admired by the patients and staff. • Statistics – an update on key statistics since October 2020 was provided to the Board. • An update on feedback received from volunteers and staff was provided to the Board. • Volunteers week 2020 – C&VUHB thanked all of its volunteers through social media campaigns and each volunteer received a certificate. • Mass Vaccination centres - C&VUHB had been working with the British Red Cross and St Johns Ambulance to increase volunteer support at the vaccination centres. • Fixing of the common seal/Chair’s Action to signed documents were detailed within the report. <p>The Board resolved that:</p> <ul style="list-style-type: none"> (a) The Chairs report was noted. (b) The Chair’s Actions undertaken were approved. 	
<p>UHB 21/03/008</p> <p><i>Khan, Raj</i> <i>04/22/2021 13:23:24</i></p>	<p>Chief Executive’s Report</p> <p>The Chief Executive’s report was received and the CEO gave an update on relevant matters undertaken since the previous board meeting.</p> <p>In introducing the report the CEO highlighted the following points:</p> <ul style="list-style-type: none"> • Smoke free hospital grounds – new legislation introduced in Wales on the 1 March 2021 meant that hospital grounds would be 	

required to be smoke free. The Executive Director of Public Health gave an update and advised that the Health Board had a responsibility for the health of the population, and that smoking was still the biggest cause of preventable ill health with obesity featuring a close second. The Board noted that the Health Board now had a statutory responsibility to take reasonable steps to stop smoking on its grounds and that C&VUHB had made positive progress over the last eight years including restricting smoking to the enclosed garden units of the mental health units, the proactive work on smoking cessation campaigns and the enforcement process with an officer from Cardiff Council on site to prevent smoking on the premises. Further discussions were in progress with Cardiff Council and the Vale of Glamorgan Council on potential enforcement measures.

- **Video Consultations Enhancing Endoscopy Service** – the Health Board had piloted an innovative use of video consultations by the endoscopy services, which aimed to speed up second opinions on unusual or complex cases immediately without having to change into surgical scrubs or wear Personal Protective Equipment (PPE). The process involved a video being taken of the view of the endoscopy through the camera lens.
- **Shaping our Future Clinical Services Engagement Events** – The engagement process for the “Shaping our Future Clinical Services” had begun and would run until 19 April 2021, events were taking place throughout March 2021. To date 14,000 hits had been received on the website and through social media channels. The results of the survey responses would be shared with the Community Health Council (CHC) and presented to the next Board meeting in May 2021. The CEO expressed his gratitude to Vicki Legrys and David Williams, the Communication and engagement leads who had done an outstanding job. The Board noted that the event in Vale of Glamorgan 24 March had been cancelled.
- **Vascular Engagement Events** – an engagement programme into the future of vascular services in South East Wales had been launched and would run until 16 April 2021. A number of growing challenges face vascular services in South East Wales, meaning the current system is not sustainable for future years. A thank you was extended to the Community Health Council (CHC) for hosting a series of public engagement meetings for the engagement events for vascular and the Shaping our Future Clinical Services.

The Independent Member – University (IM-U) queried the inspection process that Health Inspectorate Wales (HIW) had undertaken at the Mass Vaccination Centres and asked if the CEO was able to inform the Board of any additional information about the nature of the issues that had been raised and how they would be dealt with.

The CEO responded that HIW had undertaken reviews at a number of mass vaccination centres, and had found a similar range of issues across all of the mass vaccination centres and from the Health Board’s perspective, there was an action plan place to respond to any

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	<p>recommendations made and that any suggested changes would be addressed as necessary. The Board noted that there had been a bit of push back from the system to HIW concerning the mass vaccination centres being temporary structures that had been put in place at great pace to enable a swift response to the pandemic. The CEO advised that this did not mean that poor quality care was provided, and that positive feedback received from patients, with satisfaction scores over 95% indicated that the implementation and roll out of the centres had gone very well during a period of unprecedented operational pressure for the Health Board.</p> <p>The Board resolved that:</p> <p>(a) The Chief Executive’s report be noted.</p>	
<p>UHB 21/03/009</p> <p><i>Khan, Raj 04/22/2021 13:23:24</i></p>	<p>Corona Virus Update Report</p> <p>The Corona Virus update report was received and each Executive Director updated the Board on their respective areas within the report.</p> <p><u>Quality & Safety</u></p> <p>Covid outbreak position</p> <ul style="list-style-type: none"> there were eight wards across the Health Board managing COVID-19 outbreaks (7 at University Hospital of Wales (UHW) 	

and one at University Hospital Llandough (UHL). This was a stable and improving position and daily Infection Prevention and Control meetings were being held with senior staff to monitor the overall situation,

- Additional bed capacity was opened at the Lakeside wing on the 27 December 2020 to the first cohort of patients to support COVID-19 pressures within the Health Board. Further capacity was available if required,
- Operational Clinical Board meetings are held and the Chief Operating Officer (COO) holds twice weekly UHB wide COVID-19 operations meetings,
- The Health Board is complying with routine daily nosomial reporting requirements to Welsh Government.

Healthcare Inspectorate Wales (HIW)

- Announced inspections were made to the mass vaccination centres at Splott and Barry in March 2021, and whilst the feedback was positive overall, there were some assurance issues identified that needed to be strengthened.

Investigation of Hospital Acquired COVID-19

- The UHB continues to work with colleagues across NHS Wales, Welsh Government and the NHS Wales Delivery Unit to standardise investigation of hospital acquired COVID-19 and the application of the "Putting Things Right" NHS redress Regulations.

Workforce

- Both phases of the Lakeside Wing (LSW) were now complete and the build had been handed over from the contractor to the Health Board.
- Mass immunisations – workforce team working closely with the operations team to recruit staff for an additional mass vaccination centre to open on the 25 March 2021

The Executive Director of Workforce and Organisational Development (EDWOD) thanked the staff for their efforts over the last 12 months and for how agile, hardworking, and patient focussed they had been.

Public Health

- The Executive Director of Public Health (EDPH) stated that C&V were currently in a good place and that the rate in Cardiff was 33 per 100,000 over a seven day period and in the Vale of Glamorgan it was 32.2 per 100,000 over a seven day period, which was a completely different place to where it had been over the winter.
- Clusters that had emerged in many places had gone, care homes were doing really well, the prison was doing very well, and household transmission was still being seen.
- Healthcare was no longer a reservoir of infection, and it was now more likely for community cases to be admitted to hospital rather than being healthcare acquired.

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	<ul style="list-style-type: none"> • Travellers returning from abroad was a key challenge and that the UHB was not seeing an exponential rise in cases of the new variants • Revised Coronavirus alerts and plans were published on Friday 26 March 2021 which provided a more nuanced approach to changes in alert levels and the suite of indicators that would be monitored <p>The EDPH added that there are some small outbreaks in schools and they have been examined and all the measures that are there to protect schools are the right ones and they just they have to be rigorously implemented. She stated that the Kent variant is the dominant virus that they have seen.</p> <p>The Independent Member – Capital & Estates (IM-CE) queried if the EDPH could describe what methods were available to identify and reach unpaid carers so that could receive their vaccinations.</p> <p>The EDPH responded that paid and unpaid carers were both registered with Local Authorities and GP’s and that vaccinating had started for the volunteers we were aware of and that approximately 5,000 people had been vaccinated following an online referral route. There were mechanism in place to enable unpaid carers to receive vaccinations in accordance with Welsh government guidance.</p> <p>The Independent Member University (IM-U) queried if the recent adverse media reports had impacted on the public attitude to the administration of the AstraZeneca Vaccine. The EDPH advised that there had been an initial increase in the “did not attend” rates for the AstraZeneca vaccine, however these were now decreasing and that proactive communication had been issued to support and encourage people to understand the minimal risk of receiving the vaccine, in comparison with the significant risk of contracting CVOID-19 for people in priority groups 1 to 9.</p> <p>The Board resolved that: (a) The Coronavirus update report be noted.</p>	
<p>UHB 21/03/010</p>	<p>Board Assurance Framework</p> <p>The update on the Board Assurance Framework (BAF) report was received and the Director of Corporate Governance (DCG) highlighted that there were still currently nine risks on the BAF and highlighted that this was the end of year position and that they would be carried forward into the Annual Governance Statement and the corporate risks would be carried through to the end of the year.</p> <p>The Board noted that the Executive Team would be reviewing their risks to identify those which could be carried forward for the May 2021 BAF update for the new financial year.</p> <p>The DCG highlighted that an internal audit assessment had been undertaken on risk management processes and that a reasonable</p>	

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	<p>assurance rating had been given. An update report would be provided to the next Audit Committee, and that it was pleasing to note the progress made since the last internal audit assessment on risk and that the feedback was positive in relation to the risk training programme that was now in place, and the actions to taken in relation to risk appetite.</p> <p>The DCG advised that that the Test Trace and Protect (TTP) and mass vaccination risks had achieved their target risk rating and that the Board needed to consider whether they should be removed from the BAF, as ordinarily once a risk had achieved its target risk score, it would then be classed as a “business as usual” operational management issue.</p> <p>The IM-TS advised that she felt the workforce risk was a fundamental risk affecting the whole of the NHS and suggested this area could be a key focus for discussion at a future meeting as there was a need to be more innovative and to do things differently.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> (a) The nine risks to the delivery of strategic objectives detailed on the Board Assurance Framework for March 2021 be approved. (b) That the risk in relation to Test Trace & Protect And Mass Vaccination be removed from the BAF and managed as business as usual as it had achieved its target risk rating, (c) The progress that has been made in relation to the rollout and delivery of effective risk management systems and processes across Cardiff and Vale UHB be noted. 	
<p>UHB 21/03/011</p>	<p>Patient Safety, Quality and Experience Report</p> <p>The Patient Safety, Quality and experience report was received and the END highlighted that the hospital acquired COVID-19 position was being reported in full to the Board and the Quality and Safety Committee and had been discussed at length in the Management Executive and Operational Meetings.</p> <p>The following was highlighted to the Board:</p> <ul style="list-style-type: none"> • Serious incidents – the number of serious incidents currently being reported was much lower than nomral in line with revised Welsh Government guidance, • COVID-19 incidents – examining data over the course of the second wave had demonstrated a significant peak of COVID-19 related incidents in early January 2021, coinciding with a peak of inpatients with confirmed COVID-19. • COVID-19 outbreak position - a concerning increase had been identified in January and February 2021, and that a number of robust measures had been in put in place and there was now a much improved picture and that one of the wards was closed due to a COVID-19 outbreak. A detailed report would be submitted to the next Quality and Safety Committee. • Concerns – In January and February 2021, 1,781 concerns were received. This increase reflected the extremely high volume of enquiries the Concerns team were receiving via the Mass 	<p>RW</p>

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Vaccination enquiry line being introduced within the department.

- **Once for Wales Concerns Management System** – the timescale for the implementation of the new system was challenging and it was anticipated that the UHB would move over to the Complaints, PALS, Redress and Claims Management modules on the 1 April 2021. Implementation of the incidents module would not be undertaken until at least June 2021.

The END expressed her thank to the Chief Operational Officer (COO) and his operational teams, as well as the IP&C team and Jason Roberts her deputy, as they have all worked really really hard to turn this around in a short space of time and to be able to keep patients safe

The Medical Director (MD) highlighted to the board that new sections were included in the report, relating to learning from deaths and the outputs of the Clinical Effectiveness Committee. The Board noted that the Clinical effectiveness Committee was operational and that yesterday's meeting had been positive with discussion including a timetable for reviewing nationally mandated audits and NICE guidance.

The IM-U referred to the National Stroke audit data outlined in the report and queried why the UHB were only performing around the middle of the range, rather than the top of the range.

The MD advised that the overall stroke performance in Wales as a whole was modest compared to UK levels and that there was a high degree of variation with a need for a significantly greater degree of planning and coordination in stroke services across the country.

The MD gave an update on a set of Hyper acute stroke units that exist, and coordinate into centralised stroke centres, that variation had been analysed in the whole snap database in detail in the Clinical Effectiveness Committee, and that this year's output was very different to previous years and stroke performance had been very significantly affected by changes to the front door, green zoning, and outbreak status within UHW.

The IM-L queried the number of patient safety incidents at the Lakeside wing relating to patient accidents/falls and asked if there was any specific causal factor causing concern, or if the numbers were to be expected after the few first months of running a new area. The END responded and advised that they had genuinely been concerned when the number of incidents were identified especially as the Health Board had received a few complaints. After an analysis of the new environment key factors that that were considered included staff and patients getting used to the new environment, the category of patient placed in the wing and the need to have the correct staffing arrangements in place with a cohesive team. Patients surveyed, reported a very positive experience of care in this area.

She said that they applied the learning from this when they opened up the next ward, they brought in a team of people from the trauma unit or orthopaedics and they work together as a team and we did not see that patterns re-emerged. The END said that they reinforced the support by

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	<p>placing a senior nurse more present in that environment and did some inspections around care so are not concerned about that environment at all although they did have some early teething problems that they have now resolved.</p> <p>The CEO-CHC queried if the UHB were sharing the message to the wider community so they felt assured that hospitals were a safe environment to go to if they needed to be seen for treatment. The END advised that they continued to work hard to try and communicate to the communities that they are open for business and that there were regular discussions with the Communications Team who were proactively sending out positive messages of assurance to the communities and were doing a great job.</p> <p>The CEO-CHC made reference to the UHB appointing a new Head of Covid Investigations to oversee the review and investigation of all hospital acquired CVOID-19, as well as deaths of patients who died with a diagnosis of hospital acquired COVID-19, and queried where the information gathered would be reported to, and if it would be made available in the public domain. The END advised that information relating to the COVID-19 deaths would be reported to the Quality & Safety Committee in a transparent way, and that the UHB were awaiting guidance from Welsh Government on how they information should be reported, which was particularly important given the new duty of candour which will be introduced in NHS Wales in the near future.</p> <p>The Board resolved that:</p> <p>(a) The Patient Safety, Quality and Experience Report be noted.</p>	RW
<p>UHB 21/03/012</p>	<p>Performance Report</p> <p>The Performance report was received and the COO stated that the impact of COVID-19 had continued to be seen across a range of key performance indicators and highlighted the following:</p> <p>Unscheduled Care</p> <ul style="list-style-type: none"> • In terms of unscheduled care there was a marked improvement and emergency unit attendances had reduced over recent months and were 60% and 63% of pre-Covid levels in January and February 2021, • The 4 hour performance in the EU was 78.0% in January (80.1% Jan 2020) and 75.5% in February (79.9% in Feb 2020), • In January and February 2021 71.7% and 72.2% of red calls were responded to within 8 minutes, lower than the same time last year, • Ambulance handover delays reduced in January and February 2021. <p>Primary Care</p> <ul style="list-style-type: none"> • 63% of patients prioritised as “emergency” requiring a home visit were seen within one hour in January 2021 • 86% of patients prioritised as “emergency” requiring a primary care centre appointment were seen within one hour in January 2021 	

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Mental Health Measures

- Total referrals in January 2021 were 1,033 at a similar level to December 2020,
- Part1 a – the % of Mental Health assessments undertaken within 28 days was 12 % overall and 11% for Children and Adolescent Mental Services (CAMHS),
- Part1b 87% of therapeutic started within 28 days following assessment at the end of January 2021,
- Part 2 – 85% of health board residents in receipt of secondary mental health services had a valid care and treatment plan (CTP) as ay January 2021,
- Part 3 – 81% of health board residents were sent their outcome assessment report within 10 days of their assessment in January 2021.

Cancer

- referrals for patients with suspected cancer were at expected levels for December 2020, but below average levels for January 2021,
- Since the 1 December 2020, in line with the rest of NHS Wales the UHB has moved to reporting the Single Cancer Pathway (SCP)only,
- 168 patients started definitive treatment and 57.7% of patients on the SCP were seen and treated within 62 days of the point of suspicion in January 2021.

Elective access

- The overall Referral to Treatment (RTT) waiting list for 91,222, 164 fewer than at the end of December 2020,
- There were 35,112 patients waiting over 36 weeks for treatment planned are, 2,322 fewer than in December 2020,

COVID-19

- The bed burden across positive and recovering patients at the start of the month was close to 500 patients and was now 200 patients, driven by a marked reduction in community acquired COVID-19 infections being admitted, but a much an even bigger reduction in hospital acquired
- Critical Care still had a small number of COVID-19 patients, and it was still very pressurised with non COVID-19 activity and was extremely busy,
- Occupancy for COVID-19 patients was reducing and non COVID-19 activity was increasing
- There has been a change in the bed base where they have brought in over the last 10 days which had resulted in approximately 40 beds being taken down, 20 of those in the Lakeside wing, leaving 50 patients in the Lakeside wing and a further 20 in St David's which was a surge ward,
- the COO reminded the Board that they had previously had to step down elective care and that it was re-established after the first wave excluding essential services which continued in the early part of January 2021,
- Theatre staff are being repatriated from critical care back to the

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operating theatres. Over the last few weeks referrals are at about 75% of where they were and is what is normally seen at this time of year

The IM-ICT queried the graph in relation to 12 hour A&E waits and asked if 10% of the 800 people were waiting on the 12 hours to be seen in A&E and whether that was correct and is that in any way being worsened by or improved by the CAV 24/7 service

The COO stated that the 10% was probably higher than expected and he agreed to verify the figures for accuracy.

The Board noted the COO's updates and on the greater numbers of patients who had been admitted and the degree of uncertainty about their COVID status, IP&C guidance not to move patients through the hospital until there was certainty on their COVID-19 status, and that the CAV 24/7 service should not be seen as a contributor to driving up the 12 hour waits

The CEO-CHC queried the length of stay if they are finding that this has increased and there were difficulties in putting people back into community settings and asked what was being done to support exhausted staff with ongoing care.

The COO advised that in relation to transfers to communities that had been challenging because of the experience of nursing residential homes, and the challenges local authority colleagues had had. However they had worked very hard with the local authorities who had been extremely supportive in terms of how they had worked through this and the combination of that and a change in the guidance on testing patients, and application of clinical opinion against those tests had allowed them to make some quite significant changes, particularly over the last month or so in discharging patients on the over 21 day length of stay.

The COO stated that there was a very comprehensive piece of work ongoing at the moment which would focus on:

- Upstream at admission and ambulance conveyance avoidance,
- The footprint at the front door services and assessment services,
- a piece of work, which is closely linked with local authority and third sector colleagues on what is called flow and right bed first time

The EDWOD advised that the well-being of staff was really important to staff pre COVID but even more so through COVID and they proactively set up staff havens, rest areas, localise the rest areas closer I.E. ITU rest area.

The Board noted that the EDWOD chaired the strategic health and wellbeing group which focussed on measures to support exhausted staff, recovery, how we take a breath, and self-reflection as staff are overtired since COVID-19.

The UHB have extended and invested in well-being services supported

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	<p>by the charity and extended a post traumatic pathway to accommodate any more referrals, with a focus on self-care leadership i.e. the longer ambition of the here & now but as a health board what they can strive for the future for the well-being of our service.</p> <p>The CEO suggested that the Board Development session planned for June 2021 should focus on CAHMS to get an understanding of the breadth of the issues and potential collaborative opportunities with other organisations.</p> <p>Finance Update</p> <p>The Director of Finance (DOF) presented the Finance update and advised that there was a small underspend on the expenditure position as well as the capital programme. She was confident that they would deliver a breakeven position at the end of the financial year. The DOF referred to how they map the allocation resources into the next year, which was a piece of work that was ongoing and was likely not to be finalised although they would have a starting plan that would evolve through quarter one and maybe quarter two.</p> <p>The Board resolved that:</p> <p>(a) The overall performance report be noted.</p>	<p>NF</p>
<p>UHB 21/03/013</p>	<p>Research and Development Strategy 2021-24</p> <p>The Research and Development Strategy 2021-2024 was received and the MD advised that the Strategy had been revised to incorporate COVID-19 learning, to reflect the rapidly developing relationship with Cardiff University, and the “Shaping Our Future Hospitals” programme business case development.</p> <p>The strategy was reviewed annually and the Board noted that the Strategy had been agreed with the R&D team, with colleagues in Cardiff University, and with the Clinical Boards, and then taken through the Strategy and Delivery Committee for review prior to being presented to the Board.</p> <p>university hospital board status which the MD was happy to pick up that point, and take another look,</p> <p>The MD stated that what he was seeking agreement from the Board on a more robust direction of travel, to compliment the development of the academic health science network as part of UHW 2 business case, the innovation aspirations, and the SMART objectives associated with the actual R&D delivery.</p> <p>The Board resolved that:</p> <p>(a) The contents of the rewritten strategy and the direction of travel of the Health Boards Research and Development Services be approved.</p>	

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<p>UHB 21/03/014</p>	<p>Hybrid/Trauma Theatre Outline Business Case</p> <p>The Board received the Outline Business Casde (OBC) for constrcuting a hybrid theatre and major trauma theatre at UHW and the EDSP reminded the Board that they had developed the major trauma business case as part of the major trauma network. One of the standards related to access to theatre and the need to provide a trauma theatre was inlucded in the programme.</p> <p>The Board noted that similar to the development of vascular services there was a requirement to develop a hybrid theatre, which was part of the plan around the centralisation of vascular surgery at UHW.</p> <p>The EDSP highlighted that:</p> <ul style="list-style-type: none"> • a strategic outline case for developing a significant extension at the back of UHW in academic Avenue, had not been supported by Welsh Government, on the basis that they were discussing proposals for the redevelopment of UHW, • the current configuration of the theatres restricted them because of the their head sight, ceiling height, and overall size. The hybrid theatre required quite extensive kit that needed to be attached through to the ceiling, so the plan was to build a small extension out on stilts connecting into the existing theatres, • it was slightly higher in costs with £10 million of the £33 million relating to kit with the other costs related to building work, • the completion date was estimated to be 2023, but it was hoped to bring this timeline down before submission to Welsh government pending Board approval • work had begun on the Full Business Case (FBC) for Welsh Government. <p>for Welsh Government on how they could reduce the timelines, with things like enabling them to get on with enabling work in advance of the Full Scheme being approved in the FBC so we will have those conversations with Welsh Government</p> <p>The MD commented that was not an essential component to start the vascular reconfiguration, however it was an essential component of it in the medium and longer term.</p> <p>The Board resolved that:</p> <ol style="list-style-type: none"> (a) The contents of the outline business case be noted, (b) The outline business case (OBC) for submission to Welsh Government for approval to proceed to develop into the full business case (FBC) be approved. 	
<p>UHB 21/03/015</p> <p><i>Khan, Raj 04/22/2021 13:27:24</i></p>	<p>Genomics Full Business Case</p> <p>The Genomics full business case (FBC) was received and the EDSP requested an amendment to the recommendation as follows:</p> <ul style="list-style-type: none"> • Amend the recommendation to note the full business case, and to consider Chairs action to approve the FBC for submission to Welsh Government 	

	<p>The EDSP advised that the reason for the amendment was that the Board had previously received the Outline Business Case, and that a gateway review had been undertaken and the report identified some minor amendments to be made to the Full Business Case.</p> <p>The Board noted that Welsh Government were content to progress the business case, despite the Purdah pre-election period.</p> <p>The EDSP stated that this would be accepted as an FCB just for information.</p> <p>The EDSP commented that this development would enable them to bring together a number of the genomic services that work together in partnership between Cardiff University, Public Health Wales (PHW) and C&VUHB.</p> <p>The EDSP advised that the current facilities were in different places and the facilities were inadequate for what they needed going forward.</p> <p>The Independent Member – Finance (IM-F) sought clarification on page five of the report, the revenue implications and the statement that Welsh Government would be funding on the basis they agreed the Full Business Case, and queried if there were any implications on going to UHB finances when looking at the 15 year lease and the additional costs of £1.434 million per annum.</p> <p>The EDSP responded that there was specific funding available that came out with the Wales Genetic Strategy to enable the Health Board to grow and develop the services. There were no additional costs that were not being funded through that route.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> (a) The business case contents be noted (b) The Chair’s Actions for final business case approval be approved by the Board prior to being sent to Welsh Government 	
<p>UHB 21/03/016</p>	<p>Board Annual Plan of Business</p> <p>The Board Annual Plan was received and the DCG advised that the annual plan was brought to the Board each year and gave assurance that the Plan included key Board business requirements in accordance with the matters reserved for the Board as set out within the Standing Orders.</p> <p>The DCG advised as a note of caution that there was a need to ensure the plan was flexible, to enable additional items to be added on to the agenda if required.</p> <p>The DCG reminded the Board that previous discussions indicated that the Board wished to have a strategic focus with more strategic discussions. These would be built in but throughout the year.</p> <p>The Board resolved that:</p>	

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	<p>(a) The Board Work Plan for 2021/22, be approved noting that it would continue to be populated with timescales and the delivery of:</p> <ul style="list-style-type: none"> ○ Strategies, ○ Annual reports, and ○ Board Champion reports. 	
<p>UHB 21/03/017</p>	<p>Annual Reports for the Committees of the Board</p> <p>The Annual Reports for Board and Committees were received.</p> <p>The DCG stated that these were the annual reports from all of the Committees of the board and that the Standing orders outlined an annual requirements to provide the Board with an annual report on business discussions for each Committee.</p> <p>The Board noted that the reports had been through the Committees of the Board or signed off via Chairs Action in just a couple of cases and that was mainly around timings of Committees of the Board.</p> <p>The Board resolved that:</p> <p>(a) The annual reports from the Committees of the Board be approved.</p>	
<p>UHB 21/03/018</p>	<p>Terms of Reference and Work Plans for the Committees of the Board</p> <p>The Terms of Reference and Work Plan for all Committees of the Board were received.</p> <p>The DCG stated that this was one of the end of year requirements where the Board were required to confirm the Committee's they wished to establish for the next 12 months, and to consider the supporting Terms of Reference for the Committee's and the work plans.</p> <p>The Board noted that there were some gaps in information including the Digital Health & Intelligence Committee and that this was because it had a new Chair starting and the outgoing CC for the Digital Health & Intelligence Committee was keen to make sure that the new Chair had input into the Terms of Reference and he work plan going forward.</p> <p>The DCG stated that she would work with the new DHIC Chair on that to develop it as soon as possible and bring it to the Board once reviewed by the Committee. The DCG added that there was an additional Committee, which was "Our Future Hospitals Committee" which would be overseeing the work of the Programme Board. The new Terms of Reference were presented for information.</p> <p>The Board resolved that:</p> <p>(a) The establishment of the Committees of the board 2021-22 as listed be approved.</p> <p>(b) The Terms of Reference for the Committees as listed be approved.</p>	<p>NF</p>

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	(c) The attached work plans for the Committee's as listed be approved.	
UHB 21/03/019	<p>Board Committee Minutes</p> <p>The Committee / Governance Group Minutes were received as follows:</p> <ul style="list-style-type: none"> i. COVID-19 Board Governance Group Minutes – 14th January 2021 & 16th December 2020 ii. Audit & Assurance Committee – 17th November 2020 iii. Finance Committee – 6th & 27th January 2021 iv. Quality Safety & Experience – 15th December 2020 v. Strategy and Delivery Committee – 12th January 2021 vi. Mental Health Committee – 20th October 2020 vii. Stakeholder Reference Group – 24th November 2020 viii. Digital & Health Intelligence Committee – 10th October 2020 ix. Board Of Trustee – 17th November 2020 x. Local Partnership Forum – 9th & 16th December 2020 xi. WHSSC Joint Committee Briefing – 9th March 2021 <p>The Board resolved that:</p> <p>(a) The minutes outlined within the meeting be ratified.</p>	
UHB 21/03/020	<p>Smoke Free Regulations</p> <p>The CC confirmed this was discussed in depth as part of the CEO's report</p> <p>The Board resolved that:</p> <p>(a) The contents of the report be noted.</p>	
UHB 21/03/021	<p>Corporate Risk Register</p> <p>The Corporate Risk register was received and the DCG commented that it had a couple of actions around improving the presentation on this which has come out as part of the Internal Audit around making sure that they highlight the higher risks and group them in that way, rather than grouping them by clinical boards.</p> <p>The Board resolved that:</p> <p>(a) The Corporate Risk register report be noted</p>	
UHB 21/03/022	<p>Chairs Report</p> <p>The following Chair's reports were received:</p> <ul style="list-style-type: none"> i. Finance Committee – 27th January 2021 & 24th February ii. Audit & Assurance Committee – 9th February 2021 iii. Quality Safety & Experience – 16th February 2021 iv. Strategy and Delivery Committee – 9th March 2021 Verbal <p>IM-L commented that earlier in the Board meeting they already touched on the performance reports and had the presentation on mental health. He said there were issues arising, but it was a very full discussion which was, was helpful and good but have already</p>	

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	<p>covered that off.</p> <ul style="list-style-type: none"> v. Mental Health Committee – 19th January 2021 vi. Digital & Health Intelligence Committee – 11th February 2021 vii. Stakeholder Reference Group – 26th January 2021 viii. Local Partnership Forum – 12th February 2021 <p>The Board resolved that:</p> <p>(a) The Committee Chair reports outlined within the meeting be noted.</p>	
<p>UHB 21/03/023</p>	<p>Agenda for Private Board Meeting</p> <ul style="list-style-type: none"> I. CEO Update II. Private Committee Minute III. Annual Plan Development <p>The EDSP commented that she wanted to reflect on the comment made by the DOF in the Finance Report in that they haven't concluded all of the discussions regarding the Annual Plan for next year.</p> <p>The EDSP stated that in the last Board Development she had reminded members that the process and progress had been made in terms of content but there was still quite a bit of uncertainty going into next year. The Health Board had received some financial allocations and that the UK Government had just published the Recovery Plan. There was recognition by Welsh Government colleagues that at this stage the plans were not final.</p> <p>The EDSP said that the Health Board would be sharing with Welsh Government draft plans, and would bring back to the board the final plans.</p> <p>The Board resolved that:</p> <p>(a) The agenda for the Private Board was noted.</p>	<p>AH</p>
<p>UHB 21/03/024</p>	<p>Any Other Business</p> <p>No additional items of business were raised.</p>	
<p>UHB 21/03/025</p>	<p>Review of the Meeting</p> <p>The UHB Chair was happy with the way the meeting was conducted and those in attendance agreed</p>	
<p>UHB 21/03/026</p>	<p>Date and Time of Next Meeting</p> <p>The next meeting of the Board would be held on Thursday, 29th April 2021 via MS Teams.</p>	

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ACTION LOG
Following Board Meeting
25th March 2021

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
Actions Completed					
Actions In Progress					
UHB 20/11/014 UHB 21/02/005	Nurse Staffing Act – Mental Health Nurse Staffing Levels	A further discussion to be had at an Executive level to consider Mental Health Nurse staffing levels for feedback to the Board The End stated that this work will now be picked up as part of the IMTP Process and brought to the May Board	27/05/2021	Ruth Walker	To be brought to the May Board meeting
UHB 21/03/008	Chief Executive Report	The EDSP said that they are also getting the survey responses and questionnaires back with the intention to bring all that information together and share it with the CHC and Board on the Outcome Of Engagement On Shaping our Future Clinical Services.	27/05/2021	Abigail Harris	To be brought to the May Board meeting
UHB 21/03/018	Terms of Reference & Work Plan for all Committees of the Board	The DCG confirmed to bring the DHIC TOR and work plan to a future Board meeting	29/07/2021	Nicola Foreman	To be brought to the July Board meeting
UHB 21/03/023	Agenda for Private Board Meeting – Annual Plan 21/22	EDSP said that they will be sharing with Welsh Government draft Annual plan 21/22 and will bring back to Board the final plans	TBC	Abigail Harris	To be brought to a future meeting

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
Actions referred to Committees of the Board/Board Development					
UHB 21/02/007	Chief Executive Report	The CEO stated that he would bring to a future board development session work around inequalities and diversity	29/04/2021	Len Richards	To be taken to the April Board Development session Agenda item 6.2
UHB 21/03/012	Performance Report	The CEO commented that for the June Board development sessions to have a focus on CAHMS to get an understanding of the breadth of the issues and where the Health board plays in and how they need to bring in other organisations	24/06/2021	Nicola Foreman	To be taken to June 2021 Board Development session

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Report Title:	Chair's Report to the Board					
Meeting:	UHB Board Meeting				Meeting Date:	29.04.21
Status:	For Discussion	For Assurance	For Approval	x	For Information	x
Lead Executive:	Chair of the Board					
Report Author	Executive Assistant to the Director of Corporate Governance					

Background and current situation

This report includes information on the key activities that have taken place since the last Board Meeting on the 25 March 2021.

Also featured in this report is an overview of the very positive response to Covid and contribution made by:

- 1) Our Communications and Engagement Team - The need for clear, speedy and effective communication was such an important requirement during the pandemic. It was, and remains, imperative that we keep members of the public, our staff, partners and key stakeholders as informed as possible about the work of the health board and the changes we needed to make to keep everyone as safe as possible throughout the very challenging last twelve months or so,
- 2) Our Health Charity and Arts Team - The Health Charity Team quickly reacted and were agile, responding to the needs of the Health Board's patients and staff at a time when they needed support the most.

Communications and Engagement

Effective internal and external communications have both been absolutely crucial during the COVID-19 pandemic and will continue to be key as the Health Board looks to change services in order to recover following the pandemic.

As the first wave of COVID-19 hit, the Health Board implemented a daily COVID-19 update as part of its already existing CEO Connects programme. This daily briefing comprised all of the pertinent information discussed at the Health Board's daily operational meeting and was sent as an email to all staff and made available for download on the staff intranet, CAVweb. . There has been extremely positive feedback from staff for the daily updates, indicating that they have reassured staff and established a culture of openness and honesty throughout the organisation during COVID-19.

"Your regular open communication has provided a real sense of transparency throughout the organisation from the front-line to the top. I think this has enabled staff to feel reassured and has prevented any sense of staff being kept in the dark – which could so easily have happened. I can imagine it must have been really challenging producing an update 7 days per week for so long. I think it's been a great example of compassionate leadership and I hope it will act as an example to leaders throughout the organisation." - Matt Brayford, Early Intervention in Psychosis Service.

The Health Board also developed a weekly briefing entitled C-19 which was issued to its key

stakeholders including Welsh Government, Members of the Senedd (MSs), local Members of Parliament (MPs), councilors in the local authorities of Cardiff and the Vale of Glamorgan, and the Community Health Council (CHC).

The Communications and Engagement team also administered the COVID-19 section of CAVweb, the staff intranet, uploading over 600 documents and subsequent updates on the latest guidance to staff about how to treat COVID-19 patients and protect themselves while doing so. These documents were also uploaded to a new application called Staff Connect, which was rapidly procured and rolled out by the communications team and which all employees of Cardiff and Vale UHB could sign up to and access on their mobile devices.

The communications team built a new website, www.keepingmewell.com, and developed its contents alongside the Health Board's therapies teams. This new web resource was commissioned by the Executive Director of Therapies and Health Science and was procured, designed, built and launched just two weeks later.

The UHB increased its video team to capture footage of the response to COVID-19, including documenting the development of Principality Stadium to Dragon's Heart Hospital, and capturing stories of how the UHB mobilised quickly to respond to the demand, as well as educational videos and information around guidance, such as social distancing. Please use this link to view Cardiff & Vale UHBs Communication Teams response to the pandemic - <https://youtu.be/kITdK3RL8nE>

The communications team also launched a special COVID-19 series of the Health Board's podcast, *How Healthcare Happens*. Across thirteen episodes, a diverse range of staff were interviewed to capture a series of in-depth insights into how the pandemic had affected their roles and their personal lives.

More recently, the communications team has played an integral part in the COVID-19 Mass Vaccination rollout, delivering timely information, statistics, and reassuring messages to a wide range of audiences.

Throughout the pandemic, the communications team have endeavoured to support business as usual activity alongside the COVID-19 response with major communications campaigns launched to support projects across the whole system, including: CAV 24/7, The Dragon's Heart Institute, Shaping our Future Clinical Services, and the South East Wales Vascular Network, to name but a few.

Health Charity and Arts Team

The Health Charity Team quickly responded and were agile, responding to the needs of the Health Board's patients and staff at a time when they needed support the most.

The #SpreadTheLove campaign was set up on the 17 March 2020. Donations of funds, food, drinks and toiletries from organisations and the public were soon flooding in to the Staff Havens for patients on the wards and for staff who were on the frontline.

Staff Havens were set up at three hospital sites providing refreshments and respite for staff, donation points were also located within the Staff Havens where goods were then shared with other hospitals and communities sites.

Lianne Daniels, Ward Sister on the Coronary Care Unit, at the University Hospital of Wales said:

“It became a daily treat that certainly lifted the spirits! We feel very fortunate to have benefited from this”.

During the past year, art has played a huge part in the nation’s emotional health and wellbeing, giving artists an outlet for their emotions and feelings.

Staff participated in and created art as a way of dealing with the emotional trauma they faced.

Some of the art was reflective, some art was uplifting, some art formed tributes those staff and loved ones lost due to COVID-19. These art works will be a lasting reminder of a challenging time for many.

Performances from the Welsh National Opera, Harmoni Cymru and Forget Me Not Chorus were adapted to online sessions and concerts were held in courtyards and car parks so that older patients could still receive their reminiscence sessions.

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

The common seal of the Health Board has been applied to 6 document since the last meeting of the Board.

Seal No.	Description of documents sealed	Background Information
951	Medi-Centre Leases	Between Cardiff and Vale University Local Health Board and Cardiff University, Units 3, 5 and 24.
952	Transfer of Part	Cardiff and Vale University Health Board to Velindre NHS Trust
953	Transfer of Part	Velindre NHS Trust to Cardiff and Vale University Health Board
954	Overage Deed	Between Cardiff and Vale and Velindre NHS Trust
955	Deed of Clarification	Between Cardiff and Vale University Health Board
956	Agreement Additional Learning Needs Transformation Grant	Between Cardiff and Vale University Health Board and Rhondda Cynon Taff County Borough Council.

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

Date Signed	Description of Document	Background Information
08.03.2021	Maelfa - Licence to Occupy Land to the east side of Llanedeyrn Drive, Cardiff	Between the County Council of the city and County of Cardiff and Cardiff and Vale University Health Board.
22.03.2021	Cardiff Blues Settlement Agreement	Cardiff and Vale University Health Board and Cardiff Blues Limited
26.03.2021	Star Leisure Centre – Lease Extension	County Council and the city of Cardiff and Cardiff and Vale University Health Board
07.04.2021	Farewill Contract	Cardiff and Vale Health Charity and Farewill Ltd
01.04.2021	Haulage Access Licence	Prepared by Legal and Risk

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	
07.04.21	Karl Storz Maintenance of OR1	Direct Award off NHSSC Framework	07.04.21	Approved John Union 07.04.21	Approved Rhian Thomas 07.04.21	
07.04.21	Prosthetic Components and Associated Products	Proposed contract for 2 years with option to further another 24 months.	07.04.21	Approved John Union 07.04.21	Approved Rhian Thomas 07.04.21	

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	x	9. Reduce harm, waste and variation sustainably making best use of the	x

entitled to expect			resources available to us						
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 <i>Please tick as relevant, click here for more information</i>									
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:	29.04.2021
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 first 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 Opinion /Key Issues to bring to the attention of the Board/ Committee:

Cardiff and Vale UHB joins Global Green and Healthy Hospitals

I am delighted to advise that Cardiff and Vale UHB recently became members of Global Green and Healthy Hospitals (GGHH). GGHH is part of *Healthcare without Harm* and is a vibrant and growing international community of hospitals, health systems, healthcare facilities and health organisations dedicated to reducing the health sector's ecological footprint and improving public and environmental health.

Joining an organisation such as this, is right in line with our organisation ambition to deliver sustainable, carbon neutral services, and the leadership in this programme of work we have throughout the Health Board.

Wales Infants and Children's Genome Service shortlisted for Advancing Healthcare Award (AHA)

Launched in August 2020, The Wales Infants and Children's Genome Service, (WINGS) delivered by the All Wales Medical Genomics Service and hosted by Cardiff and Vale UHB, was the first in the UK to routinely offer whole genome sequencing DNA test to critically ill babies and children with unexplained diseases as part of a national programme within the NHS.

With approximately 6,000 to 8,000 known genetic diseases, the traditional approach to diagnosing rare conditions required running multiple tests, with majority of patients having to wait years for a successful diagnosis.

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Shaping Our Future Clinical Services

We have now concluded our formal engagement for the Shaping Our Future Clinical Services programme. As we develop our plans we will continue to engage with our staff and the public. Thank you to everyone who has participated and offered feedback this far, we look forward to continuing the conversation.

We will now:

- Share the responses received with the South Glamorgan Community Health Council (CHC)
- Consider the responses received and write a report summarising the feedback and recommending a way forward
- Liaise with the CHC to consider the outcome of the engagement exercise and next steps.
- Publicise the outcome of the engagement exercise and confirm next steps in our programme of transforming clinical services.

Updates on the outcome and next steps of this engagement will be published at www.shapingourfuturewellbeing.com once analysis and considerations have taken place.

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

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

Recommendation:

The Board is asked to:

- **NOTE** the Chief Executive's 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								

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Report Title:	Corona Virus Update Report					
Meeting:	UHB Board Meeting				Meeting Date:	29.04.21
Status:	For Discussion		For Assurance	X	For Approval	
Lead Executive:	Chief Executive Officer					
Report Author (Title):	Director of Corporate Governance					

Background and current situation:

The COVID-19 Update Report was approved by Board in November 2020 as part of the proposed changes to Governance arrangements to ensure appropriate reporting on key areas during the COVID 19 pandemic.

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

The attached COVID-19 Report (**Appendix 1**) provides an update since the last meeting in February to the Board regarding the pandemic, and covers key activities in the areas of Quality and Safety, Workforce, Governance, Operations and Public Health.

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 COVID-19 and ensures robust governance during the second wave of the pandemic.

Recommendation:

The Board is asked to:

- Note the attached COVID-19 Update 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	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	x	10. Excel at teaching, research, innovation and improvement and	x

care, in the right place, first time			provide an environment where innovation thrives						
Five Ways of Working (Sustainable Development Principles) considered <i>Please tick as relevant, click here for more information</i>									
Prevention	x	Long term		Integration		Collaboration		Involvement	
Equality and Health Impact Assessment Completed:		Not Applicable							

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 Kind and caring
 Caredig a gofuddor
 Respectful
 Dangos parch
 Trust and integrity
 Ymddiriedaeth ac uniondeb
 Personal responsibility
 Cyfrifoldeb personol



COVID-19 Update Report – April 2021

<p>COVID 19 – Update Report covering key activities in relation to</p> <ul style="list-style-type: none"> • Quality and Safety • Workforce • Governance • Operations • Public Health 	<p>Month: April 2021</p>
<p>Quality and Safety</p>	<p>Executive Nurse Director/Executive Medical Director</p>
<ul style="list-style-type: none"> • Covid outbreak position - At the time of writing there are no Covid-19 outbreaks across the UHB. • Investigation of hospital acquired Covid – 19 - the UHB continues to work with colleagues across Wales, Welsh Government and the Delivery Unit to standardise the investigation of hospital acquired Covid – 19, and the application of the Putting Things Right regulations. A Head of Covid -19 Investigations, has been appointed and the UHB will shortly be recruiting a team of investigators to ensure that an appropriate level of review and investigation is in place in line with the All Wales Framework. A project plan has been developed and it has been agreed that a Covid Investigation Oversight Group and Scrutiny panel (with Executive oversight) will be established to oversee the process. • Concerns – The UHB continues to receive a high volume of concerns/enquires per week in relation to vaccinations (approximately 300 per week), and is also co-ordinating approximately 100 calls each day in relation to requests to visit relatives. 	
<p>Workforce</p>	<p>Deputy CEO and Executive Director of Workforce and OD</p>
<ul style="list-style-type: none"> • Workforce Hubs are established for Nursing, Medical, AHP, Facilities and Primary Care brought together through a Workforce Steering Group chaired by the Interim Director of Workforce & OD once a week. The Workforce Hub will change its focus to ensure the workforce is Covid-ready, to support the UHB's recovery plan, and has reviewed its membership. The HR Workforce Hub is no longer actively recruiting into posts but the HR Operational Team are continuing to support the Nursing Hub with any Fixed Term appointments. <p>Staffing levels:</p> <ul style="list-style-type: none"> • All staff groups who are currently required to work in Lakeside Wing (LSW) have a green rag rating • The situation within the Testing Centre remains green, however, the position will need to be reviewed in line with the easing of restrictions due to an expected increase in testing demands • Critical Care - there are currently no Covid positive patients (13.04.21) however the nursing position remains challenging. There is a good position at Consultant level. Middle grade medical cover is currently challenging and an advert goes out on 24 April to recruit for the August rotation. 	

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COVID-19 Update Report – April 2021

- **Mass Imms** – the position has improved due to reduction in vaccination supplies and reduction in activity. A reserve list has been established due to the high number of Did Not Attends (DNAs)

Health and Wellbeing

- Staff-wellbeing is being prioritised with a comprehensive full range of initiatives and support in place as well as a new initiative with Remploy to support staff with mental health issues
- 3 Staff Havens are now open (LSW, UHW and UHL) with an Aroma nearby
- Employee Wellbeing Service waiting times are low - employees can be seen quickly in all areas
- Further resource has been extended for the trauma pathway , which is accessible for staff , led by the well-being service and is due to start 7 May
- Wellbeing sessions are being held twice a week to support Managers
- The Health and Wellbeing lead is visiting ward areas to see staff and discuss wellbeing and is working closely with the medicine Clinical Board to support staff wellbeing
- A Covid health intervention co-ordinator is due to commence on 19 April and will support areas affected by Covid by being a direct point of contact to wellbeing services and a link for line managers. Two further Health Intervention co-ordinators have also been recruited to look proactively at interventions to support health and wellbeing of our staff. These posts have been supported by the Health Charity for a period of two years
- The number of referrals to Occupational Health (OH) are increasing as staff are returning to their substantive areas and managers have capacity to review staff and address their physical and psychological needs.

Recruitment

- **Mass Imms**
 - 3.8wte B6s recruited – Start dates to be confirmed
 - 10 B6 Deputy Team Leaders were appointed and all have commenced in post.
 - 2 B7 Team Leaders were appointed and commenced in post on 04/03
 - The Stability of the workforce remains a challenge due to being largely Bank staff
- **Registered Staffing**
 - Recruitment is going through the Nursing Hub, with the Workforce Hub processing enrolments
 - International Nurse Recruitment is in place – international supply is plentiful, and there are local support mechanisms in place to support new recruits. A total of 185 have now been commissioned and further commissioning is taking place.
- **Workforce hub**
 - The Workforce Hub have recruited 1,061 staff (585.9 wte plus Bank) since the end of September 2020 in response to urgent requests for recruitment. An additional 159 fixed term and permanent contracts have been processed for existing Bank staff

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COVID-19 Update Report – April 2021

- 120wte temporary facilities staff have been requested - 118 wte (164 people) have been offered posts.
- **Student Streamlining**
 - A Student Streamlining engagement event will be held on 14 May for students to start in September
 - Midwifery will also be starting student streamlining for the first time this year.

Other:

- Medical & Dental rotas have been changed incorporating a more finessed approach this time to avoid disruption. 45-50 staff have now been moved to the overall Mega Rota, with new compliant rotas in place. Feedback has been positive
- Within Cardiff and Vale a decision has been made to extend the temporary enhanced overtime pay incentive scheme for nurses in some areas. This will come to an end by 31 May 2021 at the latest and a roadmap for phasing it out has been developed
- A COVID-19 Learning Report has been produced
- Daily reporting through Clinical Board Absence is down to 4.38% (12.04.21) with a downward trend (reduced from 8% in February and 6.76% at time of last report). This includes all of non-COVID-19 Sickness, COVID-19 Sickness, Self-Isolation (Able to Work from Home), Self-Isolation (Unable to Work from Home) and Shielding
- Shielding was paused from 31 March 2021 which means that individuals who were previously advised to shield can now attend work, if they cannot work from home, as long as the business is Covid-secure (i.e. reasonable measures to minimise risk to employees have been taken).

Governance

Director of Corporate Governance

As the Health Board moves towards a recovery position after the second Covid 19 Wave Governance arrangements have returned to 'business as usual' from the start of the new financial year.

- (a) The Board will now be meeting in Public on a bi monthly basis and today's meeting is the last Covid 19 Board meeting for the foreseeable future.
- (b) The new Covid 19 report was successfully introduced and used to report at each meeting of the Board since November 2020. Consideration will be given as to whether we continue to have a Covid 19 report at the bi monthly Board Meetings.
- (c) The Covid Board Governance Group has been stood down for the foreseeable future.

Other Governance arrangements include:

- (a) The Chair of the Board had requested that the Committees of the Board continue to meet during the second wave of the pandemic. However, the Committee agendas were reviewed with the Chairs of each Committee and the Director of Corporate Governance to ensure that they were reduced to

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COVID-19 Update Report – April 2021

only essential items to allow Executive time spent at the Committees to be minimised. From the start of the new financial year Committees of the Board have also returned to business as usual with Terms of Reference and work plans for 2021/2022 for each Committee receiving approval at the Board in March 21.

- (b) The Management Executive Meeting continues to meet on a Monday each week and there are standing items on the agenda linked to Covid 19 such as Policy Updates etc. The Management Executive are also now considering recovery plans.
- (c) The twice weekly Covid 19 Operational Meeting has been reduced to once a week and meets on a Tuesday each week.

Operations including Operational Framework

Chief Operating Officer

The revised Covid-19 operating framework previously presented to Board remains in place, with the first principle being to be 'covid ready'. Operations, working in a 4-6 week planning horizon, continue to be guided by a number of key components focused on minimising the different types of harm as set out in the national and local framework. Points of note since the last Board include:

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

Unscheduled care – As reported to the Board last month, the second wave has been characterised by a slow reduction in covid bed occupancy from a much higher peak, together with a greater impact from hospital acquired infection. The overall position has continued to improve in recent weeks. Covid admissions have fallen significantly as community prevalence has reduced (see separate update on covid prevalence). Hospital bed occupancy for covid patients has reduced accordingly, with the Health Board recording approximately 100 covid in-patients as at 19 April 2021 – the vast majority of these are covid 'recovery' patients. Bed losses due to IP&C outbreaks have also reduced markedly, with no wards being designated 'outbreak' status as at 19 April 2021.

The Health Board has been adjusting its covid response and bed provision accordingly. The use of two wards at Lakeside Wing continues, but since the last meeting two other wards of covid surge capacity have closed; one ward in St David's Hospital and one at Lakeside Wing. In addition, some re-designated surgical ward capacity has been returned to surgery as elective activity increases.

Current operational planning remains focused on managing the longer covid lengths of stay while coping with the re-emergence of non-covid demand. In line with the revised operating model, Local Coordinating Centres continue to re-balance hospital bed capacity to reflect changing demand.

Critical care capacity pressures have been a feature of the second wave of covid. Covid occupancy has reduced markedly but critical care remains under some pressure due to the emergence of non-covid demand and an increase in elective operating.

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Planned care – with the reduction in covid admissions, there is a focus on recommencing elective activity which ceased in January 2021. Theatre staff redeployed to Critical Care have been repatriated and surgical ward staff redeployed to Lakeside Wing have also returned to their specialty. The Health Board has submitted its annual plan to Welsh Government and, within it, described recovery plans which will be risk based, data driven and clinically led. The next stage of this planning process is currently being rolled out at specialty level.

Cancer care – Cancer care continues to be provided as an essential service. As reported last month, whilst the Health Board has been successful in maintaining treatment activity, referral rates, backlog work and timeliness of treatment is resulting in cancer target compliance reducing transiently in the first half of 2021.

Mental Health services – With demands on Mental Health Services continuing, the Clinical Board is re-assessing pressures on the various points of access to get a whole system view. As reported previously, increased demand along with staff absence contributed to a deterioration in compliance in 28 day access for primary mental health assessment but a recovery plan is underway. Some non-urgent mental health services previously ceased have recently recommenced.

Primary care services remain relatively resilient despite significant pressures. However, feedback from our GP leads is indicating an increased acuity in some GP presentations. There have been a small number of practices that have been supported by the primary care team within the Health Board but currently no GMS practices reporting high levels of escalation. Dental, optometry and pharmacy are all reporting a green status.

All 60 GP practices have been actively involved in the mass immunisation programme and have been providing vaccines (see separate update on vaccination).

Public Health

Executive Director of Public Health

Epidemiology update

During March, cases remained broadly static in Cardiff at around 40 per 100k per week. In the Vale, rates declined towards the end of the month following a slight increase, with the incidence in the first week of April less than 20 per 100k per week in the Vale. The rates are equivalent to around 20 new cases per day in Cardiff, and 3 per day in the Vale.

As case numbers have declined, individual clusters and incidents have a larger impact on the case rate so we have seen some fluctuation around the overall trend, most recently in Cardiff where cases increased in the last week of March, along with test positivity.

Incidents in health and care settings have fallen considerably in the last month, with no reported incidents in the NHS in early April. Case rates in older age groups have continued to fall during the month. With primary schools and some year

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COVID-19 Update Report – April 2021

groups in secondary schools returning to face-to-face teaching during the month, there have been a small number of cases in children and teachers attending schools, but these have been limited. Onward spread in education has been controlled through rapid contact tracing, isolation of relevant bubbles, and testing offered to contacts where deemed appropriate. Workplace incidents have continued to decline.

Covid admissions to hospital have now fallen to the lows last seen during the summer months in 2020, and Covid-related bed occupancy has fallen sharply in the last 4 weeks. Deaths associated with Covid have continued to decline and overall mortality rates are now below the 5 year average for Cardiff and Vale.

Secondary community cases, where others in the household become infected after an initial case, continue to be frequent and make up a significant proportion of cases. This is consistent with the fact that the majority of our cases are now the Kent variant which is associated with increased transmissibility.

The risk of importing additional variant strains of Covid-19 from overseas, which may have higher transmissibility and/or be less affected by vaccination, remains, with a significant number of travellers returning to Cardiff and Vale each week from overseas. Currently around 1-2% of these individuals test positive for Covid.

Test, Trace & Protect (TTP) update

There is capacity in all local testing sites and the majority of results are received within 24 hours. People living in Cardiff and Vale can now access PCR testing for a wider range of symptoms, including headache and sore throat, in addition to the three cardinal symptoms; those exhibiting cough, high temperature and/or loss or change of taste and smell are required to isolate whilst awaiting their result, but those with other symptoms are not. Lateral Flow Tests (LFTs) are being used in healthcare, care home and school settings to screen asymptomatic staff and pupils; results are fed into the national system and positive tests confirmed with a PCR.

The contact tracing service is operating within capacity and is reaching both new cases and their contacts rapidly. The partnership regional team meet daily during the week to review incident cases and direct action to address any clusters or settings of concern.

The All Wales Arriving Traveller Team, hosted by Cardiff Council, continues to monitor and support returning international from 'amber list' countries that are required to quarantine in their homes. A dedicated team of tracers has also been set up within Cardiff and Vale to carry out contact tracing of any positive cases that occur in returning travellers, as well as organise any additional support identified by the national team.

Our partnership communications teams work collaboratively across the region to ensure up to date messaging is shared with local communities.

Vaccination update

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COVID-19 Update Report – April 2021

To date we have administered over 290,000 vaccinations in Cardiff and the Vale of Glamorgan. Of these 215,000 are first doses and 75,000 are second doses. Over half of the adult population (aged 18+) have now received at least one dose of vaccination. We have offered all people in Priority Groups 1- 9 (people aged 50+, people who have been shielding, those with underlying health conditions, unpaid carers and frontline workers) a vaccination. We are currently offering vaccination to people from Priority Group 10 – starting with those aged 40-49 - at our Mass Vaccination Centres.

Mass vaccination centres: We now have four Mass Vaccination Centres - Splott, Pentwyn, Holm View and our recently opened Bayside MVC. Since opening on 25th March, Bayside has delivered 10,805 vaccinations. Currently, Splott Mass Vaccination Centre is delivering Pfizer vaccine (first and second doses) and the other three centres are delivering Oxford AstraZeneca.

We are opening a Local Vaccination Centre (LVC) in the Western Vale on 12th April as our GP Practices and Community Pharmacies in the area will join to deliver more vaccines to Priority Group 10 starting with the age group 40-49. Any person aged under 50 and registered with one of the three GP Practices in the cluster will be invited for vaccination at the LVC.

Due a reduction in vaccine supply, we have needed to reduce our capacity at our Mass Vaccination Centres over the past week. Pentwyn MVC was closed for one week from 5th April and reopen on the 12th April. Barry MVC and Holm View MVC closed on Monday 5th and Tuesday 6th April and reopened on Wednesday 7th April. We anticipate an increase in vaccine supply from 19 April.

Mobile teams: Our Mobile Teams have now completed second doses for care home residents and staff. There are two care homes that will be visited on 12th April due to an outbreak situation which delayed their first dose. Mobile teams are also vaccinating our vulnerable communities including people from Black, Asian and minority ethnic backgrounds, asylum seekers, sex workers, those that are homeless and traveller communities. We have held two vaccination sessions at the India Centre in Cardiff in partnership with BAPIO (British Association of Physicians of Indian Origin).

GP practices: Our GP Practices are now delivering second doses of AstraZeneca vaccine to people aged 80 and over. They will move to the 75-79 cohort and 65-69 cohort second doses in due course, in line with the 11 week interval guidance.

Community Pharmacies

Community Pharmacies commenced vaccination on 8th April, with a focus on delivering vaccines to unpaid carers, our Black Asian and Minority Ethnic communities and increasing access and capacity in the Western Vale area. There are three community pharmacies that will undertake a pilot as we roll out the vaccine programme with a plan to increase this from May.

Unpaid Carers: We launched an online form for unpaid carers to self-identify for vaccination if they had not already been invited to a Mass Vaccination centre. A phone number was also available for anyone who required assistance to complete

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the form. Over 5,000 unpaid carers have been vaccinated through utilising this form / telephone line.

Leaving no-one behind

We are developing a series of online forms for people who have not received a vaccination invitation and who are in Priority Groups 1-9 so that 'nobody is left behind' or if someone has missed their appointment. This will be extended for use by people in Priority Group 10 as we move through the age cohorts.

Communications:

We held a media day at Bayside MVC on 1st April and we held a [Facebook live session](#) on 26th March with Lorna Bennett, Consultant in Public Health; Darrell Baker, Director of Pharmacy and Medicines Management and Tracy Meredith, Head of Operations for Testing and Mass Immunisations. The Facebook live session enabled the public to ask a variety questions on the vaccine programme for our panel of experts to answer. This reached over 5,500 people. We are currently developing a detailed communications plan for people aged under 50.

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Report Title:	NHS Funded Nursing Care				
Meeting:	UHB Board Meeting			Meeting Date:	29.04.21
Status:	For Discussion	For Assurance	For Approval	X	For Information
Lead Executive:	EXECUTIVE DIRECTOR OF FINANCE				
Report Author (Title):	Assistant Director of Finance - PCIC				

Background and current situation:

This Paper:

- Provides the Board with a summary of the position regarding Funded Nursing Care (FNC);
- Provides the Board with the recommended option for setting the FNC rate for 2021/2022;
- Seeks formal Board approval for the methodology to be used to set the FNC rate for 2021/2022.

Funded Nursing Care (FNC) refers to the NHS funding of Registered Nursing (RN) care within care homes, where the need for nursing input has been assessed as necessary. It is a statutory requirement set out in s49 of the Health and Social Care Act and the FNC rate covers both the costs of the services provided by the RN along with funding for continence products that may be necessary.

Legal proceedings instigated initially by Providers in 2014 challenged the way the FNC rate was calculated. These culminated in Supreme Court proceedings in 2017 when the Court rejected the arguments of both the Health Boards (HBs) and Local Authorities (LAs) and determined that s49 had been misinterpreted. Instead, the Court provided its own view of what services should be included in the FNC rate. The Court concluded that "nursing care by a registered nurse" covers (a) time spent on nursing care, in the sense of care which can only be provided by a registered nurse, including both direct and indirect nursing time as defined by the Laing and Buisson study; (b) paid breaks; (c) time receiving supervision; (d) stand-by time; and (e) time spent on providing, planning, supervising or delegating the provision of other types of care which in all the circumstances ought to be provided by a registered nurse because they are ancillary to or closely connected with or part and parcel of the nursing care which she has to provide".

The rate was subsequently adjusted to include paid breaks and clinical supervision time, with some of the RN time where care had been provided incidentally now being funded via the appropriate local authority. The additional cost pressures of the paid breaks and clinical supervision time were absorbed by HBs with no ongoing funding provided by Welsh Government (WG). WG has provided ongoing funding to LAs to meet the costs of the personal care provided by the RN that each LA now funds.

Comprehensive information regarding the 2017 Supreme Court Judgment has been shared in previous papers and briefings. A summary of the rate and how it is now broken down is attached as **Appendix 1** of this paper.

Setting the FNC rate

Since 2014 HBs have used the Inflationary Uplift Mechanism (IUM) to set the FNC rate. This is made up of two components:

- The 'labour' component – i.e. time spent by the care home RN in providing direct and indirect care and supervision. This is funded at the mid-point of Band 5 on the Agenda for Change pay scale;
- The continence supplies component. This is uplifted annually in line with the CPI.

The IUM was initially approved by HB Boards to operate for a period of five years then review. In 2019 Boards approved a proposal to extend the IUM for a further two years in order to allow for WG to revise and reissue the FNC Policy Guidance (which has not been updated since 2004). This also allowed the IUM to continue to operate for the full three year period covered by the NHS pay award.

It is of note that the IUM as a mechanism has not been subject to challenge during the legal proceedings. Instead, the legal proceedings focused on the services that should be included within the FNC rate.

The current extension to the IUM ends on 31 March 2021 and HB professional and finance leads for longer term care have worked to identify options that may be appropriate to apply from April 2021 onwards. It had been expected that a revised policy approach would have been in place to support this work - WG did commit to a FNC policy review following on from the legal action but this has yet to proceed. The impacts of COVID-19 upon policy makers is recognised but the work has been delayed for several years prior to this.

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

Health Boards need to consider the methodology used to calculate the FNC rate for 2021/2022. The current methodology is the Inflationary Uplift Mechanism which calculates both the RN time and the costs of continence products.

The options to undertake a different approach are currently limited considerably by the lack of contemporary policy guidance to guide Health Boards in operating within policy expectations and requirements. A WG policy review has been delayed due to COVID-19 demands but WG has now committed to a review of FNC policy commencing in the spring of 2021. HBs will need to review the approach adopted to set the FNC rate following this to ensure compliance with policy.

The views of other interested parties have been sought in reaching the recommendation. Care Forum Wales, on behalf of Providers, recognise the limits due to the policy position but have identified the need to consider other factors as set out in this paper. A commitment to undertake further work once the policy position is confirmed will therefore be necessary.

An extension to the IUM for 2021/22 is recommended, with a commitment to review the methodology as soon as an updated policy position is available. Lead executive directors can provide Board members with further background information as necessary to support consideration.

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

The 2021 Methodology

The professional and finance leads for long term care in all seven health boards have undertaken work to consider options for the methodology. In considering options the leads were mindful of the Supreme Court definition of the factors to be included. A significant limiting factor in exploring wide options has been the lack of contemporary national policy guidance – the extant FNC Guidance was issued in 2004 and reflects neither the current policy landscape nor the outcomes of the legal challenges. HBs are therefore currently operating in a policy vacuum with associated inherent risks.

The lack of a contemporary policy position; the long standing nature of the IUM as an appropriate mechanism; along with the significant challenges relating to the COVID-19 pandemic have all informed the consideration of options and led to the recommendation that the most appropriate approach for 2021/2022 is to retain the IUM, with an explicit commitment to review when the policy position is revised.

This recommendation has been considered and ratified by both the lead Executive Director in each HB and also by HB CEOs.

WG colleagues have indicated that they intend to commence the policy review in the spring of this year so the recommended extension of the current methodology should only need to apply for the 2021/2022 year.

In reaching this recommendation HBs have been keen to seek the views of other key stakeholders, including:

- The National Commissioning Board (NCB) were provided with a Note to inform and assist them in considering views, supported by a presentation at the October NCB meeting. No feedback or response was received;
- The lead LA Director was contacted separately to seek views on behalf of LA Directors. No response was received;
- The views of Providers have been sought via the Chief Executive of Care Forum Wales, their main representative body. Views were sought informally earlier in 2020 on two occasions, and again in December 2020 when the recommended option was shared for a view and comment. No response to the recommended option has been received, recognising though that COVID-19 related demands are impacting on the ability to respond rapidly, undertake wider work, and canvass views from members. The general views identified through dialogue though have been identified earlier in this paper.

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Recommendation:

The Board is asked to:

Recommendation:

The Board is requested to:

- **NOTE** the need for HB Boards to review the methodology,
- **NOTE** the impacts of the COVID-19 pandemic and the lack of a contemporary policy position as key factors that limit the options available to HBs,
- **NOTE** the recommendation of HB professional and finance leads; lead Executive Directors; and CEOs that the Inflationary Uplift Mechanism be retained for 2021/2022 with a commitment to review when the policy position is updated,
- **CONSIDER** and **APPROVE** retaining the Inflationary Uplift Mechanism as the recommended option for 2021/22, with a commitment to review the methodology when the policy position is available.

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	

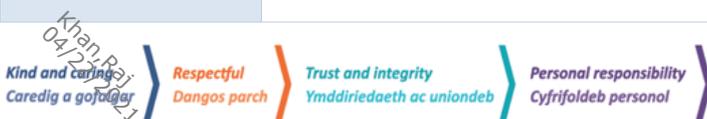
Five Ways of Working (Sustainable Development Principles) considered

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



Appendix 1

The Implications of the 2015 – 2017 Legal Proceedings

The implications of the Judgment were significant and, post Supreme Court, WG commissioned work to address these:

- The Judgment set out the Supreme Court's view on the services that should be included as part of the FNC rate. In doing this the Court determined that some services the RN provides are incidental so should not be for HBs to fund – i.e. they are provided by the RN as a matter of convenience rather than a requirement. The funding for this component of the rate has been calculated at 0.385 hours per week and is funded either by the LA or is self-funded, whichever is appropriate.
- HBs have revised their approach to include the additional factors the Court determined should be provided for under the FNC rate. Including the paid breaks and clinical supervision time¹ led to an increase in the time funded by HBs (up to 8.855 hours per week) forming the basis of the calculation of the rate.
- The total RN time funded per resident per week is now 9.24 hours. This is made up of the 8.855 hours funded by the NHS and 0.385 hours funded by the LA/self-funder. The total FNC rate therefore is now made up of:
 - 8.855 hours of RN time funded by the NHS
 - 0.385 hours of RN time funded by the appropriate LA/self-funder
 - Funding to support any continence supplies that are necessary.

¹ This was calculated by WG following work they commissioned.

Report Title:	Cardiff Youth Justice Services : Improvement following HMIP Inspection 2020				
Meeting:	UHB Board Meeting			Meeting Date:	29.04.21
Status:	For Discussion	For Assurance	For Approval	For Information	x
Lead Executive:	Len Richards, CEO				
Report Author (Title):	Graham Robb, Independent Chair, Cardiff Youth Justice Board				

Background and current situation:

Youth Justice services are a statutory responsibility of partners, including Health, answerable to the Local Authority (LA) Chief Executive. A Her Majesty's Inspectorate of Probation (HMIP) led Inspection of Cardiff Youth Justice services in January 2020 through a joint probation, social care, health (Inc. Care Quality Council (CQC)), education and Police Inspectorates reached an overall judgement of "Inadequate" on the three core areas of **Leadership** and Management, Court work, and Out of Court work. This is the lowest category and the [Inspection report](#) was published in July 2020.

The relevant report recommendations were:

The Cardiff Youth Offending Service (YOS) Management Board should:

1. ensure it sets the strategic direction for the Youth Offending Service (YOS) by having a clear vision that is communicated to staff and key stakeholders
2. review its membership, role and function to make sure that its representatives have the seniority to make decisions and commit necessary resources to the YOS
3. make sure that all members of the YOS partnership and other partner agencies provide appropriate support and services
4. develop members' knowledge and understanding of their role as Board members and the service's work and provide effective challenge to partners

Cardiff and Vale Health Board should:

1. Ensure that its statutory duty to provide relevant and timely physical, sexual, emotional and mental health services to YOS children is fulfilled.

Post Inspection

Paul Orders, the Chief Executive of Cardiff Council appointed Graham Robb as an Independent Chair in April 2020 to lead a two year development strategy. After extensive staff and partner work this was launched by the Public Services Board (PSB) in June 2020, "All our Futures" [Youth Justice Strategy 2020 22 E.pdf](#).

Key Strategy actions taken since June 2020 include:

- a) Youth Justice Management Board (Cardiff YJB) has been reshaped to provide effective leadership, scrutiny and joint problem solving
- b) Service leadership and management is being reshaped under a newly appointed

Operational Manager

- c) Children's service tracking service quality measures and ensuring external QA on case practice
- d) Active engagement with the voice of 'our' young people in informing practice and strategy
- e) Significantly improved partnership joint practice
- f) Identifying wider support for young people and their families e.g. into employment

Specific UHB actions in 2020-2021:

- a) Len Richards, CEO Cardiff and Vale UHB is a member of the YJ Advocacy Panel with the Chief Executive of Cardiff Council, the Police and Crime Commissioner for South Wales, the Director of Social Services, lead Councillors and an Independent Chair to maintain a strategic overview and problem solve
- b) The UHB is represented at the right seniority in Board and subcommittee work
- c) A service gap in health provision was filled in autumn 2021
- d) The UHB has commissioned a Health strategic needs assessment related to the Cardiff youth justice cohort which has involved engagement with children families and staff.

Progress Update

HMIP undertook a revisit in December 2020 to look at progress to date. This was not a focus on practice but on Leadership, Governance and partnership processes. This is not a published report but their conclusion was that the structural foundations and working relationships were in place to drive improvement and that progress against the agreed post Inspection Action plan goals were either completed or on track. The key priorities stated were:

- Sustain the focus on case practice and QA work by the service
- Complete a wider joint strategic needs assessment to link to the Health work already underway
- Focus on both Out of Court work and on resettlement from custodial sentences.

Strategy Stocktake workshops

In January and February 2021 in collaboration with staff and partners we reviewed the progress made after six months of the two year strategy and concluded (extract from Board report):

- 1) All three workshops noted significant and acknowledged improvements in practice, partnership work, staff engagement, training
- 2) Many of the detailed recommendations are service practice issues.
- 3) It is clear from this - and the HMIP letter- that our key priorities in 2021-2022 is to enable practice development - and to manage other priorities proportionately.
- 4) The stocktake identified these Board developments in 2021-2022
 - a) Focus on QA, workforce development, yp and family satisfaction to enable evaluation
 - b) Enabling the Joint Strategic Needs assessment work to inform planning, commissioning and evaluation. (NB special focus on Disproportionality)
 - c) building capacity for tactical partnership problem solving and evaluation
 - d) ensuring yp engagement aligns with the Participation Framework and informs evaluation
 - e) developing a richer picture of achievement and progression by young people to inform development work
 - f) ensure YJ work fits within wider strategies for prevention
- 5) Ensure understanding of the emerging COVID Lockdown and post COVID Lockdown implications for young people in contact with the youth justice services.

Khan, Raj
04/22/2021 11:32

The cohort and their needs

This are a small group of children who pose some of the highest risks to self and others in the community. A snapshot of the cohort in March 2021 demonstrates:

Caseload @ 1st March = 161.

Male / Female 86%/14%

Ethnicity

White	82
Unknown	46
Any Other Ethnic Group	22
Black or Black British	5
Any Other Asian Background	3
Asian or Asian British	2
Other ethnic group	1

Number of cases

Prevention	92
Diversion	22
Out of Court	6
Court cases	30
Early Intervention	11

NB “court cases includes young people in secure estate on remand or sentenced”

Offence Types	%
Violence Against The Person	24%
Drugs	18%
Motoring Offences	11%
Theft/Handling stolen goods	10%
Public Order	10%
Criminal Damage	8%
Other	19%

Assessed needs

- 17% of children are Looked after
- 9% are children on the Child Protection Register
- 31% are identified as having a Care and Support Plan (Previously Children in Need)
- 22% of children under 16 are not in full time mainstream school
- 12% of children age 17 are not in Education, Training or Employment

We have much more to do on analysis of the needs of the young people in the service and likely to come into the service – so we can shape our partnership services accordingly.

Judging Impact

The national measures of effectiveness (The KPIs) cover three themes:

- Reducing First Time entrants to the youth justice services (Prevention)
- Reducing Reoffending
- Minimising the use of Custody

Cardiff can compare itself with 10 YOTS who are statistical neighbours. In each of these there is very significant improvement needed.

We also track four all-Wales indicators – these measures are process indicators

- Education
- Mental Health
- Substance misuse
- Accommodation

The Board aspires to get a much richer picture of current indicators including of outcomes, achievement and progression.

2021-2022

We expect a repeat visit by the HMIP led inspectorate partners sometime from summer 2021. This will be over three weeks and will include

- 1) A significant case scrutiny exercise (probably 50+ cases) to test the quality of practice and partnership collaboration.
- 2) Group and Individual interviews with strategic leaders to test engagement and evidence of impact
- 3) Group and individual practitioner interviews again to test practice and partnership work.

There will also be interviews with young people, and volunteers and maybe visits to relevant service locations.

Our strategy is a two year one because the very significant improvement work requires that timescale to see the changes make an impact on the Key Performance Indicators (KPIs). Therefore we are cautious in predicting the overall judgement the Inspectors may make when they return. There will be evident improvement in some aspects of strategy and practice but whether it has impacted on the KPIs will be the determinant of the overall grading.

The Board has also committed to a review over the next year of the end to end service using the Youth Justice Board National Standards. This review will be joint between board, staff and partners to come to judgements on current practice and identify developments for the next development plan.

Conclusion

I am very encouraged by the way in which staff, partners and strategic leaders have responded to the challenges set out in the 2020 Inspection report. There are major improvements still to be embedded and come through into better outcomes for Cardiff young people but after eight months of the Strategy I am confident we are making solid progress towards our vision

The highest aspirations for the children, supported by the right team doing the right work.

Graham Robb
Independent Chair
Cardiff Youth Justice Board
14 April 2021

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

To children and families

Of not accessing appropriate health provision which helps them live crime free lives.

To UHB

Of not delivering on recommendations in the Inspectorates report (2020).

Recommendation:

The Board is requested to:

- **NOTE** the report on the Cardiff Youth Justice Services:Improvement following the HMIP Inspection 2020.

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

Not Applicable