

**Confirmed Minutes of the Board Meeting
Held on Thursday, 29 April 2021 at 9.45 a.m. – 11.15 a.m.
Via MS Teams**

Present:		
Charles Janczewski	CJ	UHB Chair
Len Richards	LR	Chief Executive Officer
Gary Baxter	GB	Independent Member - University
Steve Curry	SC	Chief Operating Officer
David Edwards	DE	Independent Member - ICT
Susan Elsmore	SE	Independent Member – Local Authority
Rachel Gidman	RG	Executive Director of Workforce and Organisational Development
Abigail Harris	AH	Executive Director of Strategic Planning
Michael Imperato	MI	Independent Member - Legal
Fiona Jenkins	FJ	Executive Director of Therapies & Health Sciences
Mike Jones	MJ	Independent Member – Trade Union
Fiona Kinghorn	FK	Executive Director of Public Health
Sara Moseley	SM	Independent Member – Third Sector
Catherine Phillips	CP	Executive Director of Finance
Ceri Phillips	CP	UHB Vice Chair
Rhian Thomas	RT	Independent Member – Capital and Estates
John Union	JU	Independent Member - Finance
Ruth Walker	RW	Executive Nurse Director
Stuart Walker	SW	Executive Medical Director
In Attendance:		
Nicola Foreman	NF	Director of Corporate Governance
Allan Wardhaugh	AW	Chief Clinical Information Officer
Malcolm Latham	ML	South Glamorgan Community Health Council (CHC)
Graham Robb	GR	Independent Chair Of Cardiff Youth Justice Board (YJB)
Scott Mclean	SM	Director of Operations – Children and Women
Observing:		
Joanne Brandon	JB	Director of Communications
Jacqueline Evans	JE	Head of Corporate Governance
Secretariat		
Raj Khan	RK	Corporate Governance Officer
Apologies:		
Akmal Hanuk	AH	Independent Member - Community
Sam Austin	SA	Chair, Stakeholder Reference Group (SRG)
Stephen Allen	SA	Chief Executive Officer - South Glamorgan Community Health Council (CHC)

Ref	Agenda Item	
UHB 21/04/001	<p>Welcome & Introductions</p> <p>The UHB 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 COVID-19 Pandemic.</p> <p>The Chair welcomed Graham Robb, Independent Chair of the Cardiff Youth Justice Board to the meeting.</p>	
UHB 21/04/002	<p>Apologies for Absence</p> <p>Members noted that apologies for absence has been received from Stephen Allen, Chief Executive Officer - South Glamorgan Community Health Council, Sam Austin, Chair of the Stakeholder Reference Group (SRG) and Akmal Hanuk, Independent Member – Community.</p>	
UHB 21/04/003	<p>Declarations of Interest</p> <p>Fiona Jenkins – Executive Director of Therapies & Health Sciences (EDTHS) declared an interest as a Board member of Cwm Taf Morgannwg University Health Board (CTMUHB).</p> <p>Susan Ellsemore – Independent Member – Local Authority (IM-LA) declared an interest as a Cabinet Member for Social Care, Health and Well-Being For Cardiff Council.</p>	
UHB 21/04/003	<p>Minutes of the Board Meeting held on 25 March 2021</p> <p>The Minutes of the meeting held on 25 March 2021 were received and confirmed as a true and accurate record of the meeting.</p> <p>There were no matters arising that were not included on the agenda or action log, with the exception of a query from the last Board meeting concerning accident & emergency (A&E) figures 12 hour waits.</p> <p>The Chief Operating Officer (COO) advised that the figures were thought to be at 10%, however they were in fact between 2% and 3%, the error had been due to an issue with the axis of the graph.</p> <p>The Board resolved that:</p> <p>a) The minutes of the meeting held on 25 March 2021 be approved as a true and accurate record.</p>	
UHB 21/04/004	<p>Board Action Log following the Meeting held on 25 March 2021</p> <p>The Director of Corporate Governance (DCG) confirmed that actions UHB20/11/014 & UHB 21/02/005, concerning Nurse Staffing Act – Mental Health Nurse Staffing Levels, and action UHB 21/03/008 concerning the Chief Executive Report’s reference to the outcome of the engagement on Shaping Our Future Clinical Services would be brought to the Board meeting in May 2021.</p>	

	<p>UHB 21/03/018 concerning the Terms of Reference & Work Plan for all Committees of the Board would be brought to the Board meeting in July 2021.</p> <p>UHB 21/03/023 concerning the Agenda for Private Board Meeting – Annual Plan 21/22 action was in relation to the final sign off of the Annual Plan 2021-2022 with a date to be confirmed for a future Board meeting. The Board noted that an update on progress with the annual plan was on the agenda for discussion.</p> <p>The Board Resolved that: a) The Action Log and updates be noted.</p>	
<p>UHB 21/04/005</p>	<p>Chair’s Report & Chair’s Action taken since 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>The Chair gave an overview of the positive response the Communications and Engagement Team had provided during the COVID-19 pandemic. The Chair advised that clear, swift and effective communication had been an important requirement during the pandemic. It was, and remained, imperative that members of the public, our staff, partners and key stakeholders were kept as informed as possible about the work of the health board and the changes needed to make to keep everyone as safe as possible throughout the very challenging last twelve months.</p> <p>He advised that a lot of the communication was visible and recognised, however the substantial work undertaken behind the scenes during the pandemic should also be recognised.</p> <p>The Chair gave an overview of the work of the Health Charity and Arts Team and advised that the 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.</p> <p>The Board noted that during the past year, art had 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 would be a lasting reminder of a challenging time for many.</p> <p>The Chair stated that he was personally grateful for the work undertaken in both areas.</p> <p>The Chair advised that Fixing of the common seal/Chair’s Action to signed documents were detailed within the report.</p> <p>The Board resolved that: a) The Chairs Report be noted.</p>	

	<p>b) The Chairs actions concerning Fixing the Common Seal/Chair's Action and other signed documents be approved.</p>	
<p>UHB 21/04/006</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>The CEO highlighted:</p> <p>1) CVUHB recently became members of the Global Green and Healthy Hospitals (GGHH). The Board noted that:</p> <ul style="list-style-type: none"> • GGHH was part of Healthcare without Harm and was 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, • CVUHB had pledged to tackle the climate emergency last year as a board and that joining GGHH, was in line with the ambition to deliver sustainable, carbon neutral services, and the leadership in this programme of work we have throughout the Health Board, • There was significant enthusiasm across CVUHB to tackle the climate change agenda, and that there were a number of different clinicians across the organisation who were leading on efforts and actions to reduce carbon in the atmosphere, Fiona Brennan, an anaesthetist with CVUHB had started "The Welsh Anaesthetic Forum" concerning environmental health and discussions had been undertaken with Welsh Government, for CVUHB to host a seminar/conference relating to climate change in June 2021. This would be an opportunity to bring together all of the initiatives that are taking place across Wales with a view to centering Wales as a leader in this area. <p>2) The Welsh Infant Children's Genome Service (WINGS) was launched in August 2020. The Board noted that:</p> <ul style="list-style-type: none"> • WINGS was delivered by the All Wales Medical Genomics Service and hosted by CVUHB, • it 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 several years for a successful diagnosis, • after a genome sequence which could take one week, they could now pinpoint the gene and then commence preparation with the parents and identify potential treatments that were known for those genetic deformities. <p>3) The Health Board had now concluded the formal engagement for the Shaping Our Future Clinical Services programme. The Board noted:</p>	

	<ul style="list-style-type: none"> • That as plans develop we would continue to engage with our staff and the public, • The CEO expressed this thanks to everyone who had participated and offered feedback so far, • The responses would be shared with the South Glamorgan Community Health Council (CHC), and discussion would be held to consider the outcome of the engagement exercise and next steps, • The outcome of the engagement exercise would be published and CVUHB would consider the responses received and write a report summarising the feedback and recommending a way forward. <p>The Board resolved that:</p> <p>a) The Chief Executives Report be noted.</p>	
<p>UHB 21/04/007</p>	<p>Corona Virus 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> <ul style="list-style-type: none"> • Quality & Safety <p>The Executive Nurse Director (END) gave an update on quality and safety matters and the Board noted:</p> <ul style="list-style-type: none"> • COVID-19 outbreak position - there were no COVID-19 outbreaks across the UHB, and there was ongoing investigation work into the COVID-19 deaths, • Investigation of hospital acquired COVID-19 - the UHB continued 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, the END advised she would keep the Quality Safety and Experience (QSE) Committee apprised of the situation, • A Head of COVID-19 Investigations, had been appointed and the UHB would shortly be recruiting a team of investigators to ensure that an appropriate level of review and investigation was in place in line with the All Wales Framework. A COVID-19 Investigation Oversight Group and Scrutiny panel (with Executive oversight) would be established to oversee the process, • Concerns – The UHB continues to receive a high volume of concerns/enquiries per week in relation to appointments at the mass vaccination centres, and were also co-ordinating approximately 100 calls per day in relation to requests to visit relatives. The END stated that they had hoped that this would start to decrease over the next few weeks as they were seeing the vaccination position improving. <ul style="list-style-type: none"> • Workforce 	

The Executive Director of Workforce & Organisational Development (EDWOD) gave an update on workforce matters and the Board noted:

- the **Workforce Hubs** 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 were now reconfigured to focus on the recovery phase and ensure the workforce is COVID-19 ready with a real focus on future proofing the workforce,
- there were no COVID-19 positive patients in critical care (as at 13.04.21) however the nursing position remained challenging,
- The staffing levels for Mass Immunisation centres had improved due to reduction in vaccination supplies and reduction in activity. A reserve list had been established due to the high number of Did Not Attends (DNAs),
- Staff-wellbeing was 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 were now open (at Lakeside Wing (LSW), University Hospital of Wales (UHW) and University Hospital Llandough) UHL) with an Aroma nearby,
- Employee Wellbeing Service waiting times were low - employees can be seen quickly in all areas,
- Further resource had been extended for the trauma pathway , which was accessible for staff , led by the well-being service and was due to start 7 May 2021,
- Wellbeing sessions were being held twice a week to support Managers,
- The Health and Wellbeing lead was visiting ward areas to see staff and discuss wellbeing and was working closely with the medicine Clinical Board to support staff wellbeing
- A COVID-19 health intervention co-ordinator commenced on 19 April and would support areas affected by COVID-19 by being a direct point of contact to wellbeing services and a link for line managers. Two further Health Intervention co-ordinators had also been recruited to look proactively at interventions to support health and wellbeing of staff. These posts had been supported by the Health Charity for a period of two years,
- The number of referrals to Occupational Health (OH) were increasing as staff were returning to their substantive areas and managers had capacity to review staff and address their physical and psychological needs.

The EDWOD advised that the workforce team were considering revalidating CVUHB's gold and platinum status of the corporate health standards and were currently scoping what was required in order to being a formal report to a future meeting.

- **Governance**

The DCG gave an update on governance matters and the Board noted:

- As the Health Board (HB) moved towards a recovery position after the second COVID-19 Wave Governance arrangements had returned to 'business as usual' from the start of the new financial year,
- The Board would now return to meeting in public on a bi monthly basis and today's meeting is the last COVID-19 Board meeting for the foreseeable future,
- The new COVID-19 report had been successfully introduced and used to report at each meeting of the Board since November 2020. Consideration would be given as to whether The Health Board continued to have a COVID-19 report at the bi monthly Board Meetings.
- The COVID-19 Board Governance Group had been stood down for the foreseeable future, however the protected time outlined in meeting diaries would be kept in case there was a need to reconvene the meetings in future,
- From the start of the new financial year Committees of the Board had returned to business as usual with Terms of Reference and work plans for 2021/2022 for each Committee receiving approval at the Board meeting in March 2021,
- The Management Executive Meeting continued to meet on a Monday each week and there were standing items on the agenda linked to COVID-19. The Management Executive were also now considering recovery plans,
- The twice weekly COVID-19 Operational Meeting has been reduced to once a week and meets on a Tuesday each week.
- **Operations**

The Chief Operating Officer (COO) gave an update on operational matters and the Board noted:

- The revised COVID -19 operating framework previously presented to Board remained in place, with the first principle being to be 'COVID-19 ready'. Operations, working in a 4-6 week planning horizon, continued to be guided by a number of key components focusing on minimising the different types of harm as set out in the national and local framework,
- the HB continued to navigate the transition between the high COVID-19 activity and prevalence, through to the non COVID-19 picture which was emerging at a significant rate,
- Essential services – urgent and emergency essential services continued 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 had been characterised by a slow reduction in COVID-19 bed occupancy from a much higher peak, together with a greater impact from hospital acquired infection. The overall position had continued to improve in recent weeks. COVID-19 admissions had fallen significantly as community

prevalence had reduced. Hospital bed occupancy for COVID-19 patients had reduced accordingly, with the Health Board recording approximately 100 COVID-19 inpatients as at 19 April 2021 – the vast majority of these were COVID-19 ‘recovery’ patients. Bed losses due to Infection, Prevention and Control (IP&C) outbreaks had also reduced markedly, with no wards being designated ‘outbreak’ status as at 19 April 2021,

- They were approximately 30 attendances per day in the A&E department that were suspected COVID, but only ones and two’s of those were actually turning out to be COVID-19 patients,
- The re-emergence of non COVID-19 activity, which is re-emerging now at a rate which is greater than it re-emerged after the first the first wave. There was strong anecdotal evidence from clinical teams that the non COVID-19 re-emergence of activity was sometimes related to COVID-19 as it was not distinctly the same type of activity previously seen, so there was an impact on COVID-19 activity that was featuring in their non COVID-19 activity,
- Planned care – with the reduction in COVID-19 admissions, there was a focus on recommencing elective activity which ceased in January 2021. Theatre staff redeployed to Critical Care had been repatriated and surgical ward staff redeployed to Lakeside Wing had also returned to their specialty. The Health Board had submitted its annual plan to Welsh Government and, within it, described recovery plans which would be risk based, data driven and clinically led. The next stage of this planning process was currently being rolled out at specialty level,
- The COVID-19 footprint had been resized, there was one Ward at UHW and one area at UHL that was dedicated to COVID-19 positive area and work had begun to resize that to some extent,
- The Lakeside wing was still open although they had closed other areas of capacity and were still caring for 50 patients which was their field hospital facility,
- Cancer care – Cancer care continued to be provided as an essential service. As reported last month, whilst the Health Board had been successful in maintaining treatment activity, referral rates, backlog work and timeliness of treatment was 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 was 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 remained relatively resilient despite significant pressures. However, feedback from GP leads was indicating an increased acuity in some GP presentations. There had been a small number of practices that had been supported by the primary care team within the Health Board but no GMS

practices reporting high levels of escalation. Dental, optometry and pharmacy were all reporting a green status.

- Non COVID-19 primary care was seeing a change in its demand, they were not seeing absolute changes in the numbers of patients presenting but were seeing changes in complexity with a strong view from primary care clinicians that the tail of COVID-19 impact was being seen and the complexity of some of the patients and potentially related to late presentations that they're seeing in primary care,
- Non COVID activity in secondary care was rising at a much higher rate than it did after the first wave,
- They continued to operate their green zones, the areas of protected surgical activity with remarkable results in terms of very low or in some cases for some types, absence of infection in those areas,
- some ward capacity had been repurposed back to surgery, which was purposed for COVID-19 response in anticipation and in recognition of the growth of surgical activity,
- we are working with Welsh Government to develop and accelerate recovery plans in scheduled care against the background of a waiting list that continued to grow, although fairly slowly but was ageing rapidly in terms of the length of time that patients were waiting was going up significantly,
- the recovery plan considered extending existing schemes beyond what they were already doing,
- All 60 GP practices had been actively involved in the mass immunisation programme and had been providing vaccines (see separate update on vaccination).

The COO advised that they would need to frame the recovery phase through a programme management approach and had a structured approach to the significant tasks requiring completion across a number of areas going including planned care, unscheduled care, primary care, mental health, and diagnostics.

The COO advised that in terms of productivity and efficiency, the first challenge was to get back to the levels of activity that they were doing in the pre COVID-19 period. He added that there had been significant losses and the positive national IP&C guidance had outlined how they would operate in a COVID-19 environment in which there was a threat.

The COO advised that green zones had been put in place to bring patients in and recover them. As the patient procedures were being undertaken the processes for those procedures had been affected significantly, and 30-50% of the throughput had been lost as they were undertaking the procedures in a different way with longer cleaning times between operating procedures, different routes in out of the procedure rooms and strengthened practices for the individuals undertaking the procedures, including more frequent changing of Personal Protective Equipment (PPE).

The COO advised that their first call of action would be to try recover that at a rate at which was safe, which would consist of:

- How they configure themselves i.e. Green Zone work, and
- National guidance - changes in terms of being able to bring more people into those facilities.

The COO added that they were aiming to return to 70% of pre COVID-19 activity in this quarter, with an ambition of 80% in the next quarter.

The Chair queried the Operations section of report, and the reference to the Health Board having submitted its annual plan to Welsh Government, and advised that it should state it was a draft plan, and the final plan had not yet been agreed.

The Chair advised that on behalf of the Board he would to express their gratitude to all those people, staff, who have been involved in the mass immunisation programme, including GP colleagues who had taken on administering immunisation programmes in addition to their day to day workloads.

- **Public Health**

The Executive Director of Public Health (EDPH) gave an update on Public Health matters and the Board noted:

- **Epidemiology** - During March 2021, 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 were equivalent to around 20 new cases per day in Cardiff, and 3 per day in the Vale,
- **Test, Trace & Protect (TTP)** - There was capacity in all local testing sites and the majority of results were received within 24 hours. People living in Cardiff and Vale could 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 most recent statistics which were produced daily, showed:
 - In Cardiff 11.7, per 100,000 over a seven day period,
 - In the Vale 8.2, per 100,000 over a seven day period,
- these figures showed a significant decline from what has been seen over the winter period and through March and April
 - Positivity in Cardiff 1.3%,
 - Positivity in the Vale is 0.9%,
- **Vaccination update** – over 375,248 vaccinations had been administered, 276,237 of which were first doses, 98,990 of were second doses,
- 69% of adults aged 18 and over had been vaccinated with the first dose,

- A quarter of adults were fully immunised with first and second doses,
- The vaccination progress made was a major achievement as if the vaccination rates for the Four UK Nations were split, Wales came third only to Israel and the United Arab Emirates (UAE) and that CVUHB's proactive approach had played an important role in that,
- there were fewer cases either in care home residents or staff, with a really significant decline, and in schools they were still finding some clusters, highlighting they were usually small and couldn't clearly track why this had been the case.
- There was a key risk concerning arriving travellers, with over 400 arriving in Cardiff each week. There were still many reasons why people feel the need to travel, and there was now a requirement for travellers arriving from amber countries to be followed up through the National Arriving Travellers Team which is hosted by Cardiff Council in partnership, the local Public Health Team and Specialist Public Health Colleagues.
- There were still some secondary community cases in the population, and some areas of the Southern arc in Cardiff were proving to be more challenging than others
- As restrictions were eased and the team would monitor the situation carefully,
- there would be some pilots for large events planned in Cardiff in May and June 2021, and advice had been received on the required preventative testing regime,
- there was a prediction that there may be a third, smaller wave later in the summer, as opposed to the previous prediction that the wave would occur earlier than this,
- Workforce and "Did Not Attend" (DNA's) still posed to be challenging, however teams were continuously working on these issues through multiple routes and mechanisms and were managing to achieve high rates of vaccination,
- Vaccinations for the 20 to 30 age group were being scheduled, and there was a plan in place for student vaccinations,
- CVUHB were forming part of a world first randomised control trial which would assess if COVID-19 vaccine and the influenza vaccine could be administered in tandem, to support the vaccination programme currently being planned across England and Wales.

The IM-LA highlighted that there was a great preponderance of vaccination rates for staff in areas including care homes for older people, learning disabilities, mental health and domiciliary care. However, there were some outliers including less than 15% of vaccination take up amongst some staff. The business intelligence gathered suggested that this was in relation to concerns people had about fertility. The IM-LA proposed a discussion be undertaken in partnership with CVUHB and the Local Authorities to consider these concerns, and to consider the joint approach to dealing with travellers coming into Cardiff to ensure that everything was being done to prevent a third wave.

The EDPH responded and advised that there was a slight inequality gap, however the numbers were not large. The numbers between men and women was very small and reverberate through the age groups, and associated socio economic groups. She highlighted that within the Black, Asian, Minority, and Ethnic Communities a lot of work had been undertaken and the gap in these group has decreased by 3%. She added that work was being undertaken to strengthen and improve communication and engagement in targeted areas of Cardiff and the Vale of Glamorgan to try and decrease the socio economic gap.

The Independent Member University (IM-University) queried the reference within the report concerning the stability of staffing, and asked if there were any particular issues that were contributing to that instability, and if there was any strategic planning in development for a mass booster campaign in the autumn and winter months and what the issues were concerning staffing and whether it would sustainable through the autumn and winter months.

The END responded that:

- The challenge was that most of the staff that were currently being utilised in the mass vaccination Centre were employed on a temporary basis,
- They are either temporary in the sense of they are employed in a work environment within the HB but undertake additional work through the staff bank, or they are adding extra hours to their existing working hours, or staff who have returned to practice to support the vaccination programme are being utilised,
- When the mass vaccination programme was first proposed there was initially an influx of people offering to come forward and provide assistance, however the complex training programme provided through the national programme had since deterred people from offering to help,
- There were some patterns of presentation that were emerging currently that might be very helpful to measure, but difficult to staff for example some of the DNA work demonstrated that people may have a vaccination scheduled at a specific time in the morning, however they do not turn up until after the evening when they finish work, therefore consideration needs to be given to staffing differently or booking appointments differently,
- Continuous assessments were made each week concerning whether mass vaccination centres should stay open,
- In addition to considering the COVID-19 booster vaccinations and the influenza campaigns, consideration was also being given to the other routine vaccinations such as the Human papillomavirus (HPV). Currently, the HPV campaign was slightly behind target as many of school the nurses were supporting the mass vaccination centres or vaccinating for influenza.

Currently about to go back out again and to ask those people who had put themselves forward but maybe not materialised if they would like to do that

The Board resolved that:

- a) The Corona Virus Report be noted.

UHB
21/04/008

NHS Funded Nursing Care (FNC)

The NHS Funded Nursing Care (FNC) report was received.

The Board noted that:

- FNC referred to the NHS funding of Registered Nursing (RN) care within care homes, where the need for nursing input had 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,
- 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,
- In 2019 Boards approved a proposal to extend the IUM for a further two years in order to allow for Welsh Government (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,
- The extension to the IUM ended on 31 March 2021 and HB professional and finance leads for longer term care have worked to identify options that may be appropriate to applied from April 2021 onwards,
- A WG policy review had been delayed due to COVID-19 demands but they had committed to a review of the FNC policy commencing in the spring of 2021, therefore the recommended extension of the current methodology should only need to apply for the 2021/2022 year. HBs would need to review the approach adopted to set the FNC rate following this to ensure compliance with policy,

The Director of Finance (DOF) stated that there was an annual requirement to agree an inflationary uplift for FNC, and that CVUHB had used a similar methodology which mirrored the approval process used in previous years. She highlighted that this inflationary uplift had been covered in the allocations provided by WG. The Board noted that it was recommended that the IUM for 2021/2022 be extended, with a commitment to review the methodology as soon as an updated policy position was available.

The Board resolved that:

- a) The need for HB Boards to review the methodology be noted,
- b) 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 be noted

	<p>c) 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 be noted,</p> <p>d) That the recommendation to retain the Inflationary Uplift Mechanism as the recommended option for 2021/2022, with a commitment to review the methodology when the policy position is available, be approved.</p>	
<p>UHB 21/04/009</p>	<p>Cardiff Youth Justice Advocacy panel</p> <p>The Cardiff Youth Justice Advocacy panel report was received and Graham Robb, Independent Chair of the Cardiff Youth Justice Board (ICCYJB) gave an update on the Cardiff Youth Justice Services : Improvement following Her Majesty’s Inspectorate of Probation (HMIP) Inspection 2020.</p> <p>The Board noted that:</p> <ul style="list-style-type: none"> • Her Majesty’s Inspectorate of Probation (HMIP) had 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, • as a consequence improvement recommendations were made for the Youth Offending Service (YOS) Management Board, with one recommendations being given to CVUHB to “Ensure that its statutory duty to provide relevant and timely physical, sexual, emotional and mental health services to YOS children is fulfilled.”, • In April 2020 Paul Orders, the Chief Executive of Cardiff Council appointed Graham Robb as an Independent Chair to lead a two year development strategy, which after extensive staff and partner work was launched by the Public Services Board (PSB) in June 2020, “ All our Futures” Youth Justice Strategy 2020-2022”, • The YJB and CVUHB have undertaken key strategic actions since June 2020 to strengthen and develop Cardiff YJB’s services, • HMIP undertook a revisit in December 2020 to look at progress to date and focus on on Leadership, Governance and partnership processes, • In January and February 2021 in collaboration with staff and partners the progress made after six months of the two year strategy, was reviewed through strategy stocktake workshops, which demonstrated that progress was being made, • A repeat visit by the HMIP led inspectorate partners is anticipated in summer 2021, this will be over three weeks and will include a significant case scrutiny exercise and group and individual interviews, 	

- The YJB were currently dealing with 120 young people in the Cardiff area, these involve a range of very complex sets of circumstances for young people, including children in care right through to criminal exploitation,
- Of the 120 young people – 4 young people were accommodated in secure estates,
- support was in place for those leaving to support them in ensuring their health, education and accommodation needs are met,
- there were 60 young people on prevention and diversion work.

The CEO thanked the ICCYJB for the report and highlighted that this was an area that required a multi-agency approach, to support the vulnerable children within CVUHBs catchment area, and also included some children from outside the area who required input from a range of different agencies. He added that he had requested that the report be brought to the Board's attention as it is an area that many people will be unaware of in light of the disappointing review undertaken in January 2020. Following the review the agencies were working collaboratively in a much more structured way and the ICCYJB had been instrumental in leading the forum.

The ICCYJB advised that in terms of progress:

- They now had the right level of engagement from the HB including the UHB Chair, CEO, EDPH, and the Director of Operations, Children and Women's (DOO-CW),
- The gap in service provision was now addressed with the appropriate membership on the subcommittee, which meant that they were complaint in terms of governance,
- all of the relevant and timely services to the children were fulfilled,
- The EDPH had developed a health and well-being needs analysis, which would support ensuring that service staff are trained to understand, recognise and engage with young people in their families and monitor if the appropriate services are in place.

In addition, the ICCYJB advised that he and the UHB CEO had discussed the importance of the young people's "voice" following attending a learning session with a young person. The learning session had been useful to understand what was being done well and what needed improvement from the perspective of a young person who had received support from partnership services for a range of different needs.

He added there was a need to get this work systematised, and to capture and record the views of young people and what their plans for the future were. CYB is committed to the child friendly city standards, UNICEF and it was important that the agencies involved were doing their part.

The DOO-CW stated that the progress made and the current positive position was largely due to the personal leadership of the ICCYJB in

	<p>making changes to the governance environment and ensuring that actions were completed. He added that each layer from Board level down to service provision provided positive assurance on progress made.</p> <p>The DOO-CW advised that the progress made provided an important case study on how bespoke solutions for the 120 young people could be achieved through collaborative working following the difficult inspection. He felt that the right decisions had been made which had helped with broader engagement with partners, particularly in education and social services around universal services and signposting, as opposed to lots of smaller bespoke services.</p> <p>The Board resolved that:</p> <p>a) the report on the Cardiff Youth Justice Services: Improvement following the HMIP Inspection 2020 be noted.</p>	
<p>UHB 21/04/010</p>	<p>Annual Plan Update – Verbal</p> <p>The verbal update on the Annual Plan was received and the Executive Director of Strategic Planning (EDSP) informed the Board that the HB had been required to submit a draft plan to Welsh Government at the end of March 2021.</p> <p>The Board noted that the Annual plan was still in draft status as there was recognition that there was still quite a bit of uncertainty concerning COVID-19 in terms of the context and environment, the planning for moving through the recovery phases of the pandemic and in terms of the financial position recognising that there the Senedd election had a bearing in terms of the full budget allocation expected throughout this year.</p> <p>The EDSP reminded the Board that the draft budget would be considered for approval in private session of the Board meeting, reflecting its draft nature. The draft had shared with the Community Health Council (CHC) and expressed her gratitude for the comments received from the Community Health counsellors.</p> <p>The Board noted that the plan addressed the requirement to respond to the four harms that have been identified relating to COVID-19, and that the plan linked back to the strategic goals within the “Shaping Our Future Well Being” strategy. Whilst, CVUHB are applying an annual planning cycle in accordance with Welsh Government guidance, as opposed to the traditional three year Integrated Medium Term Planning (IMPT) cycle, the Board and the patient population could see how CVUHB still wanted to be connected to delivering against the overarching strategy.</p> <p>The EDSP advised that in addition to the draft annual plan, an additional report had been submitted outlining the demand for services that had been built up, and the unmet demand concerning planned care</p>	

	<p>activity that reflects the level of activity CVUHB were able to safely undertake during the response to pandemic.</p> <p>The Board noted that the initial feedback received from WG indicated that CVUHB had a strong plan, with some areas that needed to be further refined, including more detailed clarification on what CVUHB could deliver in quarters one and two concerning planned care space, for example diagnostics, surgical interventions, etc. The COO's team had been leading on this work and the draft plan was submitted to WG on the 26 April 2021.</p> <p>The EDSP stated that the plan will be updated and be presented to the Board for approval in readiness for the June final submission deadline.</p> <p>The Board resolved that:</p> <p>a) the verbal update on the Annual Plan be noted.</p>	
<p>UHB 21/04/011</p>	<p>Any Other Business</p> <p>The UHB Chair raised an additional item of business and highlighted that the additional Public Board meetings that had been held in the preceding months, were introduced to keep the public and staff updated on CVUHB's public health response towards the global COVID-19 pandemic. Following today's COVID-19 update he was pleased to report that there had been a lot of progress in recent months including the easing of national lockdown restrictions, the significantly lower transmission rate of the virus across Cardiff and Vale, the reduction of the number of COVID-19 cases reported by the EDPH, the successful mass vaccination campaign which was ongoing, and a significant reduction in the COVID-19 related hospital admissions and bed use in recent weeks.</p> <p>The UHB Chair stated that given the positive progress made consideration had been given to readjusting the frequency of the monthly public Board meetings, and it had been decided to resume to holding the usual bimonthly cycle of meetings, with an assurance that the pandemic situation and frequency of the meeting will be kept under review.</p>	
<p>UHB 21/04/012</p>	<p>Review of the meeting</p> <p>The Chair asked if attendees were satisfied with the business discussions and format of the meeting, and all members indicated that they were happy with the meeting, the updates provided and the meeting format.</p>	
<p>UHB 21/04/013</p>	<p>Date and time of next meeting:</p> <p>The Chair thanked everyone for their attendance and contribution to the meeting and confirmed that the next meeting would be held Thursday, 27th May 2021 at 1:00pm via MS Teams.</p>	