Public Board Meeting

Thu 16 December 2021, 09:30 - 11:00

Agenda

09:30 - 09:30
0 min

1. Welcome & Introductions

Charles Janczewski

09:30 - 09:30
0 min

2. Apologies for Absence

Charles Janczewski

09:30 - 09:30
0 min

3. Declarations of Interest

Charles Janczewski

09:30 - 09:30
0 min

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

Charles Janczewski

04 Public Board Minutes 25.11.21MD NF.pdf (22 pages)

09:30 - 09:30
0 min

5. Action Log – 25th November 2021

Charles Janczewski

05 Action Log.pdf (1 pages)

09:30 - 09:30
0 min

6. Standing Items for Review and Assurance

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

Charles Janczewski

6.2. Chief Executive Report

Stuart Walker

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

- Operational Update - Caroline Bird
- Quality & Safety - Ruth Walker / Meriel Jenney
- Workforce - Rachel Gidman
- Public Health - Fiona Kinghorn
- Governance - Nicola Foreman

6.3 Systems Pressure Briefing covering report.pdf (2 pages)
6.3a Systems Pressure Briefing (Covid and Non Covid) Complete.pdf (5 pages)

6.4. All Wales Robotic Surgery Partnership - C&V position

Abigail Harris

The Full Business Case can be found in the Supporting Documents.

6.4 All Wales Robotic Surgery Partnership Board Cover paper.pdf (4 pages)

09:30 - 09:30
0 min

7. Items for Approval

7.1. Mass Immunisation Workforce

Fiona Kinghorn

7.1 Board Paper Mass Imms Workforce Dec 2021 FINAL V5a.pdf (4 pages)
7.1a JP letter to CEOs - Vaccination assurance letter.pdf (2 pages)

09:30 - 09:30
0 min

8. Items for Noting

8.1. No Items

09:30 - 09:30
0 min

9. Review of the meeting

Charles Janczewski

09:30 - 09:30
0 min

10. Date and time of next meeting:

Thursday 27 January 2022 at 1pm

Minutes of the Public Board
Held on 25 November 2021 09.30
Via MS Teams

Chair:		
Charles Janczewski	CJ	UHB Chair
Present:		
Ceri Phillips	CP	Vice Chair
Stuart Walker	SW	Interim Chief Executive Officer
Fiona Jenkins	FJ	Executive Director of Therapies & Healthcare Sciences
Steve Curry	SC	Deputy Chief Executive Officer and Chief Operating Officer
Abigail Harris	AH	Executive Director of Strategic Planning
Fiona Kinghorn	FK	Executive Director of Public Health
Mike Jones	MJ	Independent Member - Union
Ruth Walker	RW	Executive Director of Nursing
Catherine Phillips	CP	Executive Director of Finance
Meriel Jenney	MJ	Interim Executive Medical Director
Akmal Hanuk	AH	Independent Member for Community
Susan Elsmore	SE	Independent Member for Local Authority
Gary Baxter	GB	Independent Member for University
Sara Moseley	SM	Independent Member for Third Sector
John Union	JU	Independent Member for Finance
Michael Imperato	MI	Independent Member for Legal
In Attendance:		
Nicola Foreman	NF	Director of Corporate Governance
Caroline Bird	CB	Interim Chief Operating Officer
Ian Virgil	IV	Head of Internal Audit
Lianne Morse	LM	Assistant Director of Workforce
Sam Austin	SA	Deputy Chief Executive, Llamau
David Thomas	DT	Director of Digital Health & Intelligence
Keithley Wilkinson	KW	Equality Manager
Observers:		
Victoria Daniel	VD	Infection Control Scientist
Michael Pruski	MP	Clinical Scientist
Gruffydd Pari	GP	Graduate Trainee Manager
Caitlin Thomas	CT	Graduate Trainee Manager
Debbie Roelvink	DR	EA to Chief Operating Officer
Joanne Brandon	JB	Director of Communications
Marcia Donovan	MD	Head of Corporate Governance
Sarah Mohamed	SM	Corporate Governance Officer
Secretariat:		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Lance Carver	LC	Director of Social Service, Vale of Glamorgan Council
Rachel Gidman	RG	Executive Director of People and Culture.

Item No	Agenda Item	Action
UHB 21/11/001	**Welcome & Introductions** The University Health Board Chair (UHB Chair) welcomed all to the Board meeting in English and in Welsh.	

UHB 21/11/002	**Apologies for Absence** Apologies for absences were noted.	
UHB 21/11/003	**Declarations of Interest** Sara Moseley declared an interest as a member of the General Medical Council (GMC). Fiona Jenkins declared an interest in relation to her joint role as the interim Executive Director for Therapies Health Science for Cwm Taf Morgannwg UHB. Susan Elsmore declared an interest in relation to her role as the Cabinet Member for Social Care, Health and Well-being at Cardiff Council. **The Board resolved that:** a) Save for declarations of interest noted above, no further declarations of interest were noted.	
UHB 21/11/004	**Minutes of the Board Meeting held on:** **Public Board 30 September 2021** The minutes of the Board Meeting held on 30 September 2021 were reviewed for accuracy and matters arising. **The Board resolved that:** a) The minutes of the Public Board meeting held on 30 September 2021 were approved as a true and accurate record.	
UHB 21/11/005	**Action Log 29th July 2021** It was noted that all actions on the Action Log were completed. **The Board resolved that:** a) The Action Log was received and noted.	
UHB 21/11/006	**Patient Story** The Executive Nurse Director (END) informed the Board that the Patient Story was to consider the importance of equality and how patients can access services across Cardiff and Vale University Health Board. Due to IT technical issues, the video was not shared with the Board. The END advised members of the Board that the Patient Story video would be sent to them via email. **The Board resolved that:**	

	a) The Patient Story was noted pending being viewed offline.	
UHB 21/11/007	**Chair's Report and Chair's Action taken since last meeting** The UHB Chair highlighted that the report included information regarding the key activities that had taken place since the last Board Meeting on the 30th September 2021. It was noted that the Hospital Sterilisation Decontamination Unit (HSDU) was an example of an area which was not always in the public eye, and the Chair highlighted the invaluable work carried out by the said unit and its response to Covid. The UHB Chair advised the Board that his report also included a number of Chairs' Actions and the seals that were applied to documents. **The Board resolved that:** a) The Chairs report was noted. b) The Chair's Actions undertaken during the period were approved.	
UHB 21/11/008	**Interim Chief Executive Report** The Interim Chief Executive Report was received. The Interim Chief Executive (ICEO) advised the Board of the importance of the Transitional Care Unit at St Davids Hospital, the changes that were made to A1 Ward functionality at the University Hospital of Wales (UHW), and he acknowledged how important they were as a broader set of changes related to transformation within the Medicine Clinical Board. It was noted that within those works being taken forward by the Medicine Clinical Board, others included: • The "Right Bed, First Time" worktstream. • The collaborative working alongside Local Authority (LA) colleagues. It was noted that the changes being made within the Medicine Clinical Board were a key area of current clinical service provision and had been moving at pace to deliver transformation. The ICEO advised the Board that changes were planned within the Executive Team which included: • Suzanne Rankin had been appointed as the new Chief Executive Officer of the Health Board with effect from 1 February 2022 and it was noted that she had been working very closely with the current Executive Team prior to her formally commencing her new role.	

	• The Deputy Chief Executive Officer (DECO) would be leaving the Health Board in December 2021. • The Deputy Chief Operating Officer had moved into the Interim Chief Operating Officer position. • The current Interim Medical Director would continue in that role until the new CEO started and, potentially, a little after to ensure continuity. The ICEO advised the Board in relation to an update on a topic which was being discussed at a national level: • How a National and Regional system could be delivered against the increasing demands in the Urgent Care System with a proposal being developed regarding system resilience and escalation across Wales and specific regions. It was noted that it was "a work in progress" and had not yet been finalised. The ICEO advised the Board of ongoing discussions with Welsh Government (WG) regarding the delivery of Mental Health and Childrens' Mental Health Services, and that a high quality report, which provided strong assurance around those services, was provided to the Deputy Minister. The Independent Member – Third Sector (IMTS) asked if the urgent care issue identified in the Interim Chief Executive Report was being looked at Regionally or Nationally. The ICEO responded that it was being considered on both points and that, Regionally and Nationally it was supported by the Chief Ambulance Services Commissioner and some phyisicans across Wales. It was noted that the Health Board was meeting with neighbouring Health Boards and that relationships were strong. The first "Executive to Executive" meeting would be had that same day. The Vice Chair advised the Board that there was also ongoing national work relating to urgent Primary Care, in particular where some patients could be seen in an urgent Primary Care Centre led by one of the clusters in South Wales. **The Board resolved that:** a) The Interim Chief Executive's report was noted.	
UHB 21/11/009 Saunders,Nathan 12/15/2021 21:13:55	**Corona Virus Report.** The Corona Virus Report was recevied. The ICEO advised the Board that since the paper was prepared the Covid-19 pandemic had produced further changes and noted that the report could be taken as read.	

It was noted that any questions Board Members may have could be directed to the relevant Executive lead.

The Independent Member University (IMU) queried the level of hesitation over the booster vaccine and flu vaccinations.

The Executive Director of Public Health (EDPH) responded that the booster vaccine was going very well, albeit there was a challenge with regards to the 39 – 49 years old age group.

It was noted that there was also a three week delay with the flu vaccine and the Board was advised that an awareness raising communication would be published to target specific groups, such as those with underlying health issues.

The Independent member – Community (IMC) highlighted that there was a misunderstanding amongst the local community regarding the booster and noted that some people believed the booster was replacing the flu vaccine.

He added that there was also some confusion regarding which vaccine type people would need to take.

The EDPH responded that clarification was required in relation to that issue and it was confirmed that the Communications Team would assist with the communications work relating to that.

The Independent Member – Capital and Estates (IMCE) noted that at previous Board meetings the logistical and resource benefits had been discusssed regarding the simultaneous delivery of the flu vaccine and the booster vaccine and asked for an update.

The EDPC responded that approximately 5,500 staff members had received their Covid and Flu vaccines.

It was noted that flu vaccinations were given by other organisations, including Child Health, and that the bulk were administered by Primary Care who had ordered their flu vaccinations a year in advance.

The UHB Chair commended the content of the Corona Virus Report and noted the considerable amount of work that was underway across the Health Board in order to deal with Covid and non-Covid services.

He added that the Health Board had delivered against the commitment to achieve 80% of pre-covid planned care activity at the end of Quarter 2 and noted whilst the aim remained to deliver 90% by the end of Quarter 4, it should be noted that current unscheduled care pressures made that more challenging.

The Board resolved that:

	a) The COVID 19 update report was noted.	
UHB 21/11/010	**RPB Winter Plan** The RPB Winter Plan was received. The Executive Director of Strategic Planning (EDSP) advised the Board that Welsh Government (WG) had published a Health and Social Care plan two months prior to the Board meeting. She noted that it had already been decided, as a partner to the RPB, that it would be useful to articulate the Health Board's actions for the Winter before WG had published its plan. The Deputy Chief Operating Officer (DCOO) noted that there had been no Summer respite and the workforce was very tired. It was noted that a unique set circumstances existed going into the Winter. It was noted that the Health Board had been working closely with Local Authority colleagues, the Welsh Ambulance Service and the Third Sector. The Independent Member – Local Authority (IMLC) advised the Board that during her time in Health and Social Care, it was the worst winter being faced and commended the Health and Care system for the collaborative joint working which had been provided to date. The DCOO advised the Board that the presentation being shared had been recevied by WG and it had set out the Health Board's summary position and short-term mitigations for Winter. It was noted that Summer pressures included: • Emergency Department (ED) presentations had returned to more than 90% of pre-Covid levels. • Admissions were around the expected seasonal levels. • Occupancy was increasing and was now above expected seasonal levels. The DCOO commented that the reasons for the occupancy increase included: • An increased number of 'Medically Fit' patients in hospitals. • A reduced discharge rate from that medically fit list. • A substantial increase in patients with more than 21 days length of stay, particualrly in the over 65 age group. • Full package/homecase Community Resource Team (CRT) referral waits had lengthened.	

	It was noted that a system wide response was required to tackle the pressures and the Board were advised of actions taken to date which had included: • System actions • Process actions • Capacity actions. The DCOO advised the Board of immediate next steps which were required and those included: • System actions - Joint working with the Local Authorities in connection with a recruitment model. - Extension of the cluster MDT model. - Use of a Population Cohort Analysis to compliment the MDT model – Interventions for high risk patients. • Process Actions - Development of a Surgical Same Day Emergency Care (SDEC) service. - Dedicated Emergency Department support for avoiding high risk and frail elderly patient admissions - Switch the Operational management leadership approach to site-based. • Capacity Actions - Open 2 Transition Wards (40 beds). - Admission avoidance through a Population Cohort approach (30 beds). - Process improvement (20 beds). - Expansion of Social Care capacity through intensified recruitment. The DCOO advised the Board that the Population Cohort Analysis tool had been developed by the Information Team and Lightfoot and that it could identify high-risk population sub-groups. It was noted that the modelling had identified: • Population size • Attendances • Admissions • Length of stay • Occupany. It was noted that a key part of managing patients' care was through the development of an acute care plan. It was further noted that, in regard to Governance and Board oversight, Public Board sessions would be increased to once a month with a dedicated agenda item for Covid-19 and Unscheduled Care pressues.	

	The IMTS asked if the Health Board was still at a point where it could open additional facilities given the staffing restraints raised. The DCOO responded that staffing was a challenge because staff were tired, they had not received any respite during the Summer, and recruitment was challenging. She added that in terms of opening additional care capacity, alternative models had been considered. The IMTS noted that whilst the acute care plan looked at the whole medical pathway, the social care pathway had not been integrated into it. The DCOO responded that the presentation provided had only offered an example of the ongoing work and that social care colleagues would be consulted with in order to obtain all relevant information so that it could to be used “across the board”. The END reinforced the DCOO’s point and noted that Nurse staffing was a real challenge with over 400 vacancies. The Independent Member University (IMU) queried a larger campaign, such as radio could be explored, in relation to publicising the Winter plan communication. The DCOO responded that they had worked with other public sector authorities, such as the Fire Service, to ensure that relevant communications were in place. The Board were advised that various communication campaigns had been provided in small segments which could help to redirect patients including “the worried well” and noted that further discussions would take place in relation to larger scale campaigns which would require input from NHS Wales. It was noted that a joint communication would be sent out shortly between the Welsh Ambulance Service, Vale of Glamorgan Council, Cardiff Council and the Health Board. The Independent Member – Legal advised the Board that he had been interested in the role of MDT clusters, in particular with regards to the discharge of patients, and asked how much of an impact such clusters could make. The DCOO responded that the MDT cluster model could have a great impact, could translate into a reduction in terms of “bed days” and, more importantly, a better patient experience. She commented further that the implementation of further MDT clusters was being undertaken, albeit the clusters were are different stages of the “roll out”. The IMLC noted that the South West cluster had been doing phenomenal work in relation to social prescribing and noted that	

	further consideration regarding a whole system approach would be required to improve patient experience. The EDPH noted that wide spread communication was key and commented that it was important to ensure that such communications were worded and used appropriate language in order to reach all corners of the population. **The Board resolved that:** a) The development of the Cardiff and Vale Integrated Winter Plan for 2021/22 and its evolving nature was noted.	
UHB 21/11/011	**Board Assurance Framework** The Board Assurance Framework was received. The Director of Corporate Governance (DCG) advised the Board of the changes made to the Board Assurance Framework (BAF). It was noted that the 10 risks to the Strategic Objectives were still the same which were: • Workforce • Financial sustainability • Sustainable Primary and Community Care • Patient Safety • Sustainable Culture Change • Capital Assets • Inadequate Planned Care Capacity • Delivery of Annual Plan • Staff Wellbeing • Exacerbation of Health Inequalities in Cardiff and Vale. It was noted that the risk in relation to Financial Sustainability had decreased from 15 to 10 due to the monies that had been received from WG for recovery. The DCG advised the Board that the risk appetitie had been added to the BAF to ensure that the Board, when considering decisions, were also considering the risk appetite. The IMCE asked whether the workforce item was more acute in some areas compared to others. The Assistant Director of Workforce (ADW) responded that it would be covered in the Integrated Report but noted that there were greater vacancies being seen in some staff groups compared to others, with Nursing being the largest. The Independent Member – Trade Union (IMTU) advised the Board that staff were getting “burnt out” and the greatest concern at the time was in relation to Occupational Health and	

	the Well-being service. He asked what could be done to support those staff. The ADW responded that there had been increased demands on the Occupational Health team and the Well-being service and noted that a temporary solution was in place, that was, using agency workers to bridge the gaps. The END advised the Board that the Charitable Funds Committee had supported the well-being agenda and that a report would be taken the next Charitable Funds Committee in December to seek continuation of the funding. The IMTS advised the Board that similar conversations in relation to staffing had taken place at previous Board meetings and asked if a better understanding of the issue could be provided. The UHB Chair responded that a dedicated Board Development Session had been scheduled so that Board members could gain a better understanding of the staffing challenges. **The Board resolved that:** a) The 10 risks to the delivery of Strategic Objectives detailed on the attached BAF for September 2021 were approved; and b) The continuing progress which had been made in relation to the roll out and delivery of effective risk management systems and processes at Cardiff and Vale UHB was noted.	
UHB 21/11/012	**Integrated Performance Report** The Integrated Performance Report was received. **Finance** The Executive Director of Finance (EDF) advised the Board that the reported financial position for the 6 months to the end of September 2021 was an operational surplus of £0.170million. It was noted that the underlying deficit was still a concern for the Health Board as well as delivery of the savings target for 2021/22. The UHB Chair advised the Board that the Finance Committee scrutinise the financial position on a monthly basis and offered that assurance to the Board. **People and Culture**	

	The ADW advised the Board that the Integrated Report showed an extremely challenging position going into Winter and that had been discussed earlier in the meeting. It was noted that the immediate priorities were workforce supply and the improvement of health and wellbeing for staff. It was noted that workforce demand was exceeding supply which had created a highly competitive market. That had not been experienced for a number of years. It was noted that to support the competitive market, a Workforce Recruitment and Resourcing team had been established to attract high quality candidates with the right skills and experience. It was noted that a Workforce Hub had been established that oversaw all recruitment in relation to the recovery and redesign plan and the Winter plan, and to ensure good controls and assurance against that. It was noted that sickness absence was the highest it had been since the peak of the pandemic and currently stood at an overall 8%. It was noted that main reason for sickness absence was anxiety and stress. The ADW advised the Board that the “shaping our future workforce” model was being considered to ensure the Health Board would be in a better staffing position next Winter. The IMTU asked what the quality of the data was as a result of completed staff exit questionnaires. The ADW responded that there was a dedicated team reviewing the exit interview process because it had been identified that it was not working as well as it should have been. It was noted that informed decisions could be made from the data but more work was required around the data at present. The UHB Chair advised the Board that a People and Culture plan was being developed and would be brought to the Board in December. **Quality & Safety** The END advised the Board that there had been an increase in C. difficile over the past few months which could be linked to antibiotic prescribing and a more detailed report could be taken to the Quality, Safety and Experience Committee, if required. It was noted that concerns raised had tripled compared to the previous year.	

	It was noted that the increase reflected the higher number of enquiries that the Concerns Team had received as more people were requesting updates on their COVID-19 booster vaccinations. The Interim Executive Medical Director (IEMD) advised the Board that it was “Antibiotic Awareness Week” and a very active campaign was ongoing to improve prescribing and to try and address issues proactively. **Performance** The ICOO advised the Board that whilst pressures were being seen across the hospitals as detailed earlier in the meeting, it was important to note that the pressures were also being seen in Primary Care and, in particular, in GP practices. It was noted that the report stated that the headline performance of Mental Health services had deteriorated. It could now be demonstrated through a number of actions across adult, children and young people’s mental health services, that improvements could be seen. It was noted that in August 2021, the CAMHS service was booking patients onto the waiting list of 56 days and that now the waiting list had reduced to 27 days, and that during the same period for adults, the waiting list had reduced from 49 days to under 28 days. The ICOO advised the Board that they would already be aware of the Recovery & Redesign portfolio and the 5 programmes of work relating to the same, which included: • Unscheduled Care • Diagnostics • Planned Care • Mental Health • Primary Care It was noted that the programmes were supported by key enablers, which were: • Infrastructure • Workforce • Digital • Communications • Finance It was noted that in terms of the deliverable side of operations, 2 formats had been given: • Being committed to delivering recovery of activity. • Expanding Community eye care services and providing a different model of care for outpatients.	

	The IMLC asked, in relation to CAMHS, how was the Health Board performing in terms of the position of young people being admitted to adult wards. The ICOO responded that the current "in-day" position was not available at that moment but agreed that young people had been admitted to adult wards and noted that it had been discussed with Ministers recently with regards to improving the patient experience within mental health services. The IMTS asked about the planned care and noted that, within eye-care, most people had an allocated risk factor and two thirds of patients had been seen within target. However, that meant one third of patients had not. She queried what harm could ensue if a patient did not have operation or waited a long time for the same. The EDTHS responded that she chaired the National Eye Group and noted that planned care was a key focus of attention and that in relation to the definition of harm, at the next eye-care meeting a national definition would be agreed. She added that the Health Board was doing better than other Health Boards in its planned care recovery and that a proposal had been muted at the last planned eye-care group with regards to moving services into the community and that had resulted in patient waiting lists decreasing. **The Board resolved that:** a) The contents of the integrated report were noted.	
UHB 21/11/013	**COVID 19 Public Inquiry** The COVID-19 Public Inquiry was received. The DCG advised the Board that the report was presented to provide assurance regarding the ongoing work that had been undertaken in relation to the COVID-19 Public Inquiry. It was noted that the Management Executives had been updated with the Public Inquiry associated work and that the current workload for the Inquiry was at an operational level with work having been undertaken by the Archivist who was employed in the Summer of 2021. The DCG commented further that the Health Board had, to date, taken a very operational approach to the Covid-19 Inquiry and that it was not yet known whether the Public Inquiry would take the format of a UK only based Inquiry or whether there would be a separate Wales Inquiry. It was noted that a plan had been put into place which outlined 4 main questions which included: • What were the prevailing circumstances?	

	• What decisions were made? • What evidence was available? • What was the effect and consequences of the decision? It was noted that the Board would need to discuss options for legal representation and it was highlighted that the opportunity for those discussions would arise at the December Board development session. The Independent Member – Finance (IMF) asked if any thought had been given to the costs to date and additional resourcing. The DCG responded that the work undertaken to date was covered by COVID-19 monies but noted that thought would be required regarding further funding/future costs as matters progressed with the Public Inquiry. **The Board resolved that:** a) The approach taken to preparation for a Covid-19 Public Inquiry was discussed and approved; and b) The continuing progress being made in relation to preparation for a Covid-19 Public Inquiry was noted	
UHB 21/11/014	**Corporate Meeting Schedule** The Corporate Meeting Schedule was received. **The Board resolved that:** a) The draft Corporate Meeting Schedule for 2022-23 was noted and approved.	
UHB 21/11/015	**Welsh Language Annual Report** The Welsh Language Annual Report was received. The Equality Manager (EM) advised the Board that since 30 May 2019, the Health Board had been subject to a Welsh Language Standards Compliance Notice set by the Welsh Language Commissioner. It was noted that all Health Boards were being investigated and that, in relation to the Health Board, identified issues had included non-compliance for the websites, Covid-19 forms and also a letter that had been sent to a Welsh speaker. It was noted that a number of investigations had been closed and that of the Health Board's original 12 investigations, approximately 7 remained open. It was noted that some Standards required more focus, such as staff recruitment and admission of patients, and that the Health	

	Board's Welsh Language officers had focused upon those priorities. The ICEO advised the Board that accessing healthcare in the language of their choice provided benefits and noted that he was surprised how many Welsh Language Commissioner investigations had been received during his tenure as ICEO. He asked if there was another way in which the Health Board could work with the Welsh language Commissioner. The EM responded that it was about getting things right and try to avoid treating Welsh Language as a compliance issue. The IMCE agreed and he asked what the short to medium term plans were. The EM responded that there was currently no robust capacity which meant there was no medium term plan at present. It was noted that there was a Welsh Language Officer who was working full time for Health Board. The IMTS advised the Board that there were still fundamental things not happening, such as not answering the phone in Welsh at the frontline, and that the same should be addressed. The UHB Chair advised the Board that the EM was leaving his role and thanked him for his hard work and dedication over the years. **The Board resolved that:** a) The ongoing Welsh Language compliance with the Welsh Language Standards across the Health Board was supported and noted.	
UHB 21/11/016	**Naming of CRI Chapel** The Naming of CRI Chapel was received. The EDSP advised the Board that all information had been provided in the report. She commented that integrated capital funding had been received which had enabled the Health Board to develop the Cardiff Royal Infirmary Chapel in partnership with Cardiff Council. It was noted that the Cardiff Third Sector Council had led on the engagement work with the local community and local stakeholder groups to consider and propose a recommended name. It was noted that the recommendation put forward for the name was "Capel I Bawb" which translated into "Chapel for Everyone".	

	The UHB Chair advised the Board that one of the recommendations in the covering report was that the Strategy & Delivery Committee needed to recommend the proposed name to Board for approval. The EDSP responded that the Strategy & Delivery Committee had met one week prior the Board meeting and had agreed that. **The Board resolved that:** a) The outcome of the engagement exercise was noted. b) Noting that the Strategy and Delivery Committee had agreed to recommend the proposed name to the Board for approval, the proposed name of "Capel I Bawb" in respect of the former chapel of the CRI was approved.	
UHB 21/11/017	**Sustainability Action Plan** The Sustainability Action Plan was received. The EDSP advised the Board that the climate emergency was one of the biggest challenges facing society across the world and that the Health Board had a responsibility to take urgent action and step up actions to reduce activities that were harmful to the environment. It was noted that in January 2020, the Board followed the WG announcement and declared a climate emergency. It was noted that updates had been provided on the actions that had been delivered in 2021/22. It was further noted that in March 2021, NHS Wales had released its Decarbonisation Strategic Delivery Plan and had set out an initial trajectory of carbon reduction for the Welsh NHS of 16% by 2025 and 34% by 2030. Board Members also noted that the said Plan set out over 100 actions, many of which had been devolved to the Health Boards and Trusts to deliver. The EDSP advised the Board that most of the Executive Members had an action to contribute towards the delivery of the programme and noted that an overarching programme board would be set up and that the same would report into the Strategy and Delivery Committee. It was noted that work was ongoing with the Procurement team to consider how services, works and good could be procured with a greater benefit to the environment. It was noted that the current buildings within Health Board were not efficient and the Board was assured that that was a strong environmental theme in the programme business case for the Future Hospitals programme.	

	The EDSP highlighted other key areas of work which included: • Active transport. For example, Park & Ride. • Clinical services – For example, access to appointments via video, where appropriate. It was noted that the action plan should be commended and the EDSP highlighted that the commitment to zero carbon by 2030 would not happen without the specific actions described. It was noted that the Health Board was seen to be one of the leading Health Boards in this field. **The Board resolved that:** a) The proposed 21/22 Sustainability Action Plan was approved. b) Further update reports regarding how the 21/22 Sustainability Action Plan was being delivered across the Health Board, would be brought back to Board via the Strategy and Delivery Committee..	
UHB 21/11/018	**RaTS Committee Terms of Reference** The Remuneration and Terms of Service Committee (RaTS) Terms of Reference were received. **The Board resolved that:** a) The changes to the Terms of Reference as highlighted in the report were approved.	
UHB 21/11/019	**Finance Committee Terms of Reference** The Finance Committee Terms of Reference were received. **The Board resolved that:** a) The changes to the Terms of Reference as highlighted in the report were approved.	
UHB 21/11/020	**Nurse Staffing Levels Report** The Nurse Staffing Levels Report was received. The END advised the Board that Sections 25(A), 25(B) and 25(C) of the Nurse Staffing Levels (Wales) Act 2016 applied to acute medical and surgical wards, and, as of June 2021, to Paediatrics also.	

	It was noted that 25(A) of the Act applied to all other areas of the Health Board where the Act asked to provide an establishment that allowed staff to provide care to patients sensitively. It was noted that the Act was calculated on a set of principles provided by WG, Royal Colleges or standards set by professional networks. It was noted that in previous Board meetings challenges around mental health establishments had been identified. The END advised the Board that the establishment had now been signed off and noted that a set of principles would be provided in the future for mental health and also health visiting. The IMLC advised the Board the she had undertaken a patient safety walk around a mental health ward and was assured that everything had been up to full complement with good levels of compliance around areas such as annual appraisals and mandatory training. The END responded that the Act asks the Health Board to report on those points raised by the IMLC. **The Board resolved that:** a) The nursing establishments in compliance with requirements of the Nurse Staffing Levels (Wales) Act 2016 were approved.	
UHB 21/11/021	**Capital and Estates - Procurement & Governance** The Capital and Estates - Procurement & Governance report was received. The EDF advised the Board that an exercise was undertaken as a result of breaches which were identified in relation to a contract. It was noted that the report set out the following: • Areas of legal and regulatory compliance in relation to NHS Wales Infrastructure Investments Guidance, the Health Boards Standing Financial Instructions, the Health Boards Scheme of Delegations and Earned Autonomy Framework and Procurement Law. • An assessment of what happened and the areas of legal and regulatory compliance which were breached. • The Recommendations to ensure that moving forward the same situation did not occur in Capital Schemes and Capital Expenditure • An action plan to implement the recommendations.	

	The EDF advised the Board that it was clear from the exercise undertaken that the errors were systematic as well as not using the Procurement Team to its fullest. It was noted that the errors had been rectified and were subject to action plans with actions currently being implemented and/or having been delivered. It was noted that the implementation of those actions would be tracked by the Audit and Assurance Committee. The UHB Chair advised the Board that it was an important piece of work that had demonstrated how open, frank and honest the Health Board were and noted that it had been a quick investigation and the actions provided demonstrated effective governance. The DCG advised the Board that the action plan would be delivered by the end of the year and noted that training for the Board Members would take place at the December Board Development session and also confirmed that the EDSP had advised the Strategy and Delivery Committee that each capital scheme over £200k now had a named Executive who oversaw the scheme concerned. The EDF advised the Board that Audit Wales had been kept updated on the issues and had seen all relevant documents. It was noted that Audit Wales would be relying on the work of the Internal Audit team and had advised the Health Board that they would not be progressing the matter any further. The IMF assured the Board that the issues had been fully debated at the Audit and Assurance Committee with Audit Wales having been in attendance. **The Board resolved that:** a) the report and recommendations which were approved by the Board in Private in September 2021 in relation to Capital Schemes and Expenditure – Procurement and Governance, were noted. b) The Action Plan for Phase I &II and timescales to deliver the same as set out in Appendix 3 with the actions being tracked through the usual mechanisms and reported to Audit Committee, were noted.	
UHB 21/11/022 	**Ombudsman Annual Report /Letter** The Ombudsman Annual Report /Letter was received. **The Board resolved that:** a) The findings of the Ombudsman's Annual Letter and the actions being taken were noted.	

UHB 21/11/023	**Corporate Risk Register** The Corporate Risk Register was received. The DCG advised the Board that there were 20 risks on the Register, 10 were unchanged from last time, 3 had reduced scores, and there were 7 new entries. It was noted that the Register would only usually hold risks scored at 20 and above, although the DCG advised the Board that, in order to provide oversight, there were 4 risks recorded on the Register with a score of 15. The IMTS asked if it would be helpful to cluster the risks to give an idea of whether there was something underlying within the risks. The DCG responded that she would consider the same and noted that the Risk Register was transitioning constantly to see how it could be improved with the relevant information being brought to Board Members. **The Board resolved that:** a) The Corporate Risk Register and the work which was now progressing was noted.	**NF**
UHB 21/11/024	**IMTP 2022/23 – Commissioning Intentions** The IMTP 2022/23 – Commissioning Intentions were received. The EDSP advised the Board that the Health Board was well underway in terms of the production of the Integrated Medium Term Plan (IMTP). It was noted that it was the first time in two years that Health Board had moved back to a 3 year planning timetable that required a full IMTP that covered 2022/23 to 2024/25. It was noted that the Health Board had 2 primary responsibilities which were: • Improvement of the population's health • Being a provider of health services to the population It was noted that in order to guide the content of the IMTP, a comprehensive set of commissioning intentions were provided and the same had looked at what needed to be delivered over the next year. It was noted that the IMTP document would reflect the Health Board's strategic objectives in the Shaping Our Future Well-being Strategy. **The Board resolved that:**	

	a) The proposed Commissioning Intentions for 2022/25 as part of the commissioning cycle and to inform the development of the IMTP, were noted. b) The progress with the development of the IMTP and the process for completion and approval before submission to Welsh Government was noted.	
UHB 21/11/025	**Committee / Governance Group Minutes:** Audit & Assurance Committee – 7th September 2021 Finance Committee – 29th September 2021 Strategy and Delivery Committee – 14th September 2021 Health & Safety Committee – 27th July 2021 Mental Health Capacity Legislation – 20th July 2021 Charitable Funds Committee – 29th June 2021 Digital Health & Intelligence Committee – 1st June 2021 Shaping Our Future Hospital Committee – 21st July 2021 Stakeholder Reference Group – 22nd July 2021 Emergency Ambulance Services Committee – 7th September 2021 Local Partnership Forum – 18th August 2021 WHSSC Joint Committee Briefings – 7th September 2021 **The Board resolved that:** **a)** The minutes outlined within the meeting were ratified.	
UHB 21/11/026	**Chair's Reports:** Finance Committee – 27th October 2021 Audit & Assurance Committee – 9th November 2021 Quality Safety & Experience – 16th September 2021 Strategy & Delivery Committee – 16th November 2021 Health & Safety Committee – 12th October 2021 Mental Health Capacity Legislation – 19th October 2021 Charitable Funds Committee – 21st September Digital Health Intelligence Committee – 5th October 2021 Stakeholder Reference Group – 29th September 2021 Emergency Ambulance Services Committee Local Partnership Forum – 22nd October 2021 WHSSC Joint Committee – November 2021 NWSSPC Assurance Report – 23 September 2021 Finance **The Board resolved that:** a) The Committee Chair reports outlined within the meeting were noted.	
UHB 21/11/027	**Review of meeting** The UHB Chair asked if attendees were satisfied with the business discussions and the format of the meeting, and all Members indicated that they were happy with the meeting, the updates provided and the meeting format.	

UHB 21/11/028	**Date and Time of Next Meeting:** 27 January 2021 Via MS Teams	

ACTION LOG
Following Public Board Meeting
25h November 2021
(For the meeting 16th December 2021)

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
Actions Completed					
Actions In Progress					
UHB 21/11/023	**Corporate Risk Register**	Independent Members noted it would helpful to cluster the risks to give an idea of whether there was something underlying within the risks.	**27.01.2022**	Nicola Foreman	
Actions referred to Committees of the Board/Board Development					

Report Title:	**Systems Pressure Briefing Report (COVID and Non COVID)**	**Agenda Item no.**	**6.3**
Meeting:	**Board Meeting**	**Meeting Date:**	**16 December 2021**

Status:	**For Discussion**		**For Assurance**	**x**	**For Approval**		**For Information**

Lead Executive:	**Chief Executive Officer**
Report Author (Title):	**Head of Corporate Governance**

Background and current situation:

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

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

The attached Systems Pressure Briefing Report (**Appendix 1**) provides an update to the Board and members of the public in order to keep the same abreast of key system pressures over the winter period. The report focusses upon key activities in the areas of 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 key system pressures relating to both COVID-19 and non COVID 19 activities, and ensures robust governance during the current wave of the pandemic.

Recommendation:

The Board is requested to:

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

Shaping our Future Wellbeing Strategic Objectives

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

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

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention	X	Long term		Integration		Collaboration		Involvement	

Equality and Health Impact Assessment Completed:	Not Applicable

COVID 19 – Update Report covering key activities in relation to • **Quality and Safety** • **Workforce** • **Governance** • **Operations** • **Public Health**	**Month: December 2020**
Quality and Safety	Executive Nurse Director/Executive Medical Director

Investigation of hospital acquired Covid - 19
The UHB continues to work with colleagues across Wales, to standardise the investigation of hospital acquired Covid – 19, and the application of the Putting Things Right regulations. An Executive Led Covid - 19 Investigation Oversight Group and Scrutiny Panel has been established. The UHB launched the 'Safe to move – Saff I Symyd' risk assessment tool week commencing 6th September. This was developed to ensure the safe admission and transfer of patients and addresses some of the learning points identified as the results of reviews/investigations of cases of nosocomial Covid-19. The tool is supporting clinical decision making

People Experience – Information in relation to the booster programme has been shared with our seldom heard communities. Many are comfortable attending the MVC's for their vaccinations

Workforce	Executive Director of People and Culture

- **Sickness Absence** across the Health Board has increased from 5.34% in April 2021 to 8.11% in October 2021. As a comparison in October 2020 the level was 5.32%. We know from previous years that sickness absence increases in December, so we are predicting that this year will not be different. The top reason for sickness absence is anxiety/stress/depression.
- The **Health and Wellbeing** of our staff remains a top priority, with various schemes and initiatives focussed on keeping our staff well. A wellbeing recovery plan has been developed following a successful bid for slippage funds. The Wellbeing Strategy Group are finalising the arrangements to ensure staff wellbeing is supported over the Winter months (e.g. Hydration Stations; Staff Room Resources; Developing Peer Support; Leader and Manager Development around supporting teams; Improvements to OH & EWS capacity). A collaborative approach is being utilised across the UHB to ensure activity is best placed for the most impactful and meaningful outcomes.
- Staff shortages within **Occupational Health** have caused an increase in waiting times for management referrals due to staff sickness. A temporary solution has been sought, we have employed additional resource through an agency and as of 1st December the UHB are working in collaboration with CTM UHB re Occupational Health Services with a new Head of OH for CAV UHB and CTM UHB to identify good practice, explore economies of scale and develop high quality, effective OH systems and effective OH systems and processes.
- **Turnover** across the Health Board has increased from 10.01% in April to 11.92% in October 2021. The retention of staff is and will remain a top priority for the Health Board. As we focus on our workforce supply to create a recruitment pipeline, it's important that both new and existing staff are supported and encouraged to remain with the Health

Board. There is no single action that will resolve staff retention issues; retaining staff is a result of the combined actions that are taken by the Clinical Boards and the UHB. All organisations require a healthy level of staff turnover but the challenge is to find the right balance between turnover and retention by understanding what is going on in our Clinical Boards. Work is ongoing to improve this situation but unfortunately there are no quick fixes.

- **Improving Workforce Supply** is another top priority. A workforce Resourcing Team has been established to support the UHB to attract, recruit and retain our existing workforce.
- **HCSW** - There were 200 applications received in response to a recent advert. 134 individuals have been appointed to substantive posts or to the Temporary Staffing Office and a fast-tracking recruitment system has been set up within WOD to expediate the start dates.
- **Overseas Nurse Recruitment Campaign** has been successful – over the last 12 months we have recruited 189 Nurses, with a further 90 due to start before the end of March 2023. We have also aligned ourselves to the All Wales overseas nurse recruitment campaign.
- **Kickstart scheme** (a government funded employment scheme for 16-24-year olds) - 120 people have been appointed and a number of these have now successfully applied for permanent positions within the Health Board. A further 195 individuals are currently in the process of being appointed.
- We know that recruitment alone will not cover our workforce gaps over the winter months, so we agreed to continue to offer **Enhanced overtime rates** for registered nurses and HCSWs until the end of March 2022.
- **Deployment** - The WG 'Local Choices Framework' allows organisations to deploy existing workforce from non-urgent work to urgent care if/when needed. This will form one part of our contingencies going forward, but will be used on a 'balance of risk' basis given the potential harm of further delays to non-urgent care.
- A **risk assessment tool** has been developed to support the decision-making process around making temporary staff permanent.
- Welsh Government have asked for **mass vaccination** programme to be accelerated as a result of the Omicron variant. This will require a significant amount of additional staff ranging from administration, vaccinators, pharmacy support, etc. Discussions are currently taking place to determine how to meet this additional demand, including discussions with the military.

Governance	Director of Corporate Governance

Public Board Meetings will now take place every month with a report on system pressures (covid and non covid) being presented to each meeting of the Board. The report will focus on the following key areas:

- Quality and Safety;
- Operations;
- Workforce;
- Public Health;
- Governance.

This is to ensure that the Board and Members of the Public are kept abreast of key system pressures over the winter period.

In addition to the above and to ensure that Executive time is maximised a review of Executive attendance at Committees of the Board has been undertaken and reported to the Management Executive and the Chairs Governance Group. This will release Executive Directors time to focus on the system pressure priorities.
Chairs of Committees are also ensuring that Committee agendas remain focused on the key priorities of the Committees.
The Structured Assessment Phase 2 has been issued in draft and will be discussed in the Board Development Session on 16th December with final sign off at the Audit Committee in February 2022.

Operations including Operational Framework	Chief Operating Officer

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

Operating model - The Health Board's Covid-19 operating model has been revised, as highlighted in the last Board report. The first principle remains to be 'covid ready'. We continue to use a 'gearing' approach but, in recognition of the impact of the covid vaccine in this third wave, triggers for escalation have been set against covid presentations and admissions – as opposed to community prevalence. National, regional and local community surveillance data is still tracked and considered.

Clinical and operational teams are currently awaiting evidence of the potential impact of the new Omicron Covid variant. Early intelligence suggests the potential for greater transmissibility and disease acuity with reduced vaccine efficacy. However, a more definitive picture is expected in the coming 1-2weeks.

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. System wide operational pressures, however, are significant and access and / or response delays are occurring at a number of points in the system.

Unscheduled Care – Since the last Board report, covid admissions have started to reduce but occupancy remains static due to a lag to benefit through prolonged length of stay and delayed discharges. At the time of writing this report, there were 96 covid positive in-patients across our two acute hospital sites, of which 4 are in critical care. This is a reduction from a peak of 147 active covid patients in early November and 15 critical care patients at its peak. The uncertainty regarding covid demand and ongoing IP&C requirements to minimise nosocomial spread results in the UHB continuing to operate in an increased level of complexity. Whilst this is a contributory factor, the non-covid position continues to be the key to current pressures – data continues to show that current difficulties are driven by our high bed occupancy, as a result of an inability to achieve timely discharge of patients to community settings. This, in turn, is being driven by staffing shortages within Local Authority services.

An existing Leadership Board consisting of organisational CEO's across system stakeholders such as health, local authority and the police has agreed to transition to a Board/Executive

level system escalation group for future meeting – in response to the existing system pressures. The Health Board Chair chairs this group and it will meet more frequently in response to current circumstances.

Planned care – Recovery planning continues at a system level and the Health Board met its Welsh Government commitment to deliver 80% of pre-covid planned care activity at the end of Quarter 2. Whilst the aim remains to deliver 90% by the end of quarter 4, it is worth noting that as unscheduled care pressures become more challenging there is the potential for the Health Board to suspend some non-urgent elective activity in line with the WG 'Choices Framework'.

Mental Health services – The demand pressures seen within physical health are reflected and further accentuated within our Mental Health services and demand for adult and children's mental health services remains significantly above pre-covid levels. Significant work has been undertaken to improve access times to adult primary mental health and CAMHS services. The COO joined the Chair and CEO in a follow up meeting with the Deputy Minister which demonstrated material improvements in 28-day assessment access for both adult and children's services.

Primary care and community services - As with other parts of the system, services continue to experience significant pressures. At the time of writing the report, 5 practices are reporting a Level 4 and 4 reporting a level 3 escalation. The Health Board is supporting a small number of practices with a range of sustainability issues which include merger and temporary list closure requests and one practice that will not be continuing with their contract. GP practices have been providing some support to the booster delivery for the mass immunisation programme but on a much smaller scale due to the contract requirements being reinstated. Dental services continue to deliver 40-50% of pre-covid activity. Optometry has now returned to pre-covid levels.

Public Health	Executive Director of Public Health

New case rates of Covid-19 in Cardiff and Vale UHB area have been gradually declining through November and early December, with the trend being more evident in Cardiff than the Vale of Glamorgan. Case numbers remain high in absolute terms however, currently at 592.9 per 100K over 7 days in the Vale of Glamorgan and 474.5 per 100K in Cardiff; similarly case positivity is declining but remains high at 18.2% in the Vale of Glamorgan and 16.8% in Cardiff (Source PHW, 8/12/21). Demand for testing and tracing therefore remains high, but performance measures for these services remain favourable compared to earlier points in the pandemic.

A clear declining trend is evident in new cases in those aged 60 and above, likely to be due to the impact of the booster vaccination programme, and in recent weeks there is a declining trend in rates in those aged 25 and younger; case rates in the 26-59 age group is stable. Hospital admissions have been falling, as have the number of clusters in care homes. Deaths are low, although there has been and uptick in the last reported week.

Although the overall picture is one of improvement, the emergence of the new omicron variant that has been designated as a variant of concern (VOC) by the WHO, means that the outlook for the next few months is uncertain. The variant has a number of potentially significant mutations

which could impact upon the effectiveness of existing measures, including vaccination, and severity of disease. Real world data on these effects is awaited, but early analysis indicates that it is more infectious. After first being identified in South Africa, cases of omicron have been identified across the world, including in the UK; this has led to changes in international travel regulations, with countries added to the red list, and the requirement for pre departure testing and day 2 post arrival testing for all countries. The first cases have also been identified in Cardiff and Vale.

Welsh Government confirmed on 29th November that the Autumn Booster Programme in Wales will be extended, and all adults aged 18 to 39 years should be offered a booster, in order of descending age groups, to increase their levels of protection with an interval of at least 3 months (reduced from 6 months). All 12 to 15 year olds will also be eligible for a second dose of vaccine, with an interval of no less than 12 weeks. By extending eligibility and reducing the interval for booster, the aim is to reduce the impact of the new variant on our population, ahead of a potential wave of infection. The majority of boosters will be delivered via our three existing Mass Vaccination Centres, where delivery will be scaled up from approx. 20,000 to 40,000 booster vaccinations per week from 13th December. This will be supported by Community Pharmacy provision and a mobile pharmacy bus. The rapid scale up of provision will require a significant number of additional staff ranging from administration, vaccinators, pharmacy support, etc. Discussions are currently taking place to determine how to meet this additional demand, including discussions with the military. An externally facing 'call to arms' has gone out via the UHB website. The programme is also deploying staff from external partners including Local Authorities and South Wales Fire and Rescue Service.

The Covid-19 pandemic has exacerbated the inequalities and inequities in health experienced by the population of Cardiff and the Vale of Glamorgan. Significant work is required to address these population impacts, which the UHB will need to do in partnership with other local agencies. Ongoing preventative interventions such as smoking cessation, also need to be delivered, again taking into account the inequities experienced by our population. Specialist public health resource to support the full range of activities continues to be limited due to the ongoing requirements of the Covid-19 response.

Report Title:	All Wales Robotic Surgery Partnership - C&V position								
Meeting:	Board							**Meeting Date:**	16 Dec 21
Status:	**For Discussion**		**For Assurance**	**x**	**For Approval**	**x**	**For Information**		
Lead Executive:	Interim Chief Executive Officer								
Report Author (Title):	Mike Bond Director of Operations								

Background and current situation:

An all Wales national robotic assisted surgical programme (NRP) has been developed over a number of years. Cardiff & Vale University Health Board has led this programme with Len Richards and Jared Torkington (Colorectal Surgeon and Innovation Lead) being at the fore. The aim of the all Wales programme is to rapidly implement a National Robotics Assisted Surgery Programme (NRP) in partnership with industry and create the first of its kind worldwide for Colorectal, Upper Gastrointestinal, Urological and Gynaecology Oncology at CVUHB along with three other health boards, ABUHB, BCUHB and SBUHB.

This paper outlines the purpose of the business case for support for the NRP. The purpose of this case is to progress the Cardiff & Vale University Health Board business case, ensuring that we utilise the Welsh Government funding available to implement and commission robotic assisted surgery (RAS) in the University Hospital of Wales and understand the medium to long term financial impact, risks and benefits. The managed service contract has been awarded to Cambridge Medical Robotics (CMR) and the aim is to develop a close partnership with the company to drive improvements for our patients needing surgical intervention.

It is part of a wide range of health redesign principles in Wales that look to utilise the finite health resource we have as effectively and efficiently as possible. In conjunction with diagnostic hubs, health pathways and systems to establish early diagnosis of disease the RAS programme will deliver cutting edge technology in our tertiary hospitals. The Royal College of Surgeons' Future of Surgery Commission has identified RAS as one of the key technologies that will deliver the greatest impact for our patients. It allows doctors to perform complex procedures with more precision, flexibility and control than is possible with conventional techniques. It is usually associated with minimally invasive surgery – procedures performed through small (keyhole) incisions.

The Business case **within the supporting documents folder**, highlights the CVUHB case as part of the wider programme and the benefits to patients and the health economy are considerable and are detailed in the business case but predominantly include:

- Improved patient outcomes through less invasive trauma, blood loss and associated transfusions
- Decrease cancer waiting times (e.g. 62-day target for patients requiring surgical management)
- Improve access for patients and allow care closer to home
- Improve patient experience by delivering best practice surgical techniques for patients

- Create a value-based product that evidences it's worth through an agreed economic, financial and quality framework
- Potential for reduced length of stay, complications and reduced open procedures

The maximum financial commitment over the seven-year initial period is estimated at £3m, based upon activity levels not exceeding 284 cases per year.

The position, which is summarised in the table below, will be mitigated by the validation of any current consumable expenditure that will no longer be required.

Year	C&V Contn £'000	Activity Cases	Chargeable Cases	Activity/£590 £'000	Total £'000
1	0	168	0	0	0
2	263	284	52	31	293
3	368	284	84	50	417
4	525	284	84	50	575
5	525	284	84	50	575
6	525	284	84	50	575
7	525	284	84	50	575
Totals	**2,730**	**1,872**	**472**	**278**	**3,008**

Given the economic and value-based case detailed in the Welsh Government business case it is imperative that a robust financial and economic evaluation is undertaken as part of the review process of the RAS. It is recommended that this is monitored and reviewed on a six-monthly basis, based on the following:

- Length of stay of robotic surgery vs non-robotic surgery
- Number of complications
- Number of readmissions
- Level of open procedures pre and post RAS
- Cost of procedure
- Clinical outcomes vs peers (upper quartile)

A summary report will be developed in conjunction with CMR and the clinical teams as part of the evaluations process.

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

BCAG noted the following points in their outline approval in principle for the case :-

- **The proposed activity needs to be understood on a more granular basis to understand the impact on the Health Board's Long Term Agreements (LTA's) with other Health Boards. It is proposed to use the first year of commissioning as an opportunity to explore this more fully, acknowledging the expectation that Welsh Government will fund 100% of additionality in year one.**

- **Further work is required to develop a benefits realisation framework based on key performance indicators at both a local and regional level.**

  Locally the team will work with the Finance team, including costing and benchmarking to agree and then assess the detailed data both in terms of current baseline for both open and laparoscopic cases and future robotic surgical intervention. Key performance indicators will be signed off by the team:

  - Length of stay of robotic surgery vs non-robotic surgery
  - Number of complications
  - Number of readmissions
  - Level of open procedures pre and post RAS
  - Cost of procedure
  - Clinical outcomes vs peers (upper quartile)
  - Avoided admissions at front door
  - LOS impact for admitted patients
  - Time from request to bedside

  The team continues to explore the possibility of other indicators that may supplement the KPI suite. It is intended that KPI outcomes will be reported to BCAG at 6 month intervals, during and post implementation periods.

- **We are expecting Welsh Government confirmation of financial support for this development early in the new year with the expectation of 100% funding in the financial year the robot is commissioned.**

Recommendation:

Board are asked to;

1. **APPROVE** the business case in and support the next steps of procurement process to implement by April 2022.

2. **NOTE** the KPI framework that is being developed to assess the impact of service

3. **NOTE** agreement with WG around tapering of financial support

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention		Long term	x	Integration		Collaboration	x	Involvement	

Equality and Health Impact Assessment Completed:	Yes / No / **Not Applicable** *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

Report Title:	**Mass Immunisation Resources**								
Meeting:	**Board**						**Meeting Date:**	**December 2021**	
Status:	**For Discussion**		**For Assurance**		**For Approval**	√	**For Information**		
Lead Executive:	**Executive Director of Public Health and Executive Nurse Director**								
Report Author (Title):	**Director of Operations, PCIC**								

Background and current situation:

The Covid Mass Immunisation Programme was established in early December 2020. This has been a significant and complex programme of work which has successfully delivered almost 1 million vaccinations to date. The vaccinations have been delivered according to the national requirements and have included first doses, second doses, third doses (for some individuals) and boosters. Vaccinations have been delivered in hospital, care homes, people's own homes, through primary care (GPs and community pharmacy), in community settings for some of the hard to reach groups and with the majority of vaccines delivered through the mass vaccination centres.

To deliver this programme of work has required a significant staffing input both in terms of the planning and operational management of the service (which also manages the testing service) including the call handling/booking service, as well as staff administering the vaccine. The national requirements in relation to the groups of people requiring vaccines and the number of vaccines to be administered, have been extended throughout this period and this in turn has resulted in changing workforce requirements. There has been a heavy reliance on bank staff due to some of the challenges in recruiting and retaining staff and the workforce position has been fragile throughout. All Health Boards are being asked to provide assurance on delivery and having a stable workforce with more permanent staff will increase the level of assurance we can provide.

Whilst we do not know what the longer-term requirements for immunisation and testing will be, we do not expect any changes in the near to medium term future. Therefore, the Vaccination Programme Board has made some decisions to agree a more permanent workforce to provide a more sustainable service.

However due to the size and scale of the requirements, and the pace of required delivery, we would wish to be clear with the Board that 56.37 wte staff have already been given permanent, fixed term (or temporary) contracts which due to the costs involved (£2.103m) requires retrospective noting at Board. There is now a further request within this paper to approve an additional 73.28 wte additional permanent posts (£2.720m) to ensure ongoing successful delivery of this programme. The total number of fixed term appointments required is 149.

The strategic oversight and operational delivery of our programme is overseen by a Covid-19 Vaccine Programme Board, which meets weekly and which covers strategic, operational including workforce, finance and communication elements. In year mass vaccination spend is included in the monthly finance executive summary reports to our Management Executive, which are then submitted to the Finance Committee and Board. We have reviewed our Programme Board governance arrangements to ensure that appropriate escalation to Management Executive is in place for proposals of a permanent nature.

In 2020/21 the Health Board is forecast to spend circa £14.2m in delivering the Covid Immunisation Service. In this year, Welsh Government will make funding available on a draw down basis to cover these total costs which are reported monthly to Welsh Government through the Health Board's statutory monthly reporting returns. For 2022/23 the Health Board will not receive Covid funding in this way, but the Health Board will need to consider investment along with other Covid priorities as part of its total overall allocation.

Based on the workforce risk assessment, the request to make permanent or extended fixed term contracts will be monitored and assessed locally with the service, workforce and finance to agree the type of contracts issued based on individual cases. Noting there are potential workforce risks shown as 16 and 12 on the risk assessment which relate to the potential challenges to redeploy across the Health Board (should the jobs no longer exist in mass immunisation or testing) and in the absence of suitable alternative posts in the Health Board at that time. This includes any other potential costs and the requirement for workforce and OD resources to support the size of the redeployment. These risks will need further local discussions and analysis of the details to agree the best way forward to minimise the risks while balancing the needs of the service and to ensure the UHB mass immunisation targets are met.

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

- There is a need to stabilise the workforce in order to be able to provide assurance on the ongoing delivery of the national requirements for the immunisation programme.

- There are some posts that we are seeking to appoint to on a permanent basis. These equate to 129.65 whole time equivalent posts with a cost of £4.823 million. The summary by profession is as follows:

Staff group	wte	£'m	Details
Admin / managers	50.50	1.690	Operations, booking coordinators, team leaders, digital / information, primary care, communications (All band 3 to senior manager and excludes band 2 who will be fixed term)
Pharmacy	19.70	0.665	Mostly pharmacy technicians
Registered nursing	59.45	2.468	Band 5,6,7 & senior nurses
TOTAL	129.65	4.823	

- The proposal takes account of the risks to operational delivery and the longer-term workforce and financial risks to the organisation when the funding mechanism changes to an allocation rather than draw down basis

- The risk of recruiting permanently is assessed as a low risk for a number of posts and this has been based on turnover rates. These turnover rates range between 8% and 13% for the posts we are seeking to place on a permanent basis.

- For Band 2 posts we are proposing these are fixed term for not longer than two years. The Band 2 fixed term posts are 149.0 whole time equivalent, of which immunisation has 126 posts (with cost of £2.931m) and testing has 23 posts (at a cost of £0.535m).

	wte	£m
Permanent posts required	**129.65**	**4.823**
Fixed term (call handlers band 2)	**149.00**	**3.466**

Of which, retrospective approval for:

Programme Board Approval - Permanently Appointed/In Progress

	Jul-21		Aug-21		Sep-21		Total	
	WTE	FYE	WTE	FYE	WTE	FYE	WTE	FYE
Permanent	3.00	£124,434	30.44	£1,204,634			33.44	**£1,329,068**
Fixed Term			1.80	£77,387	11.40	£295,751	13.20	**£373,139**
Temporary Staff Cover			9.73	£401,137			9.73	**£401,137**
Total	**3.00**	**£124,434**	**41.97**	**£1,683,158**	**11.40**	**£295,751**	**56.37**	**£2,103,343**

Notes

Includes all posts where interviews have been held/agreements in place

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

- There is a public health and reputational risk if we do not have sufficient staff and a stable workforce to deliver the immunisation programme to the timelines set out nationally.

- There is a risk of staff leaving and/or recruitment challenges if we do not have sufficient permanent staff. Staff have left the team to take up permanent posts in other parts of the organisation and we are aware staff are being employed on a permanent basis in other Health Boards.

- Whilst the funding will move to an allocation basis, the risk of making staff permanent is assessed to be low risk in terms of financial pressure as turnover rates indicate that staff could be deployed elsewhere within the Health Board. It was felt that the staff numbers for Band 2 were significant and would be less easy to deploy therefore the proposal is for these to be employed on a fixed term basis only (for no more than two years)

Recommendation:

The Board is asked to:

- Ratify the overall expenditure plan for permanent and fixed term posts as follows:
    - The totality of posts to appoint to on a permanent basis equate to 129.65 whole time equivalent posts with a cost of £4.823 million.
    - 149 fixed term posts £3.466 million, of which 126 currently being used for immunisation (£2.931million) and 23 for testing (£535k).
- And to note:
    - The posts that were previously made permanent, equating to 56.37 WTE, with a cost of £2.103 million

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:	N/A

Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/
Prif Weithredwr GIG Cymru
Grŵp Iechyd a Gwasanaethau Cymdeithasol

Director General Health and Social Services/
NHS Wales Chief Executive
Health and Social Services Group

Llywodraeth Cymru
Welsh Government

Our Ref: JP/EG/LC

30 November 2021

Dear colleagues,

Following yesterday's announcement by the Joint Committee on Vaccination and Immunisation (JCVI) regarding the UK's response to the new variant of concern (variant B.1.1.529, Omicron), this letter provides assurances to health boards regarding expenditure incurred in increasing capacity in Wales' COVID vaccination programme and maintaining that capacity into 2022-23.

The expansion and acceleration needed to operationalise the changes in vaccination capacity are significant and will require difficult decisions to be made in order to us to keep ahead of the new variant. We recognise higher COVID infection rates impact directly on the workforce the ability to operate vaccination clinics and appreciate the pressure this places on vaccination teams who in spite of the challenges, continue to perform impressively. Ensuring you have enough delivery capacity, both in terms of workforce and estate, is now more important than ever and we are already working closely with your vaccination teams to expand the vaccination workforce, in both the immediate and longer term.

At our meeting on 29 November, we considered the implications of the JCVI announcement on workforce and we discussed the range of options open to you to expand capacity at pace. This included careful targeting of primary care clusters. All avenues to expand the vaccination programme must be exhausted this should include looking for innovative solutions. We are open to suggestions on how we can help and support you nationally in this.

In recognition of the crucial role vaccination teams play, we are extending the guarantee of additional funding provided to health boards until end of September 2022, so that this important work can continue and you can give some assurance to your teams. Further confirmation for the full year will follow as part of agreeing budgets for 22-23. In giving this assurance, I am expecting health boards to explore every opportunity to secure a more sustainable workforce and adapt the delivery models to be as efficient as possible. We must always be able to demonstrate value for money, even in the most challenging of times. The changes mean it is difficult to look beyond the immediate challenge, however we have started to look beyond the winter and what a more sustainable delivery model could look

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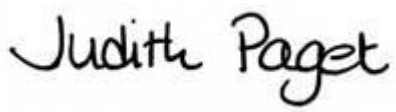
like when the virus becomes endemic. I know many health boards have already been looking at this. There is no doubt that capacity for COVID-19 along with other vaccinations, will be needed well into 2022-23. We have started scoping this work and I would welcome your involvement. We will be in touch to make the arrangements. This will help in our discussions around the current spending review.

Finally I would personally like to thank you for the incredible job you and your teams are doing. You are an inspiration and please be assured that everyone's contribution is greatly appreciated. We are all working towards a common aim and we are here to support you.

Yours sincerely



Judith Paget

cc:

Health Board SROs
Health Board Head of Finance
FDU – Stacey Taylor