

Local Partnership Forum Meeting


Thu 08 December 2022, 10:00 - 12:00

Agenda

10:00 - 10:02 **1. Welcome and Introductions**
2 min
Peter Hewin

10:02 - 10:04 **2. Apologies for Absence**
2 min
Peter Hewin


10:04 - 10:06 **3. Declarations of Interest**
2 min
Peter Hewin

10:06 - 10:10 **4. Minutes of the meeting held on 22 October 2022**
4 min
Peter Hewin
 4. LPF minutes 20.10.22.pdf (5 pages)

10:10 - 10:30 **5. Rehabilitation Programme**
20 min
Emma Cooke
 5. Rehab Programme - Dec 2022.pdf (14 pages)

10:30 - 10:50 **6. Co-production: the MHCB lived experience team**
20 min
Alexandra Congreve / Hannah Morland Jones

10:50 - 11:05 **7. Chief Executives Report**
15 min
Suzanne Rankin

11:05 - 11:15 **8. Operational Update**
10 min
Paul Bostock
 8. Update on Winter Plan for LPF.pdf (5 pages)

11:15 - 11:25 **9. Integrated Medium Term Plan**
10 min
Abigail Harris

Saunders, Nathan
01/12/2022 12:48:59

11:25 - 11:50 10. Integrated Performance Report

25 min

Fiona Kinghorn / Jason Roberts / Rachel Gidman / Paul Bostock / Catherine Phillips

- Population Health
- Quality and Safety
- People
- Operational Performance
- Finance

10.0 Integrated Performance Report November 2022.pdf (27 pages)

10.1 WOD KPI Report Oct-22.pdf (2 pages)

11:50 - 11:50 11. Staff Benefits Group Report

0 min

11. Staff Benefits Group Report (12.22).pdf (5 pages)

11:50 - 11:55 12. Review of meeting

5 min

Peter Hewin

11:55 - 12:00 13. Any other business previously agreed with the Co-Chairs

5 min

Peter Hewin

12:00 - 12:00 14. Future Meeting Arrangements:

0 min

- Wednesday 8 February 2023 at 10am via Teams, with a staff rep pre-meet at 8.45 am

LOCAL PARTNERSHIP FORUM MEETING

Thursday 20th October 2022 at 9.30am, via Teams

Present

Dawn Ward	Chair of Staff Representatives – BAOT/UNISON (co-chair)
Rachel Gidman	Executive Director of People and Culture (co-chair)
Bill Salter	UNISON
Fiona Kinghorn	Executive Director of Public Health
Janice Aspinall	RCN
Jason Roberts	Executive Director of Nursing
Joanne Brandon	Director of Communications and Engagement
Jonathan Pritchard	Assistant Director of People Resourcing
Jonathan Strachan-Taylor	GMB
Karina Mackay	BDA
Katherine Davies	RCN
Katrina Griffiths	Head of People Services
Lianne Morse	Deputy Director of People and Culture
Mathew Thomas	UNISON
Mike Jones	Independent Member – Trade Union
Pauline Williams	RCN
Peter Hewin	BAOT/UNISON
Peter Welsh	General Manager, UHL and Barry
Procopio Gauci	UNISON
Rachel Pressley	Deputy Head of People Assurance and Experience
Rhian Wright	RCN
Suzanne Rankin	Chief Executive
Timothy Davies	Head of Corporate Business

In attendance

Mike Bond	Managing Director, Acute Services
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Apologies

Abigail Harris	Executive Director of Planning
Andrew Crook	Head of People Assurance and Experience
Catherine Philips	Executive Director of Finance
Ceri Dolan	RCN
Claire Whiles	Assistant Director of OD, Wellbeing and Culture
Fiona Jenkins	Executive Director of Therapies and Health Sciences
Joe Monks	UNISON
Nicola Foreman	Director of Governance
Paul Bostock	Chief Operating Officer

Secretariat

Chandra Almeida	People and Culture Coordinator
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LPF 22/051 WELCOME AND APOLOGIES

Rachel Gidman (RG) thanked everyone for rearranging at short notice and apologies for absence were noted.

LPF 22/052 DECLARATIONS OF INTEREST

There were no declarations of interest made in respect of agenda items.

LPF 22/053 MINUTES OF THE PREVIOUS MEETINGS

The minutes of the meeting held on 8th August 2022 were agreed to be an accurate record of the meeting, however it was noted that attendees' job titles needed correcting due to a formatting error.

LPF 22/054 ACTION LOG

The Action Log was noted and all actions agreed as complete, as follows:

- Integrated Performance Report – Claire Whiles (CW) met with Staff Side outside of the meeting and discussed the response to Welsh Government regarding the potential wellbeing offering included in last year's pay award. We haven't heard anything back yet but did get ours in on the deadline. Suzanne Rankin (SR) will feedback to group once we get a response.

Peter Hewin (PH) noted that the two national Employee Policy Sub Groups are meeting next week around this, followed by a workshop at the Wales Partnership Forum next month which is intended to finalise specific proposals to put to the Minister.

- Generic Risk Assessments – Jason Roberts (JR) confirmed that he has spoken to Robert Warren, Head of Health and Safety, and that shortened 3-hour training sessions are now running.
- Inclusion Ambassadors – Mitchell Jones and Chandra Almeida have amended the wording in the resource pack to differentiate between the Inclusion Ambassador role and that of a Trade Union representative.
- Exceptional Meeting re HCSW and Winter Workforce Supply - It was decided that an additional discussion wasn't necessary as this will be covered at today's meeting.

LPF 22/056 CHIEF EXECUTIVE'S REPORT

SR provided an update report to the Forum, key points included:

SR thanked staff for their continued commitment and professionalism whilst taking care of our patients and one another. SR noted that these are incredibly tough times due to the internal work we're doing to recover from the pandemic, pressure to cope with the Emergency Care

Saunders Nathan
01/12/2022 12:48:59

demand and the rise in demand in Primary Care and Mental Health, particularly amongst children and young people.

- Cardiff and Vale has been moved into enhanced monitoring as a result of not being able to submit a balanced IMTP and declining to commit to unachievable financial savings. SR is attending the first meeting with Welsh Government this afternoon to find out the implications of this, noting that this is not a reflection of the organisation's capability but heavily anchored around the financial position. The UHB is at the lowest level of escalation but will need to work through the steps to improve our position.
- The UHB has submitted an action plan in response to the HIW inspection and report and this has been approved by the Health Inspector. CAV will be closely monitored around achieving these improvements, which include ensuring the Emergency Department (ED) is kept clean and safe, that patients waiting long hours receive adequate nutrition and hydration and have access to clean toilets. The Minister visited the ED on Tuesday evening and, although she noted that the vending machine was empty, was reassured to find that all patients had been triaged and there were no queues of ambulances waiting.
- SR noted that despite our best efforts, many patients are not having a good experience and are posting distressing stories and photos on social media. Staff are also feeling the pressure and taking to social media to air their frustration. SR noted that whilst we would prefer staff discussed these issues with their line managers, her main concern is around what this means about the support they are currently receiving.
- The 2022-23 Winter Plan focusses on urgent Emergency Care pathway, recovering our Cancer position and supporting the demand in Mental Health and Primary Care. It also outlines how we are going to secure additional capacity to achieve this. Board have approved the plan and acknowledged the need for financial investment to support this.
- We currently have 70 inpatients with COVID and further beds closed in order to manage the Infection Prevention Control risk, as well as potentially high Flu rates incoming. SR encouraged staff to access the Vaccination Programme when offered to help minimise risk.
- SR noted the pending Industrial Action and the operational challenge this poses, as well as the cost-of-living crisis which is likely to drive activity and cost into our system. SR also noted that Local Authorities are under pressure in terms of their budgetary position and may be looking to cut service delivery in the new financial year.
- South Wales Fire & Rescue are intending to prosecute the UHB for non-compliance at Hafan Y Coed. We were aware of the issues but despite best efforts to manage the risk, the Fire Service intends to prosecute. SR noted that this presents a financial risk as it will incur a fine in addition to legal fees.
- SR concluded that we need to create hope for our colleagues amid this set of very challenging circumstances. To get through this winter successfully we will need to work together, hold onto our values and treat each other with kindness and compassion. SR gave her 3 Ws as Wellbeing, Well Led and supporting staff to manage their Workload.

Dawn Ward (DW) queried what short-term initiatives the Winter Plan involves. SR advised that the focus is on creating additional capacity and that transformational change and cultural shift is what the organisation needs as opposed to more short-term initiatives.

Saunders
01/12/2022 14:46:59

PH queried the planning and consultation process around deployment of staff, noting that many staff find the idea of being moved at short notice distressing and re-triggering in the context of the pandemic. SR and JR said that whilst it was likely staff would need to be moved around the organisation this winter to cope with patient flow, the intent would always be that this is done with respect and consideration. JR has met with Nursing staff to reassure them of this.

DW queried whether the Winter Plan is robust enough. SR advised that we are doing all we can with the resources available, but unfortunately can't fix everything over the short-term.

LPF 22/057 WINTER PLAN

Mike Bond (MB) Managing Director/Deputy COO (Acute Services) was in attendance to discuss the Winter Plan. Key points noted included:

- 30 Roadshow Presentations have been planned to raise awareness of the Winter Plan and provide staff across the organisation with reassurance around this. MB noted that a lot of these ideas have come from staff on the shop floor and that WAST, Local Authority and the third sector have been involved in the development of the plan.
- In the worst-case scenario, the UHB anticipates being 152 beds short this winter and is looking at different ways of creating additional beds across our acute sites. Medicine will be opening 19 beds, the UHB is taking part in the 1000 beds schemes and we are also developing 50 beds in Lakeside Wing which will be used to step down patients.
- We are also expanding the Frailty Team with another 2-3 consultants starting work in November. They will focus on taking patients out of the ED setting and into the Elderly Care Assessment Service at St David's Hospital.
- We currently have over 700 patients waiting over 3 years for treatment and are only delivering our Cancer pathway for patients 51% of the time. The aim is to reduce these by the end of year. NHS 111 has just been launched and we are looking at ways we can support CAV 24/7 to see more patients.
- We will also aim to continue to improve our ambulance delays. Although we have improved our 4-hour waits, we still hold ambulances for too long before releasing them back out into the community.
- The ambition is to have offered the COVID vaccine by the end of November and the Flu vaccine by the end of December, aiming for 75% uptake for both. Mini mass vaccination sessions are being held on 19th and 25th of October and 1st and 2nd of November. We also have our Flu Champions and Flu Fridays run by Occupational Health.

PH queried how we will get staff to engage with the Winter Plan given that they are already feeling burnt out. MB reassured PH that the aim of the Roadshow Presentations is to engage staff and raise awareness and understanding of the Winter Plan.

PH queried if a stronger message around mask wearing and social distancing would be brought back in soon. Fiona Kinghorn (FK) and JR advised that mask wearing is the least effective prevention method for respiratory illness, whilst regular hand washing and ventilation are the most effective. JR advised that we need to be strategic about when we bring mask wearing back as once we bring it

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back it will be for the whole winter and we want to avoid waning masking wearing during the coldest months.

LPF 22/058 INTEGRATED PERFORMANCE REPORT

The Local Partnership Forum received the Integrated Performance Report and the following points were noted:

- Jonathan Pritchard (JP) reported an improved picture regarding Nursing and Facilities staff fill rates, with our Nursing vacancies currently at 8% down from 13%. However, RG advised that despite this, the Workforce picture isn't good. The People and Culture Department are now focussing on Wellbeing, Recruitment, Retention as their 3 main priorities over the next 6 months.
- Joanne Brandon confirmed that the Staff Benefits page on SharePoint will be kept up to date with the latest NHS discount and offers in the run to Christmas.
- RG noted that some lower banded staff are coming out of the Pension Scheme due to cost-of-living crisis and that we need to ensure staff are fully informed of the implications of this and about the benefits of being part of the scheme.

Due to time pressures LPF members were asked to forward any other points on to the lead Executives by email.

LPF 22/059 EMPLOYMENT POLICY SUB GROUP MINUTES FROM 29 JUNE 2022

The Local Partnership Forum noted the minutes from the Employment Policy Sub Group meeting held on 7 September 2022.

LPF 22/060 ANY OTHER BUSINESS

RG's key messages around the main effort were around the vaccine strategy, how we communicate with our staff around deployment, keeping our values and behaviours at the forefront of everything we do, and spreading hope and positivity whilst being realistic about the challenges we face.

LPF 22/061 FUTURE MEETING ARRANGEMENTS

The next meeting will be held on 8th December 2022 at 10am with a staff representatives pre-meeting at 8.45am. The meeting will be held remotely.

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01/12/2022 12:48:59

Rehabilitation Programme Cardiff and Vale

Local Partnership Forum

Emma Cooke

Deputy Director of Therapies and Healthcare Sciences

8th December 2022

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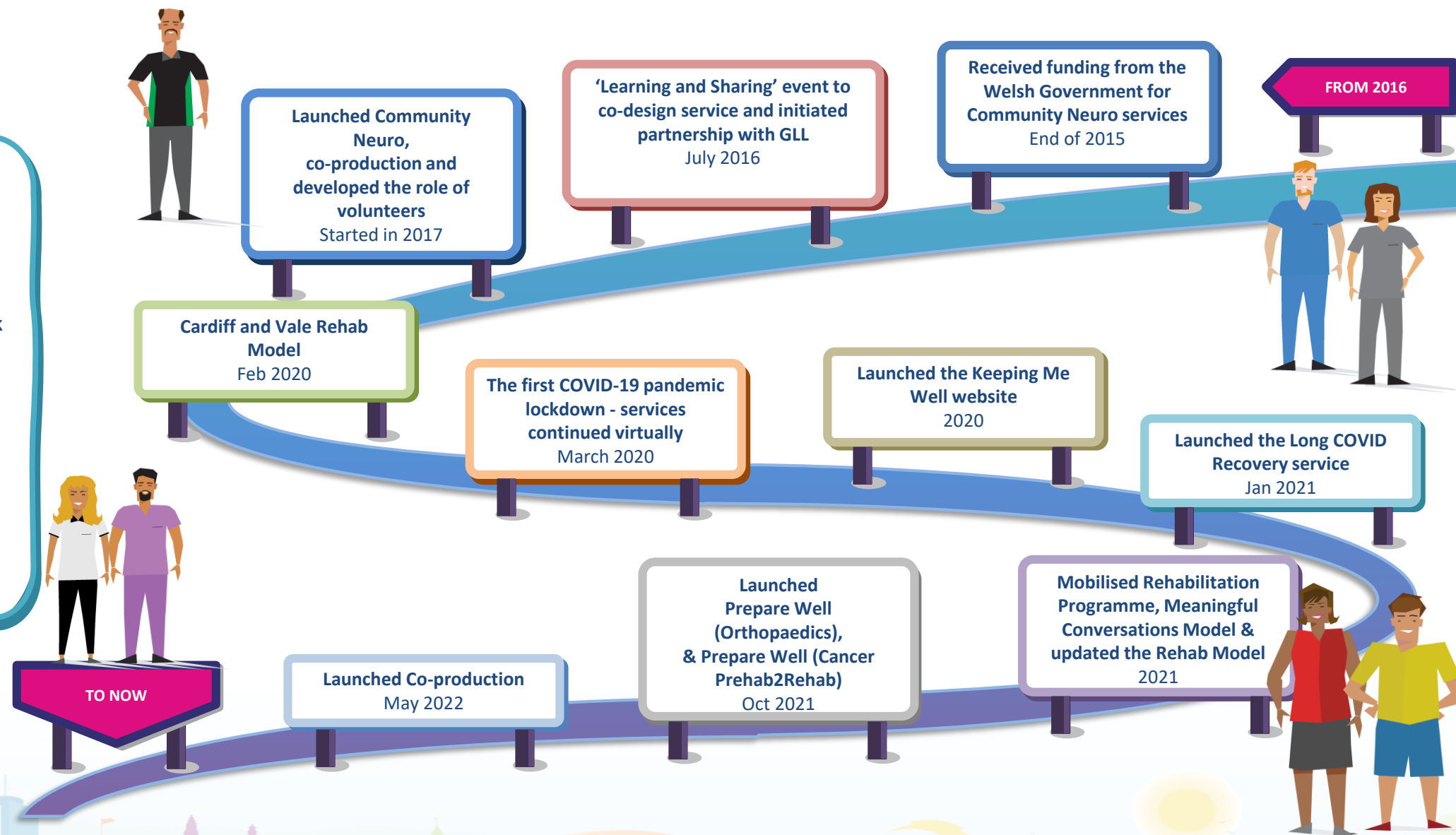


Key milestones in the development of our programme, taking us to where we are now



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University Health Board

- These policies underpin our programme:
- ❖ Healthier Wales
 - ❖ National Clinical Framework
 - ❖ Strategic Programme for Primary Care
 - ❖ Urgent and Emergency Care
 - ❖ Planned Care



Our Rehabilitation Model of Care

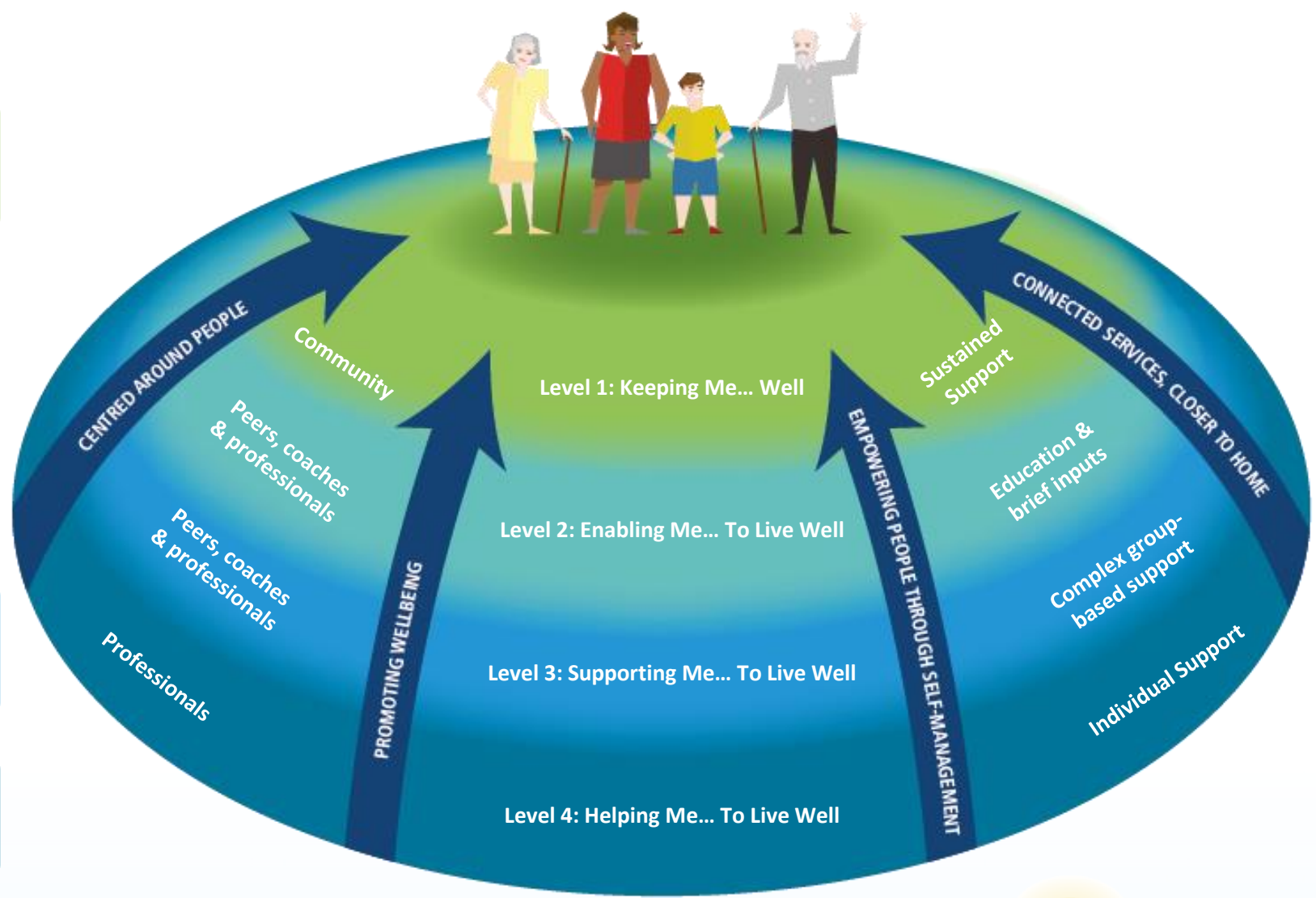
- Level 1: Keeping Me... Well

Supporting people with **self-management** guidance in the **community**.
- Level 2: Enabling Me... To Live Well

Individual or group consultations including **what matters conversations**, **education** and **shared decision making** to build self-care and health. This is the level in which **Meaningful Conversations** are maximised.
- Level 3: Supporting Me... To Live Well

Providing people with the **educational group-based** interventions by **peers, coaches and professionals**.
- Level 4: Helping Me... To Live Well

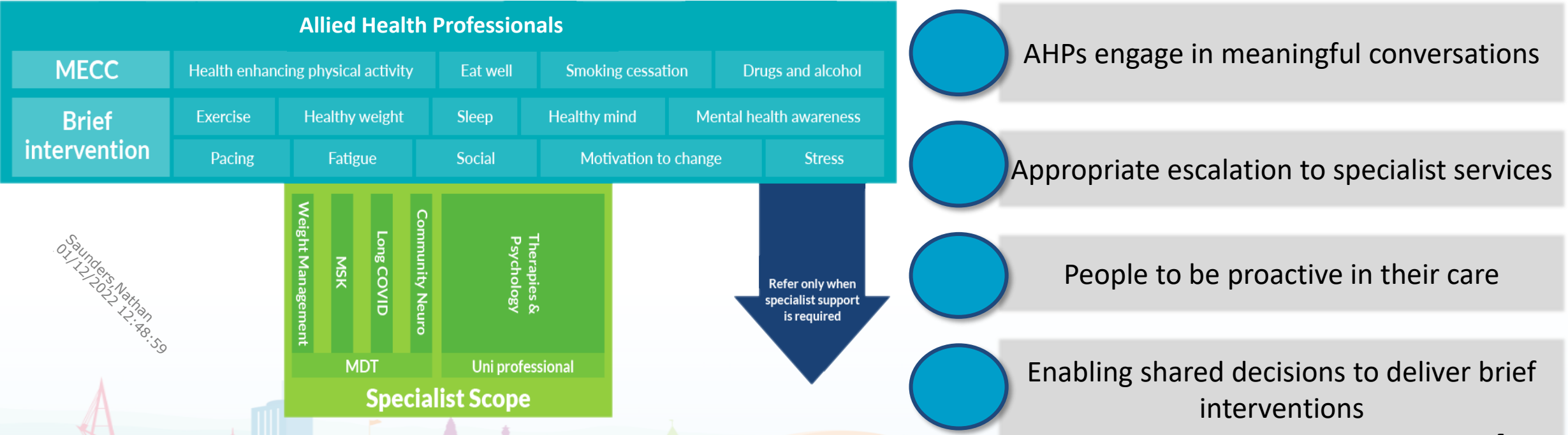
Supporting individuals on a **one-to-one** basis.



Our 'Meaningful Conversations Model'

- Reflects the importance of all **AHPs** - **support people to self-manage**
- Our vision is for staff to be **empowered and enabled** with the skills and resources
- Includes understanding of **when referral to specialist** services is required.

- **All AHPs** will offer **'Making Every Contact Count'** and a **'Brief intervention'**, where appropriate, only **referring when specialist input is required**.



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How our services support different population groups

Our programme focuses on the following population groups:



Long COVID Recovery

Long COVID Recovery

- Live well and recover from Long COVID.
- Set of group-based interventions
- Multi-disciplinary team
- provides education and supportive self-management strategies.



Preparing Well and Recovering Well

Prepare Well (Cancer Prehab2Rehab)

- Fit, strong and psychologically resilient as possible before treatment
- Nutrition, activity and exercise, and wellbeing interventions

Prepare Well (Orthopaedics)

- Multi-disciplinary team
- Pre- and re-habilitation to people undergoing knee replacement
- Provide lived experience and peer support



Supporting Healthy Lifestyles and Long-Term Conditions

ESCAPE Follow on Activities

- Following on from ESCAPE pain programme
- Activity groups supporting people to sustain healthy lifestyles

Keeping Me Well website

- Provides useful information to access services and support self-care



Waiting Well

- Co-delivered sessions utilise group education, peer support & exercise
- Delivered either in local leisure centres or virtually.

Foodwise for Life

- Improve their dietary habits and maintain a healthy weight.

ESCAPE Pain

- Enable individuals to manage their knee, hip and back conditions and maintain a healthy weight
- Participants have since formed open access, peer led community groups which support each other to sustain healthy change.

Our transformation of Digital Capability is helping to enhance:

1. The **experience and journey for service users**
2. The **information** we can **share with service users** and the ways in which can **educate** them
3. The level of **flexibility** for service users and our teams in how they **interact**
4. Our ability to **understand our service users**, their needs and their expectations
5. Our understanding of the value our services have on service users

We established the following workstreams:

PARIS & PARIS interoperability	Office 365	Digital futures	Patient engagement	Business intelligence	Digital capabilities
<p>Purpose:</p> <ul style="list-style-type: none">• Improve PARIS roll-out prioritisation across Therapies• Improve join up between key systems & PARIS to create a seamless user experience.	<p>Purpose:</p> <ul style="list-style-type: none">• Single SharePoint site• Standard digital operating procedures• Improved engagement across Therapies to increase adoption of O365.	<p>Purpose:</p> <ul style="list-style-type: none">• Identify and unlock digital opportunities across Therapies• Visibility of direction of travel	<p>Purpose:</p> <ul style="list-style-type: none">• Drive digital patient communications• Incorporate peer and patient perspectives into key digital decisions.	<p>Purpose:</p> <ul style="list-style-type: none">• Enable data-led decision-making• Enable relevant data to be accessible• Drive adoption of self-serve.	<p>Purpose:</p> <ul style="list-style-type: none">• Digital Therapies Maturity model• Provide the equipment needed• Support digital L&D

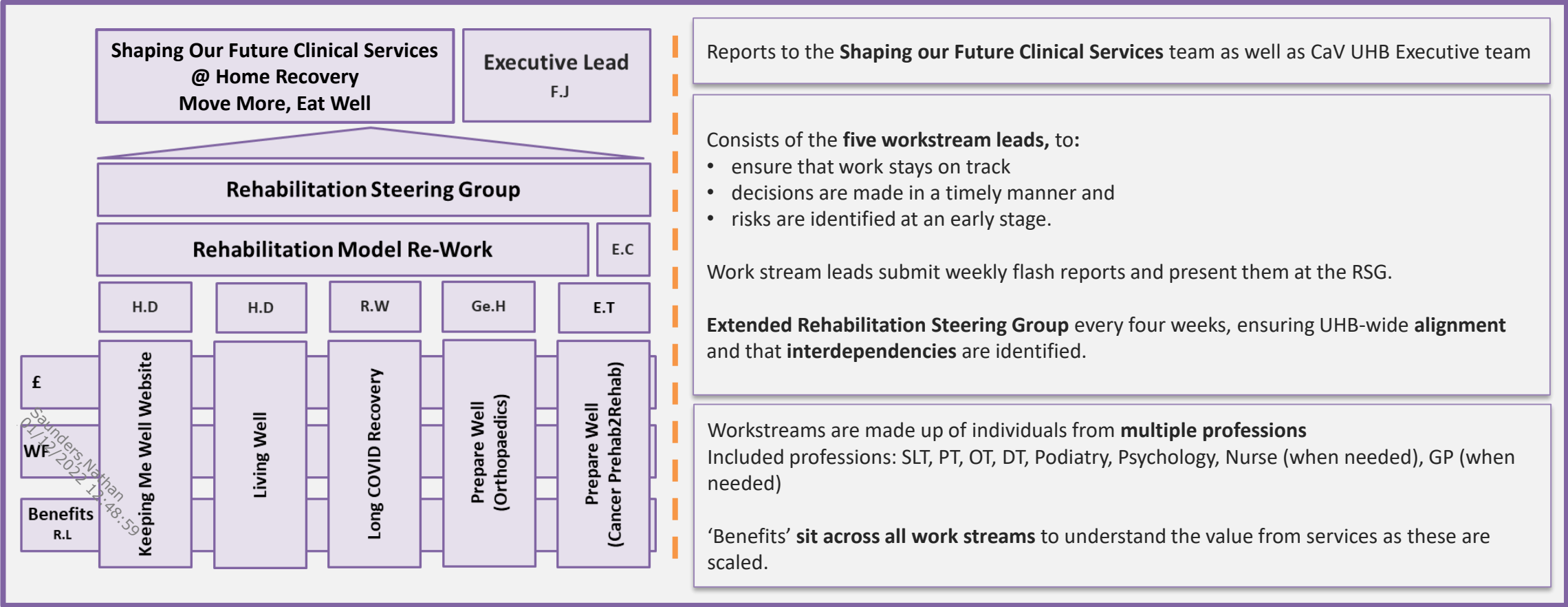
Rehabilitation Programme governance



GIG
CYMRU
NHS
WALES

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Steering Group members: Clinical Director for AHPs Physio Consultant for MSK Head of Physiotherapy Principal AHP lead for Long COVID	Recovery Principal AHP lead for Living Well and Keeping Me Well Principal AHP lead for Prepare Well (Orthopaedics)	Principal AHP lead for Prepare Well (Cancer Prehab2Rehab)	Additional members for Extended Steering Group: Executive Director of Therapies and Health Science Head of Podiatry	Head of People and Culture Communications and Engagement Manager Specialist SLT Deputy Director of Operations	Head of Dietetics Professional Lead for SLT Head of Service at GLL
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Co-production forum



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The forum’s purpose and aim is **‘Working Together: Supporting People with Long-term Conditions’**.

Our meeting Cadence:

Fortnightly Thursday meeting for 2.5 hours



How we’ve adapted:

- ‘Interest groups’
- Adapting our communicative style
- More of a Community feel.

Our progress so far:

- 1) Regular check ins with the partnership board
- 2) Changed the way the audiology communicates with service users on arrival to clinics
- 3) Engaged with Minority communities' ethnic healthcare fair in Cardiff

Our partners:

- ImROC works in partnerships with communities to develop systems, services and cultures that support Recovery and Wellbeing for all.
- In this project they have provided training and guidance relating peer support and co-production.
- ImRoC been instrumental in developing our co-production forum and the early stages of our exploration of a peer workforce.



Our next steps:

- Co-production lead in post
- Continue outreach into the community
- Integrate our programme more closely with the co-production forum
- Development of a peer workforce

50+

Service users
engaged

25+

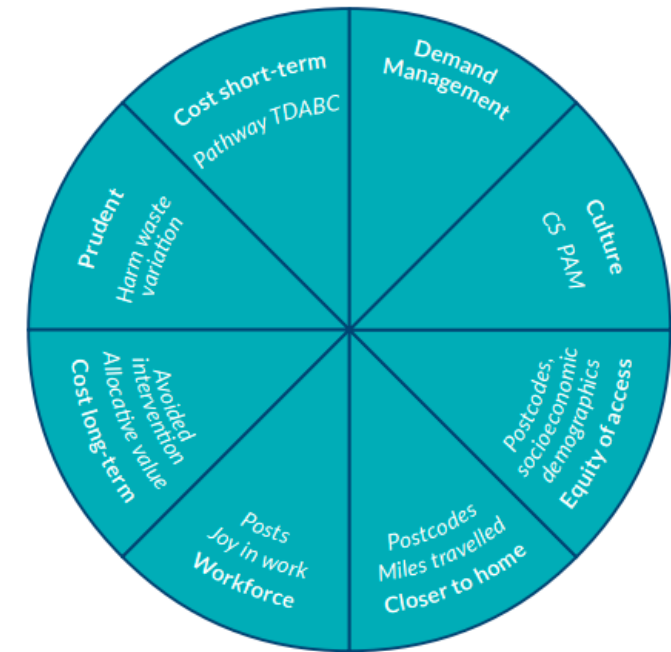
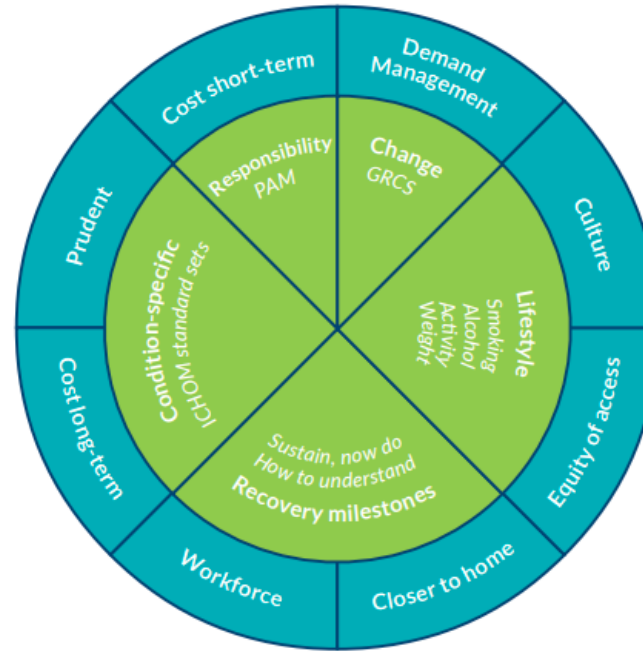
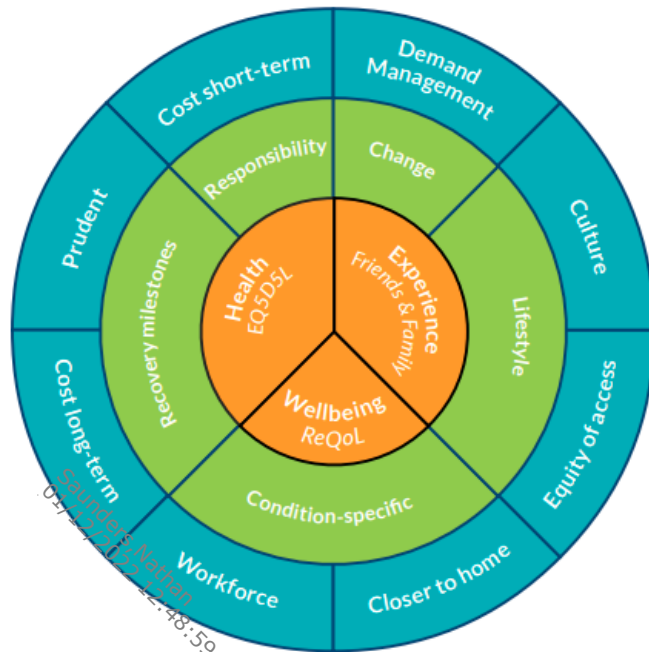
Organisations
engaged

151

People on our
mailing list

The Benefits 'wheel'

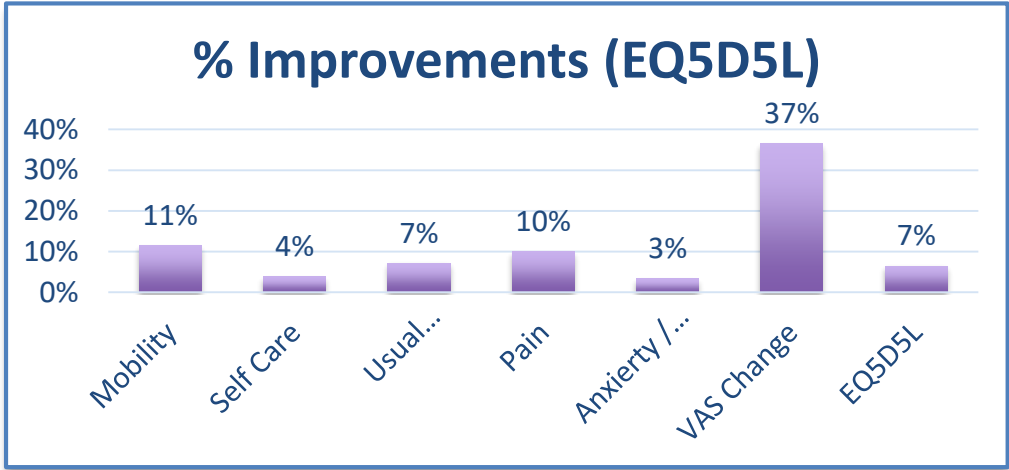
- The inner orange circle represents what **matters most to participants** in our programmes.
- **Health, Wellbeing, and Experience** form the core data set for all in the programme.
- The second layer is a suite of measures selected based on importance by services, including **condition specific measures, activation, lifestyle, understanding and change**.
- The outer rim is **system level measures** which enable understanding of **prudence, value, equity and sustainability**.



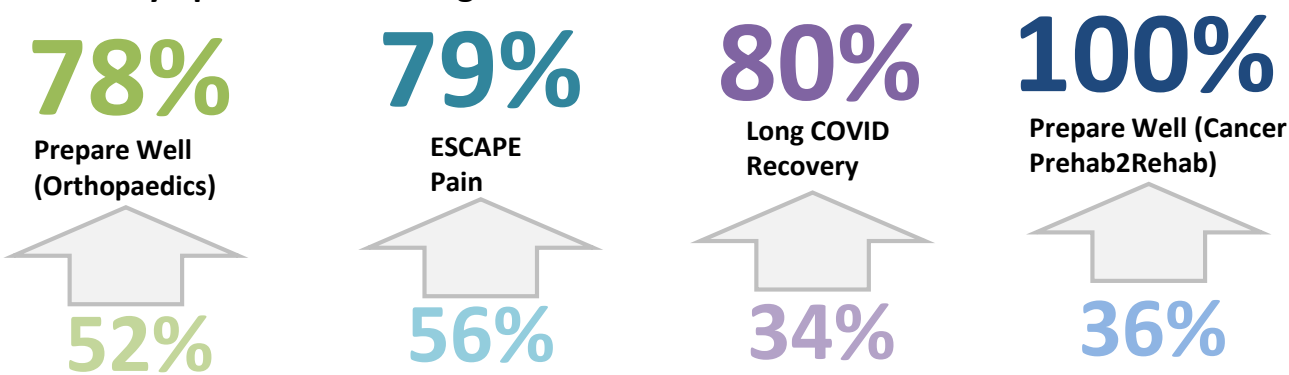
Measured by all workstreams (not incl. KMW)

Selectively measured (based on relevance)

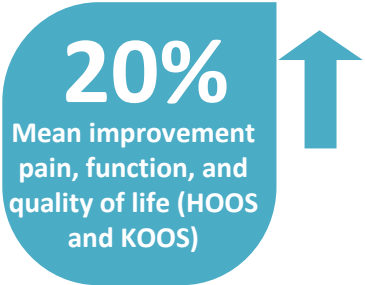
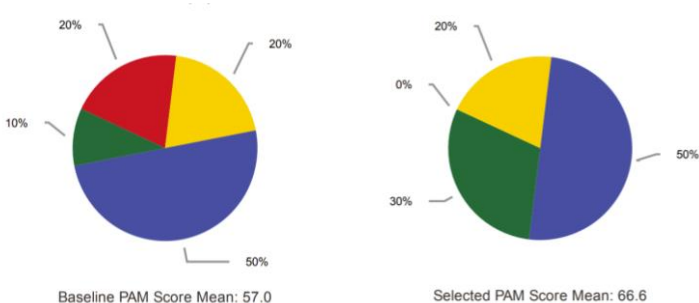
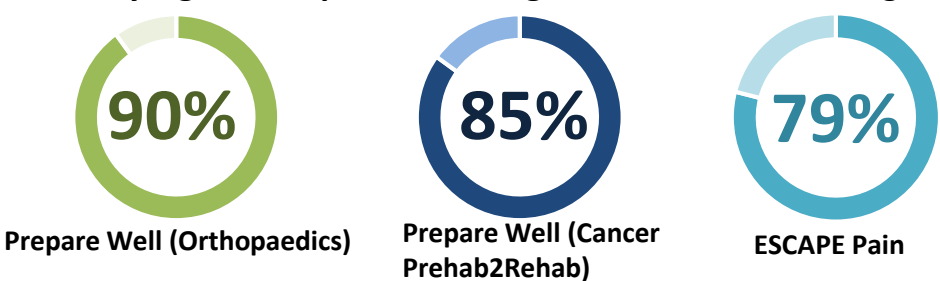
Captured from existing systems



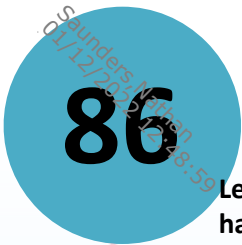
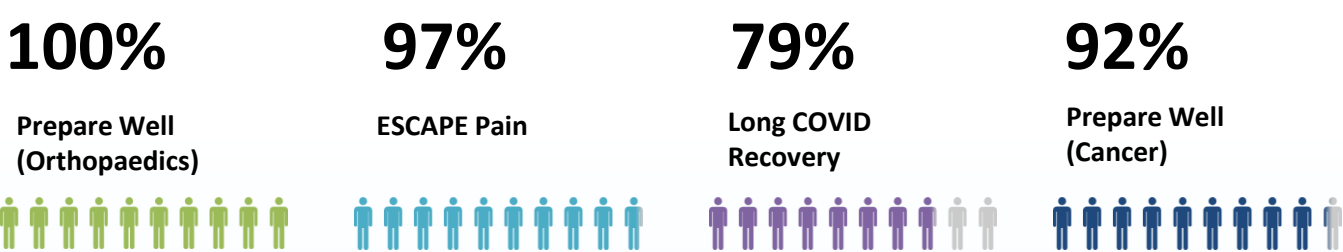
Clinically optimum wellbeing before and after our interventions in the ReQoL.



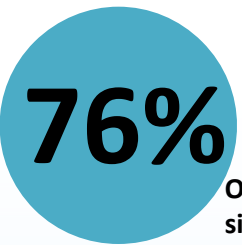
Clinically significant positive change in their health through the GRCS



Percentage of people who would recommend us to friends or family.



Leisure Memberships have been taken on through our programmes



Of people who initially signed up are still active members

Enabling CO2 savings



37% Reduction CO2

Total saving over the last 10 months of.....

24,940 kg of CO2

This is equivalent to carbon sequestered by...



412
Fully-grown
trees

(according to EPA Greenhouse Gas
Equivalencies Calculator)

Over the next 5 years the programme will remove the
carbon equivalent of **2,472** fully grown trees, or
10km² of woodland.



Our partners



GIG CYMRU NHS WALES
Iechyd Cyhoeddus Cymru
Public Health Wales



Cardiff and Vale
Recovery & Wellbeing College



SPORT CARDIFF



diverse cymru



WNO
WELSH NATIONAL OPERA
CENEDLAETHOL CYMRU



Prehab2Rehab



NOFIO CYMRU SWIM WALES



WE ARE MACMILLAN. CANCER SUPPORT



Down To Earth



Mental Health Foundation



legacy leisure



WELSH ATHLETICS ATHLETAU CYMRU



Race Council Cymru
Integration Justice Equality
Integreiddio Cyfiawnder Cydraddoldeb



BritishRedCross



VERSUS ARTHRITIS



Move Eat Sleep Repeat!
Move more, eat well



Cwylid Symud Bwyd Eto!
Symud mwy, bwyd'n iach



Cynllun Atgyfeirio Cleifion i Wneud Ymarfer Corff Cymru
Wales National Exercise Referral Scheme (NERS)



Live Well Byw'n Iach



Nutrition Skills for Life
Sgiliau Maeth am Oes



ImROC



Foodwise for Life



GLL
better for everyone



CHWARAEON ANABLEDD CYMRU
DISABILITY SPORT WALES



DiABETES UK
KNOW DIABETES. FIGHT DIABETES.



GVS



escape pain



GIG CYMRU NHS WALES

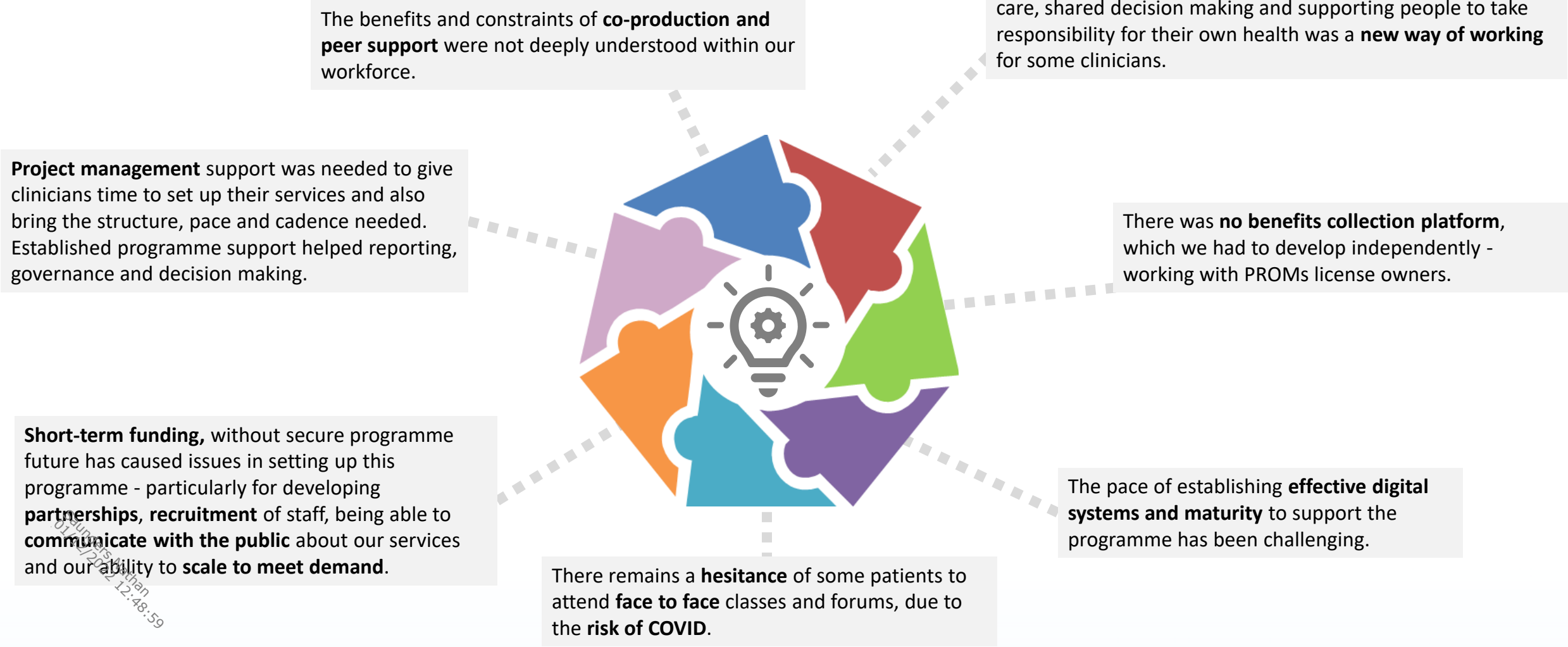


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Cardiff and Vale University Health Board

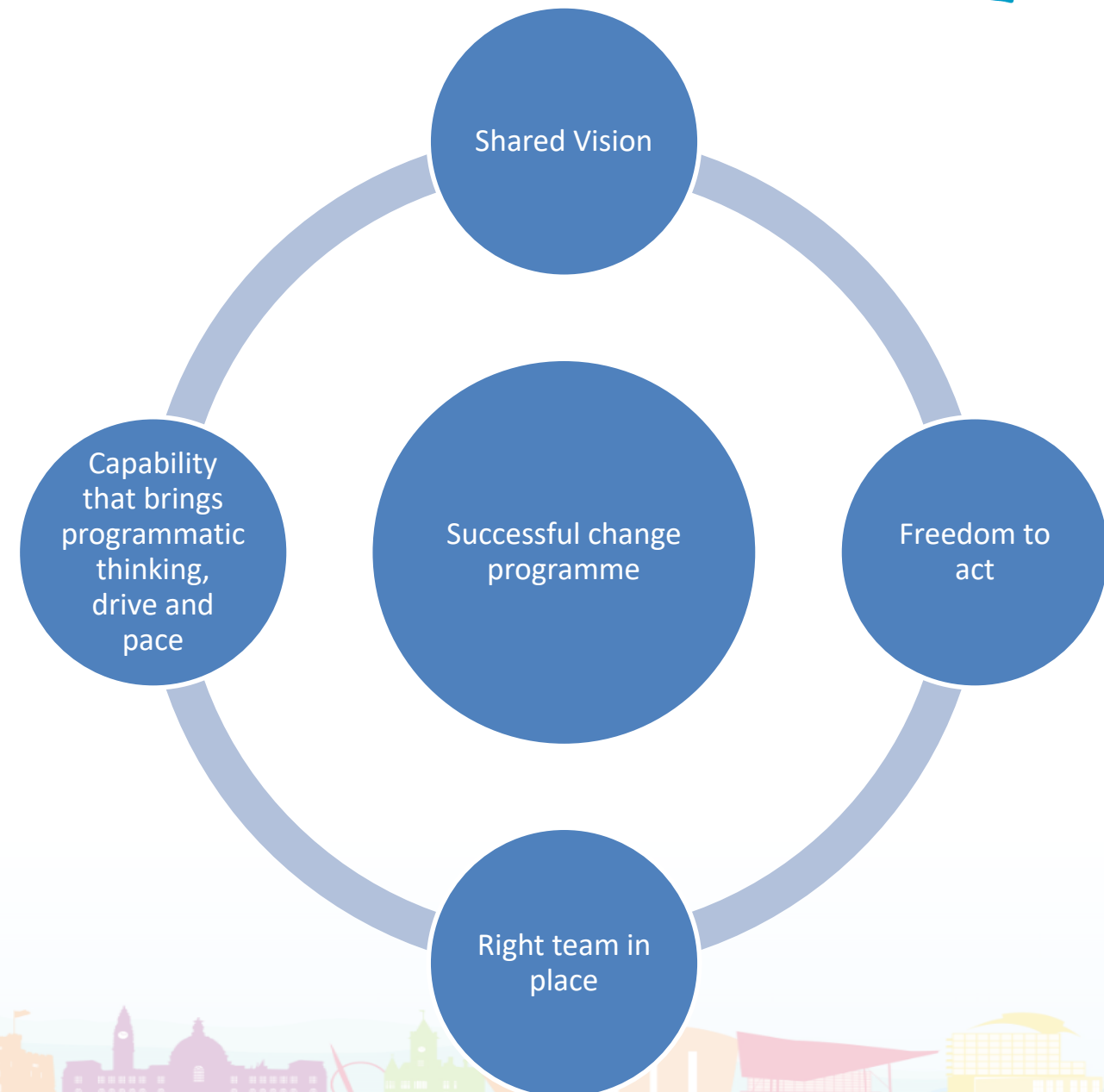


LONG COVID WALES

Some of our obstacles in establishing the programme



The “Secret” ingredients



Saunders Nathan
01/12/2022 12:48:59

Winter Plan Update

- Good progress to date with implementing winter plan
- 41 additional beds opened so far
- Community schemes coming on line December/Jan
- Lakeside established as an Integrated Care Assessment Unit
- Biggest risk remains staffing for Jan and ability to open 50+ beds
- Although discharges from MFFD list increasing so are numbers of additions to the list
- Frailty Unit established
- Non-MFFD forensic review of 21+ day patients underway
- Reset weeks planned for mid December and mid January



Timeline for Winter Plan

Week Commencing: 22nd November 2022

Additional Capacity

Scheme	Hospital	Beds	Start Date	Monthly bed Uplift	
Trauma SDEC	UHW	3	04-Oct	14	
Gynaecology Winter Support	UHW	2	04-Oct		
Spot purchase	Community	3	10-Oct		
Lakeside reset	Lakeside	6	26-Oct		
A5 - Medical Acute Ward	UHW	19	09-Nov	27	
Spot purchase / Rapid Response / D2R	Community	7	21-Nov		
Community Capacity Dom Care	Community	8	Dec'22	27	
Care Home	Community	8	Dec'22		
Discharge Ward	UHW	8	Dec '22		
Dignostic SDEC	UHW	3	Dec'22		
Heulwen South	UHW	14	02-Jan	57	
Annexe	UHL	16	09-Jan		
Lakeside expansion	Lakeside	27	09-Jan		
Spot purchase / Rapid Response / D2R	Community	1	Feb'22	1	
Care Home	Community	13	Mar'22	12	138

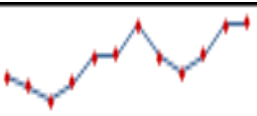
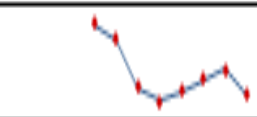
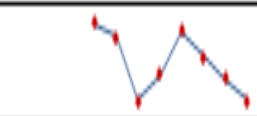
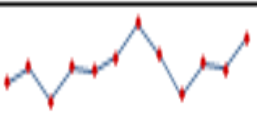
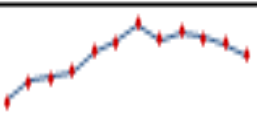
Efficiency / Admission Avoidance

Scheme	Hospital	Beds	Start Date	Monthly bed Uplift	
Acute Medicine (Hot Clinic / ACP Call Handling)	UHW	2	21-Nov	2	
Frailty	UHW	3	14-Nov	3	
Step down to recovery	St Davids	5		3	
Imaging Inpatients	UHW	5	14-Nov	5	
Pharmacy Blister Packs	Site wide	3	21-Nov		13

GRAND TOTAL 151

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Medically Fit for Discharge

Medically Fit For Discharge	Average	314	308	301	311	324	326	341	324	316	326	341	343	
Average total MFFD bed days lost	Total					13486	13345	12950	12827	12905	13015	13101	12873	
Average bed days lost per MFFD patient	Average					41.6	40.9	38.0	39.2	41.2	40	39	38	
Discharges from Medically Fit List	Total	69	80	56	80	78	88	113	89	60	84	79	102	
21-day LOS (65+ emergency admissions)	Average	416	426	429	432	442	447	457	448	452	449	446	440	

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Organisational Priorities

			Week Commencing									
	Metric	Value	19/09/2022	26/09/2022	03/10/2022	10/10/2022	17/10/2022	24/10/2022	31/10/2022	07/11/2022	14/11/2022	8 week trend
	UHW conveyances	Total	425	436	435	444	435	431	481	470	473	
	Total lost hours	Total	682	650	602	406	414	366	372	416	372	
1	Lost minutes per arrival	Average	93	85	82	54	56	49	45	49	46	
	Average handover time	Average	02:03	01:59	01:56	01:21	01:20	01:12	01:09	01:13	01:06	
2	4 hour ambulance holds	Total	63	73	50	7	15	2	6	5	9	
3	Cancer waits over 62 days	Total	787	817	775	697	629	486	491	458	429	
	Cancer waits over 104 days	Total	213	244	232	216	211	151	160	160	156	
4	Medically Fit For Discharge	Average	311	324	326	341	324	316	326	341	343	
	Repatriations from C&V	Average					11	13	9	14	18	
5	3 year RTT waits (End March 2023 cohort)	Total	4586	4345	4108	3910	3796	3653	3513	3291	3107	
	Mental Health OOA placements - Adult	Total	3	1	1	3	3	3	5	4	4	
	Mental Health OOA placements - Paeds	Total	0	0	0	0	0	0	0	0	0	
6	Urgent Primary Care Centre visits (Vale)	Total	424	520	519	552	530	582	459	476	519	
	GP practices escalating level 3 or 4	Total	10	10	12	12	12	13	14	13	12	
	Community Pharmacy escalating level 3 or 4	Total	6	6	7	7	7	7	7	7	7	

Organisational Priorities

1. Focus on reducing lost minutes from arrival of ambulance –reduce this by half
2. Significant reduction of over four hour ambulance delays from range of (50-70) to single figures per week
3. Slow but steady improvement in our cancer position
4. Work still to do to support medically fit for discharge patients back into the community
5. Improvement in our reduction of patients waiting over 3 years for routine treatment
6. Focusing on developing more urgent primary care centres to support patients in our communities

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Shaping Our Future Wellbeing – IMTP 2023 - 2026



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Cardiff and Vale
University Health Board



Local Partnership Forum 08.12.22

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Process

- Build on 22-23 annual plan (finalised in June 22)
- Reflect draft Area Plan and PSB Wellbeing Plans, and draft SOFWB II.
- Bring together Board agreed priorities and strategic planning, and bottom up cluster, clinical board and corporate department planning
- Reflect re-invigorated regional planning focus
- Streamlined WG planning guidance and financial allocation expected in December – more templates and standardised format
- Anticipate annual plan set in context of three year cycle
- Draft by early January 23 for Board consideration
- Final draft to Board in March for submission to WG

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Priorities



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University Health Board

- **Cancer** - continuing to improve our cancer pathway delivery ensuring time access to definite diagnostics and treatment.
- **Emergency and urgent care** – continue to improve our whole system response to emergencies and urgent care needs to ensure people get treated in the right place at the right time, with only those needing the services of our acute hospitals accessing care there, and ensuring a timely return to home for people who did require hospital treatment.
- **Maternity care and services for children with complex needs**
- **Planned care** – increasing internal capacity through productivity gains, efficiency measures and delivering services in different ways; working regionally for high volume services to ensure capacity is increased by collaborating with neighbouring health boards on a regional footprint – evening out capacity and access across SE Wales; and continuing to source external capacity (both outsourcing or insourcing) where in-house capacity isn't sufficient to support the quickest pathway to address the Covid backlog.
- **Mental health services** – ensuring services are able to respond in a timely way in times of crisis and on a planned basis – including services for children and young people – where we are seeing Covid impact resulting in increasing demand, working aged adults, and older people where we can expect to see demand rise as a result of an ageing population.
- **Primary care sustainability** – continuing to embed the new models for the delivery of primary care services building on our primary care sustainability work, cluster working the locality placed-based approaches to the planning and delivery of local care, utilising third sector to support our delivery of social prescribing etc.
- **Improving population health and reducing health inequities** - accelerating our focus on partnership actions and services that address the wider determinants of health, health behaviours, and reduce health inequities. This includes 'amplifying prevention' through targeted work on uptake of childhood immunisations and bowel screening, and action on healthy weight; and adopting value-based healthcare.
- **Economic and environmental impact** – the plan will need to summarise the actions we need to take to reduce significantly our carbon footprint, protect our environment and promote biodiversity, and ensure we adapt to the climate change that is now inevitable. We also need to ensure we are doing as a big employer and consumer of goods that we are maximising our contribution to the local economy in SE Wales.
- **Inclusion and diversity** – embedding anti-racist action plan, and actively promotion inclusion and diversity in our workforce and to ensure patients are cared for appropriately

Report Title:	C&V Integrated Performance Report			Agenda Item no.	10
Meeting:	LPF	Public		Meeting Date:	08.12.22
		Private			
Status (please tick one only):	Assurance		Approval		Information X
Lead Executive:	Fiona Kinghorn, Jason Roberts, Rachel Gidman, Paul Bostock, Catherine Phillips				
Report Author (Title):	Information Manager				

Main Report

Background and current situation:

This report provides a summary of performance against a number of key quality and performance indicators. This will include areas where the organisation has made significant improvements or has particular challenges including the impact of COVID-19, together with areas where the Health Board is under formal escalation measures from the Welsh Government and/or where local progress is being monitored.

This Balanced Scorecard comprises indicators that cover Population Health, Quality & Safety, Workforce, Performance and Finance for the Health Board.

Population Health									
Immunisation	Standard	Trend	2021 / 22 Qtr 4		Tobacco	Standard	Trend	2022 / 23 Qtr 2	
% of children up to date with scheduled vaccines by 4 years of age	95%	na	83.5%	**	% of smokers who become treated smokers	5%	na	0.5%	**
	Standard		Sep-22		% of treated smokers who quit at 4 weeks	40%	na	64%	**
% of adults aged 50 years and over who have received a Covid-19 Autumn 2022/23 booster vaccination	na	na	33%	*					
% of people aged 5-49 years in a clinical risk group who have received a Covid-19 Autumn 2022/23 booster vaccination	na	na	3%	*					
Quality & Safety									
Patient Satisfaction	Standard	Trend	Oct-22		Mortality	Standard	Trend	Aug-22	
30 day complaints response compliance %	75%		85%		Myocardial Infraction within 30 days of admission, age 35-74 (Rolling 12 Months)	na		4.5%	
			Sep-22		Stroke within 30 days of admission (Rolling 12 Months)	na		15.0%	
Patient Experience	na		72%		Hip Fracture within 30 days of admission, age 65 and over (Rolling 12 Months)	na		3.0%	
Falls			Sep-22		Crude Mortality (Last Week of the month)	0		26	
Slips Trips and Falls (30 day moving total)	na		319					Sep-22	
Slips Trips and Falls with harm - moderate to severe (30 day moving total)	na		53		Still births (Rolling 12 Months)	na	na	23	
Serious Incidents	Standard	Trend	Oct-22		Infection Control			Sep-22	
Nationally Reportable Incident (SI)**	na		12		All Reported Infections (Rolling 12 Months)	743		776	
Number of Never Events	0	na	0						
Workforce									
	Standard	Trend	Sep-22			Standard	Trend	Sep-22	
Sickness Absence Rate (in-Month)	6%		6.6%		Turnover Rate	7% - 9%		13.4%	
Sickness Absence Rate (12-Month Cumulative)	6%		6.8%		Mandatory Training Compliance	85%		73.5%	
Values-Based Appraisal Compliance	85%		41.8%		Fire Training Compliance	85%		61.9%	
Medical Based Appraisal Compliance	85%		78.0%						
Operational Performance									
	Standard	Trend	Oct-22			Standard	Trend	Aug-22	
A&E 12 hour waiting times	0		1097		Mental Health Part 1a - Assessments within 28 days	80%		97.0%	
A&E 4 hour waiting %	95%		62.0%		Mental Health Part 1b - Therapy Commencing within 28 Days	80%		96.5%	
Ambulance Handover Times >1 hour	0		719					Oct-22	
Ambulance Handover Times >4 hour	0		100		Total number of DTQCS	na	na	322	
Number of 12 hour trolley waits	0		153		Total number of bed days lost	na	na	13257	
Number of Patients over 24 hours in EU	0		1348		Average number of bed days lost per patient	na	na	41	
			Sep-22					Sep-22	
RTT Waiting less than 26 weeks %	95%		55.8%		Patients Delayed over 100% for follow-up Appt	0		46015	
RTT Waiting Over 36 Weeks	0		42992					Sep-22	
RTT Waiting Over 52 Weeks	0		28800		Single Cancer Pathway	75%		42.8%	
RTT Waiting Over 104 Weeks	0		7038		Total number of patients on Single Cancer Pathway	na		2956	
RTT Waiting Over 156 Weeks	0		619		Total number of patients on Single Cancer Pathway over 62 days	0		407	
Diagnostics >8 weeks Wait	0		4088		Total number of patients on Single Cancer Pathway over 104 days	0		152	
			Sep-22						
GP OOH 'emergency' patients requiring an attendance at a primary care centre within 1 hour	90%		Null	#					
GP OOH 'emergency' patients requiring a home visit within one hour	90%		38%						
Finance									
	Standard	Trend	Sep-22			Standard	Trend	Sep-22	
Deliver 2022/23 Draft Financial Plan	£17.1m planned deficit	na	£12.807m deficit		Delivery of £4m non recurrent target	£4m	na	£5.369m	
Remain within capital resource limits.	Within planned expenditure £10.967	na	£12.074m		Creditor payments compliance 30 day Non NHS (Cumulative)	95%		93.9%	
Reduce in Underlying deficit (Forecast)	Reduce from £29.7m to £20.0m	na	Forecast Year End ULD £29.7m		Remain within Cash Limit (Forecast cash surplus)	Within Cash Limit	na	Forecast deficit	
Delivery of recurrent £15.400m 1.5% devolved target (Forecast)	£15.4m	na	£12.088m		Maintain Positive Cash Balance	Positive Cash Bal.	na	£4.669m	

* Those who have received two Covid-19 doses, with the exception of those who are severely immunosuppressed and are recommended three primary doses

** No new data available

No patients recorded within this measure during this time period

POPULATION HEALTH

Covid-19 and respiratory illness update:

- **Epidemiology**

- There was a small increase in many Covid indicators at the end of September, apparently peaking in early October
- Care home Covid clusters however were rising at the start of October, along with wastewater signals in the Vale of Glamorgan, giving a mixed picture and unclear trend
- Omicron BA.5 remains the dominant variant of Covid-19. However there are early indications from waste water sampling and variant surveillance of a wider range of variants starting to circulate; these remain in the minority for now but could increase as a proportion in the coming months
- With Covid vaccination, including autumn boosters, serious impacts should continue to be limited
- However, we are still likely to see waves of hospital admissions, due to increases in mixing indoors over autumn and winter, and waning immunity among those not recently vaccinated. A Covid variant showing significant vaccine escape remains a possibility
- Influenza incidence has been gradually increasing since early September

- **Test, trace and protect (TTP)**

- The Welsh Government published '[Our Public Health Approach to Respiratory Viruses Autumn/Winter 22/23](https://gov.wales/public-health-approach-respiratory-viruses-including-covid-19-2022-2023)' (<https://gov.wales/public-health-approach-respiratory-viruses-including-covid-19-2022-2023>) on 11th October, which sets out the national approach to responding to respiratory viruses in Wales over the coming autumn/winter, and the measures that will be taken in the current 'COVID Stable' environment; the possibility of having to move to 'COVID Urgent' is also being planned for.
- Test and tracing services continue to operate in line with this national guidance.

- **Covid-19 vaccination**

- An autumn Covid-19 booster vaccination has been offered to 92% of eligible citizens
- 103,614 autumn boosters have been delivered to date – which equates to approximately 40% of eligible citizens vaccinated
- Based on national PHW Surveillance data (extracted 20 Oct 2022) uptake is as follows FOR eligible priority groups:
 - Care Home residents - **79%** (*however local operational data shows that **101.2%** care residents are now vaccinated which includes data for those deceased after administration*)
 - Care Home Staff - **33%**
 - Health Care Workers - **52%**
 - Social care workers – No national % available. Local operational data shows **33.7%** vaccinated.
 - People aged 65 years and over - **71%**
 - People aged 50-64 years - **27%**
 - People aged 4-49 years in a clinical risk group - **10%**
- Walk-in appointments continue for 1st, 2nd and 1st booster doses to all eligible individuals at both MVC sites (Woodland House and Holm View).
- Citizens now have 3 options to reschedule or cancel their appointment: 1) Calling the booking centre on 029 21 841234; 2) e-mail to cvuhb.massimms@wales.nhs.uk or 3) an [online form](https://cavuhb.nhs.wales/covid-19/cavuhb-covid-19-mass-vaccination-programme/covid-19-forms/) (<https://cavuhb.nhs.wales/covid-19/cavuhb-covid-19-mass-vaccination-programme/covid-19-forms/>)
- As the majority of offers for vaccinations have now been made, 'pop-up' and outreach clinics are being arranged to address vaccine inequity and accessibility issues. Clinics in Butetown Multi-cultural resource centre will take place at the end of October. Further pop ups will be arranged subsequent to this.

Monkeypox update

- Up to 17 October 2022 there were 3,537 confirmed and 149 highly probable monkeypox cases detected in the UK: 3,686 in total. Of these, 94 were in Scotland, 34 were in Northern Ireland, 46 were in Wales and 3,512 were in England.
- As of 26 September 2022, Cardiff and Vale have managed 16 confirmed cases- no new cases reported in the last few weeks.

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- The 2022 outbreak has mainly been in gay, bisexual, and men who have sex with men.
- There are no reported deaths in the UK.
- Limited household transmission has been described in the UK.
- The roll-out the pan-Wales pilot project to evaluate fractional dosing for pre-exposure prophylaxis in Cardiff and Vale is ongoing. This involves giving smaller doses and will increase the number of at-risk people getting a monkeypox vaccine, meaning that the supplies available in Wales should meet the immediate need. The pilot is being delivered from the Sexual Health Services site in CRI and eligible individuals will be notified.
- Up to 19th October we have vaccinated 571 (out of 1,308) high-risk individuals and 11 staff members with pre-exposure prophylaxis.

Tobacco Control update

- **Smoking Cessation**

Tier 1 Smoking Cessation:

No new data available from last reporting period (Quarter 1, 2022-2023), 64% of Treated Smokers quit smoking at 4 weeks (CO verified). High rates of quitting were achieved by HMQ Clients (79%) and Hospital Smoking Cessation patients (80%).

The community smoking cessation service is experiencing an increase in the number of clients reporting higher levels of anxiety and 'mental health issues' as a result of cost of living increases.

- **Model for Access to Maternal Smoking Cessation Support (MAMSS)**

Data for Quarter 2, 2022-2023, shows that 66% of pregnant women were referred to MAMSS for stop smoking advice. This reflects a slight increase from Quarter 1, 2022-2023, 65%. 25% of pregnant smokers engaged with the MAMSS Health Care Support Worker (Quarter 2, 2022-2023) with 60% of those, (an increase from 46%, Quarter 1, 2022-2023) accessing NRT on first contact with the MAMSS Health Care Support Worker, enabling immediate action to quit smoking.

Work is on-going to improve engagement with Smoking Cessation services (reflected across all MAMSS programmes in Wales currently), with options reflecting national guidance.

- **Smoking Prevalence**

National Survey for Wales, annual data. Previously reported on (July 2022). Cardiff and Vale UHB has 12% smoking prevalence; 26% smoking rates reported in the most deprived and 11% in the least deprived areas. Next release, July 2023.

QUALITY AND SAFETY

Concerns –Patient Experience

We have maintained an overall 30 working day response time for all concerns, of 85% (to 28 October) . This is despite a significant increase in the numbers of concerns being received (see Figure 1).

August 30 day performance 80%

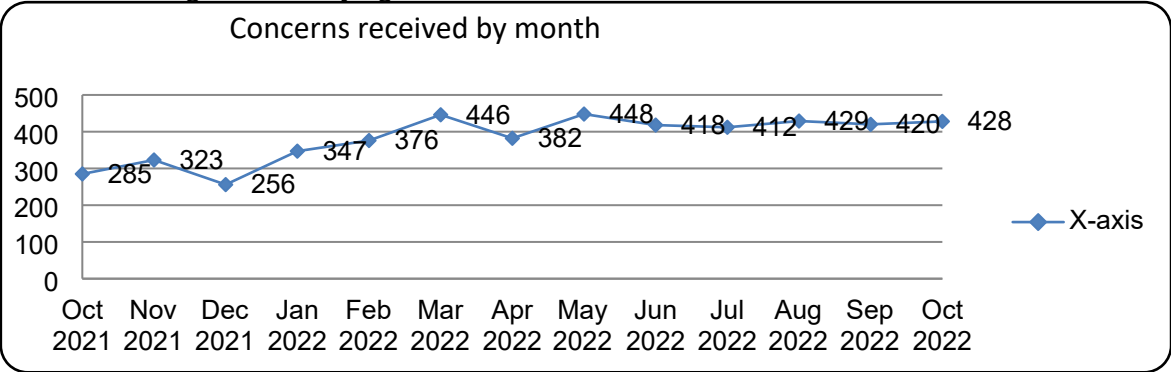
September 84 %

October 85%

In August and September, we processed **64%** of concerns in line with Early Resolution (*this process can be utilised dependent upon the nature of the concern*) it is pleasing to note that in October we closed **69%** of concerns under Early Resolution this ensures that a response is received within 2 working days, if however, we cannot issue a satisfactory response to a concern then the formal process must be used.

It should be noted that previously we have been able to process up to 80% of concerns via the Early Resolution route but it is dependent upon timely response to enquiries and ensuring that a satisfactory resolution for the complainant is achieved.

However, the volume of concerns is increasingly challenging and it is appreciated that failure to answer concerns in a timely way is not acceptable and we continue to be focused upon improving the response times whenever possible and addressing the underlying themes.



We currently have 417 active concerns. Surgery and Medicine Clinical consistently receive the highest number of concerns This is in line with the number of patient contacts and complex care both Clinical Board's provide. The number of necessary cancellations and delays due to covid and the significant increase and demand on services like EU.

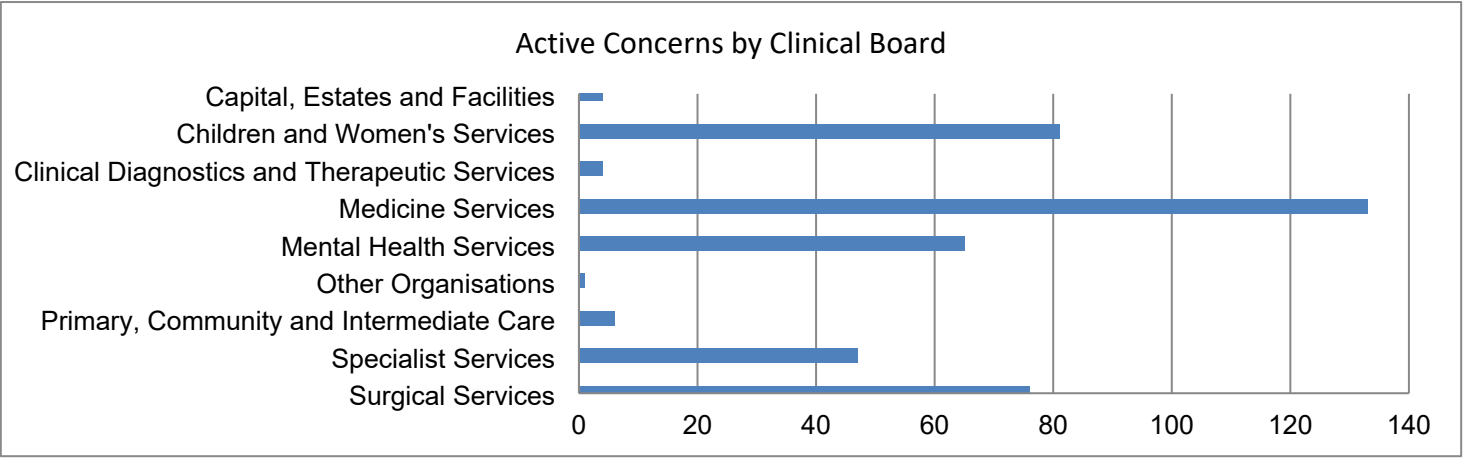
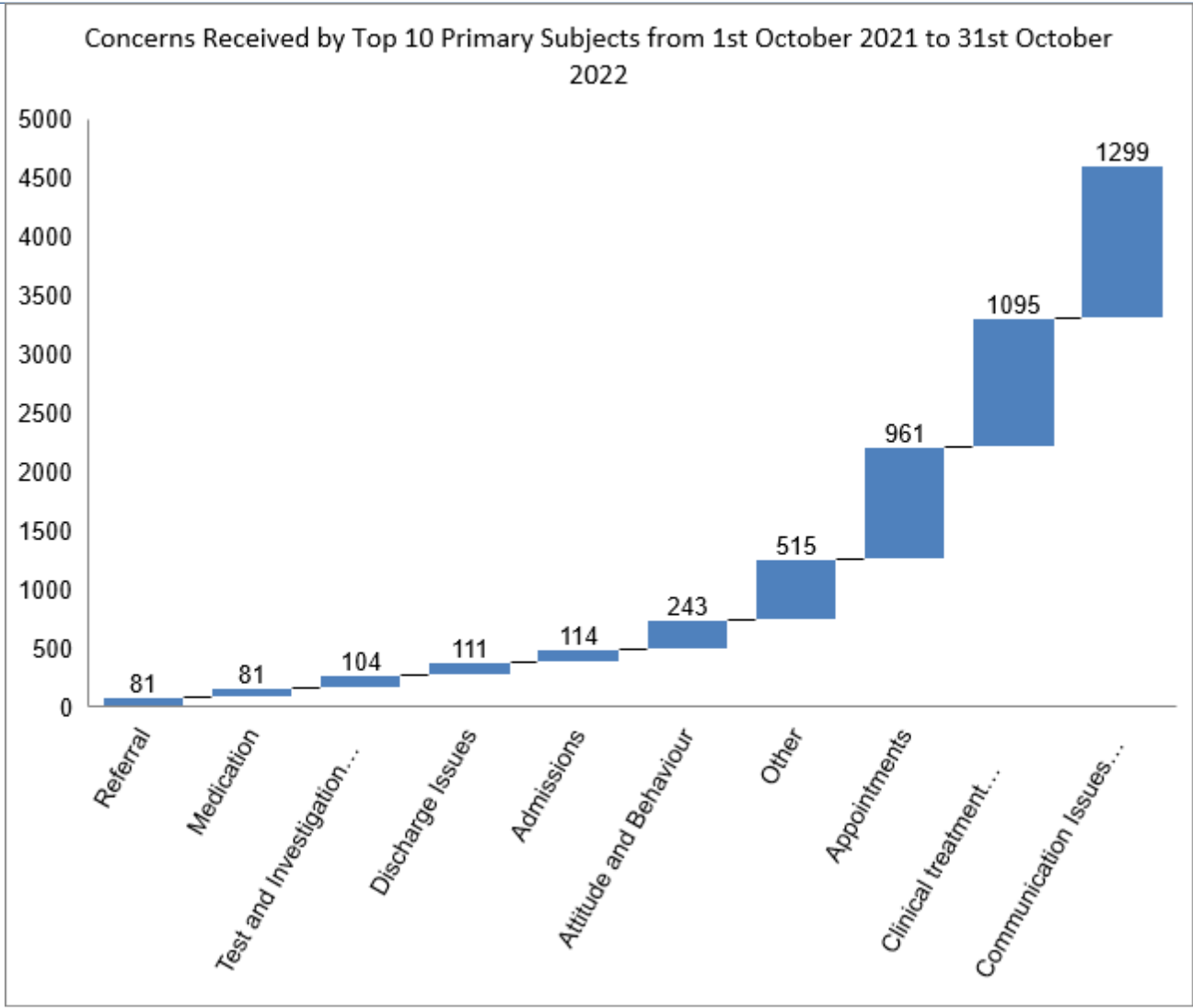


Figure 3: demonstrates the 10 main themes noted in Concerns. Communication continues to be a recurring theme in concerns, however, it should be noted that the number of concerns relating to Clinical treatment and attitudes and behaviours is rising. Whilst not showing highly on the chart above, we have noted a significant increase in concerns that mention Environment.

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Feedback HappyOrNot feedback (All locations)

In relation to the 'HappyOrNot' feedback, those reported as being satisfied are respondents who when asked: How would you rate the care you have received? chose the 'Very happy' or 'Happy' button options i.e. gave a positive response.

A breakdown of the feedback for August, September and October is:

Summary values	August	September	October
Surveys completed	2513	2252	1810
Response: Very happy button (Excellent/Very positive)	56%	64%	64%
Response: Happy button (Good/Positive)	9%	7%	9%
Response: Unhappy button (Fair/Negative)	6%	4%	5%
Response: Very unhappy button (Poor/Very negative)	30%	25%	22%
Respondents satisfied	65%	72%	73%

Fig 4. Gives the October feedback, broken down by which day of the week the feedback was received:

All units combined - weekday distribution

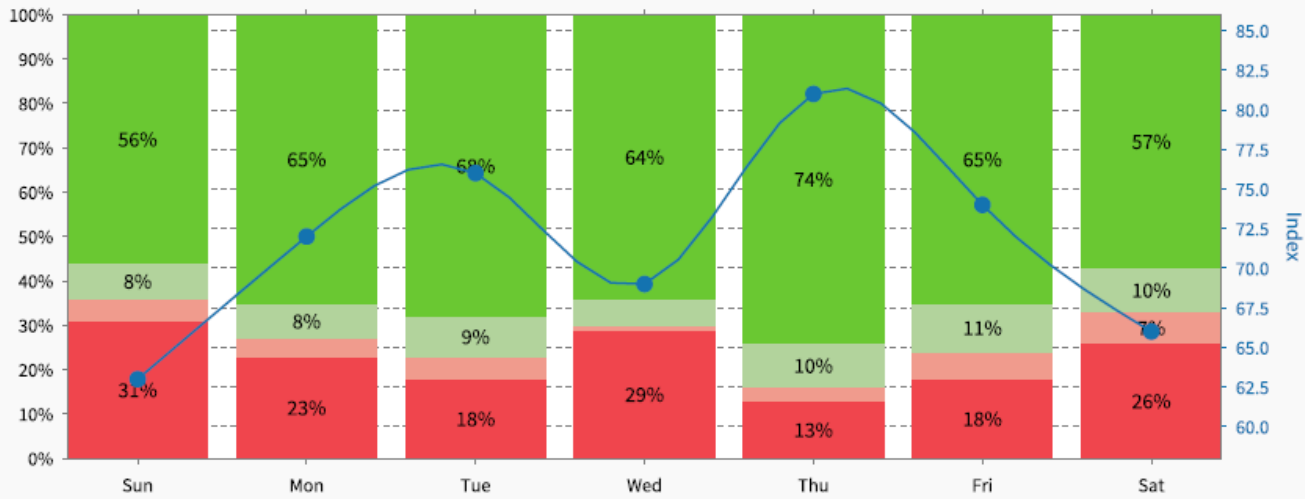
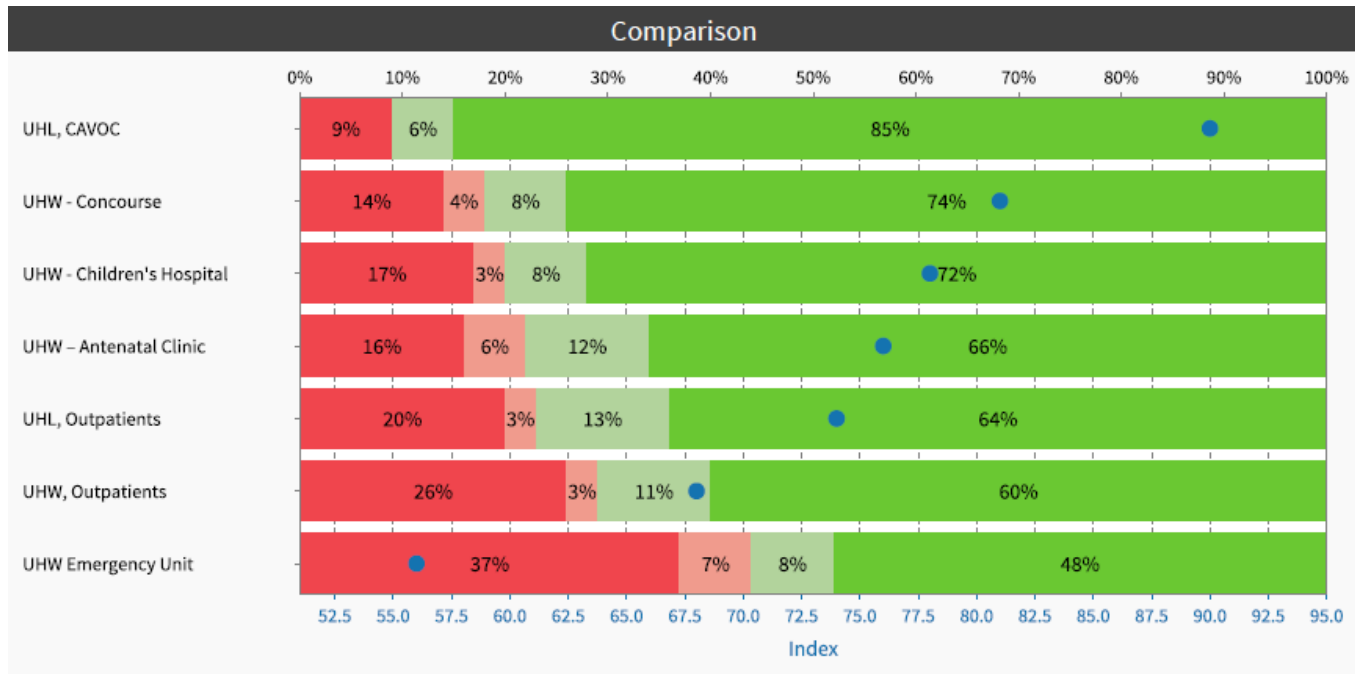


Fig 5. Gives the October feedback, broken down by kiosk location:



HappyOrNot feedback (EU areas only)

The table below is a basic summary of the information received from the HappyOrNot EU feedback:

Summary values	August	September	October
Surveys completed	914	631	515
Respondents satisfied	44%	50%	57%

Please note, the number of surveys completed has dropped in September and October, as two kiosks located in the EU reception and MAECU are no longer in use.

Bespoke project examples

We are also currently involved in numerous bespoke projects, for example:

- SOS and PIFU survey
- CMHT (Physical health pack) survey

- Prehabilitation survey

Civica 'Once for Wales' platform

The CIVICA 'Once for Wales' software platform enables Health Boards to collect and report on feedback. This could be feedback from patients, staff or the wider public. This initiative is currently being implemented across all Welsh Health Boards.

For our UHB, the system went live on Friday 28th October and we are currently surveying up to 600 patients daily via SMS.

Patients receive their text 3 days post discharge/appointment and the text includes a link to a survey. Once completed, their feedback is available straight away to users of the system. As of Monday 31st October, we have received 259 survey completions. For the next Board report, we will produce a more detailed breakdown of those sent and returned.

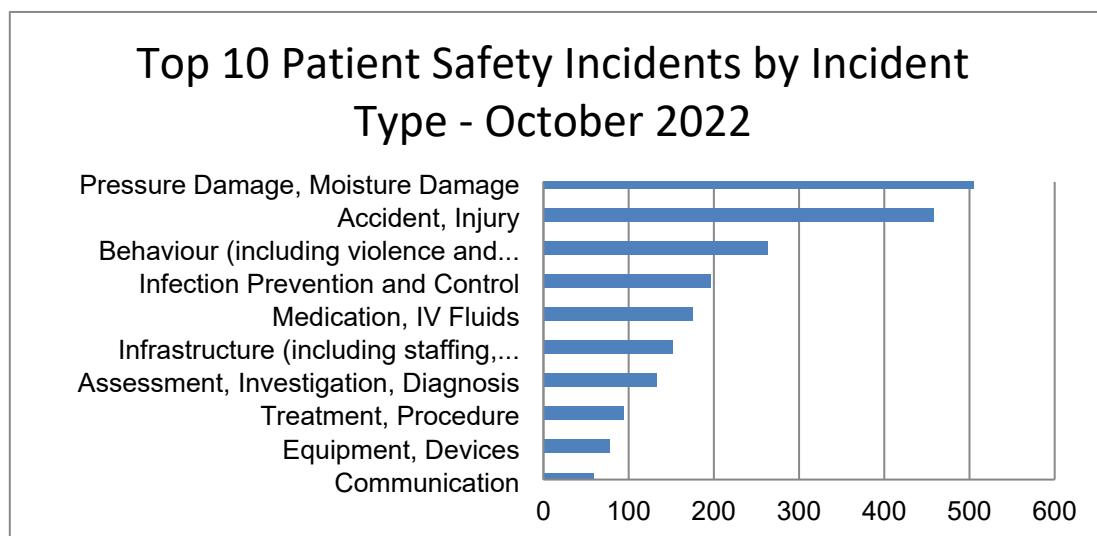
It is hoped that we will eventually use the system as our main 'hub' to collect and collate feedback from various sources e.g. electronic links, tablets and kiosks. The system will also enable users to create and deploy their own survey designs and analyse their feedback.

Incident reporting

The chart below illustrates patient safety incidents reported in October 2022 by incident type. A total of 2403 incidents were reported in October 2022, again, the most commonly reported incident relating to the development of pressure or moisture damage.

Pressure damage is subject to investigation to establish if there were any modifiable elements or omissions in healthcare. Pressure damage that is deemed to be associated with healthcare provision are subject to national reporting requirements.

Accident/Injury (falls) is the second most commonly reported incident; these 2 categories often alternate in terms of most prevalent.



Pressure Damage

As highlighted in last month's report, whilst there was a reduction in apparent pressure damage between May 2021 and March 2022, it is not known if this reduction was due to a genuine improvement or simply less reports completed on Datix. We are aware that there were significant operational staffing pressures during this period.

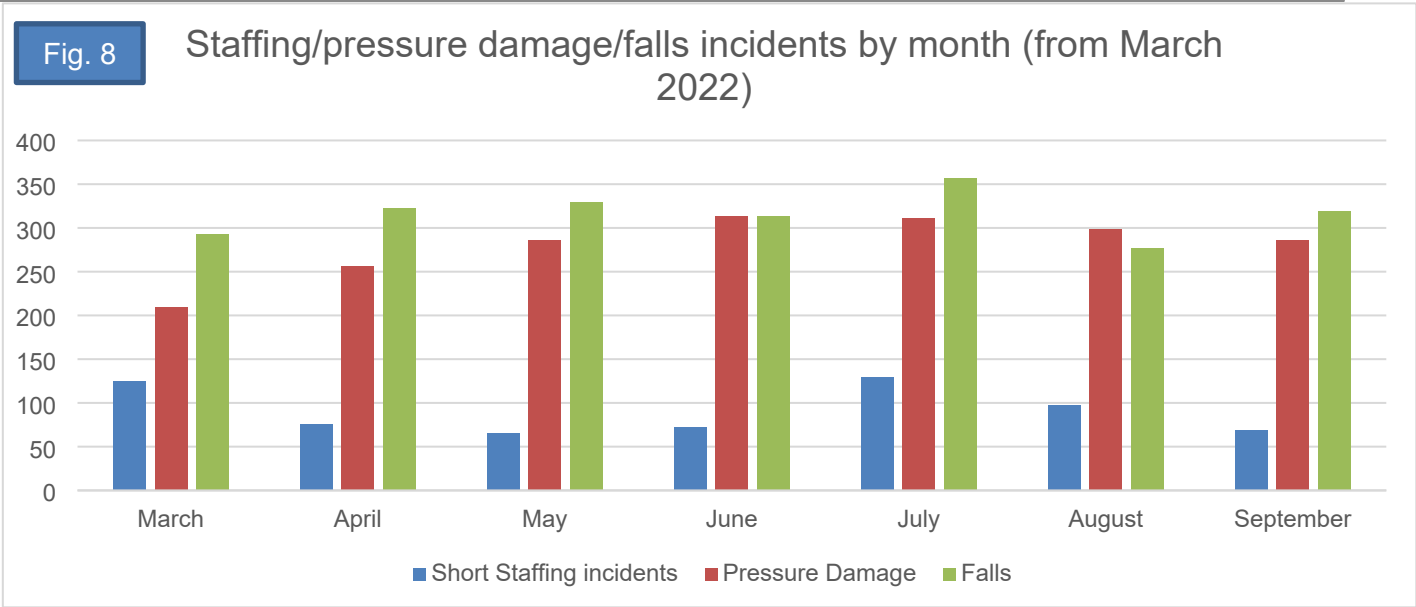
From April 2022 however, the incidence of reported pressure damage increased and peaked in July - a marked increase in Pressure Ulcers to 3.41 per 1000 bed days. We know that short staffing incidents also peaked in July 2022 over the summer holidays when it was more difficult to fill shifts with temporary staff.

There is also consideration that this potential increase in pressure damage in Spring 2022 may be a result of long waits for ambulances in the community and the long waits on an ambulance outside of EU as well as delays in

admission to beds on wards for patients with “decision to admit”. Welsh Ambulance Service are now starting to collate information relating to community/handover delays so that a more informed assessment can be made when assessing pressure damage risk.

Looking at short staffing incidents, the chart below shows the peak in the summer months, the usual impact of the summer holidays on the ability to fill unfilled shifts was exacerbated by the ongoing staffing pressures being experienced across the Health Board. As already mentioned, July (which shows the peak in short staffing incidents reported) also recorded the peak in pressure damage.

The figures reported whilst high, undoubtedly reflect an under-reporting.

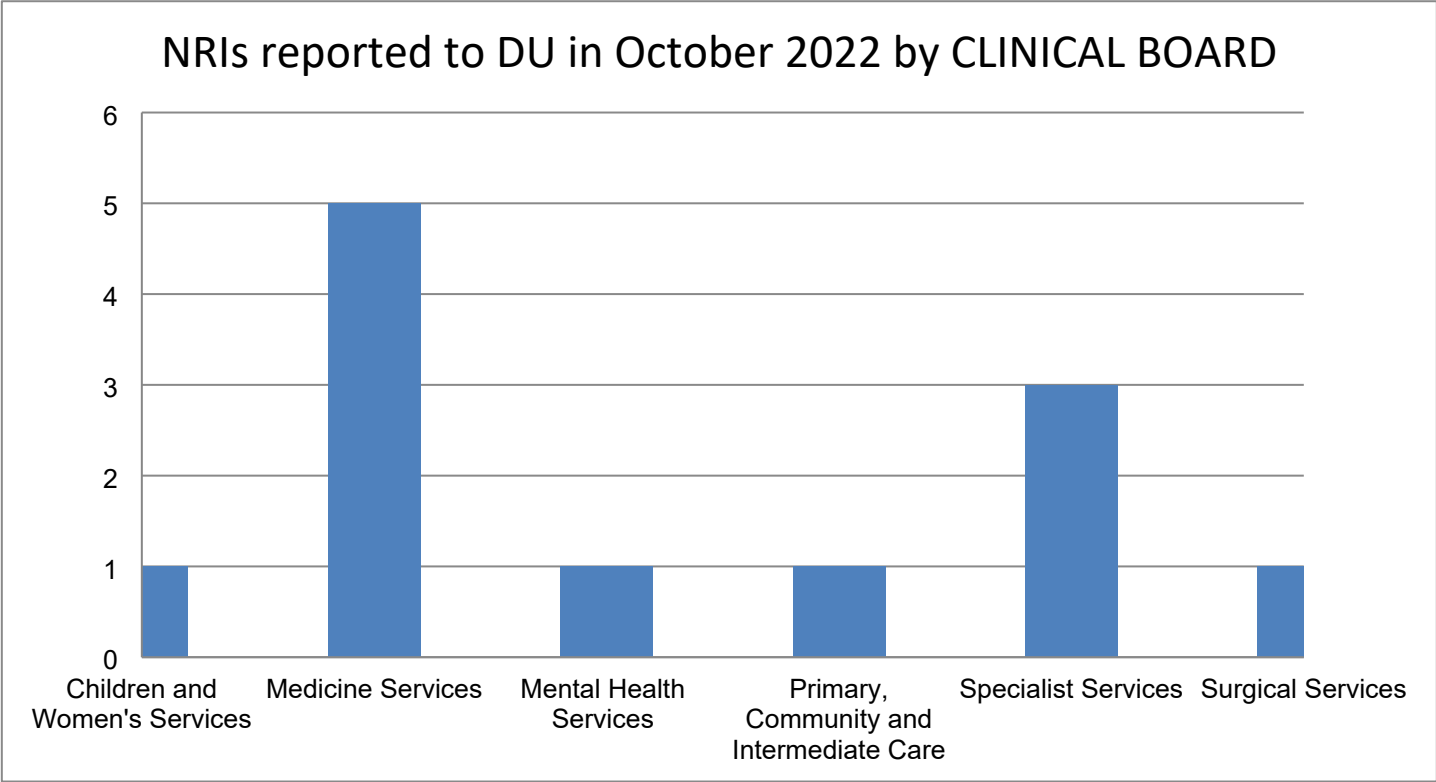


The purpose of Fig 8 was to examine whether there was any correlation between short staffing incidents and pressure damage and falls reporting. Specifically, to examine the theory that short staffing incidents leads to a reduction in falls, as there are not the staff to mobilise the patients, and therefore an associated increase in pressure damage as a result. This is not suggested in Fig. 2 above, however this data does not account for rates per 1000 bed days. July shows a peak in falls at the time when there was also a peak in short staffing incidents. We do know however that staffing is under reported so the true position of staffing may not be determinable from the above.

Nationally Reportable Incidents (NRIs)

The table illustrates performance of Nationally Reportable Incidents until 31st October 2022. The position has improved over the last month, the open NRIs have reduced as have the number of overdue NRIs. In September there were 53 open and 34 overdue, an approximate reduction of 10%. The two areas which have significantly reduced their overdue position are Mental Health, who had 7 overdue NRIs in September compared with 4 as of the end of October and Exec and Corporate, which has reduced from 6 in September to 3 in October, a reduction of 50%. The Exec and Corporate incidents relate to delays in ambulance conveyance (Appendix Bs).

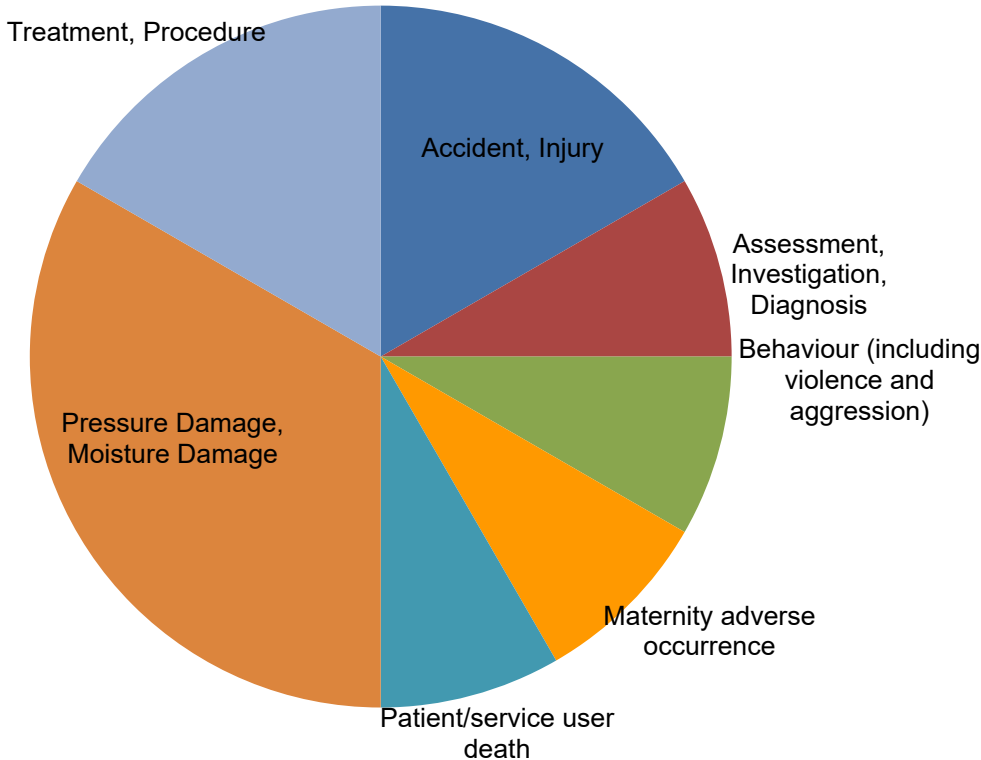
Clinical Board	Open NRIs as of 31.10.22	Overdue NRIs as of 31.10.22
Children and Women	11	5
CD&T	2	2
Executive	4	3
Medicine	9	8
Mental Health	7	4
Surgery	7	5
PCIC	3	2
Specialist	5	0
Total	48	29



Twelve NRIs were reported in October by C&V, compared with six in September.

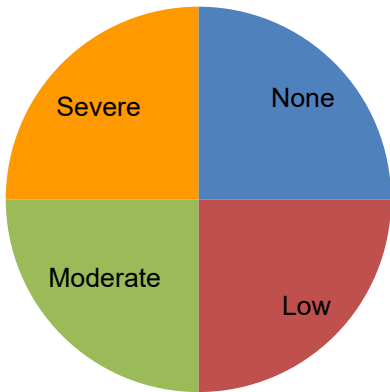
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NRIs reported in October 2022 by Incident Type



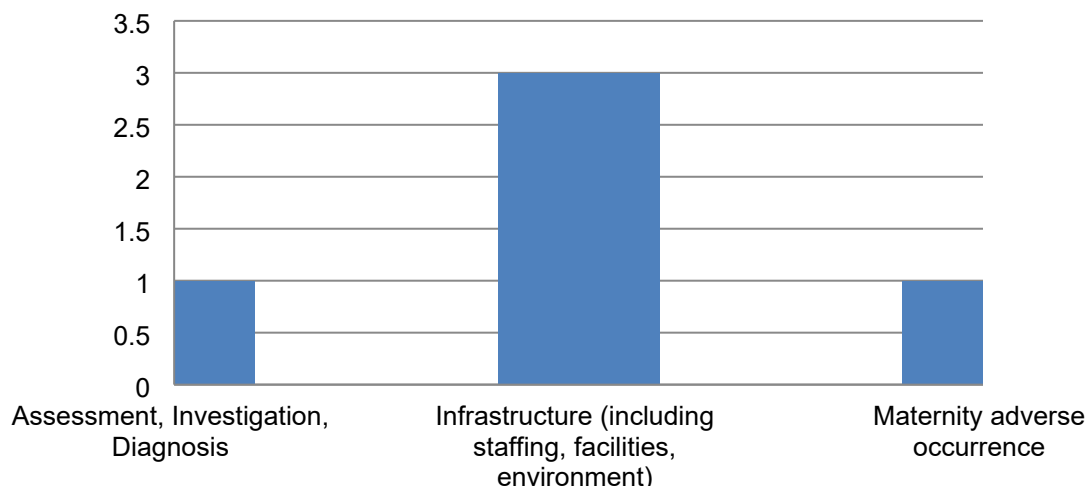
80% of the NRIs reported in September related to care acquired avoidable pressure damage, in October there were more NRIs and a wider scope of incidents reported, 67% of the total were attributable to avoidable pressure damage in October.

NRIs reported in October '22 by Actual Harm



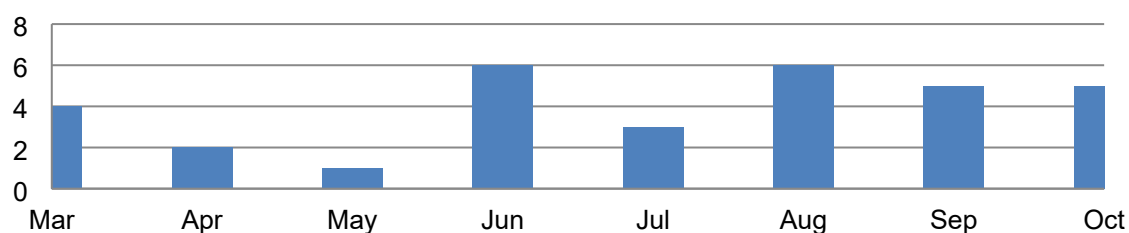
The above shows a more even distribution of assessed harm from the NRI, in September, 50% was attributed to moderate harm, 30% to severe and 20% to low harm.

Early Warning Notifications submitted to WG in October 2022 by Incident Type



The above illustrates the Early Warning Notifications reported to Welsh Government in October by incident type. This is the same number as last month.

Early Warning Notifications submitted to WG (Month)



The above chart shows the number of EWNs submitted to WG by month from March 2022.

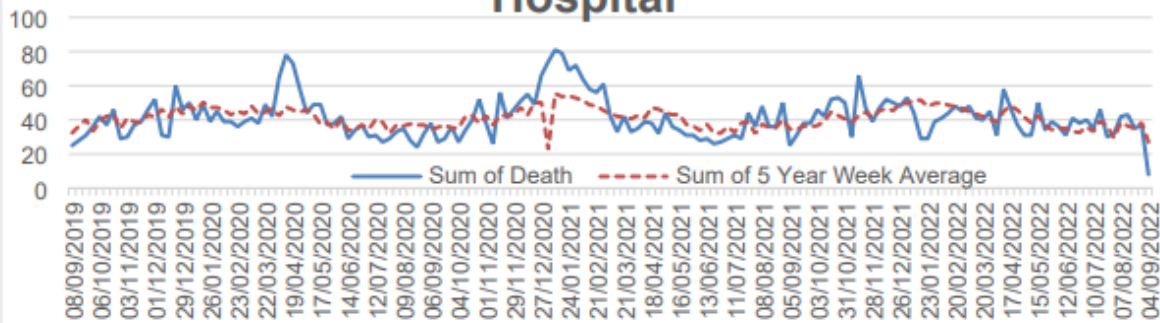
No Never Events were submitted during October 2022.

Mortality

There are a number of ways to measure mortality. Measuring the actual number of deaths over time (crude mortality) supports the monitoring of trends in mortality rates. Figure (14) demonstrates the numbers of inpatient deaths that occur in the Health Board on a weekly basis and compares this measure with the average for the previous 5 years for the same week. The blue line demonstrates a mortality rate that is comparable to the 5-year average for the same reporting week with the exception of March 2020 and December 2020 to February 2021, the first and second waves of covid-19 where inpatient deaths rose above the 5-year average.

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Crude Mortality: Weekly Deaths In Hospital

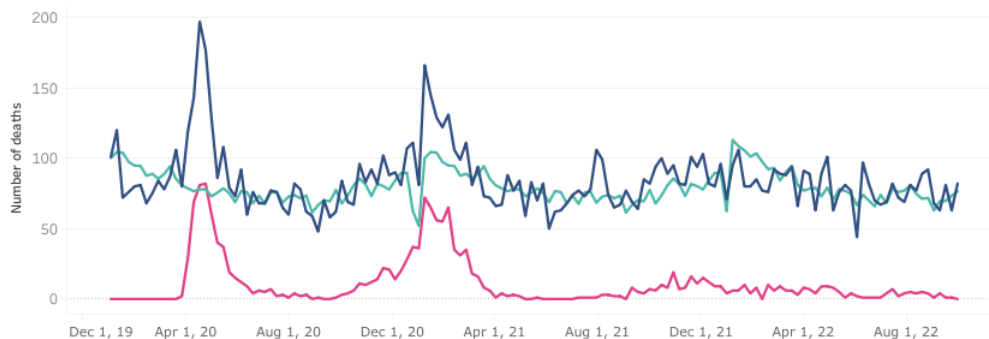


Weekly number of deaths registered, all deaths, COVID-19 deaths (any mention) and 5-year average*, week ending 3 January 2020 (Week 1) to week ending 30 Sep 2022 (Week 39), Cardiff and Vale UHB

Select Wales or Local Health Board

Cardiff and Vale UHB

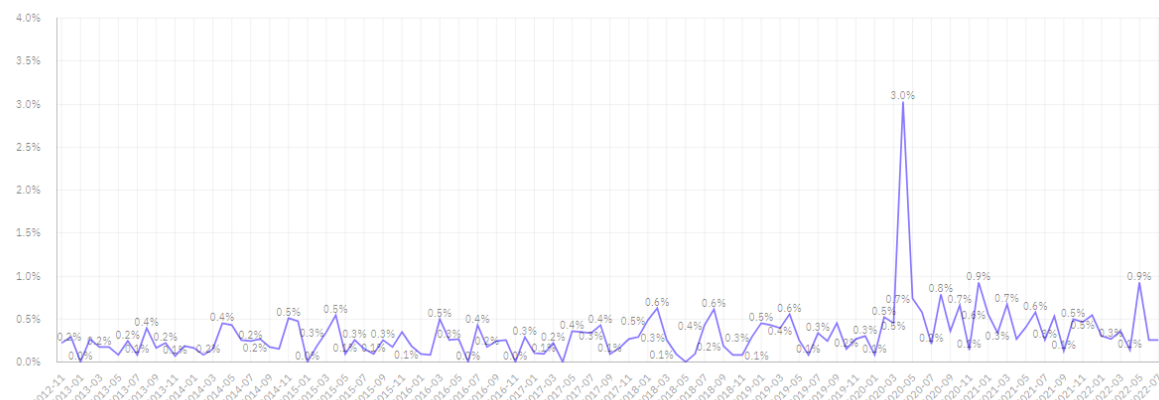
All deaths All deaths - 5-year average COVID-19



Date 1/3/2020 9/30/2022

Mortality in under 75-year olds with elective admission shows a consistent rate with the COVID exception.

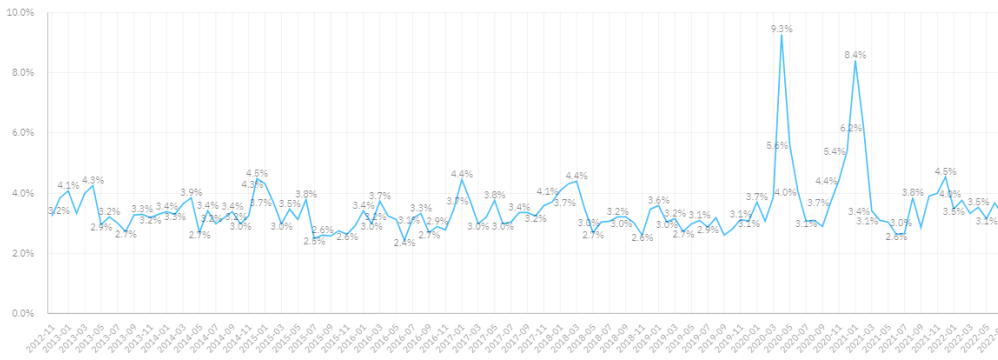
Mortality Age Under 75 (Elective Admission)



Similarly, the mortality within 30 days of emergency admission shows a consistent rate COVID notwithstanding.

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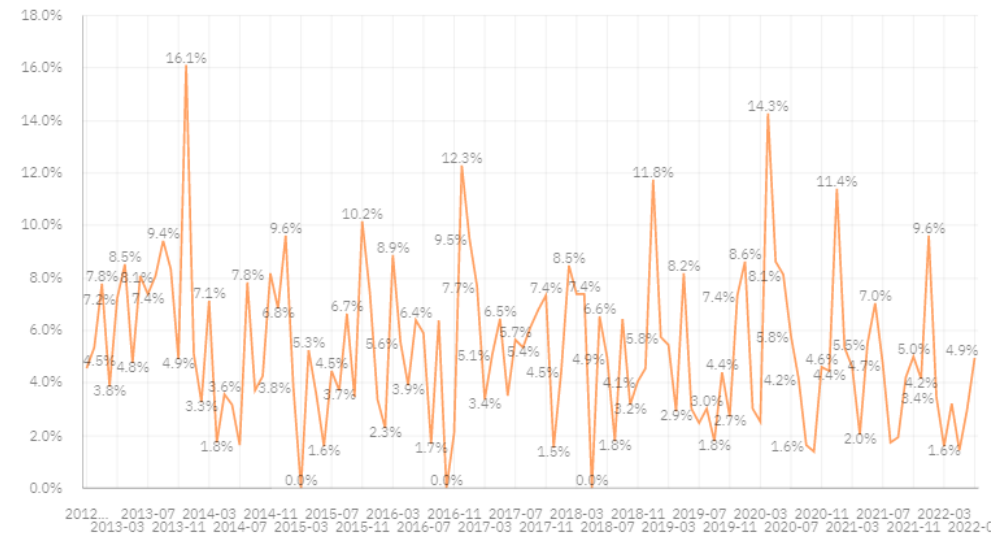
Mortality within 30 days of Emergency Admission



Condition specific mortality is an acceptable form of assurance. Commonly, mortality within 30 days of emergency admission for fractured neck of femur, heart attack and stroke are used.

Figure below shows mortality from fractured neck of femur within 30 days of admission

FNOF - Mortality within 30 days of Emergency Admission



The chart below shows Cardiff and Vale with the blue dot compared to peers

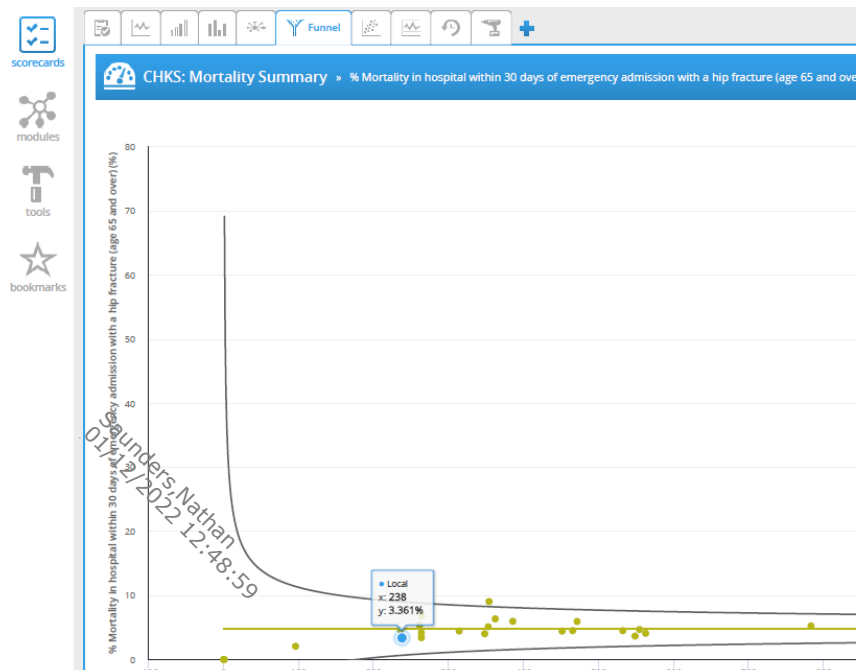
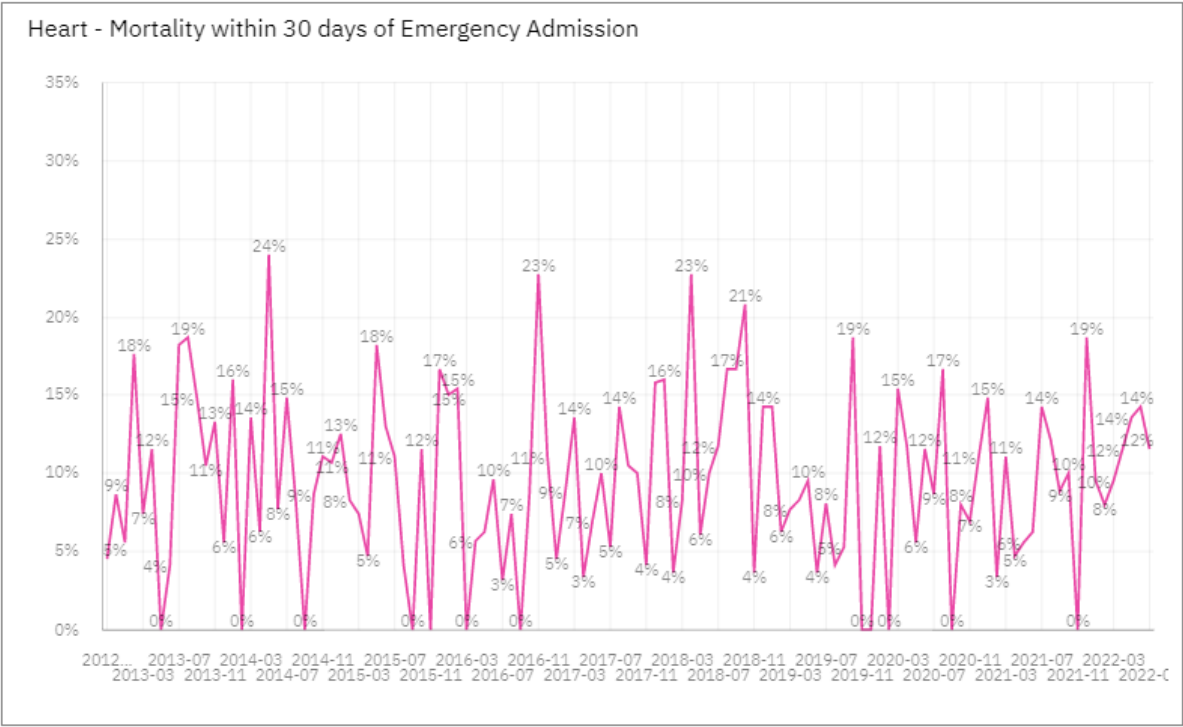
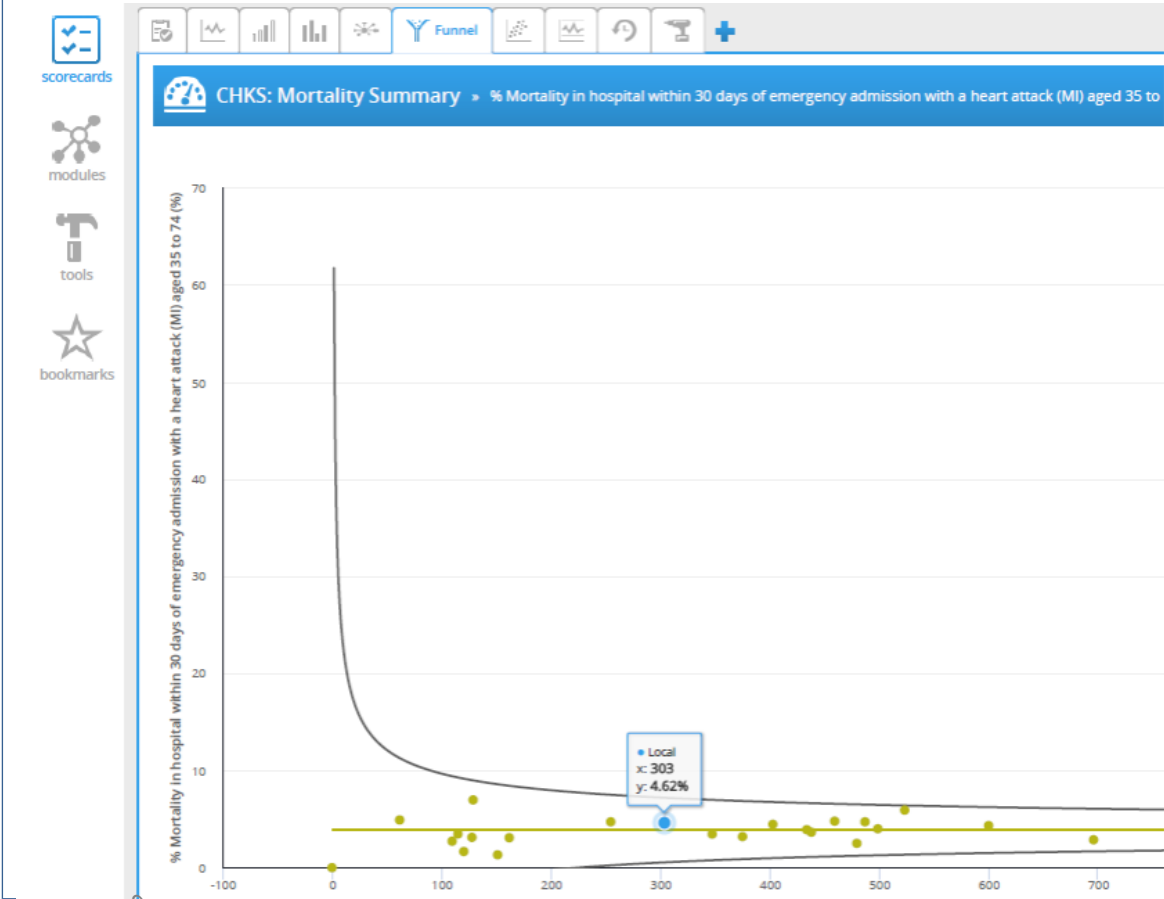


Figure below shows mortality from heart attack within 30 days of admission



Performance compared to peers. Cardiff and Vale performance (blue dot) against peers.



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Stroke - Mortality within 30 days of Emergency Admission

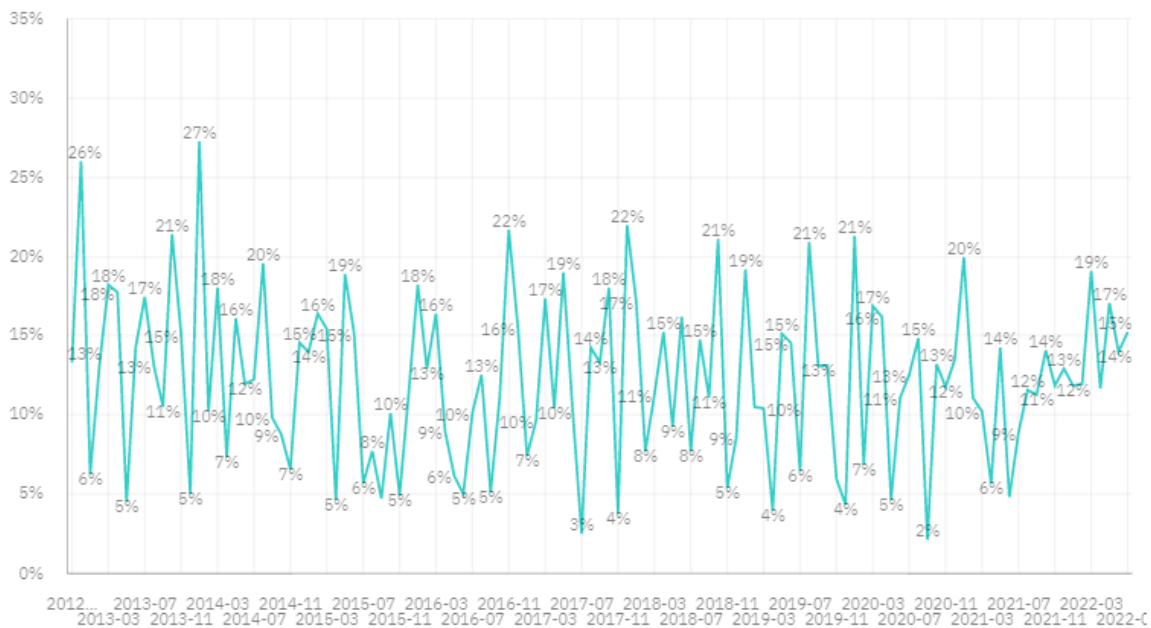
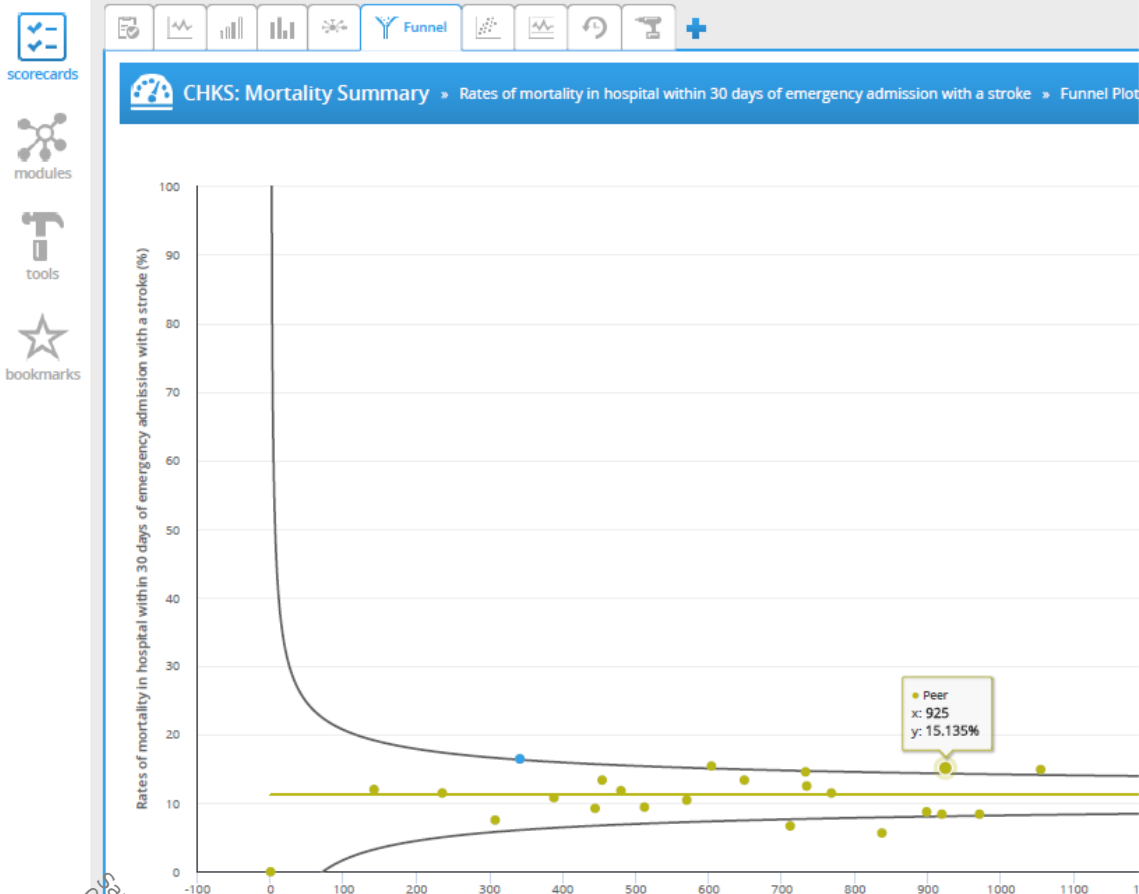
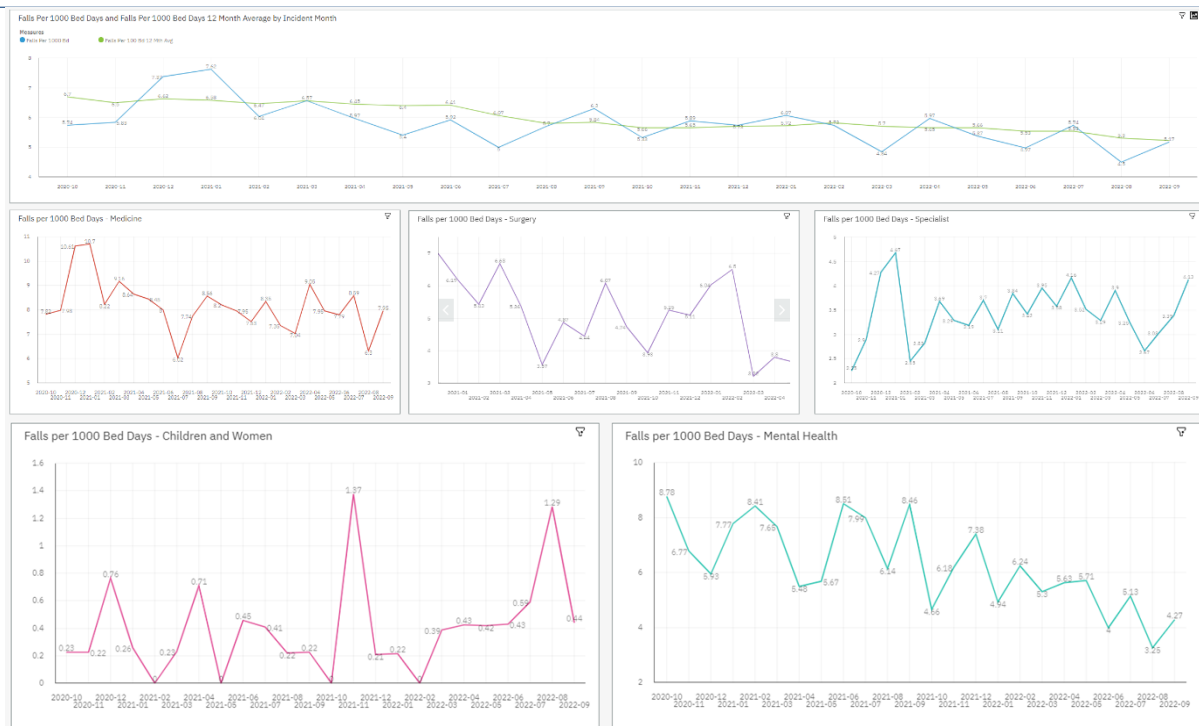


Figure ABOVE shows mortality within 30 days of emergency admission for stroke and figure below shows comparison with peers



Falls

Figure xx below shows inpatient falls per 1000 occupied bed days with the rolling annual falls per 1000 bed days showing a sustained reduction. Most clinical boards show normal variation in falls but Mental Health Clinical Board shows statistically significant reduction.



All serious and catastrophic injurious hospital falls are reviewed by a multi-professional panel to identify modifiable factors that could have prevented the fall. Learning, including good practice, is fed back to the individual reporting teams and high-level lessons learnt are shared in an infographic.

Infection Control

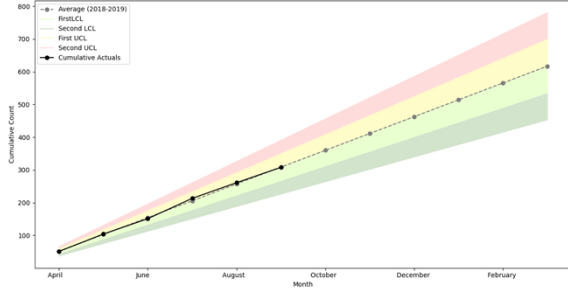
Hospital Infections – the grouped total Cdiff, Ecoli, MRSA and MSSA infections, is showing no in-year improvement against the 2018/2019 baseline. However, Ecoli, MRSA and MSSA are demonstrating an in-year improvement, whereas Cdiff in-year has increased, compared to baseline of December 2018.

Cdiff rates were observed to be high across the UK after the first and subsequent waves of Covid, all community cases are now subject to investigation to understand the cause of the infection.

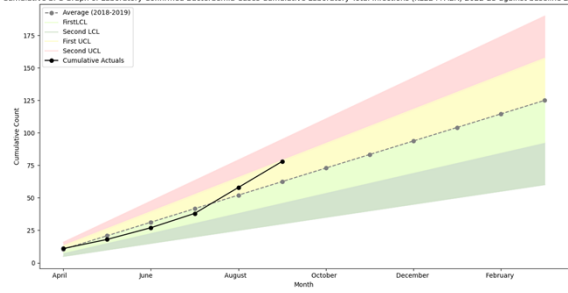
There has been significant investment in the IP&C team in the past 2 years, which has enabled increased audit and review of infections and supports a bespoke approach to supporting wards and primary care reviews.

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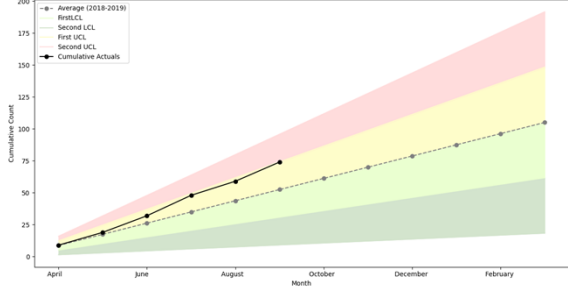
Cumulative SPC Graph of Laboratory Confirmed Bacteraemia Cases Cumulative Laboratory Total Infections (CDIFF+MRSA+MSSA+ECOL) 2022-23 against baseline 2018-2019



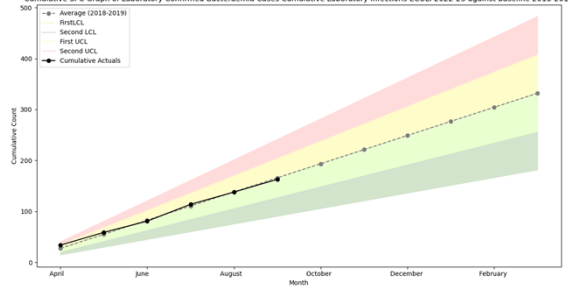
Cumulative SPC Graph of Laboratory Confirmed Bacteraemia Cases Cumulative Laboratory Total Infections (KLEB+PAER) 2022-23 against baseline 2018-2019



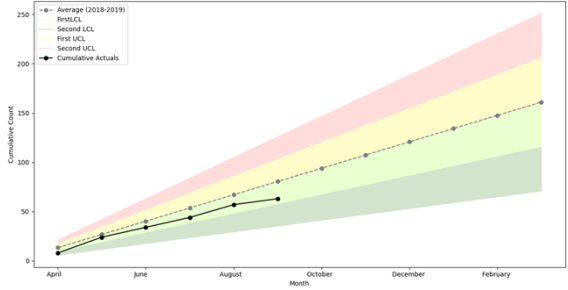
Cumulative SPC Graph of Laboratory Confirmed Bacteraemia Cases Cumulative Laboratory Infections Cdiff 2022-23 against baseline 2018-2019



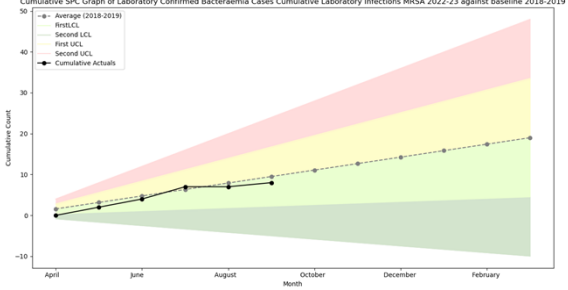
Cumulative SPC Graph of Laboratory Confirmed Bacteraemia Cases Cumulative Laboratory Infections ECOLI 2022-23 against baseline 2018-2019



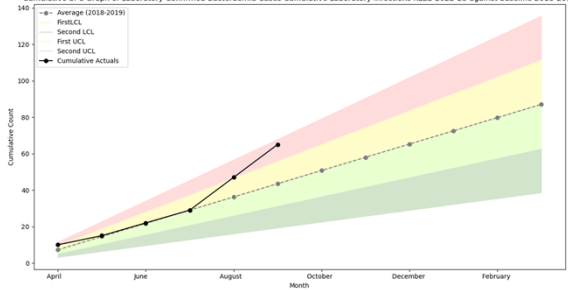
Cumulative SPC Graph of Laboratory Confirmed Bacteraemia Cases Cumulative Laboratory Infections MSSA 2022-23 against baseline 2018-2019



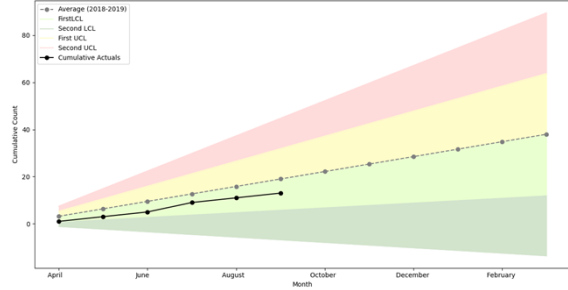
Cumulative SPC Graph of Laboratory Confirmed Bacteraemia Cases Cumulative Laboratory Infections MRSA 2022-23 against baseline 2018-2019



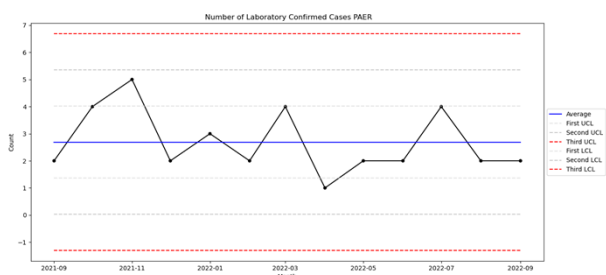
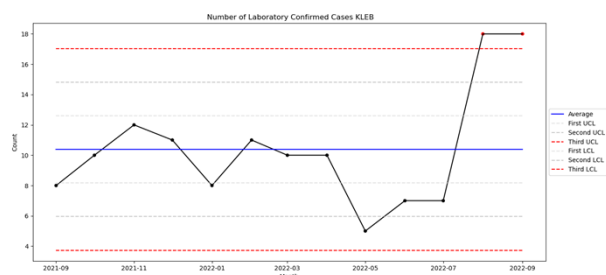
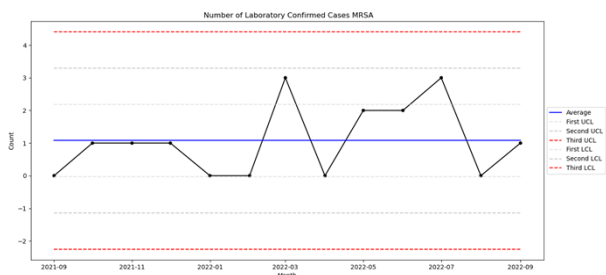
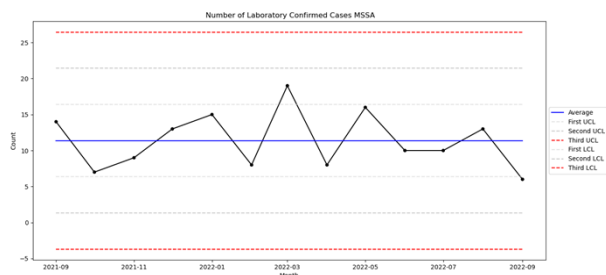
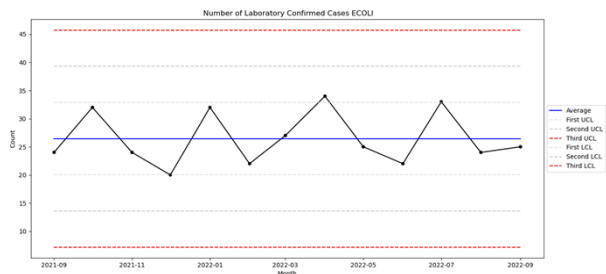
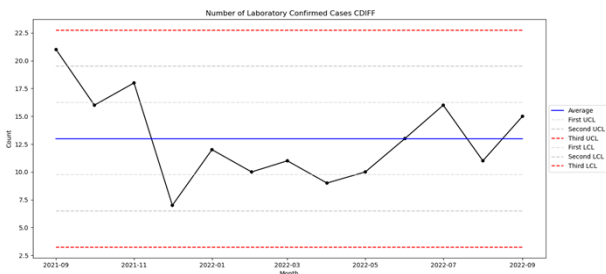
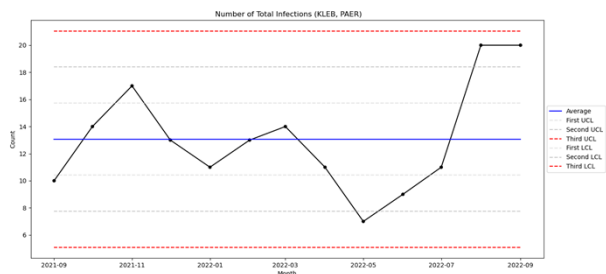
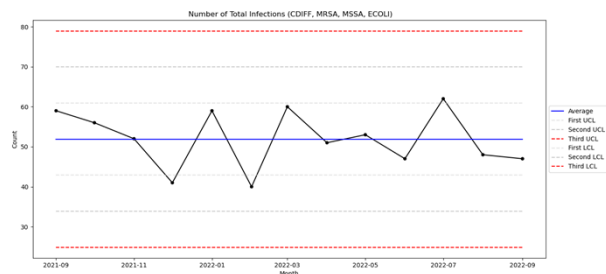
Cumulative SPC Graph of Laboratory Confirmed Bacteraemia Cases Cumulative Laboratory Infections KLEB 2022-23 against baseline 2018-2019



Cumulative SPC Graph of Laboratory Confirmed Bacteraemia Cases Cumulative Laboratory Infections PAER 2022-23 against baseline 2018-2019



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Actions to progress the improvement trajectory

- Weekly Cdiff/SAUR meeting with IP&C, Micro, AMR specialist pharmacists ongoing
- Plan to reinstate MDT review rounds with the above
- MRSA RCA review meetings with the EMD, EDON, IP&C and clinical teams
- IP&C audit plan for 2022/23 includes increased audits of PCV/CVC bundle compliance and insertion pack usage
- ICNET SSI surveillance to begin within the next month
- Working with clinical teams to further standardise products/procedures including IV access teams
- Regular audits of clinical environments and equipment
- Working with Capital/Estate/Facilities teams to improve clinical environments
- Build on the existing Education programme to widen staff groups included

PEOPLE/WORKFORCE

The Executive Director of People and Culture provides regular workforce metrics updates to the Board and an overview report demonstrating progress with the People & Culture Plan.

- **Turnover** rates peaked in May 22, at 13.65% UHB wide. The turnover rates have fallen slightly each month since then; the rate at September 22 is 13.37%. There has been a net 1.45% increase in turnover during

the last 12 months, which equates roughly to an additional 189 WTE leavers. A healthy turnover rate is reported to be between 7% - 9%. The top 5 reasons recorded for leaving are; 'Voluntary Resignation - Other/Not Known', 'Retirement Age', 'End of Fixed-Term Contract', 'Voluntary Resignation – Relocation' and 'Voluntary Resignation - Promotion'.

- **Sickness Absence** rates remain high; the monthly sickness rate for September is 6.36%. Whilst the trend for the past three months is downwards the current rates are significantly higher than normal for this time of year. The cumulative rate has fallen slightly during the last two months, to 6.84% for September; this figure is derived from absence over the last 12 months.

The top 5 reasons for absence for the past 12 months are; 'Anxiety/stress/depression/other psychiatric illnesses', 'Chest & respiratory problems', 'Cold, Cough, Flu – Influenza', 'Other musculoskeletal problems' and 'Other known causes - not elsewhere classified'

The number of staff on long term sick leave suffering where the absence reason has been identified as 'Anxiety/stress/depression/other psychiatric illnesses' has reduced. On 31/03/22 there was 284 and as at 30/09/22 there were 234 (a reduction of 50 – 17.61%). There are 88 staff on long term absence where Covid-19 has been identified as a related reason.

- Statutory and Mandatory training compliance rate for September was 73.51%, 11.49% below the overall target (85%). It is likely that operational pressures continue to adversely affect compliance.
- Compliance with Fire training has fallen in September, down to 61.88%.
- The trend of the rate of compliance with Values Based Appraisal (VBA) has risen over the last three months; the compliance at September 2022 was 41.81%. Clinical Boards have been challenged to improve the compliance with VBA to 65% by March 2023, then a further improvement to 85% by the end of June 2023.

Appendix 1 - Workforce Key Performance metrics dashboard for September 2022.

Summarised below are a few examples of what the team have been working on since the previous Board report:

Improving the health & wellbeing of our staff

- The programme of Inner Wellness webinars concluded in September. The attendance at the three sessions was excellent, 470 people in total. Initial feedback has been positive and further evaluation will now take place.
- Five Wellbeing retreats have taken place since July 2022 with 47 individuals from medical workforce accessed the opportunity. Feedback gathered from The Fathom Trust has been incredibly positive and following session six in October 2022, a local evaluation will take place, including questionnaires and focus groups to ascertain the impact of the opportunity.
- MedTRIM Practitioner Training will start in October 2022 with over 70 people signed up to develop their peer support skills. This pilot is being developed in Nephrology and Transplant.
- Two clinical leads for Schwartz Rounds have been nominated, the final lead will be confirmed in October followed by establishing training dates for the Leads and Steering Group.
- Staff Wellbeing Framework development has commenced with a benchmarking exercise and collaboration with TU Partners. Options will be considered by the Strategic Wellbeing Group in December 2022.
- Cost of living web-pages for staff have been developed which includes signposting to MoneyHelper, an advice and guidance provider recommended by Welsh Government.
- An 'Ask Suzanne and Rachel' session took place on the 7th October focusing on Cost of Living. Suggestions have been gathered from attendees for consideration.
- Roadshows are in development to advise, guide and gain feedback on cost of living. These will take place in November 2022 and visit sites across the UHB.
- The staff room refurbishment work has continued with the community areas scheduled for completion by the 7th Oct. This will be the end of the extensive project, refurbishing over 30 staff areas, which has been managed by colleagues in CEF.

Enhancing the way we engage and listen to our teams

- Analysis of the Winning Temp data, Wellbeing Survey and the SMSC Survey is taking place in October 2022 to triangulate the findings, identify themes and make recommendations. Individual analysis of the different engagement mechanisms is also being used to inform key pieces of work around retention and wellbeing.

- To date the Winning Temp Platform has had 887 responding users, giving a participation rate of 13% over the past 3 months. Highest scoring areas of engagement include Team Spirit, Self-Leadership and Commitment; lowest scoring areas include Work Situation, Job Satisfaction and Sustainability.
- People and Culture Roadshows in development for November to listen to, support and signpost staff around cost of living, wellbeing, HR queries etc.
- Continue to listen to, support and grow staff networks, including assisting in the planning and delivery of One Voice Awareness Sessions, planned for October during Black History Month.
- LGBTQ+ Network established a new committee in September, including a new Chair.
- CAVUHB Anti-Racist Action Plan Steering Group has been established with support from networks and trade union partners, first session scheduled for October.
- Board development sessions around Race commenced in August with a powerful presentation from a colleague on Representation. Further sessions to be delivered by Race Equality First and co-designed with the One Voice Network in October and December.

Improving the way, we attract, recruit and retain

- A further 4 Widening Access events with schools were held during September and early October to promote NHS careers. This takes the total to 43 since February 2022.
- Attended School Business Forums in partnership with Cardiff Commitment to promote the UHB to the next generation of UHB Staff.
- During September to November, the UHB will have 44 Overseas Nurses and around 190 newly qualified nurses start employment with the UHB.
- The People Resourcing Team have participated in 3 Afghanistan and Ukrainian Refugee careers events. We have secured placements for Doctors, Radiographers & Pharmacists within the UHB to gain NHS experience and support them in their UK Registration.
- Attended a "Work that Works for everyone" network event to share best practice in recruiting refugees and how we can do better.
- 6 Project Search Interns obtained permanent roles following completion of their course. 51 Kickstarter have now secured permanent employment since the launch of the scheme.
- Further work has been undertaken with the Temporary Staffing Department to support and streamline recruitment, invoicing and governance issues.
- Implemented the new recruitment modernisation process and digital ID checks to facilitate shorter times to recruit new staff.
- Undertook a shift authorisation process review at ward level and implemented a UHB wide simplified and consistent process to reduce delays in payments to agencies.
- The Workforce Hub has been re-introduced to identify and recruit the staffing resource required to open the additional winter capacity.

Improving workforce efficiency through systems and people analytics

- Safe Care will be live from December 2022 in four pilot areas across the UHB. The e-rostering team will be working closely with the Senior Nurse Lead to ensure staff in these areas are appropriately trained and supported.
- The procurement process for an e-rostering system for Medical and Dental staff has commenced.
- A programme of work has and will continue to be undertaken to improve the capture of equality and welsh language data in ESR.
- There has been a marked improvement in the way Managers/Leaders are utilising data to make informed decisions and improvement trajectories.
- The People Analytics team are working with managers to improve the accuracy of data in ESR, next month ESRGO will be added to the HealthRoster system which will drive the accuracy of data in ESR. Managers will need to make changes in ESR before they can effectively roster their teams, e.g. if a Nurse moves to another ward a Payroll Instruction Form (PIF) will need to be completed.

Offering excellent education, learning and leadership development

- Second Cohort of Royal College of Nursing Cadets has been recruited to, with 40 places filled. Cohort will commence in 2023.
- 388 Nurses that joined us via the International Nurse Recruitment campaign have now achieved registration.
- Funding secured from HEIW for a six-month 8a Practice Learning Lead. This role will help improve the nursing and midwifery student experience and enhance placement learning.
- Funding secured from HEIW to support a part-time Band 7 Facilitator (Midwifery).

- First cohort of Assistant Practitioners in Peri-Operative Care have completed their Level 4 qualification and will now move into the Band 4 Assistant Practitioner role.
- Extended HCSW induction programme launched which will support mass recruitment.
- Acceler8 Cohort 1 was completed in September 2022. The programme has evaluated very positively and the members of Cohort 1 have now joined the Leadership Alumni with Climb Delegates and will meet the Chief Executive in January 2023.
- Acceler8 Cohort 2 commenced in September 2022 with 16 delegates from a range of roles and professions. Professor Uzo Iwobi OBE attended Module 1 to tell her leadership story and engage the cohort in conversations around diversity, inclusion and equity.
- Collabor8 leadership programme will commence in October 2022. This provides a stepped approach to leadership development by providing the step before the Acceler8 Senior Leadership Programme.
- Collaboration with the Innovation team and Change Hub continues to ensure pathways between programmes (Climb; Acceler8; Collabor8), and to support co-design and delivery.
- Series of leadership and management masterclasses / bite size sessions being developed to support the need identified over Winter.

Future updates

Over the winter months the People and Culture Team will be focusing on the 'Main Effort' and the team will be aligned to the following UHB priorities and the People and Culture Plan:

- Wellbeing (including cost of living support)
- Recruitment
- Retention
- Workforce Planning

In addition to these areas, the People Services Team will be supporting managers with operational matters, e.g. Employee Relations, Managing Attendance, Change Management, Terms & Conditions, etc.

The next report will focus on progress against the above.

OPERATIONAL PERFORMANCE

System wide operational pressures have continued and we are still seeing access or response delays at a number of points across the health and social care system. Updates with regards to specific service areas are contained within the relevant sections.

There has been no change to national requirements for performance and waiting list reporting and published information since the last Board meeting. The revised NHS Performance Framework for 2022/23 was issued in June 2022, reflecting some of the Ministerial priorities outlined in national plans. Board reports will continue to update on two specific planned care ministerial ambitions – elimination of > 52 weeks new outpatients by the end of December 2022 and elimination of > 104 week waits for all stages of pathway in most specialties by the end of March 2023.

Emergency & Urgent Care

Attendances at the Emergency Unit have increased since the first Covid wave but remain lower than previous years. Performance against the 4-hour standard, 24-hour EU waits, 12-hour trolley waits and ambulance handover times are shown in the balanced scorecard.

The challenging position across the urgent & emergency care system as verbally reported at previous Board meetings has continued. There are two main factors which continue to combine to cause current difficulties. The first is the very high levels of adult bed occupancy, which is predominantly driven by the number of patients who are delayed transfers of care (DTOC) and the continued challenge in our ability to achieve timely discharge and create flow for the Emergency Unit.

The second is the sustained workforce challenges which is being driven by the high number of escalation beds that are open to support the DTOC levels, the number of trained nurse vacancies and our high sickness absence rate.

Despite the challenging position, there has been a renewed focus on ambulance handover which has led to an improvement in the volume of crews waiting greater than 4 hours to handover, reducing the number from 230 in September to 100 in October.

At the time of writing, the UHB had 107 Covid positive inpatients across its two acute hospital sites.

In order to address the current pressures and improve the operational performance for our patients, a number of plans, in conjunction with its Local Authority and WAST partners, have been brought together into an overall Winter Plan for the Health Board to bridge the anticipated gap in capacity this winter.

Fractured Neck of Femur

Performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) has been poor. In September 2022, 1% of patients were admitted to a specialist ward with a nerve block within 4 hours. This is the same performance as the preceding 3 months but a reduction from 2.5% in September 2021 and below the national average of 7% over the last 12 months. In September, 54.3% of patients received surgery within 36 hours, this is reflective of the general trend during 2022 but a reduction when compared to September 2021 performance (65.0%) and below the national average of 66% over the last 12 months.

Improvement plans for frailty hip fracture include the implementation of a rapid, straight to ward, fractured neck of femur pathway which was launched on 10th October. Additionally, a pilot of ambulance direct referrals will commence on 1st November.

Stroke

Stroke performance is below the standards in the Acute Stroke Quality Improvement Measures and The Sentinel Stroke National Audit Programme (SSNAP). In September 0.0% patients were thrombolysed within 45 minutes of arrival, the All Wales average was 17.5%. The percentage of CT scans that were started within 1 hour in September was 38.2%, the All Wales average was 52.0%. The percentage of patients who were admitted directly to a stroke unit within 4 hours was 20.8% in September, the All Wales average was 19.9%. A number of improvements to the stroke pathway are now being implemented including increased Clinical Nurse Specialists during out of hours, additional middle grade medical cover for the Emergency Unit and ringfencing of additional stroke beds to deploy the pull model from ED effectively.

Cancer

Cancer performance remains significantly below the Single Cancer Pathway (SCP) standard, September saw a small 2.7% improvement compared with August with 42.8% of patients receiving treatments within 62 days, this is still markedly under the 75% standard. At the time of writing there are 2653 suspected cancer patients on a single cancer pathway, of which 491 have waited over 62 days. There have been a number of actions taken to improve the oversight and operational grip of the process for overseeing patients and a cancer summit has taken place with the tumour group leads and operational teams to understand the demand (referrals for patients with suspected cancer have now exceeded pre-Covid levels), the causes for delay in the 62-day pathway and what actions are required to reduce the delays experienced by our patients. There is an ongoing Demand and Capacity exercise and analysis of monthly breach reports to inform our management of these pathways going forward.

Planned Care

The total number of patients waiting for planned care and treatment, the **Referral to Treatment (RTT)** waiting list was 128,179 as at September 2022. The tail of this waiting list breaks down as follows:

- Patients over 156 weeks – September – 619
- Patients over 104 weeks - September – 7,038
- Patients over 52 weeks – September – 28,800

The number of patients waiting for planned care and treatment **over 36 weeks** has decreased to 42,992 at the end of September 2022. 55% of these are at New Outpatient stage.

The overall volume of patients waiting for a **follow-up outpatient** appointment at the end of September 2022 was 183,614. 98.7% of patients on a follow up waiting list have a target date, above the national target of 95%. The number of follow-up patients waiting 100% over their target date has increased to 46,015.

95% of patients waiting for **eye care** had an allocated health risk factor in September 2022. 65.9% of patients categorised as highest risk (R1) are under or within 25% of their target date.

Ministerial Measures:

Weekly tracking of delivery against the following ministerial priorities is established. The health board remains on track to deliver against trajectories shared with the NHS Wales Delivery Unit.

Measure	WG ambition	IMTP commitment	Trajectory shared with DU	April	May	June	July	August	September
Number of patients waiting over 52 weeks for a new outpatient appointment	0 (end of December 2022)	20,235 (end of December 2022)	15,723 (end of December 2022)	15,588	15,810	16,272	16,584	16,179	15,291
Number of patients waiting over 104 weeks for treatment (all stages)	0 (end of March 2023)	750 (end of March 2023)	6415 (end of March 2023)	9,066	8,820	8,300	8,308	7,687	7,038

Where we are not able to deliver against the 104-week ambition, we are committed to eliminating 3 year waits in these specialties by March 2023. We have some further work to do to give full assurance on this for all specialties. The reduction in this 3 year wait cohort is tracked on a weekly basis and reported monthly:

Cohort	June	July	August	Sept
Number of patients who will have waited more than 156 weeks for treatment (all stages) by end of March 2023	6,898	6,191	4,995	4,108

Diagnostics

The volume of greater than eight-week **Diagnostic** waits has increased to 4,088 at the end of September from 3563 in August 2022. The number patients waiting over 14 weeks for **Therapy** reduced to 1,328 from 1,962 in August, as reported at the September Board Meeting.

Mental Health

Demand for adult and children’s Mental Health services remains significantly above pre-Covid levels, with referrals for the Local Primary Mental Health Support Service (LPMHSS) at 1,094 referrals in August 2022. As highlighted at the previous Board meetings, this demand increase includes an increased presentation of patients with complex mental health and behavioural needs.

Significant work has been undertaken to improve access times to adult primary mental health and CAMHS services. Part 1a: The overall percentage of Mental Health assessments undertaken within 28 days increased to 97.0% in August 2022, CAMHs performance was 82.9%. Part 1b: 94% of therapeutic treatments started within 28 days following assessment at the end of August 2022.

Primary Care

The Health Board was 38% compliant in September 2022 against the standard of 100% for ‘Emergency’ GP OOH patients requiring a home visit within one hour, with 3 of 8 patients receiving their visit with one hour.

No GP OOH patients required an ‘Emergency’ appointment at a primary care centre in September.

Pressure has continued within GMS. There were 12 reporting either level 3 or 4 escalation at the time of writing the report. The 2 GMS contract resignations have been effectively managed by the primary care team. General Dental services were operating at around 58% of pre-Covid activity in September. Optometry is operating at pre-Covid levels. Community pharmacy has remained open with no issues reported.

FINANCE

How are we doing?

The Health Board agreed and submitted a final financial plan to Welsh Government at the end of June 2022. The final plan is structured in three parts in line with Welsh Government guidance as follows:

- Core Financial Plan including recovery
- National inflationary pressures which are out of the direct control of individual Health Boards.
- Ongoing COVID response costs.

The UHB’s core plan incorporated: -

- Brought forward underlying deficit of £29.7m
- Allocations and inflationary uplifts of £29.8m
- Capped cost pressures and investments of £36.9
- A £16.0m (2%) Initial Savings programme
- £3.7m Further Financial Recovery Actions (£3.4m Savings & £0.3m reduction in Investments)

This results in a 2022-23 planning deficit of £17.1m.

Reported month 6 position

The Welsh Government monthly financial monitoring returns capture and monitor costs due to COVID 19 and exceptional cost pressures that are over and above LHB core plans. The financial position reported to Welsh Government for month 6 is a deficit of £12.807m and this is summarised in Table 1.

Table 1 : Month 6 Financial Position

	Month 6	Forecast Year-End Position £m
COVID 19 Additional Expenditure	30.441	60.004
Exceptional Inflationary Pressures	8.620	22.098
Gross additional COVID and Exceptional Inflationary Pressures £m	39.061	82.102
Welsh Govt. Funding for additional COVID and Exceptional Inflationary Pressures	(39.061)	(82.102)
Planned deficit	8.550	17.100
Winter Plan Additional Authorised Expenditure	0.000	2.750
Operational position (Surplus) / Deficit	4.257	0.000
Financial Position £m (Surplus) / Deficit £m	12.807	19.850

The month 6 deficit of £12.807m comprised of the following:

- £8.550m planned deficit (6/12th of £17.100m);
- £4.257m adverse variance against plan.

The UHB plans to recover the adverse operational variance of £4.257m at month 6 as the year progresses. The forecast year end position is a deficit position of £19.850m which is comprised of the initial planning deficit of £17.1m plus an additional £2.750m of expenditure authorised in respect of the UHBs Winter Plan.

In line with the draft financial plan, the UHB expects Welsh Government funding to provide full cover for additional costs in relation to the management of COVID and exceptional cost pressures. At month 6, the UHB is projecting additional expenditure due to COVID-19 including local response and national programmes, to be £60.004m. The exceptional inflationary pressures in relation to Energy, the NI Levy and the Living Wage are forecast to be £22.098m.

Savings Programme

Delivery of the core financial plan includes a £19.400m savings requirement. At month 6, the UHB had identified £17.457m of green and amber schemes to deliver against the final £19.400m savings target leaving a further £1.943m schemes to identify. £12.088m recurrent schemes were identified against the £15.400m recurrent element of the target leaving a further £3.312m to find.

Underlying deficit position

The UHB’s accumulated underlying deficit brought forward into 2022/23 was £29.7m which reflects the £21.3m shortfall against the recurrent 2020/21 savings target due to the pandemic and the £4.4m shortfall against the 2021/22 recurrent savings target. Delivery of the UHB’s financial plan which includes a £15.4m recurrent savings target, will ensure that the underlying position does not deteriorate in 2022/23 and reduces to £20.0m.

Creditor payment compliance

The UHB’s public sector payment compliance performance was 93.9% at the end of September, which is just below the target of 95%.

Remain within capital resource limit

The UHB’s approved annual capital resource limit was £45.404m at the end of September 2022. Net expenditure to the end of September was 27% of the UHB’s approved Capital Resource Limit and all schemes were classified as low risk.

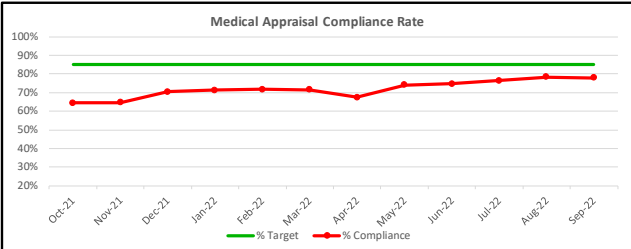
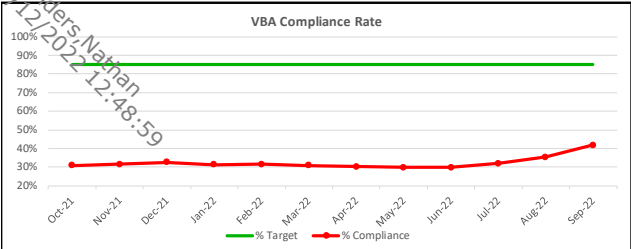
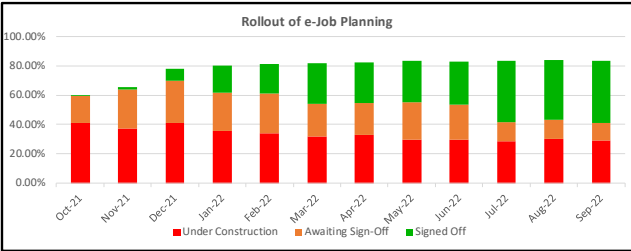
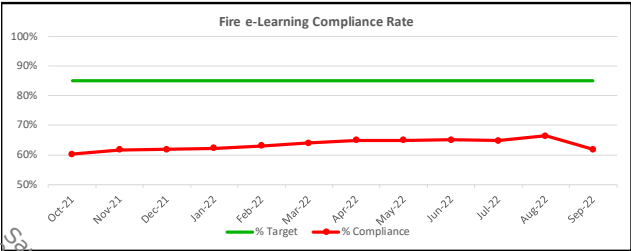
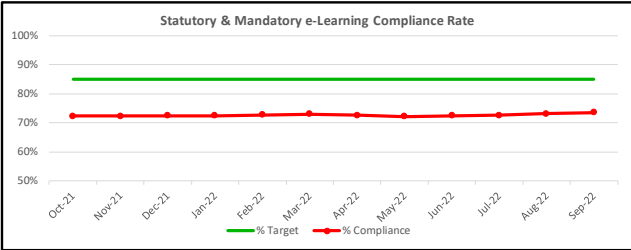
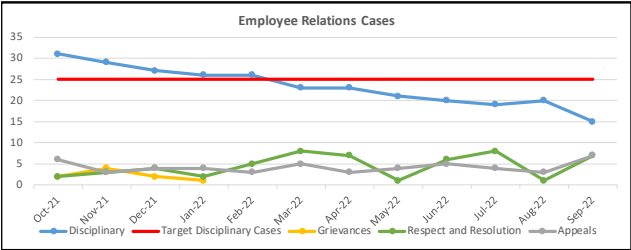
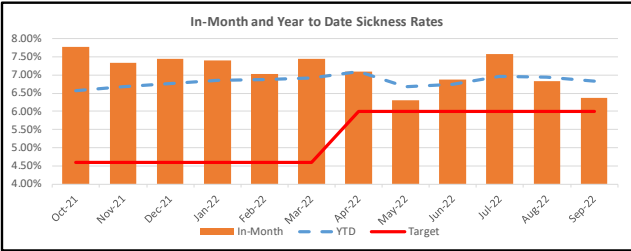
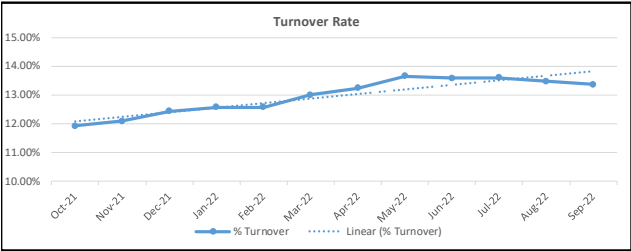
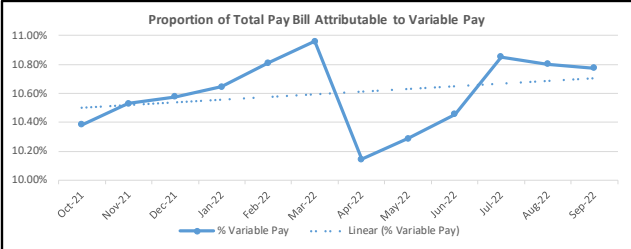
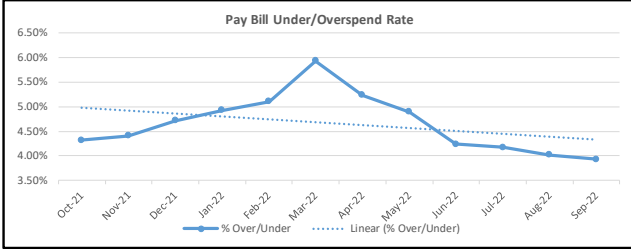
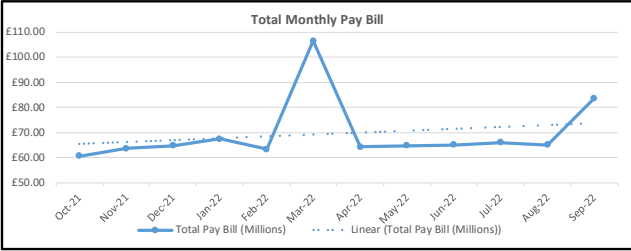
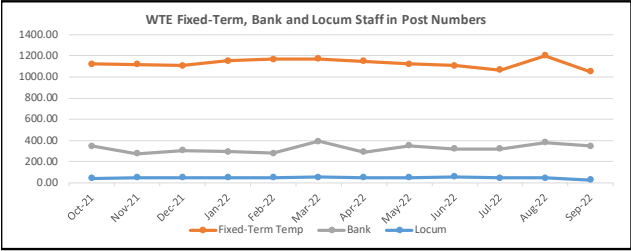
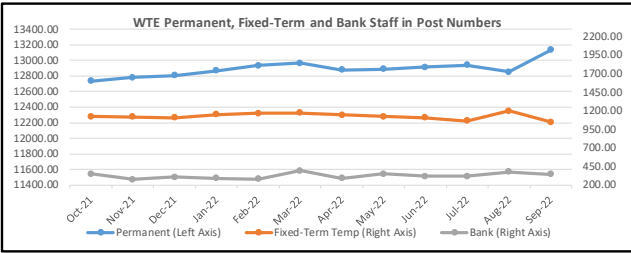
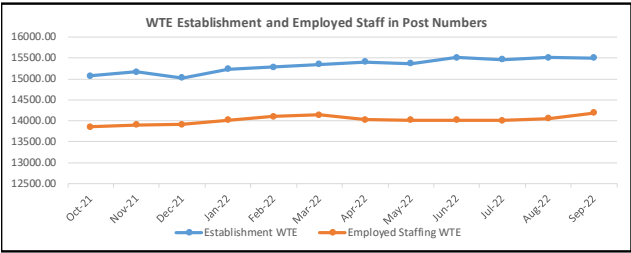
What are the UHB’s key areas of risk?

The key risk which feeds the UHB Corporate Risk Register is the failure of the UHB to deliver a breakeven position by 2022-23-year end with a current planned deficit of £17.1m.

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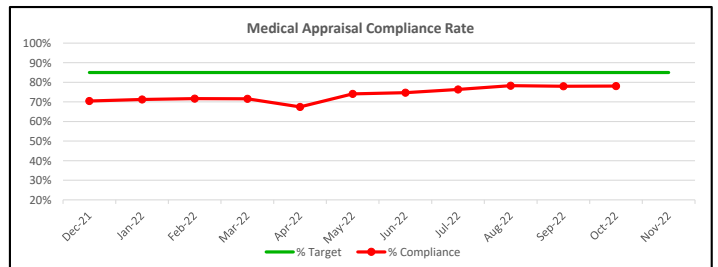
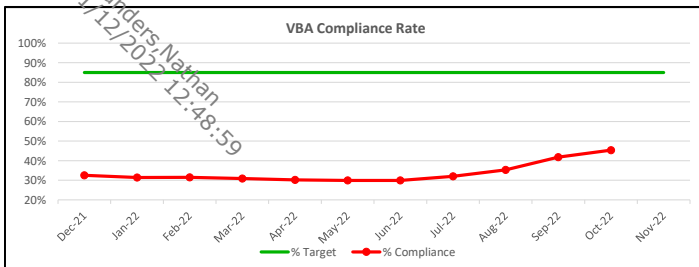
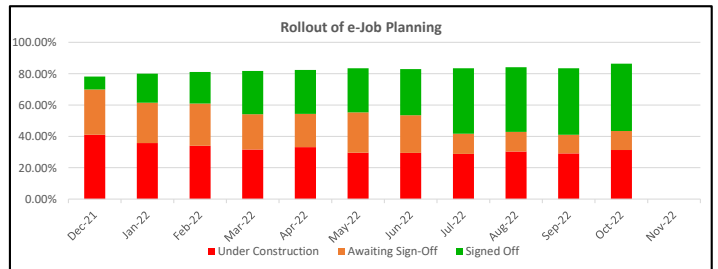
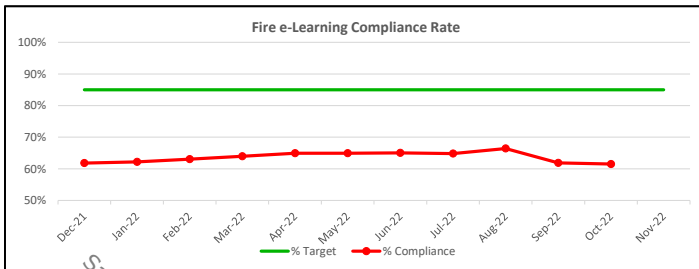
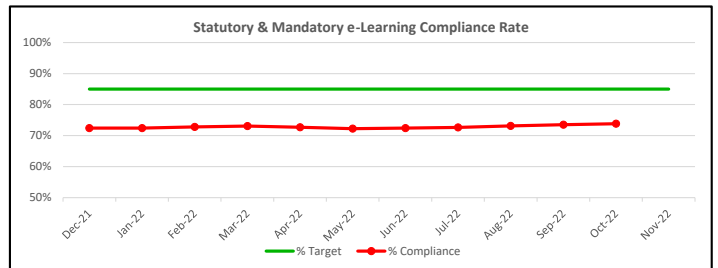
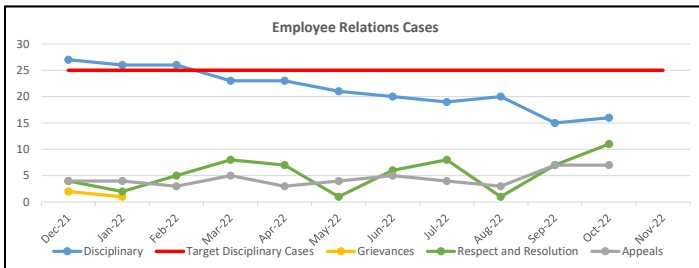
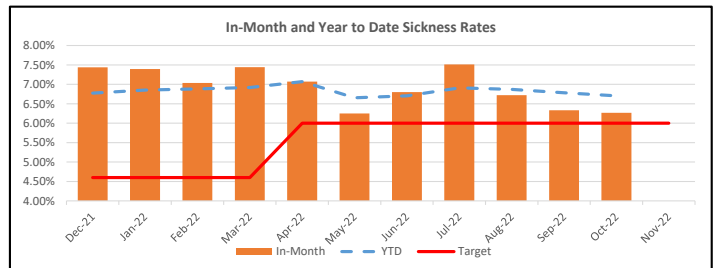
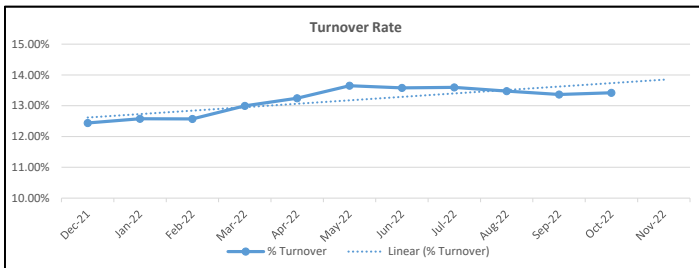
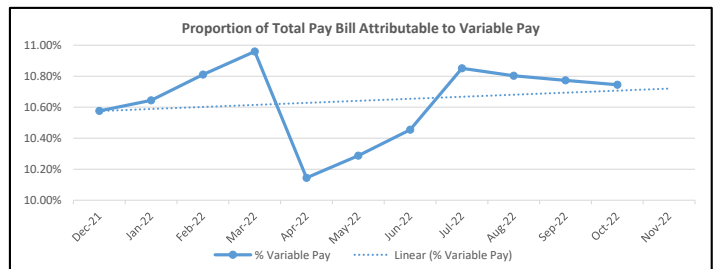
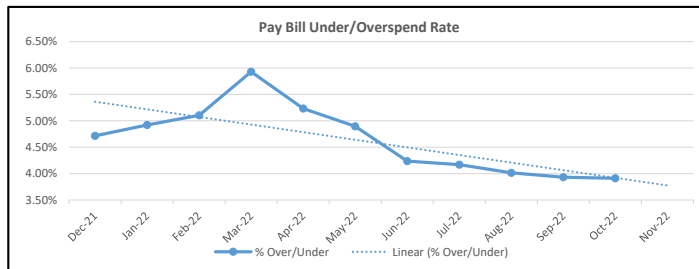
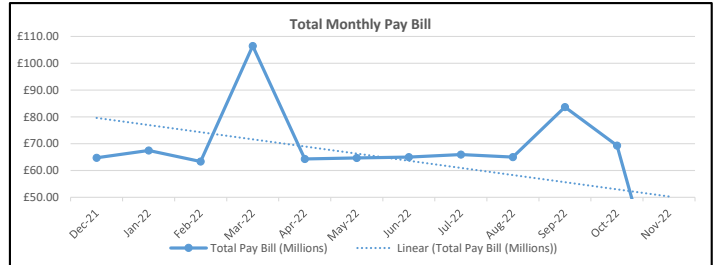
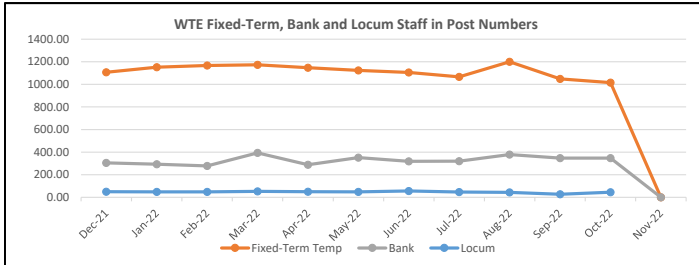
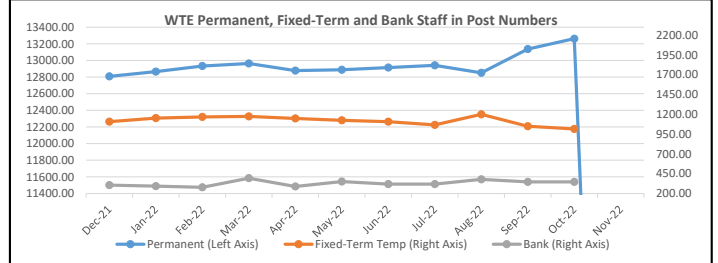
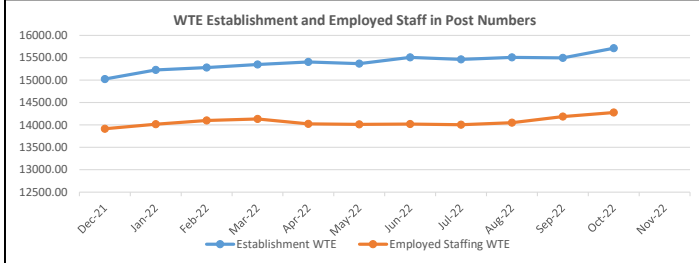
Appendix 1

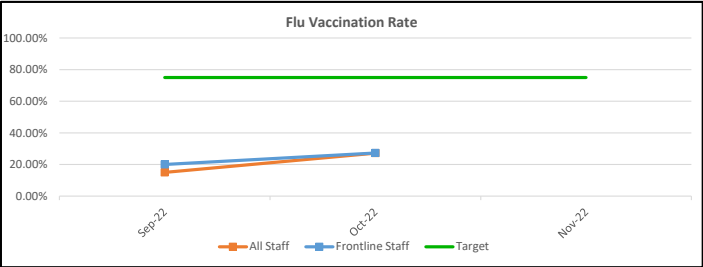
Workforce Key Performance Indicators Trends September 2022



Recommendation:									
The LPF is requested to:									
a) NOTE the contents of this report									
Link to Strategic Objectives of Shaping our Future Wellbeing: <i>Please tick as relevant</i>									
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							
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							
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 <i>Please tick as relevant</i>									
Prevention	x	Long term		Integration	x	Collaboration		Involvement	
Impact Assessment: <i>Please state yes or no for each category. If yes please provide further details.</i>									
Risk: Yes/No									
N.A									
Safety: Yes/No									
N.A									
Financial: Yes/No									
N.A									
Workforce: Yes/No									
N.A									
Legal: Yes/No									
N.A									
Reputational: Yes/No									
N.A									
Socio Economic: Yes/No									
N.A									
Equality and Health: Yes/No									
N.A									
Decarbonisation: Yes/No									
N.A									
Approval/Scrutiny Route:									
Committee/Group/Exec					Date:				

Workforce Key Performance Indicators Trends October 2022





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01/12/2022 12:48:59

Report Title:	STAFF BENEFITS GROUP REPORT		Agenda Item no.	11
Meeting:	LPF	Public	Meeting Date:	08.12.22
		Private		
Status (please tick one only):	Assurance	Approval	Information	X
Lead Executive:	Rachel Gidman, Executive Director of People and Culture			
Report Author (Title):	Barbara John, Business/Operational Manager, Communication, Arts, Health Charity and Engagement			
Main Report				
Background and current situation:				

Cardiff and Vale University Health Board Staff Benefits Group (SBG) was established in 2017, to explore and co-ordinate discounts and benefits offered by external organisations for UHB employees. The Staff Benefits Group discusses and agrees 'best deals' for staff and in governance terms reports their work to the Charitable Funds Committee and the Local Partnership Forum.

The purpose of this paper is to inform the Charitable Funds Committee of staff benefits opportunities and progress, discussed and agreed by the SBG between September - November 2022.

The Staff Benefits Group meets on a quarterly basis and has the following membership:

- Senior Management Representative
- Senior Health Charity representative
- Senior Workforce Manager
- Staff Side representative
- Communications representative
- Sustainable Travel Manager
- Procurement Representative

The Business/Operational Manager of the Communication, Arts, Health Charity and Engagement Team facilitates the relationship and communications between the SBG, its partners/discount providers and the Communications Team digital support. Administrative support is also provided by the Communication, Arts, Health Charity and Engagement Team.

Local businesses / suppliers and online retailers (via NHS staff discount platforms) who offer discounted goods or services to NHS employees are invited to email the Communication, Arts, Health Charity and Engagement Team at News@wales.nhs.uk with details of their proposal.

New staff benefit proposals and discounted offers are submitted to the Staff Benefits Group for discussion and approval and subsequently displayed on the UHB website staff benefits pages, and promoted via staff engagement platforms, including: Staff Connects / Staff Weekly Update /social media, as relevant.

Proposals of free or subsidised local events, sports/concert tickets and time limited deals are distributed by email for SBG members consideration and approval, to ensure there are no delays in decision making and/or promotion of offers for the benefit of staff.

The last Staff Benefits Group meeting was held on 22.11.22 and recorded the following:

Nathaniel Cars Group (NCG)

Health Charity Engagement

- NCG representatives will be attending a plaque presentation at the refurbished Paediatric Emergency Unit, UHW on 7th December 2022, in recognition of their generous funding of this project.
- NCG are supporting the Breast Centre Pink Tie Ball on 3rd December 2022.

CAVUHB Engagement

- NCG have offered the Health Board a week's free trial of a Fiat Ducato. CM progressing with Westpoint.
- NCG now listed as a registered supplier of MG vehicles at Fleet Solutions and are currently in the process of applying for registration on the CSS framework.

NCG have expressed their continued interest in engaging with the Health Board to explore ways they may be able to assist with current transport requirements and/or to tender for future relevant commercial opportunities.

Staff Benefits

- NCG have proposed an exclusive fixed price of £79.00 for vehicle servicing for CAVUHB employees at their Cardiff Showroom. Promotional period to be agreed and advertised via all staff engagement platforms.
- NCG are keen to utilise Cardiff & Vale Health Charity Pod at UHW to promote transport sustainability to staff with their range of electric vehicles, i.e. Electrical Vehicles 'Try Before You Buy' Scheme.

Digital Content/ Promotion

- NCG have a dedicated communications and graphics support to assist in creating content for Cardiff and Vale UHB and Cardiff & Vale Health Charity promotions.
- A feature on NCG, advising staff on all of the employee benefits available to them will be promoted in the coming weeks, to assist staff where possible during the winter months.

Cost of Living Crisis

RG provided feedback from staff engagement re: the impact of the cost of living crisis on UHB and discussed the importance of educating managers on how to support employees during this period.

The SBG considered the number of employees leaving the Cardiff and Vale UHB Pension Scheme. RG expressed the need of educating employees on the benefits of remaining in the scheme.

The SBG discussed the impact on women during this period, particularly with the high cost of essential personal hygiene products. RG advised this will be further discussed in the Financial Health and Wellbeing Strategic Group.

Staff Benefits promotions to feature cost saving opportunities across a wide range of retailers/suppliers and regularly promoted via the staff engagement platforms.

No new Staff Discount Providers Proposals were received during the last quarter and those received and approved by the SBG by email (e.g. free concert tickets and updated corporate gym and leisure centre memberships) were tabled for noting.

CAVConnect App Launch/ SBG Webpages

The CavConnect staff engagement platform has been paused due to the communication and engagement team staff vacancies/service priorities. A temporary consultant has recently been engaged who will lead on the launch pre-Christmas.

MC to update the SBG Webpages for the Christmas/New Year period to include:

- Creating Christmas Graphics to be displayed on the webpage carousel and seasonal offers pages.
- Directing staff to the Christmas offers through the Weekly Staff Update and Staff Connect.

Staff Benefits Providers Engagement

Recent engagement with online staff benefits providers to discuss opportunities and ideas for staff benefits promotions and partnership working to support employees has secured donations of prizes and a cash gift to support employees.

Some of these have been utilized by the health charity for staff fundraising projects and the UHB in the recent Talk Money Week workshops, by the provision of gift vouchers and fruit/vegetable baskets. This funding will also support the staff engagement incentive scheme to launch CAVConnects.

Mentimeter – Comments re: Staff Benefits – Oct '22

The SBG discussed the results of a Mentimeter survey that took place during the Ask Suzanne – Cost of Living session in October 2022.

The results and recent staff engagement via the Financial wellbeing sessions highlight the importance of promoting Staff Benefits via all staff engagement platforms, both digitally and in departmental meetings, staff areas etc.

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

The Staff Benefits Group continues to support all employees of Cardiff and Vale University Health Board by engaging and partnering with local businesses and suppliers who wish to support NHS staff, and by actively promoting these and national staff discounts/offers via staff engagement platforms, including CAVUHB Internet /Staff Connects/social media platforms and digital screens.

Increased engagement and negotiation with local and national suppliers have resulted in an increase in prize gifts and donations to the Health Board and Health Charity, all of which will further support employees.

Recommendation:

The Local Partnership Forum is requested to:

RECEIVE FOR INFORMATION the Staff Benefits Group Report for the period September – November 2022.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Prevention		Long term		Integration	√	Collaboration	√	Involvement	√
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: No

Safety: No

Financial: No –

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

DRAFT

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