Local Partnership Forum

Thu 12 October 2023, 10:00 - 12:00

MS Teams

Agenda

10:00 - 10:01 (1 min)
1. Welcome and Introductions
Rachel Gidman

10:01 - 10:02 (1 min)
2. Apologies for Absence
Rachel Gidman

10:02 - 10:03 (1 min)
3. Declarations of Interest
Rachel Gidman

10:03 - 10:04 (1 min)
4. Minutes of the meeting held on 10 August 2023
Rachel Gidman

4. LPF minutes 10.08.23.pdf (8 pages)

10:04 - 10:05 (1 min)
5. Action Log
Rachel Gidman

5. LPF action log 10.08.23.pdf (1 pages)

10:05 - 10:20 (15 min)
6. Chief Executives Report
Verbal Update *Suzanne Rankin*

10:20 - 10:40 (20 min)
7. Winter Plan
Presentation *Paul Bostock*

7.Winter Roadshow - Final.pdf (15 pages)

10:40 - 10:55 (15 min)
8. Annual Plan (IMTP)
Presentation *Ashleigh O'Callaghan*

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10:55 - 11:15 (20 min)
9. Amplifying Prevention
Report *Fiona Kinghorn*

9.Amplifying Prevention_LPF_121023_FINAL.pdf (4 pages)

11:15 - 11:45
30 min

10. Integrated Performance Report

Report *Fiona Kinghorn, Jason Roberts, Rachel Gidman, Paul Bostock and Catherine Phillips*

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

10. Integrated Performance Report September 2023 (1).pdf (30 pages)
10.1 appendix WOD KPI Report Aug-23.pdf (2 pages)

11:45 - 11:50
5 min

11. Staff Benefits Group Report

11. Staff Benefits Group Report (19 Sept '23).pdf (4 pages)

11:50 - 11:55
5 min

12. Review of Meeting (items to be brought to the attention of the Board)

Rachel Gidman

11:55 - 12:00
5 min

13. Any other business previously agreed with the Co-Chairs

Rachel Gidman

12:00 - 12:00
0 min

14. Future Meeting Arrangements

Tuesday 12 December 2023 at 10am via Teams with a staff rep pre-meet at 8.45am.

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LOCAL PARTNERSHIP FORUM MEETING

Thursday 10th August at 10am, via Teams

Present

Dawn Ward	Chair of Staff Representatives – BAOT/Unison (co-Chair)
Rachel Gidman	Executive Director of People and Culture (co-Chair)
Abigail Harris	Executive Director of Strategic Planning
Bill Salter	UNISON
Claire Beynon	Deputy Director of Public Health
Claire Whiles	Assistant Director of Organisational Development, Wellbeing and Culture
Emma Cooke	Deputy Director of Therapies and Health Science
Emma Davies	Nurse Staffing Levels Lead
Janice Aspinall	RCN
Jason Roberts	Executive Nurse Director
Joanne Brandon	Director of Communications
Jonathan Pritchard	Assistant Director of People Resourcing
Jonathan Strachen-Taylor	GMB
Julia Davies	UNISON
Katherine Davies	RCN
Lorna McCourt	UNISON
Mathew Thomas	UNISON
Matt Phillips	Director of Corporate Governance
Mike Jones	Independent Member – Trade Union
Paul Bostock	Chief Operating Officer
Peter Hewin	BAOT/UNISON
Rebecca Jones-Westcott	GMB
Rhian Wright	RCN
Robert Mahoney	Deputy Director of Finance Operations
Sarah Gray	RCN
Steve Gauci	UNISON
Suzanne Rankin	Chief Executive

Apologies

Catherine Phillips	Executive Director of Finance
Ceri Dolan	RCN
Fiona Kinghorn	Executive Director of Public Health
Joe Monks	UNISON
Karina McKay	BDA
Lianne Morse	Deputy Director of People and Culture
Rachel Pressley	Head of People Assurance and Experience

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Secretariat

Georgia Walsh	Trainee People Services Advisor (Minutes)

LPF 23/040 WELCOME AND APOLOGIES

Dawn Ward (DW) welcomed everyone to the meeting and apologies for absence were noted.

LPF 23/041 DECLARATIONS OF INTEREST

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

LPF 23/042 MINUTES OF THE PREVIOUS MEETINGS

Mathew Thomas (MT) requested an update on emails being provided for all UHB staff. Rachel Gidman (RG) has sought realistic times frames from David Thomas as the projected completion date of September did not materialise. It was noted that progress has been made as all porters now have access to emails.

Action: Rachel Gidman

Janice Aspinall (JA) requested involvement in discussions surrounding allocation of the £11 million towards the infrastructure. Suzanne Rankin (SR) clarified the budget has been allocated, primarily prioritising electrical resilience and health and safety. Steve Gauci (SG) queried the prioritisation being given to maintenance for availability and accessibility facilities, highlighting current concerns including the automatic doors in the multi-story being out of order, and the doors of the lifts not remaining open for sufficient time periods. It was noted this should be raised via the Health and Safety Committee.

MT raised concerns surrounding the management of Covid-19 absences under the Managing Attendance at Work Policy and requested clarity surrounding how this should be applied. The consensus from Trade Unions (TUs) is that IP&C guidance meets the criteria for medical exclusion. Peter Hewin (PH) further supported this view, stressing the risk of ambiguity due to the potential implications to staff pay and employment status. RG advised she would work with MT and the team behind this to ensure that the guidance is clear.

The minutes were agreed to be an accurate record of the meeting.

LPF 23/043 ACTION LOG

The action log was noted and the following updates provided:

- LPF 23/019: DW advised that the People and Culture Committee Terms of Reference were well received, staff side group have provided comments, and a commitment has been made to feed this back before being signed off at the next committee.
- LPF 23/033: DW advised the action was wrongly allocated to Joanne Brandon (JB). A project group has been set up, however it was noted TUs have not been approached for engagement and there has been breakdown in partnership working and communication. JB offered her apologies for the communications circulated regarding Aroma price increases, advising sufficient engagement was not utilised. Concerns raised regarding waste practices were fed on to Steve Gardner, and it was acknowledged some steps have been taken to mitigate food wastage in Aroma outlets such as food due to expire being sold at a discount.

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LPF 23/044 CHIEF EXECUTIVES REPORT

The CEO report was delivered by SR. Key points included:

- SR thanked all present for their continued support, and willingness to engage in partnership working. SR further extended her thanks to all staff for taking care of patients and each other as new challenges are faced; increasingly high levels of patient demand were recognised, with note to the increasingly complex needs of the patients presenting.
- Strategy Refresh - work has continued, engagement has concluded, and the draft high-level strategy document has been shared with Board. It has predominantly been agreed, with alterations to be made concerning the language used. Following Board approval, engagement is required surrounding delivery and how this will be mobilised across the organisation. The challenge of this taking place simultaneously alongside the unprecedented financial challenge the UHB currently faces was acknowledged. Abigail Harris (AH) noted the time taken to embed previous strategies and advised of the scale of the work to be done. Communications and media created in line with the previous strategy are now defunct and discussions have taken place surrounding the creation of a pack to distribute across the organisation to support with the implementation. The purpose would be to aid in setting staff objectives and look at the changes to be implemented within services to ensure their alignment with wider organisational objectives.
- Annual Plan - The UHB has articulated an £88 million forecast deficit position, and during previous reporting savings were £15 million short on this programme, subsequent gaps have emerged and at the current trajectory we will conclude the year £16 million short. Following the First Minister's statement, the UHB have been asked to look at additional savings, work has been completed on scenarios given by Welsh Government (WG) and we are now awaiting feedback from WG following a review of this information. SR stressed the importance of the asks and savings being met within this financial year, confirming the challenge will continue into the next financial year.
- Areas of focus to identify the remaining savings were discussed and included:
    - Strong control and scrutiny of workforce such as reducing temporary work force expenditure, procurement, a reduction in clinical agency staff and no non-clinical agency staff, although it was noted there would be an exception route
    - The elimination of overtime outside of the clinical space
    - Enhancement of the corporate vacancy scrutiny panel
    - Waiting list initiatives as they are inequitable with different rates across specialties,
    - Rationalising study leave, with the predominate focus on fairness and transparency, ensuring regulatory requirements remain adhered to
    - Optimising the nurse rota, with more robust planning including rotas completed 6 weeks in advance, utilising make-up shifts, and preventing a build-up of hours
    - CHC expenditure is £120 million, packages should be reviewed to ensure they are in patient's best interest, as UHB may be paying for care no longer required
    - Clinical coding and estates rationalisation
    - Workforce reshaping: the UHB has grown by 2000 individuals in response to the pandemic, however the NHS must be the right the size and shape for purpose. A marginal reduction in workforce is anticipated, projecting a reduction of 200-300 roles over 2/3 years. Insight will be required from wider teams to ensure this conversation is approached sensitively.
    - A thematic analysis of 1200 pieces of feedback from colleagues saw a focus on automation and digitalisation to improve cost effectiveness, the role of personal responsibility, effective care pathway management, and avoidance of complications of poor care.

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MT highlighted the significance of compassionate leadership, and management of staff and sickness, noting the importance of the implementation and use of supportive measures, and its contribution to reducing absence and stress on staff in work. SR acknowledged the culture within the organisation is falling short of expectations in some areas and that culture will be a major contributor in achieving ambitions within the strategy. Discussion took place surrounding the targeted action required to work towards a cultural shift. RG advised a Compassionate Leadership Toolkit has been collated, which will be brought to the Workforce Partnership Group as discussion will be required as to how this will be cascaded to follow through from induction up until retirement.

Discussions took place regarding the need for cost saving measures to be approached compassionately and equitably. Make-up shifts were utilised as an example, as conceptually the recovery of hours not worked is logical, however the implementation of this has not been uniform across the board. Further discussion was had surrounding the shape of the workforce, noting structural change is required to make the UHB fit for the future as short-term initiatives are limited in their ability to steer the changes needed. Peter Hewin (PH) queried the appropriate forum to discuss these topics, stressing the importance of a clear route and forum for these discussions to be had. SR agreed proper forum and engagement is required, noting Matt Phillips has been requested to work up governance arrangements for this purpose, including health and safety and quality impact assessments and ways of moderating these.

PH noted confusion surrounding current recruitment restrictions, and requested transparency regarding the scrutiny process in place. SR clarified there is no vacancy freeze in place, rather that new posts must be clearly justified with sufficient information provided to the vacancy panel to establish the need for a post. Paul Bostock (PB) reiterated this, advising the scrutiny panel's purpose is to sense-check whether roles are fit for purpose, determining whether they are in the right place to fulfil service purpose, or whether reorganising is required. It was discussed that a shift in balance is required to achieve sustainable staffing, noting one of the aims is to reduce non-clinical agency usage and to do so substantive posts need to be filled. A detailed piece of work is required to determine what change in shape is required to deliver our strategy in future. RG advised the pace of the Workforce Sustainability Plan will be escalated, and that as part of the reshaping, Heads of People and Culture will work with Clinical Boards to ensure questions are posed early allowing them to evaluate the shape of departments and services prior to the point of vacancies become available. DW noted staff side are eager to be involved at the earliest opportunity in determining the language used moving forward with implementation.

JB has completed work on the communications plan, noting an initial workshop was held early August, and an invitation was extended to LPF attendees to attend future workshops to allow the testing of messaging and communications and enable engagement from staff side. The first draft of the plan is complete and communications are to be finalised following the FM's statement. The team are looking at infographics to support in explaining the issues as they are both complex and sensitive in nature.

LPF 23/045 NURSE STAFFING ACT REPORT

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The Nurse Staffing Act Report was delivered by Jason Roberts (JR) and Emma Davies (ED). Key Points included:

- Section 25A – There is a duty across the organisation to have sufficient workforce plans: steps taken across the UHB include retention programmes, international recruitment with over 400

nurses recruited via overseas schemes, recruitment events including student streamlining, and supportive roles such as the Director of Nursing for Workforce Planning and the Assistant Practitioner role.

- Section 25B –JR is the designated individual to calculate staffing levels. Operational steps taken to maintain staffing include: A Senior Nurse on call out of hours, to make decisions on staffing levels, pool rosters, and an accustomed process to review nurse staffing levels in terms of establishment occurring twice yearly. This section further refers to informing patients of nursing staffing levels. A recent audit by shared services provided reasonable assurances, with steps taken to ensure compliance on this front in all ward areas. Graph examples were given of acuity levels and nurse staffing levels to evidence work being undertaken in CAV to remain compliant and the ability to respond to the changing needs of patients. The Welsh Levels of Care system used demonstrates acuity is rising across the organisation, with this trend echoed across Wales.
- Section 25C – A triangulated approach is utilised to determine nurse staffing levels; this consists of patient acuity, professional judgement, and quality indicators such as pressure areas and medication areas. The sign off process goes through to the Director of Nursing for the Clinical Board and includes the Executive Directors of Operations, Finance and Workforce.
- Section 25D – An annual assurance report is provided in May, an annual presentation will be delivered in November and a 3 yearly report is submitted to WG, following which WG provide a summary report.
- Section 25E – Reports have demonstrated that shifts where planned rosters were met remained steady at 65.6% across 2022-2023 however, a transfer from HCMS to SafeCare has seen data completeness increase from 56.8% to 100% ensuring the accuracy of the data. A SafeCare data 'sunburst' was explained to demonstrate the clear visual cues and information available to monitor safe staffing levels across the wards.

MT noted the number of understaffed departments displayed on the 'sunburst' and queried the implications of the deficits in nurse staffing levels for staff working in areas which are short and patient care. ED acknowledged the deficits in staffing, however emphasized that SafeCare highlights opportunities whereby staffing can be 'levelled out', allowing for quick action and assessment of the causes and justification for shortages. JR further elaborated that the 'sunburst' is a snapshot which is not representative of overall staffing levels, rather that point on that day. There is a system in place whereby staff can raise a 'red flag', following which a senior nurse will visit the ward and provide oversight and professional judgement on the action required to mitigate staffing concerns. RG added that SafeCare offers clarity and guidance towards rostering, and equity with rostering, allowing bigger opportunity to streamline and opens dialogue surrounding making the right decisions.

Katherine Davies (KD) remarked that within the report all ward managers are said to be working supernumerary, however this is not the case in practice, and queried why this isn't reflected within the documentation. JR admitted that the reality of recruitment and retention cannot fully support this principle within the act. It was discussed that this requirement is only mandated for 25B categorised wards, however the approach taken at present is to apply this fairly across all wards, not just those categorised under the act. ED elaborated that during rostering processes managers are rostered as supervisory, and that within SafeCare 'red flags' can be raised to alert that ward sisters are not supervisory, however acknowledged external factors, such as staff sickness, play a part in how this works in practice. Rhian Wright (RW) reaffirmed that this isn't stated within the report, and it should be acknowledged that ward managers are utilised to mitigate staff shortages.

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JR noted that despite its positive intention, the Act is restrictive, limiting the care that be provided by specific professionals. Executive Nursing Directors in Wales are campaigning for a review of this legislation with an aim for it to be less prescriptive of who is responsible for caring for patients. Looking at the financial position, JR must provide assurances to executive colleagues and Board that there is full oversight of nursing and that the UHB is as efficient as possible, as such the expectation moving forward is 100% compliance with the Rostering Procedure. The financial detriment resulting from poor rostering processes, and oversight and day-to-day management were acknowledged and it was advised a push down on efficiency is imminent. The importance of partnership working with TUs to support this change in practices was highlighted.

MT raised that ward managers prioritise patient care, however this results in a backlog of administrative work. It was requested that when JR speak to lead nurses, seniors are asked to support managers with the stress associated with this. JR discussed the importance of finding smarter ways of working to become efficient, noting there are senior nurses able to work down to support ward sisters, however the push down on rostering practices and use of agency workers will have implications.

RW drew attention to what WG is communicating regarding work-life balance and the UHB's want to retain staff, warning that a hard push down on rostering could inadvertently result in additional loss of staff. JR noted the balance required to support the UHB with financial recovery; in order to maintain and retain staff, change must take place. Examples were provided of wards using no agency staff on weekdays, with high agency usage on weekends due to inflated rates attracting agency and substantive staff not wanting weekend shifts. RW countered that occasions have been noted of agency staff receiving priority over substantive staff for weekend shifts. It was agreed a balance must be struck to attain sustainable staffing practices. PH supplemented that such rigid application of the Rostering Procedure is likely to result in upset and an increase in casework for TUs.

SR noted the importance of finding a way to share information with staff to help identify where the inequities lie and where change must be made, following the disclosure of 20 agency nurses earning upwards of £100,000 through working weekend night shifts.

LPF 23/046 EQUITY, EQUALITY, EXPERIENCE AND PATIENT SAFETY FRAMEWORK

The Equity, Equality, Experience and Patient Safety Framework was delivered by Claire Beynon. Key points included:

- Data has demonstrated higher rates of excess deaths and years of life lost are found in areas of increased depravity, with further health inequities highlighted across the population. The aim is to rectify and balance these inequalities so that the rates of the bottom quintile are brought up to meet those of the highest.
- The aim of the 3I Framework is to deliver equitable and excellent preventative and clinical services/approaches. This is to be achieved through reducing variance in access to and quality of services, reducing variance in health outcomes, and having a workforce representative of the population. Previous research whereby equity, equality, experience, and patient safety have been looked at through equity lens have been utilised to identify best practices which may be implemented.
- The framework consists of a 3-step process: Identifying, Intelligence for Action, and Interventions tailored to need. This allows for inequities to be identified both for local population and employees, qualitative and quantitative data to be gathered, and utilising this

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to shape our priorities and guide the interventions and necessary changes to be implemented into working practices.

- Conversations have taken place with partners as to how the Framework may be applied, comments included: understanding current workforce demographics, proactively engaging with communities and outreach to promote CAV as a compassionate and equitable employer, embedding the anti-racist action plan, establishing and growing employee resource groups such as cross-organisation networks. These will feature in final version submitted to board.
- A support pack has been compiled, consisting of 3 elements: resources to understand inequalities and inequity with links to evidence and best practice examples, tools successfully utilised by other organisations to support in addressing issues uncovered through data, and case studies and examples to inspire action and spark new ideas

Jonathan Strachen-Taylor (JST) requested that clarity be given regarding 'the impact of equalities on lives' to specify the use of quintiles, as it could be misconstrued that higher income individuals are at higher risk. CB noted the point raised and confirmed the presentation would be updated.

MT queried how the effectivity of changes will be recorded and how will this be reported. It was highlighted transparency is imperative for both staff and the public to see if the time and effort invested has been worthwhile. CB confirmed a dashboard will be developed alongside the Framework. Discussion took place surrounding the importance of improving the quality of data collected across the health board.

Steve Gauci (SG) queried whether there is room for disability equality and accessibility within this framework, highlighting that these are important to clinics and staff with disabilities also. CB confirmed this is integrated within their thinking and the plan for the framework.

DW queried TUs input and involvement in the Framework, noting the enthusiasm and passion in the TUs on this subject, and highlighting staff development initiatives and policies as key areas where involvement would be appreciated. The TUs have received thousands of testimonies evidencing these changes have been needed for some time; DW acknowledged that the framework is huge step forward in tackling and delivering the needed change. CB assured that engagement with TUs would take place at every opportunity and voiced interest in the testimonies received in forming some of the qualitative evidence used to drive the changes.

LPF 23/047 INTEGRATED PERFORMANCE REPORT

The report was taken as read.

DW acknowledged a different way of reporting had been requested and that initial feedback of this is positive, however it was noted time will be required to fully comprehend the new report.

DW noted questions had been raised surrounding the financial position as progress appears to have faltered in regards to identifying and actioning savings. Robert Mahoney (RM) outlined the savings categorisation system:

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- those allocated green have good assuredness plans are underway and are forecast to deliver,
- those allocated amber have less assuredness plans are underway but less certainty surrounding time frames,
- those allocated red are identified schemes not yet implemented.

Clarity was offered surrounding the makeup of the £16 million shortfall, with £8-9 million currently classified as red, £2-3 million remain unidentified, and a projection of £4 million of Operational overspend by the end of the financial year. It was recognised that the later within the financial year a scheme is identified, the higher the stress on the scheme to deliver however, in combination with the additional asks of WG, the minimum that must be delivered to not destabilise our position is meeting the £88.4 million target.

There was further questioning surrounding the sustainability of the changes implemented within services, and how performance and challenges faced in summer may be indicative of what winter will bring.

Paul Bostock (PB) gave his thanks to the LPF for support with the ward moves which have taken place and noted the improvements of these moves are being seen. It was noted that anticipated complications had arisen over summer, however unforeseen junior doctor sickness levels across July increased difficulty. It was recognised that short stay wards weren't receiving short stay patients, increasing the length of stay, however the UHB is expected to be in better position imminently. Performance has faltered slightly, however Cancer performance continues to be good and CAV maintain the best performance in Wales. It was acknowledged that despite financial constraints and the FM's statement, ringfence money has been allocated for planned care to treat the longest waiting patients. PB advised a call had taken place with 50 individuals in attendance to discuss winter projections; it has been agreed to receive feedback over the following weeks to guide the formulation of a plan. The upcoming plan is for acute site reconfiguration, noting time frames in Cardiothoracics, plans for medical take and realigning community capacity as key aspects. DW acknowledged that change can be seen, and thanked PB for the forewarning of further planned changes. DW further acknowledged the feat of obtaining a task and finish group in WG for EU department data Metrics.

LPF 23/048 STAFF BENEFITS GROUP REPORT

DW thanked those who had contributed towards the Staff Benefits Report.

LPF 23/049 REVIEW OF MEETING

It was acknowledged the meeting had overrun.

LPF 23/050 ANY OTHER BUSINESS PREVIOUSLY AGREED WITH THE CO-CHAIRS

There was no additional business raised.

LPF 23/051 FUTURE MEETING ARRANGEMENTS

The next meeting will be held remotely on Thursday 12th October at 10am, with a staff representatives pre-meeting at 8.45am.

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Local Partnership Forum – Action Log

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
LPF 23/042	10.08.23	minutes of the previous meeting (matters arising)	update on the roll out of email addresses being provided for all UHB staff to be provided	Rachel Gidman	verbal update to be provided at the meeting

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Cardiff and Vale University Health Board

Winter Roadshow

2023-2024

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SETTING THE SCENE

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Cardiff and Vale University Health Board

What are our operational priorities?

Urgent & Emergency	Cancer	Planned Care	Mental Health	Critical Care
Primary & Community Care Support Acute Medicine & Frailty Model "Same Day Emergency Care" Models Protect Tertiary Services and Major Trauma Centre	Focus on backlog in pathways (>62 days) Focus on bottlenecks e.g. diagnostics Specific tumour site improvements	All but eliminate two year waits Reduce children long waits	Managing pressures in inpatient services Community demand for children and young adults	Paediatric Intensive Care Adult Intensive Care Neonates

SETTING THE SCENE

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Cardiff and Vale University Health Board

Key Factors impacting on Winter

Seasonal demand (Respiratory syncytial viruses)

- Public expectation
- Workforce availability
- Financial Challenge
- Planned Care
- Staff morale
- Impact from cost of living crisis

The key factors that influence patient safety, quality and experience

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Seasonal Demand Challenges & Assumptions

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Cardiff and Vale University Health Board

The seasonal bed capacity gap this year has reduced when comparing with last years figures. The next slides will highlight the service improvements helping our position

Bed Gap (excluding mental health)

Medicine Clinical Board

Worst case scenario

	Nov	Dec	Jan	Feb	Mar	Apr
2022-23	114	120	152	147	148	137
2023-24	56	67	90	82	76	56

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What have we focused on since last winter ?

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Ambulance hours lost per day due to delays reduced from 98 to 20

Over 1,500 patients attended our same day emergency care service a month

Our frailty service now helps our patients have the emergency care they need earlier, sending more patients home safely

Our virtual ward keeps 40 patients safe in their home with on going support

Reshaping our acute medicine model of care to treat patients in the right place

3000 less patients waiting over 2 years for planned treatment

500 less patients waiting over 62 days for cancer treatment

We provide 4000 appointments in our urgent primary care centres

We've introduced a dedicated mental health wellbeing line "111-2"

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Proposals to address the challenge

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Clinical Boards

	Medicine	Specialist Services	Surgery	Children	Site Services
Proposals	The emergency unit redesign for adults and children	Critical care action plan to combat demand with outreach services	Develop short-stay and "same day emergency care" trauma pathway	Protected elective surgery unit for children	Additional site support to enhance flow
	Additional acute winter beds	Three commissioned critical care beds from Nov '23	Further develop virtual ward model & direct pathways from WAST		
	Extend opening hours in medicine SDEC	Focus on critical care delayed transfer of care patients			
Beds	51	6			

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Proposals to address the challenge

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Clinical Boards & Partners

	Local Authority & Integrated Discharge Services	Primary and Community Care & Local Authority	Mental Health
Proposals	Further develop trusted assessors to support secondary care	Cardiff and Vale will aim to have 100% coverage for urgent primary care	"Bed-in" 111 press 2
	Plan to help patients safely return home as early as possible	Safer @ home – Partnership working to keep people at home	Dedicated help for frequent callers ringing 111-2
	Reduce patients who have delays in there pathway of care linking in with Local Authorities	Health Inclusion service – Supporting the most vulnerable in our area	
	Caring for patients in the right area that meets there needs – Community Hospitals		
Beds	36	2	

WINTER CAPACITY GAP 90 BEDS

SCHEMES 95 BEDS OR EQUIVALENT

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Focused work for this Winter

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Plan to help patients safely return home as early as possible (Length of Stay)

WHY

- Patients have a poor experience if they stay in hospital for too long
- There is a chance they can acquire a hospital associated infection
- They might fall
- We can't treat patients in the right place at the right time
- Our Emergency unit becomes congested

WHAT

- We have a team supporting our staff and wards to help safely discharge patients
- We are talking to our patients and involving them in decision making
- We will communicate throughout the organisation to focus on doing what's right for our patients
- We are introducing a system to track what our patients need next

KEEPING WELL

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Winter Vaccination Strategy

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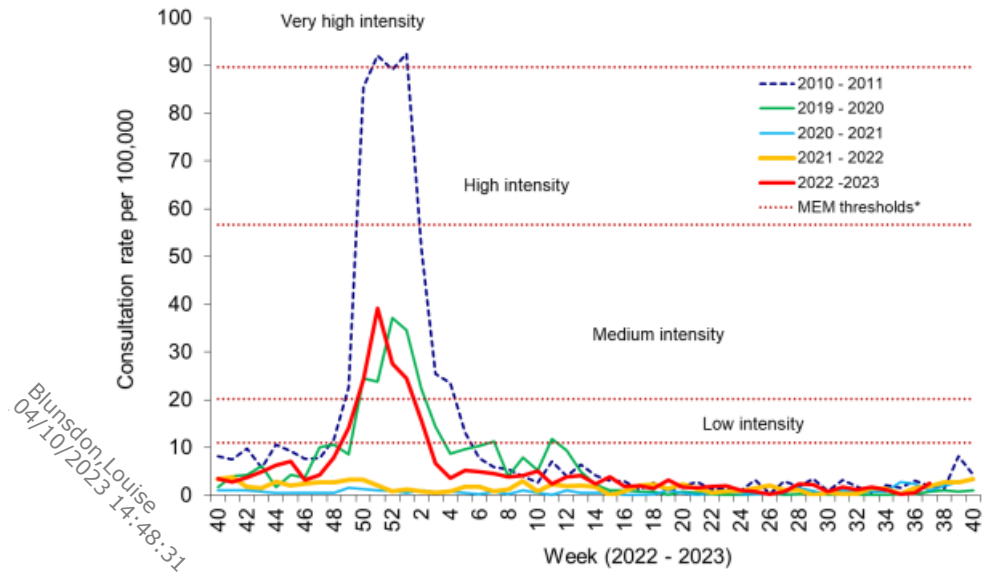
Cardiff and Vale University Health Board

Confirmed flu cases are increasing

Respiratory infection activity in Wales

Figure 1. Clinical consultation rate for ILI per 100,000 practice population in Welsh sentinel practices (as of 17/09/2023)



Priorities

- Protecting those at greatest risk
- Protecting children and young people
- Protecting frontline health and social care workers
- Improving access to vaccination and reducing inequity

Ambitions

- Covid-19 vaccine offer by end November
- Flu vaccine offer by end December
- 75% vaccine uptake
- Reduce the gap in uptake rates between the least and most deprived communities

How to get vaccinated

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Mini Mass Vaccination Sessions	Flu	COVID-19
Peer Vaccination –Vaccination Champions	Flu	COVID-19
Mass Vaccination Centre	Flu	COVID-19

If you don't receive an appointment for your Covid-19 vaccine, please complete this online form

https://cavuhb.nhs.wales/covid-19/cavuhb-covid-19-mass-vaccination-programme/

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GIG CYMRU NHS WALES

Mae Brechu yn achub bywydau
Vaccination saves lives

Staff Winter Respiratory Vaccination Programme

Venue	Date	Time
Sports and Social Club, UHW	11th Sept	7am - 7pm
Aroma Café, Woodland House	12th Sept	9am-6pm
ECT Training rooms, Hafan y Coed, UHL	13th Sept	7am - 7pm
Mary Lennox Meeting Room 1&2, Barry Hospital	14th Sept	9am-6pm
Sports and Social Club, UHW	15th Sept	7am - 7pm
ECT Training rooms, Hafan y Coed, UHL	16th Sept	7am - 7pm
Conference Room, St Davids Hospital	18th Sept	9am - 5pm
CRI	19th Sept	9am-12pm
Whitchurch Hospital	19th Sept	1pm – 4pm
ECT Training rooms, Hafan y Coed, UHL	20th Sept	7am - 7pm
Mary Lennox Meeting Room 1&2, Barry Hospital	21st Sept	9am-6pm
Sports and Social Club, UHW	22nd Sept	7am - 7pm
Peer Vaccination in workplace	25th Sept – 20th Oct	
MVC appointments	21st Oct – 31st Dec	
MVC & Mini MVC Drop In Sessions	1st Jan - March	

STAFF WELLBEING

Blunsdon.Louise
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Employee Wellbeing Support Pathway

PEOPLE HEALTH & WELLBEING SERVICE
Occupational Health
Occupational Physiotherapy
Employee Wellbeing
Health Intervention

How am I feeling?	What might help me?

I feel well and want to stay emotionally healthy

Free online resources
- Mind UK: www.mind.org.uk
- Dewis Cymru: www.dewis.wales
- Centre for Clinical Interventions: www.cci.health.wa.gov.au

Wellbeing apps
- Headspace
- Unmind
- Calm
- Worry Tree

Wellness initiatives
- Doing Our Bit: doingourbit.org.uk
- Reading Well: reading-well.org.uk

I am beginning to struggle with my emotional wellbeing

- Chat with your line manager or a wellbeing champion in your team

Free courses
- EWS workshops: sign up on Eventbrite and follow us on Twitter @EWS_CAVUHB to hear about upcoming workshops
- Recovery College courses: www.recoverycollegeonline.co.uk
- Stepiau courses: www.stepiau.org
- Silver Cloud: nhswales.silvercloudhealth.com

I am struggling with my emotional wellbeing

Self-refer to
- Employee Wellbeing Service: Email:employee.wellbeing@wales.nhs.uk Call: 02921 844 465
- Canopi: canopi.nhs.wales
- Contact your GP

Workplace advice and support
- Remploy: www.remploy.co.uk
- ACAS: www.acas.org.uk
- HSE: www.hse.gov.uk/stress
- Health and Safety policies
- Trade Unions

I am really struggling with my emotional wellbeing

In crisis?
- Call Samaritans on 116 123
- Text 'SHOUT' to 85258 for the Crisis Text Line
- Contact your GP or NHS out of hours service by calling 111

Keeping yourself safe
- Staying Safe website: stayingsafe.net
- #StayAlive app: www.stayalive.app

How can I support others?

- 'CAV a coffee' with a colleague
- Train to become a 'Wellbeing Champion'
- End of shift check ins
- Comerados: www.camerados.org
- Contact EWS for support on your ward/department
- Suicide Awareness Training: www.zerosuicidealliance.com
- Mindful employer

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Financial Wellbeing and support with the cost of living

A financial wellbeing pathway, including links and signposting, can be found on the CAV internet: Employee Wellbeing Service - Cardiff and Vale University Health Board (nhs.wales)

This includes:

- Information on Staff Benefits: Staff Benefits - Cardiff and Vale University Health Board (nhs.wales)
- The Credit Union offers savings accounts and affordable loans to anyone living in Cardiff or the Vale of Glamorgan or working anywhere in Wales: Cardiff & Vale Credit Union | Home (cardiffcu.com)
- Free courses and advice on budgeting and support available via: Free and impartial help with money, backed by the government | MoneyHelper
- Find out if you are accessing all you are entitled to: Benefits - Citizens Advice If you are a member of a trade union, help may also be available to you in the form of a grant.

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QUESTIONS?

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Report Title:	Amplifying Prevention			Agenda Item no.	9
Meeting:	Local Partnership Forum	Public		Meeting Date:	12/10/23
		Private			
Status *(please tick one only):*	Assurance		Approval		Information X
Lead Executive:	Executive Director of Public Health				
Report Author (Title):	Consultants in Public Health Medicine				

Main Report
Background and current situation:

Background

The Cardiff and Vale of Glamorgan Director of Public Health Report 2020, published in September 2021, found that the COVID-19 pandemic exposed and exacerbated the inequalities and inequities that are present in our communities. It advocated for a collective partnership approach, working truly alongside our local communities, to halt and reverse this trend, ensuring that we 'level up' in the process. Our experience of partnership working during the pandemic showed that there are already strong existing partnership arrangements in place in Cardiff and the Vale of Glamorgan on which to build. The recommendations of the report were accepted by regional partner organisations and a set of principles was agreed to guide future partnership working, including a commitment to taking an evidence and data driven approach to improving population health and tackling inequities.

This partnership approach towards combatting inequities has been called 'Amplifying Prevention', and a partnership board with our 2 local authorities was established to provide the strategic overview of this and other partnership activities focused on prevention and tackling inequities. The vision agreed by partners was 'That by working collectively and effectively as a partnership of anchor organisations, we will work together to reduce health inequities in Cardiff and the Vale of Glamorgan'. The Amplifying Prevention approach aligns with the agreed principles for future partnership working, and sits within the overall partnership arrangements of the two Public Service Boards (PSBs), whilst also being complementary to the work of the Regional Partnership Board (RPB).

Three topic areas were chosen for initial, focused attention as part of Amplifying Prevention, namely childhood immunisations, bowel screening, and Move More, Eat Well. The stated aim of the approach was to improve preventative activities in Cardiff and the Vale of Glamorgan and reduce health inequities by taking focused action to:

- Improve uptake and close the gap in childhood immunisation rates
- Improve uptake and close the gap in bowel screening rates in all eligible age groups
- Further enhance implementation of specified actions in the Move More Eat Well Action Plan

The evidence around all three topics shows that the experience is worse for those communities experiencing disadvantage. In addition, uptake of childhood immunisation and bowel screening is known to be lower in some ethnic minority populations. This evidence has guided and influenced the Amplifying Prevention approach.

Current situation

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The following summarises some of the actions delivered in 2022/23:

Move More, Eat Well
School clusters in communities experiencing the greatest inequities were identified and engaged to identify actions that can help improve levels of nutrition, through adopting a whole school approach to food. Workplaces were contacted and offered training and support around eating well in work, and

increasing opportunities to be physically active during the working day; 15 champions were trained. A Healthier Advertising Event was held to include both Cardiff and Vale of Glamorgan Councils, and a mapping of Council owned advertising sites was undertaken in Autumn 2022. This will lead to the development of three organisational policies to prevent advertising of High Fat, Salt and Sugar (HFSS) products at these sites, particularly where they will be seen by children, for example close to schools.

Childhood Immunisations

A wide range of actions have been delivered in a number of settings, with the aim of increasing uptake and closing the gap in childhood immunisation rates. This includes working with the two local authorities to identify areas to target and ways to best reach communities. During 2022/23 new communication materials have been developed in a range of languages, and been shared across partnership communication platforms. Schools in areas of lowest uptake have been identified and support offered, including teaching materials to utilise as part of Health & Wellbeing element of the new curriculum and peer education work. Focus group work with parents at these schools will help inform future actions, which will be taken forward in collaboration with public heath, school nursing, Immunisation Coordinators and Healthy Schools. Stakeholder experiences, insights and information about barriers has been gathered through commissioned research by Cardiff Metropolitan University. Specific work was also undertaken to contact families who had missed appointments to engage them in attending, and a cluster-based quality improvement project targeted families with children missing vaccines through different communication methods, drop in clinics, and community events.

Bowel Screening

Similar to the approach taken in relation to childhood immunisation, work this year has focused both on ensuring communication resources (developed by Public Health Wales Screening Division) are shared as widely as possible by all partner organisations, and more focused work with areas where uptake is lowest. This includes working with a range of partners in the primary care cluster areas with the lowest uptake (Cardiff City and South and Cardiff South East Clusters) to understand barriers and promote uptake. A bowel screening animation produced by Public Health Wales and already available in English and Welsh, was dubbed and subtitled into four languages (Arabic, Bengali, Somali, Urdu), and is being displayed on a selection of community Hub and GP screens. Insights work from a range of sources has been collated to inform future work.

Communications and engagement

The fundamental importance of communication and engagement to support Amplifying Prevention is understood by all partners. A partnership Communication Strategy has therefore been developed and a plan is in place, which is being driven by a Communication Cell with representatives from each of the three partners. A mapping of key groups has been completed to allow more effective sharing of information with different communities. As part of this work, we have also recognized the importance of our staff in being able to discuss the three topics with the people they meet, and resources have been developed to support this, including offering Making Every Contact Count (MECC) training.

All three topics are scoping how Amplifying Prevention can be supported in the workplaces of our partner organisations, including the UHB. We are working with colleagues in People and Culture to map which 'touchpoints' in the employment cycle could be used to promote elements of the approach e.g providing information on immunisation prior to maternity leave.

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

- Significant inequalities and inequities impact the health and wellbeing of our population; these have been exacerbated by the impact of the COVID-19 pandemic
- Partner organisations in Cardiff and the Vale of Glamorgan have agreed to work together to tackle inequity, with initial focussed attention on childhood immunisation, bowel screening and certain actions in the Move More Eat Well Plan
- The UHB has a key role to play as an anchor organisation, through its leadership of preventative programmes with partner organisations and local communities, through encouraging our workforce to embrace all three arenas individually, with their families, and with their patients

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Recommendation:

LPF is requested to:

- NOTE the content of the report
- DISCUSS how we can support our workforce and our organisation to further support Amplifying Prevention priorities

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	X	Long term	X	Integration	X	Collaboration	X	Involvement	X

Impact Assessment:

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

Risk: [redacted]/No

Safety: [redacted]/No

Financial: [redacted]/No

Workforce: [redacted]/No

Legal: [redacted]/No

Reputational: Yes/[redacted]

Acting as a leader for prevention at all levels of the organization will enhance the UHBs reputation as an Anchor Organisation and contribute to delivering the duty identified in the Wellbeing of Future Generations Act.

Socio Economic: Yes/[redacted]

The focus of Amplifying Prevention is to reduce inequities in three topic areas (childhood immunisations, bowel screening and Move More, Eat Well). The delivery of Amplifying Prevention aims to close the inequity gap; therefore, the impact of the programme is positive.

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Equality and Health: Yes/[redacted]

Improving engagement with all three Amplifying Prevention areas will contribute to improving the health of our population. Specific attention and focused work with communities experiencing lower uptake will also contribute to reducing health inequity.

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

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Cardiff and Vale
Integrated Performance Report

September 2023

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Report Contents

1. Ministerial Priorities

2. Cardiff and Vale Performance Report

Click on a hyperlink to navigate directly to the section required

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Section 1: Ministerial Priorities

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The Minister for Health and Social Services has set out 6 priority areas to help address the immediate pressures and help to build a sustainable health and care service over the next year.

Section 1 provides an overview of the Health Boards performance in relation to the 16 measures that are included within these 6 priority areas. As many of the measures are not specific, detail is provided on the specific measurement(s) that has been used to monitor compliance.

For a more in depth view on performance for each priority, please follow the links in the NHS Performance Framework column.

Priority	Aim	C&V Commitment	Commitment to meet ministerial ambition?	By When	In Month Performance against C&V commitment	Link in Performance Report
Delayed Transfers of Care	**Reduction in backlog of delayed transfers** Measure: number of delayed transfers of care. Reporting period: monthly	217	Yes	June 2023	176 July	Hyperlink to section
Primary Care Access to Services	**Improved access to GP and Community Services** Measure: >95% achievement of core access to in-hours GMS Services Reporting: monthly	95%	Yes	June 2023	98% June	Hyperlink to section
	Increased access to dental services Measure: 50% of expected new patient target Reporting: monthly	50%	Yes	June 2023	tbc	Hyperlink to section
	Improved use of community pharmacy Measure: >90% of all eligible community pharmacies providing CCPS (June 2023) Reporting: monthly	90%	Yes	June 2023	98% June	Hyperlink to section
	Improved use of optometry services Measure: Reduce number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services Reporting: monthly	877	Yes	Dec 2023	846 June	Hyperlink to section
Urgent and Emergency Care	**Implementation of a 24/7 urgent care service, accessible via NHS 111 Wales** Measure: Performance response time in NHS 111 Reporting: TBC	tbc	tbc	June 2023	tbc	Hyperlink to section
	Implementation of Same Day Emergency Care services Measure: Increase in SDEC attendances Reporting: monthly	1233	Yes	June 2023	1717 July	Hyperlink to section
	Honour commitments that have been made to reduce handover waits Measure: Eliminate 4 hour ambulance handover delays Reporting: monthly	0	Yes	June 2023	0 August	Hyperlink to section

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Performance Key: Meeting standard / trajectory | over target/trajectory

Section 1: Ministerial Priorities

Performance Key: Meeting standard / trajectory | over target/trajectory

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Priority	Aim		C&V Commitment	Commitment to meet ministerial ambition?	By When	In Month Performance against C&V commitment	Link Performance Report
Planned Care, Recovery, Diagnostics and Pathways of Care	**Achieve RTT waiting time targets** Measure 1: 52 week new outpatient target by March 2024 Reporting: monthly		8999	No	Mar 2024	11138 July	Hyperlink to section
	Measure 2: 104 week treatment target by December 2023 Reporting: monthly		3788	Yes	Dec 2023	4164 July	Hyperlink to section
	Set foundations for achieving waiting list targets Measure: Reduce outpatient overdue follow by 25% against 2019/20 levels Reporting: monthly		37623	Yes	Mar 2024	45644 July	Hyperlink to section
	Implement regional diagnostic hubs Measure 1: progress reporting on regional diagnostic hub Reporting: quarterly		Go-Live	Yes	Sept 2024	On track	Hyperlink to section
	Measure 2: Achieve 8-week diagnostic Reporting: monthly		0	No	June 2025	10009 July	Hyperlink to section
	Implement straight to test model Measure: progress reporting on straight to test Reporting: quarterly		Go-Live	Yes	Sept 2024	On track	Hyperlink to section
Cancer	**Achieve SCP target** Measure: 75% of patients starting their first definitive cancer treatment within 62 days Reporting: monthly		75%	Yes	June 2024	62% June	Hyperlink to section
	Implement the national cancer pathways within the national target Measure: progress reporting on national cancer pathways Reporting: quarterly		Go-Live	Yes	Sept 2024	On track	Hyperlink to section
Mental Health and CAMHS	**Achieve waiting wait performance for Local Primary Mental Health Support Services and Specialist CAMHS** Reporting (for all): monthly	Measure 1: Part 1a (adults)	80%	Yes	June 2024	99.8%July	Hyperlink to section
		Measure 2: Part 1b (adults)	80%	Yes	June 2024	100%July	
		Measure 3: Part 2 (adults)	80%	Yes	June 2024	46.7%July	
		Measure 4: Part 1a (children)	80%	Yes	June 2024	84%July	
		Measure 5: Part 1b (children)	80%	Yes	June 2024	0% July	
		Measure 6: Part 2 (children)	80%	Yes	June 2024	90.2%July	
	Implement 111 press 2 on a 24/7 Measure: progress on implementing NHS 111 press 2 Reporting: quarterly		Go-Live	Yes	Sept' 2024	Delivered	Hyperlink to section

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Section 2: Cardiff and Vale Performance Report

The Performance Report section provides detail of UHB performance across the quadruple aims.

Detail on what is included under each quadruple aim is provided below.

A summary of performance is provided against the priority UHB ambition under each aim, including detail of annual plan commitments. Performance against the relevant NHS Performance Frameworks measures is provided under each aim (under development)

Return to Main Menu

Number	Aim	Contents
Aim 1	People in Wales have improved health and well-being with better prevention and self-management	Public Health
Aim 2	People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	Urgent and Emergency Care Inpatient Flow, Discharge and Front Door Alternatives to Admission Community and Urgent Primary Care Priority Services RTT Waiting Times Planned Care Cancer, Diagnostics and Therapies Primary and Community Care Whole System Evaluation and Supporting Patients Whilst Waiting Mental Health
Aim 3	The health and social care workforce in Wales is motivated and sustainable	People and Culture
Aim 4	Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes.	Quality, Safety and Experience Financial Performance

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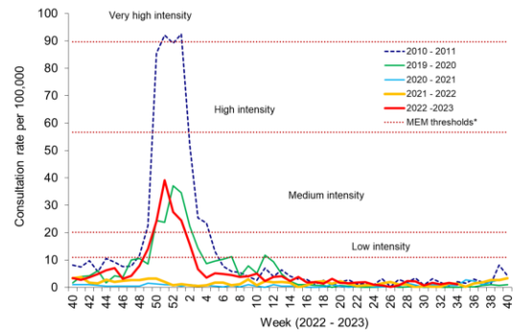
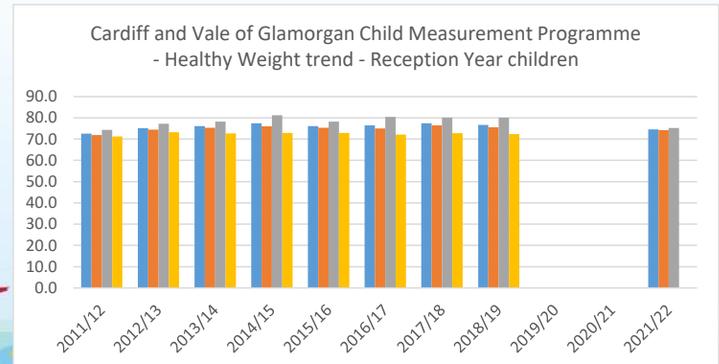
Priority	Performance Summary	Reported Period	Data
Health Protection Acute Respiratory Infections (ARI)	Acute Respiratory Infections (ARI) • Baseline (inter-seasonal) levels of influenza activity • Hospital admissions for Covid-19 have been increasing during August. A new sub-variant of omicron, BA.2.86, has recently been identified at low prevalence across a number of countries including the UK and has been designated a 'variant under monitoring' by the WHO. It is not yet clear what, if any, adverse impact this new variant will have on Covid-19 cases and morbidity. • RSV activity in children under 5 years is at levels which indicate the season has started, although there has been a decrease to low levels in the most recent week.	Week 34	 Source:10 (wales.nhs.uk)
Health Protection Immunisation	• Eligible cohorts have received the Covid-19 Spring Booster, with 37,253 doses given in Cardiff and Vale by 5 July 2023, and 69.15% uptake to date (cf Wales average 67.91% uptake). • Following JCVIs announcement on 6 April, the Covid-19 infant vaccination programme commenced on 22 May 2023, running alongside the Spring Booster Campaign. The latest available public data by Public Health Wales (accessed on 21/08/2023) for the whole of Wales shows 47,541 (18.6% of the eligible) 1st doses were administered to 5-11 year olds and 34,964 second doses (13.7% of the eligible). In the geographical areas of Cardiff and in the Vale this was respectively 26.8% and 24.5% for the first dose and 21.1% and 19.6% for the second dose. • Operational preparations are underway for the Winter Respiratory Vaccination Programme. Eligible groups have been identified and the vaccination campaign is due to start from the 11th of September 2023. • The Staff Winter Respiratory Vaccination campaign will also start concurrently and it will see the co-administration of Covid-19 and Influenza vaccinations via appointments at Mass Vaccination Centres, occupational health and with opportunistic vaccination through vaccination champions.	Q1 2023/24	Wales COVID-19 vaccination surveillance weekly report.pdf Infant covid 19 vaccination. https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/RapidCOVID-19virology-Public/Vaccination
Health Protection Health Protection System	• Planning for a regional, all hazards Integrated Health Protection Partnership continues, with expected full implementation by end of year • A draft Health Protection Plan has been developed with key partners. Consultation with stakeholders will take place in early Autumn.	Q2 2023/24	
Health Improvement Healthy weight	• 74.6% of reception aged children in Cardiff and the Vale of Glamorgan are categorised as healthy weight (CMP, 2021/22). Cardiff and Vale have the second highest proportion of healthy weight children compared to other Health Board areas based on the latest available data. • 40% of adults in Cardiff and the Vale of Glamorgan are of a healthy weight (NSfW, 2021/22+2022/23)*; 39% are eating five portions of fruit/vegetables a day (NSfW, 2021/22+2022/23)* and 68% are meeting physical activity guidelines of being active for at least 150 minutes per week (NSfW, 2021/22+2022/23)*. • Differences remain between our most and least deprived communities with levels of healthy weight lower, and consumption of fruit and vegetables/physical		

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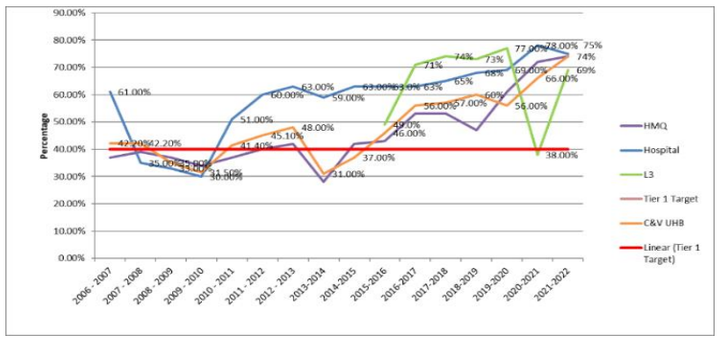
Priority	Performance Summary	Reported Period	Data
Health Improvement Tobacco	• 12% of Cardiff and Vale of Glamorgan smoke), one of the lowest prevalence rates in Wales • 2.3% of smokers set a firm quit date in 2022-2023 with 71% quitting smoking at 4 weeks • 9% of pregnant women smoke on booking – the lowest in Wales. 8% of pregnant women smoked on booking, Cardiff and Vale UHB, Qtr 4, 2022-2023) • 85% of patients quit smoking by accessing the Hospital HMQ programme, Qtr 4 2022-2023	Quarter 3 2022-2023	

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
1.	Percentage of adult smokers who make a quit attempt via smoking cessation services	1 Jan 23 to 31 Mar 23	0.8% per quarter	**0.7%**	Q1: 0.50% | Q2: 0.50% | Q3: 0.40% | Q4: 0.70%
2.	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs and alcohol)		Improvement trend	Work in progress with substance misuse	
3.	Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)	1 Jan 23 to 31 Mar 23	95%	**84.8%**	Q1: 86.80% | Q2: 87.20% | Q3: 86.80% | Q4: 84.80%
4.	Percentage of girls receiving the Human Papillomavirus (HPV) vaccination by the age of 15 (Applicable during: 01.04.2023 - 30.06.2023 and 01.01.2024 - 31.03.2024)	1 Jan 23 to 31 Mar 23	90%	**71.3%**	Q1: 72.00% | Q2: 72.60% | Q3: 70.30% | Q4: 71.30%
5.	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over (Applicable during: 01.09.2023 - 31.03.2024)	1 Sept 22 to 31 Mar 23	75%	**75.7%**	
6.	Percentage uptake of the COVID-19 vaccination for those eligible (Applicable during: Spring Booster 01.04.2023 - 30.06.2023) (Autumn Booster 01.09.2023 - 31.03.2024)	1 Apr 23 to 30 Jun 23	75%	**67%**	w/e 11/06: 64.00% | we 18/06: 65.00% | w/e 25/06: 66.00% | w/e 02/07: 67.00%
7.	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	Jun-23	90%	**4.7%**	Mar-23: 8.00% | Apr-23: 16.70% | May-23: 3.40% | Jun-23: 4.70%
8.	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	Jun-23	90%	**97.7%**	Mar-23: 96.30% | Apr-23: 95.60% | May-23: 98.00% | Jun-23: 97.70%
9.	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	Jul-23	95%	**93.5%**	Apr-23: 93.70% | May-23: 95.10% | Jun-23: 97.30% | Jul-23: 93.50%

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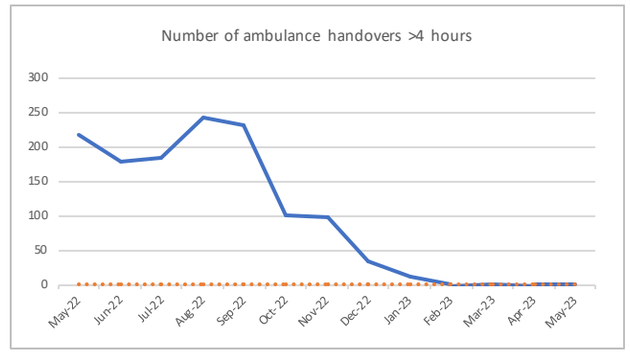
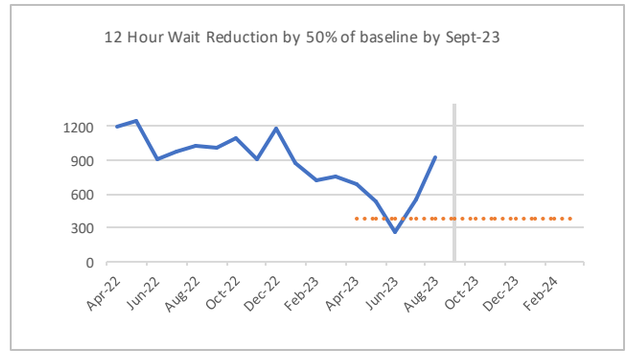
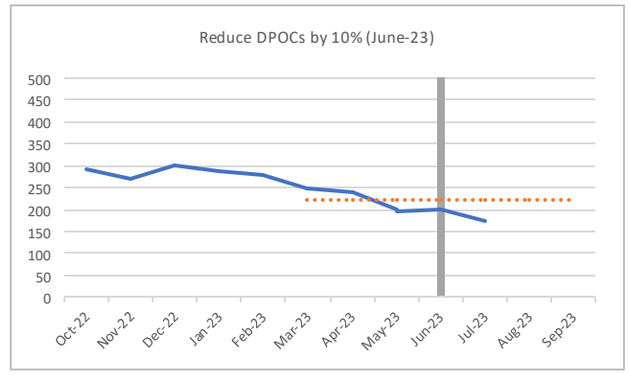
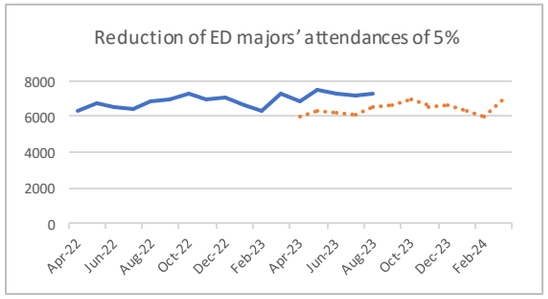
Priority	Performance Summary	Reporting Period	Data
Ambulance Handover Annual Plan Commitments: • Zero 4-hour ambulance delays (June 23) • Reduce average lost minutes to 30 (Sept 23)	• The number of ambulance handovers >4 hours has reduced from 230 in September 2022 to zero in June, July and August 2023. We are now giving the same focus to patients waiting 2-hours for an ambulance handover. In June there were two 2-hour holds, a reduction from 206 in March, in July we reported fifteen and in August twenty . • Average lost minutes per arrival remains reduced but increased to 26 minutes in August from 18 in June. This performance remains better than our annual plan commitment.	Aug-23	
Emergency Department Annual Plan Commitments: • Zero 24-hour ED waits (June 23) • Reduce 12-hour ED waits by 50% (Sept 23)	• In August, 41 patients waited 24-hours in the EU footprint without a stop-clock, an increase from the 0 patients reported in June and 23 in July • 12-hour ED waits increased from 548 in July to 924 in August.	Aug-23	
Delayed Pathways of Care, LOS and Beds Annual Plan Commitments: • Reduce DPOCs by 10% (June-23) • Reduce >21 day LOS by 5% (June-23) • Re-establish dedicated AOS beds (Sept) Blunsdon,Louise 04/10/2023 14:48:31	• Delayed pathways of care remain a national challenge, the July 2023 census reported 176 delayed pathways a reduction from 202 in June • We are currently tracking the numbers of stranded (7-day LOS) and superstranded (>21-day LOS) patients in our Acute beds. This is a more operationally useful measure than LOS measures which include rehabilitation and integrated care beds. We will be monitoring these going forward against the standards of <40% stranded and < 20% superstranded. At the time of writing our analysis showed 34% and 56% respectively. • Work continues to evaluate the most appropriate and effective approach for the Acute Oncology Service (AOS), including consideration of dedicated beds following a recent pilot. An update and proposal is now planned for the beginning of Q3.	Jul-23	

Priority	Performance Summary	Reporting Period	Data
ED Attendances Annual Plan Commitment • Reduction of ED majors' attendances of 5% compared to same period 2022/23 (every quarter)	• In August 2023 we reported 11,717 EU attendances, a reduction from the 12,506 reported in July • The number of EU Majors attendances in August 2023 was 7239, an increase from July and above our ambition of 6507.	Aug-23	
Same Day Emergency Care Annual Plan Commitment • 10% increase in the total number of patients managed through SDEC (June 2023) • Reduced number of unplanned re-presentations within 7-days of SDEC attendance (September 2023) • Improve % of take managed in SDEC without requiring admission	• In July 2023 we saw 1,082 patients seen via surgical SDEC and 635 via the medical SDEC. In total 1,717 patients were seen, above our commitment of a 10% increase by the end of Q1. The number of attendances to medical SDEC had been increasing month on month since June 2022, but showed a small reduction from June to July. • A new process for national submissions has been undertaken and we hope to report on the other measures from September	Jul-23	

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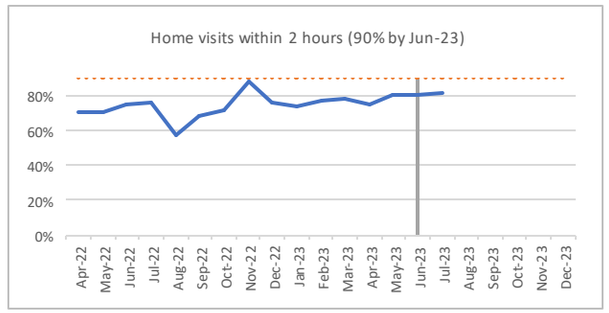
Priority	Performance Summary	Reporting Period	Data
Urgent Primary Care Annual Plan Commitments: • 80% appointment utilisation in UPCCs (June 2023), 85% (September 2023), 90% (March 2024) • All clusters to have adequate access to UPCC capacity (September 2023) • NHS 111 - >90% urgent calls logged and returned within 1 hr (December 2023) • Increased redirections from ED to UPCC (March 2024)	• Average utilisation of 89% achieved across Cardiff and Vale for August, a decrease from 91% in July. • Work in progress – Delivery plan in place to ensure full/equitable UPCC provision across all Cluster areas • Average rate for June 89% • Work in progress – Pilot commenced to re-direct ED patients to UPCC slots. Work ongoing to expand this to 24/7 and to include Paediatrics. Average referrals for Q1 = 21 (adults)	Jul-23	
Community Services • Home Visit (P2) f2f in 2 hrs >90% (June 2023)	• The Health Board was 75% compliant in July 2023 against the standard of 100% for 'Emergency' GP OOH patients requiring a home visit within one hour, with 3 of 4 patients receiving their visit with one hour. • For patients that required an 'Emergency' appointment at a primary care center in July the Health Board was 100% compliant, with 2 of 2 patients receiving an appointment within 1 hour • The Health Board was 81% compliant against the commitment of 90% for 'Urgent' GP OOH patients requiring a home visit within 2 hours, with 78 of 98 patients receiving their visit within 2 hours	Jul-23	

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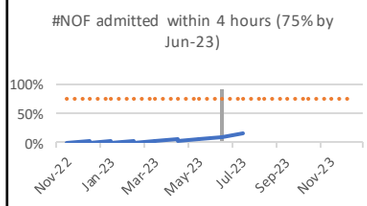
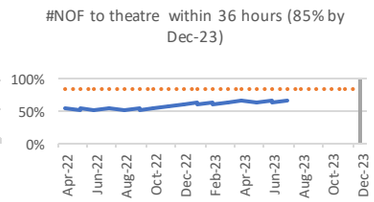
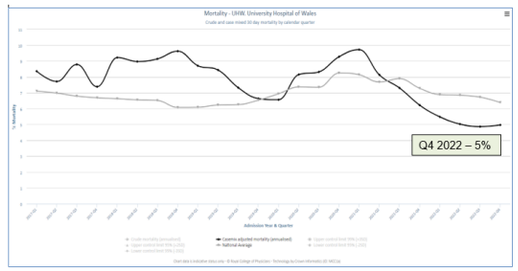
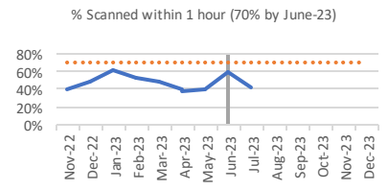
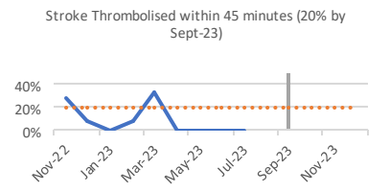
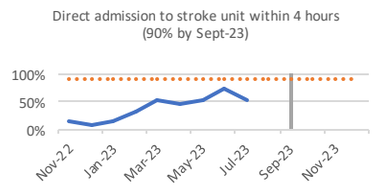
Priority	Performance Summary	Reporting Period	Data
Fracture Neck of Femur IMTP Commitments: • 75% admitted within 4 hours (June-23) • 85% to theatre within 36 hours (December-23)	Performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) has shown some improvement. In July 2023 the annualised data shows 14.8% of patients were admitted to a specialist ward with a nerve block within 4 hours. In July, 67.6% of patients received surgery within 36 hours, this has been increasing since August 2022 and our performance is above the national average of 57% over the last 12 months. A third summit with key stakeholders was held in June with a follow up scheduled for the end of September. We have an ambition for significant increases in our performance moving forwards to make Cardiff and Vale an upper quartile performer when compared to UK peers. In addition to pathway improvements, we are committed to improving outcomes for patients. Data from the National Hip Fracture Database shows that annualised Casemix Adjusted Mortality rates have falls from early 2021 and is now below the national average at 5% for Q4 22/23.	Jul-23	  
Stroke IMTP Commitments: • 70% scanned within 1 hour (June-23) • 90% admitted within 4 hours (Sept-23) • 20% thrombolysis rate (Sept-23)	While overall Stroke performance remains below the standards set out in the Acute Stroke Quality Improvement Measures and The Sentinel Stroke National Audit Programme (SSNAP), we have seen recent improvements in compliance with the 4-hour door to Ward standard. In July: • 0% of patients were thrombolysed within 45 minutes of arrival, the All-Wales average was 3.9% • The percentage of CT scans that were started within 1 hour in July was 42.6%, the All-Wales average was 59.6% • The percentage of patients who were admitted directly to a stroke unit within 4 hours was 53.7% in July, the All-Wales average was 31.8% The UHB has held a number of internal Stroke summits and 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 EU effectively. The UHB aspires to achieve a rating of grade 'A' for SSNAP.	Jul-23	  
Intensive Care Unit IMTP Commitments: • Patient at risk team 24/7 (Sept 23) • ITU - 1 additional staffed bed (Sept 23) • ITU - 2 additional staffed beds (March 24)	• The patient at risk team (PART) is due to move from a 12/7 service to a 24/7 service from the 1st October following successful staff recruitment. This change will be pivotal in supporting the wards and ITU with the save management and transfer of patients. • 3 additional ITU Level 3 beds will be resourced over the course of this financial year. The first of those beds is on-track to be resourced from September 2023 following successful recruitment of staff		

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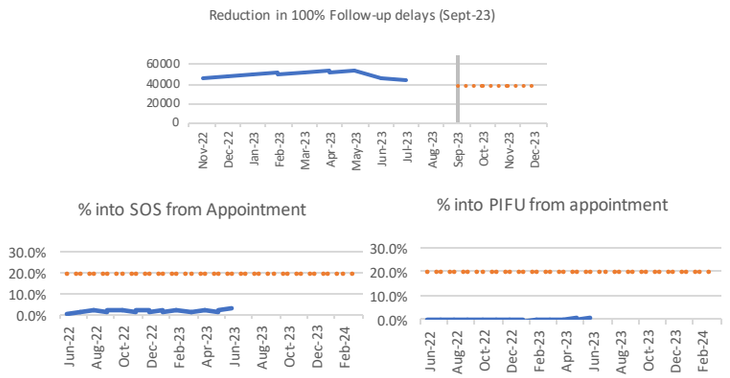
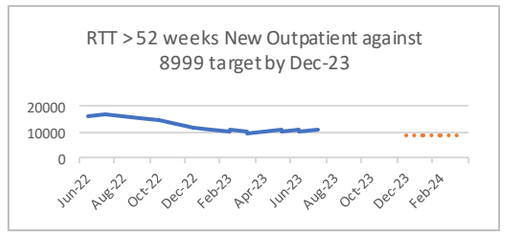
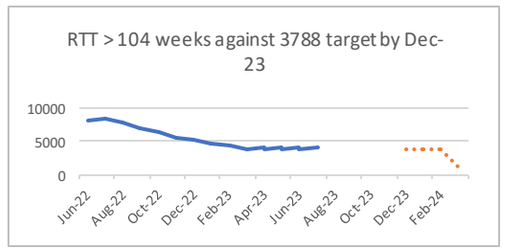
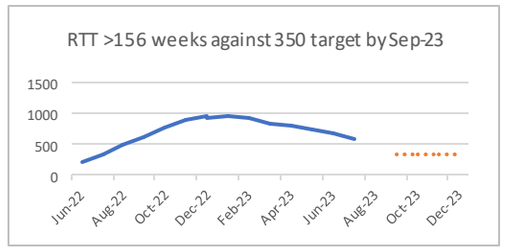
Priority	Performance Summary	Reporting Period	Data
Outpatient Follow-up Management Annual Plan Commitment • Follow up outpatients–reduce 100% delayed follow up by 25% on Jan'23 baseline of 50163 (September 2023) • SOS and PIFU –10% of appropriate outpatient appointments (September 2023); 20% (March 2024) • SOS and PIFU –20% of appropriate outpatient appointments	• In total there were 191,706 patients awaiting a follow-up outpatient appointment at the end of July • Of these, there were 45,644 patients who were 100% delayed for their follow-up outpatient appointment, a decrease noted from June • 2.7% of outpatient appointments saw patients moving into a See on Symptoms pathway • 0.4% of outpatient appointments saw patients moving into Patient Initiated Follow-up pathway	Jul-23	
52 Week New Outpatient Annual Plan Commitment • <8999 > 52 weeks (March 2024)	• We have developed a weekly monitoring and assurance process to update on progress against our key long waiting cohorts. A separate paper was submitted to Finance and Performance Committee last month detailing our plan to meet the revised ministerial ambitions and we will update here from September. Weekly assurance is provided to the Chair.	Jul-2023	
104 Week Treatment Annual Plan Commitment • 3788 patients > 104 week waits for treatment (December 2023) • 1263 patients > 104 week waits for treatment (March 2024)	• We have developed a weekly monitoring and assurance process to update on progress against our key long waiting cohorts. A separate paper was submitted to Finance and Performance Committee last month detailing our plan to meet the revised ministerial ambitions and we will update here from September. Weekly assurance is provided to the Chair. We are on track to meet our December commitment	Jul-2023	
156 Week Waits Annual Plan Commitment • <350 patients >156 week wait for treatment (September 2023) • 0 patients >156 week wait for treatment (December 2023)	• We have developed a weekly monitoring and assurance process to update on progress against our key long waiting cohorts. A separate paper was submitted to Finance and Performance Committee last month detailing our plan to meet the revised ministerial ambitions and we will update here from October. Weekly assurance is provided to the Chair.	Jul-2023	

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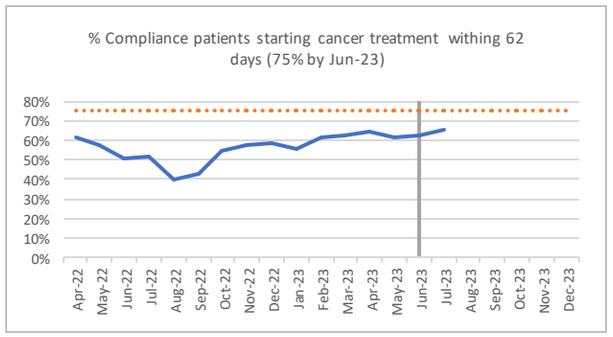
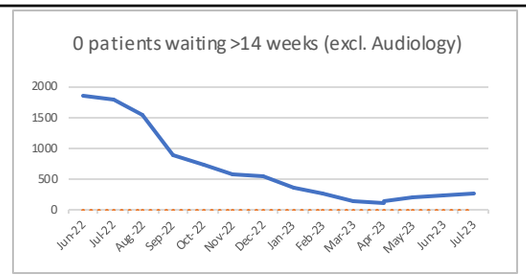
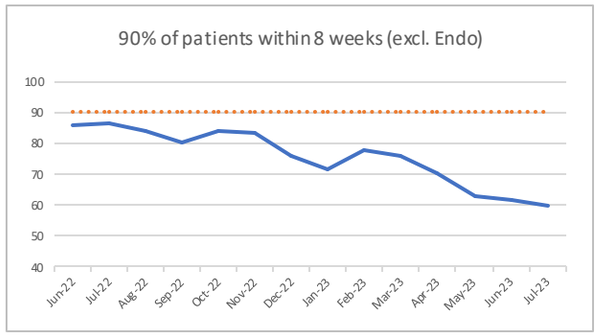
Priority	Performance Summary	Reporting Period	Data
Cancer Annual Plan Commitment • >75% compliance with the 62-day SCP standard (June 2023), 80% (December 2023) • Develop draft UHB strategy to deliver national cancer pathways (June 2023)	• There continues to be an improvement against the Single Cancer Pathway and the backlog trajectories agreed with the Delivery Unit. July saw 65.6% of patients receiving treatment within 62 days. At the time of writing there are a total of 2423 suspected cancer patient on the SCP. 268 have waited over 62 days, of which 82 have waited over 104 days. There have been a number of actions taken to improve the oversight and operational grip of the process for overseeing patients. Three cancer summits have taken place with the tumour group leads and operational teams to understand the demand, the causes for delay in the 62-day pathway and what actions are required to reduce the delays experienced by our patients.	Jul-23 No date	
Therapies Annual Plan Commitment • 0 patients waiting over 14 weeks (excluding audiology) (June 2023)	• Excluding Audiology there were 255 patients waiting over 14-weeks for Therapy in at the end of July. In total there were 1282 patients waiting longer 14 weeks for Therapy, a small increase from June.	Jul-23	
Diagnostics Annual Plan Commitment • 90% of patients within 8-weeks (excl. endoscopy) (December 2023) • Endoscopy – urgent <6weeks; SCP<14days; 0 surveillance patients 100% past target date (December 2023) • Regional Diagnostic Centre go-live (December 2023)	• Excluding endoscopy there were 6880 diagnostic patients waiting longer than 8 weeks for a Diagnostic at the end of July. In total there were 10009 patients waiting longer than 8 weeks for a diagnostic test, a small increase from June. • 60% of patients seen within 8 weeks in July-23 (excluding Endoscopy), a small reduction from May and June • Planning for the Community Diagnostic Hub is underway following agreement of central funding from WG. Expected go-live is estimated to be Q1 2024/25. Plans are in development to provide additional diagnostic capacity through mobile units in advance of this.	Jul-23 No date	

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Priority	Performance Summary	Reporting Period	Data
Community Pharmacy Annual Plan Commitment: • >90% of all eligible community pharmacies providing CCPS (June 2023) • 10% increase in pharmacy independent provider access (December 2023)	98% of all eligible community pharmacies providing CCPS • 102 Community Pharmacies currently eligible to provide CCPS • 101/103 Community Pharmacies signed up to deliver CCPS. 2,395 consultations undertaken in Q1, with 21% increase in PIP sites expected in Q2.	Q1-June 2023	
GMS Escalation Annual Plan Commitment: • >95% of practices reporting escalation levels (June 2023) • >95% achievement of core access to in-hours GMS Services (September 2023)	• 88% of Practices reporting escalation levels (Average for Q1 88%) - Number of escalations from practices reducing (of practices reporting of which 8% at Lvl3, 92% >Lvl3) • 98% achievement of core access standards to in hours GMS	Q1-June 2023	
Community Dental Annual Plan Commitment: • 50% of expected target for new patients, urgent and historic (June 2023); 90% (March 2024)	• % of Primary Care Dental Services Contract value (GDS) delivered for new patients seen - 46.07% • % of Primary Care Dental Services Contract value (GDS) delivered for new urgent patients seen - 21.96% • % of Primary Care Dental Services Contract value (GDS) delivered for historic patients seen – 16.03%	Q1-June 2023	
Optometry Annual Plan Commitment • >90% of eligible practices offering Clinical Community Optometry Services (CCOS) (June 2023); 95% (December 2023)	• Contract reform and implementation still in progress – Awaiting data • 12 Optometric Practices currently offer Optometry Independent prescribing service (18.75%)	Q1-June 2023	
Respiratory Annual Plan Commitment • 50% of backlog of suspected COPD patients receive spirometry (June 2023); 100% March 2024)	• Community Spirometry service available in both Cardiff and Vale regions. • 541 referrals received - 69.5% have attended appointments, 30.5% on waiting list	Q1-June 2023	

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Priority	Performance Summary	Reporting Period	Data
Whole System Evaluation Annual Plan Commitment: • Undertake high impact evaluations of three key specialities (June 2023) • Undertake high impact evaluations of three key specialities (Sept 2023)	Evaluations completed in Therapies and Cardiac Services. At the Theatres Summit in September 3 specialties will present their evaluations. Work is ongoing to expand the evaluation process across specialties and we are refining how we approach this across the UHB.	Jun-23	
Supporting Patients Whilst Waiting Annual Plan Commitment: • Produce models of care (June 2023) • Develop pathways (Sept 2023) • Expand services (December 2023)	Models of care and pathways have so far been produced for 8 services including Prepare Well (Orthopaedics), ESCAPE Pain and Cancer Prehab2Rehab The expansion of services to include a single point of access is planned for delivery in this financial year.	Jun-23	

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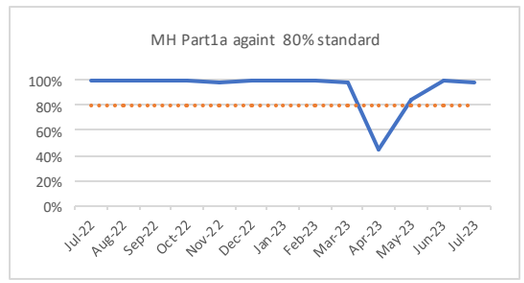
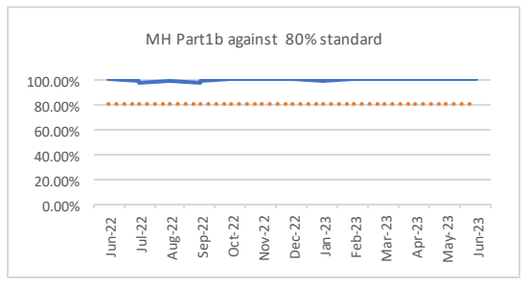
Priority	Performance Summary	Reporting Period	Data
Children's Mental Health Annual Plan Commitments: • >80% Part 1a performance – SCAMHS • Part 1b – 10% improvement (September 2023); further 10% (December 2023); achieve >80% compliance (March 2023) • Reduce SCAMHS Intervention longest wait to no longer than 6 weeks	Part 1a compliance remains above the 80% target at 84% in July. Part 1b performance was 0% due to additional assessment undertaken to meet Part 1a and high referral levels in June 23. The number waiting and longest wait for Part 1b has also increased due to the merge in data reporting for PMH and CAMHS. There have been data quality issues and a through improvement in the capture of data which has further impacted reported performance. In line with the new integrated model and focus on ensuring that children and young people access the most appropriate pathway under the mental health measure, we have redesigned the PARIS record keeping module and associated reporting to accurately capture the children and young people accessing and waiting for interventions for both Part 1b and Part 2 (SCAMHS). It is planned for this to go live in September so we expect to be able to provide accurate reporting from October.	Jul-23	Work in progress - Expected Oct-23
Adult Mental Health Annual Plan Commitments: • >80% Part 1a performance • >80% Part 1b performance	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 1216 referrals in July 2023. As highlighted at the previous Board meetings, this demand increase includes an increased presentation of patients with complex mental health and behavioral needs. Significant work has been undertaken to improve access times to adult primary mental health: • Part 1a: in July the percentage of Mental Health assessments undertaken within 28 days was 99.8% • Part 1b compliance remains at 100%	Jul-23	 

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
10.	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	Jul-23	100%	98%	Reporting from Q2 – Expected Nov-23
11.	Percentage of primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Jul-23	30% (Sept 23) 100% (Mar 24)	New 64.1% New Urgent 29.5% Historic 27.5%	WIP – Expected Oct-23
12.	Number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services		Reduction by Mar 24	Work in Progress	WIP – Expected Oct-23
13.	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Jul-23	Increase against 22/23	1106	WIP – Expected Oct-23
14.	Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years	Jul-23	80%	**89.5%**	Apr-23: 88.90%; May-23: 95.70%; Jun-23: 93.70%; Jul-23: 89.50%
15	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged under 18 years	Jul-23	80%	**0%**	Apr-23: 0.00%; May-23: 0.00%; Jun-23: 0.00%; Jul-23: 0.00%
16	Percentage of Local Primary Mental Health Support Service (LMPHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over	Jul-23	80%	**99.8%**	Apr-23: 44.90%; May-23: 84.40%; Jun-23: 100.00%; Jul-23: 99.80%
17	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged 18 years and over	Jul-23	80%	**100%**	Apr-23: 100.00%; May-23: 100.00%; Jun-23: 100.00%; Jul-23: 100.00%

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
18.	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Aug-23	65%	**51%**	May-23: 59% | Jun-23: 60% | Jul-23: 57% | Aug-23: 51%
19.	Median emergency response time to amber calls		12m improvement trend	Work in Progress	WIP – Expected Oct-23
20.	Median time from arrival at an emergency department to triage by a clinician		12m reduction trend	Work in Progress	WIP – Expected Oct-23
21.	Median time from arrival at an emergency department to assessment by a senior clinical decision maker		12m reduction trend	Work in Progress	WIP – Expected Oct-23
22.	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Aug-23	95%	**69.8%**	May-23: 73.2% | Jun-23: 75.3% | Jul-23: 76.2% | Aug-23: 69.8%
23.	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge	Aug-23	0 (Mar 2024)	**924**	May-23: 534 | Jun-23: 260 | Jul-23: 548 | Aug-23: 924
24.	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Jun-23	80% (Mar 2026)	**62.0%**	Mar-23: 62.2% | Apr-23: 64.2% | May-23: 61.7% | Jun-23: 62.0%
25.	Number of patients waiting more than 8 weeks for a specified diagnostic	Jul-23	0 (Mar 2024)	**10009**	Apr-23: 6267 | May-23: 8113 | Jun-23: 9175 | Jul-23: 10009
26.	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional	Jul-23	Improvement trend	**85.2%**	Apr-23: 92.80% | May-23: 89.40% | Jun-23: 85.00% | Jul-23: 85.23%
27.	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Jul-23	0 (Mar 2024)	**1282**	Apr-23: 1037 | May-23: 1121 | Jun-23: 1240 | Jul-23: 1282

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
28.	Number of patients waiting more than 52 weeks for a new outpatient appointment	Jul-23	Improvement trajectory towards 0	**11138**	Apr-23: 10479; May-23: 10779; Jun-23: 10789; Jul-23: 11138
29.	Number of patients waiting more than 36 weeks for a new outpatient appointment	Jul-23	TbImprovement trajectory towards 0	**20580**	Apr-23: 19468; May-23: 19629; Jun-23: 19839; Jul-23: 20580
30.	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Jul-23	Improvement trajectory towards 0	**45644**	Apr-23: 54064; May-23: 54788; Jun-23: 46981; Jul-23: 45644
31	Number of patients waiting more than 104 weeks for referral to treatment	Jul-23	Improvement trajectory towards 0	**4164**	Apr-23: 3983; May-23: 4107; Jun-23: 4133; Jul-23: 4164
32.	Number of patients waiting more than 52 weeks for referral to treatment	Jul-23	Improvement trajectory towards 0	**25653**	Apr-23: 23512; May-23: 24396; Jun-23: 24778; Jul-23: 25653
33.	Percentage of patients waiting less than 28 days for a first appointment for specialist Child and Adolescent Mental Health Services (sCAMHS)	Jul-23	80%	**84%**	Apr-23: 83%; May-23: 83%; Jun-23: 88%; Jul-23: 84%
34.	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Jul-23	80%	**20%**	Apr-23: 31%; May-23: 29%; Jun-23: 26%; Jul-23: 20%
35.	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Jul-23	80%	**60%**	Apr-23: 62%; May-23: 59%; Jun-23: 58%; Jul-23: 60%

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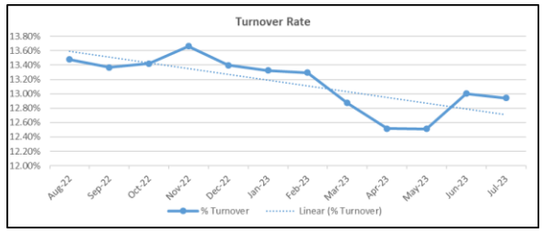
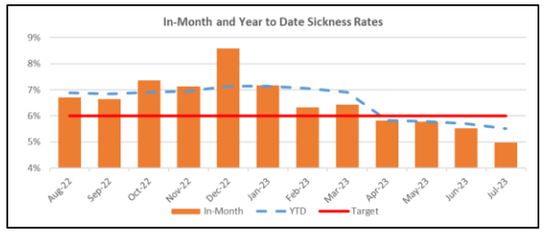
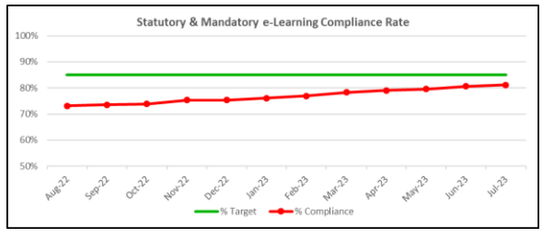
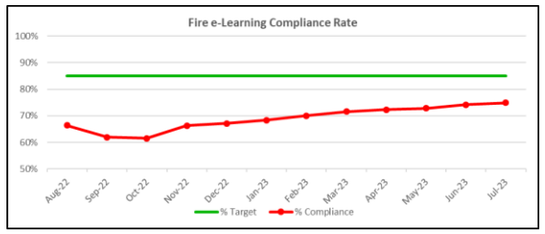
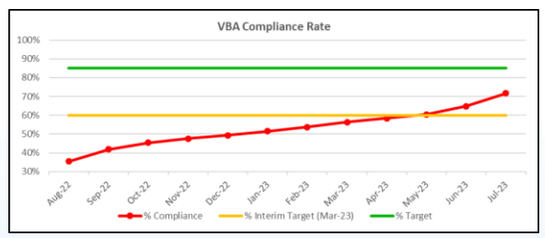
Priority	Performance Summary	Reported Period	Data
Turnover	The overall trend is downwards since Aug-22; the rates have fallen from 13.66% in Nov-22 (the highest rate of turnover in the past 12 months) to a low of 12.51% in May-23 UHB wide. The rate for Jul-23 is 12.94%. This is a net 0.72% decrease, which equates roughly to 99 WTE fewer leavers. The top 5 reasons recorded for leaving are; 'Voluntary Resignation - Other/Not Known', 'Retirement Age', 'Voluntary Resignation – Relocation', 'Voluntary Resignation – Work Life Balance' and 'Voluntary Resignation – Promotion'.	July 2023	
Sickness Absence	Rates remain high; although the rates appear to be the falling towards more 'normal' levels. The monthly sickness rate for Jul-23 was 4.97% after an all-time high of 8.58% for Dec-22. The 12-month cumulative rate has fallen steadily over the past 7 months to 6.53% (by comparison with Jul-22, which was 7.24%).	July 2023	
Statutory and Mandatory Training	Compliance rate has risen to 81.20% for Jul-23, 3.80% below the overall target. The compliance for the All-Wales Genomics Services, Capital, Estates & Facilities and Clinical Diagnostics & Therapeutics are all above the 85% target, and Children & Women's, PCIC, Corporate Executives and Specialist Services are above 80% compliance. Compliance with Fire training has also risen during Jul-23, to 74.87%. Again, Capital, Estates & Facilities and the All-Wales Genomics Services have exceeded the 85% compliance target, and Clinical Diagnostics & Therapeutics is above 80%.	July 2023	 
Values Based Appraisal	Compliance has more than doubled over the last year; the compliance at Jul-23 was 71.64%. Clinical Boards had been set an improvement target of 60% by the end of March 23, then 85% by the end of June 2023. Capital, Estates & Facilities (91.77%) are the only Clinical Board to have exceeded the 85% target, but all of the Clinical Boards with the exception of Mental Health and the Corporate Executive group are now above the 60% transitory target.	July 2023	

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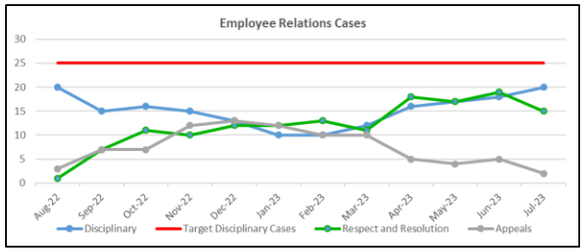
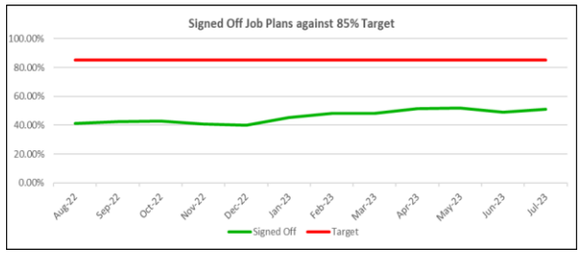
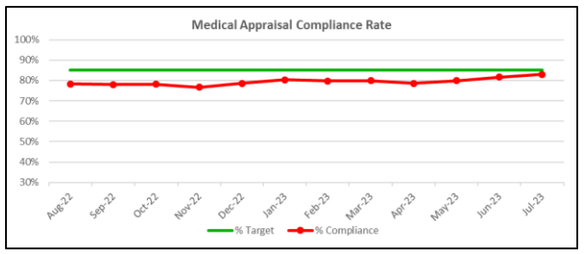
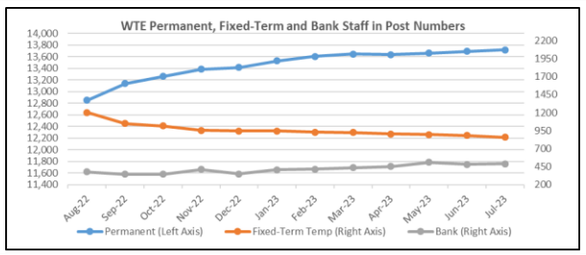
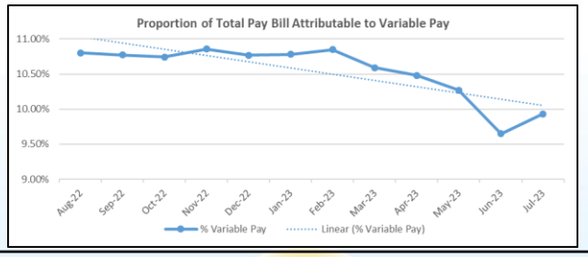
Priority	Performance Summary	Reported Period	Data
Employee Relations	As can be seen in the graph the number of employee relations cases the People Services team are supporting has risen in the past three months but remains below the UHB Target. Further work is being undertaken to help embed the Just Culture principles within the UHB and a Just Culture Toolkit is being developed. The People Services Team continue to analyse trends of employee relations cases to develop bespoke training packages or additional toolkits/support services where appropriate.	July 2023	
Job Plans	91.14% of clinicians have engagement with job planning and have a job plan in the system, however only 51.25% of these plans are fully signed off. Focus continues to be on supporting the approval and sign off process.	July 2023	
Medical Appraisals	The rate of compliance with Medical Appraisal has risen during the past 12 months. At Jul-23 the compliance was 83.05%, by comparison with the target 85%.	July 2023	
Staff in Post	The overall Health Board Staffing Numbers have increased in the last 12 months by 522.29 WTE, to 14,573.19 WTE. The change in the split between permanent and fixed-term as shown in the graph below is largely due to validation of the ESR data held for staff contract type. The quantity of 'replacement' WTE by bank is increasing; in Aug-22 this represented 378.34 WTE, in Jul-23 this had risen to 488.93 WTE.	July 2023	
Variable Pay (Bank, Agency, Overtime..)	The trend of proportion of the pay bill spend on variable pay (Bank, Agency, overtime etc.) is falling. It has been as high as 10.85% of the total spend on pay, but in Jul-23 was 9.93%. It must however be borne in mind that the total pay bill is increasing.	July 2023	

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
36.	Percentage of sickness absence rate of staff	Jul-23	6%	**4.97%**	Apr-23: 5.82%; May-23: 5.77%; Jun-23: 5.52%; Jul-23: 4.97%
37.	Staff turnover measure tbc starters and leavers and/or vacancies?	Jul-23	7%-9%	**12.94%**	Apr-23: 12.52%; May-23: 12.51%; Jun-23: 13.00%; Jul-23: 12.94%
38.	Agency spend as a percentage of the total pay bill	Jul-23	12 month reduction trend	**2.41%**	Apr-23: 2.48%; May-23: 1.86%; Jun-23: 1.99%; Jul-23: 2.41%
39.	Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (including doctors and dentists in training)	Jul-23	85%	**72.37%**	Apr-23: 59.60%; May-23: 61.63%; Jun-23: 65.86%; Jul-23: 72.37%

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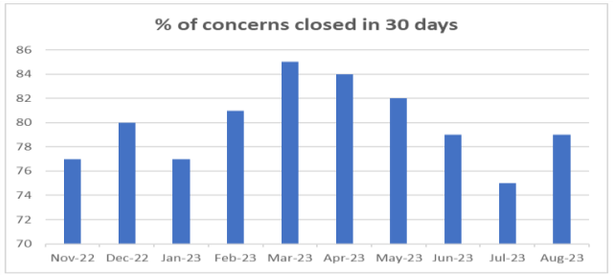
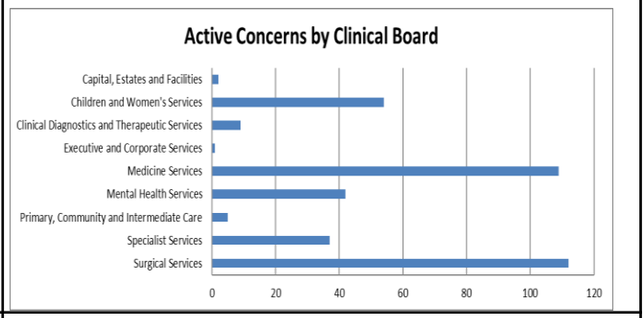
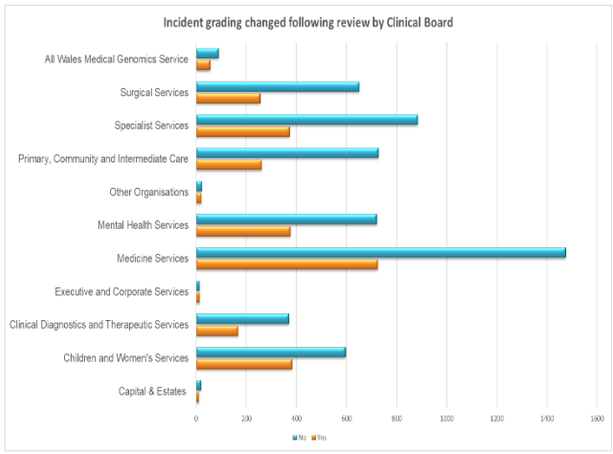
Priority	Performance Summary	Reported Period	Data
Concerns 30 day performance	• **Welsh Government target for responding to concerns is 75% within 30 working days** • During July and August 2023, the Health Board received : • 697 Concerns • 77% closed within 30 working days (including Early Resolution) • 63 % closed under Early Resolution • 102 Compliments We currently have 371 active concerns Top 3 themes and trends 1. Communication 2. Concerns around appointments (waiting times/cancellations) 3. Clinical Treatment and Assessment	July and August 23	 
Duty of Candour	• 8409 incidents have been reported by staff across the Health Board, reflecting an open culture where staff feel comfortable to speak up. • Approximately 32% incidents regraded with feedback provided to reporter, investigating manager and investigator • Approximately 78 incidents reviewed per day • We have led 11 DOC awareness sessions across the Health Board so far and continue undertake these monthly and when requested. • Since 1st April 2023 we have triggered the DOC on 25 occasions		

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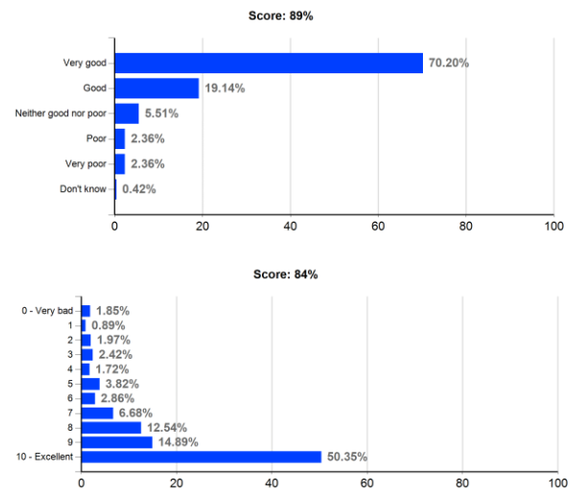
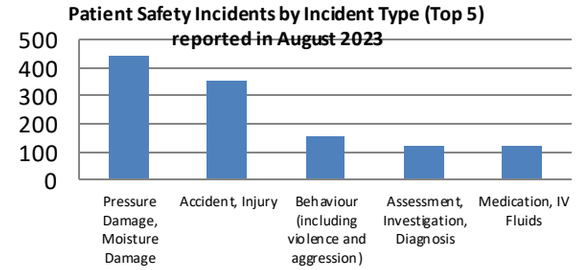
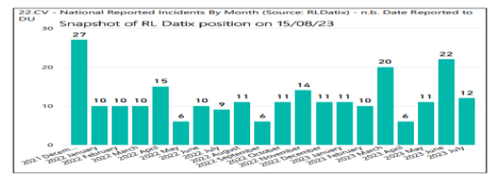
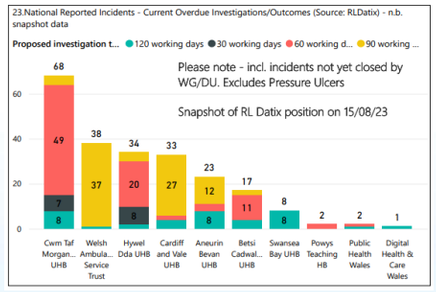
Priority	Performance Summary	Reported Period	Data
Patient Feedback – Civica	• Went live on Friday 28th October 2022 and we are currently surveying up to 600 patients daily via SMS. As of the end of July 2023, we have contacted some 83,672 people for feedback via text messaging and are seeing a return rate of 18%. • In June, we contacted 8908 people via text and had 1615 completions (18% rr) • In July, we contacted 11312 people via text and had 1977 completions (17% rr) • Combined, we contacted 20220 people via text and had 3285 completions (18% rr). Of those who attended/discharged during June/July, 87% of those who answered the rating question were satisfied with our service. • Our return rate is 18% it is our understanding this is higher than many organisations but will be a focus for improvement with more targeted experience data collection over the next year, with an ambitious aim for a minimum return of 25% by end of March 24.	Jun-23 Jul-23	
Incident Reporting	During August, 1676 patient safety incidents were reported, pressure damage was again the most common reported patient safety incident type, followed by accident injury (falls), behaviour (including v&a), assessment/assessment and diagnosis, and finally medication errors (see chart in side bar). <u>NRI performance</u> • Number of open NRIs – 65 • Number of closures submitted in August – 13 • Number of overdue NRIs – 26 This is an improved position on the previous month, which had 64 open NRIs, 11 NRI closures were sent and 32 were overdue in July.	Jul-23	  

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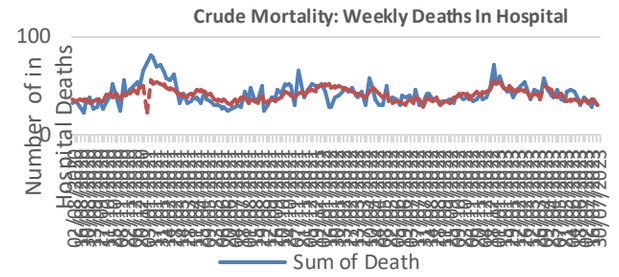
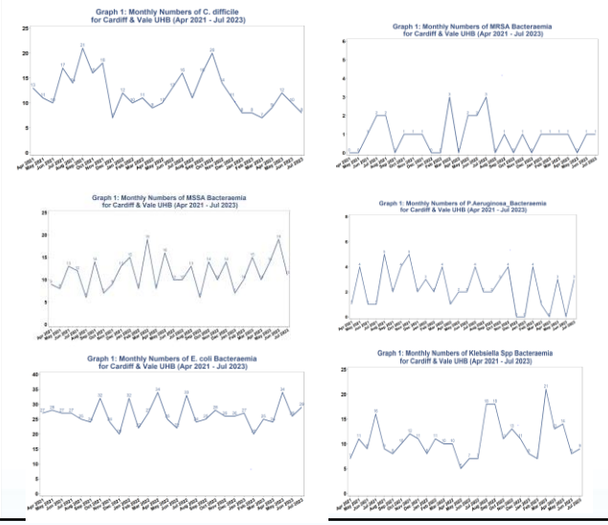
Priority	Performance Summary	Reported Period	Data
Tier 1 Mortality	• The Crude inpatient Mortality chart demonstrates the numbers of inpatient deaths that occur in the Health Board on a weekly basis and compares this measure with the average for the previous 5 years for the same week. The blue line demonstrates the rolling crude inpatient mortality rate compared to the 5-year average for the same reporting week (red line), with the exception of March 2020 and December 2020 to February 2021, the first and second waves of Covid-19.Inpatient crude mortality continues to track the five year average • Crude all-cause mortality, demonstrates the weekly number of deaths registered in Cardiff and the Vale of Glamorgan, regardless of where they occurred. COVID – 19 deaths the pink line, illustrates the number of deaths where COVID-19 features anywhere on the death certificate. There is a correlation between increases above the five-year average and deaths where the patient had Covid on their death certificate during the first two waves of the pandemic. An increase above the five year average has been noted across wales since April 2023 with a similar increase noted in Cardiff and Vale UHB with five year average crude mortality in week 28 being recorded as 76 compared with 63.6 for the previous five year average.	July-23 May-23	
Infection Control	The WHC for the 2023/24 financial year has not yet been released. Therefore, the reduction expectations are based on those released for the 2022/23 financial year. • Between April 23 and July 23, there were 44 cases of ***Klebsiella sp* bacteraemia**. The reduction expectation for this period is 23 cases, thus the number of cases is 21 over the reduction expectation. • There were 6 cases of ***P. aeruginosa* bacteraemia**. The reduction expectation for this period is 8 cases, thus the number of cases is 2 below the reduction expectation. • There were 133 cases of **E. coli bacteraemia**. The reduction expectation for this period is 83 cases, thus the number of cases is 30 over the reduction expectation. • There were 57 cases of **S. aureus bacteraemia**. The reduction expectation for this period is 26 cases, thus the number of cases is 31 over the reduction expectation. • There were 39 cases of **C. difficile**. The reduction expectation for this period is 26 cases, thus the number of cases is 13 over the reduction expectation.	Apr-23 – July-23	

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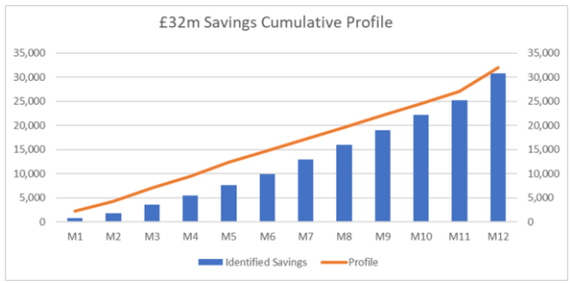
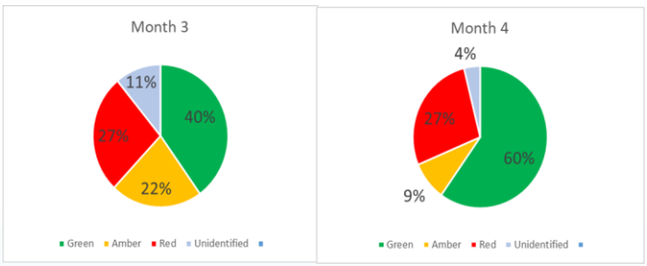
<table>
<tr><th>Priority</th><th>Performance Summary</th><th>Reported Period</th><th>Data</th></tr>
<tr><td>Deliver 2023/24 Draft Financial Plan</td><td>Financial Plan Approved by Board and submitted to Welsh Government

• Brought forward underlying deficit of £40.3m
• Local Covid Consequential costs of £34.2m
• Additional energy costs of £11.5m
• 23/24 Demand and cost growth and unavoidable investments of £48.8m
• Allocations and inflationary uplifts of £14.4m
• A £32m (4%) Savings programme

This results in a 2023-24 planning deficit of £88.4m.

The UHB is reporting a month 4 overspend of £34.353m. £29.467m of this being four months of the annual planned deficit. £4.055 deficit on the Savings Programme, being four months of red schemes and unidentified savings. 0.832m is an operational overspend in delegated and central positions.</td><td>Jul-23</td><td><table><tr><th></th><th>Forecast Month 4 Position £m</th><th>Forecast Year-End Position £m</th></tr><tr><td>Planned deficit</td><td>29.467</td><td>88.400</td></tr><tr><td>Savings Programme</td><td>4.055</td><td>0.000</td></tr><tr><td>Operational position (Surplus) / Deficit</td><td>0.832</td><td>0.000</td></tr><tr><td>Financial Position - Deficit £m</td><td>34.353</td><td>88.400</td></tr></table></td></tr>
<tr><td>Delivery of recurrent £32m savings target</td><td>At month 4, the UHB has identified £30.764m of green, amber and red savings against the £32m savings target leaving a further £1.236m (4%) schemes to be identified. The month 4 position includes a Savings Programme variance of £4.055m relating to a four month share of red and unidentified schemes.

Additional actions are progressing to recover the month 4 operational & CRP overspend to enable the UHB to deliver the planned £88.4m deficit

The UHB expects to be able to manage the balance of savings plans required to deliver the forecast deficit of £88.4m with the risk of non-delivery of savings shown in Graph 1 and the progress of reducing the risk via identification of schemes in Graph 2</td><td>Jul-23</td><td>Graph 1 – Profile of Savings Delivery and Unidentified Schemes
 
Graph 2 - Progress of Identification of Schemes
  </td></tr>
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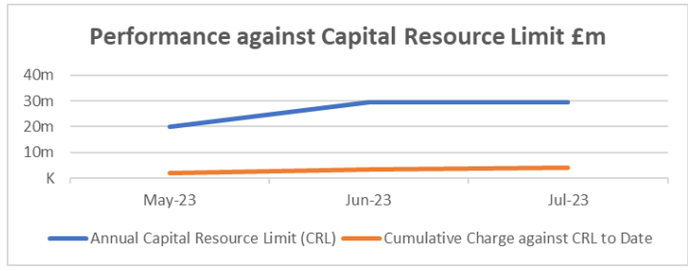
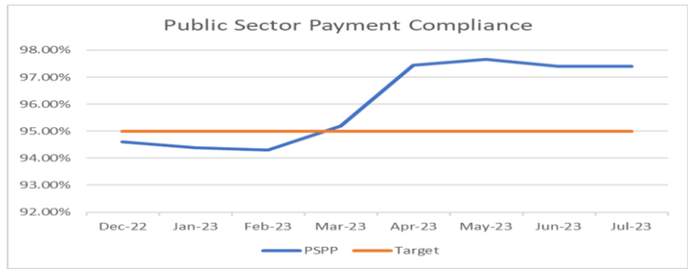
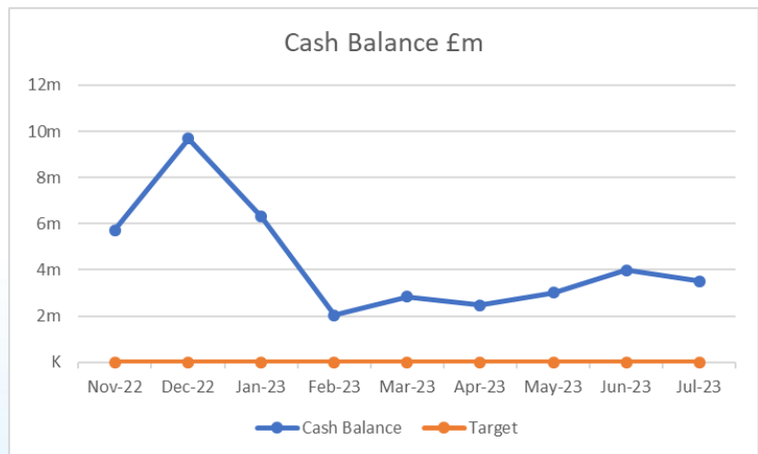
Priority	Performance Summary	Reported Period	Data
Remain within capital resource limits	The UHB forecasts to deliver within it's Capital Resource Limit.	July-23	
Creditor payments compliance 30 day Non-NHS	The UHB's public sector payment compliance performance is above the target of 95%. Performance for the month to the end of July was **97.42%** and improvements are illustrated in the graph to the right.	July-23	
Remain within Cash Limit	The UHB's working capital requirement assumes that Welsh Government will provide support to movements in working capital from the 2022-23 Balance Sheet and for the £88.4m planning deficit in the UHB 2023-24 Financial Plan. Discussion is ongoing with Welsh Government to provide cash support for these areas which will total approximately £100m.	July-23	
Maintain Positive Cash Balance	The closing cash balance at the end of July 2023, was £3.498m. A detailed monthly cashflow forecast is included in the monthly monitoring return submission to Welsh Government. The UHB's working cash assumption for 2023-24 is based on the following key assumptions :- • Movements in working capital from the 2022-23 Balance Sheet to be assessed as the year progresses. • Additional 1.5% consolidated pay award (£11.5m) for which Resource cover was received from Welsh Government in 2022-23 but has been paid out in 2023-24 and requires cash support. • Cash support for the £88.4m deficit of the UHB 2023-24 Financial Plan. Discussion is ongoing with Welsh Government to provide cash support for these three areas which will total approximately £100m.	July-23	

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
40.	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Apr-23	Improvement trend	70%	Jan-23: 59%; Feb-23: 56%; Mar-23: 44%; Apr-23: 70%
41.	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following		90%	Work in progress	
42.	Percentage of calls ended following WAST telephone assessment (Hear and Treat)		17% or more	Work in progress	
43.	Number of Pathways of Care delayed discharges		12 month reduction trend	Work in progress	
44.	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years	Jul-23	90%	**90.2%**	Apr-23: 89.40%; May-23: 88.10%; Jun-23: 89.20%; Jul-23: 90.20%
45.	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over	Jul-23	90%	**46.7%**	Apr-23: 50.30%; May-23: 49.10%; Jun-23: 47.30%; Jul-23: 46.70%
46.	Number of patient experience surveys completed and recorded on CIVICA *(Total partial/full survey completions, including SMS, Bedside and bespoke)*	Jun/Jul-23	Month on month improvement	**3760**	

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
47.	Cumulative number of laboratory confirmed bacteraemia cases: *Klebsiella* sp and; *Pseudomonas aeruginosa*	Jul-23	*Klebsiella sp* - 23 *P. aeruginosa* – 8	**44** **6**	Work in progress
48.	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: *E-coli*; *S.aureus* (MRSA and MSSA)	Jul-23	*E. coli* - Tbc *S.aureus* – Tbc	**66.01** **33.30**	Work in progress
49.	Cumulative rate of laboratory confirmed *C.difficile* cases per 100,000 population	Jul-23	Work in progress	**22.60**	Work in progress
50.	Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset of COVID-19	May-23	Reduction against 22/23	Work in progress	Work in progress
51.	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Jul-23	95%	**58.12%**	Apr-23: 58.04%; May-23: 58.12%; Jun-23: 58.66%; Jul-23: 58.83%
52	Number of ambulance handovers over 1 hour	Aug-23	0 (Mar 24)	**1728**	May-23: 1395; Jun-23: 1558; Jul-23: 1473; Aug-23: 1728
53.	Number of patient safety incidents that remain open 90 days or more	Jul-23	12-month reduction trend	**4104**	Work in progress

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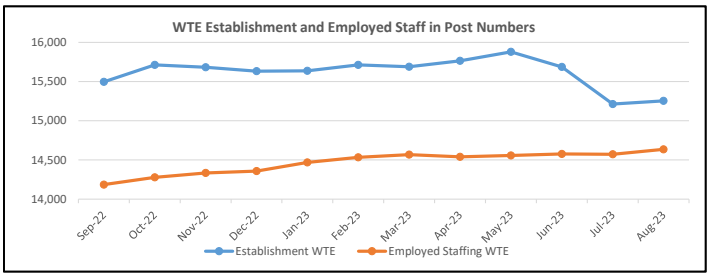
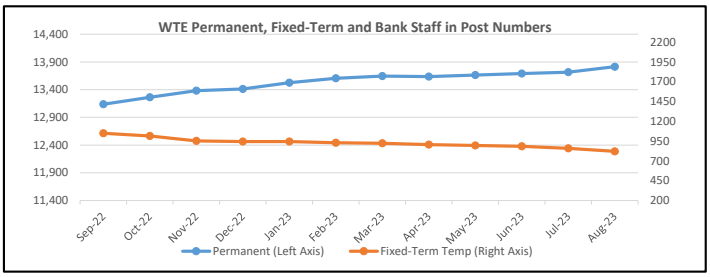
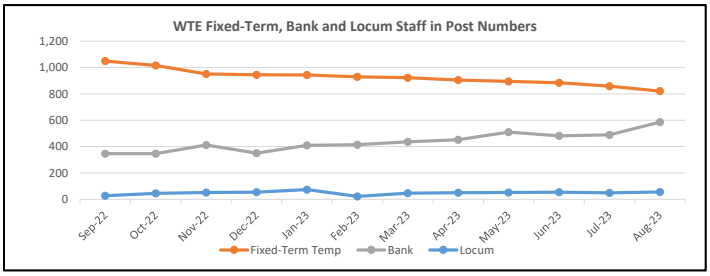
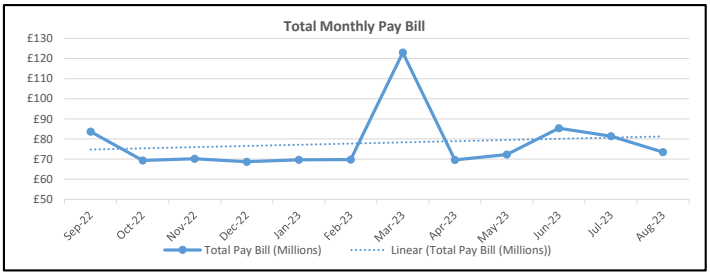
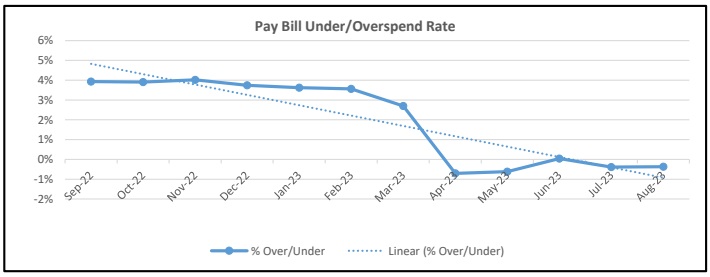
Workforce Key Performance Indicators Trends August 2023

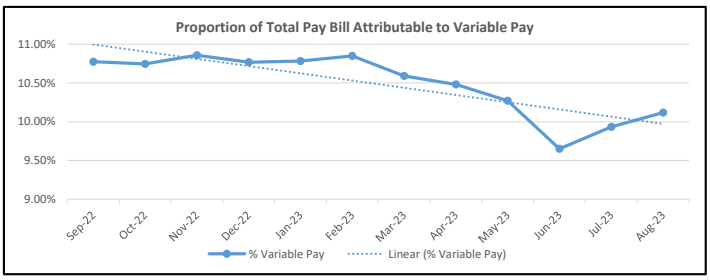


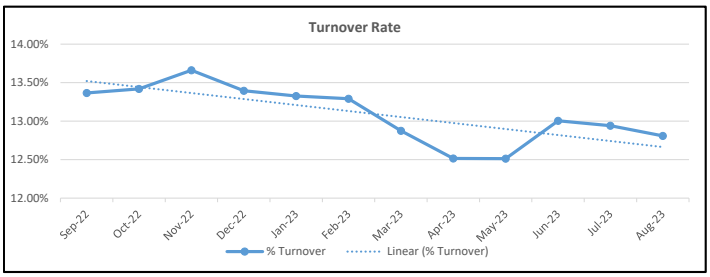


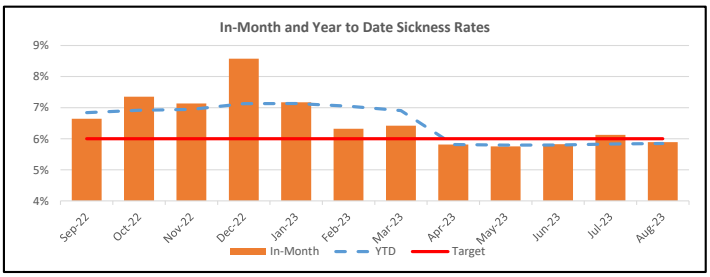


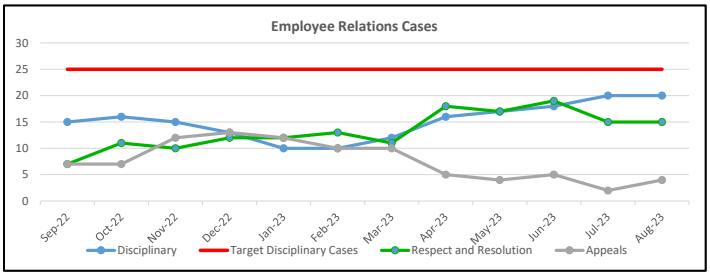


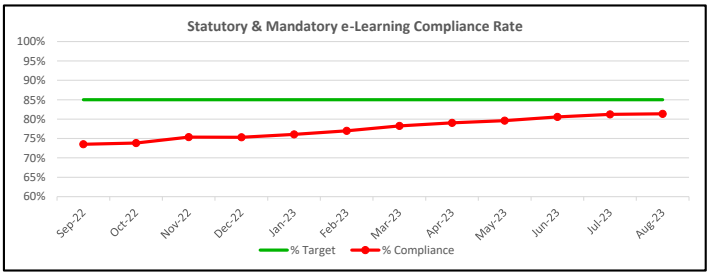


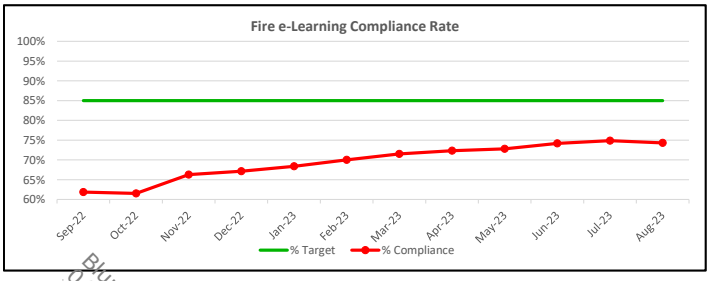


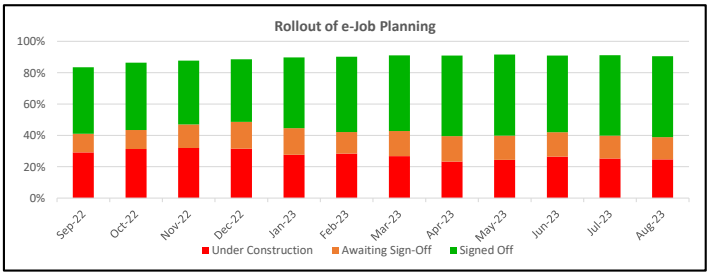


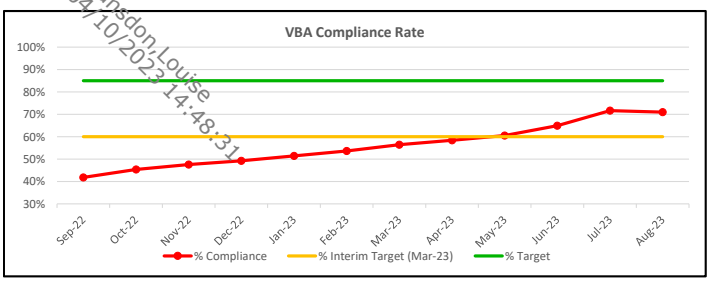


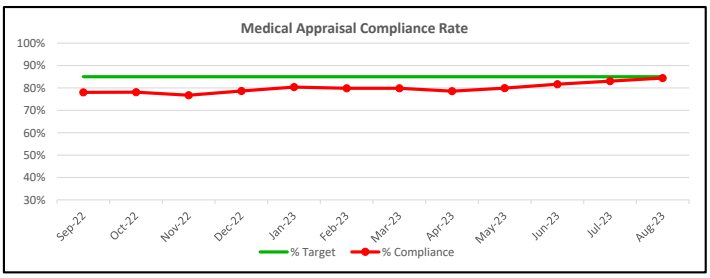












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Report Title:	**STAFF BENEFITS GROUP REPORT**			Agenda Item no.	**11**
Meeting:	**Local Partnership Forum**	Public		Meeting Date:	**12.10.23**
		Private			
Status *(please tick one only):*	Assurance		Approval		Information X
Lead Executive:	**Rachel 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 March - May 2023.

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.

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 quarterly meeting of the Staff Benefits Group was held on 8th August 2023 and recorded the following activities:

Salary Sacrifice Scheme

- The group agreed that further research and benchmarking is required on the Home and Electronic Salary Sacrifice Schemes before a decision can be made on whether to proceed.

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A scoping exercise is to be conducted with other Health Boards to review the no. of employee sign ups and receive information on their preferred providers.

- Cycle to Work Scheme and Cycle to Work Day (3rd August) has been actively promoted via internal staff engagement platforms.

  A review of the scheme to include employee uptake statistics, to be provided to the next meeting. Consideration given to scheme awareness raising via CAVUHB employee inductions and promotions featuring UHB colleagues who currently participate in the scheme.

Staff Financial Wellbeing (Cost of Living Crisis)

Strategic Wellbeing Group continue to meet regularly to discuss the current economic situation, it's impact on employees and explore ways in which the Health Board can provide advice and support.

Staff Benefits Partners

Nathaniel Cars Group (NCG)

- Promotional vehicles were installed at entrances to University Hospital Llandough and University Hospital Wales in July '23.
- An Electrical Vehicle Pop Up Event took place at the UHW Concourse on 19th July 2023. colleagues.
- Updated Affinity Deals graphics have been received and promoted via the Staff Benefits webpages.

- Partnership Group Meetings membership has been revised following Peter Welsh's retirement; Rachel Gidman and Mike Jones will join future meetings.

- Partnership contract review to take place prior to December 2023.

Staff Benefits Providers

No new Staff Discount Providers Proposals were received during the last quarter and new offers for free tickets/discounts etc., which were time limited and approved by the SBG by email during this period were tabled for noting.

Staff Benefits Promotions

Content during the next quarter will be aligned to key Health Board and Public Health Services messaging and include features on staff wellbeing and back to school savings.

CAVUHB Corporate Staff Benefits Webpages

Recent meetings have taken place with People and Culture to review the content of the Health Boards' Corporate Staff Benefits webpages and discuss alignment with the Staff Benefits Savings and Discounts, to refresh all content, avoid duplication and improve visual imagery. Work is in progress and regular meetings ongoing.

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The next meeting of the Staff Benefits Group is scheduled for the 7th November 2023.

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Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:
The Staff Benefits Group continues to support colleagues across Cardiff and Vale University Health Board by promoting internal employee benefits and external staff discounts/offers via staff engagement platforms, including CAVUHB Internet /Staff Connects/Sharepoint/social media platforms and digital screens.

Recommendation:
The Local Partnership Forum is requested to: **RECEIVE FOR INFORMATION** the Staff Benefits Group Report for the period June - August 2023.

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	√

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes/No
Please include the detail of any Risk Assessments undertaken when preparing and considering the content of this report and, where appropriate, the nature of any risks identified. (If this has been addressed in the main body of the report, please confirm)
Safety: Yes/No
Are there any Staff or Patient safety implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)
Financial: Yes/No
Are there any Financial implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)
Workforce: Yes/No
Are there any Workforce implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)
Legal: Yes/No

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Are there any legal implications that arise from the content and proposals contained within this report? If so, has advice been sought and what was the outcome? (If this has been addressed in the main body of the report, please confirm)
Reputational: Yes/No
Are there any reputational risks associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)
Socio Economic: Yes/No
The Socio-Economic Duty is to designed to encourage better decision making, ensuring more equal outcomes. Do the proposals within this report contain strategic decisions, such as setting objectives and the development of services. If so has consideration been given to how the proposals can improve inequality of outcome for people who suffer socio-economic disadvantage? Please include detail. *Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: The Socio-economic Duty: guidance | GOV.WALES* *(If this has been addressed in the main body of the report, please confirm)*
Equality and Health: Yes/No
Equality Health Impact Assessments (EHIA) are typically undertaking when developing or reviewing Health Board strategies, policies, plans, procedures or services. Do the proposals contained within the report necessitate the requirement for an EHIA to be undertaken? If so, please include the detail of any EHIA undertaken or the plans are in place to do so. *Useful guidance on the completion of an EHIA can be found at the following link: EHIA toolkit - Cardiff and Vale University Health Board (nhs.wales)* *(If this has been addressed in the main body of the report, please confirm)*
Decarbonisation: Yes/No
Has consideration been given to the delivery of proposals in accordance with NHS Wales Decarbonisation Plans. If so, please confirm the detail of issues considered and plans made. *(If this has been addressed in the main body of the report, please confirm)*

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

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