Local Partnership Forum

Tue 12 December 2023, 10:00 - 12:00

MS Teams

Agenda

10:00 - 10:02
2 min

1. Welcome and Introductions

Dawn Ward

10:02 - 10:04
2 min

2. Apologies for Absence

Dawn Ward

10:04 - 10:06
2 min

3. Declarations of Interest

Dawn Ward

10:06 - 10:08
2 min

4. Minutes of the meeting held on 12 October 2023

Dawn Ward

4. LPF minutes 12.10.23.pdf (8 pages)

10:08 - 10:10
2 min

5. Action Log

Dawn Ward

5. LPF action log 12.10.23.pdf (1 pages)

10:10 - 10:30
20 min

6. Chief Executives Report

Verbal Update *Suzanne Rankin*

10:30 - 10:50
20 min

7. Strategic Equality Plan 2024-2028

Presentation *Head of Equity & Inclusion*

10:50 - 11:10
20 min

8. People and Culture Communications Plan

Paper *Joanne Brandon*

8. People and Culture Communications Plan v3.pdf (13 pages)

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8.1. Social Media Strategy

Joanne Brandon

8.1 Social Media Strategy 2023.pdf (8 pages)

11:10 - 11:50
40 min

9. Integrated Performance Report

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

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

9. C&V Integrated Performance Report November 2023.pdf (30 pages)
9.1 Appendix 1 WOD KPI Report Oct-23.pdf (2 pages)

11:50 - 11:50
0 min

10. EPSG Minutes

Head of People Assurance and Experience

10. EPSG Minutes 27 Sept 2023.pdf (8 pages)

11:50 - 11:50
0 min

11. Staff Benefits Group

11. Staff Benefits Group Report Dec '23.pdf (5 pages)

11:50 - 11:55
5 min

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

Dawn Ward

11:55 - 12:00
5 min

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

Dawn Ward

12:00 - 12:00
0 min

14. Future Meeting Arrangements

Thursday 8 February 2023 at 10am with a staff rep pre-meet at 8:45am

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LOCAL PARTNERSHIP FORUM MEETING
Thursday 12th October 2023 at 10am, via Teams

Present

Rachel Gidman	Executive Director of People and Culture (Chair)
Dawn Ward	Chair of Staff Representatives – BAOT/UNISON (Co-chair)
Bill Salter	UNISON
Peter Hewin	BAOT/UNISON
Karina Mackay	BDA
Fiona Kinghorn	Executive Director of Public Health
Jonathan Pritchard	Assistant Director of People Resourcing
Lianne Morse	Deputy Director of People and Culture
Mike Jones	Independent Member – Trade Union
Paul Bostock	Chief Operating Officer
Rachel Pressley	Head of People Assurance and Experience
Steve Gauci	UNISON
Fiona Salter	RCN
Joanne Brandon	Director of Communications, Arts, Health Charity and Engagement
Katherine Davies	RCN
Mathew King	Head of Service, Podiatry
Matt Phillips	Director of Corporate Governance
Robert Mahoney	Deputy Director of Finance
Jonathan Pritchard	Assistant Director of People Resourcing
Jonathan Strachan Taylor	GMB

In Attendance

Ashleigh O'Callaghan	Head of Strategic Planning
Dr Sian Griffiths	Consultant in Public Health Medicine
Sarah Hill	RCN Rep

Apologies

Catherine Phillips	Executive Director of Finance
Abigail Harris	Executive Director of Strategic Planning
Claire Whiles	Assistant Director of OD, Wellbeing and Culture
Fiona Jenkins	Executive Director of Therapies and Health Science
Suzanne Rankin	Chief Executive
Janice Aspinall	RCN
Julia Davies	Unison
Mathew Thomas	Unison
Lorna McCourt	Unison
Ceri Dolan	RCN
Joe Monks	UNISON
Rhian Wright	RCN

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Secretariat

Louise Blunsdon	People Assurance and Experience Coordinator (Minutes)

LPF 23/052 WELCOME AND APOLOGIES

Rachel Gidman (RG) welcomed everyone to the meeting. Dawn Ward (DW) introduced Sarah Hill to the meeting who would be observing as a new RCN rep. Apologies for absence were noted.

LPF 23/053 DECLARATIONS OF INTEREST

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

LPF 23/054 MINUTES OF THE PREVIOUS MEETING

Minutes of the previous meeting on 10th August 2023 were received and agreed as an accurate record subject to the following changes:

Peter Hewin (PH) queried a typing mistake on Page 6 of the previous minutes, reference **LPF 23/046**.

Data has demonstrated higher rates of excess deaths and years of life lost are found in areas of increased depravity.

PH explained that the wording depravity should have read deprivation.

PH raised a matter arising from the previous minutes reference **LPF 23/042** and the IP&C guidance around respiratory infections and staying off work for 48 hours once symptom free. The TU opinion is that this represents a medical suspension.
Paul Bostock (PB) confirmed this would be applied and would be communicated across Clinical Board management teams.

LPF 23/055 ACTION LOG

The action log was noted and the following updates provided:

- LPF 23/042: RG discussed with IM&T who explained that there are more requests for licences than originally thought. They are prioritising the Welsh Nursing electronic records. RG suggested that as timelines have not been provided, an IM&T rep to attend WPG for further discussion
  Action: LB.

LPF 23/ 056 CHIEF EXECUTIVE'S REPORT

Paul Bostock (PB) gave an update in Suzanne Rankin's absence. Key points included:

- He expressed thanks to staff for their continued efforts under continued operational pressures.
- Winter pressures – there is a focus on improving the quality, safety and the experience for patients and staff. Despite pressures, we are seeing improvements in the service and care that patients are receiving.
- The AGM was held last month and approx. 350 people attended the live stream. There was also good engagement at the Public Board meeting last week. PB offered thanks for the support and a request to continue to encourage people to join and be a part of these events.

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- Workforce reshaping – PB explained the workforce has grown over the last 2/3 years by about 2000 staff and that conversations are continuing to ensure we are fit for purpose going forward. This is the reshaping process, not reducing staff. PB reiterated the need to look ahead and move forward with where we need to be over the next 2-3 years.
- Financial position - The financial position in the Health Board is still challenging but this is also the case across Wales. The First Minister is due to make an announcement next week on the state of the finances in Wales. PB explained that half of the money that comes from the UK treasury into Wales goes on Health. However, Health is responsible for three quarters of the Welsh deficit and the challenge this year is to reduce the £88.5m deficit and to generate £32m worth of savings - we are behind on this currently. There has been a fantastic effort in reducing agency spend for nursing staff of approx. £700,000 in a month. The spend on medical agency remains high and requires additional focus in this area. Rate cards have been introduced for consultants.

DW commented that she recognises the financial pressures the Health Board is facing and referenced the comment from Suzanne Rankin in the last LPF meeting around the swell in the workforce over the pandemic and the need to reduce 200 to 300 roles over the next 2/3 years. DW added that they recognise the hard work put in by the Health Board to make as many of the temporary contracts as possible substantive. DW queried if the plan to reduce roles over the next 2/3 years is still correct but also questioned how the unions will know when this is happening.

DW also commented on the Corporate Vacancy Scrutiny panel (CVSP) process. The TUs are not involved in this process but understand there is a sign up from the Health Board to commit to filling clinical posts where they're justified. DW referenced the paper presented by Jason Roberts, Safe Staffing Act, where there was a challenge from the TUs as the ward managers don't always have their supernumerary time protected for administration work.

PB responded that he and Jason Roberts agreed last week that 2 days a week supernumerary time would be reinstated.

In terms of the CVSP, PB reminded the forum that enhanced scrutiny has been put in place but clinical posts under a Band 6 are not considered.

Lianne Morse (LM) explained that prior to the pandemic clinical boards always had their own vacancy scrutiny panels. This stopped during the pandemic and we did see growth then. As an organisation, we are bringing that scrutiny back into place. Since the Clinical Boards have put the panels back in place, there are fewer posts coming through to the corporate panel. If managers are able to justify why the post is needed, the posts are being approved. LM added that for Capital Estate and Facilities roles, if they are replacements they go through automatically and are not held.

RG added that reshaping is one of the themes of the People and Culture plan and this was always going to happen to ensure the right workforce is there for the patient.

Robert Mahoney (RM) explained to the group that he occasionally sits on the CVSP and reiterated that the emphasis is reshaping and giving due consideration to the recruitment process. RM advised that recruiting managers are asked to answer a set of standard questions. Approval can be delayed because the questions haven't been answered. Once answers are received, the majority of posts are approved. The set of questions are:

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1. What has been considered to absorb the work without the post?
2. What skills mix changes have been considered/implemented?

3. % vacancy and sickness rate in the team?
4. Impact if not recruited ?
5. Will this increase your current run rate?

PH made an observation about one of the questions asked by the CVSP; namely, what efforts have been made to absorb the work elsewhere. PH expressed his concern over what this means in practice. PH also added that he understands the reshaping agenda but had asked Suzanne Rankin at the last meeting how the TUs are to engage with this. PH explained that SR's response was to refer to Matt Phillips and the governance framework. PH commented he takes the point made by RG that its part of the People and Culture Plan reshaping agenda as well and asked again how do the trade unions best engage with the reshaping agenda, particularly the development of new roles? He also queried finances as there has been a lot of discussion at the Wales Partnership Forum level around tensions between some of the offers in the pay deal and the financial pressures that health boards are operating under. The initiatives in the pay deal are widely agreed to be cost saving in the long run but maybe don't give short term wins. The suggestion was that we need to be looking at those locally as a health board as well as at the All Wales level. PH requested if this could be added for discussion at the next meeting.

Action: RP

RG responded by explaining that the Heads of People and Culture and Jonathan Pritchard (JP) are linking very closely with the clinical boards and as this progresses will see how it works operationally. RG asked JP and the Heads of People and Culture to connect with the TUs about the reshaping work taking place.

Action: JP

In relation to the question of the absorption of work elsewhere, RM expressed the opinion that although he understands the concern raised, he felt that what is being asked and challenged is right. RM explained that the panel is asking whether the overall capacity of your workforce has been looked at and if any capacity has been created which could possibly allow reorganisation and reabsorbtion of some of this work? RM reiterated the panel are not saying to lose people and give their work to somebody else.

DW commented on the importance of strategic workforce planning and expressed concern over the level of expertise in this area, particularly among managers. PB agreed with the point that some capability building is required within some of our teams in order support them and develop their workforce planning skills.

LM made the group aware that there has been a realignment of the Heads of People & Culture to the Clinical Boards and that they are currently supporting with the annual plan, and making sure we've got good baseline workforce plans in the short term. The next step will be to look at the medium to long term as we are mature with our capability.

RG added that we are awaiting a response from the All Wales audit report into workforce planning which is expected within the next couple of months.

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LPF 23/057 WINTER PLAN:

PB presented the Winter Plan and discussed the main points:

- The key factor that might impact upon winter is not the increase in the number of people requiring a hospital stay but their acuity as the people who come in are sicker and are staying longer. Other issues include public expectations and financial restraints. Staff morale can also be an issue and there may be further industrial action.

- In the worst case scenario, the UHB anticipates being 90 beds short this Winter, last year it was 150. This improvement can be attributed to:
    - an 80% improvement in the amount of time that patients are waiting to be handed over from ambulance staff.
    - Fewer patients being admitted into inpatient beds as treated within the same emergency care service.
    - There are 3000 less patients waiting over 2 years for planned treatment and 500 patients less waiting over 62 days for cancer treatment.
- PB described the measures that would be taken to find the equivalent of 90 beds.
- Focused work is taking place to reduce the length of time that patients are staying in hospital. This will help to improve patient experience, create some capacity within the hospital and not stretch staff as much as last year.
- The Winter Vaccination strategy emphasises the importance of having the vaccinations for flu and Covid. Fiona Kinghorn (FK) reiterated the importance of encouraging staff to have their vaccinations.
- Joanne Brandon (JB) outlined that the winter comms and engagement plan including some work with the media who are invited to a round table event.

PB thanked the LPF who have been helpful and supportive of this plan.

DW thanked PB for his level of engagement with the TUs and recommended the Winter roadshow to TU colleagues. She explained how it had been interesting to hear some of the questions, collaborative approaches and offers coming through in the discussions at the Winter Roadshow.

DW asked if there would be a requirement for some temporary workforce, noting that PB has talked about a reduced agency workforce of 50%, or if there be an increase in the bank shifts. PB explained that there would be the need for some temporary workforce. There is some additional short term capacity as we are getting ready to use C5 for the move back of cardiothoracic in the Spring and this facility will be used for the winter surge. This would require additional staffing but it is less than last year. It is hoped that next year, a plan will be presented that does not require additional capacity.

Steve Gauci (SG) noted that staff morale and well being are central to the success of a Winter plan. He asked how are we going to mitigate this issue in a meaningful and measurable way and how we can promote compassionate leadership. He gave the example of the conditions that many staff have to work in.

RG explained that we have put a proposal to the organisation around a Compassionate Leadership programme. This approach involves staff by ensuing we listen to what they're saying, act upon this feedback and then co-design the proposal with them. RG also commented on the importance of the staff survey, noting that only 22% completed the last survey which doesn't provide a feel for the total organisation. In terms of other support available, RG added that the financial well-being/cost of living group has been nominated for an award externally. Feedback concerning Wage Stream has been really positive, and the Well-being services and Staff Haven is available. RG reiterated the importance for feedback to be shared.

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LPF 23/ 058 ANNUAL PLAN

Ashleigh O'Callaghan (AoC), Head of Strategic Planning, delivered a presentation on the Annual Plan. The main points included:

- The IMTP is an integrated plan which aligns performance, service, finance, workforce, digital, estates and the wider corporate teams into one plan, it is medium term across a 3 year timescale.
- The IMTP is a tactical plan that helps us understand how to deliver strategy whilst remaining responsive to operational issues.
- Each year the health board is required to submit a 3 year IMTP to the Welsh Government (WG). An annual plan is required if organisations are unable to provide a financially balanced plan. This year, C&V UHB submitted an annual plan due to its financial deficit.
- NHS Wales Planning guidance includes the priorities that WG expect to see addressed within the plans.
- Although guidance is received from Welsh Government, the IMTP should be our own plan and owned by everyone.
- The value of the plan is achieved through the process - through conversations around our ambitions, connecting with clinical boards, the testing of the plans and making decisions- rather than the document itself.
- Milestones are in place to develop a Board approved plan by March.
- In terms of 2023/2024, Clinical Boards have been developing a 1st draft of their delivery plans which focus on what we can do differently due to financial and workforce challenges, where we need to invest, and how we can reallocate resources to invest in priorities.
- The 1st draft Clinical Board plan sets out the key priorities and has been developed with the Heads of P&C and Finance business partners. It is essentially a refresh of this years plan, but has been developed in the context of needing to ensure workforce well-being, quality and patient experience, financial sustainability and workforce reshaping. Clinical Boards have been asked to assess if their priorities are Tier 1,2 or 3.
- A Clinical Board Template has been issued this year. The aim is to capture the objectives and measures.
- Corporate areas have also been developing their plans for next year and are currently working on funnelling that information into a prioritised plan.
- Senior Leadership Board is scheduled to take place on 16 November with the aim of testing priority areas and programmes to make sure they are set up to deliver what has been identified as priority.
- Monitoring the plan takes place internally through the Clinical Board reviews for operational elements and the monthly Integrated Performance Report. The different Committees will also monitor specific parts of the plan. A quarterly Board report describes our progress against the plan milestones and an annual internal audit of our process takes place to make sure it's robust. As the Health Board is also in enhanced monitoring for planning and finance, we also have a series of meetings with the Welsh Government.

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AoC asked if having Lunch & Learn sessions on the plan would be helpful to discuss plan development with staff and how best they can be involved in the process. TU reps welcome this idea and sought the opportunity to get involved at a Clinical Board level.

LPF 23/ 059 AMPLYFYING PREVENTION

Dr Sian Griffiths (SG), consultant in Public Health Medicine, provided a presentation on Amplifying Prevention & the role of the UHB. Main points included:

- Background –Amplifying Prevention stems from the Director of Public Health Report in 2021, the aim is to identify some collective action to address the inequities. Topics identified included childhood immunisation, bowel screening and Move more Eat well.
- Move More Eat Well issues – unhealthy weight increases the risk of type 2 diabetes, cardiovascular disease etc. Being a healthy weight and moving more and eating less improves well being, education attainment and productivity. This is delivered through working with schools and other partners to ensure best practise around food and physical activity within the workplace.
- Childhood immunisations - vaccination is a key Public Health intervention in reducing the risk of serious illness and disease. There is a low and declining uptake in some of our population groups and geographical areas. New communications materials have been developed.
- Bowel screening: Screening programmes were paused during the pandemic, which have impacted uptake. Poor uptake is associated with communities experiencing deprivation and where there are high ethnic minority populations. Work has taken place on communication resources.
- Communication & Engagement – Joined up working with the communication teams is taking place to amplify messages.
- Role of the UHB – we have a key leadership role and are asked to think how we can contribute to amplifying prevention further, using the employment cycle eg promote childhood vaccination when people are going on maternity leave. How we can promote childhood vaccination and bowel screening within the work of our organisation?

DW queried whether there would be greater uptake if there were opportunities for time out and made reference to part of the pay deal ask whereby health staff could be given fast track access to screening facilities. DW added that Making Every Contact Count training was discussed during the staff representatives pre-meeting and asked if this could be refreshed, with particular reference made to those staff who work with the more vulnerable groups.

LPF 23/060 INTEGRATED PERFORMANCE REPORT

The Integrated Performance Report was received by the LPF and the following points were noted:

- **Population Health**
  FK highlighted work is taking place on a Health Protection sustainable plan which includes work on Health Inclusion. She suggested bringing the plan back to LPF once it has been signed off.

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- **People**

LM noted that the sickness absence data in the integrated performance report for July was inaccurate. It showed 4% and it should have been 6%. For the September data, the improvement is continuing for many of the KPIs including sickness and turnover. However, there has been a dip in the number of appraisals for the past 2 months. These are discussed at the Clinical Board Reviews and with corporate departments. RG requested that staff are encouraged to ask for their appraisals.

- **Operational Performance**
  DW asked when the Community Diagnostic hubs would be opened. PB explained the date is to be determined but it will be some time over the Winter. As an interim measure, to create additional capacity and not stretch staff, there will be mobile unit at UHL which will be staffed and provided by the private sector through subcontracting. The next step is to find a location in Cardiff to develop a diagnostic centre. Will update will further information once known.

- **Quality and Safety**
  DW asked how Duty of Candour is reported and noted there were 8409 incidences reported. RG explained it would come under the remit of the Executive Nurse Director and reported through Datix.

RG requested DW and the staff representative members of the Forum to keep herself and PB informed around concerns regarding staff burnout as they are looking at the cultural work and improvement work needed. DW agreed to provide RG with some reflections. She noted that the Integrated Performance Report is high level and the TUs are trying to correlate the information with staff issues on the ground.

LPF 23/061 STAFF BENEFITS GROUP REPORT

LPF noted the report from the Staff Benefits Group.

LPF 23/062 ANY OTHER BUSINESS

DW reiterated PHs request to add the non pay element of the previous pay deal on the agenda for discussion at the next meeting.

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LPF 23/063 FUTURE MEETING ARRANGEMENTS

The next meeting will be held remotely on Tuesday 12 December 2023 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 23/055	12.10.23	Action Log (matters arising)	IM&T rep to be invited to attend WPG to provide information on timelines for the roll out of email addresses for all staff.	Rachel Gidman	David Thomas invited to attend an LPF development session to discuss the IM&T strategy and the roll out of email addresses to all staff
LPF 23/056	12.10.23	Chief Executive Report (matters arising)	To include the non pay element of the pay deal as an agenda item at the next meeting.	Rachel Gidman	Added to workplan for the next WPG meeting for initial discussion. To be brought to LPF at a later date
LPF 23/056	12.10.23	Chief Executive Report (matters arising)	Jonathan Pritchard and the Heads of People and Culture to link in with the TUs about the reshaping process.	Jonathan Pritchard	Complete: Discussions held on the 28.11.23 between JP and DW on the reshaping work.

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Agenda Item 8

People and Culture Communications Plan

Living Well, Caring Well, Working Together

Background
Successful internal communications and engagement increases retention and productivity of staff. It is also the right thing to do in an inclusive and forward-thinking organisation - aligning with our values and behaviours, which in turn establishes the culture of an organisation.

During the Covid-19 pandemic, we saw our workforce adapt quickly to the challenges they faced. We now need to strike a balance, as we learn to live and work with COVID-19, and manage any additional demands, including seasonal pressures and the backlogs created during the pandemic.

The demands faced by the UHB over the next few years will be unlike anything we have ever faced before. To meet these we know that we need to do things differently and that we are completely dependent on our workforce being creative and innovative to deliver health and care in different ways, putting the person at the heart of all we do.

The People and Culture plan has been based off the strategic objectives of the Health Board's strategy, *Shaping Our Future Wellbeing (2023-2035)* which provides a high-level description of what the Health Board aims to achieve with key milestones.

We commit to acting in response to challenges as well as quick adaptation and taking new opportunities to improve the wellbeing of generations to come. To ensure the NHS continues to have a positive impact, we will work together to focus more on prevention and innovation and continuously learn and improve what we do as we invest in our infrastructure and people.

Ambition
We will align our existing and future communications and engagement activities with staff to the people and culture to the strategic objective 'Putting People First' and to the People and Culture Plan 2022 – 2025.

By 2035, communications and engagement work will contribute to colleagues recommending Cardiff and Vale University Health Board as a great place to work, our workforce will reflect the diversity of our communities and more people will be living healthier lives.

Objectives

- We will promote the health board as a great place to train, work and live.
- We will show we listen to and empower people to live healthy lives.
- We will increase diversity of the workforce to reflect the diversity of our communities.
- We will listen to staff feedback on how we can best engage with them and educate on different internal communications methods available (Road Map).

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- We will empower staff to take ownership of content and empower them to communicate messages that are important to them internally (CAV Connects app and toolkits).

Internal Communications Methods

- SharePoint
- Email
- Screensavers
- Roadshows
- ESR banners
- CEO engagement – CEO Connects, Ask Suzanne
- CAV Connects staff app
- Printed materials - Posters / banners
- Display screens
- Staff networks and staff social media groups

Target Audience
Over 17,000 CAVUHB employees including:

- 29.62% Nursing and Midwifery registered
- 20.34% Additional Clinical Services
- 17.73% Administration and clerical
- 9.30% Allied Health Professionals
- 8.46% Estates and Ancillary
- 6.89% Medical and Dental
- 3.94% Add Prof Scientific and Technic
- 3.52% Healthcare scientists
- 0.18% Students

**Staff data as of 23/08.*

Communication and Engagement Support

Communications and Engagement activities will support the delivery of Shaping Our Future Wellbeing and the People and Culture Plan 2022 – 2025.

Strategic Priority	2027	Communications and Engagement
Putting People First People will feel valued, developed, supported and engaged	The national staff survey will show an improved engagement score, with more staff taking part in the staff survey and other engagement activities. We will achieve a workforce engagement score of 4.0 (national index – highest score 5). 50% of our colleagues will take part in	**NHS Wales Staff Survey** We will encourage staff across the organisation to complete the NHS Wales Staff Survey, communicate that feedback is anonymous, and communicate key results following previous feedback that has led to change to encourage participation. We will continue to communicate digital copies of the survey with staff through

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	the National staff survey. Key workforce indicators as highlighted in the People and Culture plan will be met e.g.: Turnover rate under 10%, Value based appraisals between 75%-85%, Sickness less than 6%.	email and intranet news and dedicated pages. We will continue to communicate paper copies of the survey by working collaboratively with education, culture and organisational development teams, hosting drop-in sessions to engage with staff and host a space for them to collect and complete the survey. Once the survey has closed, we will thank staff who have participated in the survey and ensure they are aware of the next steps of how their feedback will make a difference, and communicate any key changes that follow as a result of feedback. **Focus groups** We will hold focus groups with staff in a variety of different roles to find out how we can best engage with them. We want them to feel included in decisions and build approaches based on evidence of how we can best reach them, and outcomes from focus groups will inform our internal communications approaches. **Road map** We will create a road map of different methods of internal communications and outline the purpose of each channel, so that staff aware of the best ways to flag priority messages with the Communications team, and for staff to post their own content. We will produce toolkits and user guides for staff to post their own information and text to SharePoint, to make them feel more engaged in the organisation. This road map will also include details of the foundations of good communications based upon the hierarchy and the importance of cascading information through specific teams, from leader, manager, team supervisor, and direct reports. **CAV Connects and toolkits** We will promote CAV Connects as a staff owned app, empowering staff to own the platform and to populate with their own content. Staff will be

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		encouraged to post to their own department/team pages, and post about staff good news stories, including thanking colleagues, retirement and birthday messages. The Communications team will provide guides and toolkits of how they can add content and information to the app. The app will be monitored by the Communications team. **'Colleague Spotlight' feature** In August 2023, we introduced a section to the Ask Suzanne sessions, which provides an opportunity to shine a light on the work being done by different colleagues across the health board. Each month a speaker is invited to talk to CEO Suzanne Rankin and listeners of the session about their recent work. This has previously involved a mix of roles, including nursing and apprenticeship staff, to show the diversity of work within the health board and to give thanks and visibility to colleagues. We will continue to use these as opportunities to ensure staff feel valued, developed, supported and engaged. **Employee Health and Wellbeing** The Communications team will continue to strengthen its relationship with the Employee Health and Wellbeing team to ensure consistent and clear communication to colleagues, signposting them to the help and support available to them as part of the CAV UHB workforce. At present, the Communications team have supported a number of colleague focused initiatives, including the launch of Wagestream, cost of living crisis support and promotion of the Employee Wellbeing Support Pathway.
We will have an inclusive culture where the diversity of the Health Board's	The Health Board's Equality, Diversity and Inclusion plans will ensure that our workforce profile	**Inclusive Recruitment Brand** We will work to develop an inclusive recruitment brand with the Equity and Inclusion team, which encourages more

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people will be representative of the Health Board's local populations.	becomes more representative of the demographic profile of the Cardiff and Vale population. We will increase organisational ability to deliver services in Welsh through increasing the number of Welsh Essential posts in line with need, and to increase the numbers of staff with Welsh Language Skills Levels 2 - 5 by 25%.	representation across our workforce, to enable us to reflect the population we serve. We will use data to further understand the demographic profile of those within Cardiff and the Vale, so that we can become more representative of our communities throughout our workforce. The latest census data on main languages outside of English or Welsh in Cardiff and Vale of Glamorgan is Arabic (over 5,000 speakers), Polish (over 2,700 speakers) and Bengali (over 2,100 speakers). This information will support recruitment branding where we can highlight roles and the health board as an employer in different languages to engage with our specific communities. **Disability Confident employer scheme** CAV UHB are committed to increase the representation of disabled employees within its workforce. UHB participate in the Disability Confident employer scheme operated by the Department of Work and Pensions to enhance the talents of disables colleagues and their contributions to the UHB. **Welsh Language** We will continue to work closely with Equity and Inclusion colleagues to promote Welsh Language initiatives across the organisation. We will communicate upcoming Welsh Language courses with staff with the aim of increasing the numbers of Welsh Language Level 2 speakers. All external communications published by CAV UHB are available in both Welsh and English. The Communications team have recently implemented an approvals process whereby all changes must correlate on to both English and Welsh **Inclusive Communications**

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		The Communications team ensure that published content across all internal and external UHB channels is inclusive, accessible and representative of the workforce and population it serves by using open and inclusive imagery and language. All communications are guided by CAV UHB's EDI agenda, ensuring that we adhere to the Equality Act 2010 and the nine protected characteristics (age, gender reassignment, disability, pregnancy and maternity, marriage or civil partnership, race, religion of belief, sex and sexual orientation). The EDI agenda is supported further through forward planning undertaken by the Communications team. This is demonstrated by celebrating inclusion events, religious holidays and recruitment initiatives for example. Furthermore, the Communications team are mindful of people's opinions, views and sensitivities and monitor public response and engagement appropriately.
Through our integrated population health improvement programme, we will enable and empower people to live healthy lives and reduce their risk of ill health.	Life Expectancy for men will rise to 79.6 years and for women to 84 years.	We will use internal patient data to identify patterns and trends in health so that we can better understand trends and provide preventative advice and target specific audiences. This will ensure that our messaging to empower people to live healthy lives and reduce risk of ill health, is reaching the most appropriate audiences in the right places. We will use Mosaic data to understand behaviours and interests of different audiences, so that we can know how to best reach them through campaigns and engagement activities. We will continue to promote Keeping Me Well resources, which is designed by clinicians and service users from Cardiff and Vale University Health Board.

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		The information on the website helps to support health and wellbeing, including preparing for treatment, recovering from treatment, managing a long-term condition or looking to live a healthier and more active lifestyle. We will continue to work with partner organisations for joint-up approaches to improve health and empower people to live healthy lives. **Public Health Wales** The Communications team work closely with Public Health Wales to support its agenda to inform and educate the population of Cardiff and Vale. We recognise the health inequalities in ethnic minorities within our communities, regarding immunisation uptake especially. The Communications team commit to supporting Public Health to reach the target groups to educate and inform of the benefits of immunisations for everyone top live a healthier life and reduce their risk of ill health. Other initiatives supported by the Communications team include Flu and Covid-19 vaccination campaigns, falls prevention, Help Me Quit and physical activity.

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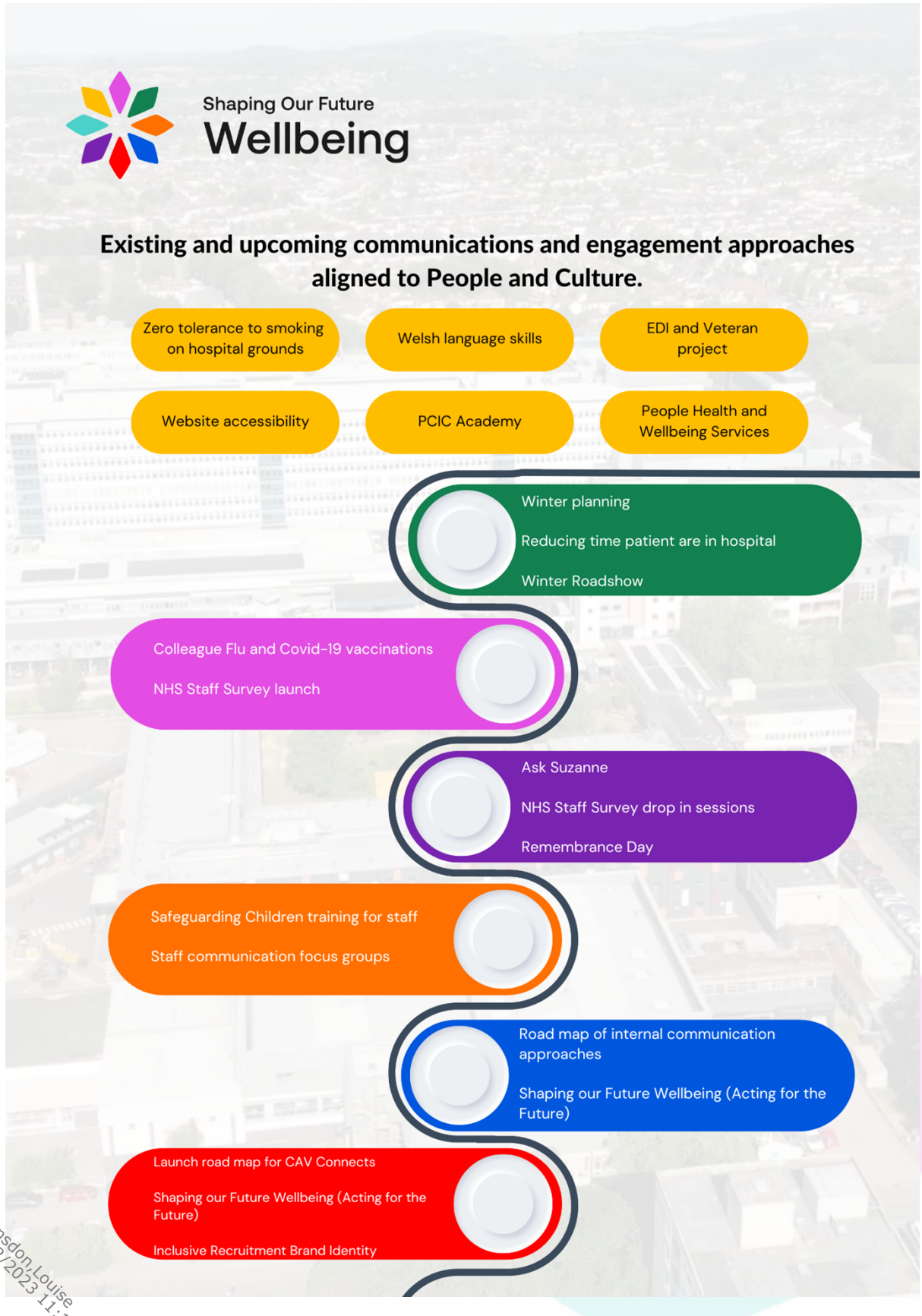
Communications and Engagement Activity Plan



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For more information, please see Appendix A.

Appendices

Appendix A
Communications and Engagement Activity Plan

Existing and upcoming communications and engagement approaches aligned to People and Culture.

Timeline	Task	Summary	Lead
Ongoing	Zero tolerance to smoking on hospital grounds	Working group established to tackle staff smoking on UHB sites.	Comms lead: Mark Smith
Ongoing	Register Welsh language skills on ESR	All colleagues are encouraged to register their Welsh language skills on ESR to help CAV UHB assess the Welsh language abilities of the organisation.	
Ongoing	Recovery College	Comms are working closely with the Recovery College to promote their services externally to the public but also internally to support staff with mental health challenges.	Comms lead: Alexandra Davies, Nicole Thomas, Jason Vowles
Ongoing	EDI & Veteran project	Supporting veterans by recognising possible barriers to health care. EDI & 9 protected characteristics: Age, gender, sexual orientation, gender identity (transgender), disability, race, pregnancy/maternity, and marriage status including civil partnership	Comms lead: Robyn Kelly
Ongoing	Website accessibility	An ongoing project within the digital comms team to improve the accessibility of the	Comms lead: Jennifer Collins Jenny Seal, Jason Vowles, Robyn Kelly

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		website for the public and staff	
Ongoing	PCIC Academy	Initiative collating the training opportunities within primary care.	Comms lead: Bronte Howard
Ongoing	People, Health and Wellbeing Service – Financial pathway	PHWS have created 'Financial Wellbeing Pathways' to support colleagues through financial hardship. Also promoted during Winter Roadshow sessions	Comms lead: Nicole Thomas
October 2023 – onwards	Winter planning – Length of Stay	Communications plan and delivery in progress to communicate the challenges of LOS and the suggested improvements for staff and patients	Comms lead: Jennifer Collins, Bronte Howard, Nicole Thomas
01/08/2023 - onwards	Florence Nightingale Academy	CAVUHB is an FNF member – a global initiative to develop, support and retain nurses and midwives	
Monthly (at each Ask Suzanne)	Colleague Spotlight	During each 'Ask Suzanne' session, a spotlight is given to a different member of staff to promote their portfolio of work and show gratitude for their efforts.	
Weekly	'Job bundle' social media posts	Comms are in constant communication with recruitment to create 'job bundle' posts weekly to promote CAVUHB's latest vacancies.	Comms lead: Jason Vowles
11/09/2023 - 22/09/2023	Covid-19 and flu vaccination drop-in clinics for staff	10 pop-up clinics were established across UHB sites to encourage staff to receive their Covid-19 and flu vaccinations ahead of winter.	Comms lead: Mark Smith
16/10/2023	Launch NHS Wales Staff Survey		Comms lead: Jennifer Collins, Jason Vowles

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16/10/2023	NHS Staff Survey Drop-in Sessions - St. David's Hospital, Conference Room		Comms lead: Jennifer Collins, Jason Vowles
18/11/2023	NHS Staff Survey Drop-in Sessions - Butetown Medical Centre		Comms lead: Jennifer Collins, Jason Vowles
19/11/2023	NHS Staff Survey Drop-in Sessions - UHL		Comms lead: Jennifer Collins, Jason Vowles
23/10/2023	Winter Roadshow (in person @ St David's)		Comms lead: Nicole Thomas
24/10/2023	Winter Roadshow (virtual)		Comms lead: Nicole Thomas
25/10/2023	Winter Roadshow (virtual)		Comms lead: Nicole Thomas
25/10/2023	NHS Staff Survey Drop-in Sessions – Barry Hospital		Comms lead: Jennifer Collins, Jason Vowles
26/10/2023	Winter Roadshow (virtual)		Comms lead: Nicole Thomas
26/10/2023	NHS Staff Survey Drop-in Sessions - CRI		Comms lead: Jennifer Collins, Jason Vowles
30/10/2023	Winter Roadshow (virtual)		Comms lead: Nicole Thomas
30/10/2023	Shaping Our Future Wellbeing Socialisation		Comms Lead: Robyn Kelly
01/11/2023	Winter Roadshow (virtual)		Comms lead: Nicole Thomas
02/11/2023	Winter Roadshow (virtual)		Comms lead: Nicole Thomas
03/11/2023	Winter Roadshow (virtual)		Comms lead: Nicole Thomas
06/11/2023	Winter Roadshow (virtual)		Comms lead: Nicole Thomas
06/11/2023	Ask Suzanne	SOFW Focus and presentation	Comms lead: Jennifer Collins
06/11/2023	NHS Staff Survey Drop-in Sessions – Woodland House		Comms lead: Jennifer Collins, Jason Vowles
07/11/2023	NHS Staff Survey Drop-in Sessions – UHL		Comms lead: Jennifer Collins, Jason Vowles
08/11/2023	Winter Roadshow (virtual)		Comms lead: Nicole Thomas
08/11/2023	NHS Staff Survey Drop-in Sessions – Riverside Health Centre		Comms lead: Jennifer Collins, Jason Vowles

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09/11/2023	Winter Roadshow (virtual)		Comms lead: Nicole Thomas
09/11/2023	NHS Staff Survey Drop-in Sessions – St. David's Hospital		Comms lead: Jennifer Collins, Jason Vowles
11/11/2023	Remembrance Day	Veterans / EDI	Comms Lead: Robyn Kelly
13/11/2023	Winter Roadshow (virtual)		Comms lead: Nicole Thomas
13/11/2023	NHS Staff Survey Drop-in Sessions - UHW		Comms lead: Jennifer Collins, Jason Vowles
15/11/2023	Winter Roadshow (virtual)		Comms lead: Nicole Thomas
15/11/2023	NHS Staff Survey Drop-in Sessions - Barry Hospital		Comms lead: Jennifer Collins, Jason Vowles
16/11/2023	Winter Roadshow (in person - ALAS, Rookwood Hospital)		Comms lead: Nicole Thomas
17/11/2023	Winter Roadshow (virtual)		Comms lead: Nicole Thomas
17/11/2023	Safeguarding children training for staff	Interactive workshop training for staff on safeguarding children	
20/11/2023	Winter Roadshow (virtual)		Comms lead: Nicole Thomas
20/11/2023	Shaping Our Future Wellbeing	Focus on Putting People First theme	Comms lead: Robyn Kelly
22/11/2023	Winter Roadshow (virtual)		Comms lead: Nicole Thomas
23/11/2023	Winter Roadshow (virtual)		Comms lead: Nicole Thomas
27/11/2023	Winter Roadshow (virtual)		Comms lead: Nicole Thomas
28/11/2023	Winter Roadshow (virtual)		Comms lead: Nicole Thomas
28/11/2023	Training: Travel Health for GPNs	Training course for GPNs covering travel risk assessment, immunisation for travel, managing complex travel and more.	
29/11/2023	Winter Roadshow (virtual)		Comms lead: Nicole Thomas
30/11/2023	Winter Roadshow (virtual)		Comms lead: Nicole Thomas
30/11/2023	Focus groups with staff on how we can best engage with them	Speak to staff about the different ways they would like us to engage with them, to	Comms lead: Jennifer Collins

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		identify the most appropriate channels to use.	
11/11/2023	Shaping Our Future Wellbeing	Care in the right places theme – link with Six Goals / Winter	Comms lead: Robyn Kelly
30/12/2023	Draft road map of internal communications approaches	Create map of different methods of internal communication and outline purpose of each channel. Produce toolkits and user guides for staff to produce their own content.	Comms lead: Jennifer Collins
02/01/2024	Shaping Our Future Wellbeing	Acting for the Future theme – consider New Year	Comms lead: Robyn Kelly
22/01/2024	Shaping Our Future Wellbeing	Providing Outstanding Quality theme	Comms lead: Robyn Kelly
29/02/2024	Launch road map and CAV Connects	Launch road map to inform staff of different methods of internal communication and outline purpose of each channel. Promote toolkits for staff to produce their own content.	Comms lead: Jennifer Collins, Jason Vowles
01/03/2023	Inclusive Recruitment Brand Identity	Create brand identity including graphics and posters that represent a commitment to equality, diversity and inclusion, with the aim of recruiting a diverse workforce.	Comms lead: Jennifer Collins, Jason Vowles
TBC	Welsh Language Courses for colleagues		Comms lead: Robyn Kelly
TBC	Consultation on our Strategic Equality Objectives	Equity and Inclusion team undertaking consultation with colleagues, public and stakeholders	Comms lead: Robyn Kelly

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SOCIAL MEDIA AUDIT & CONTENT STRATEGY 2023

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

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CORE CHANNELS MONITORED

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

Cardiff and Vale University Health Board

@cv_uhb

@CV_UHB

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INTERNAL CHANNELS

GIG CYMRU NHS WALES
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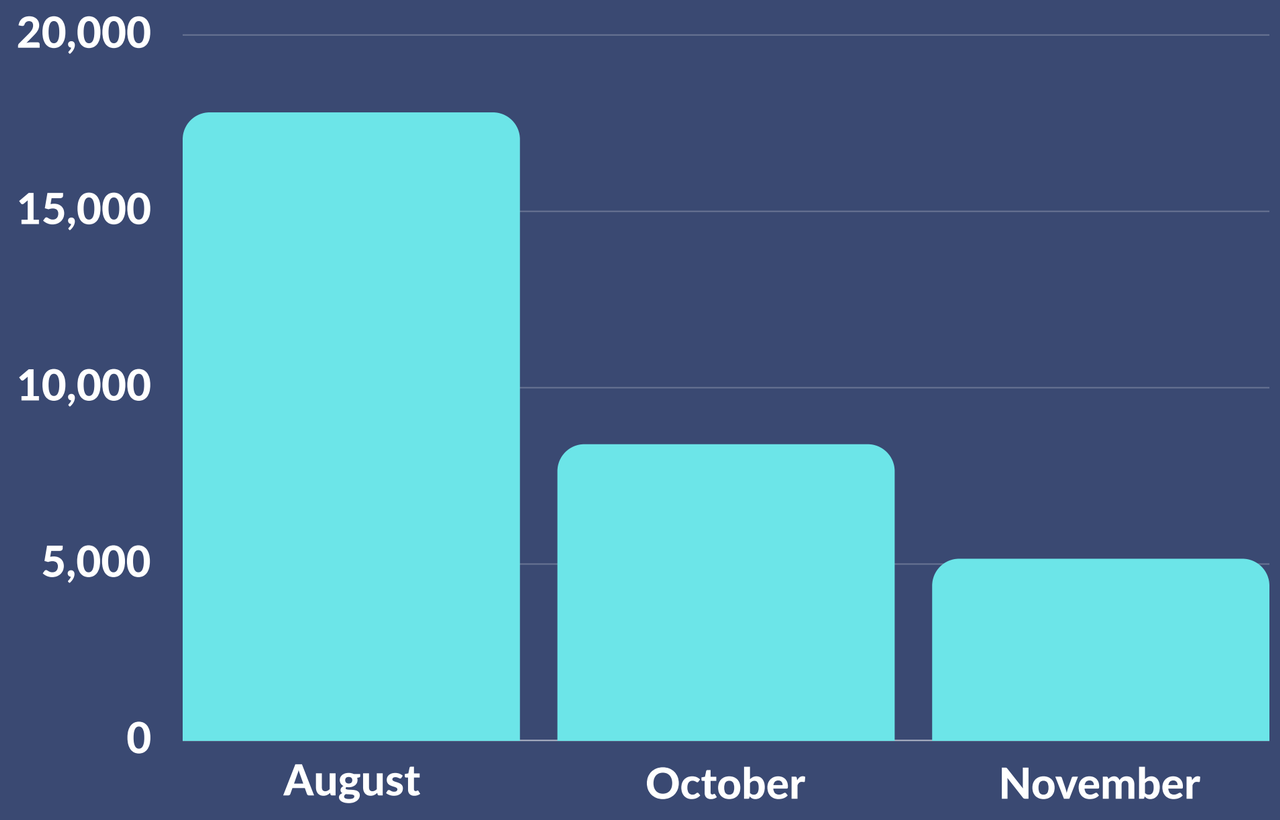
Internal Comms

- SharePoint
- All staff emails
- CEO Connects
- Ask Suzanne
- Weekly staff email



Last 3 *Ask Suzanne* recordings by views.
Each live session has approx. 70-120 viewers.

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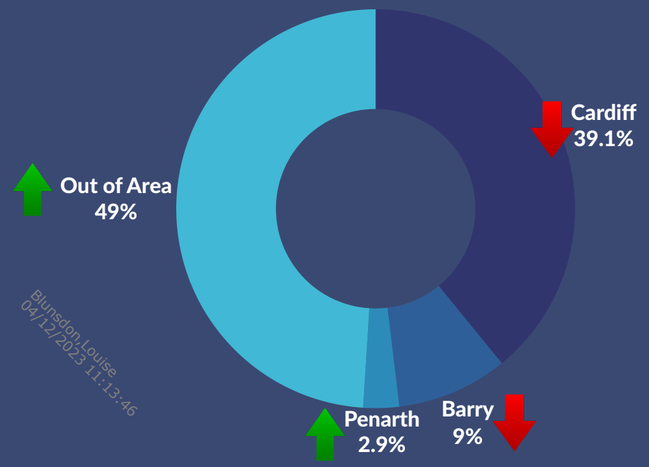
FACEBOOK

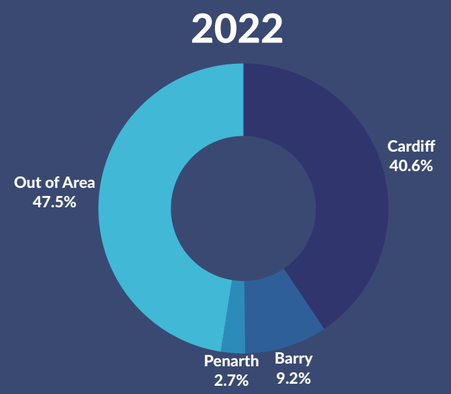
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

Page Followers

Q1 - 2023	35,875 (+1.1%)
Q2 - 2023	36,217 (+0.9%)
Q3 - 2023	36,631 (+1.1%)

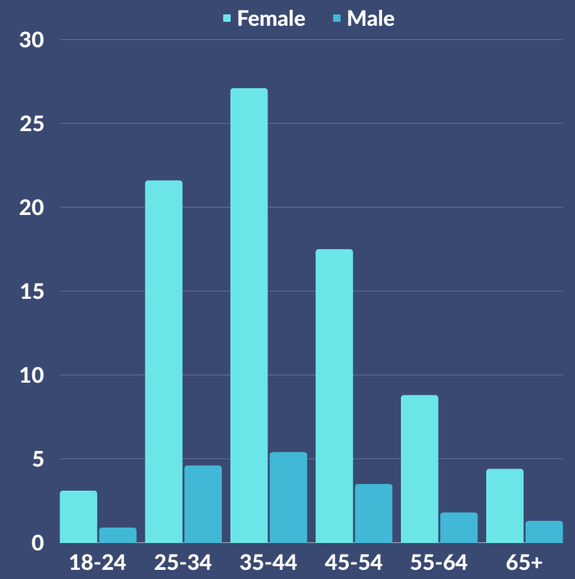
Page Follows By Location





Page Followers By Gender And Age

	Female	Male
18-24	3.1%	0.9%
25-34	21.6%	4.6%
35-44	27.1%	5.4%
45-54	17.5%	3.5%
55-64	8.8%	1.8%
65+	4.4%	1.3%
Total	82.5%	17.5%



The stats show that our FB channel grows increasingly popular with an older demographic, shown in gender and location (more rural)

FACEBOOK

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

Page Reach

Q1 - 2023	251,174 (-30.5%)
Q2 - 2023	239,753 (-4.5%)
Q3 - 2023	257,348 (+7.3%)

Page Engagement %

Q1 - 2023	+28.6%
Q2 - 2023	-33.3%
Q3 - 2023	+8.3%

Page Reach 2022

Q1 - 2022	625,255 (+176.4%)
Q2 - 2022	347,928 (-44.5%)
Q3 - 2022	392,627 (+10.9%)
Q4 - 2022	361,720 (-7.9%)

Page Engagement % 2022

Q1 - 2022	-29.4%
Q2 - 2022	+41.7%
Q3 - 2022	+5.9%
Q4 - 2022	-22.2%

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1 Jan 2023 - 23 Nov 2023 equates to 831
Same period for 2022... 1,052 (26.6% more posts)

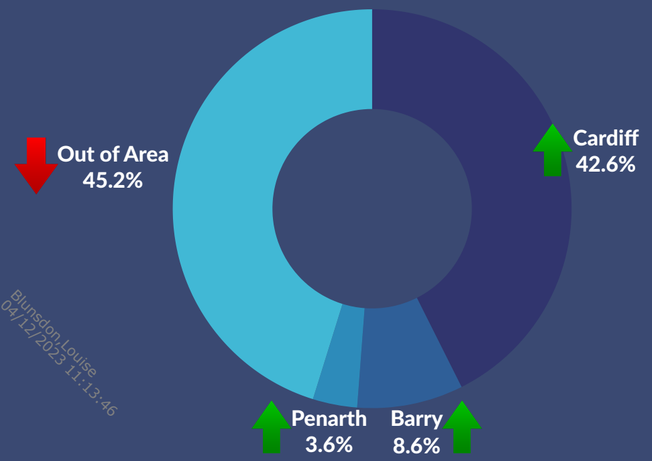
INSTAGRAM

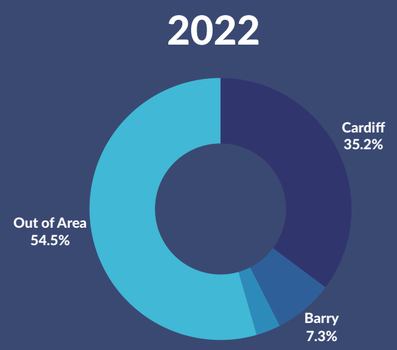
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

Profile Followers

Q1 - 2023	2,866 (+1.8%)
Q2 - 2023	2,940 (+2.5%)
Q3 - 2023	2,989 (+1.6%)

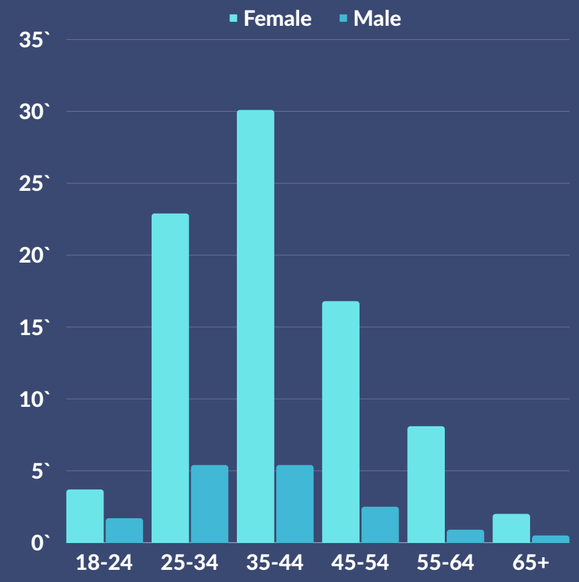
Page Likes By Location





Profile Followers By Gender And Age

	Female	Male
18-24	3.7%	1.7%
25-34	22.9%	5.4%
35-44	30.1%	5.4%
45-54	16.8%	2.5%
55-64	8.1%	0.9%
65+	2.0%	0.5%
Total	83.6%	16.4%



The stats show that our Instagram channel grows more for our male audience, and more metropolitan than FB

X/TWITTER

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

Followers

26,200 (+368)

Q1 - 2023	28,084 (+0.5%)
Q2 - 2023	28,262 (+0.6%)
Q3 - 2023	28,308 (+0.2%)

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CEO CONNECTS

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

Web Traffic

18 Oct - 31 Dec 2022	CEO Connects PDF's viewed 42 times
1 Jan 2023 - 23 Nov 2023	CEO Connects PDF's viewed 182 times

YouTube Stats

	VIEWS
Ep 1 - Active Travel	282
Ep 2 - Bicycle Hub	169
Ep 3 - Next Bike Hire	84
Ep 4 - Park & Ride	129
Ep 5 - Cycleway	115

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Cardiff and Vale
Integrated Performance Report

November 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

Return to Main Menu

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	191 October	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% September	Hyperlink to section
	Increased access to dental services Measure: 50% of expected new patient target Reporting: monthly	50%	Yes	June 2023	99% September	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	860 September	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	1835 October	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 October	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

Return to Main Menu

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	11133 September	Hyperlink to section
	Measure 2: 104 week treatment target by December 2023 Reporting: monthly		3788	Yes	Dec 2023	4054 September	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	44425 September	Hyperlink to section
	Implement regional diagnostic hubs Measure 1: progress reporting on regional diagnostic hub Reporting: quarterly		Go-Live	Yes	Dec 2023	Q1 24/25	Hyperlink to section
	Measure 2: Achieve 8-week diagnostic Reporting: monthly		0	No	June 2025	12246 September	Hyperlink to section
	Implement straight to test model Measure: progress reporting on straight to test Reporting: quarterly		Go-Live	Yes	Sept 2023	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 2023	66.4% August	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 2023	Planning ongoing	Hyperlink to section
Mental Health and CAMHS	**Achieve waiting time performance for Local Primary Mental Health Support Services and Specialist CAMHS** Reporting (for all): monthly	Measure 1: Part 1a (adults)	80%	Yes	June 2023	100% Sept	Hyperlink to section
		Measure 2: Part 1b (adults)	80%	Yes	June 2023	100% Sept	
		Measure 3: Part 2 (adults)	80%	Yes	June 2023	45.7% Sept	
		Measure 4: Part 1a (children)	80%	Yes	June 2023	87% Sept	
		Measure 5: Part 1b (children)	80%	Yes	June 2023	22% Sept	
		Measure 6: Part 2 (children)	80%	Yes	June 2023	91% Sept	
	Implement 111 press 2 on a 24/7 Measure: progress on implementing NHS 111 press 2 Reporting: quarterly		Go-Live	Yes	Sept' 2023	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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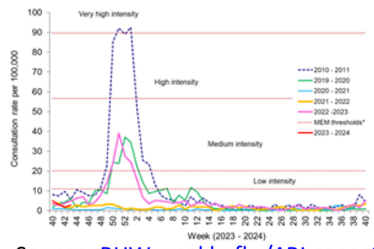
Priority	Performance Summary	Reported Period	Data
Health Protection Acute Respiratory Infections (ARI)	Acute Respiratory Infections (ARI) • Influenza activity remains low, indicating there is not yet widespread circulation • Hospital admissions for Covid-19 have fallen sharply across Wales since mid October. Covid-19 clusters in hospital are low and stable. There has been a gradual increase in LFD/PCR positivity in the last fortnight • Omicron sub-variant EG.5.1 and XBB.1.16 are currently the most common variants across Wales • RSV activity in under 5s has continued to increase and is at a very high level	Week 43	 Source: PHW weekly flu/ARI report
Health Protection Immunisation	Immunisation: • Eligible cohorts have started receiving the Covid-19 Autumn/Winter Booster, with 49,866 doses given in Cardiff and Vale as of the 26th October 2023, and 27.08% uptake to date (cf Wales average 26.99% uptake). • As of the 5th of November UHB COVID-10 Staff vaccination uptake sits at 32.7% and it is at 29.6% for Influenza vaccination. • This is delivered as part of the Staff Winter Respiratory Vaccination campaign which 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.	Q2 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 Weekly COVID-19 vaccination report by health board https://www2.nphs.wales.nhs.uk/CommunitySurveillanceDocs.nsf/3dc04669c9e1eaa880257062003b246b/cf7a9a9adcddbb0a8025866b003a51a1/$FILE/Wales%20COVID-19%20vaccination%20surveillance%20weekly%20report.pdf
Health Protection Health Protection System	Health Protection System • Planning for a regional, all hazards Integrated Health Protection Partnership is well established, with expected full implementation by end of year • A Cardiff and Vale Health Protection Plan has been developed in consultation with key partners; the Plan will be finalised in Q3	Q3 2023/24	

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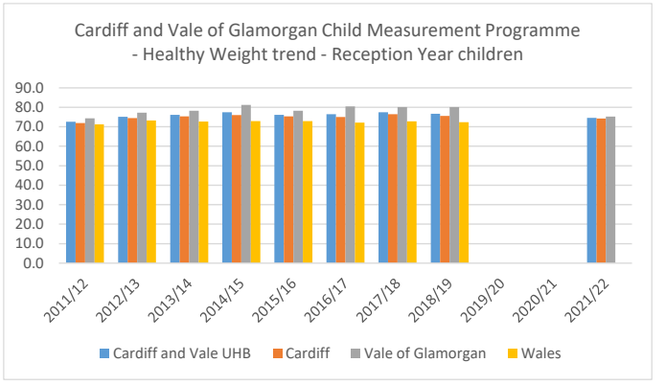
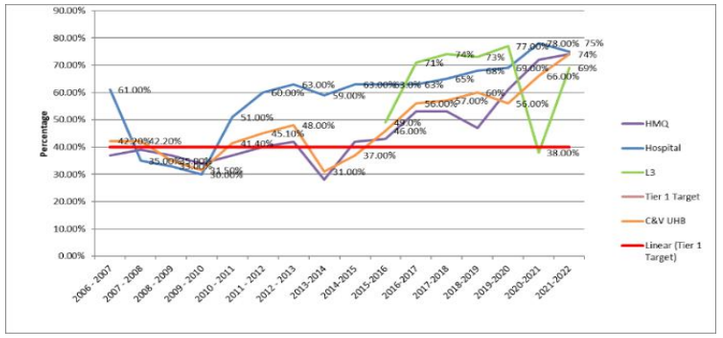
Priority	Performance Summary	Reported Period	Data
Health Improvement Healthy weight	Healthy weight: • 74.6% of reception aged children in Cardiff and the Vale of Glamorgan are categorised as healthy weight (CMP, 2021/22). Cardiff and Vale have the second highest proportion of healthy weight children 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 activity levels also lower in the most deprived areas of Cardiff and Vale.	Q2 2023-2024	
Health Improvement Tobacco	Tobacco • 12% of Cardiff and Vale of Glamorgan smoke), one of the lowest prevalence rates in Wales • In Quarter 1 - 0.6% of smokers set a firm quit date. 59% quit smoking at 4 weeks (HMQ, Pharmacy Level 3 and Hospital Smoking Cessation Service combined) • HMQ community – 70% of Treated Smokers had quit smoking at 4 weeks. • Level 3 Pharmacy –25% of Treated Smokers had quit smoking at 4 weeks. • Hosptial Service - 45% of Treated Smokers had quit smoking at 4 weeks. • Q2 data to be collected and submitted to Welsh Gov – Nov 23.	Quarter 1 2023-2024	

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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	**0.6%**	Q2: 0.50% | Q3: 0.40% | Q4: 0.70% | Q1: 0.60%
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 Apr 23 to 30 Jun 23	95%	**83.7%**	Q1: 83.70% | 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%	**74.4%**	Q1: 74.40% | 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%	**57%**	31st Oct: 57.00%
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 Sep 23 to 30 Mar 24	75%	**30.96%**	w/e 15/10: 17.55% | we 22/10 | w/e 26/10: 27.09% | w/e 02/11: 30.96%
7.	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	Aug-23	90%	**31.9%**	May-23: 3.40% | Jun-23: 4.70% | Jul-23: 12.30% | Aug-23: 31.90%
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	Sep-23	95%	**97.6%**	Jun-23: 97.30% | Jul-23: 93.50% | Aug-23: 95.30% | Sep-23: 97.60%

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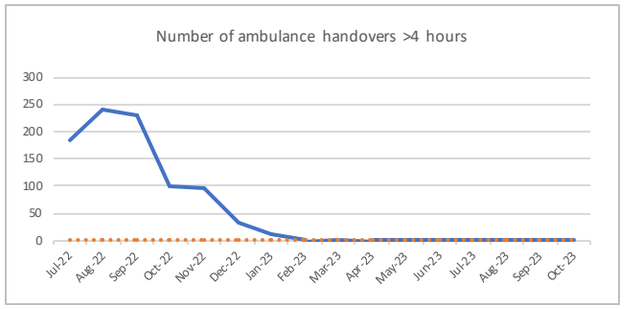
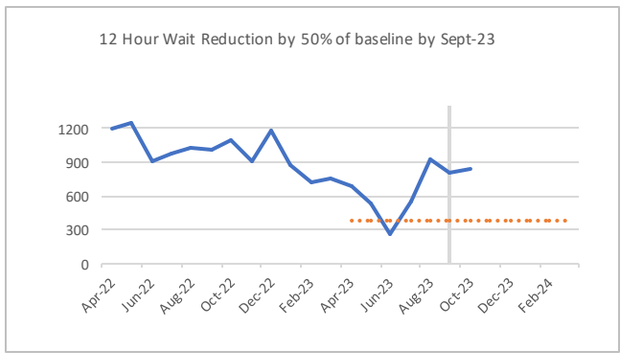
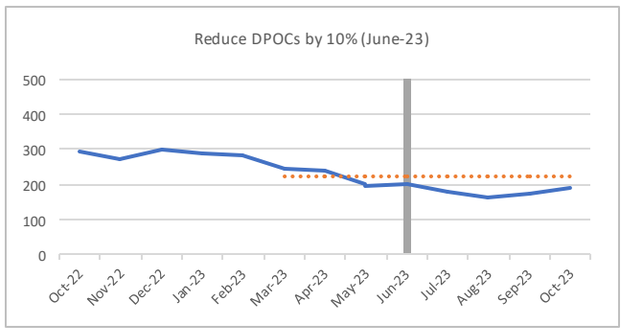
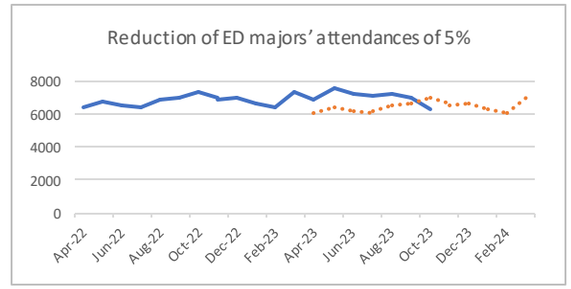
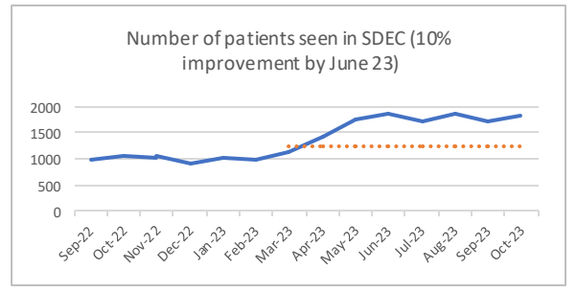
Priority	Performance Summary	Reporting Period	Data
Ambulance Handover Annual Plan Commitments: • Zero 4-hour ambulance delays (June 23) • Reduce average lost minutes to 30 (Sept 23)	• The number of ambulance handovers >4 hours has reduced from 230 in September 2022 to zero since January 2023. We are 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 15, in August 20 and September 27. • Average lost minutes per arrival at UHW remains reduced decreasing to 25 minutes in October from 27 in September. Average lost minutes per arrival for the Health Board was 21. This performance remains better than our annual plan commitment.	Oct-23	
Emergency Department Annual Plan Commitments: • Zero 24-hour ED waits (June 23) • Reduce 12-hour ED waits by 50% (Sept 23)	• In October, 27 patients waited 24-hours in the EU footprint without a stop-clock, a decrease from the 41 patients in August but increased from 11 in September • 12-hour ED waits increased slightly from 803 in September to 835 in October, this is above our IMTP ambition. Work continues to embed the improvements following the significant number of ward moves and EU/AU redesign over the summer, which has impacted our performance for Q2	Oct-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 04/12/2023 11:13:46	• Delayed pathways of care remain a national challenge, the October 2023 census reported 191 delayed pathways, an increase from 173 in September but below our commitment of 217 • 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 31% and 58% 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.	Oct-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 October 2023 we reported 11,653 EU attendances, an decrease from the 12,395 reported in September • The number of EU Majors attendances in October 2023 was 6,216, an decrease from September and below our ambition of 6507.	Oct-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 October 2023 we saw 1,162 patients seen via surgical SDEC and 673 via the medical SDEC. In total 1,835 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 August to September. • A new process for national submissions has been undertaken and we hope to report on the other measures once complete	Oct-23	

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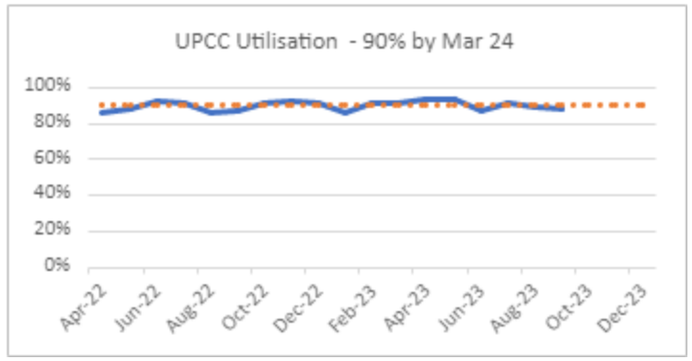
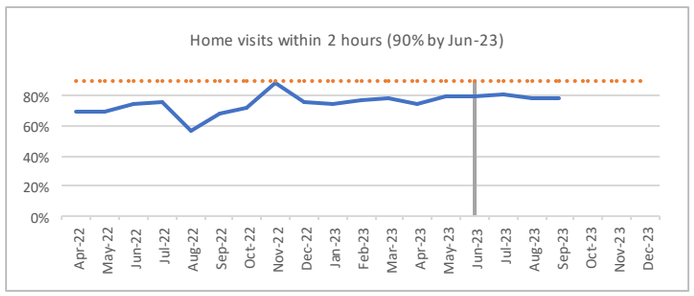
Priority	Performance Summary	Reporting Period	Data
Urgent Primary Care Annual Plan Commitments: • 80% appointment utilisation in UPCCs (June 2023), 85% (September 2023), 90% (March 2024) • All clusters to have adequate access to UPCC capacity (September 2023) • NHS 111 - >90% urgent calls logged and returned within 1 hr (December 2023) • Increased redirections from ED to UPCC (March 2024)	• Average utilisation of 88% achieved across Cardiff and Vale for September, a decrease from 91% in July. • Delivery plan in place to develop Urgent Care Centres as part of the 6 Goals Programme, to achieve full and equitable access across Cardiff and Vale – (76% Coverage, increasing to 86% by December) • Calls to CAV247/OOH service - Q1 = 93%, Q2 87% • 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. Total referrals for Q1 = 63, Q2 = 122	Sept-23 Q2-Sept 23	
Community Services • Home Visit (P2) f2f in 2 hrs >90% (June 2023)	• The Health Board was 100% compliant in September 2023 against the standard of 100% for 'Emergency' GP OOH patients requiring a home visit within one hour, with 7 of 7 patients receiving their visit with one hour. • For patients that required an 'Emergency' appointment at a primary care center in September the Health Board was 100% compliant, with 8 of 8 patients receiving an appointment within 1 hour • The Health Board was 79% compliant against the commitment of 90% for 'Urgent' GP OOH patients requiring a home visit within 2 hours, with 81 of 102 patients receiving their visit within 2 hours	Sept-23	

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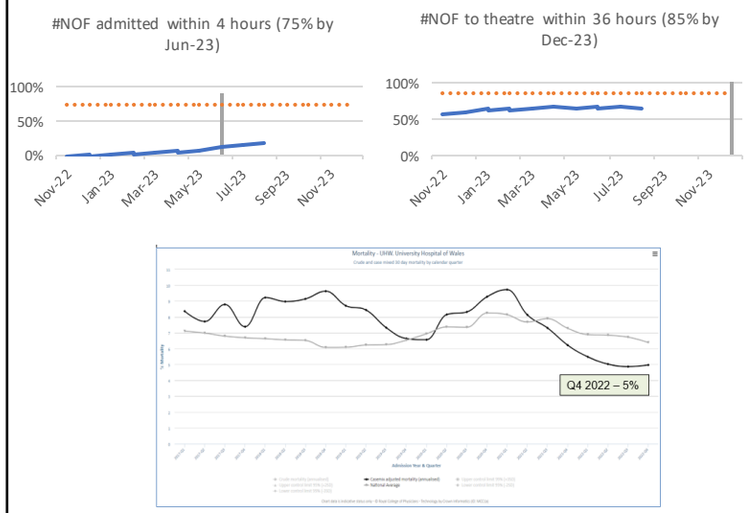
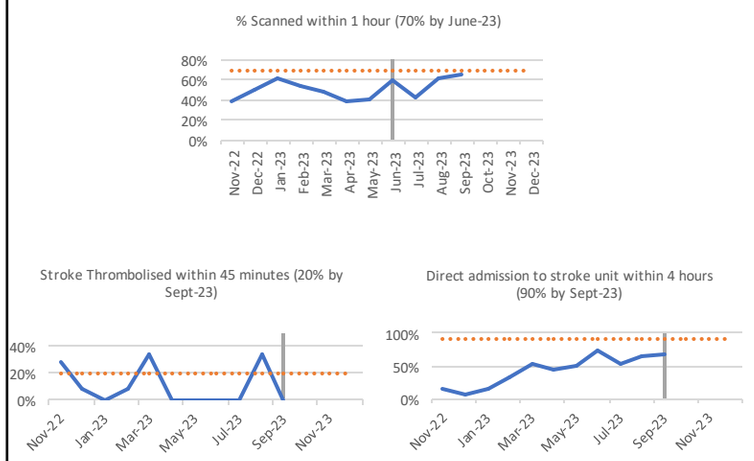
Priority	Performance Summary	Reporting Period	Data
Fracture Neck of Femur IMTP Commitments: • 75% admitted within 4 hours (June-23) • 85% to theatre within 36 hours (December-23)	Performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) has shown some improvement. In August 2023 the annualised data shows 18.5% of patients were admitted to a specialist ward with a nerve block within 4 hours. In August, 67.5% 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 at 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.	Aug-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 August : • 0% of patients were thrombolysed within 45 minutes of arrival, the All-Wales average was 7.0% • The percentage of CT scans that were started within 1 hour in September was 66.1%, the All-Wales average was 58.8% • The percentage of patients who were admitted directly to a stroke unit within 4 hours was 67.9% in September, the All-Wales average was 32.4% 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. At the most recent SSNAP audit the service we awarded grade 'B', a significant improvement from the previous quarter.	Sept-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	Sept-23	

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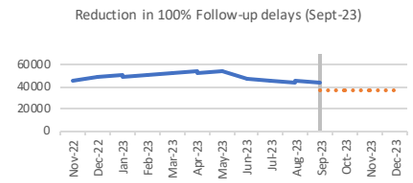
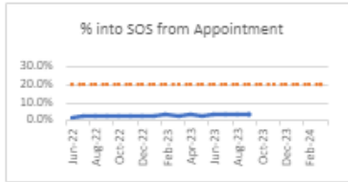
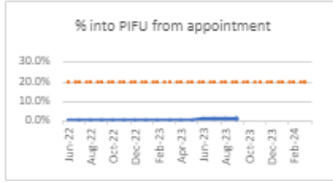
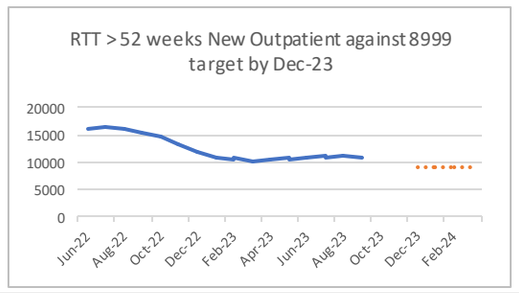
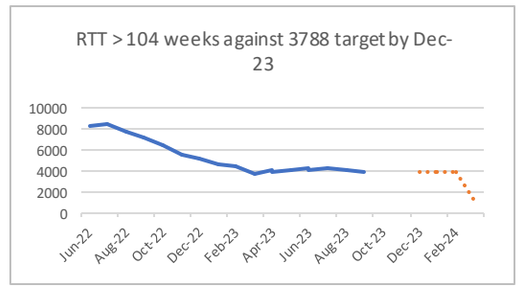
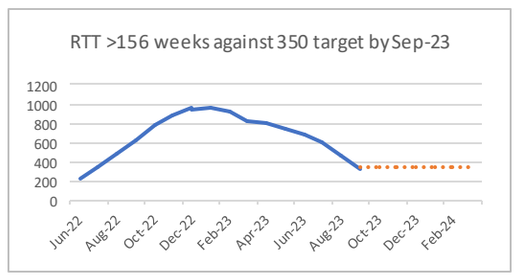
Priority	Performance Summary	Reporting Period	Data
Outpatient Follow-up Management Annual Plan Commitment • Follow up outpatients–reduce 100% delayed follow up by 25% on Jan'23 baseline of 50163 (September 2023) • SOS and PIFU –10% of appropriate outpatient appointments (September 2023); 20% (March 2024) • SOS and PIFU –20% of appropriate outpatient appointments	• In total there were 192,040 patients awaiting a follow-up outpatient appointment at the end of September • Of these, there were 44,425 patients who were 100% delayed for their follow-up outpatient appointment, a decrease noted from August • 3.2% of outpatient appointments saw patients moving into a See on Symptoms pathway • 0.6% of outpatient appointments saw patients moving into Patient Initiated Follow-up pathway	Sept-23 Sept-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 October's data. Weekly assurance is provided to the Chair.	Sept-23	
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 October. Weekly assurance is provided to the Chair. We are on track to meet our December commitment	Sept-23	
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. At the end of September there were 330 patients waiting 156 weeks for treatment, lower than our commitment.	Sept-23	

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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. 3502 PIP consultations undertaken in Q2, increased from 2395 in Q1. There has been an increase to 31% of pharmacies providing PIP services.	Q2-Sept 2023	PIP consultations: Jul-23: 1106; Aug-23: 1035; Sep-23: 1361; Oct-23: 1348
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)	• Average of 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	Q2-Sept 2023	Escalation reporting: Q1: 88.0%; Q2: 88.0% National Access Standards: Q1: 98.0%; Q2: 98.0%
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 – 99.8% • % of Primary Care Dental Services Contract value (GDS) delivered for new urgent patients seen - 45.1% • % of Primary Care Dental Services Contract value (GDS) delivered for historic patients seen – 43.8%	Q2-Sept 2023	New: Jun-23: 46.1%; Jul-23: 64.1%; Aug-23: 84.2%; Sep-23: 99.8% New Urgent: 22.0%; 29.5%; 37.3%; 45.1% Historic: 16.0%; 27.5%; 36.9%; 43.8%
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	Q2-Sept 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. • •1006 patients referred (in total) up to August - 83% have attended appointments, 103 patients remain on waiting list. Estimate 35% of expected demand has been seen in service. Service scope expands from November to include post-bronchodilator spirometry for COPD , FeNO and Reversibility for suspected asthma.	Q2-Sept 2023	

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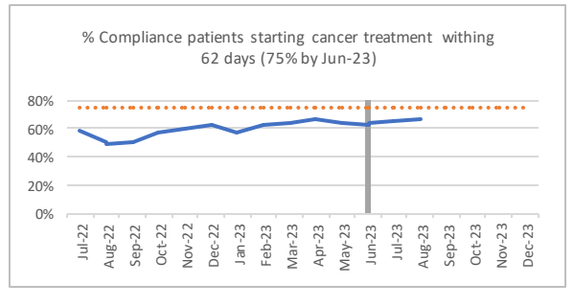
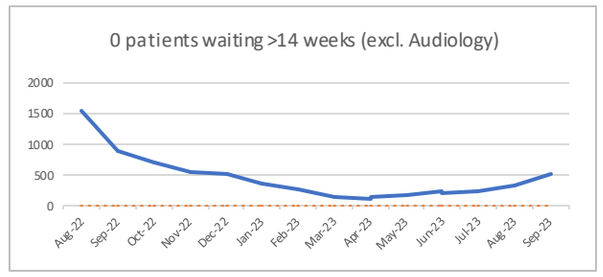
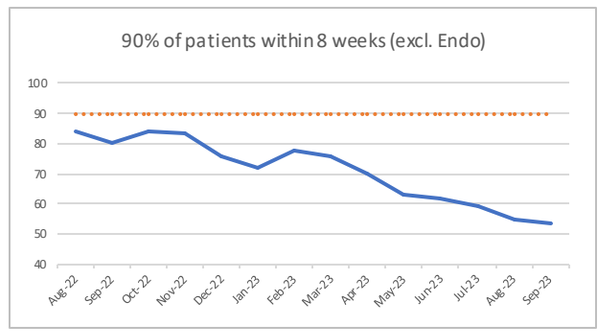
Priority	Performance Summary	Reporting Period	Data
Cancer Annual Plan Commitment • >75% compliance with the 62-day SCP standard (June 2023), 80% (December 2023)	• There continues to be an improvement against the Single Cancer Pathway and the backlog trajectories agreed with the Delivery Unit. August saw 66.4% of patients receiving treatment within 62 days. At the time of writing there are a total of 2421 suspected cancer patient on the SCP. 351 have waited over 62 days, of which 108 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.	Aug-23	
• Develop draft UHB strategy to deliver national cancer pathways (June 2023)	• The UHB draft strategy has been developed including working with national cancer pathways	No date	
Therapies Annual Plan Commitment • 0 patients waiting over 14 weeks (excluding audiology) (June 2023)	• Excluding Audiology there were 529 patients waiting over 14-weeks for Therapy in at the end of September. In total there were 1703 patients waiting longer 14 weeks for Therapy, an increase from August.	Sept-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 8322 diagnostic patients waiting longer than 8 weeks for a Diagnostic at the end of September. In total there were 12246 patients waiting longer than 8 weeks for a diagnostic test, an increase from August. • 53% of patients seen within 8 weeks in September-23 (excluding Endoscopy), a reduction from July and August. • 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.	Sept-23 No date	

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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 Endoscopy, Gynecology and dental services presented their evaluations. Work is ongoing to expand the evaluation process across key specialties and we are refining how we approach this across the UHB, working with colleagues from the NHS Executive.	Sept-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.	Sept-23	

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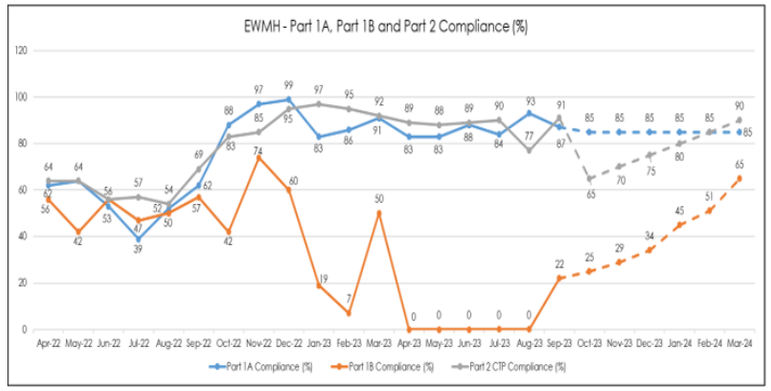
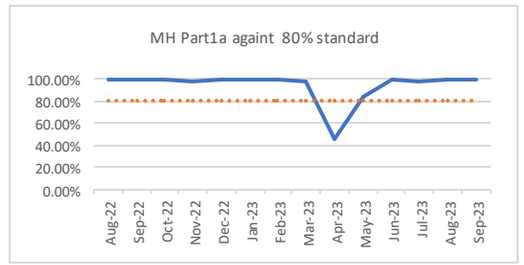
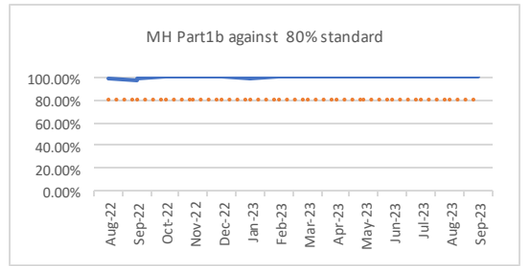
Priority	Performance Summary	Reporting Period	Data
Children's Mental Health Annual Plan Commitments: • >80% Part 1a performance – SCAMHS • Part 1b – 10% improvement (September 2023); further 10% (December 2023); achieve >80% compliance (March 2023) • Reduce SCAMHS Intervention longest wait to no longer than 6 weeks	Part 1a compliance remains above the 80% target at 87% in September. Part 1b performance increased to 22% but remains low 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 have decreased following increases 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.	Sept-23	
Adult Mental Health Annual Plan Commitments: • >80% Part 1a performance • >80% Part 1b performance Blunsdon, Louise 04/12/2023 11:13:46	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 1434 referrals in September 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 September the percentage of Mental Health assessments undertaken within 28 days was 100% • Part 1b compliance remains at 100%	Sept-23	 

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	Sept-23	100%	**98%**	Q1: 98.0% / Q2: 98.0%
11.	Percentage of primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Sept-23	30% (Sept 23) 100% (Mar 24)	**New 99.8%** **New Urgent 45.1%** **Historic 43.8%**	Jun-23: 46.1% / 22.0% / 16.0% Jul-23: 64.1% / 29.5% / 27.5% Aug-23: 84.2% / 37.3% / 36.9% Sep-23: 99.8% / 45.1% / 43.8%
12.	Number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services	Sept-23	Reduction by Mar 24	**860**	Jun-23: 958 / Jul-23: 1000 / Aug-23: 953 / Sep-23: 860
13.	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Sept-23	Increase against 22/23	**1361**	Jul-23: 1106 / Aug-23: 1035 / Sep-23: 1361 / Oct-23: 1348
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	Sept-23	80%	**87%**	Jun-23: 88% / Jul-23: 84% / Aug-23: 93% / Sept-23: 87%
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	Sept-23	80%	**22%**	Jun-23: 0% / Jul-23: 0% / Aug-23: 0% / Sep-23: 22%
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	Sept-23	80%	**100%**	Jun-23: 100.00% / Jul-23: 99.80% / Aug-23: 100.00% / Sep-23: 100.00%
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	Sept-23	80%	**100%**	Jun-23: 100.00% / Jul-23: 100.00% / Aug-23: 100.00% / Sep-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	Oct-23	65%	**53%**	Jul-23: 57% | Aug-23: 51% | Sep-23: 52% | Oct-23: 53%
19.	Median emergency response time to amber calls	Sept-23	12m improvement trend	**01:12:07**	Jun-23: 00:47:06 | Jul-23: 01:02:14 | Aug-23: 01:21:44 | Sep-23: 01:12:07
20.	Median time from arrival at an emergency department to triage by a clinician		12m reduction trend	Work in Progress	WIP – Expected Q3
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 Q3
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	Sept-23	95%	**70.5%**	Jun-23: 75.3% | Jul-23: 75.6% | Aug-23: 68.8% | Sep-23: 70.5%
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	Sept-23	0 (Mar 2024)	**803**	Jun-23: 260 | Jul-23: 548 | Aug-23: 924 | Sep-23: 803
24.	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Aug-23	80% (Mar 2026)	**66.4%**	May-23: 64.4% | Jun-23: 63.6% | Jul-23: 65.6% | Aug-23: 66.4%
25.	Number of patients waiting more than 8 weeks for a specified diagnostic	Sept-23	0 (Mar 2024)	**12246**	Jun-23: 9175 | Jul-23: 10009 | Aug-23: 11415 | Sep-23: 12246
26.	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional	Sept-23	Improvement trend	**80.29%**	Jun-23: 85.00% | Jul-23: 85.23% | Aug-23: 82.79% | Sep-23: 80.29%
27.	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Sept-23	0 (Mar 2024)	**1703**	Jun-23: 1240 | Jul-23: 1282 | Aug-23: 1373 | Sep-23: 1703

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	Sept-23	Improvement trajectory towards 0	**11133**	Jun-23: 10789; Jul-23: 11138; Aug-23: 11230; Sep-23: 11133
29.	Number of patients waiting more than 36 weeks for a new outpatient appointment	Sept-23	Improvement trajectory towards 0	**20646**	Jun-23: 19839; Jul-23: 20580; Aug-23: 21018; Sep-23: 20646
30.	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Sept-23	Improvement trajectory towards 0	**44425**	Jun-23: 46981; Jul-23: 45644; Aug-23: 44993; Sep-23: 44425
31	Number of patients waiting more than 104 weeks for referral to treatment	Sept-23	Improvement trajectory towards 0	**4054**	Jun-23: 4133; Jul-23: 4164; Aug-23: 4085; Sep-23: 4054
32.	Number of patients waiting more than 52 weeks for referral to treatment	Sept-23	Improvement trajectory towards 0	**25541**	Jun-23: 24778; Jul-23: 25653; Aug-23: 25463; Sep-23: 25541
33.	Percentage of patients waiting less than 28 days for a first appointment for specialist Child and Adolescent Mental Health Services (sCAMHS) – now EWMHS	Sept-23	80%	**87%**	Jun-23: 88%; Jul-23: 84%; Aug-23: 93%; Sep-23: 87%
34.	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Sept-23	80%	**25%**	Jun-23: 26%; Jul-23: 20%; Aug-23: 17%; Sep-23: 25%
35.	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Sept-23	80%	**63%**	Jun-23: 58%; Jul-23: 60%; Aug-23: 57%; Sep-23: 63%

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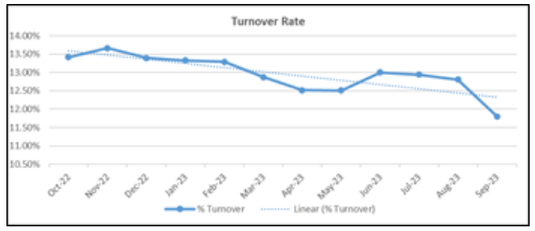
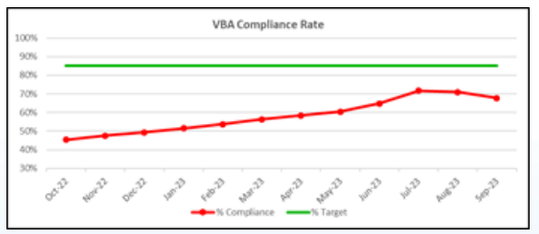
Priority	Performance Summary	Reported Period	Data
Turnover	The overall trend is downwards since Oct-22; the rates have fallen from 13.66% in Nov-22 (the highest rate of turnover in the past 12 months) to a low of 11.80% in Sep-23 UHB wide. This is a net 1.86% decrease, which equates roughly to 222 WTE fewer leavers. The top 5 reasons recorded for leaving are; 'Voluntary Resignation - Other/Not Known', 'Voluntary Resignation – Relocation', 'Retirement Age', 'Voluntary Resignation – Work Life Balance' and 'Voluntary Resignation – Promotion'.	Sep-2023	
Sickness Absence	Rates remain high; although the rates appear to be the falling towards more 'normal' levels. The monthly sickness rate for Sep-23 was 5.49% after an all-time high of 8.58% for Dec-22. The 12-month cumulative rate has fallen steadily over the past 9 months to 6.53% (by comparison with Sep-22, which was 7.12%).	Sep-2023	
Statutory and Mandatory Training	After month-on-month increases between Oct-22 and Aug-23 the compliance rate has fallen slightly, to 81.24% for Sep-23, 3.76% below the overall target. The compliance for Capital, Estates & Facilities, All-Wales Genomics Services, and Clinical Diagnostics & Therapeutics are all above the 85% target, and Children & Women's, PCIC, Corporate Executives and Specialist Services are above 80% compliance. After reaching 74.87% for Jul-23 the compliance with Fire training has also fallen during Sep-23, to 73.87%. Again, Capital, Estates & Facilities and the All-Wales Genomics Services have exceeded the 85% compliance target, and Clinical Diagnostics & Therapeutics is above 80%.	Sep-2023	
Values Based Appraisal	After reaching 71.64% in Jul-23 VBA compliance has fallen to 67.81% for Sep-23. Capital, Estates & Facilities (84.80%) are the only Clinical Board to have exceeded the 85% target, between May and August, but their compliance has fallen slightly. All of the Clinical Boards with the exception of Mental Health and the Corporate Executive group remain above the 60% transitory target which was set to be achieved by Mar-23.	Sep-2023	

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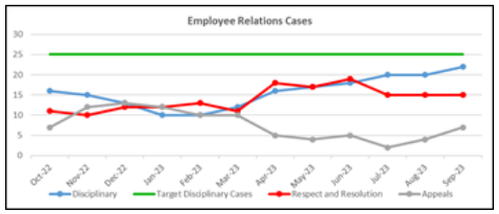
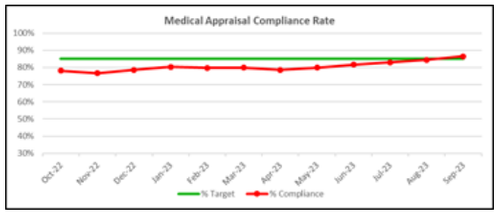
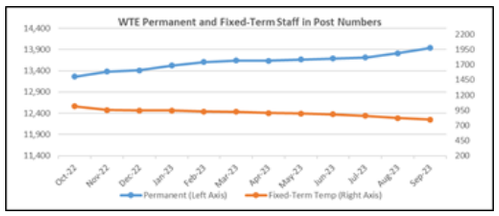
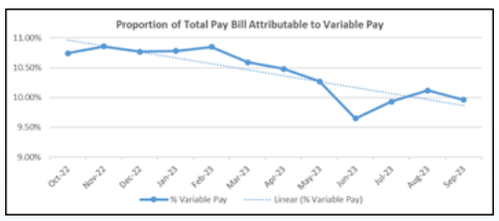
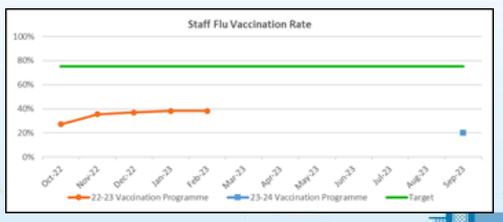
Priority	Performance Summary	Reported Period	Data
Employee Relations	As can be seen in the graph the number of employee relations cases the People Services team are supporting has risen in the past three months but remains below the UHB Target. Further work is being undertaken to help embed the Just 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.	Sep-2023	
Job Plans	90.37% of clinicians have engagement with job planning and have a job plan in the system, however only 50.17% of these plans are fully signed off. Focus continues to be on supporting the approval and sign off process.	Sep-2023	
Medical Appraisals	The rate of compliance with Medical Appraisal has risen during the past 12 months. At Sep-23 the compliance was 86.54%, i.e. above the 85% target.	Sep-2023	
Staff in Post	The overall Health Board Staffing Numbers have increased in the last 12 months by 454.99 WTE, to 14,732.78 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. Bank usage has been removed from the graph; there is detailed weekly monitoring and analysis of bank, agency and overtime use taking place within the Health Board.	Sep-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 Sep-23 was 9.96%. It must however be borne in mind that the total pay bill is increasing.	Sep-2023	
Staff Influenza Vaccination Programme	The 2023-24 winter influenza vaccination programme commenced in Sep-23. So far 20% of staff have received the vaccine, by comparison with a target of 75% vaccination. The 2022-23 programme reached 38.30% of staff by Feb-23.	Sep-2023	

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
36.	Percentage of sickness absence rate of staff	Sep-23	6%	**5.49%**	Jun-23: 5.86%; Jul-23: 6.18%; Aug-23: 6.18%; Sep-23: 5.49%
37.	Staff turnover measure tbc starters and leavers and/or vacancies?	Sep-23	7%-9%	**11.80%**	Jun-23: 13.00%; Jul-23: 12.94%; Aug-23: 12.81%; Sep-23: 11.80%
38.	Agency spend as a percentage of the total pay bill	Sep-23	12 month reduction trend	**1.54%**	Jun-23: 1.99%; Jul-23: 2.41%; Aug-23: 2.42%; Sep-23: 1.54%
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)	Sep-23	85%	**69.00%**	Jun-23: 65.86%; Jul-23: 72.37%; Aug-23: 71.82%; Sep-23: 69.00%

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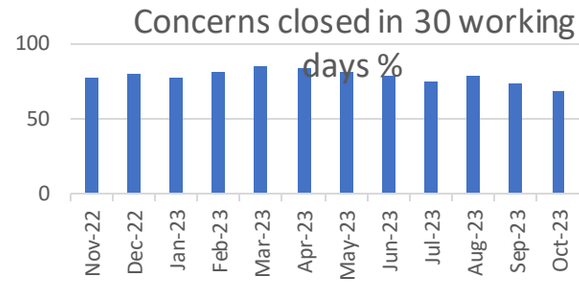
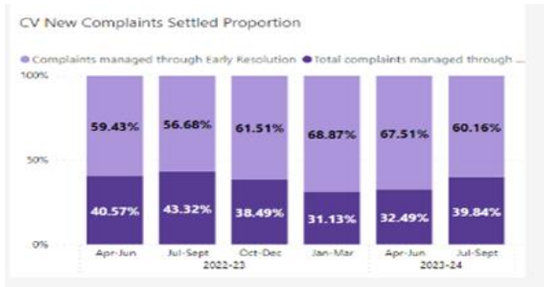
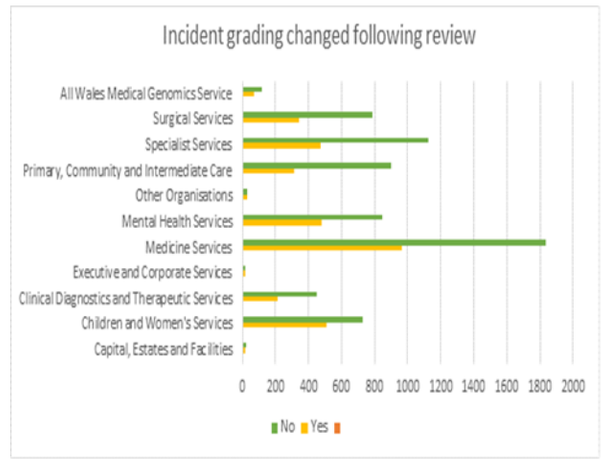
Priority	Performance Summary	Reported Period	Data
Concerns 30 day performance	• **Welsh Government target for responding to concerns is 75% within 30 working days** • During September and October 2023, the Health Board received : • 646 Concerns • 71% closed within 30 working days (including Early Resolution) • 48 % closed under Early Resolution (within 2 days including day of receipt) • 155 Enquiries • 94 Compliments We currently have 291 active concerns Top 3 themes and trends 1. Concerns around appointments (waiting times/cancellations) 2. Communication 3. Clinical Treatment and Assessment	September and October 23	 
Duty of Candour	• 16,670 incidents have been reported by staff across the Health Board • Approximately 33% incidents regraded by the Patient Experience team working with the Clinical Boards and feeding back to the incident reporter. • Approximately 65 incidents reviewed per day by the Patient Experience Team • We continue to support DOC awareness sessions across Primary and Secondary care • Since 1st April 2023 we have triggered the DOC on 35 occasions • We have internally audited the process and compliance • We are undertaking a mid year review with colleagues in primary care		

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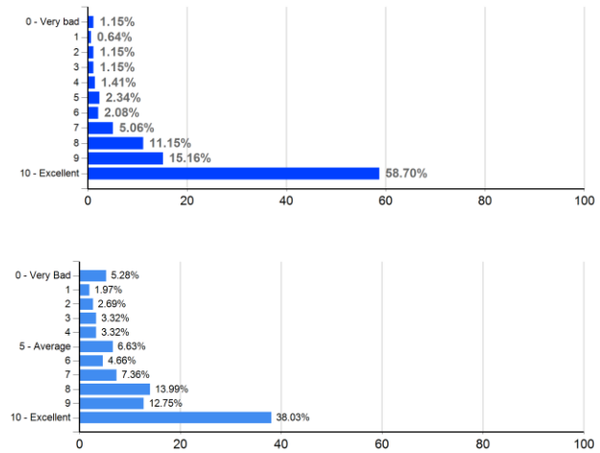
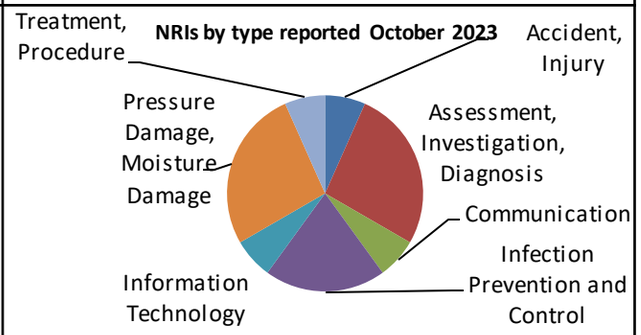
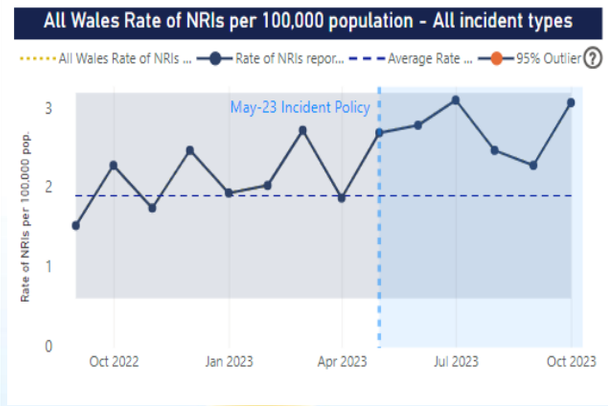
Priority	Performance Summary	Reported Period	Data
Patient Feedback – Civica	• Went live on Friday 28th October 2022 and we are currently surveying up to 800 patients daily via text, 600 chosen randomly from general hospital activity and 200 from the EU. As of the end of October 2023, we have sent 124,540 texts and are seeing a response of 18%. • In September, we sent 13,218 texts and had 2185 completions (17% response). • In October, we sent 13,461 texts and had 2252 completions (17% response). • Of those respondents who were discharged during September/October and answered the rating question, 86% were satisfied with our service. • Currently, our response rate is 18% and whilst it's our understanding that this is higher than many organisations, we will be focussing on improving this over the next year, with an ambitious aim for a minimum return of 25% by end of March 24.	Sep/Oct-23 (Random) Sep/Oct-23 (EU)	
Patient Safety	During October, 2046 patient safety incidents were reported, an increase of more than 3,400 incidents form the previous month. Pressure damage was again the highest reported patient safety incident category, followed by accident injury (falls). Again more than half were reported as low harm. <u>NRI performance October</u> • Number of open NRIs – 63 (67 in Sept) • Number of NRIs submitted - 15 • Number of closures submitted – 20 (10 submitted in September) • Number of overdue NRIs – 29 (27 in September) Figure 2 shows C&V NRI reporting rate per 100,000 population exceeds the national average which shows we have a low threshold for external reporting reflecting openness and transparency. As a tertiary referral centre it also reflects the complex nature of care provided not only to C&V patients but to those receiving specialist treatment within our HB. July and October 2023 were high NRI reporting months, Figure 1 shows a breakdown of what was reported to NHS Exec as an NRI in October 2023 by C&V.		 

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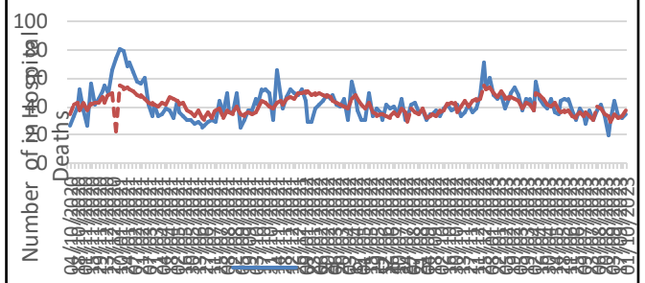
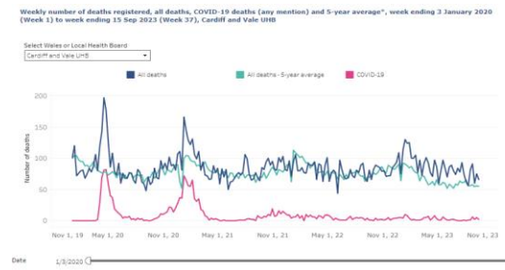
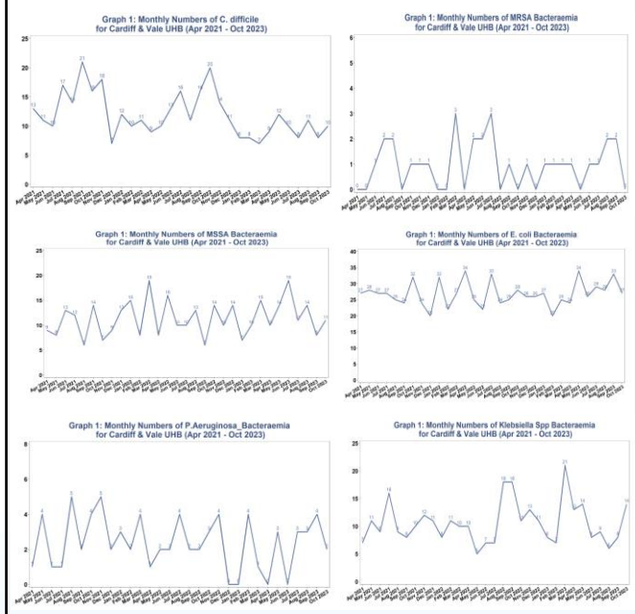
Priority	Performance Summary	Reported Period	Data
Tier 1 Mortality	• The Crude inpatient Mortality chart demonstrates the numbers of inpatient deaths that occur in the Health Board on a weekly basis and compares this measure with the average for the previous 5 years for the same week. The blue line demonstrates 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.	Oct-23 Oct-23	 
Infection Control	• Between April 23 and October 23, there were 68 cases of **C. difficile**. The current rate is **23.05 cases per 100,000 population** which is **28% lower than the equivalent period in 2022/23.** The reduction expectation (RE) rate is 25 cases per 100,000 population, the current CAV rate is **8% below the RE**. CAV is on trajectory to achieve the RE rate while also having the lowest rate across the 6 UHBs. • There were 93 cases of **S. aureus bacteraemia**. The current rate is **31.53 cases per 100,000 population** which is **11% higher than the equivalent period in 2022/23**. The RE rate is 20 cases per 100,000 population, the CAV rate is **58% over the RE**. CAV is not on trajectory to achieve the RE rate and has the 3rd highest rate across the 6 UHBs. • There were 197 cases of **E. coli bacteraemia**. The current rate is **66.78 cases per 100,000 population** which is **3% higher than the equivalent period in 2022/23.** The RE rate is 67 cases per 100,000 population, the CAV rate is **the same as the RE.** CAV is on trajectory to achieve the reduction RE rate and we have the 2nd lowest rate across the 6 UHBs. • There were 72 cases of ***Klebsiella spp* bacteraemia**. The current rate is **24.41 cases per 100,000 population** which is **4% lower than the equivalent period last in 2022/23**. The current maximum number needed to achieve the reduction expectation is 58 cases, thus **CAV is 22% over the RE**. CAV is not on trajectory to achieve the RE number, we have the 3rd highest rate across the 6 UHBs. • There were 15 cases of ***P. aeruginosa* bacteraemia**. The cumulative rate is **5.09 cases per 100,000 population** which is **6% lower than the equivalent period in 2022/23.** The current maximum number to achieve the RE is 18 cases, thus **CAV is 18% under the current RE number**. CAV is on trajectory to achieve the RE number while also having the 3rd lowest rate across the 6 UHBs.	Apr-23 – Sep-23	

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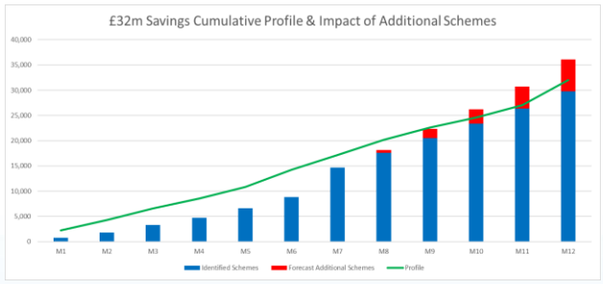
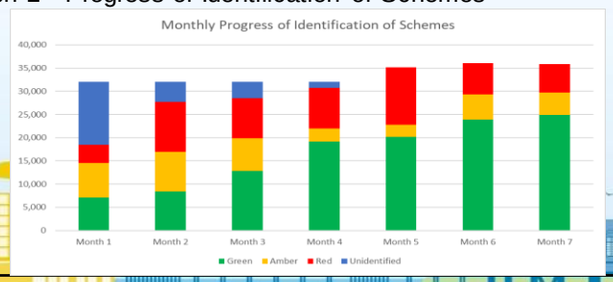
Priority	Performance Summary	Reported Period	Data
Deliver 2023/24 Draft Financial Plan	**Financial Plan Approved by Board and submitted to Welsh Government** • Brought forward underlying deficit of £40.3m • Covid Consequential costs of £34.2m & Additional energy costs of £11.5m • 23/24 Demand and cost growth and unavoidable investments of £48.8m • Allocations and inflationary uplifts of £14.4m • A £32m (4%) Savings programme **This resulted in a 2023-24 planning deficit of £88.4m.** The forecast year end position has been amended in line with the revised target control total issued by Welsh Government on the 20th October 2023 as follows: • Planned Deficit @ Month 6 £88.400m • 10% Improvement required £8.840m • Recurrent Covid Legacy Funding £20.300m & Inflationary Uplift £25.100m • Non recurrent Inflation Uplift £10.100m & Energy Funding £7.600m • Revised Financial Forecast Deficit £16.460m At month 7, the UHB is reporting an overspend of £16.021m . This is comprised of £6.419m unidentified savings/operational overspend and the revised planned deficit of £9.602m (seven twelfths of the revised forecast year end deficit of £16.460m).	Oct-23	<table><tr><th></th><th>Month 7 Position £m</th><th>Forecast Year-End Position £m</th></tr><tr><td>Planned deficit</td><td>9.602</td><td>16.460</td></tr><tr><td>Savings Programme</td><td>2.463</td><td>0.000</td></tr><tr><td>Operational position (Surplus) / Deficit</td><td>3.956</td><td>0.000</td></tr><tr><td>**Financial Position £m (Surplus) / Deficit £m**</td><td>**16.021**</td><td>**16.460**</td></tr></table>
Delivery of recurrent £32m savings target	At month 7, the UHB has identified £35.861m of green, amber and red savings against the £32m savings target, however £6.115m are classified as red schemes. The month 7 position includes a Savings Programme adverse variance of £2.463m. The month 7 Savings Programme deficit is expected to be recovered, supported by a number of additional actions as the year progresses, enabling the UHB to deliver its revised planned deficit position of £16.460m. The UHB expects to be able to manage the balance of savings plans required to deliver the forecast deficit of £16.460m 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	Oct-23	Graph 1 – Profile of Savings Delivery  Graph 2 - Progress of Identification of Schemes 

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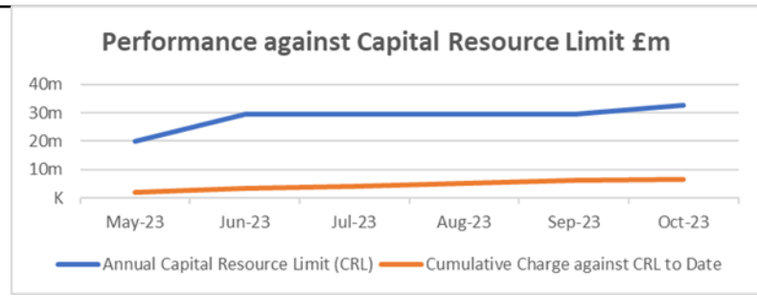
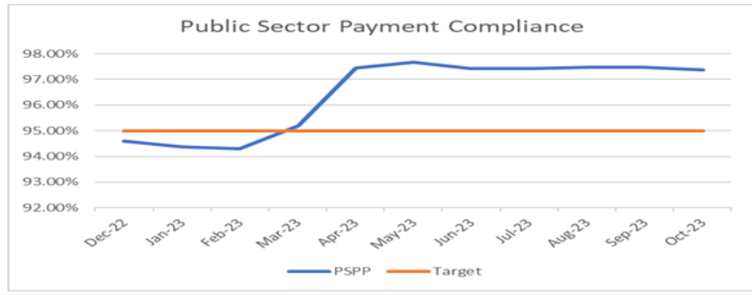
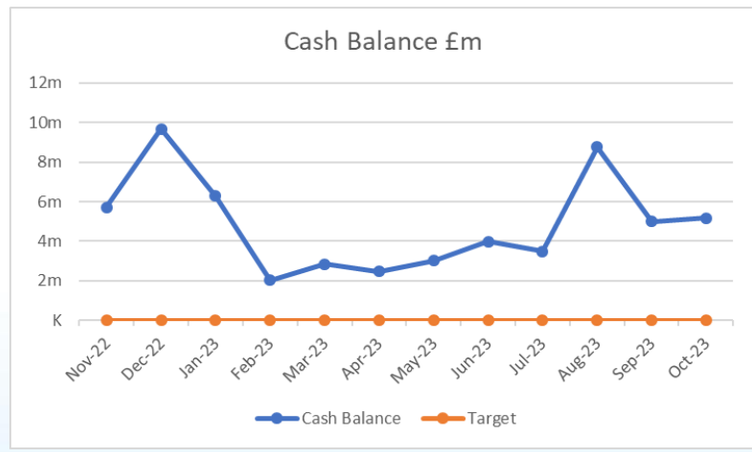
Priority	Performance Summary	Reported Period	Data
Remain within capital resource limits	The UHB forecasts to deliver within it's Capital Resource Limit.	Oct-23	
Creditor payments compliance 30 day Non-NHS	The UHB's public sector payment compliance performance is above the target of 95%. Performance for the month to the end of October was **97.48%** and improvements are illustrated in the graph to the right.	Oct-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. Dialogue with Welsh Government around the confirmation and timing of cash support for these areas and anticipated additional allocations is continuing.	Oct-23	
Maintain Positive Cash Balance	The closing cash balance at the end of October 2023, was £5.162m. 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 :- • Welsh Government support for movements in working capital from the 2022-23 Balance Sheet which is 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. • Approval pf the UHB's formal request for Strategic Cash support for the £16.460m revised 2023/24 forecast deficit. • Timely confirmation of unconfirmed Cash Limit allocations (circa £80m @ month 7 (includes the 2023_24 pay award & Covid allocations)) Discussion is ongoing with Welsh Government to provide cash support for these	Oct-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)*	Sep/Oct-23	Month on month improvement	**4750**	

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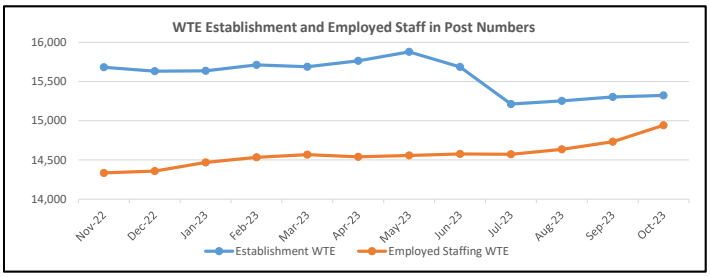
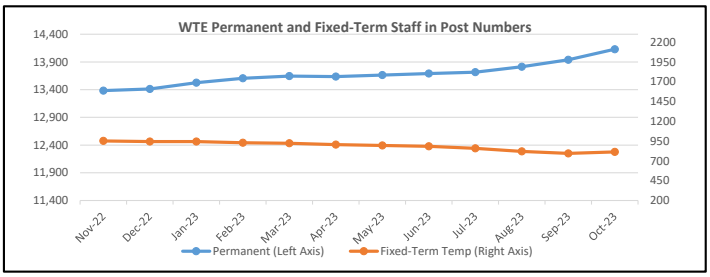
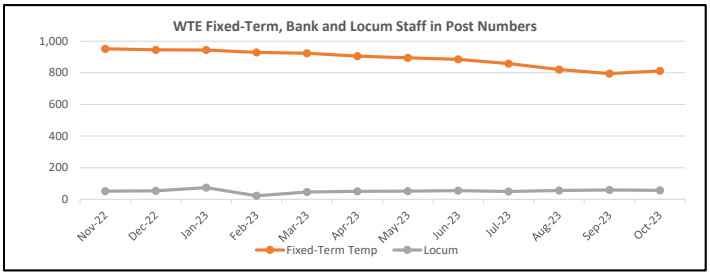
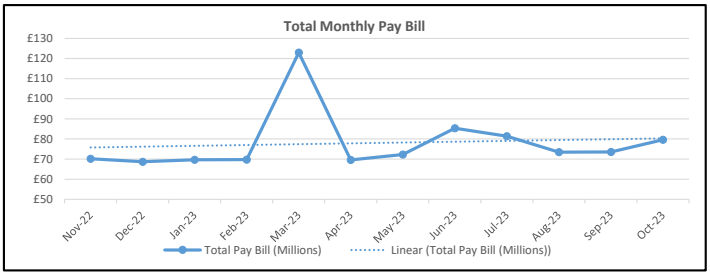
No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
47.	Cumulative number of laboratory confirmed bacteraemia cases: *Klebsiella* sp and; *Pseudomonas aeruginosa*	Oct-23	*Klebsiella sp* - 58 *P. aeruginosa* – 18	**72** **15**	Not on trajectory to achieve the reduction expectation number On trajectory to achieve the reduction expectation number
48.	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: *E-coli*; *S.aureus* (MRSA and MSSA)	Oct-23	***E. coli*** – 67 cases per 100,000 population ***S. aureus*** – 20 cases per 100,000 population	**66.78 cases per 100,000 population** **31.53 cases per 100,000 population**	On trajectory to achieve the reduction expectation rate Not on trajectory to achieve the reduction expectation rate
49.	Cumulative rate of laboratory confirmed *C.difficile* cases per 100,000 population	Oct-23	25 cases per 100,000 population	**23.05 cases per 100,000 population**	On trajectory to achieve the reduction expectation rate
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	Oct-23	0 (Mar 24)	**1853**	Jul-23: 1473; Aug-23: 1728; Sep-23: 1810; Oct-23: 1853
53.	Number of patient safety incidents that remain open 90 days or more	Oct-23	12-month reduction trend	**4,649**	Work in progress – number of open over 90 days is increasing month on month

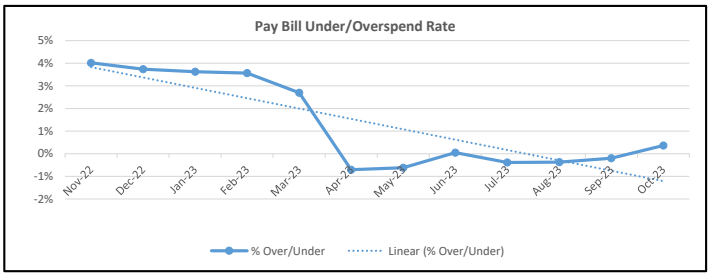
Workforce Key Performance Indicators Trends October 2023

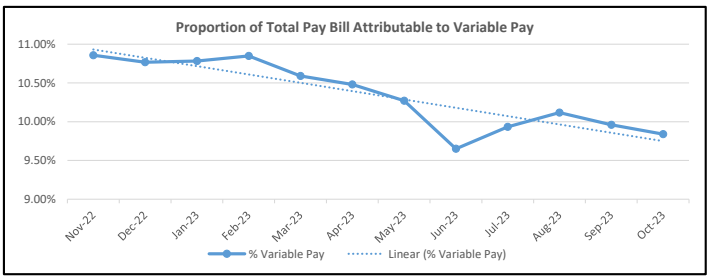


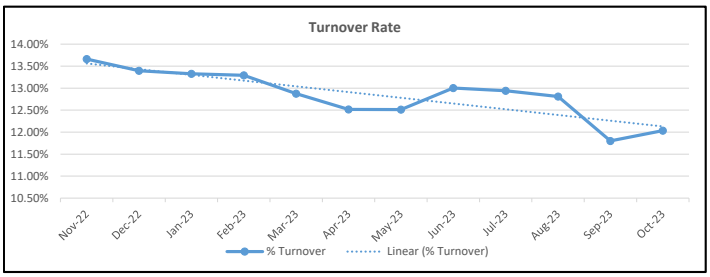


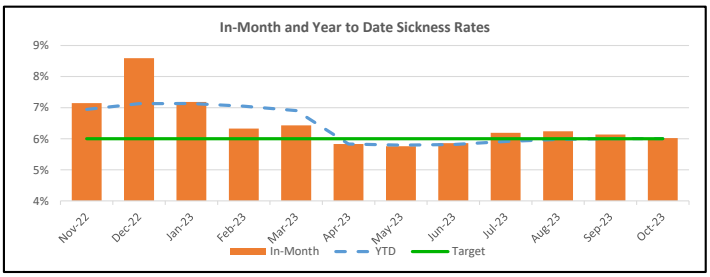


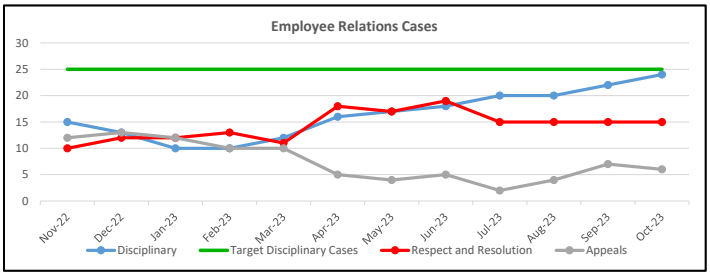


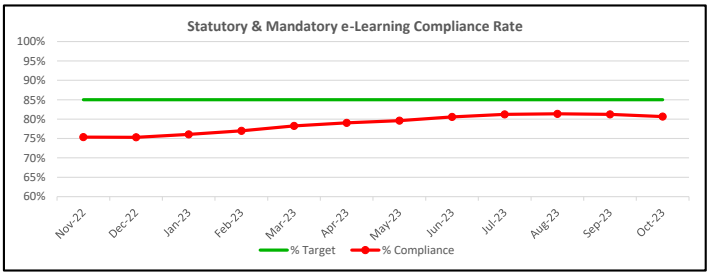


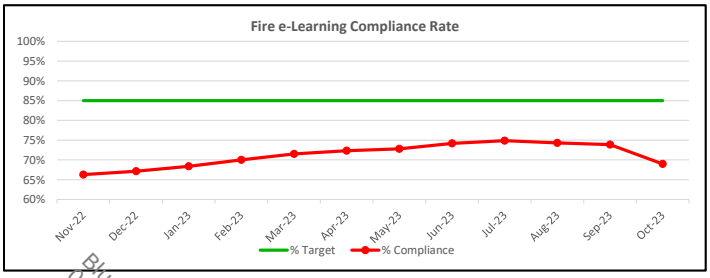


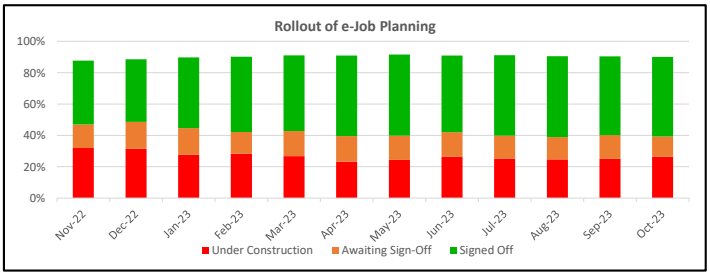


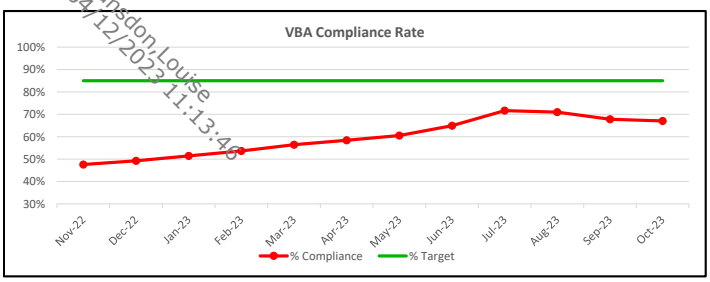


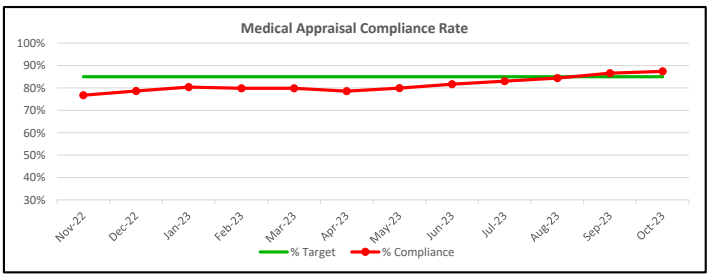












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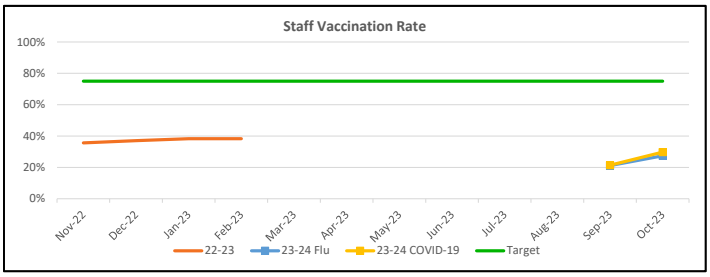

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MINUTES OF A MEETING OF EMPLOYMENT POLICIES SUB GROUP AT 10.00am ON 27 SEPTEMBER 2023 VIA MICROSOFT TEAMS

Present:

Peter Hewin	UNISON/BAOT Representative (Co-Chair)
Rachel Pressley	Head of People Assurance and Experience (Co-Chair)
Bryony Donegan	People Services Manager
Rhian Wright	RCN Representative
Mathew Thomas	Unison Representative
Nicola Bevan	Head of Occupational Health for CAV/CTM
Rebecca Corbin	ECOD Manager
Helen Palmer	People Assurance and Experience Advisor (minutes)
Jonathan Strachan-Taylor	GMB Representative
Rachel Flay	People Services Manager
Steve Gauci	Unison Representative

In attendance:

Georgia Walsh	Trainee People Services Advisor
Janice Aspinall	Unison Representative
Rhianne Flood	Senior People Services Advisor
Paul Jones	E-Rostering Manager
Menna Evans	Trainee People Services Advisor

EPSG 23/023 WELCOME AND INTRODUCTIONS

Rachel Pressley (RP) welcomed the group.

EPSG 23/024 APOLOGIES OF ABSENCE

Apologies for absence were received from Mitchell Jones and Ceri Dolan.

EPSG 23/025 MINUTES FROM THE LAST MEETING

The Employment Policy Sub Group agreed the minutes from 24 May 2023, it was noted that the first bullet point under EPSG 23/017 no should say now.

EPSG 23/026 ACTION LOG

The Group noted the Action log. All actions had been completed.

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EPSG 23/027 ROSTERING PROCEDURE

RP advised that she had worked with Paul Jones (PJ) and Janice Aspinall (JA) with this procedure, and that there had been a significant re-write to include all staff who work in

areas where rostering occurs. It sets out the responsibilities, the principals and how to produce a roster.

Peter Hewin (PH) advised that there were concerns with the procedure from a TU perspective and it was felt collectively that it needs more work before it can be approved. One of the main concerns was that it was felt it quoted selectively from other policies and gives a skewed overview of what those policies say and that it didn't reflect the principles of the All Wales work on Flexible Working.

It was agreed that a task and finish group would be arranged to discuss the procedure, JA, PJ and RP would be on the group. RP asked for another Staff Rep. PJ asked if this could happen as soon as possible as it is difficult to support staff properly without the procedure in place.

RP and PH to link in with regard to another staff rep to work on the procedure.
ACTION: Peter Hewin and Rachel Pressley

EPSG 23/028 RETIRE AND RETURN PROCEDURE

RP presented the Retire and Return Procedure, PH was the rep working on this procedure. The changes to this procedure were as follows:

- Procedure updated in line with 2023 NHS Business Services Authority Guidance on Retire and Return
- Alignment with All-Wales Minimum Standards on Flexible Retirement strengthened
- The paragraph on temporary measures introduced as a consequence of COVID-19 has been removed and information incorporated into main body of text.
- Scope of procedure narrowed so it only includes staff who have reached minimum pension age.
- Abatement currently suspended until March 2025
- Principles have been strengthened in two ways:
    1. Expectation that flexible retirement should be viewed positively and as a tool for retention
    2. The decision to approve or reject applications will be made on basis of service need (including redesign/succession planning) and only rejected where there are clear businesses for doing so.
- Exceptions to the 24 hour break rule are listed
- Requirement for members of the section 95 scheme to only work 16 hours a week for the first month has been removed permanently
- Process for staff requesting to return to the same role combined for all staff regardless of whether the hours will change or remain the same. Reasons for rejecting a request specially set out and in line with All Wales minimum standards it

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is clear that the application should be supported if at all possible, with the individual returning on the same basis if they wish to.
- Managers referred to People Services and/or Trade Unions before rejecting a request.
- Members of the 1995 scheme can now rejoin the pension scheme as long as under 75 and as long as claim pension benefits in full.

RP advised that work is currently taking place on an All Wales Flexible Retirement Policy. However, it was recommended that this local procedure be approved as it could take a while for the All Wales Policy to be published.

PH agreed that it will need to be revisited when the All Wales Policy is approved. PH asked if the existing All Wales Principals could be listed in an appendix or in the preamble.

RW commented that she couldn't see reference to the changes that took place on the 1 October with regard to draw down. RP advised that draw down was different to retire and return as it is a type of flexible retirement. Reference to draw down would need to be in the Retirement Procedure or All Wales Policy.

Mathew Thomas (MT) asked if there was a form manager could complete that detailed the reasons why an application for Retire and Return had been rejected the. RP confirmed that there is an application form and that the reasons for rejecting would be built in to it.
ACTION: Rachel Pressley

The EPSG **APPROVED** the Retire and Return Procedure subject to the amendments as discussed.

EPSG 23/029 REDEPLOYMENT PROCEDURE

Rachel Flay (RF) presented the Redeployment Procedure, Georgia Walsh (GW)and Mathew Thomas (MT) had also worked on this procedure.

RF advised that the proposed key changes were as follows:

- Introduction and Aim amended to reflect focus on staff retention and retaining the skills and experience of our staff.
- Definitions table added with key terms referenced.
- Responsibility added for Redeployee to contact relevant support when searching for roles and to ensure a current email address is provided as a point of contact.
- Substantive manager to identify suitable permanent redeployment opportunities and vacancies and sending them to the redeployee and People Services
- People Services to update TRAC when a redeployee starts a trial to extend the search period.

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- Section adapted to reference the Respect and Resolution Policy and Relationships at Work Guidance when relationship breakdowns occur.
- Section added for the non-renewal of a fixed term contract as a reason for redeployment.
- Timescales outlined for each reason for redeployment e.g. Fixed Term Contract non-renewal search period is in line with contractual notice period of up to 12 weeks. Respect & Resolution or Capability /Performance issues in line with 12 week search period to find a new post with added emphasis that if roles are not found at the end of the 12 weeks, a meeting will need to take place to assess next steps/progress.
- Suitable Alternative employment section amended to add the situation where the redeployee unreasonably refuses roles and consideration as to whether redeployment can be further supported.
- Emphasis added for receiving managers to consider redeployees as priority over other candidates.
- Trial Period timeframe clarified that it should be 4 weeks with the scope to extend up to 12 weeks if further training/time is needed.
- Redeployment Process Flowchart amended to show clearer process.

MT commented that the procedure has a much kinder tone and is not as negative, and thanked Rachel and Georgia for the partnership working. RP advised that as a UHB we are trying to change the tone of our documents; they used to read so formally, so this trying to show our staff that we value them in the best way that we can.

RW commented that RCN legal had looked at the procedure and they said that we were not sticking with the Agenda for Change Terms and Conditions. Referring to the Capability Policy RW commented that it states that after 12 weeks the situation will be reviewed and a stage 3 meeting will be held, however with Redeployment it is the other way round and the meeting is held at the beginning. Under Agenda for Change everything should be considered before the decision to terminate e.g. phased return, reasonable adjustments, redeployment etc.

RF commented that a final meeting is held and decision made. If it's long term sickness a final meeting would be held but their contract wouldn't be terminated until the end of the 12 weeks, the contract would end at the end of that period. The redeployment is being considered before their contract is terminated.

RF asked RW what the RCN were suggesting this should be changed to. RW recommended providing them with the option of the redeployment and then have the meeting at the end of the 12 weeks to see where we go from there.

Bryony Donegan (BD) commented that the process described in the Procedure was the way it had always been done. If advice is given at a final meeting that they are no longer fit for the role, at the meeting we would terminate their contract providing them with 12 weeks notice, during that notice we look for a suitable role. She confirmed that the two elements of the process run in parallel.

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It was agreed that this would be considered further outside of the meeting.
ACTION: Rachel Flay and Bryony Donegan

NB asked whether the section on Temporary Redeployments could be re-written, as medical advice is not always required to support a staff member so it is not always appropriate to go straight to Occupational Health.

NB also referred to Section 3.8 Trial Period and advised that 1 month was not long enough and that it was recommended that this be 3 months instead which would give the individual enough time to build stamina. Therefore the default from Occupational Health would be 3 months.
ACTION: Rachel Flay

NB queried whether when an individual is redeployed into a vacancy it is done through Trac for pre-employment checks. RF advised that there is a loophole as they don't apply through Trac. It was agreed that this would need to be addressed and that the need for Occupational Health advice would be added in. NB advised that from an Occupational Health perspective it is about supporting the individual and making sure they are getting the adjustments that they need.
ACTION: Rachel Flay

It was agreed that the Redeployment Procedure would be brought back to EPSG to be approved after the issue of notice had been explored further and the other amendments made.

EPSG 23/030 UNAUTHORISED ABSENCE PROCEDURE

Rhianne Flood (RhF) presented the Unauthorised Absence Procedure RhF worked on this along with and Jennifer Wyer and Sarah Gray.

RhF advised that no significant changes had been made to this procedure, the changes are as follows:

- Confirmed that unauthorised absence can also include significant episodes of lateness
- Process changed to carry out home visit before contacting the police
- Clarification of process to follow if decision being made to withhold pay when employee makes contact or returns to work
- Added template letter when member of staff has made contact or returned to work and decision is made to stop pay

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MT queried Section 2 - Action on first day of absence, paragraph 2 and suggested that the Manager contact People Services first for help and support for the member of staff and the manager. RhF confirmed that this would be included. It would also be included that a home visit should not be attended alone.
ACTION: Rhianne Flood

PH commented that if the procedure is going to be expanded to include lateness, then clarity should be provided so that it's not used inappropriately. RhF agreed to look at the wording and advise managers to seek personalised advice and guidance prior to action being taken.
ACTION: Rhianne Flood

The EPSG **APPROVED** the Unauthorised Absence Procedure, subject to amendments agreed,

EPSG 23/031 WORKING REMOTELY GUIDELINES

Menna Evans (ME) presented the Working Remotely Guidelines advising that she had worked with Janice Aspinall (JA). ME advised that the biggest change to the procedure was a change in tone, making it more compassionate. Further to changes are as follows:

- Added agile framework flowchart as an appendix
- Improved guidance on insurance, expenses and Information Governance
- E-Roster added to managers responsibility
- Deleted parts of section 8 to update expenses guidance

ME brought the groups attention to section 1.5 where it refers to dependents and childcare. Feedback had been received that this section was conflicting. Some Group members felt that the statement that home working was not a substitute for childcare was unnecessary because this was implied elsewhere, however, RP believed that this needed to be explicit. MT suggested re-ordering the paragraph would alter the tone and make it less harsh but without changing the message. It was agreed that this paragraph would be discussed in partnership and agreed outside of the meeting.
ACTION: Menna Evans and Bryony Donegan

PH made reference to the statement that not all roles are suitable for working from home and suggested that this say not all aspects of all roles are suitable as it is possible that some aspects of the role could be carried out at home.

PH also asked if clarity could be provided on the terms, agile, home and hybrid working and the differences between them. RP agreed and suggested that we reference the definitions from the All Wales Flexible Working Policy to ensure consistency.
ACTION: Rachel Pressley

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The EPSG **APPROVED** the Working Hybrid Remotely guideline subject to the amendments agreed but PH and RP were asked to check the revised paragraph in section 1.5 and confirm that they were both happy with it prior to publication.

EPSG 23/032 ANNUAL LEAVE PROCEDURE

Rachel Flay advised the meeting that the only change to this procedure was the addition of guidance on sick pay during bank holidays. This had been added following a new statement from the Welsh Partnership Forum with regard to shift workers and other staff working in the 24/7 environment. The statement set out that if an individual is sick on a Bank Holiday that was scheduled as a rest day, then the Bank Holiday will not be deducted from their annual leave entitlement. If an individual is sick on a Bank Holiday that they are scheduled to work, then the Bank Holiday will be deducted and paid as annual leave.

The EPSG **APPROVED** the Annual Leave Procedure.

EPSG 23/033 LONG SERVICE AWARD PROCEDURE

RP advised that there were two outstanding issues with the Procedure from the Action Log. The first was exploring the Clinical Boards presenting certificates to staff. RP confirmed that this has been discussed with Rachel Gidman, and it was acknowledged that the Chair wants to do this so would prefer it remain unchanged.

The other issue was with regard to widening the scope of the procedure to include NHS Service. RP advised that the procedure was viewed as a retention tool for Cardiff and Vale UHB, it was a way of recognising the service within the Health Board and saying thank you. Therefore, the scope would remain Cardiff and Vale UHB.

Helen Palmer (HP) confirmed the other changes were as detailed in the action log. In addition the requirement to submit the Long Service Award Application form within 2 years of meeting the eligibility criteria has now been removed.

The EPSG **APPROVED** the Long Service Award Procedure.

EPSG 23/034 OFF PAYROLL WORKING PROCEDURE

RP advised that this Procedure sets out the process that we follow to meet our legislative requirements around engaging with contractors to determine if they are employed by the UHB for tax purposes as set out in HMRC guidance.

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The EPSG **APPROVED** the Off Payroll Working Procedure.

EPSG 23/035 ANY OTHER BUSINESS

RP asked the group whether it would be useful to have monthly meetings to allow for any amendments to be made rather than a wait of two months before procedures can come back to the meeting. The group discussed this but felt that 6 times a year was sufficient through urgent extraordinary meeting could be arranged on an ad hoc basis.

EPSG 22/036 DATE AND TIME OF NEXT MEETING

The next meeting of EPSG is scheduled to take place on Wednesday 22 November 2023 at 10am (staff pre-meet 9am).

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Report Title:	**STAFF BENEFITS GROUP REPORT**			Agenda Item no.	**11**
Meeting:	**CHARITABLE FUNDS COMMITTEE**	Public Private		Meeting Date:	**12th December 2023**
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 and Local Partnership Forum 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 7th November 2023 and recorded the following activities:

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Salary Sacrifice Scheme

NHS Fleet Solutions

Jason Coleman (NHS Fleet Solutions representative) provided an overview of the Home Electronics Scheme and the potential benefits for CAVUHB employees. Michelle Richards, Staff Benefits Manager (NWSSP) also attended to provide feedback on the scheme received from other Health Boards, as follows:

- There is an agreement in place for all Health Boards to reduce to a 12-month repayment scheme, as opposed to 24-months.
- A spending cap is applied to all user accounts which equates to 10% of an employee's salary.

The group highlighted some concerns, specifically around the uptake of the scheme for lower-paid colleagues and the repayment terms for colleagues who leave the Health Board during their contract period.

The proposal is to be taken to the Senior Leadership Board for further discussion and consideration

Staff Financial Wellbeing (Cost of Living Crisis)

Key updates were provided to the group prior to the meeting, which included the following:

- CAVUHB was awarded Public Payroll Partner of the year for the collaborative work undertaken with Cardiff Credit Union, especially in relation to the Roadshows held during Talk Money Week 2022.
- Two 'Financial Wellbeing Pathways' have been launched, providing colleagues with information on various support services based on their individual financial needs.
- 'Talk Money Week' Roadshows took place w/c: 13.11.23 across a number of Health Board sites.

WageStream Update

Positive feedback has been received from Clinical Boards of colleagues currently using the scheme. Current statistics indicate:

- 706 employees signed up - 4% of the organisation
- 29 employees currently being enrolled
- 729 streams made since launch
- 9212 app visits this month
- 22 Employees with a savings pot
- £2.2 million – salaries processed
- £162K Total Advanced
- £48K Currently Advanced

Staff Benefits Partners

Nathaniel Cars Group (NCG)

A partnership meeting with Nathaniel cars took place on 13th November 2023 attended by Rachel Gidman, Barbara John and several representatives from Nathaniel Cars, in which RG advised that she will lead these meetings in future, following the retirement of Peter Welsh.

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Discussion included an informal review of the current Memorandum of Understanding (MOU) in place, and to update RG on previous partnership working. A positive and mutual agreement was reached to refresh the partnership during 2024 and focus on a few key issues to be progressed in the New Year.

A request was made to review the previously agreed MOU with Cardiff and Vale University Health Board (signed in 2020) to support Winter Planning by supporting staff transport to and from work in the event of adverse weather was reviewed. Nathaniel's subsequently advised by email that they are unfortunately unable to continue to offer this service as they no longer have the Mitsubishi franchise, which they previously intended utilising to support the provision of 4x4 vehicles. They further commented that if this changes in future, they are happy to revisit and discuss further. BJ will update operational planning colleagues of this.

Staff Discount Providers

Offers of staff benefits, received during the last quarter, including discounted tickets for CAVUHB staff to attend 'Aladdin the Musical' at the Wales Millennium Centre were tabled for noting.

Staff Benefits Promotions

Content during the next quarter will be aligned to the Christmas/ New Year period and where relevant, to key UHB and Public Health messaging.

The IT dept. have agreed to display time limited free or discounted ticket offers, e.g. for football/rugby matches and local concerts, on CAVUHB screensavers. Staff Benefits promotional material has been updated with a QR code to take staff to offers, with a request to colleagues with digital access to print copies and display in areas where team members may not have access to Sharepoint/web pages/email etc.

Launch of 'My Health Passport' – 16th November 2023

The official launch of 'My Health Passport' took place at the Cochrane Building, UHW on Thursday 16th November. SBG representatives attended the launch and a Staff Benefits display stand set up in the afternoon drop-in sessions for colleagues. A range of information was provided, including: latest savings and discounts, details on staff benefits discount providers, health and wellbeing and essential savings.

The next meeting of the Staff Benefits Group is scheduled for the 6th February 2024.

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 are requested to: **RECEIVE FOR INFORMATION** the Staff Benefits Group Report for the period September – November 2023.

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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

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

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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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